



Empowered Women Empowered Children

Mixed method design to examine the relationship between women's empowerment and the well-being of children in structured families in Syria Response countries

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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

Cover photo: 10-year-old Nariman* was able to resume her education after enrolling in the education project funded by United Nations OCHA and implemented by World Vision's partner in Syria. This project reached 800 internally displaced Syrians like Nariman. © World Vision

CHILD AND ADULT SAFEGUARDING CONSIDERATIONS

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 interviews' ethical and safe management. Names of participants have been anonymised and changed to ensure confidentiality. Children and women were told they can withdraw from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialised agencies for case management.



“When I am sad, I cry and my children cry when they see me.”

Yusra, 32, Northwest Syria

“My mother always encourages me and helps me to achieve good results in school and always pushes me to be proud of myself and my achievements.”

Boy, 14, Jordan citizen

“The community lives largely in a shame culture. It is for example shameful for a girl to return home late in the evening or to go out alone. I cannot let my daughter do this.”

Woman, 39, Jordan

“My relationship with my mother is good but I don’t trust her. I don’t tell her about my issues since she hit me.”

Maria, 15, Syrian child living in the Syrian government controlled area

ACRONYMS

COVID-19	Coronavirus Disease-19
CYRM-R	Child and Youth Resilience Measure
CWB	Child Well-Being
DHS	Demographic Health Survey
EWB	Existential Well-Being
GBV	Gender-Based Violence
GESI	Gender Equality and Social Inclusion
GoS	Government of Syria
HH	Household
HHDS	Household Dietary Diversity Scale
IPV	Intimate Partner Violence
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
MENA	Middle East and North Africa
MEER	Middle East and Eastern Europe
MEERO	Middle East and Eastern Europe Regional Office
NWS	Northwest Syria
PDQA	Programme Development and Quality Assurance
PTSD	Post-Traumatic Stress Disorder
PFA	Psychological First Aid
RSES	Rosenberg Self-Esteem Scale
RWB	Religious Well-Being
SAS	Statistical Analysis System
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Sciences
SRQ	Social Role Questionnaire
SWBS	Spiritual Well-Being Scale
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WCMWBS	Warwick-Edinburgh Mental WellBeing Scale
WV	World Vision

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EXECUTIVE SUMMARY

About the research

Every child deserves to reach her or his full potential wherever they live. Yet, achieving positive child well-being outcomes remains a challenge globally. COVID-19 has further exacerbated children's existing vulnerabilities and amplified inequalities, especially in fragile contexts. As part of its mandate to help the most vulnerable children achieve their full potential, World Vision focuses on child well-being programmes that aim to improve key child well-being outcomes. Ten years of conflict in Syria have aggravated gender inequalities and the risks of violence for women and girls inside and outside the country. To increase the focus on gender-responsive programmes that respond to the strategic needs of women, World Vision (WV) Syria Response conducted a piece of research that

aimed to better understand the connection between Syrian mothers' and children's well-being and identify impactful approaches that effectively address both. Specifically, the research explored women's empowerment and children's well-being factors in Syria and selected host countries. It looked at how women's socio-demographic factors and empowerment components influence physical, emotional, mental, and psycho-social child well-being. A cross-sectional observation methodology was developed using convenience sampling in Northwest Syria (NWS) and Government of Syria (GoS) areas, Jordan, and Turkey. The research targeted World Vision's beneficiary children living in structured families and their mothers. The survey results were complemented by key informant interviews (KIIs) with mothers and their children.

Research Key Findings



1. Only one-third of women in Syria and host countries are empowered through personal factors; none of them through all the three dimensions

The research looked at the following empowerment factors: personal level, relation level and environmental level.

• **At the personal level:**

- Almost 25% of surveyed women in GoS and Jordan, and almost half of surveyed women in Turkey are empowered through personal factors. The proportion is lower in NWS (7%).
- Whilst the majority of surveyed women have high self-esteem and positive self-image and all are spiritually empowered, gender and social norms make it difficult for them to break out of the traditional gender roles and hold non-sexist attitudes. Moreover, women's acceptance of gender-based violence (GBV) and other harmful social norms and traditions, including protecting family honour over women's safety, and men's authority to discipline women, is generally high in general, especially in NWS.

• **At the relational level:**

- None of the surveyed women in Syria are empowered through relational factors.
- In Syria and Jordan, women's decision-making power in the household (HH) is limited due to prevailing patriarchal norms and dynamics where husbands' opinions often dominate. In Turkey, where the gender roles are relatively different from Syria and due to the prevalence of female-headed households, women's autonomy increases. 78% of surveyed women in Turkey reported being able to make decisions. Most of the surveyed women in Syria also do not have control over time and cannot delegate or redistribute caregiving activities.
- Women's control over household assets especially on lands and houses is low in Syria (36% in NWS and 38% in GoS) due to limited inheritance rights and discriminatory legislation.

- Almost half of women in Syria (45% in NWS and 38% in GoS) and more than one third of women in neighbouring countries (34% in Turkey and 26% in Jordan) have experienced GBV.
- Most of the surveyed women also do not have control over time. They do not rest/sleep more than 10 hours per day. Women in Jordan have the least control of their time (17.6%).

- **At the environmental level:**

- None of the surveyed women are empowered through environmental factors. This is because relational and environmental factors are closely related and reinforce one another.
- The majority of women live in communities with

- highly restrictive social and cultural norms and deep-rooted gender stereotypes about distribution of household tasks, access to education for girls, girls' early marriage, and controlling girls' behaviour.
- Syrian women also have limited freedom of movement. Women in NWS (83.5%) experience strictest movement restrictions and face higher risks to their safety when leaving their house, followed by women in GoS (62.7%).
- On 3% of women in Jordan and Turkey and only one woman in Syria have basic civil rights. Women who are denied basic civil rights also do not have access to legal services. Only one third of women in Syria and Jordan and just 16.5% of women in NWS have access to legal services.



2. Syrian Children's well-being outcomes are poor

The research measured children's well-being by looking at physical outcomes, such as education, nutrition and health, protection, as well as mental and psycho-social indicators.

- **None of the surveyed children achieved well-being across all factors.**

- **With regards to education:**

- The self-perceived functional literacy is low among surveyed children especially in the dimension of language development and digital literacy.
- The majority of children are enrolled in formal education, but only one-third have a positive attitude towards learning and willingness to pursue their education.
- None of the children inside Syria and only 12.5% of children in Turkey and 3.3% of children in Jordan have functional literacy across the 3 domains (language development, digital literacy, numeracy skills).

- **In relation to nutrition and health:**

- The majority of surveyed children have access to good or moderate diverse and adequate nutrition. One-quarter of children, especially girls in GoS, have poor nutritional outcomes due to lack of food and cash assistance in the areas where they live.
- Access to healthcare services remains a big challenge for almost all surveyed Syrian children and only one third have positive health-related behaviour.

- **With regards to protection:**

- Syrian children are highly exposed to violence and abuse especially by their mothers. In NWS 92% of children have experienced at least one form violence.
- In NWS, mothers are the main perpetrators of physical abuse (61%) and emotional/verbal abuse (74%), followed by fathers (40% of physical abuse and 59% of emotional abuse)
- In GoS mothers are the perpetrators of most emotional/verbal abuse (39%) while friends are responsible for most physical abuse (33%). Mothers are also more likely to physically and emotionally/verbally abuse girls, while boys are more likely to be physically and verbally/emotionally abused by other adults and people they do not know.
- In Jordan and Turkey, physical abuse is less likely to be perpetrated by parents. In most cases, adults it is inflicted by people unknown to the children and friends in the community.

- **With regards to mental and psycho-social health:**

- The majority of surveyed children in the four areas/countries have moderate self-esteem.
- High self-esteem is more prevalent in displaced children in Turkey (18.8%), while low self-esteem is more common in NWS (7.3%)
- The majority of surveyed children across all four areas/ countries, but especially in GoS, have high personal resilience. Almost one-third of children with low resilience are in NWS (31%) where 92% of children experience violence and abuse.

Key learnings from the research



(1) Women's socio-economic and demographic characteristics affect their empowerment and their children's well-being

Internal and external displacement creates complex vulnerabilities for both women and their children. Displacement is associated with negative empowerment factors in women and poor well-being outcomes for children.

1. Displaced women are more likely to accept GBV and high restrictive gender norms in their communities. Their children have poor nutritional outcomes and are less able to access education and health services.

2. Mothers' level of education is also key driver of positive well-being outcomes in children. Educated women do not associate gender with social roles and are less likely to accept GBV. They have more decision-making power in the household and positive self-image. In turn, their children are less likely to experience violence. They are also more likely to access education and to be well-nourished. They also have higher resilience.

3. Living with the extended family, young age and being married young are also key factors that impact mothers' empowerment and their children's well-being. Women who live in large families have less freedom of movement, less decision-making and less control over the HH assets. Young mothers do not ask their husbands for support in providing care to children and family members. Young married women are more likely to experience GBV than women who married later; they also have poorer mental health. As a result, children have poor nutritional outcomes and negative attitudes on learning.

4. Women's economic participation plays a major role in their empowerment and positively influences their children's well-being. It is also associated with women's ability to redistribute the burden of care and to be free from GBV. High family income is also associated with women self-esteem and good mental health. Children of economically empowered women are well-nourished, are less likely to experience violence and have higher resilience.



(2) Women's empowerment affects the well-being of their children

Mothers' level of empowerment has significant implications for their children's well-being. Mothers who have a positive self-image, good mental health, are able to make decisions and delegate caring activities and participate in the economy are also less likely to experience GBV. Their children's well-being outcomes are better than mothers who lack empowerment.

1. Children of mothers who do not experience domestic and intimate partner violence have better protection outcomes.

2. Women who have decision-making power and some control over HH assets as well as control over time are also more able to protect their children from abuse.

3. Children whose mothers live in communities with low restrictive gender norms and stereotypes and can safely move outside their home, are less vulnerable to child abuse.

Overarching recommendations for World Vision programmes



Women's empowerment approaches should be embedded into the pathways of change (PoC) of child-focused programmes/interventions.



Work with formal gatekeepers, especially the gender focal points and working groups in the ministries, municipalities, and other public institutions to increase their capacity to develop transformational gender equality strategies.



Gender-transformative interventions should be integrated across all sectoral programmes to address unequal power dynamics (gender relations) and cultural norms (harmful gender norms) that are critical barriers to women's empowerment.



Implement World Vision GESI Management Policy (effective as of October 1, 2021) and integrate a GESI lens in every cycle of project implementation across all sectors.



Invest in awareness raising and advocacy activities as part of a package of interventions to address harmful social and cultural norms and in close partnership with local faith leaders.



Engage UN agencies, civil society organisations, including women's rights organisations to foster effective coordination and work alignment.



Lubna*, 35 years old participating in the Socio-economic Empowerment programme in Turkey. It is implemented by World Vision's partner, Turkish Red Crescent. Lubna says it helped her achieve financial stability and provided her with professional skills. © World Vision

2 BACKGROUND

Every child deserves to reach her or his full potential. Yet, achieving child well-being outcomes remains a challenge globally, and COVID-19 has further exacerbated children's existing vulnerabilities and amplified inequalities, especially in lower income countries and fragile contexts. Childhood is a critical and sensitive period in development. It influences and affects social and economic life outcomes in adulthood. As a result, child focused outcomes and indicators have prominently featured in the international development agenda in the last 20 years, with increased attention and action towards reaching the most vulnerable children.

World Vision is a child focused organisation and has made a strategic commitment¹ to help the most vulnerable children overcome poverty and experience the fullness of life. Tackling gender equality is paramount in delivering on this commitment. Gender inequality is one of the most powerful drivers of vulnerability for children in every context, and women's empowerment directly affects and impacts children's well-being. This is primarily because in every part of the world women are still the primary caregivers for their children, and have a deeper level of interaction with them, even more so in paternalistic societies.

The Syrian war, gender inequality and children's well-being

Ten years of conflict in Syria have significantly exacerbated gender inequalities and the risks and prevalence of violence against women and girls inside and outside Syria, including due to existing harmful gender and social norms, increased societal violence and a breakdown of the rule of law. GBV permeates the daily lives of Syrian women and girls in and outside Syria. Forced displacement is also a major driver of GBV.

- A 2015 United Nations Population Fund (UNFPA) report found that one in three Syria women faced domestic violence, with this statistic increasing sharply with displacement²
- It is estimated that 75% of young girls living in camps inside Syria do not go to school for fear of sexual violence.³
- A 2017 UN High Commissioner for Refugees (UNHCR) and UNICEF research found that more than half of Syrian refugee women living in Jordan are forbidden from leaving home without male chaperones due to safety and economic reasons⁴
- A 2019 UN Women study of Syrian refugee women in Lebanon, Jordan and Iraq found that GBV was a common concern. Nearly half of Syrian refugee women surveyed in Lebanon and in the Kurdistan Region of Iraq reported that violence against women was a problem in the Syrian refugee community⁵
- Further UN data on economic hardships and security risks show that the conflict encourages child marriage which is used by parents as a financial coping strategy and a "security measure" for girls.

GBV is one of the most harmful consequences of gender inequality and women's lack of empowerment. Combined with multiple stress factors induced by the ongoing conflict and displacement, GBV has profound and long-term impacts on mothers' physical and mental well-being.

The war is also impacting Syrian children's physical, mental, emotional, and psycho-social well-being as a result of multiple deprivation (e.g. education, food etc), exposure to the violence of conflict, physical violence, and forced displacement. COVID-19 related lockdown measures have created new vulnerabilities resulting from physical distancing and social isolation which have further exacerbated psychosocial distress and

¹ WVI (2021) *Our Promise – Going Further*.

² UNFPA (2015) *Reporting on Gender-Based Violence in the Syria Crisis*.

³ UN Women Arab states (2018). *Here's why Syrian women are integral to peace*.

⁴ UNHCR, UNICEF (2017). *A promise of tomorrow. The effects of UNHCR and UNICEF cash assistance on Syrian refugees in Jordan*.

⁵ UN Women (2019) *Unpacking the gendered realities in displacement: The status of Syrian refugee women in Jordan, Lebanon and Iraq*; <https://data2.unhcr.org/en/documents/details/72200>



The mask production livelihood project provided 65 Syrian women with cash-for-work opportunities which positively affected their financial stability.. © World Vision

the risk of exposure to violence in refugee children, adolescents, and youth.⁶

- In February 2021, one in eight children in Syria was reported to be suffering from stunting due to chronic malnutrition.⁷
- In March 2021, UNICEF reported that 90% of children in Syria needed humanitarian assistance.⁸
- Between July 2018 and June 2020, airstrikes, explosive remnants of war and indiscriminate shelling, maimed or killed more than 2,700 children.⁹
- The reported number of children displaying symptoms of psychosocial distress has doubled in 2020 due to the pandemic.¹⁰

Building evidence on the relationship between Syrian women's empowerment and child well-being

Whilst assumptions can be made on the linkages between maternal empowerment and child well-being in the context of the Syrian war, there is currently no evidence that provides tangible data. This new research is therefore the first of its kind. It builds much needed evidence on the relationship between Syrian women's empowerment and child well-being in Syria and host countries and provides recommendations for improving existing programmes in WV Syria response countries and for strengthening the prioritisation of gender-responsive programming in the organisation's strategy.

⁶ World Vision Middle East and Eastern Europe (2020). Act Now for Children: How a global pandemic is changing the lives of children in Middle East and Eastern Europe region.

⁷ UN Security Council, As Pandemic Rages on, Syria's Children Face Graver Reality Than at Any Other Point of Conflict, International Aid Organization Official Tells Security Council, Press Release, 25 February 2021, <https://www.un.org/press/en/2021/sc14448.doc.htm>

⁸ UNICEF (2021). Syria conflict 10 years on: 90 per cent of children need support as violence, economic crisis and COVID-19 pandemic push families to the brink.

⁹ UN News, Syria: Prolonged violence, violation and abuse 'bound to affect generations to come, 19 May 2021, <https://news.un.org/en/story/2021/05/1092252>

¹⁰ No Lost Generation (March 2021). The Syria crisis.

3 RESEARCH FRAMEWORK

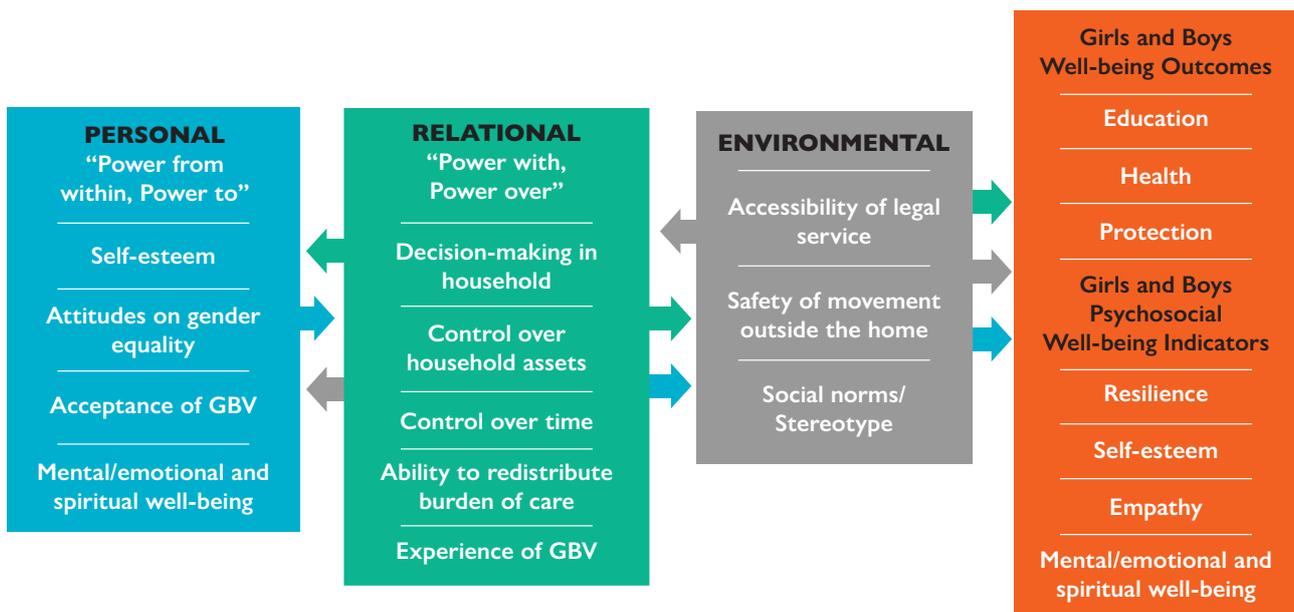
The framework for the research is unique as it is based on the analysis, adaptation and consolidation of several internal and external models and frameworks on women’s empowerment, gender equality and child well-being. They include (1) World Vision’s Gender Equality and Social Inclusion (GESI) Theory of Change (ToC)¹¹; (2) Oxfam’s model of measuring women’s empowerment¹²; and (3) World Vision International’s Child Well-Being (CWB) model.

In addition, the research framework highlights the specific child well-being indicators that focus on

psycho-social factors and their relationship with their mothers’ well-being. More information on specific factors and sub-factors/indicators is displayed through the Figure 1 below.

Based on the theoretical framework, the research explores how selected personal, relational, and environmental factors of women’s empowerment interact with one another, and how these three empowerment dimensions influence core well-being outcomes in children.

FIGURE 1: Research framework



¹¹ GESI ToC link not currently available.

¹² Oxfam (2017). A 'How To' Guide To Measuring Women's Empowerment: Sharing experience from Oxfam's impact evaluations.

4 METHODOLOGY

Research objective

The research aimed to build the evidence on the relationship between women’s empowerment factors and child well-being outcomes in Syria Response countries: Syria - including Northwest Syria (NWS) and Government of Syria (GoS) areas, and selected host countries (Jordan and Turkey). It does so by using socio-demographic data and indicators of women’s empowerment and child well-being.

Research design and target population

Study design

World Vision carried out a mixed method study design, involving participants from World Vision programmes in Syria Response countries. Quantitative data was gathered through population-based cross-sectional design. The qualitative data was gathered through key informant interviews (KIs).

Target populations

The research targeted children (boys and girls) living in structured families and their mothers. Participating girls and boys were aged 11 -15 years old, whilst mothers’ age varied between 35 and 50. Beneficiaries receiving extensive support from World Vision (e.g. members

of parents’ clubs, children from youth clubs, women involved in economic empowerment projects, etc.) were not selected to avoid data bias and make the sample close to be representative of Syria’s population.

Sampling framework and sample size

Sampling technique

The sample of surveyed children and their mothers was selected by convenience, based on the decision of WV Syria Response’s Programme Development and Quality Insurance, and Monitoring, Evaluation, Accountability and Learning teams. The sample was selected from a group of World Vision programmes’ participants from vulnerable communities served by WV Syria Response.

Sample size

The sample in each country was assessed by the research and MEAL teams to maximize the statistical impact of the research and identify the key indicators to use. Key informant interviews were also conducted with women and children to complement data from the survey and provide in depth analysis of women empowerment, child well-being and their connection. The sample size in the four response areas/ countries is available in Table 1.

TABLE 1: Sample size in response areas/ countries

Area/ Country	Target	Project/ Location
NWS	97 women and 48 boys and 49 girls– All Syrian beneficiaries 2 KIs with women and 4 KIs with girls and boys split equally	(FASTER; Facilitating assistance to Syria together in emergency response) project camps – Idleb and Azzaz
GoS	110 women and 56 boys and 55– All Syrian beneficiaries 2 KIs with women and 4 KIs with girls and boys split equally	(VSG Y5 project – Daraa and Jaramana
Jordan	91 women and 46 boys and 45 girls – split between inside camp (Syrian) and outside camp (half Syrian and half Jordanian) – host communities and refugees 2 KIs with women and 2 KIs (1 girl and 1 boy)	CPiE project – Azraq Camp & Japan Platform project
Turkey	64 women and 35 boys and 29 girls – Syrian refugees	European Community Humanitarian Aid Office project – 2 districts in Istanbul and Ankara

Tools

The survey and KII tools were developed by the Gender and Safeguarding Leader and the Programme Effectiveness advisor at World Vision Middle East and Eastern Europe Regional Office (WV MEERO), in consultation with WV Syria Response. The tools relied on existing reliable and valid instruments to measure multiple dimensions of women's empowerment and children's well-being. The tools were translated to Arabic by WV MEERO. The survey and KII tools in English are attached in Annex A.

Data collection and ethical considerations

The data collection took place during May-June 2021. Due to COVID-19, quantitative and qualitative data was collected remotely through phone calls with mothers and children. The research enumerators entered the data directly on Microsoft online forms while surveying the participant over the phone. Prior to data collection, a training was conducted by WV MEERO to familiarise the research enumerators with the tools and build their capacity to use them. During the training, the ethical considerations of consulting with girls, boys and women were emphasised. Due to the sensitivity of some questions, a gender-responsive and survivor-centered data gathering methodology was applied. Female enumerators interviewed and surveyed women and girls, while male enumerators surveyed and interviewed boys.

The data collection followed the minimum standards for consulting with girls and boys developed by the Inter-Agency Working Group on Children's Participation. The principles include transparency, honesty, accountability, provision of a child-friendly environment, equality of opportunity, and the safety and protection of children. The research also incorporated ethical considerations required to gain informed consent, ensure confidentiality and anonymity, acknowledge the diverse cultures of the research sites, and refrain from presenting any information that may potentially harm participants.

The facilitation team ensured the safe and ethical participation of women, girls, and boys. They did so by adhering to World Vision's Safeguarding policy and protocols, including a referral procedure in coordination with local protection partners.

Data Analysis

Survey data collected from each mother and her child was paired together using Statistical Analysis Software Programme to make a single observation of each pair. Once merged the database was imported to SPSS 24 for Windows. Descriptive analyses were conducted to define the sample where means with standard deviations for continuous variables, and frequencies and percentages for categorical variables were reported.

Inferential statistics were carried out to assess the associations between socio-demographic factors, empowerment factors and child well-being outcomes using independent t-test, Fisher's and chi-square test. A p-value < 0.05 was used to indicate significance in all cases.

Limitations and challenges

Some methodological limitations should be noted when considering the study's findings. 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 response areas/countries. However, based on demographic distributions, the findings can be generalised to the population of children participating in World Vision grant funded programmes in Syria response countries. Another limitation comes from the fact that statistical associations were drawn from a convenient sample with limited power. The study's conclusions should therefore be analysed carefully and explored further in future research. Finally, the sample from Turkey could not be fully completed due to partners' difficulties accessing beneficiaries through phone calls or face to face. KIIs could not be conducted in Turkey.

5 FINDINGS AND REFLECTIONS



Finding 1: Demographic and socio-economic profile of women surveyed and interviewed

Demographic profile

Most surveyed women in the four areas/countries are married or previously married at an average age of 19 years. The youngest who lives in NWS was 18 and the oldest, in GoS is 21. Surveyed women have an average age of 30 years. They all live with their children and the majority (80%) with their husband (with the lowest number in Turkey (62%) and the highest number in GoS (90%).

Women living with their own extended family such as their mother, father, and/or siblings are more likely to be in host countries with 25% in Turkey and 16% in Jordan, while women living with their in-laws, especially their mother, father, brothers and daughters in-law are more likely to be found in GoS (16.4%). The average household size is the largest in Jordan and NWS with 8 members approximately and the smallest in Turkey with an average of 6 members. (Table 2).

Socio-economic profile

Education: The highest percentage of illiterate women are in NWS (19.6%) while the highest percentage of women who finished high school or hold university degrees are in Jordan (45.2%) and GoS (38.1%) (Table 2).

Employment and income: The highest percentage of women participating in the economic life and contributing to the family income is in GoS (28%) and the lowest is in Turkey (14%). The average household income is the highest in Jordan (USD 375) and Turkey (USD 257) and the lowest in GoS (USD 45) and NWS (USD 144). This is mainly because more than half of the families in Jordan (56%) and one third of the families in Turkey (33%) and NWS (28%) rely on

cash assistance and humanitarian aid from non-governmental organizations. However only 7% of families in GoS access cash aid, with the husband being the breadwinner (85%). The percentage of children under 18 who are engaged in child labour to contribute to the family income are the highest in NWS (26%) and Turkey (9.4%) (Table 2).

Vulnerability: Women who live with chronically ill family members live in host countries with 52% in Turkey and 40% in Jordan. Most women who live with family members with disabilities are in Turkey (34.3%) and Jordan (26.4%). (Table 2).



The dams protection project implemented in Wadi Al Arab and Kufranja dams provide chances to learn new skills from effective communication to agriculture. © World Vision

TABLE 2: Demographic and socio-economic profile of surveyed women

Variables		NWS	GoS	Jordan	Turkey
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Total sample		N=97	N=110	N=91	N=64
Age	Mean (±sd)	29.7 (±6.0)	31.5 (±7.1)	30.8 (±5.4)	29.2 (±6.8)
Age getting married	Mean (±sd)	17.7 (±4.3)	20.5 (±4.9)	18.9 (±3.5)	18.5 (±3.0)
Household size	Mean (±sd)	7.7 (±3.0)	7.5 (±3.0)	7.9 (±2.3)	6.3 (±2.2)
Residency status	Citizen	15 (15.5%)	33 (30%)	27 (29.7%)	2 (3.1%)
	Internally displaced	82 (84.5%)	77 (70%)	0	0
	Refugee	0	0	64 (70.3%)	62 (96.9%)
Social status	Married	76 (78.4%)	102 (92.7%)	81 (89%)	44 (68.8%)
	Widowed	14 (14.4%)	7 (6.4%)	7 (7.7%)	7 (10.9%)
	Divorced	5 (5.2%)	1 (0.9%)	1 (1.1%)	9 (14.1%)
	Separated	2 (2.1%)	0	2 (2.2%)	3 (4.7%)
Education	Illiterate	19 (19.6%)	12 (10.9%)	14 (15.4%)	5 (7.8%)
	Primary	20 (20.6%)	9 (8.2%)	8 (8.8%)	11 (17.2%)
	Intermediate	48 (49.5%)	41 (37.3%)	37 (40.7%)	35 (54.7%)
	Secondary	7 (7.2%)	15 (13.6%)	19 (20.9%)	8 (12.5%)
	University	3 (3.1%)	26 (23.6%)	12 (23.2%)	4 (6.3%)
	Postgraduate	0	1 (0.9%)	1 (1.1%)	0
	Vocational	0	3 (2.7%)	0	1 (1.6%)
	Technical	0	3 (2.7%)	0	0
With whom do you live in the same household?	Husband	75 (77.3%)	99 (90%)	80 (87.9%)	40 (62.5%)
	Children	97 (100%)	110 (100%)	91 (100%)	64 (100%)
	Mother	6 (6.2%)	15 (13.6%)	15 (16.5%)	16 (25%)
	Father	3 (3.1%)	3 (2.7%)	0	1 (1.6%)
	Siblings	2 (2.1%)	5 (4.5%)	1 (1.1%)	1 (1.6%)
	Grandparents	2 (2.1%)	0	0	3 (4.7%)
	Mother-in-Law	7 (7.2%)	18 (16.4%)	8 (8.8%)	2 (3.1%)
	Father-in-Law	2 (2.1%)	2 (1.8%)	4 (4.4%)	0
	Sister/brother-in-law	6 (6.2%)	9 (8.2%)	4 (4.4%)	2 (3.1%)
	Other ¹³	10 (10.3%)	8 (7.3%)	6 (6.6%)	5 (7.8%)
Family members unable to take care of themselves	Physical disabilities	16 (16.5%)	6 (5.5%)	20 (22%)	7 (10.9%)
	Mental disabilities	5 (5.2%)	8 (7.3%)	4 (4.4%)	15 (23.4%)
	Chronically ill	24 (24.7%)	29 (26.4%)	36 (39.6%)	16 (25%)
	Elderlies	7 (7.2%)	8 (7.3%)	2 (2.2%)	0
Paid activity	No	79 (81.4%)	79 (71.8%)	74 (81.3%)	55 (85.9%)
	Yes	18 (18.6%)	31 (28.2%)	17 (18.7%)	9 (14.1%)

¹³ Other family members include women's married children and their families, husbands' nieces and nephews, second wives in polygamous families and their children and grandchildren. Only one woman in NWS said she lives with orphan children not connected to her family or her husband's family.

Variables		NWS	GoS	Jordan	Turkey
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Total sample		N=97	N=110	N=91	N=64
Type of employment	Full-time	3 (16.7%)	24 (77.4%)	5 (29.4%)	1 (12.5%)
	Part-time	0	3 (9.7%)	8 (47.1%)	5 (62.5%)
	Freelancer	2 (11.1%)	4 (12.9%)	3 (17.6%)	2 (25%)
	Family business	2 (11.1%)	0	0	0
	Farming/agriculture	11 (61.1%)	0	1 (5.9%)	0
Monthly income	Mean (±sd)	USD 147 (±80)	USD 45(±30)	USD 375 (±201)	USD 257 (±129)
Family members who contribute to family income	Respondent	19 (19.8%)	34 (30.9%)	20 (22%)	10 (15.6%)
	Husband	61 (63.5%)	93 (84.5%)	20 (22%)	27 (42.2%)
	Children above 18	20 (20.8%)	9 (8.2%)	9 (9.9%)	8 (12.5%)
	Children under 18	25 (26%)	11 (10%)	1 (1.1%)	6 (9.4%)
	Government/ NGO	27 (28.1%)	8 (7.3%)	30 (33%)	36 (56.3%)
	Extended family	7 (7.3%)	10 (9.1%)	1 (1.1%)	3 (4.7%)
	Other ¹⁴	0	0	0	3 (4.7%)



Finding 2: Syrian women’s empowerment at the personal, relational and environmental levels

Empowerment through personal factors

Definition: Changes at the personal level take place within the person. This refers to qualities and perceptions of the woman in relation to herself, her well-being, how she considers her role in society and that of other women. The personal empowerment dimension was measured through five indicators: (1) self-esteem, (2) attitudes towards gender roles, (3) acceptance of GBV, (4) mental/emotional and (5) spiritual well-being.

Indicator 1: Self-esteem

This indicator is measured by the Rosenberg Self-Esteem Scale (RSES, 1965) which reflects the attitude that the respondent has towards herself. The respondent must state to what extent she agrees or disagrees with each statement using a Likert Scale ranging from strongly disagree to strongly agree (Annex A).

- The large majority of surveyed women have moderate levels of self-esteem.

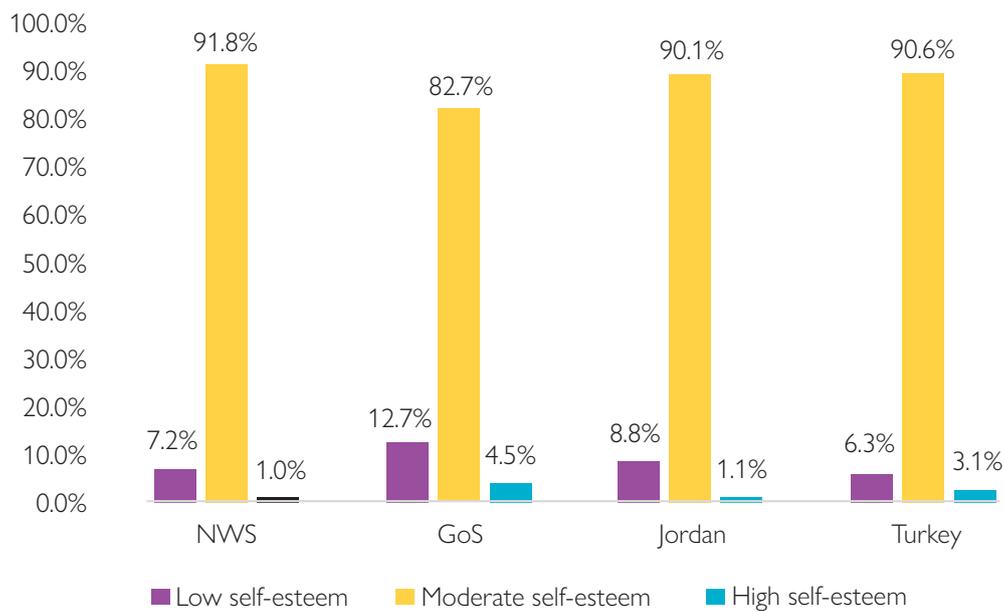
- Women in GoS have lower levels of self-esteem (Figure 2). A 2018 study shows that social support is an important factor for women’s self-esteem. Women from large or extended families where women live with parents, siblings and other family members have higher levels of self-esteem than women from nuclear families who only live with their husbands and children.
- Unmarried women also have higher levels of self-esteem than married women, who find it difficult to take care of their children without social support.

¹⁴ Other family members who contribute to income in Turkey are friends

¹⁵ Rosenberg, M. (1965). *Society and the adolescent self-image*. The RSES scale is considered a reliable and valid quantitative tool for self-esteem assessment. It has been translated and adapted to various languages.

¹⁶ A. Manju & D. Nimala (2018). *Self-esteem the stepping-stone of women’s empowerment*.

FIGURE 2: Self-esteem levels of surveyed women



Indicator 2: Attitudes towards gender roles

Women’s attitudes towards gender equality and sexism ideology have been measured using the Social Roles Questionnaire (SRQ).¹⁷ The SRQ assesses how individuals conceptualise different social roles using two domains: (1) gender transcendence that captures the extent to which individuals conceptualise gender in non-dichotomous ways (e.g. people can be both aggressive and nurturing regardless of their sex), and (2) gender-linked that measures individual beliefs about whether social roles are associated with a particular gender (e.g. girls need to be protected and watched over more than boys) (Annex A).

The analysis found that the majority of surveyed women in the four areas/countries are likely to endorse egalitarian and gender transcendent beliefs. However, paternalistic societies and deep-rooted social and cultural norms means that Syrian women struggle to break out of traditional gender roles. This explains why the majority of women we surveyed agree with traditional gender and social roles association (Figure 14); a finding that was validated by the KIIIs in Syria and Jordan.

The most prevalent beliefs on association of gender and social roles in the four areas/countries are:

- Some types of work are not appropriate for women;
- Men have more sexual demands than women; and
- Girls should be protected and watched more than boys.

“Boys should get education to find a job and later provide for their families, while girls should take care of their husband and children only, thus their education is not essential.” (Woman, 39, Jordan)

“I am happy that my daughter got married before she was 18. Marriage is very important to girls.” (Fatima, 47, GoS)

“I strictly supervise my daughter’s manners and behaviour since people judge girls based on their manners, unlike boys.” (Woman, 43, Jordan)

¹⁷ Baber, K.M., Tucker, C.J. (2006). *The Social Roles Questionnaire: A New Approach to Measuring Attitudes Toward Gender*.

Finally, the survey results show that the percentage of women with no sexist attitudes who scored either high or normal on gender transcendence subscale and normal or low on gender-linked subscale is highest in Turkey and lowest in GoS and Jordan (Figure 15).

This reflects existing data showing that displaced women question traditional gender relations and

women are better able to adapt to migration as they feel they need to be strong and free from traditional social roles to keep their family together.²⁴ The high percentage of women with sexist attitudes in Syria and in Jordan shows that deep-rooted and harmful gender role attitudes and stereotypes normalise sexism. Women conform to it daily and influence their children's attitudes.

FIGURE 3: Gender transcendent and gender-linked attitudes

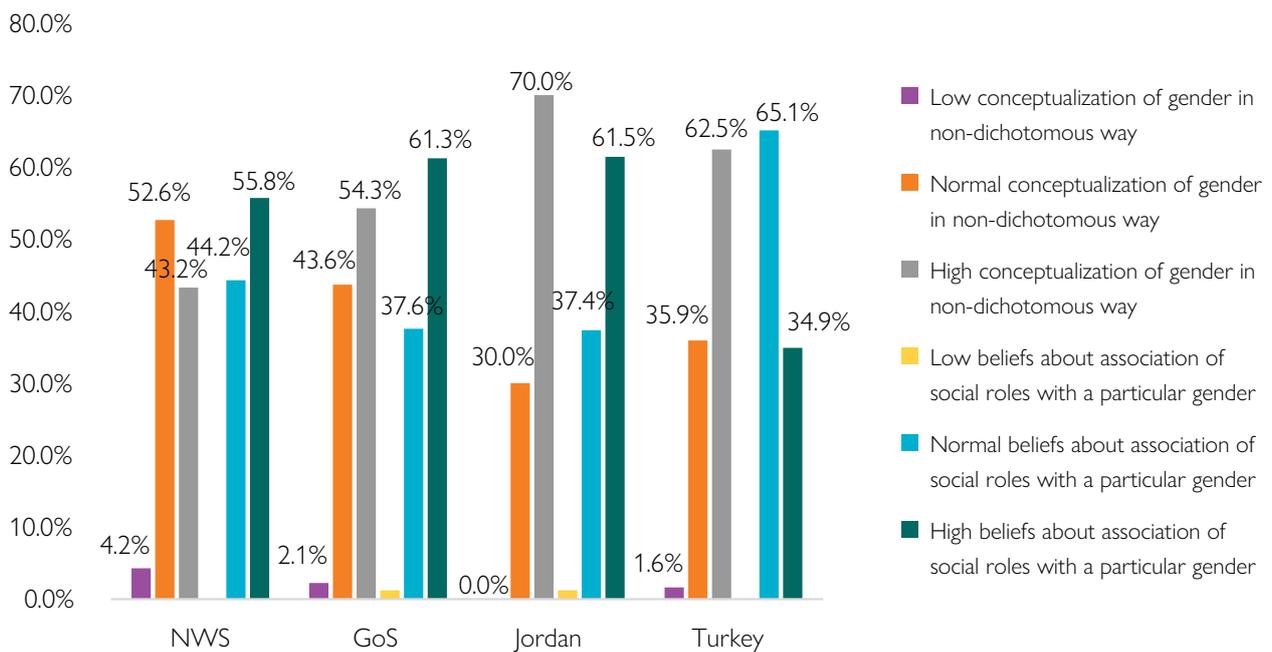


FIGURE 4: Sexist attitudes of surveyed women

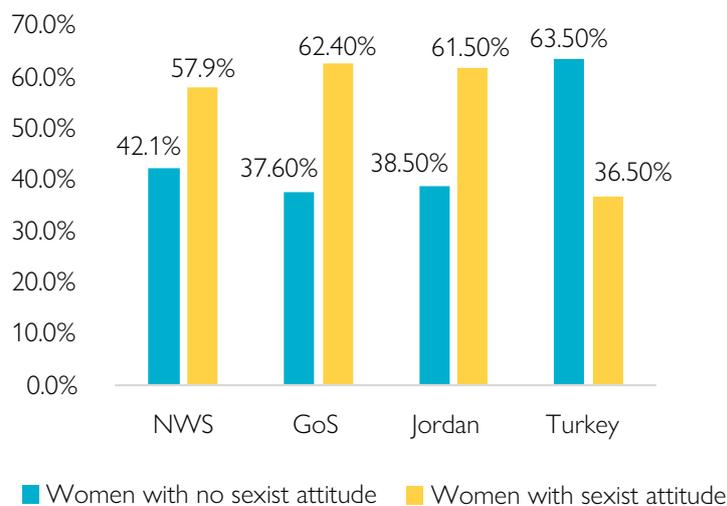


FIGURE 5: Acceptability of GBV



Indicator 3: Acceptability of GBV

This indicator aimed to measure the extent to which surveyed women considered domestic violence to be acceptable.¹⁸ We asked respondents to say if they think it is acceptable for a man to beat his wife in a number of different circumstances (Annex A).

- The survey found that a majority of women (76%) in NWS think GBV is acceptable, followed by women in Jordan (45%) and GoS (25%).
- Women in Turkey (10.9%) are the most likely to find GBV unacceptable (Figure 16). Harmful social norms and traditions that uphold GBV as an acceptable practice include women’s sexual purity; protecting family honour and women’s safety; and men’s authority to discipline women and children.
- The most accepted situation for GBV in NWS is when man discovers that his wife was unfaithful and when woman does not pay attention to children. Women in Jordan also think that GBV is acceptable when they went out without informing their husband.

Indicator 4: Mental well-being

Women’s mental well-being was measured by the Warwick-Edinburgh Mental Wellbeing Scale

(WEMWBS) which relies on positively worded questions that cover both feeling and functioning aspects of mental well-being.¹⁹ (Annex A).

- The majority of surveyed women in the four areas/countries have normal to good mental health and well-being, but 20% of women in GoS and 17.5% of women in NWS show signs of probable or possible depression.
- In Jordan the percentage is lower and in Turkey no woman displays signs of possible depression (Figure 17).

These findings reflect the mental health burden of living in a country affected by conflict. Syrian women who have experienced, or continue to experience, violence, loss of family members and homes, lack of food and forced internal displacement may experience a wide range of mental health problems.²⁰

Moreover, the impact of the pandemic on the mental health of Syrian women cannot be overstated. Women have to deal with their children’s anxieties and confusion, and they are also more likely to be burdened with increased household tasks and childcare responsibilities as more family members and children are at home during lockdowns.

¹⁸ USAID. DHS program. Demographic and Health Survey. <https://dhsprogram.com/methodology/Survey-Types/DHS-Questionnaires.cfm> . Questions reported have come from a simplified version of the Demographic and Health Surveys (DHS) toolkit questionnaire

¹⁹ Tennant, R., Hiller, L., Fishwick, R. et al. (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. The 14-item scale has 5 response categories, summed to provide a single score.

²⁰ G. Hassan, P. Ventevogel, H. Jefee-Bahloul, A. Barkil-Oteo, L. J. Kirmayer. (2016).

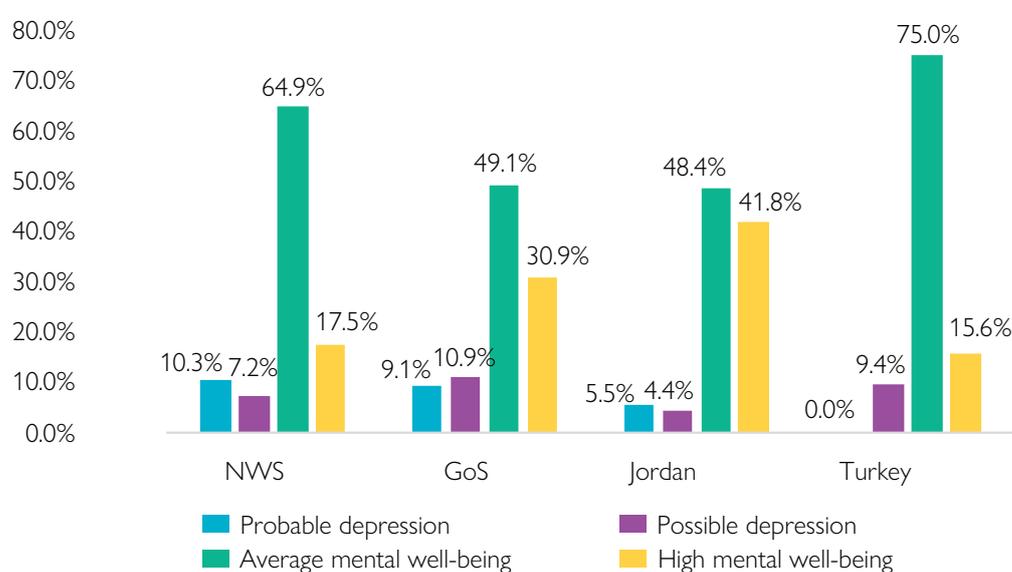
“My husband lost his job and took time to find another one. His unemployment stressed me a lot and my care responsibilities increased during the pandemic. The last year was very exhaustive to me.” (Woman, 39, Jordan)

“My financial situation affects my well-being. I don’t like to feel that I cannot provide for my children basic needs.” (Woman, Jordan)

“The overall situation in Syria and the financial stressors affect me a lot.” (Fatima, 47, GoS)

“The displacement affected my well-being a lot, I try to be normal again but I just can’t.” (Yusra, 32, NWS)

FIGURE 6: Mental well-being of surveyed women



Indicator 5: Spiritual well-being

The Spiritual Well-Being Scale (SWBS) is a general indicator of perceived well-being used for the assessment of individuals of various faiths.²¹ The SWBS provides a subscale for Religious and Existential well-being, as well as an overall measure of the perception of an individual’s spiritual quality of life. The Existential Well-Being (EVB) Subscale gives a self-assessment of an individual’s sense of life purpose and overall life satisfaction. The Religious Well-Being (RWB) subscale proves a self-assessment of an individual’s relationship with God (Annex A).

Our research found that the majority of surveyed women in the four areas/countries have high levels of

religious well-being and moderate levels of existential well-being (Figure 16). This means that all surveyed women feel spirituality empowered (Figure 18), which makes them more resilient and help them withstand life crises and major life stressors. There is also evidence that religious beliefs can help people move beyond prior levels of adjustment to achieve fundamental positive transformation in their lives.²²

“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)

21 Paloutzian R.F. et al. (2021) *The Spiritual Well-Being Scale (SWBS): Cross-Cultural Assessment Across 5 Continents, 10 Languages, and 300 Studies*. In: Ai A.L., Wink P., Paloutzian R.F., Harris K.A. (eds) *Assessing Spirituality in a Diverse World*. Springer, Cham. https://doi.org/10.1007/978-3-030-52140-0_17. The scale is composed of 20 items. Ten of the items assesses Religious well-being (RWB) and the other 10 assesses Existential well-being (EVB).

22 Pargament, K. I., & Cummings, J. (2010). *Anchored by faith: Religion as a resilience factor*. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193–210). The Guilford Press.

FIGURE 7: Religious, existential, and overall spiritual well-being in surveyed women



Reflections on Syrian women’s personal empowerment

The research shows that overall, Syrian women with refugee status in Turkey (47.6%) are the most empowered through personal factors. In both GoS and Jordan, 25% of surveyed women are

empowered at the personal level. Finally, Syrian women in NWS (7.2%) are the least personally empowered

Table 3 is a summary of all the indicators related to empowerment through personal factors.

TABLE 3: Overall empowerment through personal factors

	NWS	GoS	Jordan	Turkey
Indicators of empowerment through personal	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Women with high/moderate self-esteem	92.8%	87.3%	91.2%	93.8%
Women with no sexist attitudes	57.9%	37.6%	38.5%	63.5%
Women who do not accept GBV	23.7%	74.5%	91.9%	89.1%
Women with high/moderate mental well-being	82.5%	80%	90.1%	90.6%
Women with high/moderate spiritual well-being	100%	100%	100%	100%
Women empowered through personal factors	7.2%	24%	24.2%	47.6%

Empowerment through Relational Factors

Definition: According to Oxfam’s Women Empowerment model, empowerment at the relational level takes place in the relationships and power relations within the woman’s surrounding network.¹² We selected five core indicators to define women empowerment through relational factors: (1) household decision-making; (2) control over household assets; (3) control over time; (4) ability to redistribute the burden of care; and (5) experience of GBV.

Indicator 1: Household Decision-making

This indicator aims to measure the level of women’s involvement in household decision making. The respondents were asked to state who normally makes most of the decisions in the household with a focus on the following categories: decisions on consumption and expenditure; decisions on investment and business activities; and decisions on household management (Annex A).

We found that a majority of Syrian women who do not have decision-making power in the household and cannot influence their husband’s decisions are in Syria (67% in NWS and 55.5% in GoS) and Jordan (46.2%). In contrast, 78% of women in Turkey are able to make decisions, jointly with their husbands or independently (Figure 3).

These findings reflect how prevailing patriarchal norms prevent women from making decisions and limit their roles to performing domestic duties and caring for the children. When they have some decision-making authority, it is often limited to household management and consumption and expenditures. Fewer women can make decisions on investment and business activities, such as purchasing assets, transferring properties or investing in borrowed money (Figure 2).

“I decide what we should cook and buy and my husband takes all other decisions himself.” (Woman, 43, Jordan)

“When my daughter was sick, my husband refused to provide her with medical care and this resulted in her kidneys’ failure.” (Nahida, 40, GoS)

“We discuss together but he always has the last word since he is the income provider.” (Yusra, 32, NWS)

“Men are the decision takers, my sister attained grade 8 and my brother decided that she should leave the school, not my mother”. (Weam, 15, NWS)

In Turkey, women's decision-making power can be explained by the fact that gender roles in the country of asylum are often different than those in refugee communities and patriarchal control weakens as a result of migration. Women have more freedoms than they are used to and some

may find new employment opportunities. Changes in gender roles may also happen when women have lost their husbands, which is the case for 38% of refugee women in Turkey who live with their families. Women may also assume new caring responsibilities for children and older relatives.²³

FIGURE 8: Household decision-making in investment and business activities, consumption and expenditures, and household management of surveyed women

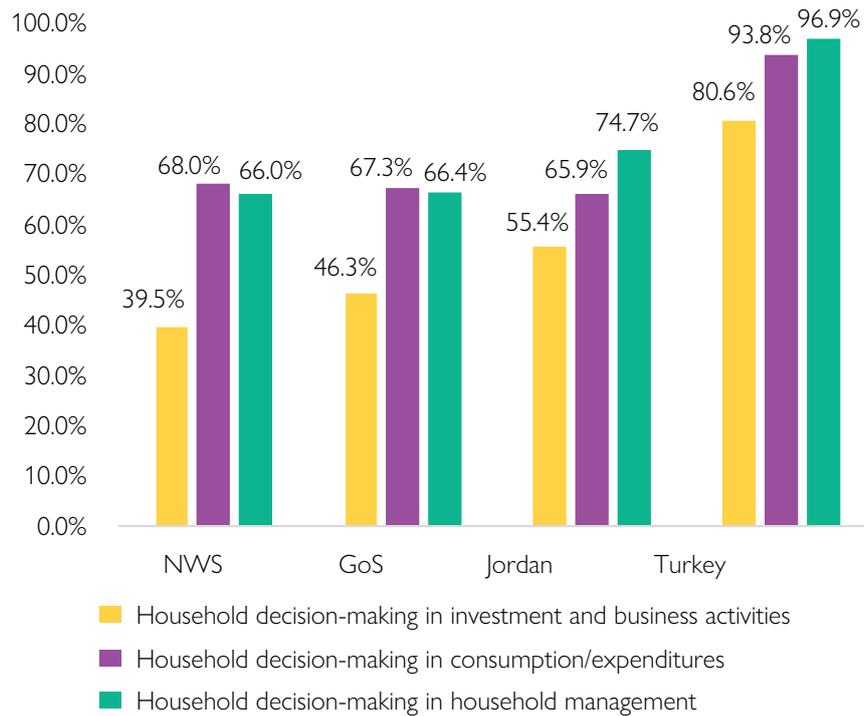
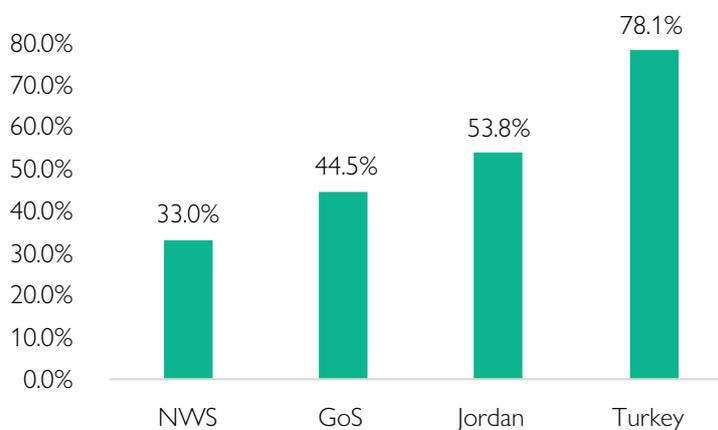


FIGURE 9: Overall household decision-making



²³ Buz, S. (2006). *The Relationship between Women and Migration: The Case of Asylum Seekers*.



The livelihoods project provided 65 Syrian women with cash-for-work opportunities which positively affected their financial stability. © World Vision

Indicator 2: Control over household assets

This indicator explores to what extent each woman has a control over the assets owned by the household. Control over household assets was captured by asking each respondent to estimate how many items the household owns from a list of assets. For each item owned by the household, the respondent was asked to indicate who decides whether to use, sell, or replace it if the need arises (Annex A).

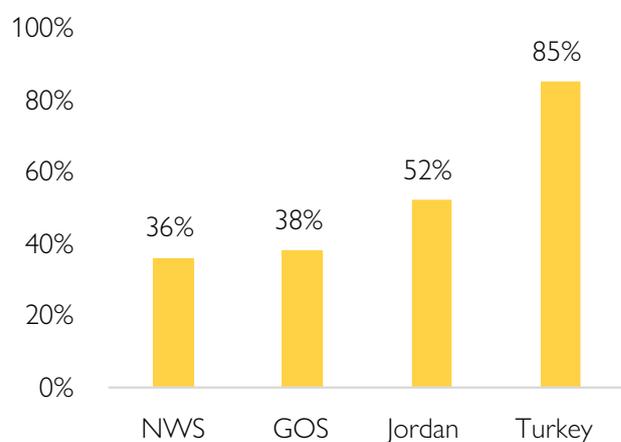
- Women in Syria have the least control over household assets (36% in NWS and 38% in GoS).
- Refugee women in Jordan have relatively more control (52%) and 85% women in Turkey have the most control over household assets (Figure 4).
- Women’s control of assets in GoS, Jordan and Turkey is lowest when it comes to agriculture land ownership, and over house and structures in NWS (Figure 5).
- Across the four areas/countries, women have the highest level of control over large and small consumer durables (Figure 5).

These findings can be mainly explained by the fact that refugee women in Turkey and Jordan do not own houses or lands, and only have control over small assets. Inside Syria, women’s inheritance rights are limited by law and practices. According to Shari’a law, a woman receives only half of her brother’s share of

the parental estate, as men are assumed to be more legally responsible for managing their families’ financial assets. In practice, women’s limited inheritance rights are frequently violated, particularly when it comes to inherited land, with women pressured to concede their inheritance to male family members.²⁴

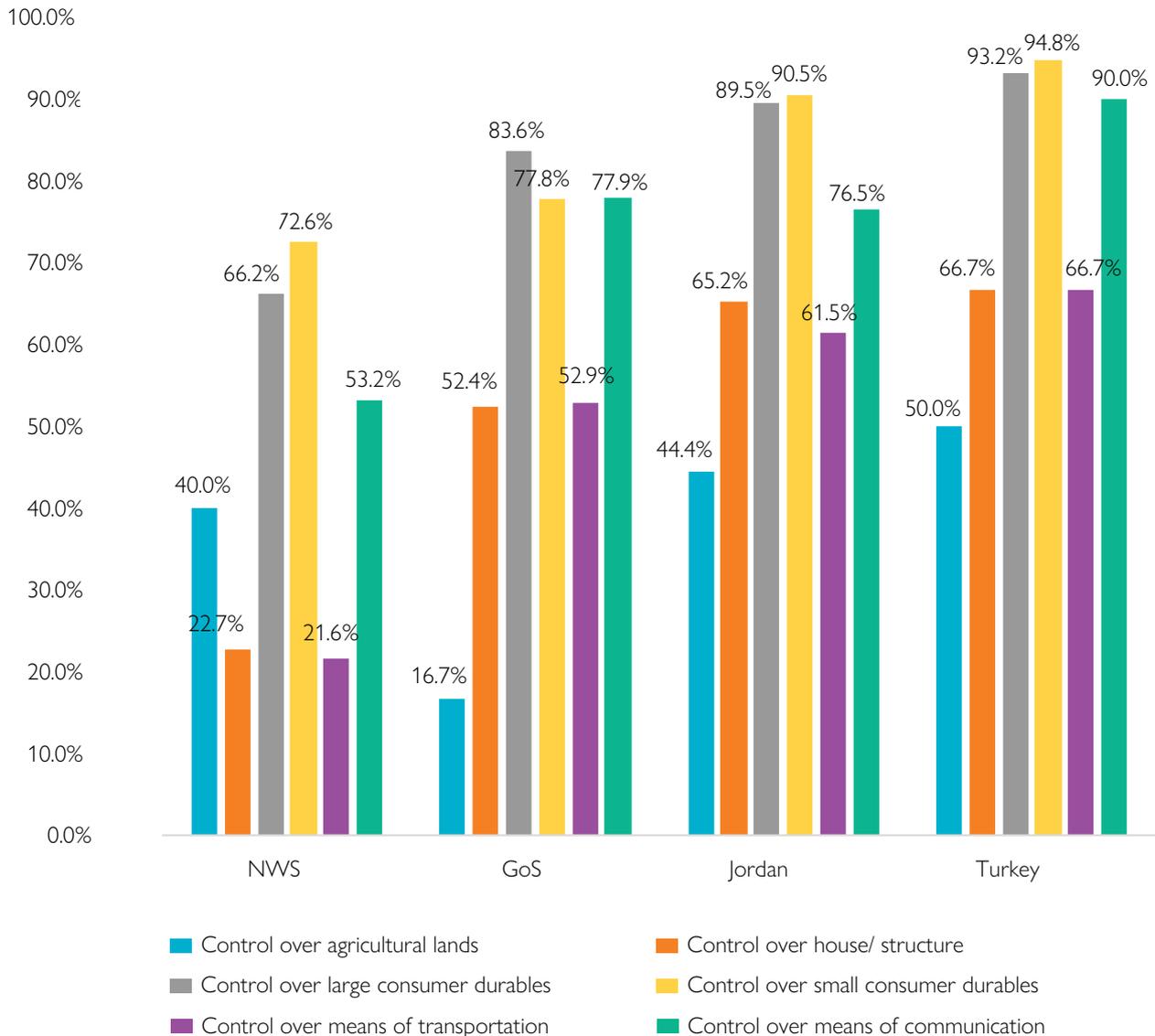
“I am divorced and I live with my parents for one year already, but I am deprived from my right to inherit their house even though I went to court to raise the issue.” (Nahida, 40, GoS)

FIGURE 10: Overall household decision-making



²⁴ Freedom House (2010). *Women’s Rights in the Middle East and North Africa 2010 – Syria*.

FIGURE 11: Control over each asset type



Indicator 3: Experience of GBV

Measuring women’s experience of GBV is important because freedom from violence and harmful practice has been widely recognised as a critical dimension for empowerment.²⁵ Respondents were asked if anyone has ever committed any of the violent acts that were listed as part of the survey (Annex A). When the answer was yes, they were then asked if the violent act took place at home.

- Almost half of women inside Syria (45% in NWS and 38% in GoS) and more than one third of

women in neighbouring countries (34% in Turkey and 26% in Jordan) have experienced GBV.

- The most prevalent form of GBV is emotional abuse, followed by physical abuse and sexual abuse, except in GoS where the prevalence of sexual abuse is higher than physical abuse (Figure 6).
- When GBV survivors were asked whether domestic and intimate partner violence (IPV) happened in the household or not, the majority of respondent, especially women inside Syria (80% in NWS and 62% in GoS), answered “yes”. (Figure 7).

²⁵ Frances Raday and Shai Oksenberg (2014). *The impact of violence against women on women’s economic and social life. Background Paper.*

“I am divorced and I cannot work or go out alone, because if I walk the streets alone, I might end up being sexually abused (...) My ex-husband refused to pay for repairing any item in the household, I had to pay myself and if I couldn’t secure the money, he would hit me.” (Nahida, 40, GoS)

“Women and girls face harassment every day in the streets.” (Fatima, 47, GoS)

The ongoing conflict and deteriorating economic situation, coupled with the pandemic’s negative impacts on women’s freedom of movement, livelihoods, and access to services, are critical factors that have led to a spike in incidents of intimate partner and domestic violence against women and girls.²⁶ This was evidence in a UNFPA report released in February 2021, which found that women and girls in Syria and host countries were facing a steady increase in the risks and forms of GBV. A 2020 rapid assessment by UN Women on the impact of COVID-19 on vulnerable women in Jordan found that 62% of women respondents reported feeling at increased risk of physical or psychological violence because of increased tensions within the household and/or increased food insecurity.²⁷

FIGURE 12: Experience of emotional, physical, and sexual abuse and overall GBV

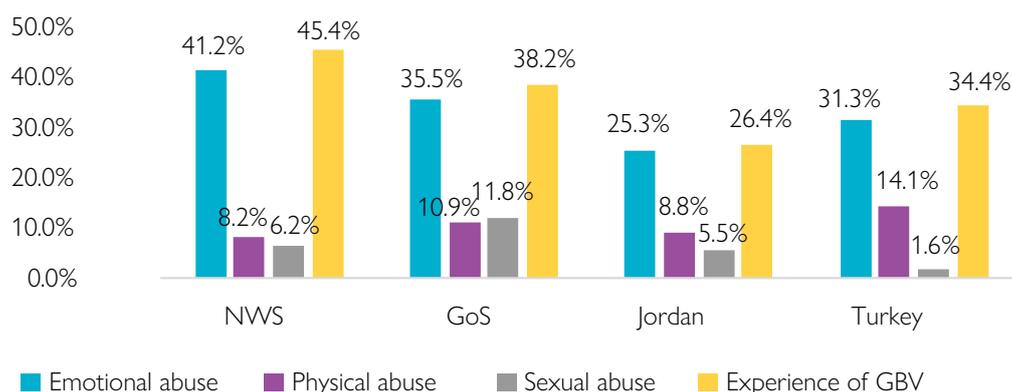
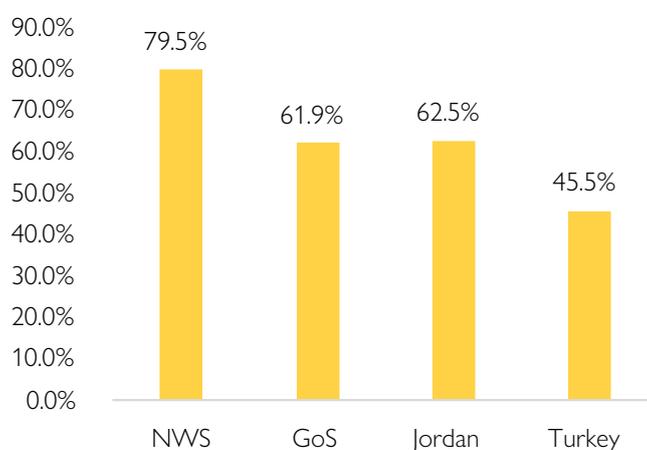


FIGURE 13: Experience of domestic violence



²⁶ UNFPA (2021). Overview of Gender Based Violence in Syria.

²⁷ UN Women (2020) Rapid assessment of the impact of covid-19 on vulnerable women in Jordan. April 2020.

“I raise my child and do all the domestic work and my husband work outside and provide for the family.” (Woman, 39, Jordan)



“When I was married, I used to do all the domestic work and paid work too.” (Nahida, GoS)

“My mother works for 24 hours, and no one helps her. During the holy month of Ramadan, everyone in my family sleeps till afternoon time while she wakes up alone since morning to cook for us.” (Boy, 14, Jordan).

Indicator 4: Control over time

This indicator aims to measure the most important elements of daily time allocation and workload, as well as collect information on the number of hours dedicated to domestic and paid work by both the respondent and her husband. This indicator does not measure the time allocated to caring activities, as it is the focus of the next indicator.

The survey findings also show an unequal division of household activities, with women doing all unpaid domestic work whilst men are responsible for providing paid labour. The data reflect how harmful gender norms and patriarchal societies fail to acknowledge women’s domestic work within the household as economically valuable.

- The average work time for women and their husbands inside Syria is almost the same with no statistical significance.
- In contrast, in host countries, women’s time spent on domestic and paid work is statistically higher than men’s work time ($p < 0.0001$ in Jordan and Turkey) (Figure 8).
- Women’s average rest time is also statistically higher than their husbands’ but without exceeding 10 hours per day for the majority ($p = 0.027$ in Jordan and $p < 0.0001$ in NWS, GoS and Turkey).
- Most of the surveyed women also do not have control over time. They do not rest/sleep more than 10 hours per day.
- Although almost the majority of surveyed women in the four areas/countries work less than 10 hours per day, most women we spoke to also rest less than 10 hours per day, regardless of their husbands’ rest time (Figure 9).
- Overall, one quarter of women inside Syria and one half of women in Turkey have control over time. Women in Jordan have the least control of their time (17.6%) (Figure 10).

FIGURE 14: Comparison of work time and rest time (hours/day) between surveyed women and their husband/partner

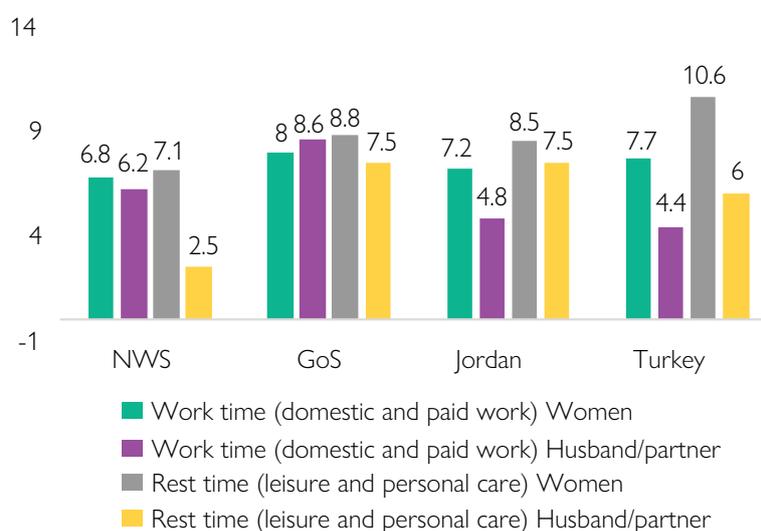


FIGURE 15: Multiple Indicators of control over time of surveyed women



FIGURE 16: Overall control over time of surveyed women



Indicator 5: Ability to redistribute burden of care

This indicator aims to measure time allocated to caring activities. It is calculated through collecting information on the number of hours dedicated to a particular care activity by the respondent. The indicator also looks at women’s ability to delegate (or redistribute) caring activities to another family member (Annex A).

- Surveyed women in Syria spend an average of 1 hour per day caring for children or adult family members, versus 30 minutes per day in host countries.
- The number of women delegating caring activities is small. Only one quarter of women in NWS (25.3%) and less than one-quarter of women in GoS (11.5%), Jordan (17.1%) and Turkey (9.1%) delegate caring activities to another adult or family member so that they can

“My husband comes back at 5:00 pm, I do all the care activities myself.”
(Yusra, 32, NWS)

“My husband is absent during 10 hours per day, I am responsible of all childcare activities. When he returns home in the evening, he supports emotionally our children.” (Woman, 39, Jordan)

- rest or do another personal activity (Figure 11).
- Women who delegate tend not to do it for caring activities of sick/disabled/elder adults, and bathing and dressing a child (Figure 12).

FIGURE 17: Ability to redistribute burden of care of surveyed women

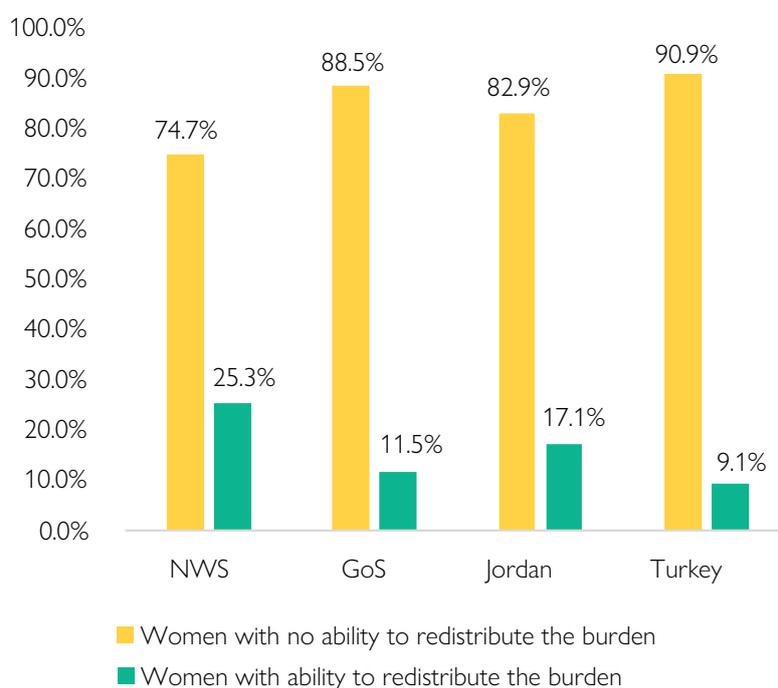
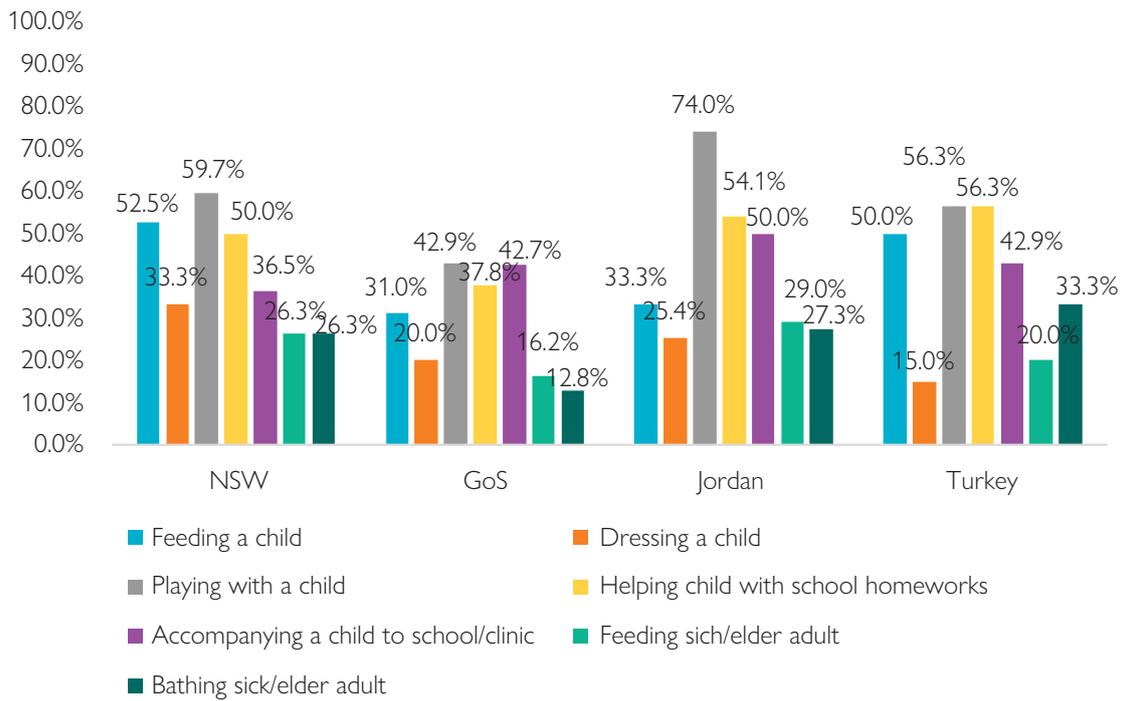


FIGURE 18: Type of delegated care activities



Reflections on Syrian women’s relational empowerment

The research found that none of the surveyed women in the four areas/countries are empowered across all relational factors. The findings also show relational factors do not impact on Syrian women’s

personal empowerment. This is because women internalise relational factors, as they are part of their everyday life.

Table 4 provides a summary of all the indicators related to empowerment through relational factors.

TABLA 4: Indicators of empowerment through relational factors

	NWS	GoS	Jordan	Turkey
Indicators of empowerment through relational factors	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Women with household decision-making	33%	44.5%	53.8%	78.1%
Women with control over household assets	36%	38%	52%	85%
Women with no experience of GBV	54.6%	61.8%	73.6%	65.6%
Women with control over time	24.7%	24.5%	17.6%	50%
Women with ability to redistribute the burden of care	25.3%	11.5%	17.1%	9.1%
Women empowered through relational factors	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Empowerment through Environmental factors

Definition: Empowerment through environmental factors looks at the broader context, which consists of informal (e.g. equitable social norms, attitudes, and the beliefs of wider society) and formal (e.g. gender-responsive political and legislative frameworks) aspects. This dimension was measured by three key indicators: (1) social norms and stereotypes (informal); (2) movement restrictions outside the house (informal); and (3) women's civil rights and access to legal services (formal).

Indicator 1: Social norms and gender stereotypes

This indicator aims to measure the social norms and stereotypes around women's roles in their communities. The tool used was the Community-Level Restrictive Gender Norms,²⁸ a 14-item measure of descriptive (what the respondent thinks others do) and injunctive norms (what the respondent believes others think that she should do) related to gender. Items cover five domains: (1) education; (2) time use; (3) financial inclusion and economic empowerment; (4) relationships and marriage; and (5) sexual and reproductive health.²⁹

- Only a small percentage of women across the four areas/countries do not live in communities with highly restrictive gender norms and stereotypes.
- The majority of surveyed women are exposed to harmful stereotypes, especially in relation to the distribution of household tasks, access to education for girls, girls' early marriage, and controlling girls' behaviour.
- Syrian women refugees in Jordan and Turkey are less exposed to gender stereotypes, while in GoS and NWS particularly the majority of women experience gender stereotyping (Figure 19).

Social norms and gender-specific conditionalities are key barriers to gender equality in Syria and host countries. Women and girls are expected to behave a certain way and parents to supervise their girls' behaviour to protect them. Whilst across Syria the education system seeks to ensure equal access to

school for both girls and boys, in practice education continues to be denied to girls. This is because of cultural and social norms and practices that perpetuate harmful gender stereotypes and reinforce the idea that education is "wasted" on girls. The biggest change cited since the start of the conflict has been the change in women's roles. Women are now participating in productive work. In some cases, they have become the principal financial providers for the family.

Domestic violence against women and girls in Syria and host countries is however rampant. Forms of violence include a wide range of physical, sexual, psychological and verbal abuse, including honour crimes and early and forced child marriage.

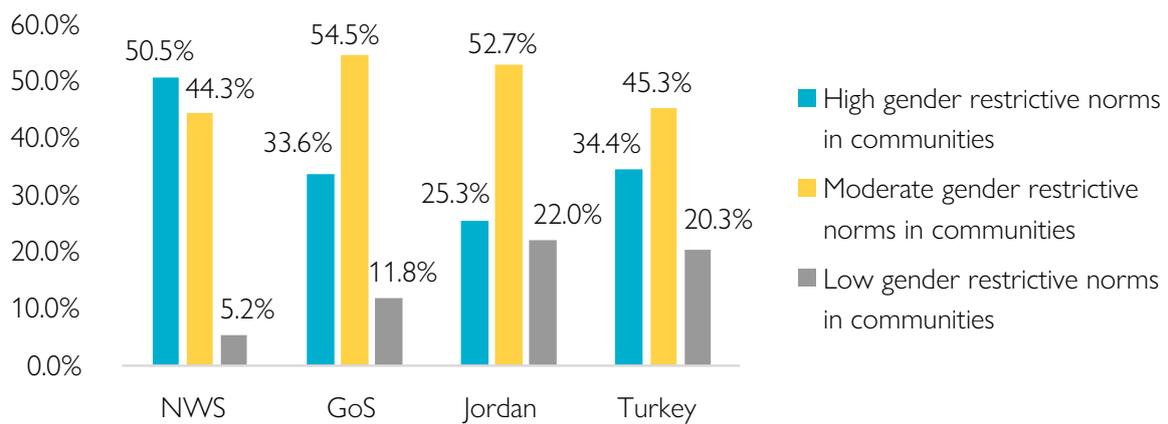
“There is no equality at all in my community, men have all the privileges and rights like inheritance and access to employment. Women are supposed to stay at home and do domestic work.” (Nahida, GoS)

“During the conflict in Syria, communities were spread. Some of them kept giving women and girls all their rights and in some others, women were deprived from education and from going out freely.” (Yusra, 32, NWS)

²⁸ https://emerge.ucsd.edu/r_1q503c5n20z3lyv2/

²⁹ Baird, S., Bhutta, Z. A., Hamad, B. A., Hicks, J. H., Jones, N., & Muz, J. (2019). Do restrictive gender attitudes and norms influence physical and mental health during very young Adolescence? Evidence from Bangladesh and Ethiopia. *SSM Popul Health*, 9, 100480. <https://doi.org/10.1016/j.ssmph.2019.100480>

FIGURE 19: Restrictive gender norms in women’s communities



Indicator 2: Freedom of movement and safety outside the home

This indicator aims to measure the level of perceived safety and freedom of movement outside a woman’s home. Respondents were asked if they agree or disagree with a statement on security outside the house. The survey found that women in NWS (83.5%) experience the strictest movement restrictions and face higher risks to their safety when leaving their house, followed by women in GoS (62.7%). Movement restrictions also affect refugee women in Jordan (54%) and Turkey (44%), but to a lesser extent. (Figure 20). Kills with women and girls corroborate these findings.

A World Vision gender analysis conducted in NWS further supports our research’s findings.³⁰ The analysis showed that women of all ages restricted their movements outside the home because of fear of kidnapping and abductions. Whilst the respondents highlighted that women’s safety was given as the primary reason given by men to restrict women’s and girls’ movement, in effect restrictions are largely driven by the need to control the whereabouts of women and girls. Some of the restrictions themselves are so severe that they could be considered as being used as a tool of violence.

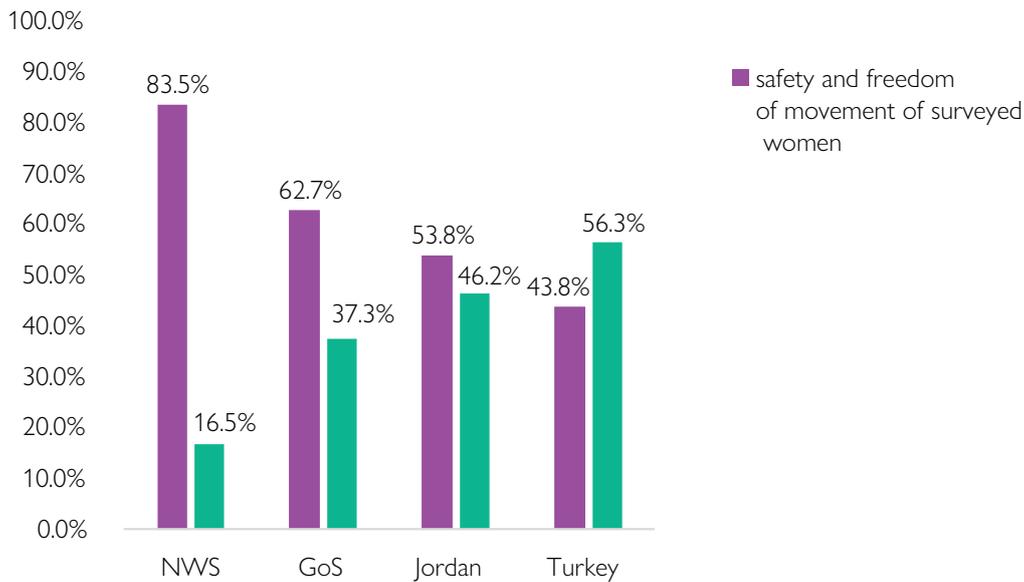
“Before the conflict, I used to teach and move freely. I can’t anymore.”
 (Yusra, 32, NWS)

“Girls do not have the freedom to go out, they are always watched over to protect them.” (Girl, 14, GoS)

“Women and girls are kidnapped in the streets, that’s why they cannot move freely.” (Girl, 13, Daraa)

³⁰ World Vision (2019). Northwest Syria Gender Analysis. A Comprehensive Gender and Age Analysis for the Northwest Syria Humanitarian Response.

FIGURE 20: Safety of movement outside home for surveyed women



Indicator 3: Women’s civil rights and access to legal services

This indicator aims to measure women’s civil rights and access to legal services such as legal aid (Annex A). We found that only 3% of women in Jordan and Turkey and only one woman in Syria had basic civil rights, including the right to travel, custody rights after divorce, as well as property and inheritance rights. Women’s lack of entitlement to basic civil rights is compounded by their lack of access to legal services. Only one third of women in Syria and Jordan and just 16.5% of women in NWS have access to legal services. Women are also often not aware of their rights and existing legislation.

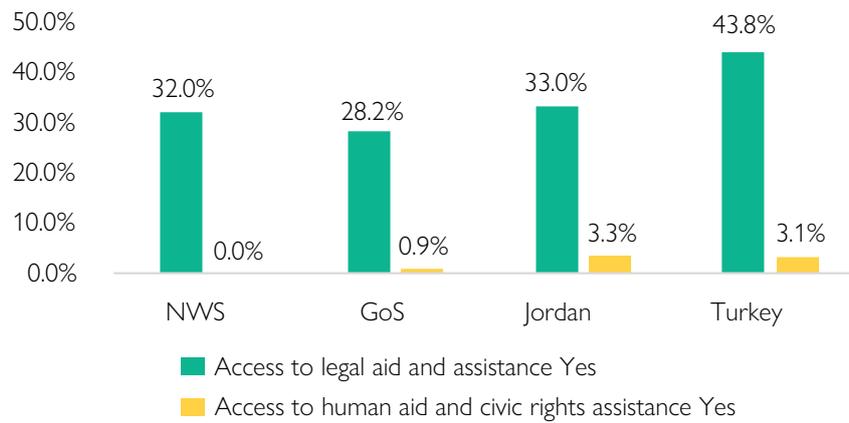
Syria’s Personal Status Law regulates family relationships and inheritance and constitutes the single greatest legal barrier to Syrian women’s civil rights. For example:

- Syrian law gives a husband the right to prevent his wife from leaving the country by submitting her name to the Ministry of Interior.
- A woman must obey her husband or risk losing financial support. Divorce continues to be

much easier for men to initiate than for women and often leaves women unable to support themselves. Men have the right to repudiation which is the unilateral decision to end the marriage without naming a reason. For a woman to obtain a divorce, she must sue and provide a legitimate reason, after which the court allows one month for reconciliation. Alternatively, a woman can seek a consensual divorce, in which she agrees to return the dowry (a sum of money given to a wife by her husband at the time of marriage) to her husband.

Child custody laws allow a woman to be the legal guardian of her children only if the father has died or is legally incapacitated, stateless, or unknown. A woman has the right to care for her children until the age of 13 for boys and 15 for girls. Yet, while the mother has the right to keep children, she does not have the same rights as a guardian. For example, she cannot register her children for school or move with them. Furthermore, divorced mothers who remarry may lose custody of their children, but this possibility does not apply to a father that remarries.²⁵

FIGURE 21: Access to legal aid and civic rights of surveyed women



Reflections on Syrian women’s environmental empowerment

None of the surveyed women in Syria Response Countries indicated being empowered across all environmental factors. This finding is in line with the

relational factors result examined in the previous section. This is because relational and environmental factors are closely connected and mutually reinforce one another. Table 5 is a summary of all the indicators related to empowerment through environmental factors.

TABLE 5: Empowerment through environmental factors

	NWS	GoS	Jordan	Turkey
Indicators of empowerment through personal	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Women living in communities with no restrictive gender norms	5.2%	11.8%	22%	20.3%
Women enjoying safety and freedom of movement	16.5%	37.3%	46.7%	56.3%
Women accessing legal aid/assistance	32%	28.9%	33%	43.8%
Women accessing civic rights	0%	0.9%	3.3%	3.1%
Women empowered through all environmental factors	0%	0%	0%	0%



Finding 3: Demographic and socio-economic characteristics of Syrian children

The average age of the surveyed children in the four areas/countries was 13.

The majority of children carry out domestic work to help their family (Table 6).

- In NWS, girls are more likely to clean house ($p < 0.0001$, 100% of girls versus 45% of boys), to cook ($p < 0.0001$, 55% of girls versus 6% of boys) and to take care of young family members ($p = 0.003$, 73% of girls versus 49% of boys).
- In GoS, girls clean more than boys ($p = 0.005$, 94% of girls versus 75% of boys). They also cook more ($p < 0.0001$, 56% of girls versus 14% of boys).
- The same data was collected in Jordan, where girls cook and clean more than boys but boys take care of sick and elder family members more than girls.
- In Turkey, girls cook, clean and spend more time caring for young family member than boys.

“My parents want me to help with my young siblings and with domestic work.” (Fatima, 15, Idleb)

“Last year, my family got sheep and I was responsible to take care of them. This activity tired me a lot and made me very nervous.” (Abd, 15, GoS)

Formal child labour is prevalent in all Syria Response Countries. It is most prevalent in NWS (19.6%) and the least frequent in Jordan (9.9%) (Table 6). Boys in the four areas/countries are more likely than girls to be engaged in child labour.

- In NWS, 27% of boys versus 19% of girls have paid jobs ($p = 0.04$).



17-year-old Jameela* has big dreams for the future. She is one of the many children and adolescents who participated in the protection project aimed at giving a safe space for girls and boys affected by the ongoing war. In the center, Jameela and the other children also get psychological support to overcome with fears, trauma and anxiety. © World Vision

- In GoS, 26% of boys versus 4% of girls work and contribute to income (p=0.0001).
- In Jordan none of the surveyed girls said they were working outside the home (p=0.002).
- In Turkey, 3% of surveyed girls versus 26% of boys work (p=0.02).

Involvement in paid work was mentioned by boys during the KIs. Boys also told us that some of their friends were also doing paid work.

“During the war, many youths started to care only about money and work.”
(Mohamad, 15, GoS)

“The situation in Syria forced me to work at a very young age.” (Jihad, 15, GoS)

TABLE 6: Demographic and socio-economic characteristics of surveyed children

Variables		NWS	GoS	Jordan	Turkey
Total sample		N=97	N=110	N=91	N=64
Age	Mean (±Sd)	12.7 (±1.4)	13 (±1,1)	13.1 (±1.5)	13.3 (±2.1)
Gender	Girls	49 (50.5%)	56 (50.9%)	45 (49.5%)	29 (45.3%)
	Boys	48 (49.5%)	54 (49.1%)	46 (50.5%)	35 (54.7%)
Domestic work and caring activities	Cleaning house	72.9%	84.5%	96.7%	65.6%
	Hours/day	1.5 (±3.5)	1.2 (±0.8)	1.2 (±0.8)	1.3 (±1.0)
	Cooking	30.9%	34.5%	39.8%	22.6%
	Hours/day	1.0 (±0.6)	0.8 (±0.4)	0.8 (±0.5)	1.4 (±1.6)
	Taking care of young family members	58%	73.3%	85.2%	72.4%
	Hours/day	1.5 (±0.8)	1.5 (±1,3)	1.5 (±1.2)	1.5 (±1.3)
	Taking care of old family members	7.7%	27.6%	20%	66.7%
	Hours/day	0.6 (±0.5)	1.2 (±0.8)	1.6 (±1.1)	0.5 (±0.3)
	Taking care of sick family members	14.3%	28.3%	39.3%	65.5%
	Hours/day	4.3 (±1.4)	1.2 (±1.1)	1.8 (±1.2)	0.9 (±0.8)
	Taking care of animals	17.3%	17.2%	10.9%	50%
	Hours/day	2 (±3.1)	0.9 (±0.8)	1.0 (±0.8)	0.3
	Supporting in agriculture tasks	7.7%	27%	37.1%	-
	Hours/day	3.5 (±2.5)	1.6 (±1.1)	1.0 (±0.6)	-
Paid activity	No	80.4%	84.5%	90.1%	84.4%
	Yes	19.6%	15.5%	9.9%	15.6%
	Hours/day	5.4 (±1.9)	8.6 (±3.1)	6.3 (±3.4)	8.5 (±3.1)



Finding 4: Syrian children's well-being

Children's well-being was measured by looking at their educational, health, protection, and psycho-social outcomes.

- For educational outcomes, three indicators were prioritised: (1) self-perceived functional literacy; and (2) positive attitudes towards learning.
- For health outcomes, we considered three indicators: (1) dietary diversity; (2) access to health services; and (3) positive health-related behaviours.
- For protection outcomes, we focused on children's exposure to physical, emotional and online violence.
- We prioritised three indicators to measure psycho-social well-being: (1) self-esteem; (2) resilience; and (3) empathy.
- Finally we looked at children's mental and spiritual well-being.

Syrian children's educational outcomes

Indicator 1: Self-perceived functional literacy

Definition: Functional literacy, or the ability to succeed in critical life pursuits is an important outcome of education. Many of the outcomes included in functional literacy are skills necessary for both school success and achievements later in life.

This indicator aims to assess the self-perceived and self-reported functional literacy of surveyed children in 3 domains: (1) language development; (2) digital literacy; and (3) numeracy. Children were asked about languages they speak and how good they are at selected important digital and math skills. Functional literacy skills are measured based on the options of measurements for Sustainable Development Goal 4, target 6, provided by UNESCO in 2017 (Annex A).³¹

- We found that children with foreign language skills are more likely to have refugee status in Turkey. A large majority of them (89%) speak Turkish, in addition to Arabic as their first language. In Jordan and NWS, the percentage of children able to speak another language is very low (2%). In GoS, 15% of surveyed children speak English (Figure 22).
- Functional digital literacy is prevalent among

surveyed children especially in Turkey, where almost half of the children (49%) have digital skills, followed by 32% in NWS, 24% in GoS and 20% in Jordan (Figure 20).

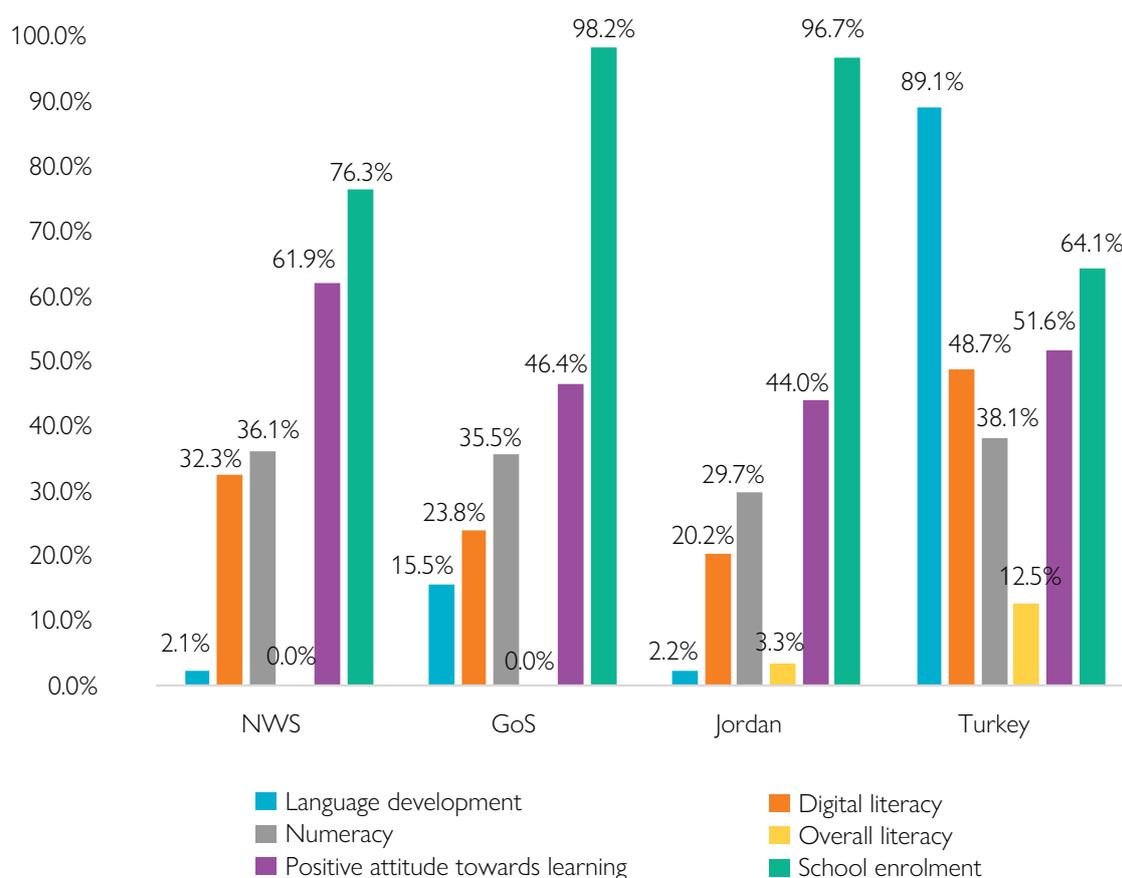
- Numeracy skills are also prevalent in the research areas/countries with an average of 35% of surveyed children having numeracy skills. In Jordan, boys are statistically more likely to have numeracy skills than girls ($p=0.004$, 48% of boys versus 22% of girls) (Figure 20).
- None of the children inside Syria and only 12.5% of children in Turkey and 3.3% of children in Jordan have functional literacy across the 3 domains (language development, digital literacy, numeracy skills) (Figure 22).

Indicator 2: Access to formal education and school enrolment:

This indicator aims to measure the enrolment in formal education of surveyed children. We found that nearly 100% of surveyed children in GoS and Jordan are enrolled in formal education. The percentage is lower in NWS with 76% and in Turkey with 64% (Figure 22). The most common reasons for not attending school cited by Syrian children in Turkey include fears of COVID-19 infection, non-availability of digital devices to pursue distance learning during the pandemic, and lack of formal papers for school registration. In NWS, the most common reasons for dropping out of school include

³¹ UNESCO (2017). *Functional literacy and numeracy: Definitions and options for measurement for the SDG Target 4.6.*

FIGURE 22: Educational outcomes of surveyed children



having a paid job, lack of financial resources, and not wanting to continue education.

Indicator 3: Positive attitudes towards learning

Positive attitudes towards learning are conducive to effective learning and will help all children to achieve their full potential. This indicator aims to measure surveyed children’s learning attitudes by asking them if they agree or disagree with each of 7 statements (Annex A).

Almost half of surveyed children in all four areas/countries have positive attitudes towards learning, with the highest percentage in NWS (62%) (Figure 22). Children who show negative or neutral attitudes towards learning do not have the confidence to learn new things (39% in Jordan, 49% in GoS) or consider that they do not get anything useful out of school (30% in Jordan, 32% in GoS).

Nutrition and Health

Indicator 1: Dietary Diversity

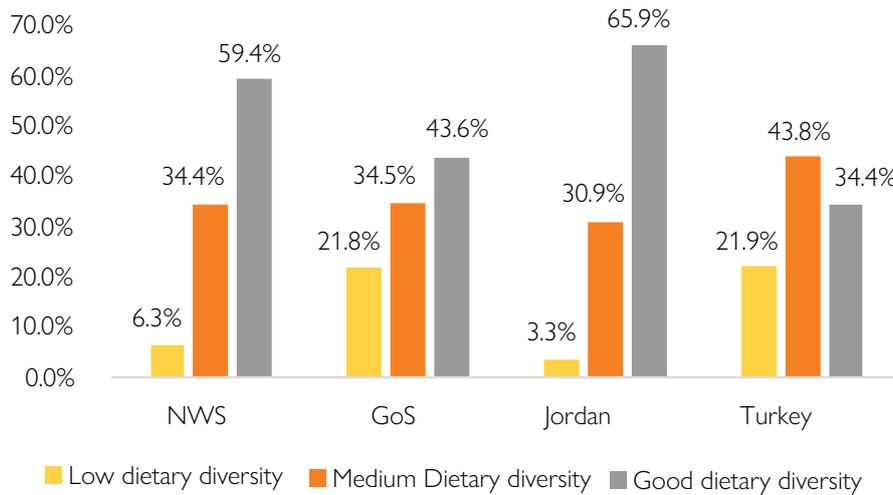
Dietary diversity is a self-reported measure of food consumption that reflects household members’ access to a variety of foods. At the individual level, it is a proxy of nutrient adequacy of the diet.³² Nutrient adequacy leads to optimal nutritional status. Surveyed children’s dietary diversity was assessed by using USAID’s Household Dietary Diversity Score (HDDS).³³ Children were asked to tell how much they eat per week of seven food groups including cereals, vegetables/leaves, fruits, proteins, pulses, dairy, and oils (Annex A).

The survey found that children lack a diverse diet in GoS (22%) and in Turkey (22%) in comparison with other areas/countries (Figure 23). Girls also consume a less diverse diet than boys in GoS ($p=0.04$). Women and girls tend to eat a less nutritious and diverse diet

³² Nutrient adequacy means being nutrition secure through the appropriate consumption of energy and all essential nutrients in sufficient amounts over time.

³³ USAID, Household Dietary Diversity Score, <https://www.spring-nutrition.org/publications/tool-summaries/household-dietary-diversity-score#:~:text=Brief%20Description%3A%20The%20Household%20Diversity,number%20of%20different%20foods%20consumed.>

FIGURE 23: Dietary diversity scale of surveyed children



when families struggle financially and do not benefit from food or cash assistance from NGOs (Table 2). In Jordan and NWS, the majority of surveyed children have moderate or high nutritional adequacy (Figure 23)

Indicator 2: Access to health care services

Access to health care can influence children’s physical and emotional health, growth, and development and their capacity to reach their full potential as adults. All children are at increased risk of developing preventable conditions if appropriate and timely care is not provided when they are sick or injured. This indicator aims to measure the access to health care services for girls and boys through a set of questions where children answered yes or no (Annex A).

We found that inside Syria only one child was able to access healthcare services in the last year. The percentage is slightly higher in Turkey (6.3%) and Jordan (3.3%) but remains very low (Figure 24).

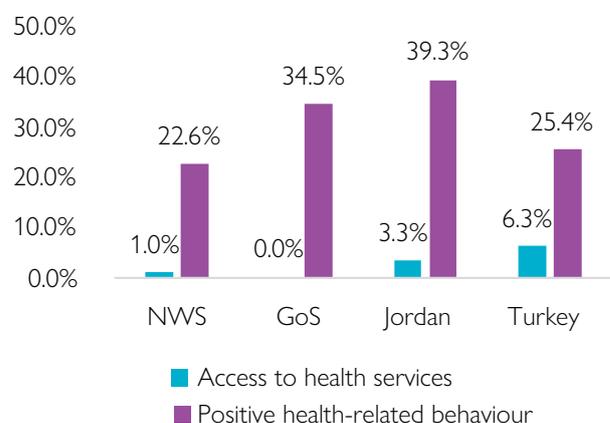
Indicator 3: Positive health-related behaviour

Several health-related behaviours and conditions begin in adolescence and affect boys’ and girls’ health, including years later. Some of these behaviours and conditions can become major causes of mortality and morbidity during adolescent years and later. These include substance abuse, being overweight or underweight, or obesity. Conversely, adolescents’

positive behaviours such as healthy eating and adequate physical activity can play a positive role in their health and development. This indicator aims to measure surveyed adolescents’ positive health-related behaviour, using four questions which they answered by yes or no (Annex A).

- Approximately one third of the surveyed children and adolescents in NWS, GoS, Jordan and Turkey displayed positive health-related behaviour (Figure 24).
- Very few surveyed children and adolescents are exposed to smoking and alcohol. Only a few wear seat belts in the car and have opportunities to exercise (during the last month prior to data collection).

FIGURE 24: Access to health services and positive health-related behaviour of surveyed children and adolescents



Protection: exposure to physical, emotional and online violence

Children witnessing violence on a regular basis often experience many of the same symptoms and lasting effects as children who are victims of violence themselves, including post-traumatic stress disorder (PTSD). These children can feel emotional and physical “aftershocks” for months or years and are less able to function normally in their daily lives. Some may become more aggressive, violent, and self-destructive. This indicator aims to measure surveyed children’s direct exposure to physical and emotional violence and their perceptions of sexual abuse and online harm in their communities (Annex A).

- Child abuse is highly prevalent inside Syria with 92% of children in NWS and 70% of children in GoS, telling us they have experienced physical and/or emotional/verbal abuse in the last 3 months prior to data collection (Figure 28).
- In host countries, the prevalence of violence against children is lower than inside Syria but remains very high, with half of the children having been exposed to violence (Figure 28).
- Emotional/verbal abuse is more prevalent than physical abuse in the four areas/ countries (Figure 26). Physical abuse is more prevalent in NWS (70%) than in GoS, Jordan and Turkey (Figure 26).
- In Jordan, boys are more likely to suffer from emotional abuse than girls ($p=0.027$, 59% of boys versus 36% of girls).

“When my mother and father hit and slap me, it affects me a lot.” (Maria, 15, GoS)

“Girls are physically abused and humiliated by their parents.” (Jihad, 15, GoS)

“Children are not protected from violence, teachers at school hit us for any mistake, our parents also hit us when we do something wrong (...) What affects me a lot is when someone humiliates me in the streets.” (Mohamad, NWS)

Child marriage is also very common in Syria. Child marriage is often driven by poverty but in paternalistic societies, it is rooted in harmful gender norms and promoted by the concept of “Sutra”, which rests on the need to “preserve” girls’ reputation by marrying them. The practice of child marriage was highlighted by children and their mothers in the KIs.

“My 15-year-old sister dropped out from school last year and she got married yesterday.” (Abd, 15, NWS)

“Some of my relatives married their daughters at the age of 13 and 14 and forced them to stop their education”. (Fatima, 43, Idleb)

When it comes to children’s perceptions of sexual abuse, a small proportion of children in Syria and Jordan have heard about sexual abuse in their communities. In Turkey, very few children reported witnessing or hearing about violence against children (3.1%). Girls in Jordan are more likely to report sexual abuse in the community than boys ($p=0.01$) (Figure 26).

Children’s perception of online harm in their communities was quite high in Syria and Jordan (24% in NWS, 15% in GoS, and 13% in Jordan) and was less of an issue in Turkey (Figure 26).

Children’s parents and children’s friends are the main perpetrators of abuse in Syria.

- In NWS, mothers are the main perpetrators of physical abuse (61%) and emotional/verbal abuse (74%), followed by fathers (40% of physical abuse and 59% of emotional abuse) (Figure 27).
- In GoS mothers are the perpetrators of most emotional/verbal abuse (39%) while friends are responsible for most physical abuse (33%). Mothers are also more likely to physically ($p=0.01$) and emotionally/verbally ($p=0.01$) abuse girls, while boys are more likely to be physically ($p=0.01$) and verbally/emotionally ($p=0.04$) abused by other adults and people they do not know, including people they work with or their teachers ($p=0.007$). (Figure 27).



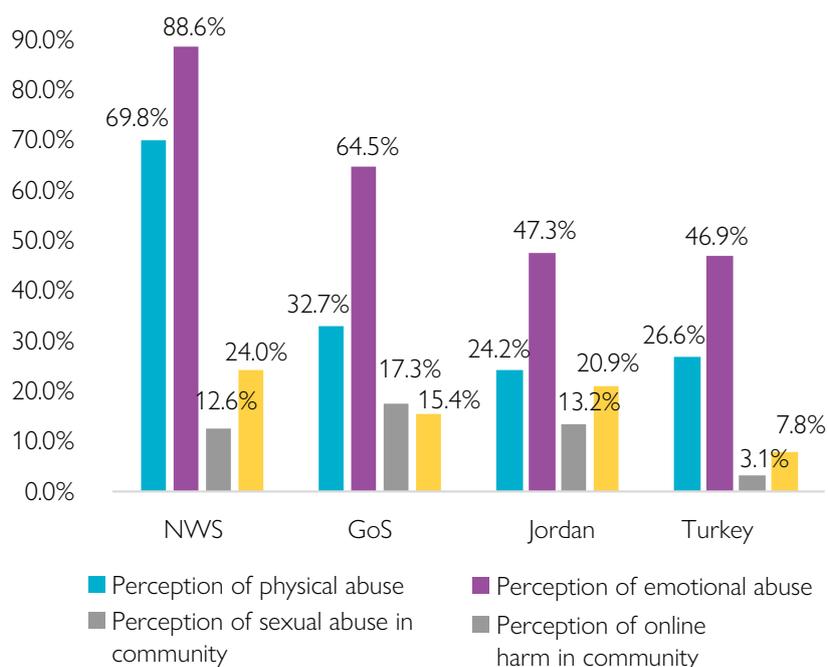
Seven-year-old Fatima* was offered another chance to enjoy her childhood around friends and family after the death of her father. Due to financial difficulties, she was forced to put her education on hold. She later enrolled in an education programme where she learns something new every day. © World Vision

- In Jordan and Turkey, physical abuse is less likely to be perpetrated by parents. In most cases, adults it is inflicted by people unknown to the children and friends in the community (Figure 27). However, in Jordan emotional/verbal abuse is perpetrated by parents who tend to emotionally abuse girls more than boys ($p=0.005$ for mothers and $p=0.04$ for fathers).

that girls and boys in Syria are at an increased risk of violence at home, resulting from a combination of structural, interpersonal, and individual-level risk factors caused by COVID-19 and the socio-economic crisis. These include increased economic strain on families, stay-at-home orders, school closures and other COVID-19 response measures.³⁴ Mothers abusing their own children, especially girls, can be further explained by the primary caregiving role that they fulfil on daily basis, and increased domestic responsibilities due to the pandemic.

The pandemic has increased violence against children. Previous research published by World Vision showed

FIGURE 25: Exposure to physical and emotional violence and perception of sexual abuse and online harm surveyed children’s communities



³⁴ World Vision (2020): Act Now for children: How a global pandemic is changing the lives of children in Middle East and Eastern Europe.

FIGURE 26: Perpetrators of physical and emotional/verbal violence

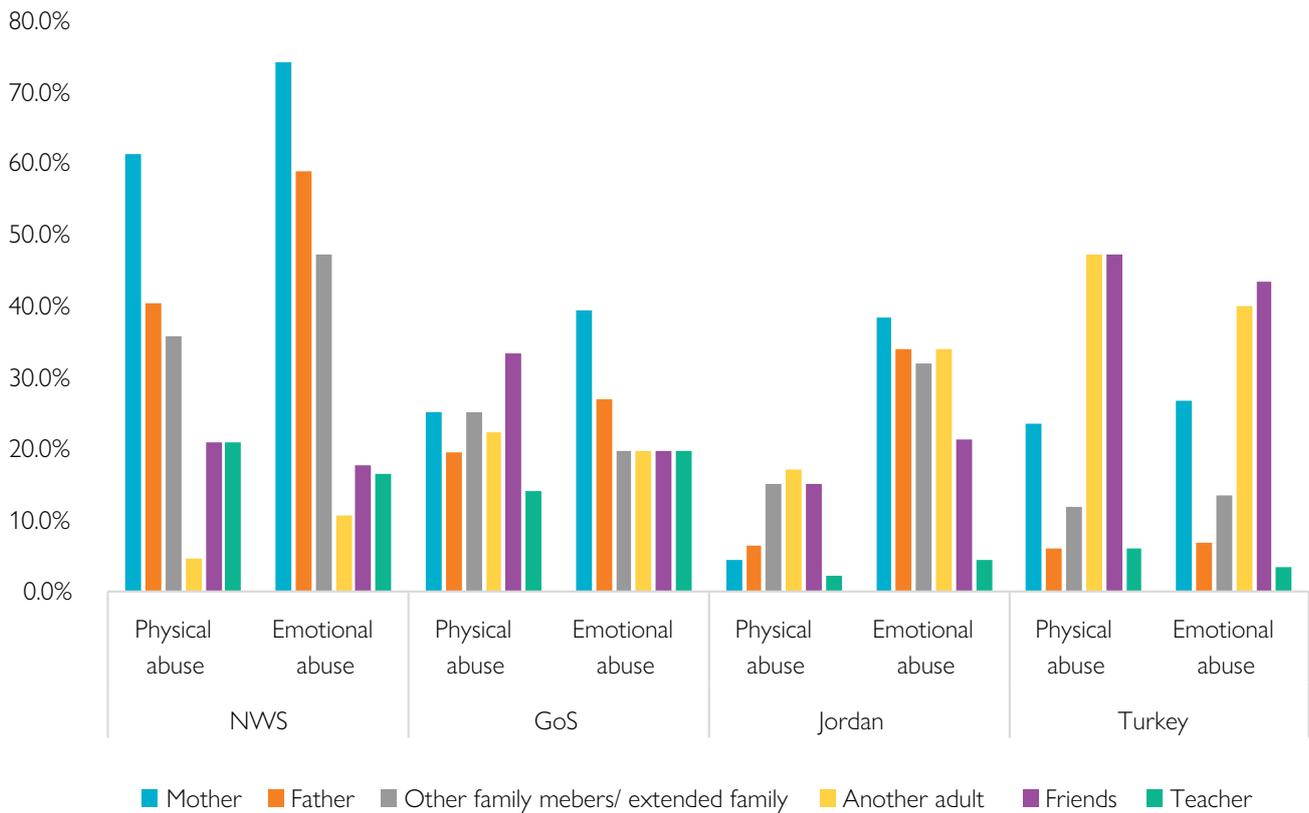
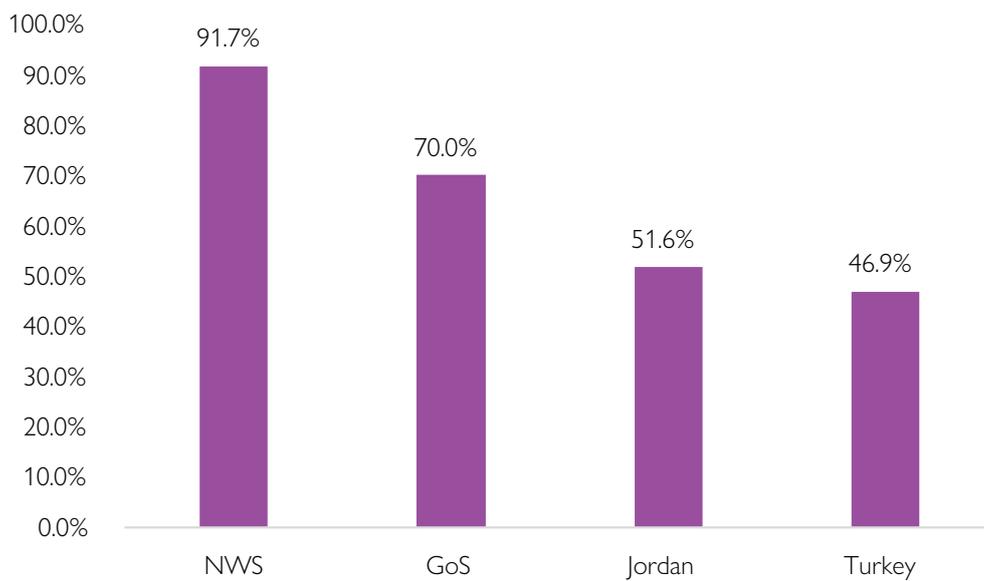


FIGURE 27: Indicator of exposure to violence in surveyed children



Psycho-social well-being

The well-being of children and adolescents is related both to individual and contextual factors. Psycho-social well-being during adolescence has been shown to be integrally shaped by the daily contexts in which children grow and develop. The psycho-social aspects of adolescent well-being was measured by using five indicators: (1) self-esteem; (2) socio-ecological resilience; and (3) empathy.

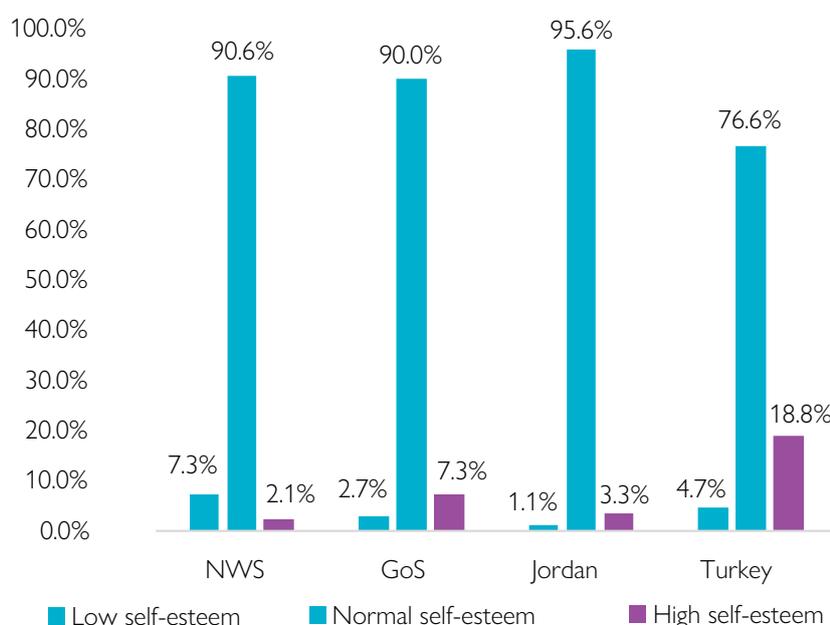
Indicator 1: Self-esteem

Positive self-esteem is important for children and adolescents. It helps and encourages them to do

new things; it helps them solve problems and to be confident and secure. In contrast, children with low self-esteem have a negative image of themselves; they lack confidence and worry about not being accepted by their peers, which impacts on their ability to form friendships and enjoy positive and rewarding experiences. This indicator aims to measure surveyed children's self-esteem using the RSES scale. (Annex A).

- The majority of surveyed children in the four areas/countries have moderate self-esteem.
- High self-esteem is more prevalent in displaced children in Turkey (18.8%) while low self-esteem is more prevalent in NWS (7.3%)

FIGURE 28: Self-esteem in surveyed children



Indicator 2: Socio-ecological resilience

Definition: Resilience refers to a person's capacity to overcome or recover quickly from hardship and difficulties. Socio-ecological resilience relates to personal and caregiver resources that adolescents can use to absorb and adapt to stress caused by changing social or environmental conditions.³⁵

This indicator aims to measure surveyed children's socio-ecological resilience capacity using the Child and Youth Resilience Measure (CYRM-R), a self-reported measure of social-ecological resilience used by researchers and practitioners worldwide.³⁶ (Annex A). The CYRM-R recognises two main dimensions in an individual's social ecology for adjusting to adversity: (1) caregiver resilience relates to characteristics associated with the important relationships shared, with either primary caregiver or a partner or a family; and (2) personal resilience refers to intrapersonal

³⁵ V. G. Williamson, et al. (2021), *Personal and caregiver resilience relate to lower internalizing symptoms among Peruvian adolescents during COVID19 lockdown.*

³⁶ *Child and Youth Resilience Measure & Adult Resilience Measure*, <https://cym.resilienceresearch.org/>

and interpersonal resources to cope with a stressor (Annex A).

- The majority of surveyed children across all four areas/countries, but especially in GoS, have high personal resilience. They therefore have high interpersonal skills that allow them to bounce back when facing life stressors and hardships.
- The majority of children in Turkey and Jordan have exceptional caregiver resilience. This means that they share excellent relationships with their caregivers and consider them as source of their resilience (Figure 30). Displaced children in Turkey and Jordan are less likely to be abused by their parents in comparison with children in Syria where violence perpetrated by caregivers results in children having to develop personal skills alone to grow own resilience.
- Overall, almost one-third of children with low

resilience are in NWS (31%) (Figure 31) where 92% of children experience violence and abuse (Figure 28).

The survey’s findings are corroborated by the KIs we conducted with girls and boys.

“My family is the source of my resilience; they support me and take care of me.”
(Boy, 14, Jordan)

“I am resilient to some extent, I can adapt to hardships, but I need time.”
(Girl, 14, Jordan)

FIGURE 29: Personal and caregiver resilience of surveyed children

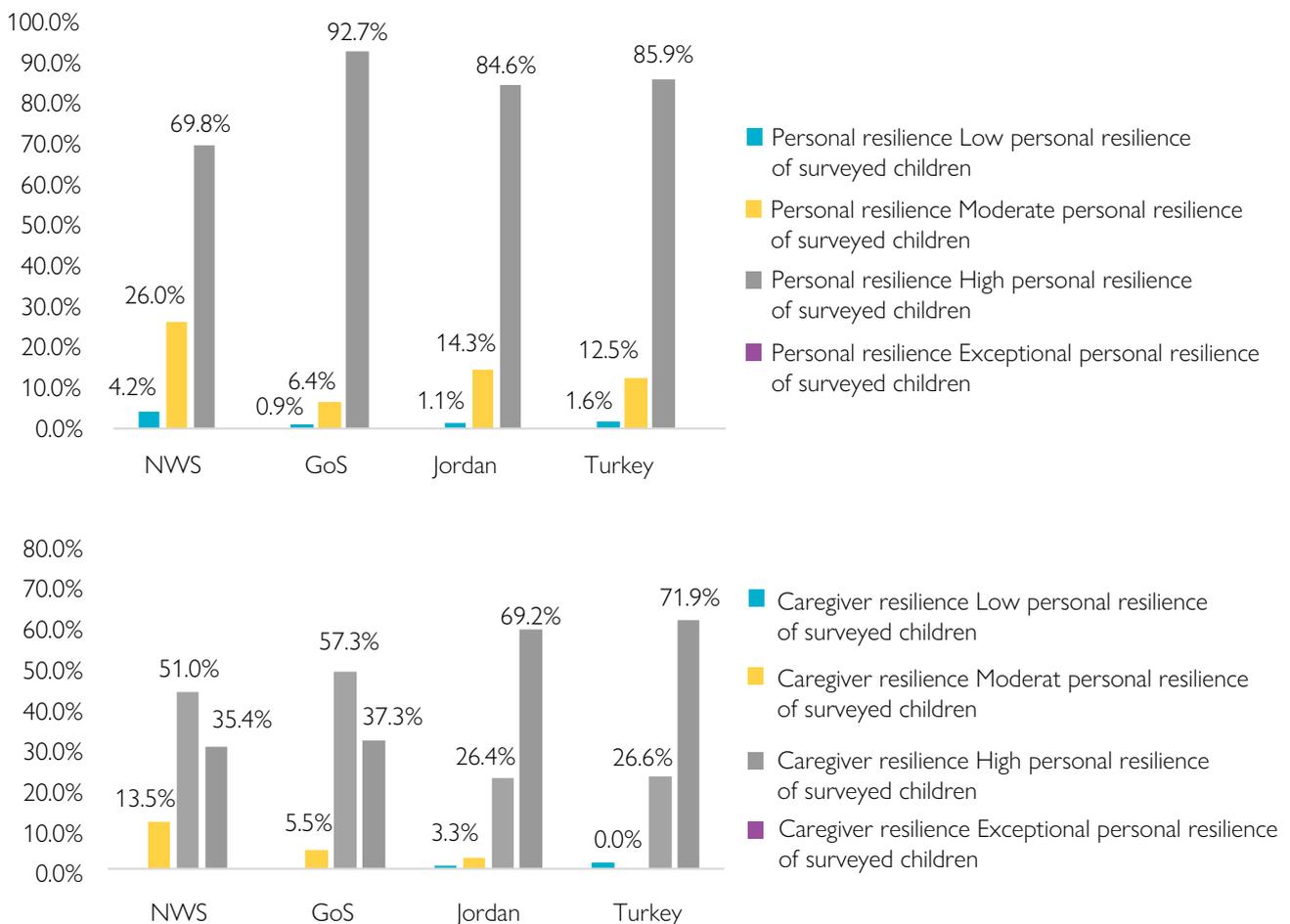
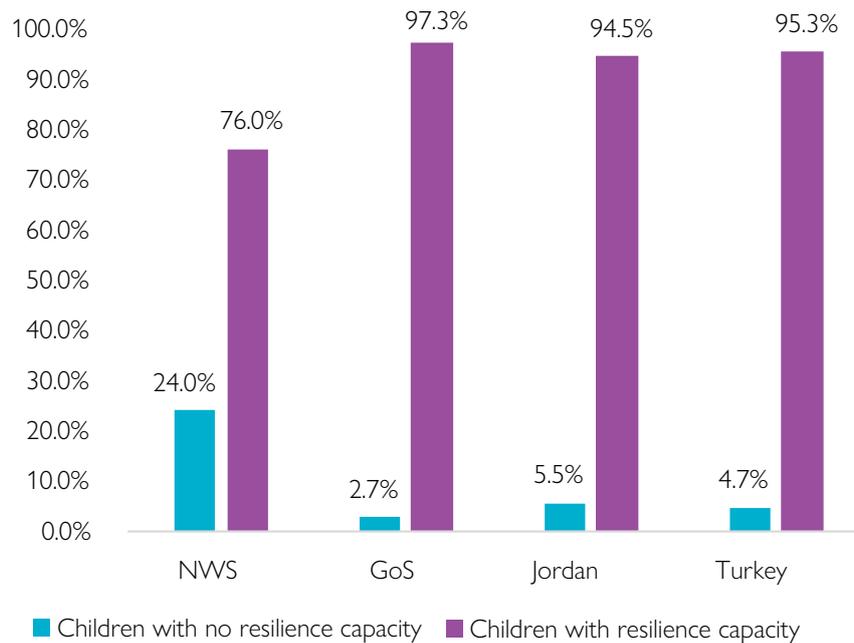


FIGURE 30: Socio-ecological resilience capacity in surveyed children



Indicator 3: Empathy

Definition: Empathy is defined as an emotional response to the affective state or situation of other people. Empathy emerges in the early childhood and become more complex during the individual development. Early adolescence is a particularly critical period for empathy development. Empathy results in greater social benefits because it allows to understand others' emotions and to get affectively involved without becoming overwhelmed. Low empathy is instead associated with more conflicts, aggressive behaviour and bullying individuals. People with low empathy cannot imagine the consequences of their behaviour and the potential harm they might cause.

This indicator aims to measure empathy in surveyed children using the Bryant empathy scale.³⁷ The tool is designed to measure empathy in children and adolescents to foster an understanding of

how empathy develops and how it relates to social development. The tool recognises two main dimensions in adolescents' empathy: empathic sadness and reflecting attitude. Empathic sadness relates to affective empathy which is the ability to share the feelings of another person and build emotional connections with others. Reflecting attitudes relate to cognitive empathy which is the ability to understand how a person feels and what they might be thinking, and therefore makes people (or in the case of our research children) better communicators. This is because it helps them relay information in a way that best reaches the other person (Annex A).

We found that the majority of surveyed children are moderately or highly empathic. Empathic sadness was developed by the majority of children to build connections with others. Reflecting attitude is a challenge for some children, especially in NWS (9%) and in GoS (7%) as it involves understanding others' feeling instead of only connecting with their feelings (Figure 32).

³⁷ Bryant, Brenda K. (1982). *An Index of Empathy for Children and Adolescents*.

FIGURE 31: Empathic sadness, reflecting attitude and overall empathy of surveyed children



Mental well-being

Definition: For a child, to be mentally healthy means being able to cope with stress in any situation, to go to school and to play at home and in the community without feeling angry, anxious, or depressed. Good mental health during childhood is fundamental to a child’s development and for reaching their full potential.

The mental well-being of surveyed children was measured using the same WEMWBS used to measure the mental well-being in surveyed mothers (Annex A).

- The majority of surveyed children have good mental health and scored moderate or high on the mental well-being scale.
- In NWS, mental well-being is an issue for 20% of children who display signs of possible to probable depression, compared with 11% in Turkey, 13% in Jordan and 3% in GoS (Figure 33).

Through KIs, children gave us some insights into the main reasons for their poor mental health, in particular the negative impact of the pandemic on their families’ finances, violence, and increased stress at home.

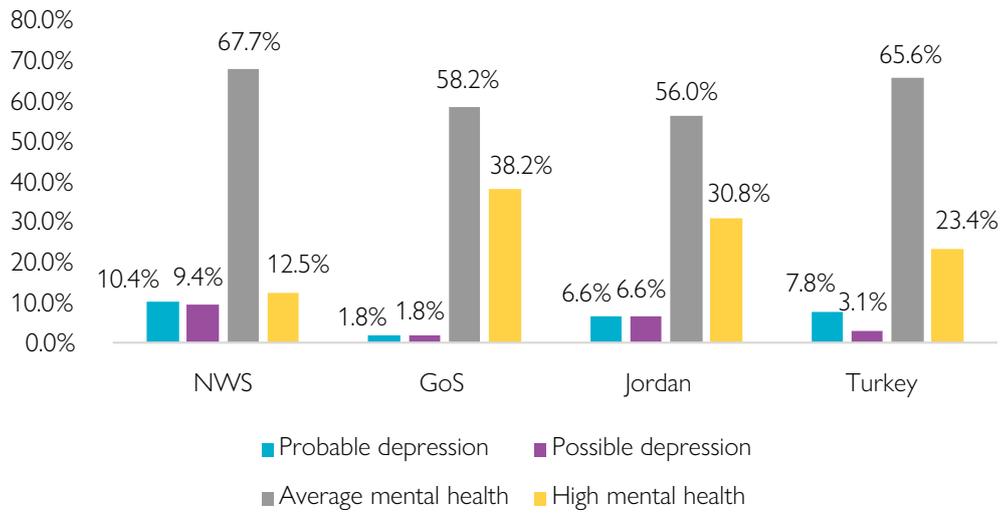
“COVID, social isolation and distance learning affect my mental health the most, I miss being with my friends.” (Girl, 14, Jordan)

“Poverty and lack of financial resources affects me a lot.” (Maria, 15, GoS)

“What affects me a lot is when they humiliate me.” (Mohamad)

“I am very affected when my parents fight and argue.” (Boy, 14, Jordan)

FIGURE 32: Mental well-being of surveyed children



Spiritual well-being

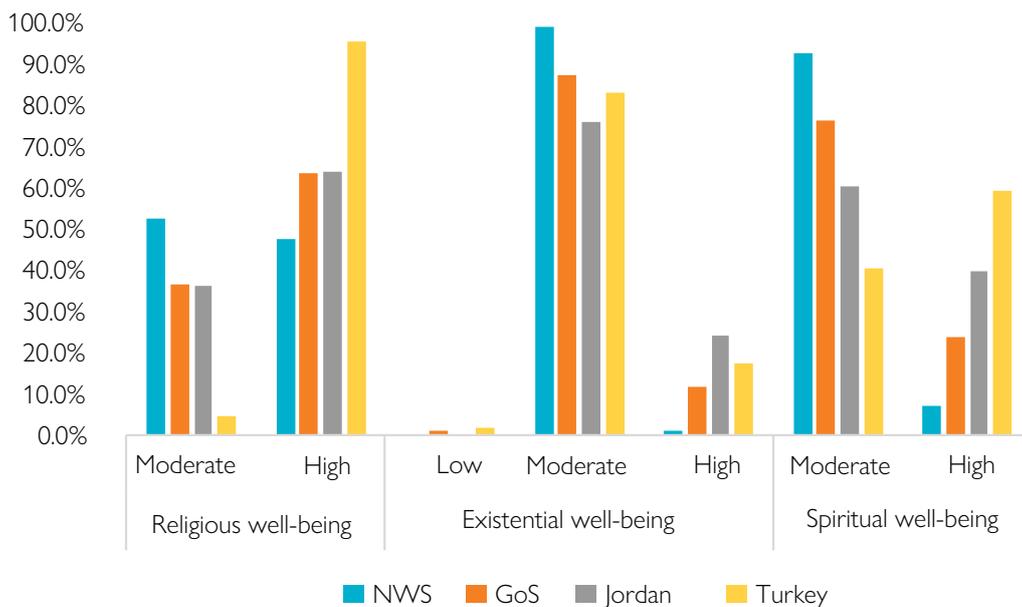
The spiritual well-being of children was measured using the same tool we used for mothers (Annex A).

- All surveyed children have spiritual well-being.
- Religious well-being seems to be more prevalent than existential well-being in the four areas/

countries, although boys in Jordan ($p < 0.0001$, 84% of boys versus 42% of girls) and in GoS ($p = 0.0001$, 82% of boys versus 44% of girls) have higher levels of religious well-being than girls.

- Existential well-being was moderate across all areas/countries. This can be explained by the fact that existential well-being relates to the quality of life of surveyed children who are experiencing abuse and hardships (Figure 33).

FIGURE 33: Spiritual well-being of surveyed children



Reflections on Syrian children’s well-being

None of the surveyed children in Syria Response countries show adequate levels of well-being across the research factors for education, nutrition and

health, psycho-social, mental, and spiritual well-being. However, we found that a large majority of surveyed children have very high indicators for psycho-social and mental well-being factors. Table 7 provides a summary of all indicators of well-being in surveyed children.

TABLE 7: Indicators of child well-being

		NWS	GoS	Jordan	Turkey
Dimension	Indicators				
Education	Children with self-perceived functional literacy	0%	0%	3.3%	12.5%
	Children with positive attitude towards learning	61.9%	46.4%	44%	51.6%
	Children enrolled in formal education	76.3%	98.2%	96.7%	64.1%
Nutrition Health	Children with diet diversity	93.8%	78.2%	65.9%	78.1%
	Children with access to health services in the previous year	1%	0%	3.3%	6.3%
	Children with positive health-related behaviour	22.6%	34.5%	39.3%	25.4%
Protection	Children non-exposed to violence	8.3%	30%	48.4%	53.1%
Psycho-social	Children with self-esteem	92.7%	97.3%	98.9%	95.3%
	Children with socio-ecological resilience	76%	97.3%	94.5%	95.3%
	Children with empathy	94.8%	98.2%	100%	95.3%
Mental	Children with mental well-being	80.2%	96.4%	86.8%	89.1%
Spiritual	Children with spiritual well-being	100%	100%	100%	100%
Children with overall well-being		0%	0%	0%	0%
Children educated with good health and protected from violence		0%	0%	0%	0%
Children with psycho-social and mental well-being		68.8%	91.8%	85.7%	82.8%

6 CORRELATIONAL ANALYSIS

Association between mothers' socio-demographic factors and mothers' empowerment factors

Multiple socio-demographic factors were associated to empowerment factors in surveyed women. Syrian women's displacement status, their level of education, their economic participation, as well as the household size, their age, how old they were when they married and family income were all connected to their empowerment. Tables 8, 9, 10 and 11 provide in-depth statistical analysis of the association between socio-demographics factors and women's empowerment.

Finding #1. Internal displacement and refugee status increase women's vulnerability and are associated with negative empowerment factors. Data from Jordan shows that Syrian refugee women are more likely to accept GBV ($p=0.001$) than Jordanian women, and to live in communities with highly restrictive gender norms ($p=0.005$) (Table 8). Similarly in NWS, internally displaced women are more likely to accept GBV and to live in communities with restrictive gender norms than north-western Syrian women (Table 10).

Finding #2. Women's young age is also correlated with negative empowerment factors. In GoS, young mothers have less freedom of movement ($p<0.04$) (Table 9), and in NWS, young mothers have no ability to delegate caring activities ($p=0.008$) (Table 10). However, young mothers seem to have more control over time in NWS ($p=0.02$) (Table 10) and in GoS ($p=0.002$) compared with their older peers (Table 9). Young mothers in NWS are also more likely to refuse to be subjected to GBV ($p=0.04$) (Table 10).

Finding #3. Being married at a young age is negatively associated with women empowerment. In Jordan, women married at an average age of 16 are more likely to have poor mental health ($p=0.01$) compared with women married when they were older (Table 8). In GoS, young married women are more likely to experience GBV ($p=0.02$) (Table 9).

Finding #4. Women's level of education influences empowerment outcomes. In Jordan, women who finished high school or got university degrees are more likely to be less sexist ($p=0.002$), less willing to accept GBV ($p=0.02$) and better able to access legal services. ($p=0.01$) (Table 8). In GoS, educated women are more likely to have decision-making power in the household ($p=0.004$), to have higher self-esteem ($p=0.03$) and to refuse to be subjected to GBV ($p=0.002$) (Table 9). In NWS, women's education is also associated with non-acceptance of GBV ($p=0.02$) (Table 10) and with low sexism in Turkey ($p=0.04$) (Table 11).

Finding #5. Women's participation in the economy can impact women's empowerment both negatively and positively. Displaced women can face harassment at work or on their way to work, and their involvement in paid work can be associated with GBV, for example in NWS ($p=0.04$) (Table 10). Women's paid labour can also lead to them having less control over time, especially for women with no access to social support, for example in Turkey ($p=0.001$) (Table 11). Conversely, in GoS, women's economic participation is positively associated with their ability to redistribute the burden of care ($p=0.004$). Women who do not demonstrate sexist attitudes ($p=0.03$) are less likely to experience GBV ($p=0.04$) (Table 9). Similarly, women with higher incomes are more empowered. In Jordan, women with higher incomes are more likely to have access to legal services ($p=0.02$) (Table 8). In NWS, higher income is associated with higher self-esteem ($p<0.0001$) and good mental health ($p=0.03$) (Table 10).

Finding #6. Living with extended family members and in-laws in large households affects women's empowerment negatively. In Jordan, women who live in large households with more than 8 members are more likely to have less freedom of movement ($p=0.04$) (Table 8). In GoS women are more likely to develop sexist attitudes ($p=0.005$) (Table 9). In NWS women have less decision-making in the household ($p=0.004$) (Table 10) and in Turkey less control over household assets ($p=0.02$). They are also more likely to accept GBV ($p=0.002$) (Table 11).

TABLE 8: Association between women’s socio-demographic factors and women’s empowerment factors in Jordan

Women’s socio-demographic factors		Sexist attitude			Acceptability of GBV			Freedom of movement		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=35	N=56		N=50	N=41		N=49	N=42	
Displacement	No				22 (44%)	5 (12.2%)	0.001*	10 (20.4%)	17 (40.5%)	0.04*
	Yes				28 (56%)	36 (87.8%)		39 (79.6%)	25 (59.5%)	
Education	Illiterate	4 (11.4%)	10 (17.9%)	0.002*	3 (6%)	11 (26.8%)	0.02*			
	Prim/Interm	11 (31.4%)	34 (60.7%)		28 (56%)	17 (41.5%)				
	Second/Univ	20 (57.1%)	12 (21.4%)		19 (38%)	13 (31.7%)				
Participation in economy	No				45 (90%)	29 (70.7%)	0.02*			
	Yes				5 (10%)	12 (29.3%)				
Household size	Mean (±sd)							8.4 (±2.5)	7.2 (±2)	0.01*

Women’s socio-demographic factors		Restrictive gender norms			Legal assistance			Mental well-being		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=20	N=71		N=61	N=30		N=9	N=82	
Displacement	No	11 (55%)	16 (22.5%)	0.005*						
	Yes	9 (45%)	55 (77.5%)							
Education	Illiterate				11 (18%)	3 (10%)	0.01*			
	Prim/Interm				35 (57.4%)	10 (33%)				
	Second/Univ				15 (24.6%)	17 (56.7%)				
Income	Mean (±sd)				USD 341 (±192)	USD 442 (±205)	0.02*			
Marriage age	Mean (±sd)							16.7 (±2.3)	19.2 (±3.6)	0.01*

*Significant if <0.05

TABLE 9: Association between women’s socio-demographic factors and women’s empowerment factors in GoS

Women’s socio-demographic factors		Household Decision-making			Self-esteem			Acceptability of GBV		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=61	N=49		N=14	N=96		N=82	N=28	
Education	Illiterate	11 (18%)	1 (2%)		3 (21.4%)	9 (9.4%)		4 (4.9%)	8 (28.6%)	
	Prim/Interm	27 (44.3%)	29 (59.2%)	0.02*	10 (71.4%)	46 (47.9%)	0.03*	43 (52.4%)	13 (46.4%)	0.002*
	Second/Univ	23 (37.7%)	19 (38.8%)		1 (7.1%)	41 (42.7%)		35 (42.7%)	7 (25%)	

Women’s socio-demographic factors		Redistribution of burden of care			Sexist attitude			Experience GBV		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=85	N=11		N=35	N=58		N=68	N=42	
Participation in economy	No	66 (77.6%)	4 (36.4%)	0.004*	21 (60%)	47 (81%)	0.03*	44 (64.7%)	35 (83.3%)	0.04*
	Yes	19 (22.4%)	7 (63.6%)		14 (40%)	11 (19%)		24 (35.3%)	7 (16.7%)	
Household Size	Mean (±sd)				6.5 (±1.8)	8.1 (3.6)	0.005*			
Marriage age	Mean (±sd)							21.3 (±5.2)	19.2 (±4.1)	0.02*

Women’s socio-demographic factors		Control over household assets			Control over time			Freedom and safety of movement		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=67	N=41		N=	N=		N=69	N=41	
Marriage age	Mean (±sd)	19.7 (±5.2)	21.8 (±4.1)	0.04				19.2 (±4.1)	22.6 (±5.4)	<0.0001*
Age	Mean (±sd)				32.7 (±5.9)	28.1 (±9)	0.002*	30.4 (±7.6)	33.3 (±5.7)	0.04*

*Significant if <0.05

TABLE 10: Association between women’s socio-demographic factors and women’s empowerment factors in NWS

Women’s socio-demographic factors		Experience of GBV			Acceptability of GBV			Freedom of movement		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=53	N=44		N=23	N=74		N=81	N=16	
Displacement	No				12 (52.2%)	3 (4.1%)	<0.0001*	9 (11.1%)	6 (37.5%)	0.02*
	Yes				11 (47.8%)	71 (95.9%)		72 (88.9%)	10 (62.5%)	
Education	Illiterate				1 (4.3%)	18 (24.3%)	0.02*			
	Prim/ Interm				17 (73.9%)	51 (68.9%)				
	Second/ Univ				5 (21.7%)	5 (6.8%)				
Participation in economy	No	47 (88.7%)	32 (72.7%)	0.04*						
	Yes	6 (11.3%)	12 (27.3%)							
Age	Mean (±sd)				27.4 (5.6)	30.4 (6.0)	0.04*			

Women’s socio-demographic factors		Stereotypes			Household Decision-making			Control overtime		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=5	N=92		N=32	N=65		N=73	N=24	
Displacement	No	4 (80%)	11 (12%)	<0.0001*						
	Yes	1 (20%)	81 (88%)							
Household Size	Mean (±sd)				8.3 (3.1)	6.4 (2.5)	0.004*			
Age	Mean (±sd)							30.4 (±6.0)	27.3 (±5.7)	0.02*

Women’s socio-demographic factors		Redistribution of burden of care			Self-esteem			Mental well-being		
		No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=71	N=24		N=32	N=65		N=17	N=80	
Age	Mean (±sd)	29.0 (±6.0)	31.3 (±9.0)	0.008*						
Income	Mean (±sd)				USD 97 (±19)	USD 151 (±82)	<0.0001*	USD 115 (±56)	USD 155 (±83)	0.03*

*Significant if <0.05

TABLE 11: Association between women’s socio-demographic factors and women’s empowerment factors in Turkey

Women’s socio-demographic factors		Sexist attitude			Control over time			Control over Household assets		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=40	N=23		N=32	N=32		N=9	N=52	
Education	Illiterate	4 (10%)	1 (4.3%)	0.04*						
	Prim/ Interm	25 (62.5%)	21 (91.3%)							
	Second/ Univ	11 (27.5%)	1 (4.3%)							
Participation in economy	No				23 (71.9%)	32 (100%)	0.001*			
	Yes				9 (28.1%)	0 (0%)				
Household Size	Mean (±sd)							8 (±1.8)	6.1 (±2.2)	0.02*

Women’s socio-demographic factors		Acceptability of GBV		
		No n (%)	No n (%)	P Value
Total Sample		N=57	N=7	
Household Size	Mean (±sd)	6.0 (±1.9)	8.7 (±3.1)	0.002*

*Significant if <0.05

Association between mothers’ socio-demographic factors and their children’s well-being

Several mothers’ socio-economic and demographic factors influence their children’s well-being. They are displacement, level of education participation in the economy, the size of the household, age of marriage and family income. Tables 12, 13, 14 & 15 provide in-depth statistical analysis of the association between socio-demographics factors and child well-being outcomes.

Finding #7. Displacement is an important factor that can be associated with poor well-being outcomes in children. In Jordan, children with poor nutritional outcomes due to the lack of dietary diversity are more likely to be children

of refugee women (p=0.01). Displaced children in Jordan are also less likely to be able to access health services than their Jordanian peers (p=0.002) (Table 12). In NWS, the majority of children that do not have access to formal education are internally displaced (p=0.02) (Table 15).

Finding #8. Mothers’ level of education is also key driver of positive well-being outcomes in children.

- Child nutrition: In Jordan, children with educated mothers are more likely to have adequate nutrition (p=0.02) (Table 12). In GoS, mothers’ education is also linked to good child nutrition (p=0.001) and nurtures children’s resilience, especially caregiver resilience (p=0.006) (Table 13).
- Child education: In Jordan, children from educated mothers are also more likely to be

enrolled in formal education ($p=0.04$) (Table 12). The link between a woman's and girl's education and their children's educational outcomes has been reported in previous research, which has shown that a woman's years of education is associated with an increase in her children's years of schooling, and that mothers' level of education impacts girls' school enrolment.³⁸ Finally, women's and girls' literacy is also associated with an increase in positive caregiving practices inside the home.³⁹

Finding #9. The size of the household can also influence a child's well-being. For example, in GoS, children living in large households have poor nutrition ($p=0.02$) (Table 13).

Finding #10. Women married at a young age in GoS are more likely to have children who display negative attitudes towards learning and are not willing to continue education ($p=0.02$) (Table 13).

Finding #11. Women's economic empowerment also plays a major role in child well-being. In GoS, mothers' participation in the economy is associated with children's dietary diversity ($p=0.001$) (Table 13). In Jordan and Turkey, higher family income is also linked to positive health-related behaviour in children ($p=0.004$) (Table 12) ($p=0.004$) (Table 14). In NVWS, women's economic empowerment also encourages resilience in children ($p=0.02$). It also increases the self-esteem ($p=0.02$) and protects them from violence ($p=0.02$) (Table 15).

TABLE 12: Association between women's socio-demographic factors and child well-being outcomes in Jordan

Women's socio-demographic factors		Dietary diversity			Access to health			School enrolment		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=31	N=60		N=87	N=3		N=3	N=88	
Displacement	No	4 (12.9%)	23 (38.3%)	0,01*	23 (26.4%)	3 (100%)	0,02*			
	Yes	27 (87.1%)	37 (61.7%)		64 (73.6%)	0 (0%)				
Education	Illiterate	7 (22.6%)	7 (11.7%)	0,02*				2 (66.7%)	12 (13.6%)	
	Prim/Interm	19 (61.3%)	26 (43.3%)		1 (33.3%)	44 (50%)	0,04*			
	Second/Univ	5 (16.1%)	27 (45%)		0 (0%)	32 (36.4%)				

Women's socio-demographic factors		Health Behaviour		
		No n (%)	Yes n (%)	P value
Total Sample		N=47	N=16	
Income	Mean (\pm sd)	USD 224 (\pm 120)	USD 336 (\pm 121)	0,004*

*Significant if <0.05

³⁸ Sperling, G.B. & Winthrop, R. (2016). *What Works in Girls' Education: Evidence for the World's Best Investment*.

³⁹ LeVine, R.A., LeVine, S., Schnell-Anzola, B., Rowe, M.L. & Dexter, E. (2011). *Literacy and Mothering: How Women's Schooling Changes the Lives of the World's Children (Child Development in Cultural Context)*.

TABLE 13: Association between women’s socio-demographic factors and child well-being outcomes in GoS

Women’s socio-demographic factors		Dietary diversity			Socio-ecological resilience			Attitudes towards learning		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=24	N=86		N=3	N=107		N=59	N=51	
Education	Illiterate	7 (29.2%)	5 (5.8%)		2 (66.7%)	10 (9.3%)				
	Prim/Interm	14 (58.3%)	42 (48.8%)	0.001*	1 (33.3%)	55 (51.4%)	0.006*			
	Second/Univ	3 (12.5%)	39 (45.3%)		0 (0%)	42 (39.3%)				
Participation in economy	No	24 (100%)	55 (64%)	0.001*						
	Yes	0 (0%)	31 (36%)							
Marriage age								19.5 (±3.8)	21.6 (±5.8)	0.02*
Household size	8.7 (±4.1)		7.1 (±2.6)	0.02*						

*Significant if <0.05

TABLE 14: Association between women’s socio-demographic factors and child well-being outcomes in Turkey

Women’s socio-demographic factors		Health behaviour		
		No n (%)	Yes n (%)	P Value
Total Sample		N=47	N=16	
Income	Mean (±sd)	USD 224 (±120)	USD 336 (±121)	0.004*

*Significant if <0.05

TABLE 15: Association between women’s socio-demographic factors and child well-being outcomes in NWS

Women’s socio-demographic factors		School enrolment			Mental well-being			Socio-ecological resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=23	N=74		N=19	N=77		N=23	N=73	
Displacement	No	0 (0%)	15 (20.3%)	0.02*						
	Yes	23 (100%)	59 (79.7%)							
Education	Illiterate				7 (36.8%)	11 (14.3%)	0.03*	9 (39.1%)	9 (12.3%)	0.01*
	Prim/Interm				12 (63.2%)	56 (72.7%)		13 (56.5%)	55 (75.3%)	
	Second/Univ				0 (0%)	10 (13%)		1 (4.3%)	9 (12.3%)	
Income	Mean (±sd)							USD 102 (±45)	USD 163 (±84)	0.002*

Women’s socio-demographic factors		Self-esteem			Exposure to violence		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value
Total Sample		N=7	N=89		N=8	N=73	
Income	Mean (±sd)	USD 111 (±27)	USD 150 (±83)	0.02*	USD 210 (±139)	USD 87 (±77)	0.02*

*Significant if <0.05

Association between mothers’ empowerment and child well-being outcomes

Educational outcomes

Finding #12. Our research shows that mothers’ empowerment is associated with children’s positive attitudes on learning and on continuing education, as well as having confidence to learn new things. **In NWS, children with positive attitudes on learning have mothers who have positive self-image and self-esteem (p<0.0001) as well as good mental health (p<0.0001).** Mothers are also empowered through their ability to access legal services when needed (p=0.03) (Table 16). In Jordan, mothers that can delegate

carrying activities to rest or do other things, and who are generally empowered through relational factors influence their children’s willingness to learn in a positive way (p=0.001) (Table 18). In Jordan, mothers who do not experience GBV have children with positive attitudes on learning (p=0.008) (Table 18).

Nutrition outcomes

Finding #13. The survey’s findings show that several factors of women’s empowerment influence child nutrition. **In GoS, mothers’ self-esteem is associated with adequate child nutrition (p=0.002). In Jordan, mothers who are not sexist (p=0.02) and refuse to be subjected to GBV (p=0.002) have children with adequate nutrition** (Table

17). These findings reflect existing data collated by WV Australia⁴⁰ and which references several studies, including a piece of research from Nepal which shows that where women's have access to services, are able to make decision-making in the household and have some time to themselves, children have better health and nutrition.⁴¹ Another study found that women make decisions independently in the household have greater influence on how much money is allocated to food and how the food is distributed.⁴² Women's access to cash income combined with their ability to make household decisions improved their own health and nutrition status their children's.

Protection outcomes

Finding #14. Children of mothers who do not experience domestic and intimate partner violence have better protection outcomes. Our research shows that in GoS and NWS, the less mothers experience GBV, the less their children are subjected to violence ($p=0.02$, $p=0.008$) (Table 17 & 18). Similarly in the same locations, children whose mothers make decisions in the household ($p<0.0001$) and have control over assets ($p=0.03$) are less likely to experience violence (Table 18). In Turkey, children whose mothers have control over time are not exposed to violence ($p=0.04$) (Table 19). Environmental empowerment factors also play a key role in protecting children from violence. Children whose mothers live in communities with low restrictive gender norms and stereotypes ($p=0.007$) and who can safely move outside their home ($p=0.02$) are less vulnerable to child abuse (Table 18).

Our findings corroborate existing data on the link between intimate partner violence and violence against children in the household⁴³ and the impact of children witnessing intimate partner violence in their home on their increased vulnerability to violent forms of punishment themselves.⁴⁴

Psycho-social outcomes

Finding #15. Mothers' empowerment is also associated with two psycho-social outcomes in children: self-esteem and resilience. In NWS, children whose mothers have self-esteem have a positive self-image too ($p=0.03$) (Table 17). In GoS and NWS, mothers' self-esteem and good mental health encourage resilience in their children, especially caregiver resilience, when strong relationships are built with their parents ($p=0.002$, $p=0.004$ for NWS and $p=0.04$ for GoS) (Table 16 and 17). In Jordan, mothers with decision-making power in the household and are relationally empowered have children with greater resilience capacity ($p=0.02$) (Table 18). In Turkey, mothers who do not experience GBV have highly resilient children ($p=0.04$) (Table 19).

Mental outcomes

Finding #16. Data from NWS data suggest that children's mental health is tightly connected with their mothers' ($p=0,0.0001$); so children with good mental health have mothers who are mentally healthy too. Children's mental health is also connected with environmental empowerment factors such as mothers' freedom of movement ($p=0.03$), for example in Jordan (Table 18). Finally, children's mental well-being is affected by their mothers' experience of GBV. Mothers who are subjected to domestic violence have children with poorer mental health as shown by the data from Turkey ($p<0.0001$) (Table 19). Existing research has also highlighted the link between mothers' depression and their children's mental, developmental, and health outcomes.⁴⁵

⁴⁰ World Vision Australia (2021). *Equality and Empowerment: Critical Pathways to Child Well-being*.

⁴¹ Ruel, M.T., Qisumbing, A.R. & Balagamwala, M. (2018) *Nutrition-sensitive agriculture: What have we learned so far?*

⁴² Conducted using DHS data from Ethiopia, Kenya, Rwanda, Tanzania, and Uganda.

⁴³ Coll, et. al, 2020; Guedes, et al, 2016.

⁴⁴ Guedes, et al., 2016.

⁴⁵ Kahn, et. al. 2004.

TABLE 16: Association between women’s empowerment and child well-being outcomes in NWS

Women’s empowerment factors		Attitudes towards learning			Self-esteem			Socio-ecological resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=37	N=60		N=7	N=89		N=23	N=73	
Self-esteem	No	7 (18.9%)	0 (0%)	<0.0001*	2 (28.6%)	5 (5.6%)	0.03*	5 (21.7%)	2 (2.7%)	0.002*
	Yes	30 (81.1%)	60 (100%)		5 (71.4%)	84 (94.4%)		18 (78.3%)	71 (97.3%)	
Mental well-being	No	14 (37.8%)	3 (5%)	<0.0001*				9 (39.1%)	8 (11%)	0.004*
	Yes	23 (62.2%)	57 (95%)		14 (60.9%)	65 (89%)				
Access to legal aid	No	30 (81.1%)	36 (60%)	0.03*						
	Yes	7 (18.9%)	24 (40%)							

Women’s empowerment factors		Mental well-being		
		No n (%)	Yes n (%)	P Value
Total Sample		N=19	N=77	
Mental well-being	No	9 (47.4%)	8 (10.4%)	<0.0001*
	Yes	10 (52.6%)	69 (89.6%)	

*Significant if <0.05

TABLE 17: Association between women’s empowerment and child well-being outcomes in GoS

Women’s empowerment factors		Exposure to violence			Dietary diversity			Socio-ecological resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=33	N=77		N=24	N=86		N=3	N=107	
Experience of GBV	No	26 (78.8%)	42 (54.5%)	0.02*						
	Yes	7 (21.2%)	35 (45.5%)							
Self-esteem	No				8 (33.3%)	6 (7%)	0.002*	2 (66.7%)	12 (11.2%)	0.04*
	Yes				16 (66.7%)	80 (93%)		1 (33.3%)	95 (88.8%)	
Sexist attitude	No				3 (15%)	32 (43.8%)	0.02*			
	Yes				17 (85%)	41 (56.2%)				
Acceptability of GBV	No				12 (50%)	70 (81.4%)	0.002*			
	Yes				12 (50%)	16 (18.6%)				

*Significant if <0.05

TABLE 18: Association between women’s empowerment and child well-being outcomes in Jordan

Women’s empowerment factors		Attitudes towards learning			Exposure to violence			Socio-ecological resilience		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=44	N=32		N=44	N=47		N=5	N=86	
Redistribution of burden of care	No	42 (95.5%)	21 (65.6%)	0.001*						
	Yes	2 (4.5%)	11 (34.4%)							
Household Decision-making	No				12 (27.3%)	30 (63.8%)	<0.0001*	5 (100%)	37 (43%)	0.02*
	Yes				32 (72.7%)	17 (36.2%)		0 (0%)	49 (57%)	
Control over household assets	No				16 (36.4%)	28 (59.6%)	0.03*			
	Yes				28 (63.6%)	19 (40.4%)				
Experience of GBV	No	32 (67%)	35 (87.5%)	0.008*	37 (84.1%)	30 (63.8%)	0.03*			
	Yes	19 (37.3%)	5 (12.5%)		7 (15.9%)	17 (36.2%)				
Gender norms	No				15 (34.1%)	5 (10.6%)	0.007*			
	Yes				29 (65.9%)	42 (89.4%)				
Freedom of movement	No				18 (40.9%)	31 (66%)	0.02*			
	Yes				26 (59.1%)	16 (34%)				

Women’s empowerment factors		Mental well-being		
		No n (%)	Yes n (%)	P Value
Total Sample		N=12	N=79	
Freedom of movement	No	10 (83.3%)	39 (49.4%)	0.03*
	Yes	2 (16.7%)	40 (50.6%)	

*Significant if <0.05

TABLE 19: Association between women’s empowerment and child well-being outcomes in Turkey

Women’s empowerment factors		Exposure to violence			Self-esteem			Mental well-being		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=34	N=30		N=3	N=61		N=7	N=57	
Control over time	No	13 (38.2%)	19 (63.3%)	0.04*						
	Yes	21 (61.8%)	11 (36.7%)							
Experience of GBV	No				0 (0%)	42 (68.9%)	0.04*	0 (0%)	42 (73.7%)	<0.0001*
	Yes				3 (100%)	19 (31.1%)		7 (10%)	15 (26.3%)	

Women’s empowerment factors		Socio-ecological resilience		
		No n (%)	Yes n (%)	P Value
Total Sample		N=3	N=61	
Experience of GBV	No	0 (0.0%)	42 (68.9%)	0.04*
	Yes	3 (100%)	19 (31.1%)	

RECOMMENDATIONS



Overarching recommendations for World Vision programmes

- Women's empowerment approaches should be embedded into the pathways of change (PoC) of child-focused programs/interventions.
- Gender-transformative interventions should be integrated across all sectoral programmes to address unequal power dynamics (gender relations) and cultural norms (harmful gender norms) that are critical barriers to women's empowerment.
- Invest in awareness raising and advocacy activities as part of a package of interventions to address harmful social and cultural norms and in close partnership with local faith leaders.
- Work with formal gatekeepers, especially the gender focal points and working groups in the ministries, municipalities, and other public institutions to increase their capacity to develop transformational gender equality strategies.
- Implement World Vision GESI Management Policy (effective as of October 1, 2021) and integrate a GESI lens in every cycle of project implementation across all sectors.
- Engage UN agencies, civil society organisations, including women's rights organisations to foster effective coordination and work alignment.



Programming recommendations for World Vision and other INGOs

- Mainstream GBV prevention and referral across all interventions, including by mapping existing GBV referral pathways and training staff on referral to specialised services, as well as monitoring reported incidences of GBV.
- Ensure that staff understand the importance of including GBV risk mitigation as a core component of their programming responsibilities, can identify gender risks, and work with technical specialists to mitigate them across the programme cycle.
- Provide targeted mental and psychosocial support for mothers and their children, especially for the ones affected by GBV, including IPV.
- Target mothers for cash for food or vouchers provision to improve their children's nutrition.
- Invest in cash and voucher programming as a core tool that has proven to increase the dignity of aid and empower parents to make the most appropriate use of resources to support their children. This type of assistance may also help to keep the parent in the role of provider in the eyes of their children, strengthening family relationships and cohesion.
- Provide mothers with (formal and informal) educational opportunities to improve their basic literacy and numeracy skills and foster their economic participation.
- Ensure adoption of project models/approaches that are gender-transformative by including changing gender norms and relations as a key objective of the project.

- Engage women meaningfully in the design of new projects/programmes and interventions, even when their primary objectives are improving child well-being.
- Along with gender-sensitive (sex-disaggregated) indicators, ensure each project adopts gender-transformative indicators that measure changes in gender norms and relations.
- Invest in field staff's capacity building on gender equality and social inclusion, to improve the quality of interventions implemented.
- Implement internal awareness raising activities GBV, including early child and forced marriage, within programmes and develop and implement mass media campaigns and public awareness initiatives to sensitise civil society on violence against women and girls.
- Engage men and boys in dialogues to change cultural and gender norms, foster their engagement in domestic and caregiving roles, and champion women's participation in the economy.



Donor and funding recommendations

- Step up their efforts and renew their financial commitments on a multi-annual and flexible basis, and fund continued lifesaving, protection and resilience support to achieve durable solutions for children in Syria and the region. To this end they should:
- Fully fund child protection needs in the United Nations Syria Arab Republic Humanitarian Response Plan, but also increase longer-term investments aimed at ending GBV, forced child marriage, child labour and other forms of violence against children, especially women and girls. Currently the Syria HRP is only xxx funded.
- Scale up sustainable durable solutions for refugee children by fully funding children's needs in the Regional Refugee and Resilience Plan, but also by investing in longer-term solutions to provide refugee children with access to sustainable primary and secondary education, as well as adequate healthcare services in the face of compounding effects of the COVID-19 pandemic.
- Implement the Syria V Brussels Conference commitments to strengthen support and prioritise lifesaving needs inside Syria and refugee host countries, with an increased focus on sustaining dignified and adequate livelihood opportunities, skills development, and economic empowerment, particularly for youth and women who have been disproportionately impacted by conflict and more recently COVID-19.⁴⁶
- Invest in programs that address women's empowerment through a comprehensive approach – social, cultural, economic, and legislative – towards removing barriers to their participation and access to the formal and informal labour market.
- Prioritise investment in multi-sectoral programs, especially education and legal assistance, that promote women's socio-economic empowerment, with strong focus on addressing GBV and strengthening women's livelihoods opportunities.
- Community participation and empowerment in the articulation and prioritisation of needs remain key. Consult with women and girls when developing funding strategies, policies, and programmes.

⁴⁶ Syria V Brussels Conference, Co-Chairs Statement, March 2021, p.5, https://eeas.europa.eu/sites/default/files/20210330_b5c_co-chr_final_en_1.pdf

CONCLUSION

Our research aimed to build the evidence on the association between women's empowerment and child well-being outcomes in the context of the Syrian conflict.

By looking at the personal, relational, and environmental levels of women's empowerment and their interaction with children's well-being outcomes, we have demonstrated the importance of women's empowerment for children's positive well-being outcomes. Yet, data from the research shows that overall, women's empowerment in Syria and host countries is low. Only one-third of women in Syria and host countries are empowered through personal factors, none of them through all the three dimensions.

The main barriers to women's empowerment are deep-rooted in harmful gender and cultural norms that affect their access to education, their decision-making ability in the household, and their ability to control over

time, to delegate caring responsibilities and to engage in income-generating activities. Women are also married at a young marriage age, experience GBV and no access to basic civil rights and legal services.

Our research has emphasised the association of mothers' lack of empowerment with children's well-being. Mothers' household decision making, freedom of movement and protection from GBV are leading factors for improving children's physical and psychosocial well-being and reduce their risk of experiencing violence. Gender transformative programmes and strategies that address the root causes of women's lack of empowerment are therefore critical in improving children's well-being in Syria and host countries. Changing harmful cultural and gender norms that perpetuate women's lack of empowerment, particularly at the relational and environmental levels, requires the meaningful engagement of community leaders and influencers, as well as husbands.



Seven-year-old Raneem* and her family were forced to leave their home due to the Syrian war. Before attending the protection programme implemented by World Vision's partner in Syria, she felt alone and sad. Now, she attends psychological support sessions and education courses. Raneem feels happier and safer. © World Vision

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ANNEX A: RESEARCH TOOLS

Women Survey tool

Survey code number: (to be filled by interviewer, please apply the same code for mother and her child)

M_____

Socio-demographic characteristics

Initials: _____

Date of Birth: _____

What is your age? _____

Where do you currently reside?

- Albania Kosovo Armenia Bosnia & Herzegovina Iraq Jordan Lebanon
 Romania Syria Turkey

What is your current status in the country where you reside?

- Citizen
 Citizen/ Host community
 Internally displaced
 Refugee

What is your social status? (If answer is single, skip to question 9)

- Single Married Widowed Separated Divorced Other

If other, please specify.....

At what age did you get married? -----

At what age did you have your first child:

How many daughters and sons do you have? ----Girls -----Boys

What is your highest level of completed education?

<input type="checkbox"/> None/ illiterate	<input type="checkbox"/> Intermediate level (grade 6 to grade 9)	<input type="checkbox"/> University level	<input type="checkbox"/> Vocational level
<input type="checkbox"/> Primary level (grade 1 to grade 5)	<input type="checkbox"/> Secondary level (High school or grade 10, 11 &12)	<input type="checkbox"/> Postgraduate level	<input type="checkbox"/> Technical level

What is the total number of members living with you in the same household? _____

With whom do you live in the same household? (Choose all that apply)

<input type="checkbox"/> Husband	<input type="checkbox"/> Children	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Sisters/ Brothers	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Sisters/ brothers-in-law	<input type="checkbox"/> Husband's grandparents
<input type="checkbox"/> Uncle/aunt	<input type="checkbox"/> Other	If other please specify_____		

Please indicate if any of your family members are experiencing one of the following? (Choose all that apply)

- Members with physical disabilities
- Members with mental disabilities
- Members chronically ill
- Elderly members (above 75 years old)
- Other (Please specify):

Have you been doing any activity or paid work to help your family and contribute to the household income?
(If answer is No, skip to question 16)

- Yes No

If yes, please specify the type of activity or paid work? (Choose all that apply)

- Full-time employment
Specify full-time employment: _____
- Part-time employment
Specify part-time employment: _____
- Freelancer
Specify Freelance work: _____
- Family business
Specify family business: _____
- Farming/ agriculture
- Other
Specify other: _____

What is the monthly family income (including safety nets, allowances and aid)? _____

Who contributes to family income: (choose all that apply)

<input type="checkbox"/> Respondent	<input type="checkbox"/> Children above 18	<input type="checkbox"/> Government/ NGO support/ safety nets/ social allowances	<input type="checkbox"/> Other, Please specify
<input type="checkbox"/> Husband	<input type="checkbox"/> Children under 18	<input type="checkbox"/> Extended family members/ in laws Please specify: _____	_____

If the Covid-19 vaccine was available to you and your family*, would you accept to take it with your family or not? (By family we mean members >16 years old)

- Yes No I don't know

	In your household, who normally makes most of the decisions about the activities listed below?	If decisions are NOT normally solely or jointly made by the respondent herself (answer 2, 4, 6): To what extent do you think you can influence the person who makes the decisions to change their decision?
	1 = Respondent herself (skip to next item) 2 = Husband 3 = Respondent and husband jointly (skip to next item) 4 = Elder member or in-laws 5 = Respondent and another elder member/ in-laws jointly (skip to next item) 6 = Someone outside the household 0 = Household is not involved in this activity (skip to next item)	1 = Not at all 2 = To some extent 3 = To a large extent 9 = N/A
How to spend the money made from family business or main household income-generating activity?	<input type="checkbox"/>	<input type="checkbox"/>
What food to buy and consume	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of furniture/ kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of plots of land or new house	<input type="checkbox"/>	<input type="checkbox"/>
Whether the household should take out a small loan, from what sources, and how much to borrow	<input type="checkbox"/>	<input type="checkbox"/>
How to invest the money borrowed	<input type="checkbox"/>	<input type="checkbox"/>
What to give relatives when they marry or have a celebration	<input type="checkbox"/>	<input type="checkbox"/>
The education of your children	<input type="checkbox"/>	<input type="checkbox"/>
The profession of your children	<input type="checkbox"/>	<input type="checkbox"/>
How many children to have	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of property to a relative or any other person	<input type="checkbox"/>	<input type="checkbox"/>
Approve a daughter/ son marriage	<input type="checkbox"/>	<input type="checkbox"/>

Control over household assets

	Does your household Currently own [list the item]?	If the household owns this item now, ask: Who would you say can decide whether to sell or replace [list the item] if the need arises?
	0=No 1=Yes (If No skip to other item)	1 = Respondent herself 2 = Husband 3 = Respondent and husband jointly 4 = Another household member 5 = Respondent and another household member jointly 6 = Someone outside the household 9 = N/A
Agriculture lands (pieces, plots)	<input type="checkbox"/>	<input type="checkbox"/>
House (and other structures)	<input type="checkbox"/>	<input type="checkbox"/>
Large consumer durables (Stove or oven, TV, washing machine, dishwasher, fridge, sofa, beds)	<input type="checkbox"/>	<input type="checkbox"/>
Small consumer durables (Radio, cookware, pans, kitchen equipment)	<input type="checkbox"/>	<input type="checkbox"/>
Means of transportation (bicycle, motorcycle, car)	<input type="checkbox"/>	<input type="checkbox"/>
Means of communication (Mobile phone, smartphone)	<input type="checkbox"/>	<input type="checkbox"/>

Experience of GBV

	Now I need to ask you about some things that may have been done to you by someone. Has anyone ever done any of the following to you during the last 12 months?	Did this take place within the household?
	1 = Yes 2 = No (skip to next action) 8 = No answer (skip to next action) 9 = Don't know (skip to next action)	1 = Yes 0 = No 9 = N/A
Say something to humiliate you in front of others		
Threaten to hurt or harm you or someone you care about		
Insult you or make you feel bad about yourself		
Push you, shake you, slap or punch you or throw something at you		
Hit you with hard objects such as stick, belt, etc...		

Threaten to attack you or attack you with a knife, gun or other weapon		
Burn you with hot objects such as cigarettes		
Made you have a sexual/intimate relationship by force, or threat of force?		
Touched you in intimate areas without your consent		

Control over time

	How many hours did you spend doing this activity per day?	How many hours did you husband spend doing this activity per day?
	Number of hours: (put 0 hours if not applicable)	Number of hours: (put 0 hours if not applicable)
Cooking	_____	_____
Cleaning the house	_____	_____
Washing clothes	_____	_____
Formal labour/ paid work outside home	_____	_____
Shopping for groceries	_____	_____
Leisure time (e.g. socializing with neighbours, sports, etc...)	_____	_____
Sleeping at night	_____	_____
Personal care and rest	_____	_____

Ability to redistribute the burden of care

	How many hours did you spend doing this activity?	If hours>0: How frequently do you delegate this activity to your husband or another adult family member to do another activity or to rest?
	Number of hours: (put 0 hours if not applicable)	0 = never 1-Rarely 2-sometimes 3-often 4-Always
Feeding a child	_____	<input type="checkbox"/>
Bathing and dressing a child	_____	<input type="checkbox"/>
Playing with a child	_____	<input type="checkbox"/>
Helping a child with schoolwork	_____	<input type="checkbox"/>
Accompanying a child to school or clinic	_____	<input type="checkbox"/>
Feeding a disabled, old or sick adult	_____	<input type="checkbox"/>
Bathing a disabled, old or sick adult	_____	<input type="checkbox"/>
Accompanying an adult to health clinic or any other public service	_____	<input type="checkbox"/>

Self-Esteem

To what extent do you agree or disagree with the following statements?	0 = Strongly agree 1 = Agree 2 = Disagree 3= Strongly disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>
At times I think I am no good at all	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>
I feel I do not have much to be proud of	<input type="checkbox"/>
I certainly feel useless at times	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others	<input type="checkbox"/>
I wish I could have more respect for myself	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>

Attitude on Gender equality (Sexism)

Please indicate the percentage extent ranging from 0% to 100% to which you agree with each statement	Percentage
People can be both aggressive and nurturing regardless of sex	
People should be treated the same regardless of their sex	
The freedom that children are given should be determined by their age and maturity level and not by their sex	
Tasks around the house should not be assigned by sex	
We should stop thinking about whether people are male or female and focus on other characteristics	
A father's major responsibility is to provide financially for his children.	
Men have more sexual demands than women.	
Some types of work are just not appropriate for women.	
Mothers should make most decisions about how children are brought up.	
Mothers should work only if necessary.	
Girls should be protected and watched over more than boys.	
Only some types of work are appropriate for both men and women.	
For many important jobs, it is better to choose men instead of women	

Acceptability of GBV

In your opinion, is it acceptable for a man to beat his wife if:	1 = Yes 0 = No 8 = No answer 9 = Don't know
She burns food	?
She argues with him	?
She goes out without telling him	?
She doesn't pay attention to her children	?
She refuses to have sexual intercourse with him	?
She disobeys him or other family members	?
He suspects that she has been unfaithful	?
She spends money without permission	?
She goes to see her family without permission	?
Any other circumstance not mentioned above: Please specify:-----	?

Mental Well-being

How frequently do you feel the following?	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Spiritual Well-being

To what extent do you agree or disagree with the following statements?	Strongly agree (1)	Moderately agree (2)	Agree (3)	Disagree (4)	Moderately disagree (5)	Strongly disagree (6)
I don't find much satisfaction in private prayer with God						
I don't know who I am, where I came from, or where I'm going						
I believe that God loves me and cares about me						
I feel that life is a positive experience						
I believe that God is not interested in my daily situations (daily problems, stress, etc.)						
I feel unsettled about my future.						
I have a personally meaningful relationship with God						
I feel very fulfilled and satisfied with life						
I don't get much personal strength and support from God						
I feel a sense of well-being about the direction my life is headed in						
I believe that God is concerned about my problems						
I don't enjoy much about life.						
I don't have a personally satisfying relationship with God.						
I feel good about my future						
My relationship with God helps me not to feel lonely						
I feel that life is full of conflict and unhappiness.						
I feel most fulfilled when I'm in close relationship with God						
Life doesn't have much meaning.						
My relationship with God contributes to my sense of well-being						
I believe there is some real purpose for my life						

Breaking stereotypes

The following questions will ask you about what your community thinks about the way boys/men and girls/women should act, as well as how people think you should act based on your being male/female.

How much do you agree or disagree with each of the following statements? a. Agree/Partially Agree b. Disagree/Partially Disagree	Letter
Our culture makes it harder for girls to achieve their goals than boys	
Adolescent girls in my community are more likely to be out of school than adolescent boys	
Girls in my community are sent to school only if they are not needed to help at home	
Most people in my community expect girls to be sent to school only if they are not needed at home	
Most boys and girls in my community do not share household tasks equally	
Most people in my community expect men to have the final word about decisions in the home	
Most people in my community do not expect girls and boys to share household tasks equally	
Most men in my community are the ones who make the decisions in their home	
Most women in my community have the same chance to work outside the home as men	
Most people in my community expect women to have the same chance to work outside the home as men	
Most adolescent girls in my community marry before the age of 18 years	
Adults in my community expect adolescent girls to get married before the age of 18 years	
Most families in my community control their daughters' behaviour more than their sons' behaviour	
Most people in my community expect families to control their daughter's behaviour more than their sons' behaviour	

Safety and Freedom of movement outside the home

Do you agree or disagree with the following statements?	0=Disagree 1=Agree
Do you feel safe to walk/ move alone around your area during the day?	
Can you go unescorted to your parents' house/ village?	
Are you allowed to go alone to a relative's house inside the village?	
Are you allowed to go alone to meet your friends for any reason?	
Have you ever gone to the market within your village to buy personal items alone?	
Have you ever attended any sort of events/ activities in your community? (Ex: fair, theatre, cultural programme, religious event)	

Women’s civil rights and access to legal services

Please answer the following statements?	0=No 1=Yes 8=Not Applicable 9=I don't know
Can you receive legal advice from a lawyer, paralegal or legal aid centre when you need it?	
Is the process to recruit a lawyer/ paralegal to represent you expensive?	
Are counselling services or psycho-social support available when you need it?	
Do you have the same right than your husband/ partner to be the legal guardian of a child during marriage?	
Do you have the same right than your husband/ partner to be the legal guardian of and have custody rights over your own child after divorce?	
Are you required by the law in your country to obey your husband?	
Do you have with your husband equal ownership rights to property (house, land, etc...)?	
In case your husband/ partner deceased, do you have equal inheritance rights to property?	
Can you travel alone with your children to another country or another area?	
Can you register alone your child in school?	
Can you open a bank account alone without a man?	
Can you register a business alone without a man?	

Children survey tool

Survey code number: (to be filled by interviewer, please apply the same code for mother and her child)
C_____

Socio-demographic Characteristics

What is your gender? Girl Boy

What is your age? -----

What are your mother’s initials? _____

What is your mother Birth date? (Year/Month/Day)-----

Where do you currently reside?

- Albania Kosovo Armenia Bosnia & Herzegovina Iraq Jordan Lebanon
 Romania Syria Turkey

Have you been doing any of the listed activities at home to help your family?

Cleaning house	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Cooking	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of young family members (Siblings, babies, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of old family members	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of sick family members	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Taking care of animals	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Supporting in agriculture tasks	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

If answer is yes on any activity, how many hours per day do you spend doing the listed activities to help your family? _____

Have you been doing any activity or paid work to help your family and contribute to the household income? (If answer is No, skip to question 11)

No Yes

If yes, please specify the type of activity or paid work? _____

If yes, how many hours per day do you spend doing paid job? _____

Reported Skills

Language Skills

What is your first Language?-----

Which languages other than your first language do you speak well enough to have a conversation?-----

Computer Skills

	How are you good at using computers for?
	3= very good 2= Fairly good 1= Below average 0=poor 9=NA
Word processing-writing letters or documents (MS Word)	<input type="checkbox"/>
Accessing the internet (WEB) and searching for information	<input type="checkbox"/>
E-mail	<input type="checkbox"/>
Using spreadsheets/database (MS Excel)	<input type="checkbox"/>
Education and learning	<input type="checkbox"/>
Games	<input type="checkbox"/>
Presentation (MS Power Point)	<input type="checkbox"/>

Numeracy Skills

	How good are you at working with numbers when you need to ?
	3= very good 2= Fairly good 1= Below average 0=poor 9=NA
Count money	<input type="checkbox"/>
Check and compare price labels	<input type="checkbox"/>
Calculate cost	<input type="checkbox"/>
Calculate the percentage discounts of reduced items	<input type="checkbox"/>
Compare weight of a variety of objects	<input type="checkbox"/>
Recognize shape of a variety of objects	<input type="checkbox"/>
Read time on analogue and digital clock	<input type="checkbox"/>
Calculate time to do an activity	<input type="checkbox"/>

Attitudes towards learning

	To what extent do you agree or disagree with each statement??
	3= Strongly agree 2= Agree 1= Disagree 0=Strongly disagree 9=I don't know
You need skills to succeed nowadays	<input type="checkbox"/>
Learning is something you should do throughout your life	<input type="checkbox"/>
Learning new things is fun	<input type="checkbox"/>
Learning isn't for people like me*	<input type="checkbox"/>
I didn't get anything useful out of formal/ non-formal education*	<input type="checkbox"/>
I don't have the confidence to learn new things*	<input type="checkbox"/>

*Reversed items

School enrolment

Are you attending any formal education*? (If answer No, skip to question 18)

Yes No

*Attending formal education means being registered in a formal school approved by the Ministry of Education

If yes, what is the school level you were enrolled in?

<input type="checkbox"/> Primary (Grade 1 to grade 5)	<input type="checkbox"/> Secondary (High school or grade 10, 11 & 12)	<input type="checkbox"/> Vocational school
<input type="checkbox"/> Intermediate (grade 6 to grade 9)	<input type="checkbox"/> Technical school	

If no, what is your highest level of completed education?

<input type="checkbox"/> None/ illiterate	<input type="checkbox"/> Intermediate level (grade 6 to grade 9)	<input type="checkbox"/> Vocational level
<input type="checkbox"/> Primary level (grade 1 to grade 5)	<input type="checkbox"/> Secondary level (High school or grade 10, 11 & 12)	<input type="checkbox"/> Technical level

If no, what were the reasons for dropping school?

Having a paid job	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Supporting family with non-paid job (Domestic work, agriculture, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of financial resources	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of personal willingness to continue education	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Lack of support from parents	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Unsafe access to the nearest school	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
School far away from home	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Dietary Diversity

	Over the last 7 days for how many days did you eat/ consumed the following food items at home?
	0= 0 day 1= 1 day 2= 2 days 3= 3 days 4= 4 days 5= 5 days 6= 6 days 7= everyday
Cereals, grains, roots & tubers: rice, pasta, bread, bulgur, potato, white sweet potato	<input type="checkbox"/>
Vegetables and leaves	<input type="checkbox"/>
Fruits	<input type="checkbox"/>
Meat, fish and eggs: Beef, lamb chicken, liver, kidney, fish including canned tuna, eggs	<input type="checkbox"/>
Pulses, nuts and seeds (beans, chickpeas, etc.)	<input type="checkbox"/>
Milk and dairy products	<input type="checkbox"/>
Oil and fats	<input type="checkbox"/>

General Health

	Please answer all the questions by yes or no. The term doctor or other health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you see for health care. 0= No 1= Yes 9=N/A
Have you been to see a doctor or other health provider in the last 12 months?	
In the last 12 months, did you get a chance to speak with a doctor or other health provider privately?	
In the last 12 months, did you get a chance to speak with a doctor or other health provider privately about your period? (for girls only)	
In the last 12 months, did a doctor or other health provider talk with you about your weight, healthy eating or diet?	
In the last 12 months, did a doctor or other health provider talk with you about physical activity or exercise?	
In the last 12 months, did a doctor or other health provider talk with you about smoking and drinking alcohol?	
In the last 12 months, did you visit a dentist to check on your teeth and gum?	
In the past 30 days did you smoke cigarettes?	
In the past 30 days did you drink alcohol?	
Do you wear a seat belt when being a passenger in a car?	
In the last 4 weeks, did you exercise or play sports hard enough to make you breathe hard or make you sweat for 20 minutes or more?	

Exposure to violence

PHYSICAL HARM					
	During the last 3 months, how often were you exposed to the following types of unpleasant experiences/ harm and by whom?				
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer				
Hit or slapped you or kicked you?					
Hit you with hard objects such as stick, belts, etc.?					
Pulled your hair?					
Forced you to stay on your knee?					
Burned you with hot objects such as cigarette, etc.?					
Other please specify:-----					
Who is the person/people who have acted in this way? Choose more than one answer if needed.	Someone from your family Another adult you know Friends Teacher Someone you don't know I refuse to answer				
EMOTIONAL HARM					
	During the last 3 months, how often were you exposed to the following types of unpleasant experiences/ harm and by whom?				
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer				
Shouted or screamed at you?					
Called you names or swore at you?					
Say or do something to humiliate you in front of others?					
Threatened to harm you?					
Made you uncomfortable or scared by standing too close to you?					
Made you feel unimportant or without proper attention					
Other please specify:-----					
Who is the person/people who have acted in this way? Choose more the one answer if needed.	Someone from your family Another adult you know Friends Teacher Someone you don't know I refuse to answer				

INTIMATE HARM	
	Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate intimate behaviour from adults or their peers during the last 3 months?
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
ONLINE HARM	
	Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate online behaviours from adults or their peers during the last 3 months?
	0=Never 1= Once 2=Sometimes 3=Often 9= I refuse to answer
Inappropriate photos or movies while surfing online?	
been asked by anyone to send them their photos online?	
been asked by anyone to send them their nude photo or photo of their body parts online?	
been threatened by anyone with publishing their photos?	
been forced by someone to watch inappropriate photos or movies?	

Self-Esteem

To what extent do you agree or disagree with the following statements?	0 = Strongly agree 1 = Agree 2 = Disagree 3= Strongly disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>
At times I think I am no good at all*	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>
I feel I do not have much to be proud of*	<input type="checkbox"/>
I certainly feel useless at times*	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others	<input type="checkbox"/>
I wish I could have more respect for myself*	<input type="checkbox"/>
All in all, I am inclined to feel that I am a failure*	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>

Mental Well-being

How frequently do you feel the following?	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Spiritual Well-being

To what extent do you agree or disagree with the following statements?	Strongly agree (1)	Moderately agree (2)	Agree (3)	Disagree (4)	Moderately disagree (5)	Strongly disagree (6)
I don't find much satisfaction in private prayer with God						
I don't know who I am, where I came from, or where I'm going						
I believe that God loves me and cares about me						
I feel that life is a positive experience						
I believe that God is not interested in my daily situations (daily problems, stress, etc.)						
I feel unsettled about my future.						
I have a personally meaningful relationship with God						
I feel very fulfilled and satisfied with life						
I don't get much personal strength and support from God						
I feel a sense of well-being about the direction my life is headed in						
I believe that God is concerned about my problems						

I don't enjoy much about life.						
I don't have a personally satisfying relationship with God.						
I feel good about my future						
My relationship with God helps me not to feel lonely						
I feel that life is full of conflict and unhappiness.						
I feel most fulfilled when I'm in close relationship with God						
Life doesn't have much meaning.						
My relationship with God contributes to my sense of well-being						
I believe there is some real purpose for my life						

Resilience

To what extent do the following statements apply to you?	Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
I get along with people around me					
Getting an education or doing well is important to me					
I know how to behave/ act in different situations (like school, home or church)					
My parents/ caregivers really look out for me					
My parents/ caregivers know a lot about me (for example, what makes me happy, sad, scared)					
There is enough to eat at home when I am hungry					
People like to spend time with me					
I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)					
I am usually supported by their friends					
I feel that I belong at my school					
My family/caregiver(s) cares about me when times are hard (for example if I am sick or have done something wrong)					
My friends care about me when times are hard (for example if I am sick or have done something wrong)					
I am treated fairly in my community					
I am given a chance to show others that are growing up and can do things by themselves					
I feel safe when I am with my family/ caregivers					
I have chances to learn things that will be useful when I am older (like cooking, working and helping others)					
I like the way my family celebrates things like holidays					

Empathy

	? No ? Yes
It makes me sad to see a girl who cannot find anyone to play with	
People who kiss and hug in public are silly*	<input type="checkbox"/> No <input type="checkbox"/> Yes
Boys who cry because they are happy are silly*	<input type="checkbox"/> No <input type="checkbox"/> Yes
I really like watch people open presents, even when I don't get a present myself.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing a boy who is crying makes me feel crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see a girl being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
Even when I don't know why someone is laughing, I laugh too	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sometimes I cry when I watch TV	<input type="checkbox"/> No <input type="checkbox"/> Yes
Girls who cry because they are happy are silly	<input type="checkbox"/> No <input type="checkbox"/> Yes
It's hard for me to see someone else get upset	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see an animal being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
It makes me sad to see a boy who cannot find anyone to play with	<input type="checkbox"/> No <input type="checkbox"/> Yes
Some songs make me sad; I feel like crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get upset when I see a boy being hurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
Grown-ups sometimes cry even when they have nothing to be sad about	<input type="checkbox"/> No <input type="checkbox"/> Yes
It's silly to treat dogs and cats as though they have feelings like people	<input type="checkbox"/> No <input type="checkbox"/> Yes
I get mad when I see a classmate pretending to need help from the teacher all the time	<input type="checkbox"/> No <input type="checkbox"/> Yes
Kids who have no friends probably don't want any	<input type="checkbox"/> No <input type="checkbox"/> Yes
Seeing a girl who is crying makes me feel like crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
I think it is funny that some people cry during a sad movie or while reading a sad book	<input type="checkbox"/> No <input type="checkbox"/> Yes
I am able to eat all my cookies even when I see someone looking at me wanting one	<input type="checkbox"/> No <input type="checkbox"/> Yes
I don't get upset when I see a classmate being punished by a teacher for not obeying school rules	<input type="checkbox"/> No <input type="checkbox"/> Yes

Women KII tool

INTERVIEW

Name		
Age		
Gender		
Country		
Date		
Means of communications		
Interviewer		
Main and prompts questions		
Opening	Welcome and warming up	
	Main questions	Probes and Prompts
Q1	<p>How would you describe the state of gender equality in your country and in your community?</p> <p>Definition: Gender equality is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviours, aspirations and needs equally, regardless of person's gender.</p>	<p>Do you know of girls under 18 years old in your community who have abandoned school because of getting engaged/ married?</p> <p>In your community are boys more supported to continue their education or employment opportunities than girls? If yes, why?</p> <p>What are some of the key problems or rights violations that women and girls face currently?</p> <p>What are some of the opportunities and/or positive changes that you see in regard to girls' and women's empowerment? (e.g. women finding their voices, improving their status and level of well-being, etc.)</p> <p>How does gender equality look like for you? How can gender equality be achieved?</p>

Q2	What is your experience of gender equality in your family?	<p>Tell us about few examples on how household responsibilities are distributed among you and your husband?</p> <p>How much time do you and your husband spend on your children on daily bases?</p> <p>Could you describe the decision-making process in your family? E.g. when a house item needs fixing.</p> <p>How are decisions on what to spend money on made in your family? How are financial resources managed?</p> <p>How do you utilize your free time?</p>
Q3	How would you evaluate your personal well-being during the last year?	<p>What affects your mood and your emotional well-being the most?</p> <p>How would you describe your own resilience?</p> <p>Do you consider yourself as an empowered woman? Why yes/no?</p> <p>How do you think your personal well-being and personal fulfilment affects your children's well-being?</p>
Closing	Is there anything else you think would be helpful to share in relation to this topic?	

Children KII tool

INTERVIEW

Name		
Age		
Gender		
Country		
Date		
Means of communications		
Interviewer		
Main and prompts questions		
Opening	Welcome and warming up	
	Main questions	Probes and Prompts
Q1	How would you evaluate your personal well-being during the last year?	<p>What affects your emotional well-being the most?</p> <p>How would you describe your own resilience?</p> <p>Do you consider yourself a strong/empowered person? Why yes/no?</p> <p>Who can influence your well-being the most?</p> <p>Please tell us about your relationship/connection with your mother and how it affects you (if any)?</p>
Q2	What are the most pressing problems that youth of your age face nowadays?	<p>Do you think that girls and boys are well-protected from physical or emotional violence (intentional harmful act)? Why yes/why not?</p> <p>What are some of the skills or features that youth lack the most in your opinion?</p> <p>To what extent are girls and boys influenced by issues that their families experience?</p>

Q3	<p>How would you describe the state of gender equality in your country and in your community?</p> <p>Definition: Gender equality is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviours, aspirations and needs equally, regardless of person's gender.</p>	<p>What are some of the key problems that women and girls face currently?</p> <p>What are some of the opportunities and/or positive changes that you see in regard to girls and women empowerment? (e.g. women finding their voice, improving their status and level of well-being, etc.)</p> <p>How does gender equality look like for you? How can gender equality be achieved?</p>
Closing	<p>Is there anything else you think would be helpful to share regarding this topic?</p>	



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