



Empowered Women Empowered Children

Examining the relationship between women's empowerment and the well-being of children in Iraq



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 Iraq

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

CHILD AND ADULT SAFEGUARDING 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 oriented on the possibility of withdrawing from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialized agencies for case management.

***“I am not empowered, I own nothing, things
are not in my hands”***

Amina, 39, Iraq

***“I take all my strength from my mother. She is
my inspiration”***

Muhsin, 15

***“I don't like when my mother forces me to work
and sell water in the streets”***

Ahmed, 11

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
HH	Household
HHDS	Household Diet Diversity Scale
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
ISIS	Islamic State of Iraq and ash-Sham
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
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 Well-Being Scale

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Executive summary

Achieving child well-being outcomes remains a global challenge due to the prevalence of children's vulnerability, particularly in fragile contexts. Every child deserves to reach her or his full potential, however gender inequalities in their lives and in the lives of those who care for them hinder this reality. Gender inequality is recognized as one of the most powerful drivers of children's vulnerability in all contexts. As part of its mandate to help the most vulnerable children experience the fullness of life, World Vision focuses on child well-being programmes, and capitalize on child well-being outcomes. With intention to increase the focus on gender-responsive programmes that respond to the strategic needs of women, WV Iraq, conducted the given research, to better understand the connection between mother's and children's well-being and effectively address both.

Iraq is suffering from both internal and Syria ongoing conflicts, and has been facing a complex humanitarian emergency crisis since 2014. The conflict took its toll on Iraqi women and girls who suffer today from high levels of violence and inequality exacerbated by misconceptions of traditions and cultural and social norms. Iraqi children suffer from repeated displacement and exposure to violent conflict which have both immediate and long-term impacts on their physical, emotional, mental and psycho-social psychosocial well-being. This research explores women empowerment and children well-being factors in Iraq and looks at how women's socio-demographic factors and empowerment components are associated with child well-being. For this purpose, a cross-sectional observation design was developed with the application of convenience sampling. The research targeted 102 World Vision beneficiary children, aged 11-17 living in structured families and their respective mothers. The survey results are complemented with 5 KIs with mothers and 5 KIs with children.

Women's empowerment factors

Empowerment at the **relational** level takes place in the relationships and power relations within the woman's surrounding network. It is the most challenging to achieve, due to the fact that women's immediate environment such as family and community is responsible for it. None of the surveyed women in Iraq are empowered through all relational factors. Women's decision-making power in the household (HH) is limited due to prevailing patriarchal norms where the husband's opinion often dominates especially on financial decisions. Women's control over household assets especially on lands and houses is limited since traditionally, men as the head of household have access and control over the family resources, including money and other assets.

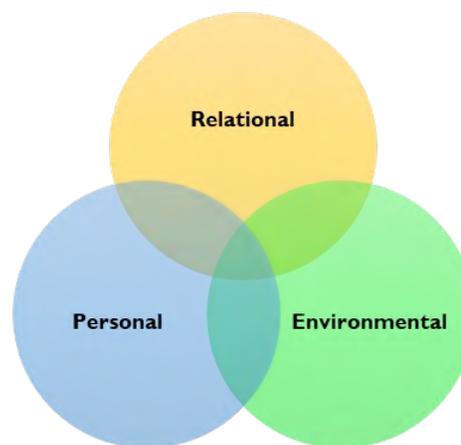


Figure 1: Women's Empowerment Factors

The majority of the surveyed women do not have continue over time and cannot delegate or redistribute caregiving activities. The reason is that harmful gender norms that underpin patriarchal family dynamics impose on them all the reproductive work and enable men to abstain from active engagement in fatherhood and provision of caregiving responsibilities. GBV and especially domestic violence is very prevalent in Iraq due to legal framework that allow perpetrators to act impunity and leave women and girl without any legal protection and due to the assumption that men are entitled to discipline women and girls if they do not conform to the social role attributed to them.

Empowerment at the **personal** level takes place within the person. This refers to the perception of the woman in relation to herself, her well-being, how she considers her role in society and that of other

women. It speaks to women's overall resilience and the ability to manage daily stress. Only 10% of surveyed women are empowered through personal factors. Overall, the majority of surveyed women have moderate self-esteem and moderate positive self-image and they are spiritually empowered through their religious well-being more than their existential well-being. However, life hardships, family issues and financial situation impact the mental health of almost quarter of surveyed women who showed signs of possible and probable depression. Moreover, the challenges encountered in society make it difficult on Iraqi women to break out of the traditional gender roles and hold a non-sexist attitude. Acceptability of GBV and harmful social norms and traditions that sustain GBV including protecting family honour over women's safety, and men's authority to discipline women is still high in general and hinder women empowerment.

Empowerment through **environmental** factors looks at the broader context, which consists of informal, such as equitable social norms, attitudes and the beliefs of wider society, and formal aspects, such as the gender-responsive political and legislative framework. It is not surprising that none of the surveyed women are empowered through environmental factors, as relational and environmental factors are closely related and reinforcing one another. The majority of women live in communities with highly restrictive gender norms and gender stereotypes especially in the dimensions related to distribution of household tasks, access to education for girls, girls' early marriage and controlling girls' behaviour. Cultural barriers and legal limitations control women's mobility and freedom of their movement. Very few women have access to legal aid and justice when needed, due to social and financial barriers and none of them have legal civic rights including travel rights, custody rights after divorce, property rights and inheritance rights, due to vagueness and contradictions of the legal framework and also because of existence of informal tribal justice system, that is non-administered by the state.

Child Well-Being Outcomes

Children's well-being was measured 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 through all factors. With regards to education the self-perceived functional literacy is low among surveyed children especially in the dimension of digital literacy and computer skills. The majority of children are enrolled in formal education, but only half of them have positive attitude towards learning and willingness to pursue their education. 14% are out of school with main reasons to drop out the lack of financial resources. With regards to nutrition and health, the majority of surveyed children have good or moderate diverse and adequate nutrition. 10% have poor nutritional outcomes. Positive health-related behaviour is developed only by 9% of surveyed children and could lead to major issues in the adulthood. Finally, 39% of surveyed Iraqi children are highly exposed to violence and abuse especially from other family members living with them in the same household.

Self-esteem, mental and spiritual wellbeing, resilience and empathy feed into mental and psycho-social dimension of child well-being. The majority of surveyed children have high self-esteem, high resilience capacity, especially through the relation with their caregivers, high empathy and all of them are spiritually empowered. Current events in Iraq, family issues, displacement and financial struggles had impact on the mental health of the country's children and youth, with signs of possible or probable depression among 14% of surveyed children.

How women's socio-economic and demographic characteristics affect their empowerment and the well-being of their children

According to research findings, internal displacement increases women's vulnerability and is associated with negative empowerment factors in women. Displaced women are more likely to hold a sexist attitude and to accept high restrictive gender norms in their communities.

Women's education leads to children's well-being. Children of literate women in comparison to illiterate women are well-nourished and receive an adequate nutrition.

Living in large households (HH), young age and young marriage age limit women's empowerment and their children well-being. Women who live in large families especially in polygamous families, have less control over the HH assets and less self-esteem which reflects on their children who become at a higher risk of experiencing violence. Young mothers have also less self-esteem and hold sexist attitudes. Young married women accept and experience GBV and have less control over HH assets.

How women's empowerment affects the well-being of their children

Mothers who can take decisions at the HH level, who can redistribute and delegate care activities and do not hold sexist attitudes are more likely to have children willing to learn and to pursue education. Mothers free from GBV and those who do not accept GBV motivate their children to adopt a positive health behaviour and protect their children from violence. Women who own the decision-making power, also protect their children from violence. Finally, the study found women's mental well-being to be strongly associated with their children's mental well-being.

Key Recommendations for programmes

- Address intimate partner violence and mainstream GBV across all sectors. Both prevention and response to be included in the project designs and implemented/measure accordingly
- Address harmful social and community norms through awareness raising and advocacy, while liaising with local faith leaders and power holders
- Adopt project models/approaches that are gender-responsive and provide explicit opportunity to address gender norms and relations, as part of project implementation
- Adopt gender-transformative indicators that measure changes in gender norms and relations
- Invest in further research and innovative pilots to find the most effective women empowerment models and practices
- Invest in staff capacity building on gender equality and social inclusion, to improve the quality of interventions



1- Background

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

Gender inequality is one of the most powerful drivers of vulnerability for children in every context. For this reason, under the current UN 2030 Agenda, gender equality and women's empowerment are considered an *SDG accelerator*. In every part of the world women are still the primary caregivers for their children, which makes it logical to think that that mothers' well-being are directly connected with the well-being of their offspring.

Iraq is suffering from both internal and Syria ongoing conflicts, and has been facing a complex humanitarian emergency crisis since 2014. The conflict with the Islamic State of Iraq and Ash-Sham (ISIS) has had profound humanitarian consequences in Iraq. Consecutive massive waves of displacement caused by the armed conflict have made the crisis in Iraq one of the most rapidly unfolding country worldwide. The conflict took its toll on Iraqi women and girls who suffer today from insufficient educational opportunities and healthcare and limited access to the labour market, as well as high levels of violence and inequality. These conditions are often exacerbated by misconceptions of traditions, cultural and social norms, false perceptions, a lack of awareness of women's rights and potential, as well as institutional and legal barriers. Violence and lack of security and stability constrain Iraqi women and girls to traditional reproductive roles, limiting their access to employment and education¹.

Iraqi children, especially the most vulnerable, also suffer from the impact of war and displacement. The majority of poor children are not receiving any form of government assistance, 80% of all children experience violence at home or in school and only quarter of poor children graduate from school². Iraqi children's experience of violence and displacement have also impacted their mental health and psychosocial needs. Children who have recently fled spoke of witnessing daily acts of severe violence and their extreme sorrow of losing loved ones³. COVID-19 and related lockdown measures have created new vulnerabilities resulting from physical distancing and social isolation which has further exacerbated psychosocial distress and the risk of exposure to violence in children, and youth⁴. Commonly reported issues by children include lack of access to education, stress, fear and anxiety, child labour and violence, abuse or neglect within the household.⁴

Despite of a clear linear logic, globally, as well as for Iraqi context, there is still a scattered evidence, on how exactly gender equality and women empowerment relate to children's well-being. Moreover, the understanding of the associations between women's empowerment factors and specific children's well-being outcomes is almost absent for Iraq, with no external and internal body of evidence that supports the linkages between them. This research contributes to building evidence on the association between women empowerment and child well-being, as well as contributes to improvement of existing programmes in WV Iraq, while feeding into its strategy of prioritising gender-responsive programming.

¹ UN Women, Oxfam, From the people of Japan (2018). *Gender Profile - Iraq*

² UNICEF (2018). *Deep inequality continues to shape the lives of children in Iraq*

³ Save the Children (2017). *An Unbearable reality*

⁴ 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.*

2- Research Framework

The research framework is a result of analysing, adapting and merging several internal and external models and frameworks of Women Empowerment, Gender Equality and Child Well-Being. Consequently, the research framework is the first of its kind and different from existing research models available in the literature. Some of the internal and external frameworks that were adapted to fit World Vision MEER's research design are: (1) World Vision's Gender Equality and Social Inclusion (GESI) Theory of Change (ToC)⁵; (2) Oxfam's model of measuring women's empowerment⁶; (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 children's psycho-social well-being and their connection with the psycho-social well-being of mothers. More information on specific factors and sub-factors/indicators is displayed through Figure 2 below.

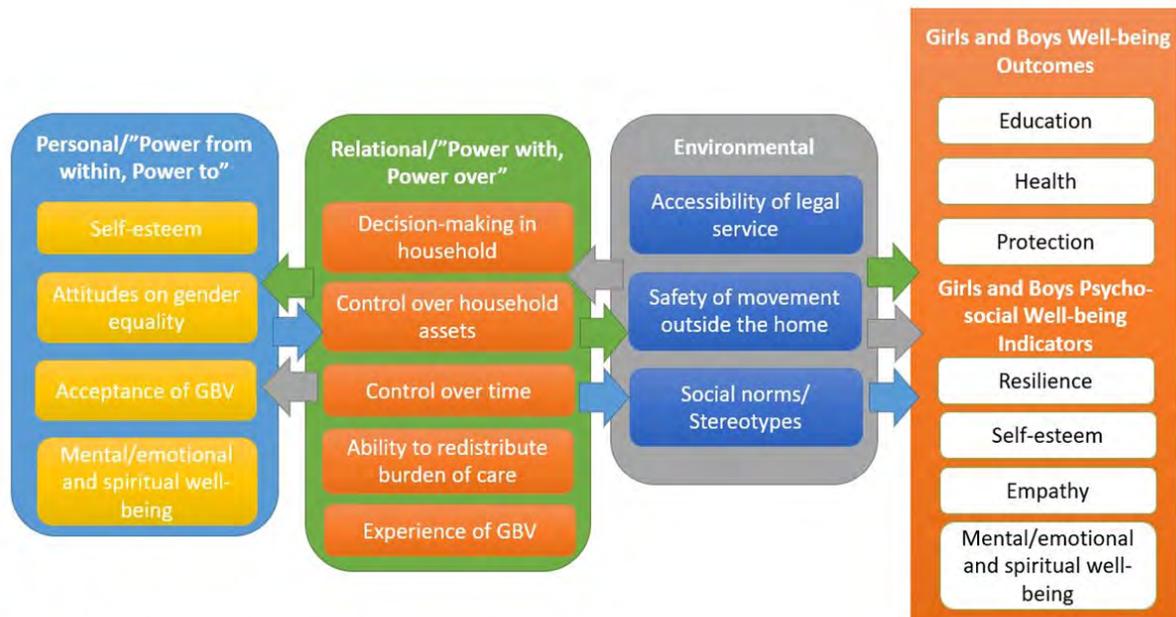


Figure 2: Research framework

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

⁵ GESI ToC link is not available at the moment as WW US is revising the framework

3- Methodology

Research objective

The research examines the relationship between women's socio-demographic and empowerment factors and child well-being outcomes in Iraq. Various indicators of women's empowerment and child well-being are explored alone and correlated together to build evidence on the association, and determine the specific factors in women empowerment that are associated with child well-being.

Research design and target population

Study design

World Vision carried out a mixed method study design, with girls and boys benefitting from World Vision programmes in Iraq-Mosul-and their respective mothers. The quantitative data was gathered through population-based cross-sectional design. The qualitative data was gathered through key informant interviews (KIIs).

Target populations

The research targeted World Vision beneficiary children living in structured families and their mothers. Participating girls and boys are aged 11 -15 years old. Mothers' age is between 35 and 50 years old. Beneficiaries with an extensive support from World Vision (members of parents' clubs, youth clubs, economic empowerment projects, etc.) were not selected, to avoid data biases and to make the sample close to be representative of Iraq population.

Sampling framework and sample size

Sampling technique

The sample of surveyed children and their mother was selected by convenience based on the decision of operations and MEAL teams in WV Iraq. The sample was selected from a group of World Vision programme/ project participants from the vulnerable communities that World Vision Iraq serves.

Sample size

Following the framework of convenience sampling, the sample of 102 children and their respective mothers was estimated by the research team and MEAL team guided by their knowledge and experience in order to maximize the statistical power and to identify the relationships between women empowerment and child well-being. Key informant interviews were also conducted with 5 women and 5 children to complement the survey data and provide in depth analysis of women empowerment, child well-being and their connection.

Tools

The survey and KII tools for women and children were developed by the Gender and Safeguarding Leader and the Programme Effectiveness advisor in World Vision Middle East and Eastern Europe Regional Office (WV MEERO), in consultation with World Vision Iraq. The survey tools relied on existing reliable and valid

instruments to measure multiple dimensions of women empowerment and children 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. In consideration to COVID-19 preventive measures, the quantitative and qualitative data was collected remotely through phone calls with mothers and children. 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 MEERO to familiarize the research enumerators with the tools and build their capacities on using it. During the training, ethical considerations of consulting with girls/ boys and with women were emphasized. 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 took into account the special 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, strictly adhering to World Vision's Safeguarding policy and protocols, including a referral procedure in coordination with local Protection partners.

Data Analysis

Survey data from each mother and her child was paired together using SAS 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 describe the sample, where means with standard deviations for continuous variables, and frequencies and percentage for categorical variables were reported.

Inferential statistics was 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

When considering the findings of the study, some methodological limitations should be kept in mind. 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 Iraq. However, based on demographic distributions, the results can be generalised to the population of children participating in World Vision grant funded programmes in Iraq. It is also to note that statistical associations were drawn from a convenient sample with limited power. Therefore, research conclusions should be analysed carefully and explored further in future research.

4- Findings/ Discussion

Demographic and Socio-Economic profile of Women

Demographic profile

Surveyed women in Iraq have an average age of 31 years-old. They are married (94.1%) or previously married (5.9%) at an average marriage age of 20 years-old. All of them live with their children and the majority with their husband (92%) in households with an average of 9 members approximately. 20% of surveyed women live with their in-laws especially their mother in-law, and 9% live with their parents, mostly their mothers. Several women reported living with other family members (10%) such as second wives and their children in polygamous families or their children's spouses and grandchildren.

Socio-economic profile

Education: Surveyed women in Iraq have low education level with just half of them who completed primary school, 20% intermediate school and one-third being illiterate. (Table 1).

Employment and income: The survey have observed low participation in the economy and labour force for surveyed women. Only 7% do a paid activity and among them, the majority do freelance jobs such as seamstress and hairdresser (Table 1). The average monthly family income is approximately USD 225 and the main contributor to the family income is the husband (80%), with the support of extended family (14%) and government/NGOs (13%). 8% of surveyed women said that their children under 18 y.o contribute to the family income.

Vulnerability: One-third of surveyed women live with chronically ill members and 10% with members with disabilities. Moreover, 27% are internally displaced due to armed conflict (Table 1).



		Frequency (%)
Total sample		N=102
Age	Mean (\pm sd)	31.0 (6.7)
Age getting married	Mean (\pm sd)	20.3 (5.4)
Household size	Mean (\pm sd)	9.2 (5.4)
Residency status	Citizen	75 (73.5%)
	Internally displaced	27 (26.5%)
Social status	Married	96 (94.1%)
	Widowed	5 (4.9%)
	Divorced	1 (1.0%)
Education	Illiterate	30 (29.4%)
	Primary	52 (51%)
	Intermediate	20 (19.6%)
With who do you live in the same household?	Husband	94 (92.2%)
	Children	102 (100%)
	Mother	9 (8.8%)
	Siblings	1 (1.0%)
	Grandparents	1 (1.0%)
	Mother-in-Law	21 (20.6%)
	Father-in-Law	7 (6.9%)
	Sister/brother-in-law	17 (16.7%)
	Other	10 (9.8%)
Family members unable to take care of themselves	Physical disabilities	10 (9.8%)
	Mental disabilities	4 (3.9%)
	Chronically ill	34 (33.3%)
	Elderlies	6 (5.9%)
Paid activity	No	95 (93.1%)
	Yes	7 (6.9%)
	Part-time Freelancer	1 (14.3%) 6 (85.7%)
Monthly income	Mean (\pm sd)	USD 225 (169)
Family members who contribute to family income	Respondent	8 (7.8%)
	Husband	82 (80.4%)
	Children above 18	1 (1.0%)
	Children under 18	8 (7.8%)
	Government/ NGO	13 (12.7%)
	Extended family	14 (13.7%)
	Other	1 (1.0%)

Table 1: Demographic and socio-economic profile of surveyed women

Women's Empowerment

Empowerment through Relational Factors

According to Oxfam's Women Empowerment model⁶, empowerment at the relational level takes place in the relationships and power relations within the woman's surrounding network. In order to define women empowerment through relational factors, five core indicators were selected. These are: household decision-making, control over household assets, control over time, ability to redistribute the burden of care and experience of GBV.

⁶ Oxfam 2017; A 'How To' Guide To Measuring Women's Empowerment: Sharing experience from Oxfam's impact evaluations.

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 concerning a list of activities within the household. The activities are divided into three categories: decisions on consumption and expenditure; decisions on investment and business activities; and decisions on household management (Annex A).

The findings have shown that three-quarter of surveyed women do not have decision-making power in the household and cannot influence their husband’s decisions (Figure 2). This can be explained by the prevailing patriarchal norms in Iraq and the low participation rate of women in the labour force. Traditionally, in Iraq, men are the decision makers in the family and their opinion often prevails⁷. Consequently, the mother’s role consists of domestic duties and care for the children¹, thus, their total or joint decision-making authority is often limited to household management (60%) and to consumption and expenditures (41%) while less women have decision-making authority on investment and business activities, such as purchasing assets, transferring properties or investing in borrowed money (35%) (Figure 2). The KIIs with Iraqi women validate the survey findings as all of the 5 interviewed women said that their husbands are the decision-takers in the household, especially when it comes to financial decisions. Mahassen, 30 said: *“household decisions are taken by my husband, including how money should be spent”*.

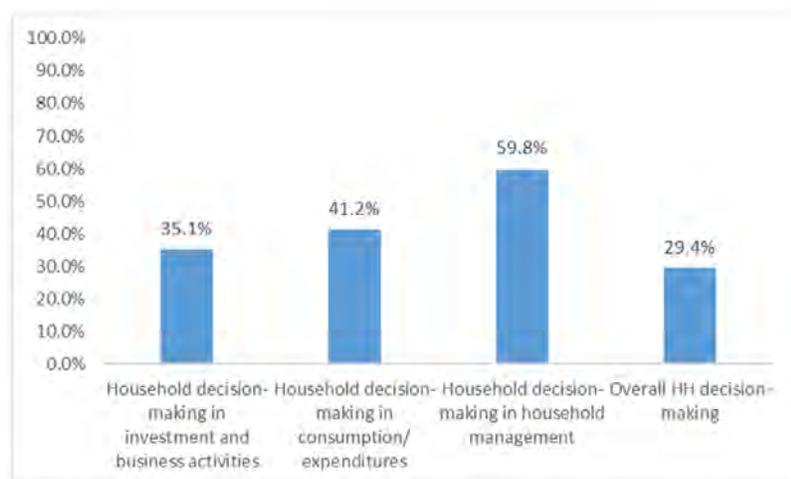


Figure 3: Household decision-making

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 is 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 is asked to indicate who decides whether to use, sell or replace the item if the need arose (Annex A).

While in Iraq, women have a legal right to own land and houses, traditionally, men as the head of household have access and control over the family resources, including money and other assets⁸. The findings have shown that only one-third of surveyed women (31.3%) have control over all assets their household own (Figure 3). Almost half of surveyed women have control over large and small consumer durables and three-quarter have control over means of communications. However, less control is noticed over house (27%), means of transportation (34%) and agricultural lands (38%) (Figure 3). Nahda, 42 said: *“There are things that belong to the husband and I do not like to interfere in his decisions, such as replacing or selling those things”* (referring to home assets).

⁷ Vilardo & Bittar (2018) *Gender Profile Iraq: A situation analysis on gender equality and women’s empowerment in Iraq*

⁸ Care (2020) *Rapid Gender Analysis – COVID-19 – Iraq*

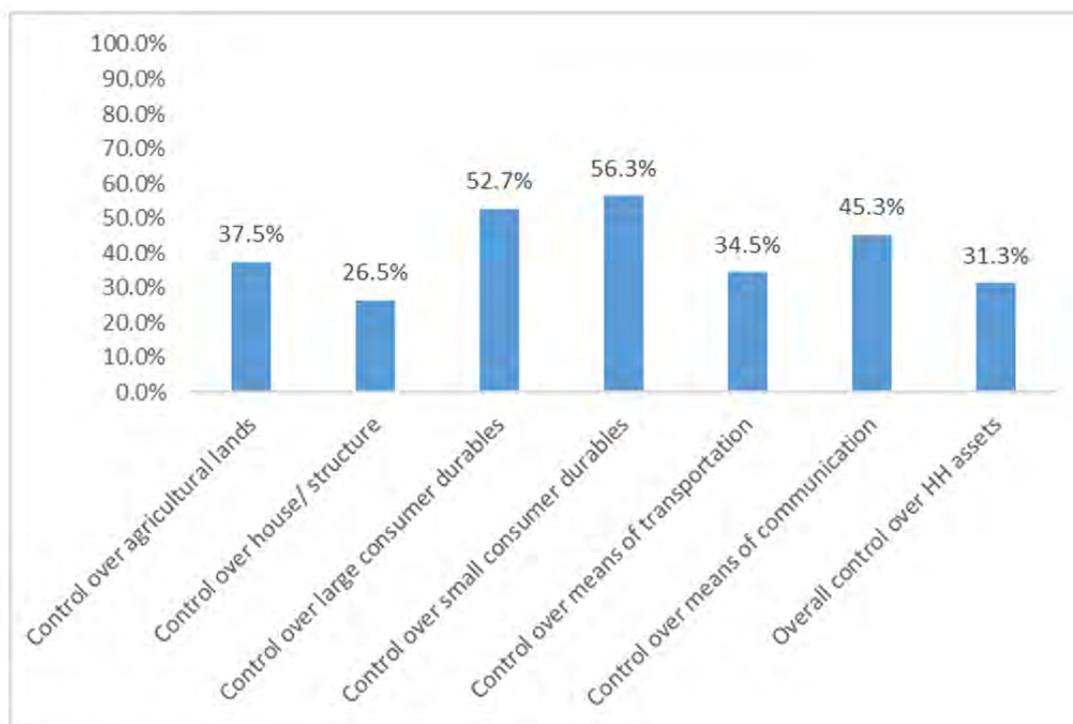


Figure 4: Overall control over HH assets

Experience of Gender-Based Violence (GBV)

Measuring women's experience of GBV is important, because the freedom from violence has been widely recognized as a critical dimension for empowerment. The respondents were asked if anyone has ever committed any of the violent actions listed towards them (Annex A). When the answer was yes, the respondents were asked if this took place within the household.

The findings have shown that one-quarter of surveyed women in Iraq experienced GBV (Figure 4) and among those who experience GBV, 81% experience domestic violence in the household. Moreover, the most common violence against women is emotional (22%) followed by both physical and sexual violence at the same rate (15%) (Figure 4). In addition, during KIs, women were asked to cite the important violations to women and girls' rights in Iraq and all of them mentioned violence, harassment, physical abuse, exploitation and neglect, as main violations. The survey findings are aligned with national findings since violence against women and girls, and most notably domestic violence, has been consistently prevalent in Iraq in the last few decades: In 2008, 21% of women were reported to be victims physical domestic violence⁹. Moreover, in 2012, 36 % of married women were exposed to at least one form of psychological abuse from their husbands, 23% witnessed verbal abuse, 6% physical violence, and 9% experienced sexual violence¹⁰.

The Iraqi Penal Code, encourages violence against women and girls, as it allows perpetrators to act with impunity and leaves women and girl survivors of GBV without any legal protections. Article 41(1) stipulates that 'no crime is committed while exercising a legal right', including the 'punishment of a wife by her husband'. Article 128 lists a number of reasons that either result in the reduction or dismissal of a penalty, among them offences committed 'with honourable motives'. Article 398 of the Penal Code exempts an

⁹ Republic of Iraq, "The Iraq Family Health Survey (IFHS) 2006/7," 2008, http://www.who.int/mediacentre/news/releases/2008/pr02/2008_iraq_family_health_survey_report.pdf (accessed March 6, 2017).

¹⁰ <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620602/rr-gender-profile-iraq-131218-en.pdf>

offender who has committed sexual assault from prosecution if they marry their victim²⁶. The aforementioned Penal Code provisions are predicated on the assumption that men are entitled to discipline women and girls if they do not conform to the social roles attributed to them. These norms perceive women and girls as mothers or daughters, who serve and are dependent on the male members of their family. In addition, women are considered to safeguard family honour and dignity through their untarnished 'reputations', linked to modesty, avoiding all forms of contact with stranger males and preserve 'virginity'. The dominant social roles attributed to women and girls in Iraq have been entrenched and justified through decades of social, political and economic instability²⁶.

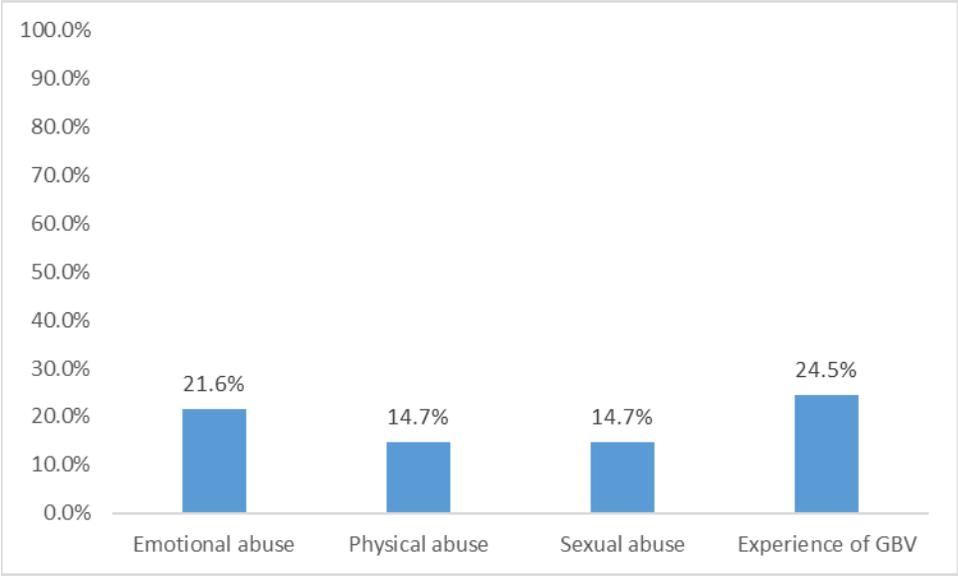


Figure 5: Experience of GBV

Control over time

This indicator aims to measure the most important elements of women’s daily time allocation and workload and to collect information on the number of hours dedicated to a particular task, by the respondent and her husband. It is important to note, that this indicator does not measure the time allocated to care activities on children or other family members, which is covered by the next indicator, but only the domestic and paid work (Annex A).

According to a WHO study, Iraqi society perceives domestic work and childcare as women’s responsibilities¹¹. Similarly, this study revealed an unequal division of household activities, as women perform all the unpaid and reproductive work, while men are responsible of the economic provision and paid labour which make them in control of household income even when it comes to grocery shopping (Figure 5). Moreover, during the KIs, all 5 women said that domestic and care work are solely their responsibility, while their husbands work outside to provide for the family. Gender inequality in terms of remuneration for work is clear when it comes to unpaid domestic work. Although this work is critical to the proper functioning of communities, unpaid care work has been largely ignored by economic and social public policy initiatives. Women in Iraq carry much of the burden of unpaid household work. The Iraq Household Socio Economy Survey (2012) recorded that women spend on average more than six

¹¹ Vilardo & Bittar (2018) *Gender Profile-Iraq: A situation analysis on gender equality and women’s empowerment in Iraq*

hours a day performing unpaid activities, such as cooking and childcare¹². A later 2017 study by Oxfam and UN Women reported that unpaid care work has increased in contexts of displacement, with women continuing to consistently invest most of the time and energy for unpaid work¹³.

Finally, the findings have shown that the majority of the surveyed women do not have control over time as the majority of them overwork, stretch themselves and rest less than 10 hours per day, including sleeping hours (Figure 6). During the KIs, Dunya, 26 said: *“I have no time to rest”*, Hanaa, 34 said: *“During my rest time, I arrange my house and sit with my children”*.



Figure 6: Comparison of work time between surveyed women and their husband

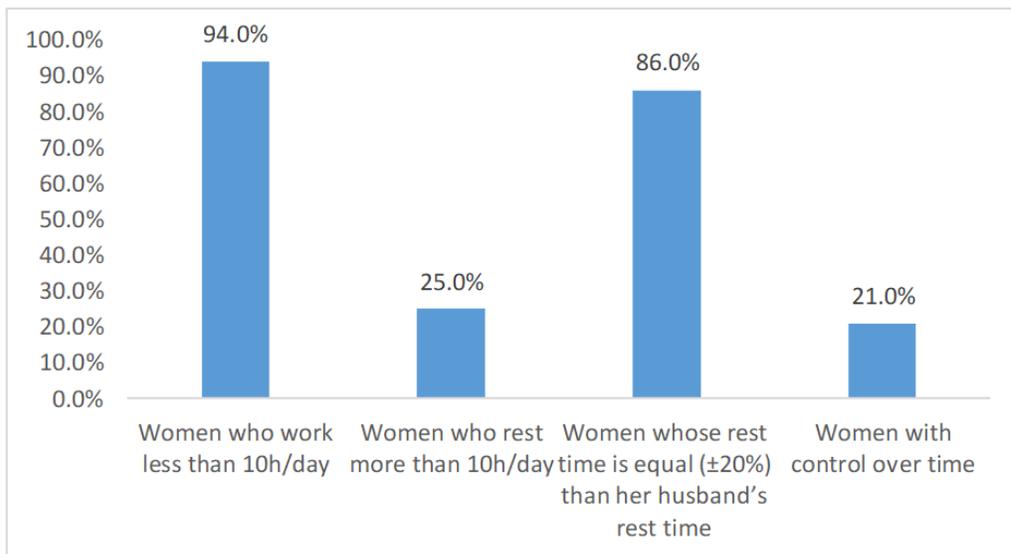


Figure 7: Control over time of surveyed women

¹² ODI. *Women's work: Mothers, children and the global childcare crisis*. March 2016. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

¹³ Luisa Dietrich & Simone E. Carter. (2017). *Gender and Conflict Analysis in Isis Affected Communities of Iraq*, produced by Oxfam, with the support of UN Women in Iraq and the financial contribution of the Japanese Cooperation.

Ability to redistribute burden of care

This indicator aims to measure the most important time allocation to care activities and is calculated through collecting information on the number of hours dedicated to a particular care tasks by the respondent. The indicator looks also on the women's ability to delegate the care activities to her husband or another family member (Annex A). This is especially important, as dominant restrictive gender norms discourage men from active engagement in fatherhood and provision of caregiving responsibilities. Consequently, men's involvement in childrearing is still limited among Iraqi population and given research has confirmed this tendency with only 16.7% of surveyed women who said they can delegate the care activities to their husband (Figure 7).

Unpaid care work remains a barrier to reaching gender equality as it reinforces discriminatory gender stereotypes that force women to stay in the home, limits their participation in the public sphere and prevents them from having access to the labour market. The unequal burden of unpaid care work on women, especially women in poverty, is a barrier to women's full enjoyment of their human rights¹.

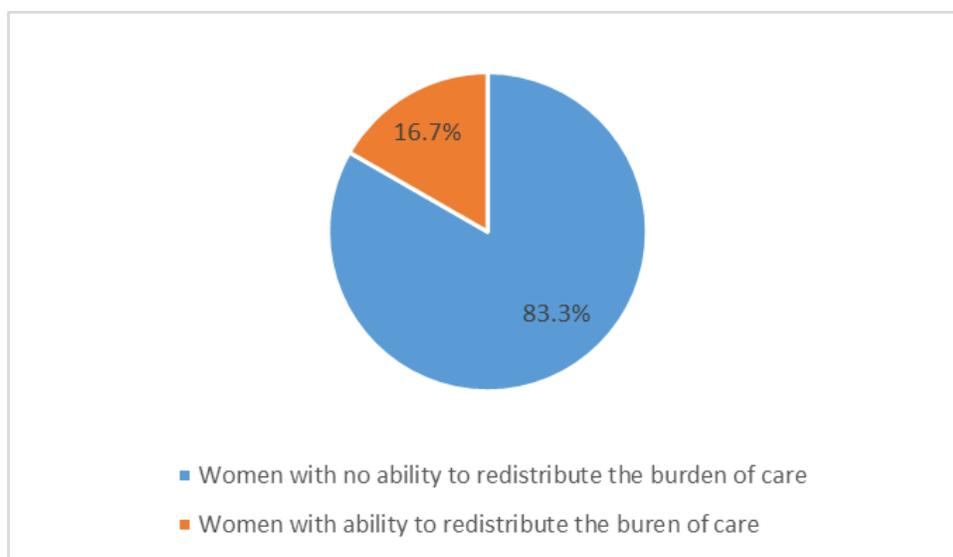


Figure 8: Ability to redistribute burden of care of surveyed women

Relational empowerment index

According to research findings, none of the surveyed women in Iraq are empowered through all relational factors, since none of them have all five indicators present. This result confirms assumptions that (1) along with personal and environmental conditions, relational factors are critically important to achieve a full empowerment of women, (2) relational empowerment is the lowest possible at the moment and (3) it will be the most challenging part of empowerment work, due to the fact that women's immediate environment (family, community) is responsible for it, which might be inclined to resist the change. Table 2 is a summary of all the indicators related to empowerment through relational factors.

Indicators of empowerment through relational factors	Frequency (%)
Women with household decision-making	29.4%
Women with control over household assets	31.3%
Women with no experience of GBV	75.5%
Women with control over time	21%
Women with ability to redistribute the burden of care	16.7%
Women empowered through relational factors	0%

Table 2: Indicators of empowerment through relational factors

Empowerment through personal factors

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: self-esteem, attitudes on gender equality (sexism), acceptance of GBV, mental/emotional and spiritual well-being.

Self-esteem

This indicator is measured by the Rosenberg Self-esteem scale (RSES, 1965)¹⁴. The RSES scale is considered a reliable and valid quantitative tool for self-esteem assessment. It has been translated and adapted to various languages. It reflects the attitude that the respondent has towards herself. The respondent has to 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 findings have shown that the majority of surveyed women have a moderate self-esteem (92.2%) while almost 8% have low self-esteem (Figure 8). A study published in 2018 showed that social support is an important factor for self-esteem in women; unmarried women have more self-esteem than married women, who feel difficulty in taking care of their children in the absence of social support¹⁵. Moreover, survivors of gender-based violence, especially the ones physically abused, tend to isolate themselves from people. This isolation often leads to depression, stress, fear, low self-esteem, emotional/psychological problems and even suicide¹⁶.

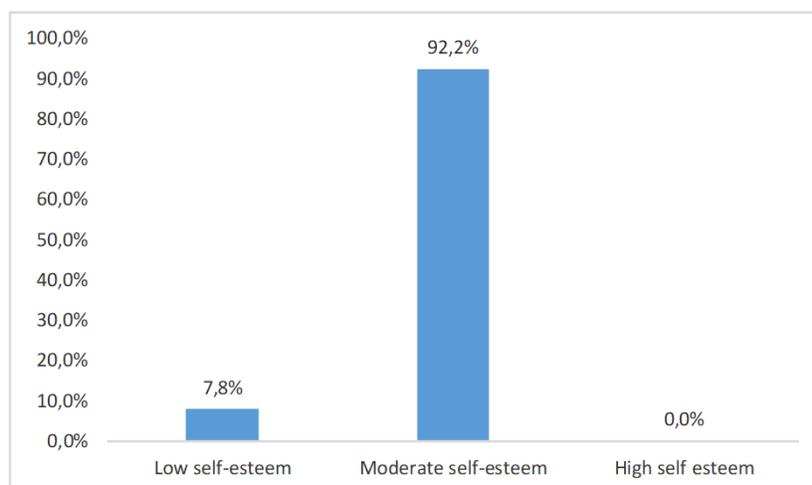


Figure 9: Self-esteem of surveyed women

¹⁴ Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

¹⁵ A. Manju & D. Nimala (2018). *Self-esteem the stepping stone of women empowerment*. *International Journal of Research in humanities, arts and Science* (Vol 2, issue 4).

¹⁶ UNFPA (2020). *UNFPA in Iraq: How many more women should suffer before there is a law to protect them?*

Attitude on gender roles (sexism)

Women's attitude and opinion on gender equality and sexism ideology have been measured using the Social Roles Questionnaire (SRQ) developed by Baber & Tucker in 2006¹⁷. The SRQ is a 13-item scale that assesses how individuals conceptualize different social roles. This measure consists of two domains: gender transcendence, which captures the extent to which individuals conceptualize gender in non-dichotomous ways (i.e. People can be both aggressive and nurturing regardless of their sex), and gender-linked, which measures individual beliefs about whether social roles are associated with a particular gender (i.e. Girls need to be protected and watched over more than boys) (Annex A).

The analysis has shown that the majority of surveyed women have either high or normal score on the gender transcendent scales which means the majority of surveyed women are likely to endorse egalitarian and gender transcendent beliefs, like Nahda 42, who said: *"Women have the right to work like men"*. However, the challenges encountered by Iraqi women in society often make it difficult for them to break out of the traditional gender roles, which explains why majority of women hold high gender-linked views at the same time, with a majority of surveyed women agreeing on one's sex and social roles association (Figure 9). The most prevalent beliefs on association of gender and social roles are that some types of work are not appropriate for women, girls should be protected and watched more than boys. Finally, research found that almost half of surveyed women (46%) do not hold a sexist attitude (Figure 10).

The high percentage of sexist women shows that due to deeply rooted gender norms, most of women internalize the sexism and conform to it on daily bases. Needless to say, sexist attitudes are transmitted to the next generation and influence their attitudes formation. On the other hand, research on the different effects of displacement on women suggests that displaced women question traditional gender relations. Women's ability to better adapt to migration is influenced by their feeling of needing to be strong and free from harmful gender norms, in order to keep their family together

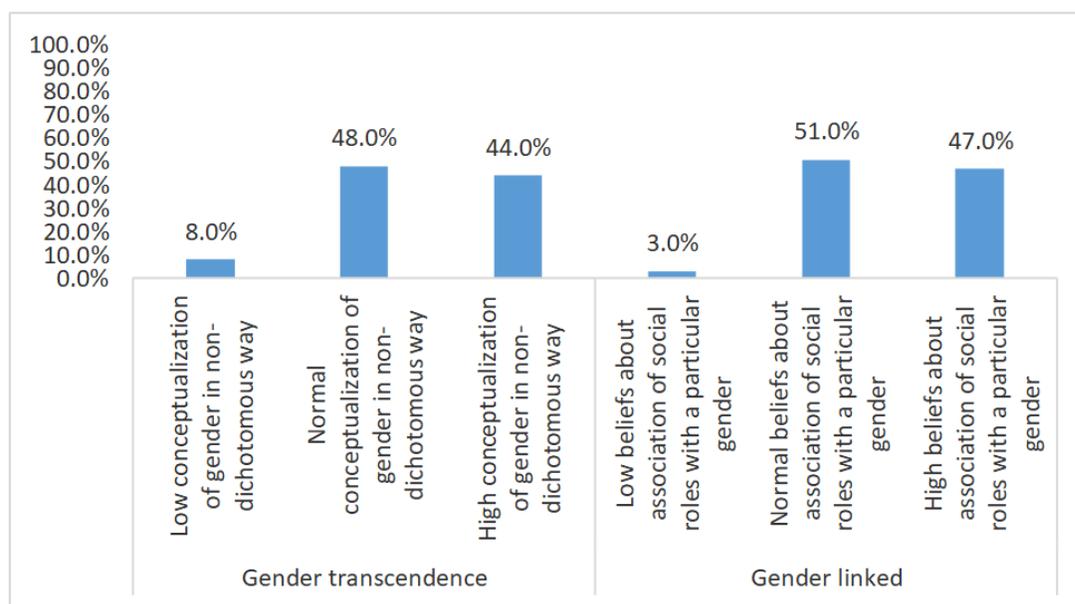


Figure 10: Gender transcendent and gender-linked attitudes

¹⁷ Baber, K.M., Tucker, C.J. *The Social Roles Questionnaire: A New Approach to Measuring Attitudes Toward Gender*. *Sex Roles* 54, 459–467 (2006). <https://doi.org/10.1007/s11199-006-9018-y>

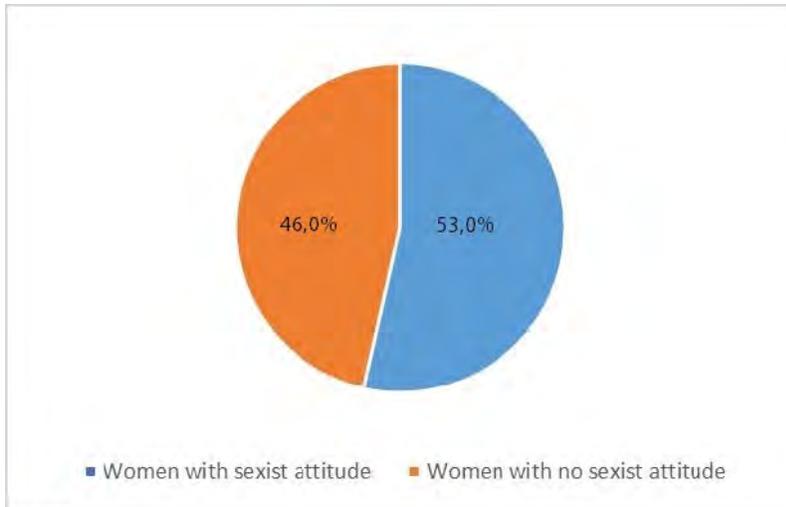


Figure 11: Sexist attitudes of surveyed women

Acceptability of GBV

This indicator aims to measure the extent to which a surveyed woman considers domestic violence to be acceptable. Questions reported have come from a simplified version of the Demographic and Health Surveys (DHS) toolkit questionnaire¹⁸. Respondents are asked to say if they think it is acceptable for a man to beat his wife in a number of different circumstances (Annex A).

The results showed that the majority of surveyed women in Iraq accept GBV (69%), with only 31% refuse it (Figure 11). Harmful social norms and traditions that sustain GBV include women’s sexual purity, protecting family honour over women’s safety, and men’s authority to discipline women and children. The most accepted circumstance for GBV is when man suspects that his wife was unfaithful (50%) and when a woman goes out without telling her husband (41%).

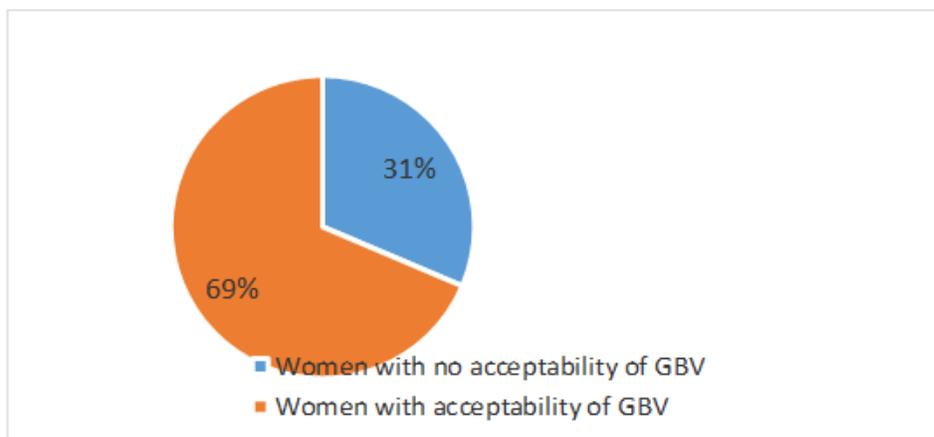


Figure 12: Acceptability of GBV

¹⁸ USAID. DHS program. Demographic and Health Survey. <https://dhsprogram.com/methodology/Survey-Types/DHS-Questionnaires.cfm>

Mental well-being

Women's mental well-being was measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)¹⁹. The 14-item scale has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible (Annex A).

Findings have shown that the majority of surveyed women have average mental health (64%) while 24% showed signs of possible or probable depression (Figure 12). Moreover, during KIIs women expressed their struggles and cited issues that affects their emotional and mental wellbeing. Mahassen 30 said: "*the living conditions and family issues affect my well-being*", Amina 39 said: "*our difficult financial situation affects me*". The results are aligned with a study conducted in 2021 on women's mental health in Iraq post-conflict²⁰, this study showed that anxiety, depression and suicidal thoughts/attempts are prevalent among the sample of Iraqi women post-conflict. Significant associated factors were losing a husband and having early married girls in the household.

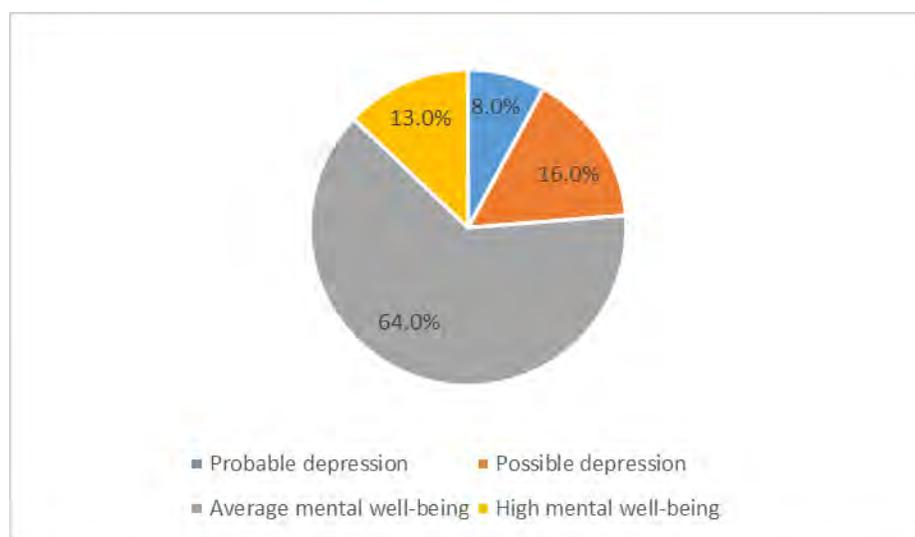


Figure 13: Mental well-being of surveyed women

Spiritual well-being

The Spiritual Well-Being Scale (SWBS)²¹ is a general indicator of perceived well-being used for the assessment of individuals of various faiths. The scale is composed of 20 items. Ten of the items assesses Religious well-being (RWB) and the other 10 assesses Existential well-being (EWB). 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 Subscale gives a self-assessment of an individual's sense of life purpose and overall life satisfaction. The Religious Well-Being subscale proves a self-assessment of an individual's relationship with God (Annex A).

¹⁹ Tennant, R., Hillier, L., Fishwick, R. et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5, 63 (2007). <https://doi.org/10.1186/1477-7525-5-63>

²⁰ Riyadh K. Lafia & Auhood K. Merza (2021) Women's mental health in Iraq post-conflict, *Medicine, Conflict and Survival*, 37:2, 146-159, DOI: 10.1080/13623699.2021.1946903

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

Findings from the SWBS have shown that the majority of surveyed women scored high on RWB subscale, while the majority of them scored moderate on the EWB subscale (Figure 13). Since the indicator of spiritual well-being includes women who either scored moderate and high on SWBS, that means all surveyed women are considered as spiritually empowered (Figure 13).

The spiritual well-being can be considered as a sign of women’s resilience against hardships. Religiousness is a significant resilience factor for many people. It helps individuals withstand the effects of life crises and major life stressors. During the KIIs, Dunya 26 said: *“What makes me calmer is reading the Quran”*. There is also an evidence that religiousness can help people move beyond prior levels of adjustment to achieve fundamental positive transformation in their lives²².

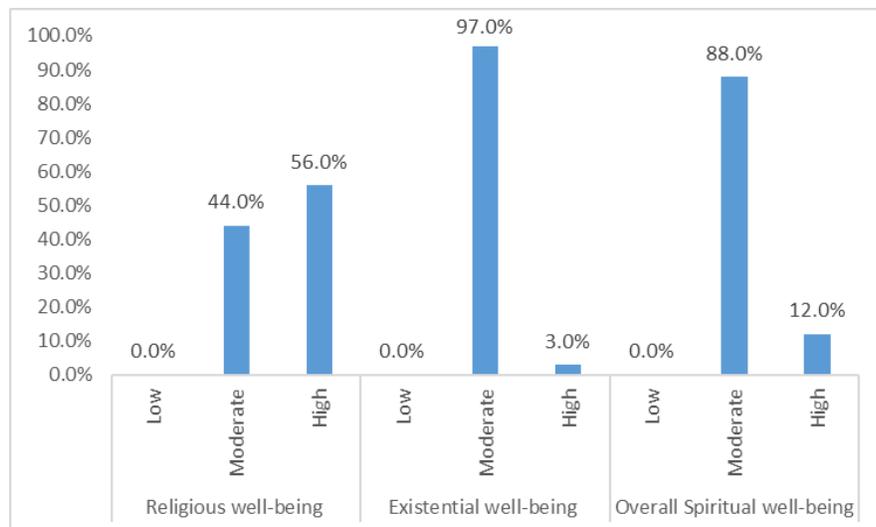


Figure 14: Religious, existential and overall spiritual well-being in surveyed women

Personal empowerment index

Finally, the research found that 10% of surveyed Iraqi women are empowered through all personal factors. Compared to empowerment score through relational factors, this is a significant result and on one hand, it speaks to women’s overall resilience and the ability to manage daily stress. On the other hand, it speaks to the internalization of relational factors, which seem to not affect women’s self-perception and well-being anymore, as they are part of the everyday life and its corresponding social norms. Table 3 is a summary of all the indicators related to empowerment through personal factors.

Indicators of empowerment through personal	Frequency (%)
Women with high/ moderate self-esteem	92.2%
Women with no sexist attitude	46%
Women who do not accept GBV	31%
Women with high/ moderate mental well-being	77%
Women with high/ moderate spiritual well-being	100%
Women empowered through personal factors	10%

Table 3: Overall empowerment through personal factors

²² Pargament, K. J., & 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.

Empowerment through Environmental factors

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

Social Norms/Stereotypes

This indicator aims to measure the social norms and stereotypes around women's roles in the communities in which they live. The tool used is the Community-Level Restrictive Gender Norms²³²⁴, a 14-item measure of descriptive norms (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: education, time use, financial inclusion and economic empowerment, relationships and marriage, and sexual and reproductive health.

Data have shown that only low proportions of surveyed women live in communities/surroundings with low restrictive gender norms and gender stereotypes (4%), while the majority (96%) are exposed to harmful stereotypes in their communities, especially in the dimension related to distribution of household tasks, and access to education for girls (Figure 14).

Girls in Iraq do not have full control over their choice of education throughout the different levels, and especially when reaching tertiary education. Family and social norms have a large share of control over the girls' ability to enroll, continue as well as their choice of programme. Furthermore, social norms discourage many families from sending their girls to mixed schools and thus push toward more school drop-outs. Another factor is a cultural preference to educate boys over girls as Mahassen said: *"Boys in my community are more supported than girls to continue their education because their parents support them and the community are in favour of them to continue education over girls who should marry early"*, Dunya 26 said: *"I wish I could continue my education"*. Finally, although Iraq has a compulsory law for elementary education, families may stop sending girls to school because they need them to work at home¹.

Despite Iraqi women enjoying equal rights to employment, according to the 2005 Constitution, certain inequitable elements remain within the law that limit women's economic choices. Some laws and their interpretations limit women in working in certain sectors that require hard labour, night-time work, or dangerous tasks. Moreover, Iraqi society still perceives women in their traditional role as housekeepers and child carers¹.

Child marriage was culturally accepted in Iraq before the conflict and has been on the rise with the economic deterioration. All 5 interviewed women know girl in their communities married before the age of 18. Financial pressures are the main driver, especially among IDPs, and social norms are in favour. It is considered by some as a protection mechanism for preserving the "purity" and "honour" of the girls.

²³ https://emerge.ucsd.edu/r_1q503c5n20z3lyv2/

²⁴ 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>

Other social reasons include establishing “political” ties between tribes, protecting the girls’ “honour” by ensuring they would not become sexually active before marriage or engage in a romantic relationship, and in some tragic cases a girl, who has been raped, is married off to her perpetrator to conceal the crime and maintain her reputation¹.

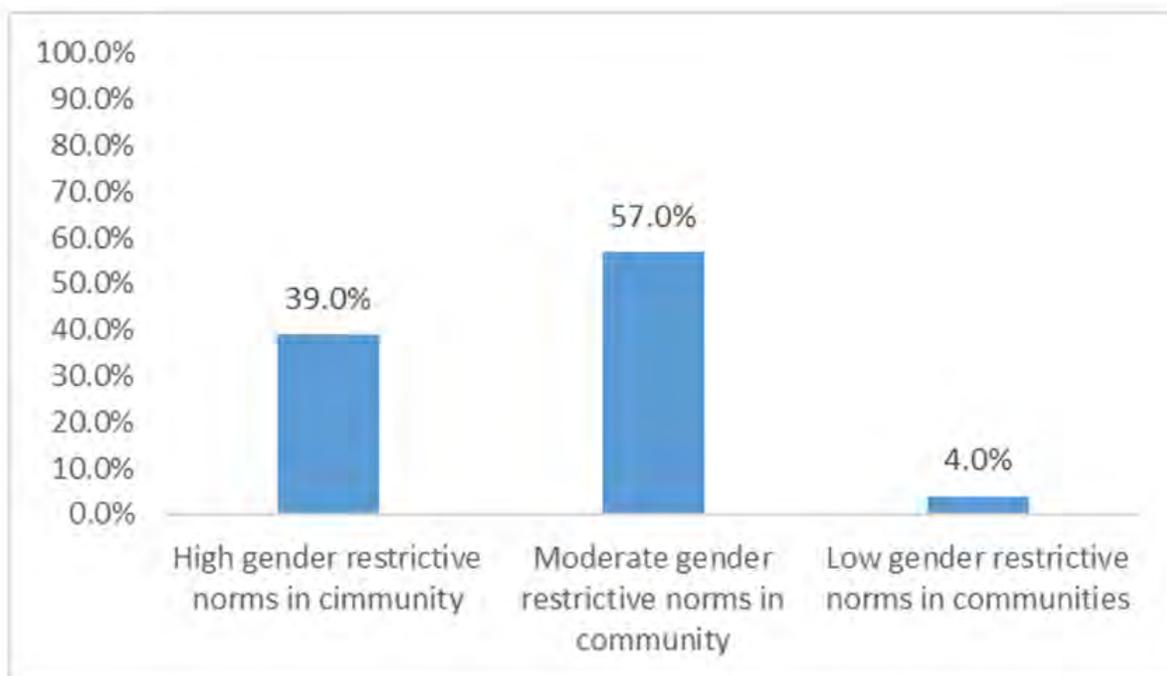


Figure 15: Restrictive gender norms in women’s community

Safety and freedom of movement outside the home

This indicator aims to measure the level of perceived freedom and safety of movement outside the house. Respondents are asked if they agree or disagree with statements referring to freedom of movement and security outside the house. Findings have shown that the majority of surveyed women (94%) suffer from restriction of movement and lack of safety (Figure 15). Moreover, Amina 39, said that restriction on her movement is one of the violations she is facing every day.

Before the COVID-19 pandemic, majority of the women and girls were able to travel within their community in groups freely, while majority of them would need a male to accompany them if the travel would be out of the community⁸. Besides the cultural barriers, it also has been noted that there are a few legal limitations over the mobility and decision-making of women in Iraq; as married women cannot choose where to live like the married men do; and they cannot decide where they want to go or travel¹. With a background of limited mobility for women, the lockdowns, curfews, and additional caregiving burdens have created even harder conditions, in which women have fewer opportunities to leave their homes⁸.

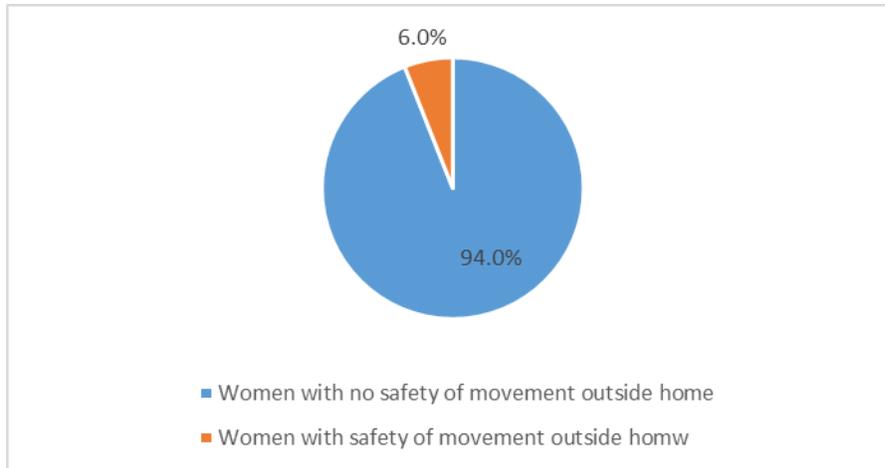


Figure 16: Safety of movement outside home for surveyed women

Civic rights and access to legal aid and assistance

This indicator aims to measure women’s access to legal services, legal assistance/aid and civic rights (Annex A). Data have shown that only 9% of surveyed women have access to legal aid, ensuring equal access to justice for them, while none of the surveyed women have civic rights, including travel rights, custody rights after divorce, property rights and/or inheritance rights.

A study published by Oxfam in 2013²⁵, outlined the challenges and restrictions to women’s access to justice in Iraqi courts. The first barrier is social; women generally know about the court already and they have a good idea of how to access it. The major challenge however, is for women to attempt to go to the court, given the heavy tribal norms and patriarchal rules. The second barrier is financial: The majority of women who seek the court to file lawsuits against their husbands, do not have the needed financial resources to pay for registration and lawyers’ fees. Even if they managed to collect enough money to file a lawsuit (pay registration fees), women cannot afford lawyers’ fees. This leads to significant delays in the judicial process. This also leads to significant drop-out rates as they fail to provide required documents.

With regards to civic rights, the 2005 Iraq Constitution calls for equality among all its citizens, prohibits discrimination based on gender, gives men and women equal rights for owning, accessing and managing non-land assets and gives equal rights for women in divorce and proportional rights in inheritance. However, vagueness, overlaps and contradictions in the Iraqi legal framework enable further discrimination against women and girls. For example, article 41 of the Constitution stipulates that ‘Iraqis are free in their commitment to their personal status according to their sects, beliefs or choices’. In this way, it allows for the adoption of different interpretations of personal status depending on religious beliefs. Such contradictions not only mean that Iraqi citizens do not know how to act in order to be in compliance with the law, but also, crucially, give leeway to patriarchal interpretations of laws resulting in violations of women’s and girls’ rights²⁶.

Moreover, alongside the formal state-related judiciary procedures, an “informal justice system” operates in Iraq. This term denotes a non-state-administrated justice process with dispute-resolution mechanisms outside the scope of the justice system. It is a tribal-based procedure used to achieve reconciliation between families and groups in dispute. Traditionally, it is activated through the intervention of tribal

²⁵ Oxfam (2013). *Women’s access to justice in the Middle East: Challenges and Recommendations*

²⁶ Taif Alkhudari (2020). *Iraqi women are engaged in a struggle for their rights*

leaders, religious figures and elder members, exclusively men, to resolve disputes on property, women and land¹.

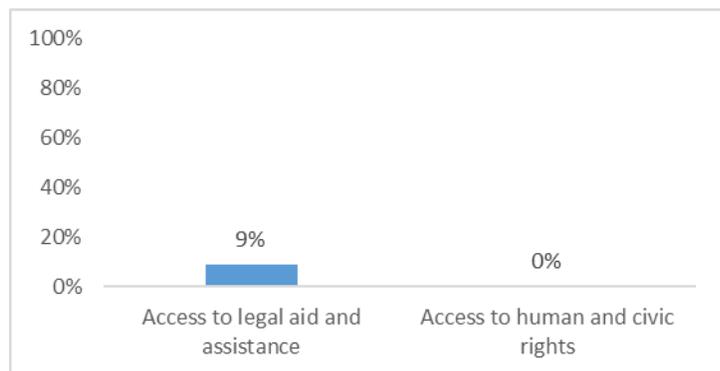


Figure 17: Access to legal aid and civic rights

Environmental empowerment index

Finally, it was found that none of the surveyed women are empowered through all environmental factors. This is not surprising after similar result in relational factors index, as relational and environmental factors are closely related and reinforcing one another. Table 4 is a summary of all the indicators related to empowerment through environmental factors.

Indicators of empowerment through personal	Frequency (%)
Women living in communities with no restrictive gender norms	4%
Women enjoying safety and freedom of movement outside home	6%
Women accessing legal aid/ assistance	9%
Women accessing civic rights	0%
Women empowered through all environmental factors	0%

Table 4: Empowerment through environmental factors



Demographic and Socio-Economic Characteristics of children

Surveyed girls and boys in Iraq have an average age of 13-year-olds. The majority of them do reproductive work to help their family, with girls more likely to be doing domestic work, such as cleaning and cooking (Table 5). Formal child labour is prevalent in 6% of surveyed children, with boys more likely to be engaged in it (Table 5).

		All children	Girls	Boys	P value
Total sample		N=102	N=52	N=50	
Age	Mean (\pm Sd)	13.2 (\pm 1.8)			
Gender	Girls	52 (51%)			
	Boys	50 (49%)			
Reproductive work and care activities	Cleaning house	63 (62.4%)	76.5%	48%	0.004*
	Hours/ day	2 (\pm 1.8)			
	Cooking	43 (42.6%)	61%	24%	<0.0001*
	Hours/day	2.2 (\pm 2.3)			
	Taking care of young family members	51 (51.5%)	60%	43%	0.09
	Hours/day	2.3 (\pm 1.8)			
	Taking care of old family members	32 (31.4%)	39%	32%	0.47
	Hours/day	2.4 (\pm 2.3)			
	Taking care of sick family members	31 (31%)	39%	22%	0.07
	Hours/day	2.3 (\pm 2.2)			
	Taking care of animals	20 (22.2%)	26%	18%	0.37
	Hours/day	2.4 (\pm 1.9)			
	Supporting in agriculture tasks	5 (5.7%)	4.5%	7%	0.70
	Hours/day	2.8 (\pm 1.3)			
Paid work	Yes	6 (5.9%)	1.9%	10%	0.02*
	Hours/ day	5.3 (\pm 1.8)			

^Significant if <0.05

Table 5: Demographic and socio-economic characteristics of surveyed children

Children's well-being

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

Education

Self-perceived language development, digital literacy and numeracy: Functional literacy, or the ability to succeed in critical life pursuits, is an equally important outcome of education. Many of the outcomes included in functional literacy are skills necessary for both school success and success in later life. This indicator aims to assess the self-perceived and self-reported functional literacy of surveyed children in 3

domains: language development, digital literacy and numeracy. Children were asked about languages they speak and how good they are in some important digital skills and daily used math skills. Functional literacy skills are measured based on the options of measurements for SDG target 4.6 provided by UNESCO in 2017²⁷ (Annex A).

Results have shown that 21% of surveyed children speak another language than their primary language with no difference between girls and boys. However, the spoken languages are the ethnic languages of Iraq (Arabic, Kurdish, Turkmen) and not other foreign languages (Figure 17).

Functional digital literacy is prevalent in only 9% of children who perceive their digital and computer skills as good, with no difference between girls and boys (Figure 17). Those results are aligned with UNICEF data in 2020 where it was observed that only 9% of those who attained upper education have ICT skills with the gap between the poorest and the richest even wider²⁸. During KIs Muhsin, 15 raised the issue of lack of digital literacy skills for youth. He said: *"Computer skills have now become the basics of work and this is exactly what youth lack"*.

Numeracy is also prevalent in 22% of children who self-measured their numerical skills in daily tasks as good with no difference between girls and boys (Figure 17). Finally, only 2% of children in Iraq have self-perceived functional literacy in the 3 domains all together.

Attitude towards learning: Attitudes towards learning are important factors on the learners' levels of goal setting, problem solving abilities, their beliefs towards learning, their inner and external motivations in the process of learning and all the academic performances they perform. The positive attitude makes the students more open to learning and increases their expectations from learning process. This indicator aims to measure the attitude towards learning of surveyed children through seven statements. Children were asked if they agree or disagree with each statement (Annex A).

Almost half of surveyed children have positive attitude towards learning with no difference between girls and boys (Figure 17). Children who showed negative or neutral attitudes towards learning considered that they did not get anything useful out of school (34%) or do not have the confidence to learn new things (12%). Moreover, Aya 11, said during her interview that *"Youth lack the motivation for education"*.

School enrolment: This indicator aims to measure the enrolment in formal education of surveyed children. The results have shown that 83% of surveyed children are registered in formal school while 17% are out of school. The most common reasons for dropping out from school are lack of financial resources (47%), school away from home (35%) and helping their families in reproductive/unpaid work (29%). The findings are aligned with UNICEF data in 2020 where it was found that 20% of the poorest in Iraq are not registered in school for various reasons such as transportation, non-availability of schools nearby and socio-economic profile²⁸. Interviewed children during KIs mentioned the lack of education opportunity as one of the greatest violations to their rights. Anas 11, said: *"the most common problem faced by boy is dropping out from school"*. Muhsin 15 added: *"Free education opportunities for children and youth are not available. Only the rich can go to school"*.

²⁷ UNESCO (2017). *Functional literacy and numeracy: Definitions and options for measurement for the SDG Target 4.6*

²⁸ UNICEF (2020). *Iraq Education Fact Sheets (2020). Analyses for learning and equity using MICS data*

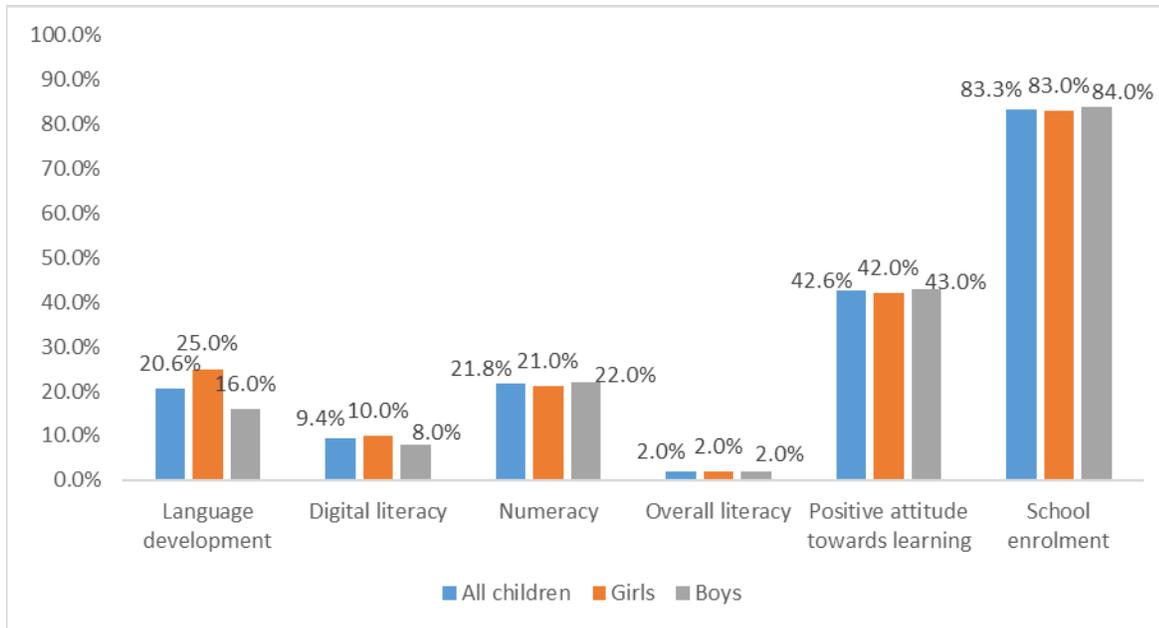


Figure 18: Educational outcomes of surveyed children

Health and Nutrition

Diet Diversity: Dietary diversity is a self-reported measure of food consumption that reflects household access to a variety of foods, while at the individual level, it is a proxy of nutrient adequacy of the diet. Nutrient adequacy means being nutrition secure through the appropriate consumption of energy and all essential nutrients in sufficient amounts over time. Nutrient adequacy leads to optimal nutritional status in which both under and over nutrition are avoided. Diet diversity of surveyed children was assessed by using the Household Diet Diversity Score (HDDS) developed by USAID in 2006²⁹. Children were asked to tell how much they eat per week of seven food groups including, cereals, vegetables/ leaves, fruits, proteins, pulses, dairies and oils (Annex A).

The strained post-conflict rehabilitation, combined with the impacts of the pandemic in Iraq that are preventing the most vulnerable from meeting their basic needs while prolonging dependence on humanitarian assistance³⁰. In fact, the results have shown that 90% of surveyed children have good diet diversity, while 10% have low diet diversity, meaning that they do not receive an adequate nutrition for their health and development (Figure 18).

²⁹ <https://www.spring-nutrition.org/publications/tool-summaries/household-dietary-diversity-score#:~:text=Brief%20Description%3A%20The%20Household%20Diversity,number%20of%20different%20foods%20consumed.>

³⁰ FAO (2021). Iraq humanitarian response 2021

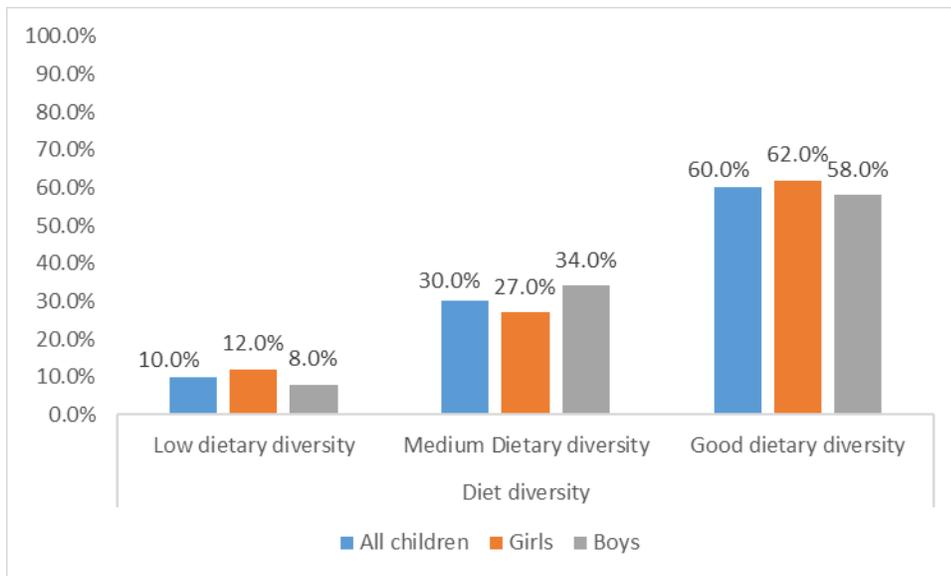


Figure19: Diet diversity scale of surveyed children

Positive health-related behaviour: A number of health-related behaviours and conditions begin in adolescence that affect health both at the time and in later years. Some of these behaviours lead to the major causes of mortality and morbidity among adolescents such as injuries, or to conditions such as underweight and other nutrition deficiencies. Other behaviours begun in adolescence contribute to adult non-communicable diseases, including conditions related to tobacco or alcohol use and overweight 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 the positive health-related behaviour of surveyed adolescents in 4 questions, where children answered by yes or no (Annex A).

The results have shown that only 9% of surveyed children showed positive health behaviour (Figure 19). Even though only 2 children are exposed to smoking among the surveyed ones, but 88% do not wear seat belts during car rides and 67% do not exercise. Anas 11 said during his interview that *"Boys are currently dropping out from schools, stopping their education and smoking with their peers"*.

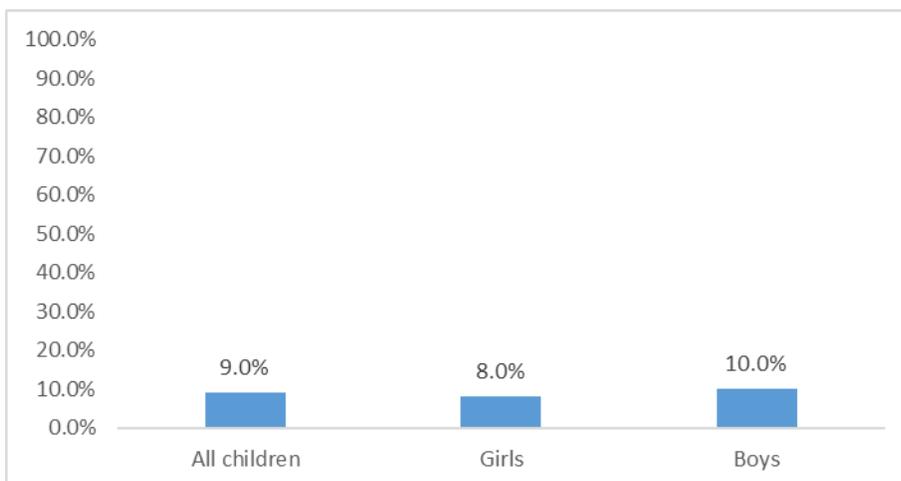


Figure 20: Positive health-related behaviour of surveyed children



Protection

Exposure to violence: Children that are exposed to violence as a witness on a regular basis, often experience many of the same symptoms and lasting effects of violence, as children who are victims of violence themselves, including PTSD. These children can feel emotional and physical "aftershocks" for months or even years. They can relive the event again and again in their minds, and be less able to function normally in their day-to-day lives. Some may become more aggressive, violent, and self-destructive. This indicator aims to measure children's direct exposure to physical and emotional violence and children's perception on the existence of sexual abuse and online harm in their communities (Annex A).

The results have shown that 39% of surveyed children in Iraq suffer from any type of violence, 34% are exposed to emotional/verbal abuse and 26% to physical abuse with no difference between girls and boys. Moreover, 6% of surveyed children have heard about case of sexual abuse in their community and 11% have heard about other children who were exposed to online harm (Figure 20). The perpetrators of both physical and emotional/verbal abuse are more likely to be other family members, living with the child in the household (Figure 22). Fathers are also perpetrators of emotional/verbal abuse in 11% of children (Figure 21). During interviews, children were asked about their perception of child protection in their community. Aya 11 said: *"girls and boys are not protected, they are subject to humiliation and beating"*. Muhsin 15 said: *"Social Media shows every day the photos of children killed and raped, this is an indicator of how children are not protected"*. Girls raised the issue of child marriage and restriction of their movement as source of abuse and exploitation. Nisreen 14 said: *"The most common issue faced by girl is child marriage"*. Boys raised also the issue of child labour. Ahmad 11 said: *"The most common protection issue faced by boys is child labour"*

Previous research published by World Vision MEER showed that girls and boys in Iraq are at an increased risk of violence at home, resulting from a variety of compounding structural, interpersonal and individual-level risk factors, caused by COVID-19 and the socio-economic crisis including increased economic strain placed on families, stay-at-home orders, school closures and other COVID-19 response measures³¹.

³¹ World Vision (2020): *Act Now for children: How a global pandemic is changing the lives of children in Middle East and Eastern Europe*

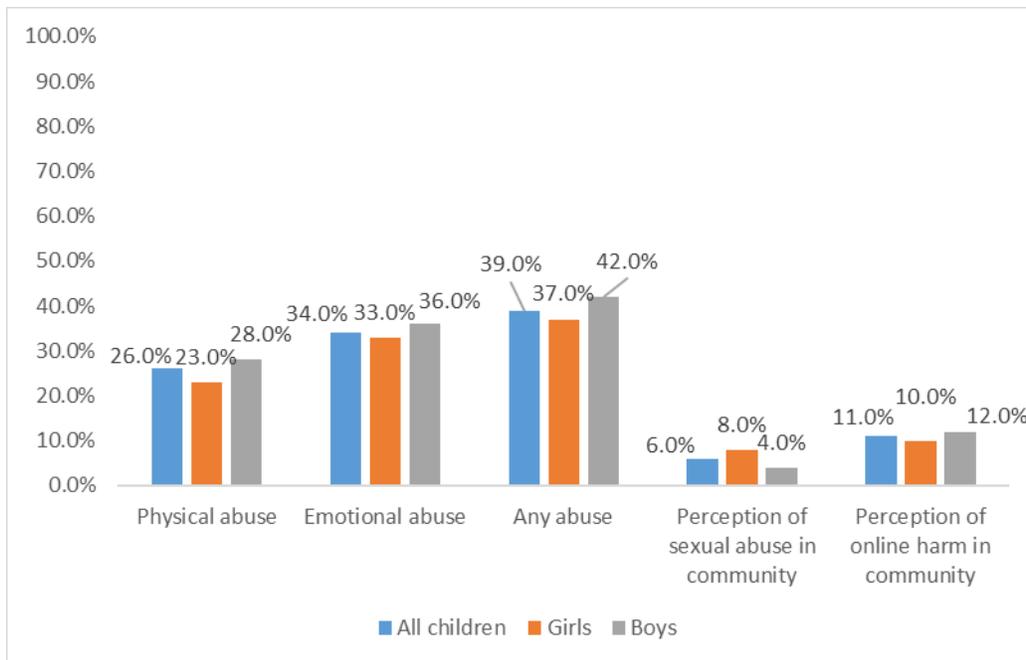


Figure 21: Exposure to physical and emotional/verbal violence and perception of existence of sexual abuse and online harm in communities of surveyed children

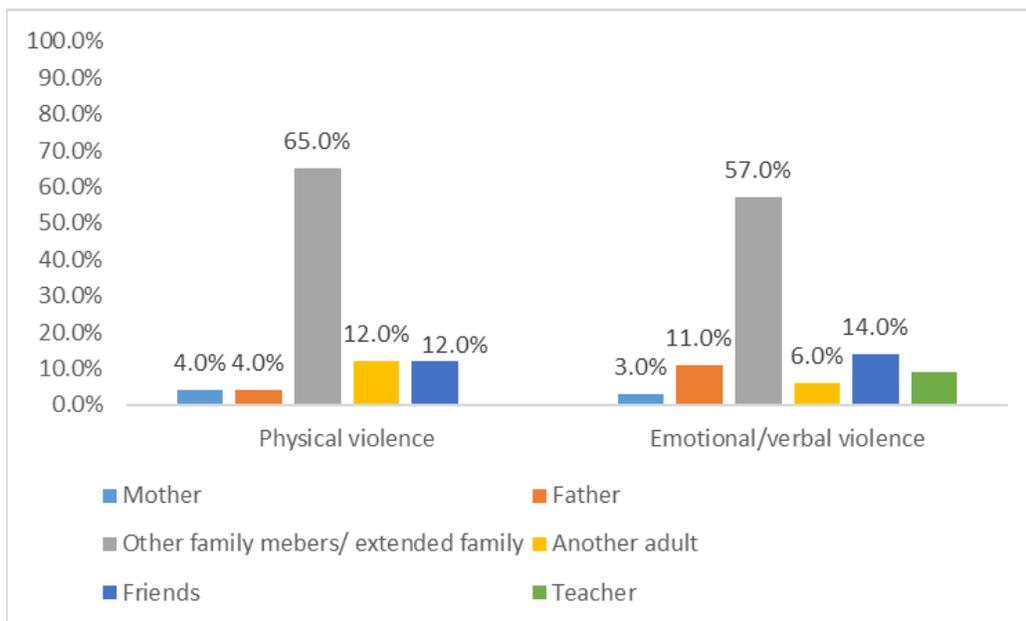


Figure 22: Perpetrators of physical and emotional/verbal violence

Psycho-social well-being

The well-being of adolescents has been shown to be related both to individual and contextual factors, but psycho-social well-being during adolescence has been integrally shaped by the daily contexts in which children grow and develop. The psycho-social aspects of adolescent well-being will be measured through three constructs: self-esteem, socio-ecological resilience and empathy.

Self-esteem: This indicator measured children’s self-esteem using the same tool than their mothers - the RSES scale¹⁴ (Annex A).The results showed that almost all the children in Iraq have normal self-esteem (Figure 22). Positive self-esteem for adolescents is important as it allows them to try new things, take healthy risks and solve problems. In turn, their learning and development will be productive and will set them up for a healthy and positive future. A young person with healthy self-esteem is more likely to display positive behavioural characteristics, while children with low self-esteem tend to avoid situations where they think there’s risk of failure, embarrassment or making mistakes. These can involve school work, making friends, and trying new activities, which are all important parts of a healthy adolescent life.

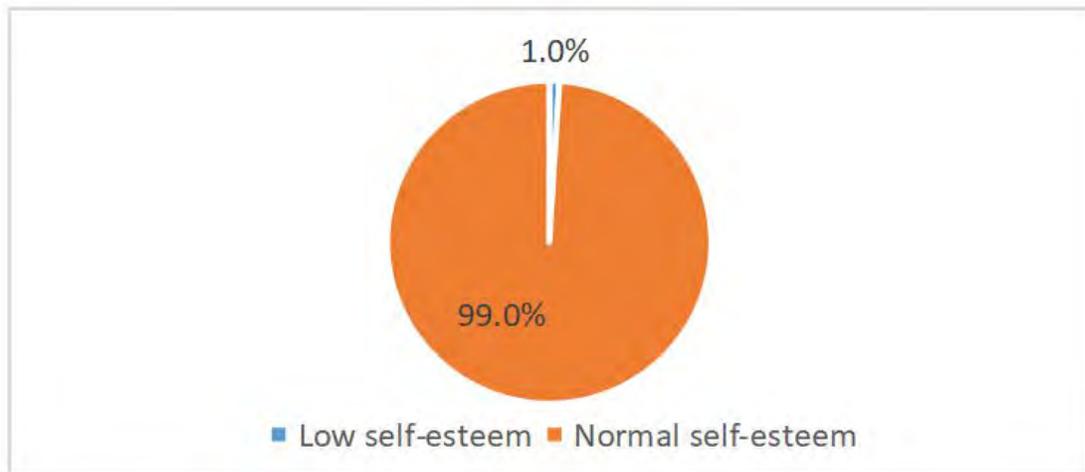


Figure 23: Self-esteem in surveyed children

Socio-ecological resilience: Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. Socio-ecological resilience refers to culturally-relevant personal and caregiver resources that adolescents can use to adapt to stressful situations. 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 worldwide³² (Annex A). The CYRM-R recognizes two main dimensions in an individual’s social ecology for adjusting to adversity. Caregiver resilience relates to characteristics associated with the important relationships shared, with either primary caregiver or a partner or a family. Personal resilience refers to intrapersonal and interpersonal resources to cope with a stressor (Annex A).

The analysis has showed that 84% of surveyed children have high personal resilience, thus, high inter-personal skills that allow them to bounce back when facing life stressors and hardships. Moreover 87% of children have exceptional and high caregiver resilience, meaning that they share excellent relationships with their caregivers and consider them as nurturer of their resilience (Figure 23). Tara 15 said: *“my parents are always by my side and help me as much as they can to be strong”*. Muhsin 15 said: *“I take all my strength from my mother. She is my inspiration”*. Aya 11 said: *“I feel empowered when I can share with my family and express my opinion”*. Overall, 86% of children have resilience capacities with no difference between girls and boys (Figure 24).

³² <https://cym.resilienceresearch.org/>

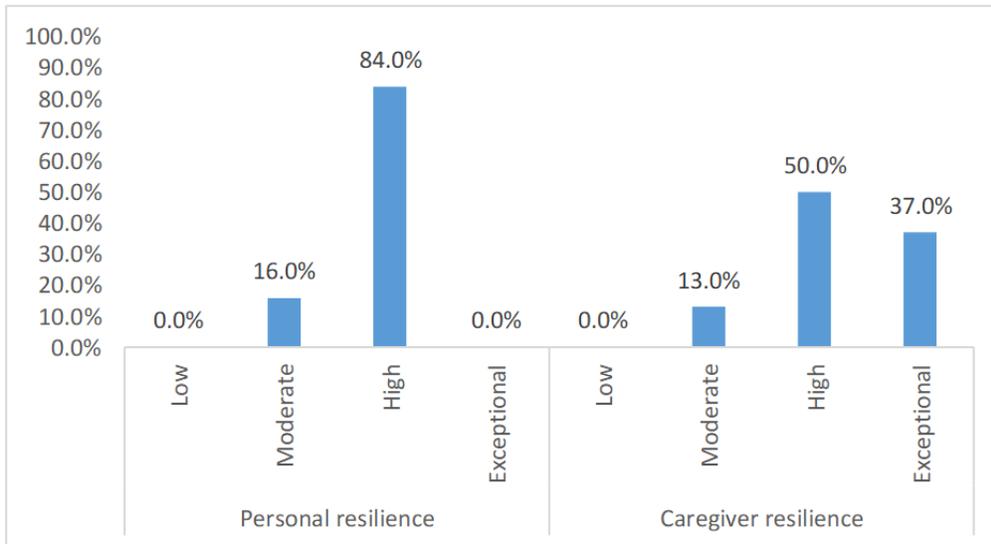


Figure 24: Personal and caregiver resilience of surveyed children

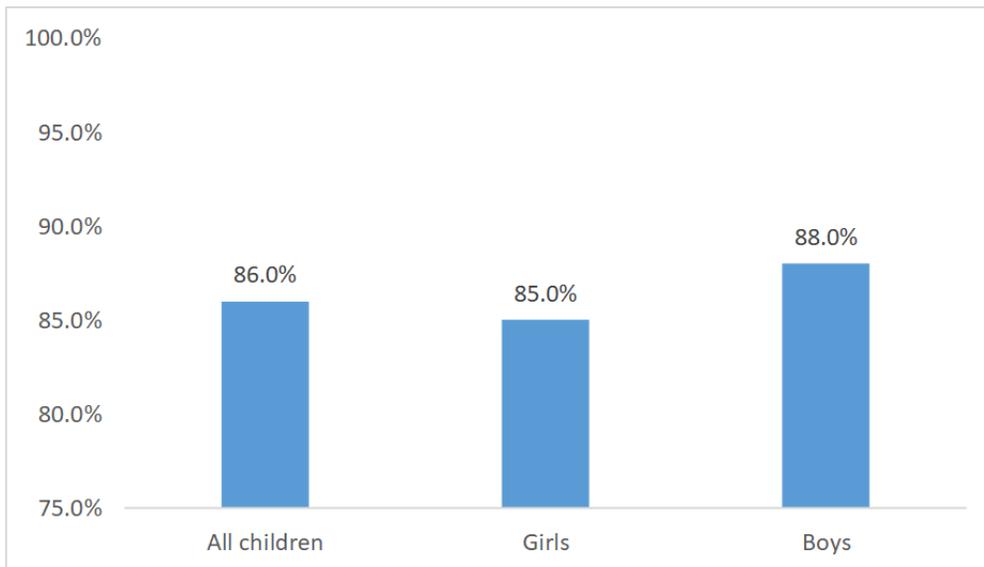


Figure 25: Socio-ecological resilience capacity in surveyed children

Empathy: Empathy has been 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 greatest 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 behaviours and bullying; individuals 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 scale³³. The tool is designed to measure empathy in children and adolescents in order to foster an understanding of how empathy develops and how it relates to social development. The tool recognizes two main dimensions in adolescents' empathy: empathic sadness and reflecting attitude. Empathic sadness subscale measures the affective empathy, which is the ability to share

³³ Bryant, Brenda K. "An Index of Empathy for Children and Adolescents," *Child Development*, 53 (2), 1982, pp. 413–25.

the feelings of another person." This type of empathy helps children to build emotional connections with others. Reflecting attitude subscale measures the cognitive empathy which is the ability to understand how a person feels and what they might be thinking. Cognitive empathy makes children better communicators, because it helps them relay information in a way that best reaches the other person (Annex A).

The majority (98%) of surveyed children are moderately or highly empathic. They scored moderate or high on empathic sadness which is their capacity to build connections with others and on reflecting attitude, which involves understanding the other's feeling instead of only connecting with their feelings (Figure 24).

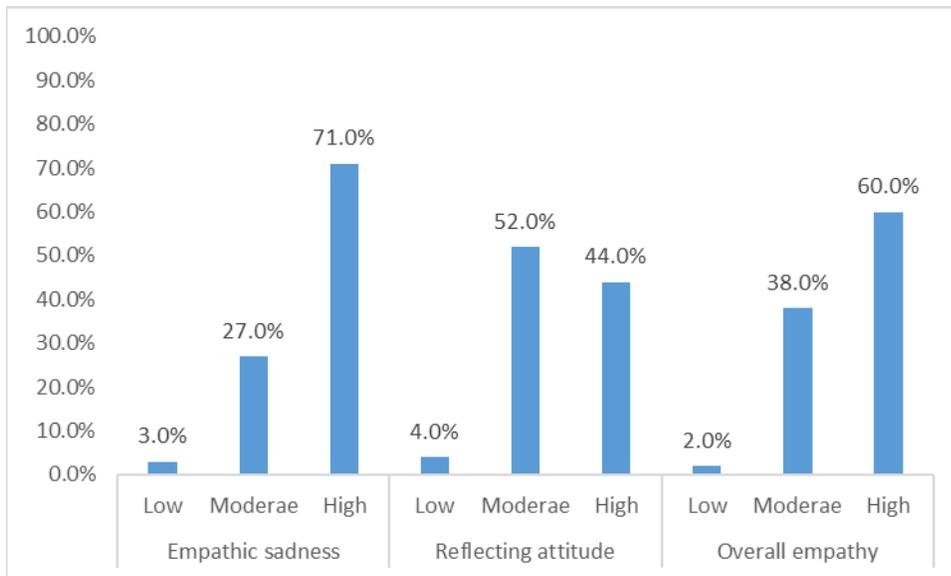


Figure 26: Empathic sadness, reflecting attitude and overall empathy of surveyed children

Mental well-being

Mental health: To be mentally healthy means for a child to be able to cope with stress in any situation, to go to school and play at home and in the community without feeling angry, anxious or depressed. A good mental health during childhood is fundamental to a child's development and for reaching one's own full potential. The mental well-being of surveyed children was measured using the same WEMWBS used to measure mental well-being in surveyed mothers¹⁹ (Annex A).

Current events in Iraq have raised concerns about the consequences of trauma and stress on the mental health of the country's children and youth. Several previous studies have demonstrated increased rates of mental health problems among Iraqi children and adolescents, including PTSD and attention-deficit hyperactivity disorder (ADHD)³⁴. The research results are aligned with those studies. While 87% of children showed signs of average or good mental health, 14% have signs that might indicate a possible or probable depression (Figure 26). During interviews children raised many issues that affect their wellbeing especially displacement, family issues, exploitation and financial situation. Aya 11 said: *"Family issues and living conditions affect both, my mental and physical health"*. Ahmed 11 said: *"working and selling water in the streets affect me a lot. I feel sad when other children are playing while I am working"* Muhsin 15 said: *"I can't imagine that we will move one more time, this affect me a lot"*.

³⁴ AlObaidi A. Iraq: children's and adolescents' mental health under conditions of continuous turmoil. *Int Psychiatry*. 2011 Feb 1;8(1):4-5. PMID: 31508062, PMID: PMC6735008

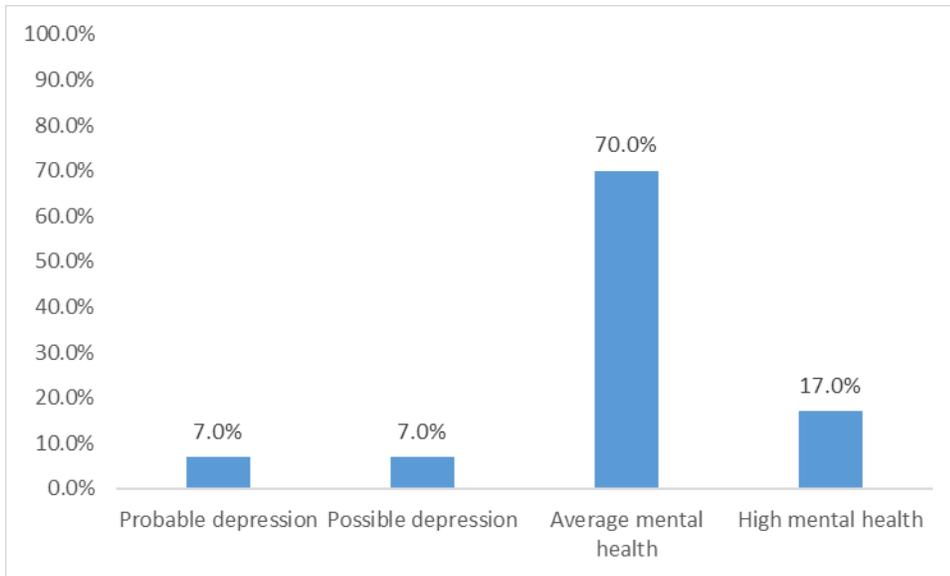


Figure 27: Mental well-being of surveyed children

Spiritual well-being

Spiritual empowerment: The spiritual well-being of children was measured using the same tool - SWBS that was used for mothers²¹ (Annex A). Results have shown that all surveyed children demonstrate spiritual well-being. Religious well-being seems to be more prevalent than existential well-being with more children who scored high when asked about their religiosity and relation with God (Figure 27). This might have to do with the religious indoctrination of children that is prevalent in Iraqi society that children are exposed to religious topics and its contents regardless of filtration or age limit.

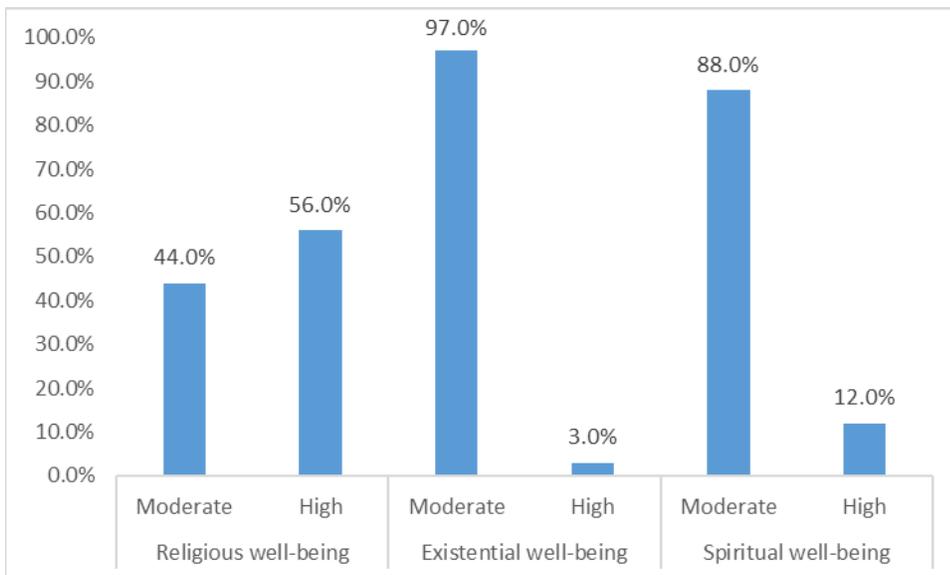


Figure 28: Spiritual well-being of surveyed children

Child well-being index

Overall, none of the surveyed children in Iraq have showed well-being in all the dimensions of education, nutrition, health, psycho-social, mental and spiritual well-being. However, if we look only at psycho-social and mental well-being factors, we found that a notable number of children show well-being in all listed psycho-social dimensions (78%). Table 7 provides a summary of all indicators of well-being in surveyed children.



Dimension	Indicators	
Education	Children with self-perceived functional literacy	2%
	Children with positive attitude towards learning	43%
	Children enrolled in formal education	83%
Nutrition	Children with diet diversity	90%
Health	Children with positive health-related behaviour	9%
Protection	Children non-exposed to violence	61%
Psycho-social	Children with self-esteem	99%
	Children with socio-ecological resilience	86%
	Children with empathy	98%
Mental	Children with mental well-being	87%
Spiritual	Children with spiritual well-being	100%
Children with overall well-being		0%
Children educated with good health and protected from violence		0%
Children with psycho-social and mental well-being		78%

Table 6: Indicators of child well-being

Correlational Analysis

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

Multiple socio-demographic factors, related to women, were associated to their empowerment factors. Namely, the displacement status, the household size, the age, the marriage age and the family income were all connected to women's empowerment. Tables 7 provides in-depth statistical analysis on association between socio-demographics factors and women's empowerment, explained below.

Internal displacement and refugee status accelerate vulnerability and are both associated with negative empowerment in surveyed women. In fact, the data showed that internally displaced women in comparison to original citizen are more likely to develop a sexist attitude ($p < 0.0001$) and to live in communities with high gender restrictive norms that hinder their empowerment (Table 7).

Living with extended family members and in-laws in large households affects negatively women's empowerment. Women who live in large households are more likely to have less control over HH assets ($p < 0.0001$). Moreover, women who live in larger families with more than 13 members including polygamous families are less likely to have self-esteem and positive self-image ($p = 0.01$) (Table 7).

Women's young age is also correlated with negative empowerment factors. Young mothers in comparison to older mothers are more likely to develop a sexist attitude ($p = 0.04$) and less likely to have high self-esteem ($p = 0.009$) (Table 7).

Young marriage age is also negatively associated with women empowerment. Young married women in comparison to those married at an older age are more likely to experience GBV ($p = 0.03$) and to accept GBV ($p = 0.02$). Moreover, women married at a young age have less control over HH assets ($p = 0.004$). (Table 7).

In addition, higher income was found to be positively affecting women's empowerment. Women with household higher income have capacity to delegate the burden of care ($p < 0.0001$) and have more freedom to move outside home ($p = 0.01$) (Table 7).

Women's socio-demographic factors		Sexist attitude			Experience of GBV			Redistribution of burden of care		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=54	N=47		N=77	N=25		N=85	N=17	
Displacement	No Yes	49 (90.7%) 5 (9.3%)	26 (55.3%) 21 (44.7%)	<0.0001*				68 (80%) 17 (20%)	7 (41.2%) 10 (58.8%)	0.001*
Income	Mean (±sd)							USD 197 (±152)	USD 359 (±191)	<0.0001*
Marriage age	Mean (±sd)	18.6 (±4.9)	22.3 (±5.4)	0.001*	21.0 (±5.7)	18.2 (±3.9)	0.03*			
Age	Mean (±sd)	29.7 (±6.6)	32.5 (±6.7)	0.04*						

*Significant if <0.05

Women's socio-demographic factors		Control over HH assets			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=68	N=31		N=8	N=94		N=32	N=70	
HH size	Mean (±sd)	10.3 (±6.2)	7.1 (±2.3)	<0.0001*	13.8 (±11.9)	8.9 (±4.4)	0.01*			
Marriage age	Mean (±sd)	19.4 (±5.2)	22.8 (±5.4)	0.004*				22.6 (±6.9)	19.3 (±4.3)	0.02*
Age	Mean (±sd)				25.1 (±6.2)	31.5 (±6.5)	0.009*			

*Significant if <0.05

Women's socio-demographic factors		Freedom of movement		
		No n (%)	Yes n (%)	P value
Total Sample		N=96	N=6	
Income	Mean (±sd)	215 (±161)	414 (±231)	0.01*

*Significant if <0.05

Table 7: Association between women's socio-demographic factors and women's empowerment factors

Association between mother’s socio-demographic factors and child well-being

Two socio-economic factors and demographic factors, related to the mother, influence child’s well-being. Namely, the education level and the HH size. Tables 8 provides in-depth statistical analysis on association between socio-demographics factors and child well-being outcomes.

Mother’s education is a driver for achieving well-being outcomes in children. Children of educated mothers are more likely to benefit from an adequate nutrition ($p=0.03$) (Table 8). Large HH size is associated with high risk of exposure to violence ($p=0.02$) (Table 8).

Women’s socio-demographic factors		Diet Diversity			Exposure to violence		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value
Total Sample		N=10	N=92		N=62	N=40	
Education	Illiterate	7 (70%)	23 (25%)	0.03*			
	Prim/Interm	3 (30%)	69 (75%)				
HH size	Mean (\pm sd)				8.3 (\pm 4.2)	10.7 (\pm 6.7)	0.04*

*Significant if <0.05

Table 8: Association between women’s socio-demographic factors and child well-being outcomes

Association between mothers' empowerment and child well-being outcomes

Educational outcomes

Mother's empowerment is associated with child positive attitude on learning and with child willingness to continue education and to gain confidence to learn new things. Children with positive attitude on learning are more likely to have mothers empowered through relational factors who can take decisions at the HH level ($p=0.04$), who can delegate care activities to rest or do other activities ($p=0.004$). Moreover, children who develop positive attitude on learning grow-up with mothers who are not sexist and have neutral or negative attitude on associations of gender and social roles ($p=0.007$) (Table 9).

Mother's empowerment is also associated with children education and school enrolment. Women who control their time, do not overwork and overstretch themselves, are more likely to have children enrolled in school ($p=0.04$). On the other hand, women who associate gender with social roles are correlated with out of school children ($p=0.03$) (Table 9).

Health outcomes

Children with positive health-related behaviour are less likely to develop health issues in the adulthood. Positive health behaviour is associated with two empowerment factors in mothers, first a GBV-free environment and second a neutral attitude on association of gender and social roles. Women free from GBV and non-sexist attitudes are more likely to have children with healthy behaviour (Table 9).

Protection outcomes

When mothers are abused children are also abused. In fact, the research findings have shown that the less mothers are exposed to GBV, the less their children are exposed to violence too ($p=0.01$) (Table 9). On the other hand, women who accept GBV, expose their children to the risk of violence ($p=0.02$) (Table 9). Moreover, women relationally empowered through control over the HH assets ($p=0.01$) protect their children from violence (Table 9). Mentioned findings connect well with similar findings in the external literature: the exploratory research found intimate partner violence and violence against children co-occur in a significant proportion of households (Coll, et. al, 2020; Guedes, et al, 2016) and that children in households affected by intimate partner violence are significantly more likely to experience violent forms of punishment themselves (Guedes, et. al 2016).

Mental outcomes

Evidence from survey data suggests that children's mental health is tightly connected with mother mental health ($p=0.02$). When mothers are with good mental health, children are too. External research shows that "children of mothers who are depressed or who have depressive symptoms are at increased risk for developmental delay, behavioural problems, depression, asthma, morbidity and injuries" (Kahn, et. al. 2004).

Women's empowerment factors		Attitude towards learning			School enrolment			Positive health-related behaviour		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P value	No n (%)	Yes n (%)	P value
Total Sample		N=58	N=43		N=17	N=85		N=93	N=9	
HH decision making	No	36 (62.1%)	35 (81.4%)	0.04*						
	Yes	22 (37.9%)	8 (18.6%)							
Control over time	No				10 (58.8%)	71 (83.5%)	0.04*			
	Yes				7 (41.2%)	14 (16.5%)				
Redistribution of care	No	54 (93.1%)	31 (72.1%)	0.004*						
	Yes	4 (6.9%)	12 (27.9%)							
Experience of GBV	No							73 (78.5%)	4 (44.4%)	0.04*
	Yes				20 (21.5%)	5 (55.6%)				
Sexist attitude	No	38 (65.5%)	16 (38.1%)	0.007*	5 (29.4%)	49 (58.3%)	0.03*	40 (50%)	8 (88.9%)	0.04*
	Yes	20 (34.5%)	26 (61.9%)		12 (70.6%)	35 (41.7%)		46 (50%)	1 (11.1%)	

Women's empowerment factors		Exposure to violence			Mental Well-being		
		No n (%)	Yes n (%)	P Value	No n (%)	Yes n (%)	P Value
Total Sample		N=59	N=40		N=14	N=88	
Control over HH assets	No	33 (55.9%)	35 (87.5%)	0.001*			
	Yes	26 (44.1%)	5 (12.5%)				
Experience of GBV	No	52 (83.9%)	25 (62.5%)	0.01*	7 (50%)	70 (79.5%)	0.04*
	Yes	10 (16.1%)	15 (37.5%)		7 (50%)	18 (20.5%)	
Acceptability of GBV	No	25 (40.3%)	7 (17.5%)	0.02*			
	Yes	37 (59.7%)	33 (82.5%)				
Mental well-being	No				7 (50%)	17 (19.3%)	0.02*
	Yes				7 (50%)	71 (80.7%)	

*Significant if <0.05

Table 9: Association between women's empowerment and child well-being outcomes

Recommendations

Overarching recommendation

- Consider women's empowerment as a critical precondition for achieving children's well-being and accordingly embed women's empowerment approaches into pathway of change (PoC) of child-focused programmes/interventions.
- Integrate gender-transformative interventions, aiming to change harmful social norms, across all sectoral programmes. This will enable to address power dynamics (gender relations) and cultural norms (gender norms), being a key component for achieving women's empowerment, especially from the relational standpoint.
- Invest in addressing harmful social and cultural norms, through awareness raising and advocacy, in close partnership with local faith leaders, as the leading power holders for social change.
- Work with the formal gatekeepers, in particular with the gender focal points and working groups in Ministries, Municipalities and other public institutions, to ensure their enhanced capacity to perform gender equality strategies and commitments.
- Implement World Vision GESI Management Policy (effective as of October 1, 2021) and integrate GESI lens in every cycle of project implementation, across all sectors.
- Engage UN agencies, Civil Society Organizations and organizations focusing on women's rights and empowerment for effective coordination and work alignment.

Programming and advocacy recommendations

- Mainstream GBV prevention and referral across all interventions, especially in regards to mapping existing GBV referral pathways and training staff on referral to specialized services, as well as monitoring reported incidences of GBV.
- Ensure staff understand GBV risk mitigation as being a core component of their programming responsibilities and can identify gendered risks and work with technical specialists to mitigate them, across the programme cycle.
- Provide targeted mental and psychosocial support (MHPSS) for mothers and their children, especially for the ones affected by GBV and IPV.
- Target mothers for cash for food or vouchers provision, to ensure improvement of their children's nutrition, instead of traditional approach of targeting households.
- Provide income-generating activities for women and potentially create sustainable economic participation opportunities within the community.
- Provide mothers with education opportunities, connected with future employment, to improve their basic literacy and numeracy skills.

- Ensure adoption of project models/approaches that are gender-responsive and provide explicit opportunities to address gender norms and relations in the project design.
- Ensure consulting with women on their needs, barriers and wishes while designing new projects and interventions, even when they primarily target children 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 Iraq's field staff's capacity building on gender equality and social inclusion, to improve the quality of interventions implemented.
- WW Iraq, together with Civil society organizations to engage in raising awareness on any forms of GBV, early child and forced marriages within programmes, as well as through mass media campaigns and public awareness initiatives to sensitize civil society.
- Through informal power holders, strategically engage men and boys in dialogue to change social norms and strengthen their engagement in reproductive and caregiving roles, as well as women's participation in the economy.

Donor and funding recommendations

- Invest in addressing Iraqi population displacement and its implications, by providing sustainable funding and durable solutions to IDPs.
- Prioritize women empowerment projects, with strong focus on addressing GBV and Women's Economic Empowerment.
- Ensure women's voices of different age to be heard and considered while developing funding strategies and policies.

Conclusion

This study empirically investigated the association between women's empowerment dimensions and different child well-being outcomes, through survey data and KII with mothers and their children. We considered a multidimensional women's empowerment model represented by interconnection of relational, personal and environmental empowerment factors, leading to children's well-being outcomes. The findings are aligned with the external literature and provide scientific proof for importance of women's empowerment, in order to break the cycle of vulnerability.

As data has shown us, only 10% of women in Iraq are empowered through personal factors, but none of them through all the three dimensions. The main barriers to women's empowerment are their inability to access education, displacement and living in large families, low participation in the economy, young marriage age, limited decision-making, limited control over personal time, limited ability to redistribute the burden of care, harmful gender norms and stereotypes in communities they live in, high prevalence of GBV and no access to basic human rights and services. Listed adversities shape everyday life of Iraqi women and at the end, very few manages to find personal strength and remain empowered.

When it comes to children, mothers' household decision making, protection from GBV and good mental well-being are leading factors for improving children's physical and psycho-social well-being and reduce the risk of exposure to violence. Hence, gender-specific and gender-responsive programmes, that address IPV, focus on increasing women's access to education and employment, promoting women's status and rights within the family and community are some of the strategies for improving children's well-being. Furthermore, looking at environmental factors, addressing harmful social and gender norms through awareness raising, advocacy and partnering with formal and informal actors, such local faith leaders and other community power holders becomes critically important.

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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 who 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 contribute 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 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

Decision making in household

	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	<input type="checkbox"/>	<input type="checkbox"/>

small loan, from what sources, and how much to borrow		
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		
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)		
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 burden of care responsibilities

	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 school work	_____	<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	<input type="checkbox"/>
She argues with him	<input type="checkbox"/>
She goes out without telling him	<input type="checkbox"/>
She doesn't pay attention to her children	<input type="checkbox"/>
She refuses to have sexual intercourse with him	<input type="checkbox"/>
She disobeys him or other family members	<input type="checkbox"/>
He suspects that she has been unfaithful	<input type="checkbox"/>
She spends money without permission	<input type="checkbox"/>
She goes to see her family without permission	<input type="checkbox"/>
Any other circumstance not mentioned above: Please specify:-----	<input type="checkbox"/>

Mental Wellbeing

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)
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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 Wellbeing

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 relation 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' behaviours more than their sons' behaviours	
Most people in my community expect families to control their daughter's behaviour more than their sons' behaviours	

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)	

Access to Human Rights, Legal Aid and Assistance

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 counseling 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

Diet 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 behaviours 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 Wellbeing

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 Wellbeing

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 relation 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 chances to show others that they 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

It makes me sad to see a girl who cannot find anyone to play with	<input type="checkbox"/> No <input type="checkbox"/> Yes
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 why 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 gender equality state 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 regards 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?</p>

		How can gender equality be achieved?
Q2	What is your experience of gender equality in your family?	<p>Tell us 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 house item needs fixing.</p> <p>How decisions are made on what to spend money on in your family? How financial resources are 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 women? 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 with regard 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 as 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 gender equality state 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</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 regards to girls and women empowerment? (e.g. women finding their voice, improving their status and level of well-being, etc.)</p>

	and needs equally, regardless of person's gender.	How does gender equality look like for you? How can gender equality be achieved?
Closing	Is there anything else you think would be helpful to share with regard to this topic?	