

# IN HARM'S WAY

## ADOLESCENT GIRLS IN NORTHWEST SYRIA: SURVIVORS OF VULNERABILITY, INEQUALITY AND DISCRIMINATION

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# INTRODUCTION

Syria remains one of the world's most complex humanitarian emergencies where 6.7m people are internally displaced, 90% of the population is now estimated to live below the poverty line and 13.4m people are in need of humanitarian assistance. Communities across Northwest Syria rank among the most affected where an estimated 3.4m people are still in need of humanitarian assistance, with needs increasingly being exacerbated by economic decline. 2.8m are internally displaced of which 1.7m are living in camps in the Aleppo and Idlib Governorates (OCHA 2021). Ground and air strikes on many medical facilities, markets, and schools have damaged and rendered them inoperable. These attacks have greatly reduced access to food, water, healthcare, and adequate housing and created a climate of pervasive insecurity in areas already suffering from overcrowding and inadequate resources (UNHCR 2021).

Adolescence, defined by the United Nations as covering the age range 10-19 years, is a formative life period during which the foundations and roots for cognition and behavior are further developed and carried far into the future. For many girls in crisis and fragile settings, the onset of puberty marks a time of heightened vulnerability, discrimination and inequality as many are denied education, experience restricted mobility and forced into child marriage. Many girls also have to take on greater responsibilities in the household yet they have little control over economic resources and limited knowledge and ability to participate in decisions affecting their lives (Plan International 2020). Adolescents in Syria also have grown up navigating the majority of their lives in this conflict and are likely to have experienced significant violence, and lost family and friends to armed conflict or displacement (Mercy Corps 2019).

While women and girls' lives have changed profoundly because of the Syrian crisis, adolescent girls have particularly faced complex challenges that have influenced their development and impacted the rest of their lives. The crisis continues to have a gendered impact, with women and adolescent girls paying a high price for harmful and discriminatory gender norms, including gender-based violence, movement restrictions, child marriage, and lack of access to education (UNFPA 2019). In a conflict setting, issues surrounding COVID-19 are even more challenging, due to added insecurities and vulnerabilities. People who are already vulnerable are more exposed to the worst consequences of the virus (Friedrich Ebert Stiftung 2020).

Adolescent girls are also often invisible during humanitarian emergencies, rarely consulted and their needs are often overlooked. In Syria, adolescents lack meaningful opportunities within their communities and have been missing out on civic and social engagement opportunities (UNICEF 2019). Failing to address the specific needs and capacities of adolescent girls has major and long-term implications for them and for wider society. In a growing number of protracted crises worldwide, adolescent girls are missing multiple years of education and are entering young adulthood without having had opportunities to develop skills, become economically independent or contribute meaningfully to society. This jeopardizes their potential dividend towards recovery, peace building and long-term development (Plan International 2020).

# Summary Impact on Adolescent Girls

- Adolescent girls are being denied an education with 69% not in school. Key reasons include early and forced marriage, continual displacement and fear of exploitation, therefore, limiting girls' movements.
- Patriarchal discourse[1] is being reinforced during this conflict thus contributing to the increased inequality and discrimination that adolescent girls in Northwest Syria face on a daily basis.
- Reports indicate a dramatic increase in child, early and forced marriage of adolescent girls in Northwest Syria since the beginning of the war in 2011. Poverty, gender inequality, insecurity, and lack of access to services such as education are all driving forces behind this increase.
- Recent reports highlighted the increased rates of suicide cases and attempts in Northwest Syria. One study indicated that 93% of people believe suicides have risen since the start of the Syrian crisis. Child marriage was identified as a key reason behind why adolescent girls in particular commit suicide.
- There are reports of new and alarming trends of cases of forced puberty in Syria where families inject young girls with hormones to induce puberty for the purposes of child marriage or sexual exploitation.

This research focuses on the status of adolescent girls in Syria and the coping mechanisms currently being forced or adopted by them as a result of the intersection of vulnerability, inequality and discrimination within the context of conflict and COVID-19 in Syria. It is aimed at contributing to the limited (but growing) literature on adolescent girls in Syria to inform programming and advocate on the importance of protecting adolescent girls rights during humanitarian crises.



[1] Warfare and conflict create significant risk for women and girls as violence emerges, and pre-existing patterns and patriarchal tendencies often get amplified.

# METHODOLOGY

This research examined the situation of adolescent girls in Northwest Syria, who are one of the most vulnerable groups in this conflict. For this, Plan International has sought the support of Women Now to carry out this study inside Syria. Women Now, established in 2012, is a Syrian women-led organization that seeks to protect and empower girls and women to find their political voice and participate in building a new, peaceful Syria.

## Study Design

Used qualitative and quantitative intersectional feminist methodologies

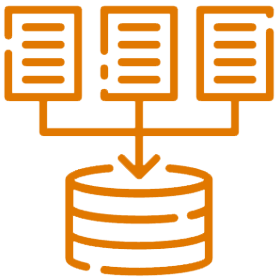
Covered 11 areas in Northwest Syria including four displacement camps



## Data Collection

**Took place from March-May 2021 and included:**

- 15 disaggregated Focus Group Discussions (FGDs) with girls between 12-17, and mothers and fathers.
- 62 surveys that were collected from representatives of the GBV/child protection; health and education sectors.
- 14 Key Informant Interviews.



## Total Number of Research Participants

**170**



Ethical considerations were applied throughout all research stages. First, methodology and tools were reviewed by Plan International teams in Jordan and Lebanon to ensure quality and alignment with research objectives; child safeguarding and complaints and feedback process were also verified and approved. In addition, field research teams were trained on qualitative research methods, research ethics, and child protection ethics and guidelines. When it comes to data collection, participation was done on a voluntary basis where participants were informed of the aim of the research and how the findings will be used. Informed consent was obtained from all participants; for those under 18, both parental consent and child assent were secured. Additional ethical measures included signing a confidentiality agreement amongst the research team and non-recording of personal identifiers from participants to ensure protection of information. Safety and security measures for the research team and participants were ensured, whereby approval was sought from authorities in the targeted areas and approval documents were available with the facilitators upon field data collection. The security situation and risks were continuously monitored throughout data collection.

# RESEARCH FINDINGS

## Denial of Education

In the past, an estimated 97% of primary school-aged Syrian children were attending class. In contrast, today almost one-third of all school-aged children in Syria (aged 5-17 years) or 2.4 million are out of school. (UNICEF 2021). Barriers to education differs between Syrian girls and boys. For girls, security concerns, child marriage, family obligations and the lack of priority placed on girls' education were the main reasons. For boys, the need to work and provide financially for families is the most common reason (Plan International 2019).

Over two-thirds of both adolescent boys (78%) and girls (69%) are not participating in education and in one study, interviews with adolescents indicated they had been out of school for an average of four years, and some were even illiterate. (Mercy Corps 2019). Exposed to exploitation, trauma and abuse in conflict settings, out of school adolescent girls are also one of the most vulnerable groups to be affected by the dramatic consequences of the crisis, particularly the impact on health, education and protection (Teschendorff 2015).

Most of the adolescent Syrian girls interviewed by Women Now are unable to continue their education since their parents removed them from school. Many girls noted how fearful they are that they might not be able to finish their education because of the continuing conflict. Reasons for this include repeated internal displacement, lack of transportation, and having to take care of their younger siblings and other housework. Even though parents stopped their girls from going to school, most of them expressed concerns about having to stop their education which, according to the parents, destroyed their girls' futures and that of their future children.

Most schools are still operating despite constant shelling, minimal resources, increasing numbers of displaced students and COVID-19-related restrictions. Teachers interviewed shared their challenges associated with the educational system. Most teachers work almost on a voluntary basis with a lack of basic infrastructure in schools and crowded classrooms with up to 50 students per class. Some teachers were also concerned about their safety as some parents are aligned with armed groups and use this position to attack teachers when problems arise with their children. It appears that some schools and non-formal education centres cannot be considered as safe and protected spaces for children and adolescents.

Adolescent girls expressed interest in being more involved in attending various training courses and workshops outside of school including computer, vocational and nursing training, sports and recycling activities. All girls interviewed agreed that COVID-19 had made education more difficult to access with many not being able to participate in online schooling due to poor internet connectivity, increased costs for online learning and lack of electricity. Attendance rates at training centres had also dropped dramatically due to forced lockdowns, limited numbers and the closure of child care services at the centres.

The adolescent girls also expressed hope for the future and wanted to contribute positively within their societies as doctors, teachers and engineers. They still have hope for a better future but do not know how this can be achieved.



## Gender Inequalities

Due to the continuing effects of the crisis and their vulnerability, adolescent girls are growing up in an environment with significant restrictions that are being reinforced by their families and community. Adolescent girls mentioned a number of gender inequalities that they struggle with on a daily basis. This includes the inability to move freely in their neighborhood due to the risk of kidnapping, sexual harassment and increased domestic responsibilities. Adolescent girls expressed how much they miss their friends and relatives and feel restricted from moving freely outside their neighborhoods or sometimes outside their tents. They also reported that their mobility has been restricted even more after displacement. Adolescent girls also expressed concerns regarding the lack of privacy within crowded tents that they shared with large numbers of family members.

Parents understood and empathized with the harsh conditions that adolescent girls had to cope with in terms of education, economic conditions, lack of movement, living in crowded places and insecurity. Mothers also recognized the increased stress being experienced by adolescent girls and attributed this to poor economic situations, inability to move freely in their neighborhoods due to risk of kidnapping and sexual harassment and the gender discrimination girls faced within the household by having to carry out all domestic responsibilities. Most of the mothers expressed guilt and helplessness towards their inability to change this reality for their daughters.

While fathers also demonstrated empathy for their daughters, there were clear expectations expressed by them that adolescent girls should not break social norms that could put shame on the fathers. These different gendered perceptions between mothers and fathers show the gender dynamics and power relations within families and communities. Such patriarchal discourse has its roots in many Syrian contexts even before the conflict started, but evidence continues to demonstrate that it is reinforced in displacement and conflict situations, thus contributing to the increased inequality and discrimination that adolescent girls in Northwest Syria face on a daily basis.

## Child, Early and Forced Marriage

Child marriage is not new to Syria. The most recent available data from 2006 shows that 13% of Syrian girls are married before the age of 18 and 3% were married before their 15th birthday. However, the practice has transitioned from one of tradition to one being used as a negative coping strategy of the conflict, which impacts girls more significantly (WVI 2019). These prevalent rates may have changed significantly since conflict in the country began (Girls Not Brides 2021). Interviews undertaken with protection service providers indicate a dramatic increase in child marriage in North West Syria since the beginning of the war in 2011.

The conflict in Syria has increased poverty, gender inequality, insecurity, and lack of access to services such as education. These factors all drive child marriage. Families see child marriage as a way to cope with greater economic hardship and to protect girls from increased violence (Girls Not Brides, 2021). The high rates of poverty compel some families to marry girls as a way to increase their income and reduce the number of family members in need of food and care (UNFPA, 2017). Child marriage has one of the most disproportionate, long-lasting, and multi-layered impacts on adolescent girls in particular. UNFPA (2019), reported that adolescent girls thought that child marriage was inevitable which they are forced to take irrespective of their own hopes and aspirations. Child marriage, however, should not be considered an inevitable consequence in conflict situations. It should be seen as a desperate response from very vulnerable families (WVI 2020).

Almost all adolescent girls interviewed were against early marriage and suggested a minimum age of 20 years. The majority felt that it was more important to continue their education and gain life experiences before getting married. About 25% of adolescent girls stated that the decision to marry at a young age is only a strategy to escape domestic violence, poverty or to discontinue their education. An estimated 50% of mothers were also against child marriage and consider 18 years and above as the proper age for marriage during both peace time and during conflict. They mentioned that child marriage prevents girls from continuing their education and thereby limiting ownership and control of their future. Mothers

also explained the harmful physical and mental health effects due to complications during child pregnancies and child-rearing. Some of the mothers who spoke against child marriage were themselves married at a young age or have forced their daughters into child marriage and have seen the disastrous consequences of this practice. Mothers who were in favor of child marriage expressed that marriage is good for girls and that puberty is an appropriate age to get married.

A significant number of mothers (43%), while opposed child marriage during peace time, were supportive of the practice during times of conflict. They explained that it would protect adolescent girls from the increased harassment experienced during displacement and would reduce the economic burden on the family, especially for female-headed households. This compares with 62% of fathers who were totally against child marriage in both times of conflict and peace. It appears that the percentage of fathers who express positions against child marriage is higher than that of mothers. This does require further research as it seems to contradict the finding that the prevalence of child marriage is rising while noting that fathers are usually the final decision makers in regards to the marriage of their children. One explanation could be the rise of the number of female-headed households where mothers are now assuming this decision-making role. Another interpretation is that fathers were reluctant to publicly support child marriage during FGDs given their specific gender role of being the protector of their families and daughters.

From the perspective of healthcare providers, many interviewed health workers expressed deep concern about the increasing numbers of child pregnancies amongst adolescent girls. The lack of awareness within communities about the negative impacts of child pregnancy, coupled with the limited availability of qualified human resources in reproductive health and lack of equipment, pose an immense risk to the reproductive health of adolescent girls. This is further exacerbated by COVID-19 where gynecologists are unable to treat adolescent girls in quarantine rooms due to a lack of personal protective equipment necessary for their work. Gynecologists also noted that they are performing hysterectomies on women aged 20-25 years due to the high number of caesarian sections performed previously during adolescence.

## Self-harm and Suicide

Armed conflict, economic deterioration, displacement and the COVID-19 crisis all have a gendered and disproportionate impact on girls and women in Syria. This is manifested primarily through different forms of gender-based violence (GBV), especially early/forced marriage, intimate partner and family violence, sexual harassment and sexual violence (including rape), denial of resources, emotional/psychological violence and physical abuse, in all walks of life (OCHA 2021). Sexual violence is one of the most frequent daily fears regularly mentioned by women and girls (WVI 2019). Adolescent girls also face many violence-related risks, including sexual violence, harmful traditional practices and human trafficking. Reports state that females aged 14 to 21 years are at greatest risk of sexual violence in Syria (UNFPA 2017).

Recent reports from local and international organizations have also highlighted the increased rates of suicide cases and attempts in the northwest areas of Syria. It is estimated that 93% of people believe suicides have risen since the start of the Syrian crisis with 87% of people stating they have heard of suicides in their communities (IRC 2021). It was also reported that almost one in five of all recorded suicide attempts and deaths in Northwest Syria are children. The number of suicides in the northwest has been rising sharply over the past year, jumping by 86% from the first three months of 2020 (SCF 2021).

Research participants were asked about the prevalence and some reasons behind self-harm and suicides amongst adolescent girls. Almost all mothers (92%) stated that they had not heard of any such cases. This is in contrast with 80% of fathers stating that there are suicide cases, especially amongst adolescent girls. The reasons given by parents for self-harm and suicide amongst adolescent girls include the following: child early and forced marriage (32%); displacement (26%); family oppression (19%) and poverty (15%).

***"Early marriage is one of the main causes of mental and psychological problems for girls in these areas. They become more aggressive or depressed because they are unable to cope with the new roles and responsibilities. In some cases, the girls tried to commit suicide to end their misery".***

***Psychosocial Support Worker, Northwest Syria***

It appears that parents were more open to discuss issues of self-harm and suicide amongst adolescent girls than GBV, protection and health specialists. This could be due to confidentiality protocols that specialists have to adhere to or the lack of reporting such incidents to specialists because of social constraints and family stigma associated with such cases. A child protection worker shared their reflections on the willingness of parents to engage in discussions on self-harm and suicide amongst adolescent girls stating that:

> ***"We heard about some cases where the girls threatened to take gas pills[2] when the parents put them under extreme psychological stress. Some of these girls unfortunately did it. The parents know now that this could happen and they hear many stories about girls and boys who committed suicide".***
>
> ***Child Protection Worker, Northwest Syria***

A midwife interviewed, also shared that they had received many cases of suicide attempts among adolescent girls which included 'burning themselves, drinking poisons, or taking a large number of [blood] pressure control medications'.

## Forced Puberty

There are reports of new and alarming trends of cases of forced puberty in Syria (OCHA, 2020). Forced puberty involves injecting young girls with hormones to induce puberty for the purposes of child marriage or sexual exploitation (UNFPA 2020). Families are forcing their young daughters to take hormones and other medications as a form of violence against adolescent girls. Since the onset of the COVID-19 pandemic, these challenges have only worsened, placing the health, lives and dignity of women and girls at risk and further demonstrating the extent to which the crisis has reshaped the social dynamics of countless Syrian communities.

Interviews with adolescent girls and parents were not able to confirm the prevalence of the practice amongst their communities. Some parents mentioned that this practice could be happening somewhere else but not in their community. Only one gynecologist in Idlib acknowledged that this practice existed and that many parents asked her for hormone pills but she always refused to give it to them. She further elaborated that:

> ***"This is a very harmful act against the girls; it affects their reproductive and mental health. In addition, they will face many complications in the sexual relations with their partners, pregnancy, delivering the baby and breastfeeding since they are not ready mentally and physically to be in such situations".***
>
> ***Gynecologist, Northwest Syria***

The lack of information on forced puberty from community groups and sectoral key informants, despite evidence from secondary reports, can be due to several reasons. Firstly, the practice may have been eradicated recently, although this does not explain why it was mentioned by some sector specialists. Secondly, forced puberty may be seen as sensitive and confidential topic by local communities and sectoral actors. There could be feelings of shame or fear of legal consequences if it was mentioned by adolescent girls and their parents. There is a need for further research and consultations on this alarming new form of violence against adolescent girls including prevalence and protection measures against this practice.



[2] Gas pills are used to reduce insects and rodents, especially in camps.

# RECOMMENDATIONS

## Cross-sectorial

***Governments, donors, international organizations, and civil society actors should:***

- Urgently address and prioritize the specific rights and needs of adolescent girls in Syria across humanitarian, resilience building and development interventions.

- Increase prioritization, funding and coordination of efforts to prevent and respond to ongoing gender-based violence and child protection needs and promote, protect and safeguard adolescent girls' sexual and reproductive health and rights (SRHR).

- Invest in and implement targeted and context specific program interventions that focus on identifying, challenging, and addressing gender-based discriminatory attitudes and harmful norms. This includes supporting attitudinal and behavior change campaigns so that communities and duty bearers are encouraged to recognize and support girls' rights, and working with adolescent boys to challenge harmful masculinities whilst engaging them as advocates for girls' rights.

## International Community & Donors:

- Donors should provide funding for programmes which respond to the needs of adolescent girls holistically with comprehensive, cross-sectoral programming that addresses both immediate life-saving needs, and promotes long-term resilience.

- There is an urgent need for increased and sustained funding to improve GBV service delivery, coverage and quality.

- UN agencies and donors must urgently prioritize investments in access to quality education for Syrians, and it is essential that gender-related barriers to education faced by girls are addressed. These include insecurity on routes to school, school-related gender-based violence, and community attitudes that devalue education for girls. It is also important that inclusive and gender responsive approaches to education are adopted and that female teachers are recruited and trained. Specific measures must also be taken to support girls who have dropped out, or who are at risk of dropping out of education.

# Humanitarian Programmes:

- All humanitarian actors should ensure that needs assessments and humanitarian response plans include gender- and age-related analyses and employ participatory methodologies to best capture the voices and perspectives of girls and boys of different ages and allow responses to be tailored to their specific needs.

- All humanitarian response, resilience, and recovery programming must ensure potential gender-based violence protection risks are identified, addressed and mitigated, with a specific focus on the needs of adolescent girls who may face distinct age-related vulnerabilities. All sectors should also seek to identify and integrate gender-based violence protection and response entry-points.

- Humanitarian interventions designed to prevent and respond to GBV must link to and reinforce longer-term efforts to address violence against girls and young women. This involves addressing root causes of gender-based violence, including discriminatory gender-norms that excuse or accept violence against women and girls and tackle the stigma and culture of silence around GBV which prevents survivors reporting violence and seeking help.

- Gender-based violence and child protection prevention and response programming interventions must be specifically tailored to address child, early and forced marriage, in part by providing comprehensive SRHR services that are appropriate to their needs.

- Development and humanitarian actors must strengthen their efforts to provide mental health services to children throughout the territory, paying particular attention to children living in areas affected by conflict and among forcibly displaced children. This also includes increasing the number of doctors and health workers, prioritizing and facilitating access to counselling and therapy for children.



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Cover photo: A Syrian Refugee girl in Lebanon © Plan International Lebanon/Jean Hatem

No photographs were taken during the course of this assessment. The girl featured in the report's cover photo was not part of the assessment.

## About Plan International

Plan International strives to advance children's rights and equality for girls all over the world. We recognize the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And its girls who are most affected. As an independent development and humanitarian organization, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 83 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Since 2017, Plan International in Lebanon has been working in partnership with local, national and international organizations to strengthen capacities and address the needs of Lebanese and refugee children in Lebanon. With a focus on adolescent girls and young women, Plan International Lebanon implements projects in the sectors of Child Protection, Gender-Based Violence, Sexual and Reproductive Health and Rights, Education, Youth Economic Empowerment and Participation.

Plan International has been working in Jordan since 2016, collaborating with national and international partners, to support the recovery and resilience of Syrian refugees and the Jordanian host population by providing Early Childhood Care and Development, and integrated projects addressing Education, Child Protection, Gender-Based Violence, Sexual and Reproductive Health and Rights, Youth Economic Empowerment and Women empowerment.

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