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Gender and Security in Lebanon During and Post-COVID-19: The Case of Migrant and Refugee Women

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INTRODUCTION

Lebanon continues to navigate the country's most devastating political, economic, and financial crisis in its post-independence history. The layered and intersectional implications of this crisis have been felt hardest by the country's most vulnerable and marginalized communities — predominantly the country's millions of refugees and migrants. Whether in the areas of social inequality, unemployment, statelessness, homelessness, or food insecurity, Lebanon's refugee and migrant communities have been struggling to attain basic human rights. 3

Following an explosion in the Beirut Port in August 2020, as well as the devaluation of the country's currency by over 90%, an estimated 80% of Lebanon's population currently lives below the poverty line, according to Human Rights Watch.⁴ Lebanon serves as a host country to approximately 1.5 million Syrian refugees,⁵ 192,000 Palestinian refugees,⁶ and 250,000 migrant domestic workers.⁷ These migrant and refugee communities have undeniably felt the brunt of the nation's crisis.

The challenges faced by Lebanon's most vulnerable groups cannot be viewed in isolation. Instead they stem from layered and intersectional factors — everything from the use of the kafala system, which gives private citizens and companies almost total control over migrant workers' labor rights,⁸ to the misinterpretation of articles in the Lebanese

penal code used to prosecute women from the LGBTQ+ community. All of these factors, combined with the effects of Lebanon's economic crisis, the COVID-19 pandemic, and recovery from the Beirut explosion, have amplified the difficulties faced by refugee and migrant women in Lebanon.

This brief examines how these intersectional factors exacerbate the insecurity and inequalities experienced by migrant and refugee women in Lebanon. It also looks at how the country's economic crisis and the COVID-19 pandemic are compounding matters for this vulnerable population. Finally, it offers recommendations for a comprehensive approach to combat gender inequalities that equips women in conflict settings with the health care and economic support they need.

LEBANON'S GENDER GAP: A REALITY LONG BEFORE THE CRISIS

Even before the country's political, economic, and health hardships, Lebanon suffered from protracted, deep, and widely entrenched gender inequalities at all levels of public and private life. According to the World Economic Forum's 2022 "Global Gender Gap Report," Lebanon ranks 119 out of 146 on the Gender Gap Index, and 135 out of 146 in the area of women's economic participation.¹⁰

Lebanon's legal frameworks continue to be vague and lacking when it comes to the provision of all forms of protection to women



The challenges faced by Lebanon's most vulnerable groups cannot be viewed in isolation. Instead they stem from layered and intersectional factors. and girls. These include gender–specific legal frameworks that protect them from marital rape, child marriage, and sexual and gender–based violence (SGBV).¹¹ Even when the laws themselves are in place, their applicability remains a challenge amid patriarchal, cultural, social, sectarian, and political narratives.¹²

Barriers to accessing justice are also prevalent among refugee and migrant women. ¹³ Amid the ongoing Lebanese crisis, refugee camps across the country have witnessed sharp increases in SGBV and child marriage. ¹⁴ Multiple reports attribute the increase in child marriage to the country's economic crisis — as families who marry off their young girls assume that they are now the legal and economic responsibility of their husbands. ¹⁵

Gender-blind responses to the COVID-19 pandemic, the Beirut explosion, and the ongoing economic crisis have failed to adequately address the needs of intersectional communities and gender minorities.

WOMEN' LIMITED POLITICAL REPRESENTATION AND LACK OF SOCIAL & LEGAL PROTECTIONS

Women's representation is absent in many decision-making positions and processes in Lebanon. This is most tangibly witnessed when it comes to leadership during and after conflicts and crises. Gender-blind responses to the COVID-19 pandemic, the Beirut explosion, and the ongoing economic crisis have failed to adequately address the needs of intersectional communities and gender minorities. Although rates of SGBV and child marriage have increased dramatically throughout the COVID-19 quarantine and lockdown periods, the emergency humanitarian response to the pandemic itself (and the Beirut explosion) pushed women's issues far down on the long list of state "priorities."16

According to ABAAD, Legal Action Worldwide, and GAPS UK, women, migrants, refugees, and trans people feel less safe in public spaces due to increased militarism in response to the explosion and enforced lockdowns.¹⁷ Lebanon's social protection frameworks have historically left women, migrant domestic workers, refugees, and members of the LGBTQ+ community to fend for themselves.¹⁸ Gaps in national protection legislation as well as adequate service provisions have widened as the

country shows no signs of ending the intersectional crises experienced by people within its borders.¹⁹

For refugee women, migrant women, and women from vulnerable communities, a lack of access to quality information about rights and services has reinforced gender inequalities across health, safety, and legal realms for decades.²⁰

COVID-19'S IMPACT ON LEBANON'S PUBLIC HEALTH SYSTEM

The COVID-19 pandemic has had a drastic impact on an already-weakened public health system in Lebanon. The nation's containment measures — including restrictions on mobility and nationwide lockdowns - have raised substantial challenges for the humanitarian community trying to assist refugees and migrant domestic workers.²¹ Relief services in Lebanon have been significantly reduced, and aid programs have had to swiftly adapt and readjust their delivery methods and activities according to immediate, protracted, and unforeseen needs. In already struggling refugee settings, the pandemic has limited access to basic services and goods, legal and social protections, health services, educational opportunities, and economic security. It has also highlighted that universal approaches to COVID-19 prevention — such as social distancing, mask-wearing, hand washing, and sanitation — are often not possible in refugee settings.²²

INCREASED SEXUAL AND GENDER-BASED VIOLENCE DURING PANDEMIC

Syrian refugee and migrant women and girls across Lebanon continue to endure prevalent and systemic gender inequality, tainted with diminished access to resources, services, and opportunities, as well as higher risks of violence and abuse.²³ Refugee and migrant women are also at a greater risk of experiencing SGBV throughout their lifetimes — a vulnerability that has been heightened by the pandemic.²⁴ Syrian refugee women report domestic violence, gender–based violence (GBV), and intimate partner violence

(IPV) as common issues, and insist that incidents are increasing because of the restrictions on movement and the quarantine imposed by the pandemic.²⁵ A significant number of women from the Syrian refugee community further state that incidents of GBV are generally not reported, and that a very limited percentage of women from these communities have access to the services and support they need.²⁶

A study from 2020 published in BMC Women's Health highlights that sexual exploitation, trafficking, and abuse remain major concerns for Syrian refugee women and girls in Lebanon and that even local and international aid workers are potential perpetrators.²⁷ On another note, the reliance on "survival sex" is a prevalent practice amongst Syrian refugee transwomen due to severe legal, social, and economic discrimination against them.²⁸

WOMEN'S ECONOMIC AND LEGAL CHALLENGES EXACERBATED BY PANDEMIC

According to a report by UN Women from 2020, Syrian women are 18% less likely to have legal residency in Lebanon than their male counterparts, and residency via sponsorship is less likely to be granted to refugee women (19%) than men (46%).²⁹ Women make up an estimated 76% of all migrant workers and 99% of migrant domestic workers who come to Lebanon for employment.³⁰ Despite coming to the country as workers, they are excluded from labor protections according to Article 7 of the Labor Law — ultimately pushing many of the women who flee abusive working environments to live without documentation or paperwork.31 Living without legal residency has resulted in insecurity on almost every level, including the right to work, access to formal and informal educational opportunities, and access to health care. Their residency status has also resulted in the heightened risk of arrests, arbitrary detention, or, in severe cases, deportation.³²

Challenges that women face such as access to employment and access to social and health services have been exacerbated by

the pandemic. According to the World Food Programme (WFP), 61% of Syrian refugee women in Lebanon reported losing their jobs due to COVID–19, compared to 46% of Syrian men.³³ Migrant workers in Beirut have been left "destitute and in dire need of assistance" as a result of the COVID–19 pandemic and the devastating 2020 explosion, according to the International Organization for Migration.³⁴ According to a joint report published by ABAAD, Legal Action Worldwide (LAW), and GAPS UK, LAW's protection hotline witnessed a 1,425% increase in calls between April and September 2020.³⁵

In addition to being home to millions of refugees, Lebanon also hosts more than 250,000 migrant domestic workers — the majority of whom are women.³⁶ In a rapid needs assessment completed in April 2020, the Anti–Racism Movement found upwards of 40% of Lebanon's migrant domestic workers had lost their jobs after the COVID–19 outbreak, in addition to the 58% that had lost their jobs since the beginning of the economic crisis and protests that took place in late 2019.³⁷

The situation for migrant women in domestic work continues to be increasingly dangerous as well. The kafala system forces all migrant domestic workers to live with their employers, which drastically increases their exploitation and abuse.³⁸ The kafala system protects abusive employers who exercise control over workers' lives. Employers may choose not to pay wages or offer days off for their workers, and they may refuse to pay for their workers' medical treatment if they contract the COVID–19 virus.³⁹

The majority of women in refugee and migrant communities survive on daily wages, odd jobs, and other sources of nonstable income, which means the COVID-19 pandemic has only added to their physical and mental insecurity.⁴⁰

LIMITED ACCESS TO MENTAL HEALTH RESOURCES

The consequences of the pandemic on refugee and migrant women carry profound psychological impacts and constraints on their mental health. Exposure to exploitation

and being isolated with perpetrators in close quarters is known to result in major depressive disorder, post-traumatic stress disorder, substance abuse, and suicidal tendencies.⁴¹ These mental health constraints can have significant social implications across family and community groups, and can lead to discrimination, unwanted pregnancies, stigmatization, ostracism, and, in many instances, death threats from the community and family.⁴²

Additionally, access to prevention, response services, mental health support, and community support is exceptionally difficult for women and girls with physical and mental disabilities. These women and girls constitute an estimated 21.4% of female Syrian refugees in Lebanon, according to UN Women.⁴³

LIMITED ACCESS TO HYGIENIC NECESSITIES

Women and girls continue to encounter challenges in accessing hygiene, sanitation, and reproductive health services as a result of rising prices for these products and services following Lebanon's economic crisis. Plan International reports that women and girls from Syrian refugee communities in Lebanon have been struggling to acquire basic necessities such as sanitary pads or menstrual supplies. Yyrian refugee girls constitute the largest group of women in Lebanon currently facing period poverty, and they have limited support in the areas of sexual and reproductive health.

RISING RATES OF CHILD MARRIAGE

Negative coping mechanisms to combat the economic realities of poverty–stricken families have been witnessed across the country, particularly among migrant and refugee groups. UN agencies, international governmental organizations, and human rights groups on the ground report that between 2020 and 2021, child marriage among refugee populations has increased at an alarming rate since the COVID–19 outbreak.⁴⁷ This could have dire economic implications, and UNICEF's Child Protection

Programme in Lebanon insists that child marriage and child labor are only two of the most harmful strategies to which refugees are resorting.

A PATH FORWARD: DEVELOPING A COMPREHENSIVE APPROACH TO ADDRESS GENDER INEOUALITY

It is critical to address the underlying causes of gender inequality across the entire gender spectrum if a durable health response plan capable of encompassing migrant and refugee women is to be successful. Equipping women in conflict settings with the necessary health care and economic support they need not only challenges the social and cultural constructions that have placed them there, but also permits their upward social mobility and development.

A comprehensive approach to combat gender inequalities (especially for Lebanon's refugee women) must entail the mobilization of community-based organizations to provide legal and social protection and health services in close coordination with local governmental bodies and agencies. Lobbying international funding agencies to provide urgent, targeted, and needs-based financial support that takes into account the intersecting and overlapping social identities of refugee women is necessary while Lebanon continues to struggle with overcoming its mismanaged crises.

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