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1. Overall Development Context

Lebanon, a small middle-income country located on the eastern Mediterranean, is typical of many developing nations as it is undergoing demographic and epidemiological transitions with limited resources at hand, and yet unique due to its diverse population and long history of conflict.

The conditions of Lebanese women are also fairly unique: A gender analysis of Lebanon’s development indicators reveals that Lebanese women experience relatively high levels of health and education, but are lacking a commensurate presence in the public sphere. According to a Lebanese NGO, a “key problem is that gains in health and education have not translated into women’s economic empowerment, advancement in politics, or full equality under the law” (CRTD-A, 2006, p. 8).

1.1 Recent history

Lebanon gained its independence from French colonial rule in 1943, although the impact of French dominion on Lebanese legislation and jurisprudence extended well beyond the colonial power’s mandate (1920-1943) (Traboulsi, 2007). The Lebanese Constitution, as designed under the French mandate, created a sectarian system of governance with a balance of power between 18 religious sects, based upon the allocation of executive and legislative positions to specific religious confessions, including a percentage-ratio of Christian and Muslim parliamentarians, as well as confessional allocations for President of the Republic (Maronite), Prime Minister (Sunni) and Speaker of the House (Shia) (Ibid.).

The confessional allocation of governance was based upon a national census taken in 1932; in order to preserve the sectarian balance of power, no national census has been undertaken since (Ibid.). However, the population’s confessional demographic has changed since 1932, in part due to population shifts including a prolonged out-migration of highly educated young professionals, and the in-migration of regional refugees. The genocide and forced expulsion of Armenians from Turkey (1915-1923)
resulted in at least 50,000 Armenians entering Lebanon; in 1924, during the French mandate, they were accorded Lebanese citizenship (Migliorino, 2008). The 1948 Arab-Israeli war resulted in the forced exodus of approximately 100,000 Palestinians into Lebanon (Ugland, 2003). Now resident in Lebanon for three generations, the vast majority of Palestinian refugees, (some of whom arrived following other regional conflicts), have not been accorded Lebanese citizenship, and are also denied their rights as refugees (see section 1.5.2 below on refugee conditions) (Amnesty International, 2007).

In addition to the difficulties of governmental surveillance and planning caused by the lack of nationally representative data, the preservation of the sectarian balance of power created socio-economic inequities between different sects and a large urban-rural divide (Traboulsi, 2007). Regional instability, combined with intra-Lebanese inequities, eventually resulted in political unrest and conflict, first witnessed during the brief instability of 1957-58, and later as the Lebanese Civil War of 1975-1990.

The 15-year civil war was marked by regional military involvement, multiple Israeli military invasions, numerous massacres and massive population displacements. According to Traboulsi: over 71,000 people were killed and 97,000 injured; inter-Libaneese sectarian cleansing displaced 670,000 Christians and 157,500 Muslims; in 1982 at least 10,000 Palestinian Liberation Organization fighters left and well over 1,200 Palestinians were killed in the Sabra-Shatila massacre, with many thousands more killed in the subsequent “war of the camps” (Fisk, 1990); and almost a third of Lebanon’s population (over 890,000 people) left the country (Traboulsi, 2007, p. 238).

The Taif Accords, signed in 1989, began the process of ending the civil war, although Syrian forces remained present in much of Lebanon until 2005. Intended as a two-stage solution, the Taif Accords’ reforms were incorporated into the Lebanese Constitution in 1991, however only the first stage was implemented (Traboulsi, 2007). The confessional system of governance remains in place (with some revision to the sectarian balance of Parliament), and the position of Prime Minister currently holds more power than that of the President (Ibid.). Relatively democratic
Parliamentary elections were held in 2000, 2005 and 2009, however, as pointed out in the UNDP’s recent National Human Development Report on Lebanon:

… The non-implementation of the Taif Accords, and in particular the clauses dealing with decentralization and the de-confessionalization of parliament through the establishment of a congress for religious representatives, have further ingrained sectarian divisions in the country and bolstered the power of traditional sectarian leaders and war lords at the expense of the state. Similarly, despite several attempts by civil society groups and different political leaders, efforts to legislate a civil status laws have been unsuccessful. As a result, the relationship of Lebanese citizens to the state continues to be mediated by the religious sect to which they belong and Lebanese citizens remain unequal before the law in terms of personal status matters (2009, p. 44).

The overall role of the state remains weak, in part due to the continued conflicts witnessed by Lebanon. From 1985 to 2000, the Israeli Army occupied a 20-kilometer deep “security zone” of Lebanese territory along the shared border. In addition to the military conflicts that regularly occurred within that territory, the Israeli military offensive “Operation Grapes of Wrath” in 1996 killed 170 Lebanese civilians (ICRC 1996). In 2005 the Lebanese former Prime Minister Rafik Hariri was assassinated, resulting in the resignation of the government, a series of assassinations of political figures, and the withdrawal of Syrian forces. In July 2006, Israel invaded Lebanon for 33 days, leading to over 1,000 Lebanese civilian deaths, the destruction of much of Lebanon’s infrastructure and commercial factories, and the temporary displacement of over one-quarter of the population (UNDP, 2009b). From May-July 2007, the Lebanese Army laid siege to the Palestinian refugee camp Nahr el Bared in North Lebanon, resulting in the destruction of the camp and the still-unresolved displacement of over 30,000 Palestinian refugees inside of Lebanon (UNRWA, 2008a).

1.1.1 Palestinian refugees in Lebanon

The Lebanese civil war, in which the Palestinian refugees witnessed, took part in, perpetrated and often suffered from attacks, atrocities and massacres, continues to define the Palestinian refugees’ relationship with the Lebanese authorities (Amnesty International, 2007). Most Palestinian refugees feel both unwelcome in Lebanon,
alienated from the main political actors and disenfranchised from political processes related to their residence in Lebanon or their own future status (Ibid.).

In the post-civil war era Palestinian refugees in Lebanon have witnessed continued insecurity and discrimination and an increasing powerlessness (Sayyigh, 1994). According to Amnesty International (2007), for Palestinian refugees, “the pain associated with their expulsion and the decades of living in exile is being aggravated by the systemic discrimination they suffer in Lebanon. The life is being choked out of their communities, forcing the young and healthy to seek jobs abroad and condemning the rest to a daily struggle for survival” (2007, p. 4).

1.2 Population and development data sources

Throughout the twenty years following the civil war, the Lebanese political situation has remained fraught and sharply divided (UNDP, 2009b). The protracted instability has led to a relatively weak Lebanese state, with little ability for or impetus toward the required nationally representative data collection needed for governmental planning.

Sections Two to Five of this report will provide situational summaries and describe in greater detail what data exists and what research has been conducted in the areas of:

- Evolving demographics pertaining to women;
- Sexual and reproductive health;
- Poverty and women; and
- Gender and rights

Lacking a national census, most governmental data is extrapolated from national, population-based surveys in which either the Ministries of Social Affairs or Public Health or the Central Administration for Statistics works in coordination with UN agencies. Like most developing countries, the national population registers for collecting and analyzing birth and death information are insufficiently adhered to, with the quality severely affected during the 15-year civil war. As Lebanese citizens
are registered according to the governorate of their father, registers like birth or voting records bear very little resemblance to the actual population distribution (UNDP/MOSA, 2006).

At the national level, the Lebanese Central Administration for Statistics (CAS) oversees data processing for a variety of indicators, whether demographic, on economic activities or living conditions. Coordinating with UNDP, UNICEF, and the Arab League’s PAPFAM, it has produced the majority of nationally representative data on Lebanon: one poverty mapping, child data (both MICS and PAPFAM), two household living conditions surveys, monitoring the MDGs, and semi-regular publications on the profile of the Lebanese population and economic statistical yearbooks.

UN agencies also generate some nationally representative data independently. Most UN agencies have thematic country profiles for Lebanon, as well as conducting some limited Lebanon-specific research. In 2002, UNFPA, in coordination with the Ministry of Public Health and the Ministry of Social Affairs, produced a series of eight studies and assessments on the situation of Reproductive Health in Lebanon. In addition to the Multi-Indicator Cluster Surveys (MICS), UNICEF also undertook the Lebanese National Perinatal Survey with the Ministry of Public Health in 2006. The UNDP regularly publishes Lebanon-specific national human development and national MDG reports, in addition to the poverty and living conditions assessments with the GoL, and has also undertaken poverty and income assessments. The WHO produced the Lebanese National Perinatal Survey in 2006 and surveys like the World Mental Health Survey, which include Lebanon. The ILO and the World Bank have both also produced Lebanon-specific employment analyses.

The remainder of nationally representative or population-based data is mainly the result of UN agencies’ regional or international publications (i.e., the UNDP’s Arab Human Development Reports, or the WHO’s Cross-cutting Gender Issues in Women’s Health in the Eastern Mediterranean). ESCWA (UN Economic and Social Commission for Western Asia) has also produced a number of nationally representative demographic and statistical analyses, none of which focus solely on Lebanon.
Academic institutions in Lebanon are playing an increasingly strong role in encouraging research and collecting and analyzing data. The American University of Beirut and the Université de St. Joseph in particular have conducted a number of population-based or nationally representative studies, either through raised funds or in coordination with international initiatives, which are detailed in the following sections. The Lebanese American University also produces empirical research, with its Institute for Women’s Studies in the Arab World publishing some unique research pertaining to women.

Population-based data on Palestinian refugees in Lebanon comes mainly from the United National Relief and Works Agency (UNRWA) (see section 1.4.1), which compiles rather than analyzes data. Most Palestinian refugees in Lebanon are registered with UNRWA, through a registration card as determined by the male head of family (Ugland, 2003). A small percentage of Palestinian refugees are either not registered with UNRWA, or are lacking all formal identification (depending when and how they left Palestine and entered Lebanon). They are only sometimes included in UNRWA statistics.

Research and analysis of Palestinian refugees in Lebanon is also conducted by the Norwegian research institute FAFO, which oversaw a comprehensive, population-based survey and assessment of all Palestinian refugee living conditions in all five fields of UNRWA’s operation (Ugland, 2003; Jacobsen, 2003). The ICRC and UNICEF have independently conducted some analysis on health conditions, as have some international and local NGOs. There is also some academic analysis of UNRWA and FAFO data, which will be included in the subsequent sections.

Data on foreign workers in Lebanon is essentially non-existent, with the exception of research published by the ILO and some local NGOs. None of it is population-based, but data from the few reports available will be included in the upcoming sections.

However, the vast majority of research, data collection and analysis, assessments and evaluations is neither nationally representative, nor population-based. A large amount of academic research is based on cross-sectional or case-control studies, which is
supplemented by qualitative research. There is also a considerable amount of research produced by local non-governmental organizations, only some of which is published, but which often addresses under-researched or key emerging issues. An extensive on-the-ground review has yielded over 100 such reports specifically on Lebanese issues.

**1.3 Planning**

Lebanon’s sustained exposure to regional instability and conflict, when combined with internal political instability, has resulted in a pronounced lack of planning at the national level. Multiple governments have either lacked the political will or ability to implement forward-thinking social planning, particularly in terms of state services like health and education.

Following the end of the civil war, the Lebanese government began an ambitious reconstruction project, funded primarily through Lebanese banks at high interest rates. The reconstruction plans were mainly focused on physical and state infrastructure, however, with minimal provisions for social development. “Increases in public expenditures did not succeed in bridging the gap between economic growth and socio-economic deprivation and in alleviating various forms of poverty, vulnerability, and social exclusion” (UNDP, 2009b, p. 46). At present, the national debt is over $40 billion, well over 150% of the GDP (Ibid.), and social development indicators still place Lebanon in the “developing nations” category.

Following the civil war, the Government of Lebanon approved a few multi-year development plans (the last national plan to be approved by the government was promulgated in 2000). In 2007, as part of the Paris III (the third international donor conference dedicated to reconstruction in Lebanon), the Lebanese Council of Ministers presented the *Social Action Plan: Toward Strengthening Social Safety Nets and Access to Basic Social Services*. Although the plan was partially funded, it was not formally adopted (UNDP, 2009b).

In lieu of a Ministry of Planning, various governmental bodies have cooperated with UN agencies and international governmental donors to design sector-specific development plans, needs assessments and strategic analyses. Such endeavors range
from the World Bank’s *Health Sector Reform* for Lebanon in 1999 and its 2007 *Post-Conflict Social and Livelihoods Assessment in Lebanon* to the WHO’s *Harnessing the Private Sector to Achieve Public Health Goals in Countries of the Eastern Mediterranean: Focus on Lebanon* in 2005, to all the various UN agencies’ country-wide cooperation strategies.

While lack of government engagement in planning and service provision has provided UN agencies and non-governmental agencies a remarkably wide playing field in which to operate, (with relatively few governmental restrictions placed on projects on or research into “taboo” topics like HIV or domestic violence), the lack of planning and political commitment to long-term development plans perpetuates the predominance of private sector enterprises in social service provision (see section 1.4).

In part a reflection of the weakness of the state, Lebanese and Palestinian civil society is very active and vibrant, with 6,032 registered local NGOs active in service provision, political activism and popular mobilization, and some issue-specific research (UNDP, 2009b). Women’s NGOs are especially active, with the Lebanese Council of Women consisting of 147 individual NGOs (CRTD-A, 2006). The majority of these focuses on social welfare issues, followed by religiously or politically affiliated NGOs; there are also some academic women’s NGOs, the most active of which include Bahithat “Women Researchers” (which publishes an annual journal) and the Institute for Women’s Studies in the Arab World, housed in the Lebanese American University (Ibid.).

Unfortunately, UNRWA faces even more limitations in its ability to plan and enact social development than the Lebanese government, with constraints coming from both its international mandate and funding (or lack thereof) and from restrictions by the Lebanese government. The Norwegian research institute FAFO’s assessment of Palestinian refugee living conditions across UNRWA’s five fields of operation highlighted both the very poor quality of development in the camps, as well as UNRWA’s severe budgetary limitations; for example, from 1991-1996 the refugee population grew by 29%, but UNRWA’s budget only by 1% (Jacobsen, 2003). In Lebanon, UNRWA is prohibited from building repairs or camp expansion in many
refugee camps (Amnesty International, 2007), and camp infrastructures work is almost always fraught with difficulties as electricity, water and sewage networks must be connected to Lebanese municipal grids, permission of which is difficult to obtain.

Planning is also dependent on funding, which, while chronically insufficient, for UNRWA is also difficult to predict. In terms of the Palestinian population in Lebanon, UNRWA has made significant progress in improving primary health care and hospitalization services, through international donors’ multi-year funding, allowing it to design a five-year plan. In general, however, UNRWA’s planning capacities are focused on emergency and relief response, at the expense of social development planning.

1.4 Social services

The 15-year civil war led to the withdrawal of the state from supplying basic social services (including health care, education and the provision of water and electricity), to the benefit of the private sector (WHO, 2006). The private sector remains the preferred supplier for all basic services in Lebanon, (at up to 90% for health services according to WHO in 2004) for those who can afford it, with sectarian social welfare organizations also playing a large role in service provision (UNDP, 2009b). According to UNDP, “the sum of public and private social spending stood at approximately 21 percent of GDP in 2004, of which 15 percent was supplied by the private sector” (2009b, p. 127). The report continues to point out that not only is Lebanon’s public spending much higher than many other countries with similar health and education indicators, but, “Lebanon’s share of private spending in total social spending, at least for health – but probably also for education – is much higher than most [other] countries” (Ibid.).

The perpetuation of the rural-urban divide, by which the governorates of Beirut and Mount Lebanon receive more public spending on basic services like schools built and new hospital beds, despite having less unmet need than the rural areas of Lebanon (UNDP/MOSA 2006), results in inefficient public spending and a poor quality of public social services. Additionally, however, the strong private sector involvement in the provision of social services results in the indirect and direct “public financing of
services produced by the private sector” (UNDP 2009b, p. 129). With many public health and education services still offering inferior quality than private institutions, state subsidies for private sector services (both to the private sector and as benefits for civil servants) perpetuate the usage of the private sector (Ibid.).

The state's role and involvement health sector is “generally weak,” with the government covering only 28.3% of healthcare costs in 2005 (UNDP, 2009b, p. 137), resulting in Lebanon having both the highest out-of-pocket costs and the highest overall costs for health care in the Eastern Mediterranean region (WHO, 2004). In 2004, per capita expenditure on health was $817, far higher than the world average (UNDP, 2009c). The privatized nature of provision is as true of the education sector as of 2004, 53.2% of all students in Lebanon were attending private schools (UNDP/MOSA 2006).

Additionally, 50.8% of workers in Lebanon do not have any health insurance, with the Ministry of Public Health covering services at select hospitals as the funder of last resort. Of those covered by health insurance, the majority (27%) are covered through the National Social Security Fund, (Ibid.), which does not offer comprehensive or top quality coverage (UNDP, 2009b). There is a large sub-regional disparity of people who are able to access some form of health insurance, with over 50% of the population of the highly urban Beirut and Mount Lebanon governorates covered by health insurance, versus only 31-35% for the rural Nabatieh and South and North Lebanon governorates (UNDP/MOSA 2006). Moreover, for the 17.4% of the population with one or more chronic disease, only 10.3% receive assistance either from the Ministry of Public Health or another public/private body (Ibid.). A recent study of 2004 nationally representative data shows that the poorest 20% of the Lebanese population has the lowest rate of insurance coverage and the least ability to pay out-of-pocket for healthcare, yet incurs more healthcare expenditures than the wealthy (Salti et al, 2010). It should be noted that these findings were disputed by the Lebanese Ministry of Health. Cross-sectional data from the World Health Organization for Lebanon indicates that a higher income and insurance increased the likelihood of outpatient use, and that lower-income groups tended to report having worse health levels and paying more out-of-pocket on health care as a share of income than did higher-income groups (Elgazzar, 2009).
1.4.1 Lebanon’s private sector and health care

Lebanon stands out as an exceptional example both in the Middle East region and among developing countries for the degree to which the private sector dominates the delivery of health care. One of the earliest comprehensive studies of health policy in Lebanon argues that even before the protracted civil war, the Lebanese health system was strongly oriented towards private, tertiary medical care, but that the war led to further delegation and contracting out of health services to NGO and private bodies (Van Lerberghe, et al, 1997). The civil war saw many of the existing public sector hospitals destroyed, leading to the marginalization of the public sector and as such, the role of the government in the delivery of health services has not yet been regained.

Largely owing to Lebanon’s unique political history and sectarianism, the expansion of private hospitals has been difficult to constrain; at present, “the choice of hospitals to be contracted is basically a question of denominational and political considerations” (Van Lerberghe et al 1997, p. 307). There are few incentives to encourage health provider or health service accountability beyond that of responding to demand, and continuity of care is very low. As they note: “This implies a tendency to medicalize, irrational use of drugs and reliance on technology at the expense of communication” (Ibid., p. 308). The expansion of the private sector has been associated with a weakening of primary health care and the maldistribution of health services favoring urban areas.

Today, Lebanon has a large pluralistic and highly fragmented health sector with multiple institutions involved in the financing and provision of health care services to the population (Mohamad-Ali Osseiran et al., 2005). Nevertheless, the private sector is highly dependent on revenue from public funding, mainly the Ministry of Public Health, in addition to the ministries of Labour, Defense, Interior and the Office of the Prime Minister (Ammar, 2009; Mohamad-Ali Osseiran et al., 2005). In a recent comprehensive study of the health system in Lebanon, Ammar (2009) notes that the overwhelming majority of the estimated number of 168 hospitals in Lebanon is privately owned. In spite of the recent establishment of 28 public hospitals, private hospitals represent around 80% of all hospitals in Lebanon.
Despite many attempts at gaining some form of control, the MOPH has limited authority and regulation over care provision in private hospitals or over their geographic distribution. However, the distribution of public hospitals is believed to be more equitable than private hospitals (Ammar, 2009). Recent estimates indicate that the number of hospital beds is 2.9 beds per 1,000 population, which is comparable to rates in developed countries and is greater than that of other countries in the region (Mohamad-Ali Osseiran et al., 2005). The MOPH recently initiated a process of hospital accreditation – initially applying only to private hospitals but that has been extended to public hospitals as well – as an incentive-based regulation by implementing a payment system which links accreditation to reimbursement by the Ministry (Ammar, 2009). Initial research on the process has found that it has been associated with improvements in the quality of care (El-Jardali et al., 2007).

The health care sector is both labor-intensive and labor-reliant, and the delivery of quality health care services is strongly dependent on having enough well-trained health care workers to meet patient needs and expectations (El-Jardali et al., 2007). By the late 1990s, for example, there were some three doctors per 1000, a ratio higher than most of the rest of world outside the former socialist economies (Lerberghe et al., 1997). In terms of human resources for health, Lebanon is suffering from an imbalance between physicians and nurses with high migration of nurses to more lucrative positions in the countries of the Gulf region and in Europe/North America (El Jardali et al., 2008). Recent evidence indicates that the ratio of physicians is almost three times that of nurses in Lebanon (El-Jardali et al., 2007). As a result, the country is suffering from a shortage of nurses including midwives (Ammar, 2009).

1.4.1 UNRWA and Palestinian refugees

In terms of social service provision for Palestinian refugees, Lebanon has not met its responsibilities mandated under international human rights laws as required by a host country towards its refugee population, nor has it or most Arab countries signed these laws (Amnesty International, 2007). Despite the three generations of Palestinian refugees born on Lebanese soil, Lebanese state services (including health and social services and access to public schools) are not provided to Palestinian refugees (Ibid.).
UNRWA, the Palestinian Red Crescent Society and other NGOs provide health services with varying quality for Palestinian refugees in Lebanon, who also often pay to access private health care (UNRWA, 2008b). Established in 1949, UNRWA’s role has evolved to become the main provider of health and social services, education (elementary through secondary) and emergency relief to the Palestinian refugee population (Ibid.). In addition to the social, educational and health services provided by UNRWA, Palestinian refugee households with extreme poverty conditions receive additional support through the Special Hardship program (Ibid.).

Generally speaking, UNRWA has faced almost chronic under-funding, worsened by the complex emergencies faced by the Palestinian refugees requiring it to provide both sustainable developmental services and emergency relief, and the growth of the refugee population over 60 years (UNRWA, 2008b). UNRWA provides free elementary and secondary education and basic primary and mother and child health care, and covers a percentage of secondary and tertiary care which ranges depending on the service. In Lebanon, UNRWA’s hospitalization and primary care service provision is undergoing revision through an internationally funded five-year plan, with services like non-risk hospital deliveries only recently being covered by UNRWA. The quality of UNRWA services in the camps – at clinics and in schools – is often ranked as sub-standard (Tiltnes, 2005).

1.5 Demographic summary and quality of life

1.5.1 Demographics

Lebanon’s population is estimated at 3.7 million people by the Central Administration for Statistics in the Household Survey of Living Conditions in 2004 (MOSA/UNDP, 2006), with 80% living in urban areas (WHO, 2004). Lebanese data indicate a population in mid-demographic transition, with a young but also aging population, a later age at marriage and recent low fertility rates. There are more women than men (52 to 48%), particularly after age of 25, indicating male out-migration (MOSA/UNDP, 2006). Of Lebanon’s governorates, Mount Lebanon houses 40% of the total population, followed by North Lebanon. Beirut has the lowest average household size, at 3.8 people (Ibid.)
There are currently 422,188 registered Palestinian refugees in Lebanon (UNRWA, 2009); however, estimates of Palestinians actually residing in Lebanon are much lower, due to out-migration, at about 250,000 (Ugland, 2003). As of the 2002 data collected by FAFO, Palestinian refugees in Lebanon are a very young population, with an overall gender ratio of only 981 males to 1,000 females; the disparity is attributed mainly to male out-migration for work (Ibid, p. 30). In Lebanon, the refugees were originally sheltered in 16 UNRWA refugee camps across the country (UNRWA, 2008b). Currently only half of the refugee population in Lebanon lives in the 12 remaining camps, with the rest living either in one of the 25 unofficial gatherings (collections of Palestinians not living on UNRWA territory) or in poor areas adjacent to the camps (Ibid.).

Lebanon currently also hosts a small percentage of Kurdish and Iraqi refugees, as well as a large number of foreign workers (Syrian, Egyptian) as well as foreign domestic workers (mainly from the Philippines, Sri Lanka, Nepal and Ethiopia and Eritrea) (ILO, 2004). According to the ILO, foreign workers represent at least 30% of the workforce in Lebanon, with over 56,000 female workers from Asian countries and an estimated 300,000 – 400,000 foreign migrant workers (Ibid.).

1.5.2 Quality of life
Lebanon

Similar to most middle-income countries, including many in the Arab region, Lebanon has experienced unequal and inconsistent economic growth; although Lebanon’s Gini index (which measures inequality of income distribution) is not as great as in Latin America, severe socio-economic inequities remain in income distribution and access to social services (UNDP/MOSA, 2008). In 2008 the national minimum wage was set at $320 per month, however, 28% of the Lebanese population is categorized as “poor” by the UNDP, meaning they live on less than $4 per day, with 8% “extremely poor” at under $2 per day (Ibid.). Additionally, whereas the poorest 20% of the population partakes in only 7% of all consumption in Lebanon, the richest 20% of the population accounts for 43% (Ibid.).

Poverty is unequally distributed in Lebanon, with the rural North Lebanon much poorer and underserved than the urban Beirut and Mount Lebanon governorates. For
example, in the North, only one-third of children aged 12-14 years are enrolled in intermediate schools (Ibid.). Across Lebanon, 44% of individuals over the age of 15 are participating in the labor force, many in Lebanon’s large informal sector; by ILO standards, the unemployment rate is 7.6% (Ibid.). Youth unemployment, according to ESCWA, was 30% in 2004 (ESCWA, 2005). A large percentage of Lebanese households’ supplement their income through remittances from family members working outside of Lebanon, representing 24.4% of the GDP (UNDP, 2009a); Lebanon’s “brain drain” has continued after the end of the civil war (UNDP, 2009b).

Despite the low income and high economic disparity, Lebanon’s human development indicators in 2009 placed it at the low end of “high human development”, and the country is ranked 83 out of 183 countries (UNDP, 2009a). Life expectancy is 71.7 years, combined educational enrollment is 73.4% (and 99% for elementary), and the literacy rate for all adults is 88.5% (UNDP, 2009b). Health indicators are generally good, with the infant mortality rate is 16.1 (Ibid.), and the maternal mortality ratio recently revised to 23 per 100,000 live births according to the Ministry of Public Health. As of 2004, 17.4% of the population had one or more chronic disease (UNDP/MOSA, 2006). The ratio of doctors to population is high, at 23.6 doctors per 10,000 people (UNDP, 2009b). The population is young, with 27.3% under the age of 15, and the total fertility rate has fallen below replacement levels, at 1.9 (Ibid.). The relatively strong education and health indicators mask inequities in access to and availability of services (as discussed earlier), however, in particular the high use of expensive private sector services. As such, only half of all children under two years of age have received all their immunizations (UNDP, 2009b).

In terms of broader living conditions, 52.5% of households own one or more private car and 71.5% of primary residences are owned (UNDP/MOSA 2006). The average household is 4.3 people, with four to six rooms (Ibid.). The majority of households are connected to electricity, water and sewage grids, although only half of all households are connected to state drinking water, and at least 75% of households experience one or more daily cut in their electricity (Ibid.). As of 2004, 400,000 households have personal computers, and over 700,000 people regularly use the internet (Ibid.).
Palestinian refugees in Lebanon

In an attempt by the Lebanese government to discourage permanent resettlement, Palestinian refugees were initially denied and have not been granted citizenship or their civil rights in Lebanon (UNRWA, 2008b). As a result, the vast majority of Palestinian refugees have a much lower quality of living and worse health conditions than their Lebanese neighbors (Tiltnes, 2005). In 2010, according to an AUB survey of 2,600 households, “poverty incidence among Palestine refugees [was] 89% higher than that of the Lebanese population … who are 4 times more likely to be extremely poor than their Lebanese counterparts” (Chaaban et al, 2010, p. 30). They also currently have worse socio-economic and living conditions and a poorer health profile than most Palestinian refugees outside of Lebanon (UNRWA, 2008b). Palestinian refugees in Lebanon are shown to have significantly higher poverty rates than the Lebanese population, with a higher percentage of refugees at the lowest end of the income distribution (Tiltnes, 2005). In 2010, 66.4% percent of all Palestinian refugees were “poor” (under $6 per day), and 6.6% were “extremely poor” (under $2.17 per day) (Chaaban et al, 2010). It should be noted that, “the main cause of poverty among the Palestinian refugees in Lebanon is… the severe restrictions that the Government of Lebanon places on them,” which result in, “high unemployment rates and under-employment with low payment, no benefits, no job security, and long working hours” (UNRWA, 2008b, p. 29). A revised labor law for Palestinians, passed in 2010, removed the legal restrictions prohibiting Palestinians from working in professional and white-collar professions; however, as work permits and union-memberships are still required for Palestinians, the overall impact on Palestinian employment has been negligible (Chaaban et al, 2010). According to the most recent data population-based data, from 2010, only 37% of the working age population (aged 15-65) is employed; a very low percentage by international standards (Ibid.).

UNRWA schools in Lebanon experience severe over-crowding (until 2010 63% of schools operating on double shifts, whereby students received four hours of teaching per day), and one-third of all UNRWA schools were held in rented residential buildings without proper educational facilities (UNRWA, 2008b). Palestinian refugees in Lebanon have poorer educational outcomes than Lebanese students, and the least educational achievement out of all Palestinian refugees (Ibid.). The situation has markedly worsened recently, with only 45.2% of Palestinian refugee students
passing the national Brevet exam in 2006-07 (required to advance to 10th grade) (Ibid.).

Foreign workers in Lebanon
Lebanese Labor Law does not apply to foreign domestic or agricultural workers, and as such does not comply with international standards and conventions on human trafficking, migrant workers, employment, and workers’ rights and conditions (ILO, 2004). Working and living conditions for foreign workers are very poor. Male foreign workers (most often in the fields of construction and agriculture) are not covered by health insurance and work long hours for very low wages (Ibid.). Female domestic workers are also not covered by health insurance and work over 100 hours a week, often with one day off per month, for $100-300 per month (Ibid.). An ILO survey reported that at least 30% of female domestic workers experienced physical, verbal or sexual abuse in the past year; it also confirmed that, for a majority of foreign domestic workers, their movements are controlled, and their employers or sponsors withhold their passports (Ibid.).

2 Evolving Demographics Pertaining to Women

Lebanon is experiencing a number of changes to its demography, the result of changing marriage patterns, fertility and mortality rates. One of the first Arab countries to begin its demographic transition, whereby its child population now represents less than 25% of the total population and the elderly exceed 7%, Lebanon also has a consistently high rate of out-migration of young adults (ESCWA, 2005). Lebanon’s fertility rate – at 1.9 – is now below replacement level (UNDP, 2009b). The average household consists of 4.3 people, but there is a large variability between small households in Beirut, and larger ones in the rural areas (UNDP/MOSA, 2006).

The Palestinian refugee population in Lebanon is younger than the Lebanese population, with a small percentage of people over the age of 65 (Ugland, 2003).

2.1 Demographic trends for women
2.1.1 Gender balance and migration

Both Lebanese and Palestinian refugee populations have slightly unusual population pyramids. Like many Arab and developing economies, the Lebanese and Palestinian populations witness both out-migration, of mainly young men in search of work, and in-migration, of mainly women employed as domestic workers. In Lebanon, women make up 52% of the population, and the population begins to skewer after the age of 25 (MOSA/UNDP, 2006). The large change between the 20-24 and 25-29 age groups and above is indicative of male out-migration (Ibid.). There are 981 Palestinian men per 1,000 women in the refugee community in Lebanon, with the difference becoming pronounced between the 15-19 and 20-24 age groups. The difference is again attributed mainly to out-migration (Ugland, 2003).

2.1.2 Fertility rates

As of 2004 data, the total fertility rate was 1.9, meaning population growth is below the rate needed for replication of the population (PAPFAM, 2006). These low rates are indicated in the Lebanese population pyramid, which shows a decline in the under-9 age groups. Fertility trends also show a decrease in the rates of the youngest and oldest age groups (Ibid). The Palestinian population had a similar Total Fertility Rate in 2002, but a higher Marital Fertility Rate, at 6.32. The difference results in part from the large number of never-married women (see below). In both the Lebanese and Palestinians communities, a decrease in fertility is directly related to women’s gains in educational achievement, and to the increase in the average age at marriage. Possibly indicating a shift in popular understandings, a study of 1,500 adolescent Palestinian refugees across Lebanon determined that 60.9% did not think that a couple should continue to have children until they have a boy (Ricerca e Cooperazione, 2007).

Infertility is a growing concern across the region, and Lebanon, like other countries, has witnessed the proliferation of private health centers providing treatment for infertility through artificial reproductive technologies (Morgan, 2009). According to PAPFAM data, 6.3% of married Lebanese women are infertile; of these, the self-identified causes included their own infertility (12%) and their husbands’ “illness” (at 15%) (2006). No data are available about infertility rates among Palestinian refugees.
2.1.3 Marriage trends

The age at marriage for Lebanese women is high, at 28.8 years, and has risen over the past 20 years (PAPFAM, 2006). According to the Population Reference Bureau (PRB), based on data from 1995, only 4% of women marry under the age of 19, and 30% aged 20-24 (Rashad, 2005). Interestingly, according to the PRB, based on 1996 data, in 25% of recent marriages, Lebanese women were at least 10 years younger than their husbands (Ibid.). However, early marriage (under the age of 18) is below 3% (PAPFAM, 2006). Conflicting data exist about regional differences for age at marriage. According to the UNDP/MOSA Household survey of 2004, women get married earlier in North Lebanon than the rest of the country, with Beirut having the oldest age at marriage (2006). However, the PAPFAM Family Health Survey of 2004 indicated that the youngest age at marriage is in Mount Lebanon, with the old age in Nabatieh (2006).

Like other Arab countries, Lebanon has a growing population of women who never marry. The PRB, using 1995 data, calculates that 21% of women aged 35-39 are not married; given Arab nuptial patterns and societal expectations that portray women beyond 40 as inappropriate for marriage, they are unlikely to do so (Rashad, 2005). In the UNDP and the Ministry of Social Affairs’ Survey of Household Living Conditions in 2004, a growing trend of an increased percentage of never-married women was identified: “A comparison of the years 1970, 1997 and 2004, for the whole of Lebanon, reveals that the female unmarried percentage has risen to around double its original size for many of the age categories when 1970 is compared with 1997 and 2004” (UNDP/MOSA, 2006, p. 34). The exact percentage of unmarried women over the age of 35 was not provided. The same survey determined that 32.3% of all single person households are women over 65 years of age – and indication of the toll of conflict on men, as well as the growing percentage of never-married women.

While cross-cousin marriages have long been the norm in the Arab countries of the Middle East, rates of consanguinity have fallen in recent years. Consanguinity is relatively low in the Lebanese population compared to other countries, with only 15% of women married to a first cousin (PAPFAM, 2006). Regional differences show a much higher rate of first-cousin marriages in the Beqa’a than in the rest of the country.
A direct inverse correlation is shown between a woman’s education and the likelihood of her marrying a first cousin (Ibid.). Only 2.3% of women are in a polygamous marriage, the trend decreases with age (indicating it is declining) and with education (Ibid.).

For female Palestinian refugees, according to UNRWA data from 2005, the mean marital age is 20.2 (UNRWA, 2009b). However, according to the 1999 Fafo data, the age at first marriage is 25.3 (Ugland, 2003). Although this is older than the mean age at first marriage for women currently over 60 years of age, there is indication that the age at first marriage for women in their twenties has decreased from that of women currently in their forties, meaning that the age at first marriage may be again decreasing (Ibid.). A qualitative study in 2009 explored the Palestinian community’s understandings of an increase in early marriage in a Palestinian refugee camp in North Lebanon, following its destruction in 2007, and identified early marriage as a post-conflict survival strategy (Meyerson-Knox, 2009).

A study of 1,500 adolescent Palestinian refugees across Lebanon determined that 28.5% agreed that those who marry under the age of 20 have “better chances for a successful marriage,” and 59% thought that girls under the age of 20 have better chances than older women to find a good partner (Ricerca et Cooperazione, 2007). Moreover, 29% of the sample thought the same applies to young men. Just over 18% agreed that a person should marry as soon as they get the opportunity, regardless of how young they may be. Additionally, numerous motivations were cited for a woman having her first child under the age of 20: 59.5% agreed that she would gain the respect of her family and her in-laws; 48.% thought she would gain independence from her family of origin; 57.9% believed that a young mother is more healthy; and 67% found it positive that she would be close in age to her children, and thus they can “grow up together” (Ibid., p. 29).

In 2000 FAFO estimated that 37% of Palestinian women refugees were never married. The percentages of never married women per age category are similar to that of Lebanese never married women, and an “upward trend” was identified (Ugland, 2003, p. 34). In 1999, 21% of Palestinian women aged 40 were not married (Khawaja, 2003). It is estimated that one-third of Palestinian women in Lebanon are related by
kinship to their husband (Jacobsen, 2003). No data are available about the percentages of polygamous marriages in the Palestinian refugee community in Lebanon. The survey of adolescent Palestinian refugees (cited above) determined that 70% of the sample was aware that the children of kin marriages are more exposed to health problems, but over 50% also agreed that families were more likely to cooperate to solve problems with a kin marriage (Ricerca et Cooperazione, 2007).

2.1.4 Non-conventional forms of marriages

Although there is little concrete data on non-conventional marriages, there are indications that the phenomenon is growing across the region, including in Lebanon (Rashad, 2005). “Urfi” marriages, or the equivalent of common-law marriages for Sunni Muslims, have been widely reported in Egypt, and “muta’a” marriages – marriages with a fixed timeframe for Shi’a Muslims – are occurring in Lebanon (Inhorn, 2004). Such non-conventional marriages are gaining increased popularity both as a way to avoid the prohibitively high costs of formal marriage and as youth circumvent societal censure on pre-marital sex. Both provide women little in the way of protection should they bear children from the marriage, or if the man wishes to summarily end the marriage.

2.2 Data sources

There is a paucity of demographic data, a result of the overall lack of nationally representative data on Lebanon and the Palestinian refugees in Lebanon. UNDP Human Development and Millennium Development Goal Reports (global, regional and national) consistently lack certain types of demographic data, and consistently repeat the same few sources of data for Lebanon. Lebanon’s Central Administration for Statistics bases its demographic data on the 2004 Survey of Household Living Conditions, which it undertook with UNDP and the Ministry of Social Affairs. The other main source of nationally representative data is the Arab League’s PAPFAM Family Health Survey of 2004, as well as the 1995 Mother and Child Health Survey undertaken by the Arab League. ESCWA’s statistical unit has generated some unique data, but mainly uses UNDP data. Additionally, very little of this data is disaggregated by gender.
FAFO’s socio-economic surveys of the Palestinian camps and gatherings in Lebanon in 1999 are the main source of demographic data, and more consistently include a gender analysis. Additional data can be obtained from UNRWA publications and the website, however, due to the differences between the number of registered refugees and those currently living in Lebanon, FAFO data are found to be more reliable. International and local NGOs have undertaken some of the most interesting research in the Palestinian refugee population, some of whose findings were included.

Additional sources of demographic data not used in this review include academic research (regional overviews, focuses on sub-groups), numerous ESCWA publications and population bulletins (some with a youth or women focus), and other UN publications (UNDP, WHO). There is also some academic research into marriage trends and kinship.

3 Sexual and reproductive health

3.1 Reproductive Health Overview

There have been few overviews of reproductive health services and needs in Lebanon and, as in other areas of health-care, reproductive health provision tends to be highly privatized. Nevertheless, access to services is high. For example, contraceptive prevalence is estimated to be 74% (ESCWA, 2008). Modern methods of contraception are readily available in private pharmacies, through physicians and by local NGOs such as the Lebanese Family Planning Association. The oral contraceptive pill is the most widely used contraceptive method. Nevertheless, reliance on traditional methods such as withdrawal continues to be surprisingly high – the PAPFAM survey in 2004 found that 18.6% of husbands of ever-married women aged 15-49 reported currently using a traditional contraceptive method (PAPFAM, 2006). Interesting, an article referring to “challenging the stereotypes” exploring men’s views about withdrawal notes that one factor encouraging withdrawal is men’s concern about the potential negative effects on women’s health of modern contraceptive methods (Myniti et al, 2002).
UNRWA is the main provider of contraception to Palestinian refugees. While unable to provide total percentages of usage, the most recent UNRWA health report (2008) stated that over 14,000 women enrolled or continued their enrollment in UNRWA’s family planning services (an increase of 2% from the year before) (UNRWA, 2990b). The IUD represented over 40% of all contraceptives disseminated by UNRWA, followed by condoms and pills (Ibid.). Based on 1999 data, it was estimated that 65.6% of all married female Palestinian refugees in Lebanon were using some sort of method of contraception, with 53.2% of all married women using modern contraceptive methods (Khawaja, 2003). This is supported by the across-the-board reduction in fertility of Palestinian refugees in Lebanon, which is indicative of “significant contraceptive use for spacing purposes” (Ibid. p.283). A study of 1,500 adolescent Palestinian refugees across Lebanon confirms a general acceptance of contraception usage for married couples, with 82.4% agreeing that parents should plan how many children they want to have (Ricerca e Cooperazione, 2007).

In terms of unwanted pregnancy, abortion is legal only to save a woman’s life (Hessini, 2007), and is socially not accepted, although there are variations among sects in terms of religious views on the issue. Anecdotal evidence, however, confirms that women seeking an induced abortion have access to it if they can afford private medical care. Emergency contraception has recently been licensed for use in the country (Foster et al., 2005).

Infertility is becoming a major reproductive health issue in Lebanon with the rising age at marriage and delayed childbearing among other factors. Centers for the provision of infertility treatment through artificial reproductive technologies are becoming increasingly available through the private sector, but are largely unregulated (Clarke, 2009). There have been no population-based studies to our knowledge, however, to determine the national prevalence of infertility.

3.2 Maternal health

Lebanon is well endowed with maternal health facilities and access to delivery care is high. According to the most recent nationally representative population-based survey at the household level that included questions on maternal health (Tutelian et al.,
delivery with a skilled attendance is almost universal in Lebanon at 98.2% of births in the preceding five years, and only 1.8% with unskilled attendance. Most births take place in hospital, with private hospitals accounting for 80.1% of all deliveries within the five years preceding the survey. Antenatal care is relatively high (with 70.5% of respondents making five or more antenatal visits), but only roughly half of the respondents had any postnatal care. However, a study of a nationally representative sample of hospitals in the country documents the lack of adherence to evidence-based recommendations in a number of areas of maternal health provision, with some widespread practices being potentially harmful (Khayat and Campbell, 2000). Analysis of population-based data and hospital-based studies revealed an excessive rate of cesarean-section at the population level in Lebanon, well above the WHO recommended maximum of 15% (Jurdi and Khawaja, 2004; Khawaja et al., 2004). A number of studies have confirmed that socio-demographic factors and method of payment are predictors for cesarean-sections (Tamim et al, 2007a and 2007b), with the organization of the health care system itself and the dominance of the private sector, the minimization of midwives’ roles in the process and women’s own misconceptions about cesarean births also acting as contributing factors (Kabakian-Khasholian et al, 2007).

Moreover, the most recent nationally representative population-based survey for Lebanon, fielded in 2004, indicates that maternal mortality is relatively high given the middle-income level of the country and the high availability of health care (Tutelian et al., 2007), although recently completed studies suggest it is much lower and the current official estimate by the Ministry of Public Health for maternal mortality ratio is 23 per 100,000. At the same time, however, Lebanon lacks basic information about the organization, distribution and quality of maternal health services, and hospital-level maternal and newborn health outcome data is neither publicly available, nor systematically collected.

Maternal health in Lebanon, like other areas of health care, has historically been, and remains, dominated by the medical profession. There has been an unregulated increase in the number of medical doctors (from both sexes) seeking residency programs and training in Obstetrics and Gynecology, which has consistently marginalized midwifery. Midwives are now mainly relegated to the role of assisting
obstetricians in labor and delivery within hospitals.

A recent study mapping maternal health provision in Lebanon surveyed all private and hospital hospitals in the country and requested information about all births in the studied hospitals for the year 2008 (DeJong et al. 2010). Hospitals provided data on 35,883 deliveries occurred in their settings in 2008. The study confirmed the private nature of maternal health care in Lebanon, with the private sector accounting for the 77.8% of deliveries in 2008 in the respondent hospitals. It found, however, that payment by the MOPH is the biggest single source of payment for delivery, accounting for 36.8% of all modes of payment for delivery, but also that the MOPH accounts for 85.3% of modes of payment for delivery within public hospitals and 21.9% of those within private hospitals. The same study confirmed earlier evidence in Lebanon that the Cesarean section rate is extremely high, at 40.8% across all hospitals.

In terms of civil society activism, few women’s groups are involved in women’s health issues from an advocacy perspective; one NGO exists which advocates for breastfeeding, but otherwise, and none are active on the issue of offering women greater choice in the medical process of childbirth. This is despite evidence that women are uncomfortable with many of the processes and procedures in hospitals. In one study based on 117 qualitative interviews in rural, semi-rural and urban areas of Lebanon confirmed results from population-based surveys that women prefer professional delivery, usually in a hospital setting, acknowledging safety considerations pertaining to both their own and their baby’s health. Nevertheless, women interviewed reported discomfort with many of the procedures found in other research to be routine and yet not justified by medical evidence.

Maternal health services are provided by UNRWA to Palestinian refugees for free or at reduced cost, with the Palestinian Red Crescent, other local and international NGOs and some private clinics in the camps also offering maternal health services (the quality is very variable). According to the UNRWA Health Program Report of 2008, the maternal mortality rate is 66.6, the infant mortality rate is 19.03, with a neonatal mortality rate of 14.12, and 33.4 percent of pregnancies were classified as high or moderate risk (UNRWA, 2009b). Almost all deliveries occurred in a health facility,
with trained personnel (Ibid.). Over 80% of pregnant women received antenatal care, with an average of 7.5 visits, and 97% received post-natal care (defined by UNRWA as one medical examination post delivery) (UNRWA, 2009b). It is to be noted that some of the above figures may be optimistic; anecdotal evidence from both healthcare professionals working in the camps and from young mothers indicates that pre- and post-natal care leaves much to be desired.

In 2010, the Lebanon Field Office of UNRWA revised – and expanded – its hospitalization coverage, through contracts with 22 private and governmental Lebanese hospitals, as well as the Palestinian Red Crescent hospitals. Prior to 2010, UNRWA only provided coverage for high-risk pregnancies (including Cesarean Sections), however, at present all hospital deliveries are covered by UNRWA.

### 3.3 HIV

Over the twenty-year period from 1989 until November 2009 there have been a cumulative number of 1,253 HIV cases reported to the Ministry of Public Health (National AIDS Program). According to the UNAIDS Epidemic update for 2009, the number of people estimated to be living with HIV in Lebanon is 3,760 (1,700: 7,200). The number of reported cases has risen in recent years, with a growing rate of infection among men who have sex with men in particular. The median age at infection is also decreasing with younger people more at risk. In 2009, the number of reported cases was 81, with 50% of these due to heterosexual transmission. While in the 1990s, many of the people infected by HIV were return migrants from West Africa, increasingly HIV is occurring within Lebanon not related to travel outside the country.

The vast majority of cases (82%) of HIV are males, but it is not known whether this presents the actual epidemiological situation or whether there is lower detection of HIV among women; the latter is thought to be the case by HIV experts in the field (Dr. Jacques Mokhbat, President of Lebanese AIDS Society, personal communication February 2011). Certainly limited evidence from the newly established voluntary counseling and testing centers in the country indicate that few women are seeking HIV testing as compared to men (Awad, 2009).
Researchers at the American University of Beirut, in collaboration with the National AIDS Program and community-based NGOs, undertook the first major bio-behavioral survey on HIV in 2008 (Mahfoud et al, 2010). It found reported risky behaviors to be relatively high but prevalence to be low, except for among men who have sex with men, where the population prevalence was found to be 3.6%. Among female sex workers, the only female at-risk population surveyed, no cases of HIV were detected. One reason for low numbers of HIV detected may be due to the fact that the majority of sex workers recruited through this network referral sampling process were foreign and as such, the Lebanese government requires that they be tested for HIV as a prerequisite to obtaining legal right to residence in the country. Media reports confirm that Lebanon is increasingly becoming a regional center for sex work, especially during the peak tourist seasons (The Daily Star, 2011).

There is very little data on HIV in the Palestinian refugee community. According to UNRWA, in 2008 there was one case of HIV reported (UNRWA, 2009b). A study of 1,500 adolescent Palestinian refugees across Lebanon identified misinformation and a lack of knowledge about HIV/AIDS: 29% did not know how HIV/AIDS is contacted and spread, and another 14.4% thought the disease could be contracted through shaking hands (Ricerca e Cooperazione, 2007). Additionally, 33.3% agreed that you can tell from appearances if someone has HIV, and 25.3% that coming in contact with an HIV-positive person can result in infection (Ibid.).

3.4 Adolescent sexual and reproductive health

Adolescent sexual and reproductive health is increasingly become a focus of both programs and research in Lebanon, in a context where the age at marriage is steadily rising and there is increasing evidence that most young people are sexually active before marriage. A recent Lebanese study – one of the first on unmarried young people’s contraceptive behavior – found low levels of knowledge about contraception and its use among Lebanese public and private university students. This is despite the fact that 73.3% of male and 21.8% of female students reported previous sexual relations, and of these, 75.6% of females had not used contraceptives and 86.1% of males had (Barbour and Salameh, 2009).
The Ministry of Education is currently working in collaboration with UNFPA to develop and implement a new sexual education curriculum in all public schools in Lebanon. The Global School Health Survey is a valuable source of school-based data that addresses youth health and well-being more broadly, but also includes questions about young people’s receptivity to sexual education. The Survey, fielded in Lebanon in 2005, is a nationally representative survey of over 5,000 students in grades 7-9 in public and private schools. One of the modules addressed students’ attitude about sexual and reproductive health education. It reports that 80% of teenagers never spoke to their teachers about reproductive and sexual health, and around 70% were silent on the subject with their parents as well (“Global School-Based Student Health Survey Lebanon” 2005). Almost half of students surveyed wanted to see sexual and reproductive health discussed in school, a quarter around the time of puberty and just under a third thought it should be offered in sex-segregated classes. Only a third had learned from school how to avoid HIV infection, and three-fifths reported being able to refuse sex. Male students, particularly those in private schools, were more in favor of sexual and reproductive health education in schools, and more likely to ask teachers about such topics; more than 60% of female students did not broach such matters with their parents, and more than four-fifths never raised the issue with teachers.

Adolescent sexual and reproductive health in the Palestinian refugee context is largely unacknowledged and under-researched. In large part, this lacunae stems from the taboo associated with pre-marital sex in a society which remains, broadly, more traditional than its Lebanese host society. Anecdotal information from adolescent girls in the camps indicates that young unmarried women are reluctant to access any aspect of sexual or reproductive health services due to the possible associations with pre-marital sex or other “unacceptable” behavior. According a survey of adolescent Palestinian refugees (described below), of 750 girls, only 37.1% had been to a health center offering Reproductive Health services (Ricerca e Cooperazione, 2007).

A unique project by the international NGO Ricerca e Cooperazione surveyed 1,500 randomly selected adolescents from six Palestinian refugee camps in Lebanon on their reproductive health and emotional well-being (Ricerca e Cooperazione, 2007).
Employing both quantitative and qualitative methods, the survey highlights these youths’ insufficient information and shifting understandings. Over 29% of the sample did not think that women who marry under the age of 20, and their children, were more exposed to health problems, and 30.4% did not know. The survey also investigated adolescents’ knowledge and understanding of puberty. For girls, 26.2% were not told about their periods before they started, and 60.5% felt ashamed and/or frightened (55.2%) when they had their first period. For boys, 33% had not been told what to expect at puberty, but only 19% felt scared or ashamed when entering puberty (Ibid.). Of both groups, 69.9% remembered having received an explanation from anyone about how children are conceived and born, and only 2.4% were informed under the age of 10.

3.5 Data sources

Lebanon, like other countries of the Arab region, has fielded a number of population and health population-based surveys under the auspices of the Arab League. These have focused on ever-married women, but the latest 2004 survey also included a module on young people. However, as in other Arab countries, the sensitivity surrounding questions addressing aspects of youth sexual and reproductive health has meant that relatively few questions on this topic were asked. It does, however, provide a comprehensive picture of maternal health in the country. A further government-sponsored survey entitled the Perinatal Survey was fielded in 2006 and UNICEF has fielded a number of multi-indicator cluster surveys (MICS) as cited above. The country has also been a site for the Global School Health Survey for which the latest round was 2005, but a subsequent round is currently being fielded. This survey (cited above) asks questions about a number of risk behaviors (for the age group 13 to 15) including sexual, drug use and alcohol consumption behaviors.

Other than these population-based surveys, the major of material on sexual and reproductive health in the country has been the result of academic research. Maternal health has been particularly well researched given the establishment of a network of maternal health researchers in Egypt, Lebanon, the Occupied Palestinian Territories and Syria in 2001 housed at the Faculty of Health Sciences, American University of Beirut (for further publications and information on the network, see
The AUB also hosts another regional network of researchers with broader geographic coverage to the Arab countries and Turkey that has provided a forum for exchange and collaboration in reproductive health in the region; called the Reproductive Health Working Group this network has a number of researchers based in Lebanon (for further information see [www.rhwg.org](http://www.rhwg.org)).

The area of youth sexual and reproductive health is one where there is growing interest and activity in the country and in the region more broadly. The UNFPA hosts a YPEER network in Lebanon and has encouraged research in this area. Nonetheless, much of the research that addresses these concerns is unpublished in the forms of reports with limited circulation; published research in the international peer-reviewed literature is more limited.

The majority of Palestinian refugee-related health data come from small-scale surveys by local NGOs, some FAFO data, and some academic publications. The last report by the UNRWA Health Department was for 2008. The Ricerca e Cooperazione project on adolescent reproductive health and emotional well-being is unique in the quality of data (1,500 participants randomly stratified across six camps), as well as in the topics it addressed and its target group.

### 4 Poverty and women

The feminization of poverty – whereby women are more likely to suffer from poverty due to the intersections of biased employment practices, health considerations, family roles and societal expectations, and unequal educational opportunities – is prevalent worldwide. However, there are no exact numbers or percentages of poor women in Lebanon or in the Palestinian refugee community. For both Lebanon and the Palestinian camps, poverty is most directly correlated with household size ([UNDP/MOSA, 2008 & Ugland, 2003](http://www.undp.org)), with factors like employment status, educational attainment and health conditions also affecting the incidence of poverty. Regional disparities in Lebanon show that location also affects poverty ([UNDP/MOSA 2006](http://www.mosa.org)), however, this does not appear to be the case in the Palestinian camps and gatherings for women ([Jacobsen, 2003](http://www.mosa.org)).
4.1 Female-headed households

According to the 2004 Survey of Household Living Conditions in Lebanon, 124,461 women head their households; these households constitute 10.3% of the Lebanese population (UNDP/MOSA, 2008). In 2006, 14.2% of all households were headed by a woman (UNDP/MOSA, 2006). However, according to the 2008 analysis, the incidence of poverty is not significantly higher in a female-headed household: “At the national level, poverty incidences and poverty gaps for female-headed households are quite similar to male-headed households” (UNDP/MOSA, 2008, p.68). Female-headed households are poorer in Mount Lebanon, the North and South Lebanon, but not in Beirut and Nabatiyeh.

Household size, when headed by a woman, does correlate with higher poverty. Female-headed households with more than three children are “highly over-represented” among the poor, and have a much higher incidence of poverty than either households led by men or those led by men with more than three children (UNDP/MOSA 2008, p.68).

The characteristics of female heads of households corroborate the common factors leading to poverty: only 63.9% of female heads of households are literate, one third of whom did not pass elementary school; 65% have at last one chronic disease but 60.6% do not have health insurance; and 95.8% have a self-rated physical or mental health condition which negatively affects them in comparison to their peer, and (UNDP/MOSA 2008, p.68). Moreover in the week prior to the survey in 2004, the majority of female heads of households had not: read, used the internet, or engaged in artistic, social, or political activities (Ibid.).

In the Palestinian refugee camps and gatherings, 22.3% of the total population belongs to a female-headed household (Chaaban, 2010) and female-headed households are poorer, and suffer from a “clustering” of poorer living conditions (Jacobsen, 2003). In the Palestinian camps and gatherings in Lebanon, 36% of female-headed households are poor, and 19% of female heads of households work, double that of other women and women spouses (Ibid.). Only 5% of all poor female heads of households receives assistance (either NGO or private) (Ibid.). By AUB’s
definitions, in 2010, 8.5% of all female-headed households were “extremely poor” and 19.2% of female-headed households experienced severe food insecurity (representing 30% of all households experiencing severe food insecurity) (Chaaban et al., 2010). In terms of satisfaction with living conditions, elderly female heads of households present the greatest unmet need (Jacobsen, 2003), as such, it is this category who are at most risk of extreme poverty, and not, like in the Lebanese population, widows with three or more children.

4.2 Education

According to the World Bank, there are “no gender gaps in access to education” in Lebanon (2008b, p. 44). In terms of total enrollment, more women than men are studying (UNDP, 2006); the ratio of girls to boys in primary, secondary, and tertiary education is 0.97, 1.10, and 1.16 (World Bank, 2008b, p.44). Women’s illiteracy shows an inverse relationship with age: over the age of 35, 45% of all women are illiterate, but in ages 15-35 only 2% are illiterate (UNDP/MOSA 2006).

Enrollment percentages decrease for both boys and girls after the age of 15; secondary school enrollment, according to UNICEF data from 2006, is 70% for boys and 76% for girls (UNICEF, 2006). Regional disparities also impact enrollment, with many fewer students enrolled in secondary school in North Lebanon than in the rest of the country (UNDP/MOSA, 2006). In terms of university educational attainment, up to 46% of the holders of vocational and technical educational degrees are women, and women are present in all university fields of specialization, with an increasingly large number of women graduating with a law degree (World Bank, 2008b). Nevertheless, the UNDP pointed out in its 2006 Arab Human Development Report that across the region:

Despite the increase in female enrolment in university education, women are still concentrated in specialisations such as literature, the humanities and the social sciences, where they constitute the majority, which are not in high demand in the job market. Enrolment rates for females are noticeably lower in the fields of engineering and industry (2006, p. 77).

A recent newspaper article stated that in Lebanon, the university degree specializations of Education, Health and Welfare, and Services had the highest
percentages of female enrollment, with the Sciences, Agriculture and Engineering having the lowest percentages of females (The Daily Star, May 10, 2011).

In the Palestinian camps and gatherings in Lebanon, educational access is high for elementary school, but rapidly decreases in secondary schools, with more girls than boys completing both elementary and secondary school (Ugland, 2003). Most boys’ dropouts occur earlier (beginning with age 11) than girls’ (typically at 15) (Ibid.). Some regional disparities remain, with educational attainment considerably higher in the Bekaa region than the rest of the country for both elementary and secondary educations (Ibid.). Illiteracy follows a similar pattern to that of Lebanese women, with a sharp increase in literacy among the under-35 age group (Ibid.). The majority of Palestinian refugees are unable to access university degrees, but enrollment at vocational training programs is increasing for both sexes (Ibid.).

4.3 Employment

In 2002, Lebanon was ranked 153rd out of 163 countries in terms of women’s rate of economic activity (ESCWA data, cited in CRTD-A, 2006). Although Lebanese women remain drastically under-represented in the labor force, statistical data indicates that their participation is improving and has risen from 24% in 2004 to at least 27.4% in 2008 (UNDP, 2009b). However, according to the World Bank, the female labor force participation rate in 2006 was 37% (2008b). By either measure, Lebanese women are more active in the labor force than most Arab women; however, this rate is still far less than the 55% of comparable upper-Middle Income Countries (Ibid.).

Education has a direct correlation with female employment, with 34.1% of all working women having a university degree (UNDP/MOSA, 2006). According to an unpublished World Bank survey of 342 female workers in Lebanon in 2009 (cited in ESCWA, 2009), 68% of all women workers are single and young (average age was 31), and non-wage factors – such as flexibility of work, its proximity to home and the availability of nurseries – were prioritized as the principle factors affecting their decision to work.
Like other working women in the Arab region they earn on average one third of the income of men (UNDP, 2009b), at an estimated $2,430 to men’s $7,789 (ESCWA, 2009b). Only 15% of the Lebanese public sector, in 1996, was female, the one of the lowest rates in the region (World Bank, 2004). By some estimates, at least 225,000 other women work in the informal sector, but are not included in the national estimates (CRTD-A, 2006); the World Bank estimates that 30% of the female workforce is in the informal sector (2004). As the informal sector is not regulated, their salaries are expected to be low and their working conditions may be poor (Ibid.). According to ESCWA, citing ILO data, 57% of women work in the informal sector (ESCWA, 2009).

Unemployment is high in Lebanon, and higher for the young and for women. According to ILO standards, the highest incidence of unemployment is among the 20-24 age group, and, in total, 7.4% of all men are unemployed and 9.6% of women (MOSA/UNDP, 2006). Location also affects unemployment, with the highest percentage of male unemployment in Beirut, but in Nabatieh and South Lebanon for women (Ibid.). Women’s and men’s unemployment decreases as they get older, but more drastically for women; this is in part a reflection of a reduced workforce as women leave to marry or raise families (ESCWA, 2005). Moreover, one quarter of women in all poor households are unemployed and one-third of women in poor households are located in the South and Mount Lebanon (UNDP/MOSA, 2008).

The labor participation rate for Palestinian refugee women in Lebanon was found to be 16% in 2001 due to restrictions on employment rights (Jacobsen, 2003). A more recent survey in Palestinian camps by the American University of Beirut found that only 13% of Palestinian women (aged 15-65) were working (Chaaban et al, 2010). The lack of a male head of household is an incentive for the female head of household to work, as it is for other female members of the household (Jacobsen, 2004). In 2001, most working Palestinian women were in the social welfare, tourism or community service sectors, and the vast majority working for a private company or firm (Jacobsen, 2003). In 2010, over half of working women were professionals, senior officials and managers or technicians, associate professionals and clerks (Chabaan, 2010). Women earn close to men’s salaries, both, however, are well below Lebanese averages (Jacobsen, 2003). Higher education is linked with employment for
Palestinian refugee women; half of all women with a university degree work, as do 43% with a vocational degree (Chaaban et al, 2010). Of single women who were not working, the most common explanation offered by them was their role as caretaker of others, followed by social restrictions and then by the lack of jobs or the hope of finding one (Jacobsen, 2004).

4.4 Entrepreneurship

In Lebanon, 33% of firms are owned by women, and 27.8% of firms are owned with female partnership (ESCWA, 2009b). Of these women-owned firms, 61% make more than $100,000 a year. According to research by the Center for Arab Women Training and Research, cited in ESCWA, Arab women entrepreneurs on average are highly educated and married with children, and their firms work in the service sector, retail, trade or light manufacturing (ESCWA, 2009b). According to the World Bank (2008b), the lack of infrastructure creates high transportation costs, which becomes “a main obstacle to female-owned firms for accessing domestic markets (p. 112).

According to a World Bank study in Lebanon in 2009, women-owned enterprises are “good for women” (2009). In women-owned enterprises: 47% of the labor force is female, 50% offer health insurance coverage to their workers, 80% of female employees were granted maternity leave, and less than 0.5% of annual leave requests were denied. Moreover, 73% of women-owned enterprises had boards with 20-50% women (World Bank, 2009).

Political opposition and legal complications in Lebanon prevent most Palestinian refugees in Lebanon from engaging in legal entrepreneurship; no data was located on the informal sector. However, intra-family support and kinship networks have been shown to be used by vulnerable communities to offset economic challenges such as obstacles to employment and entrepreneurship (Khawaja & Jacobsen, 2003). An assessment among Palestinian refugees based on the Fafo data from 1999 determined that, of the 60% of individuals engaging in financial or non-financial intra-family assistance, women were more likely than men to have both received and to have provided support (Ibid.).
**Micro-credit**

Lebanon, overall, is considered to have a low number of micro-credit providers (World Bank, 2007). As of 2005, only 35% of micro-credit borrowers were women. However, Al Majmoua, a local NGO heavily funded by USAID, has provided over 10,000 women (Palestinian and Lebanese) with loans (Ibid.). According to a small-scale study, (cited by the World Bank 2008b), women who participate in micro-credit schemes reported difficulty in organizing themselves, particularly due to the problems encountered from distance and transportation, as in agribusiness. In the Palestinian community, only 35% of the refugee communities had active micro-credit schemes (Ugland, 2003).

**4.5 Household living conditions**

Household living conditions vary greatly across Lebanon, with extreme regional differences whereby Beirut receives a disproportionately high percentage of public services (i.e., hours of state-supplied electricity) (UNDP/MOSA, 2006). Potable water from the public network is used by only 56.7% of households, and 75.8% use the public network’s service water (of which only 21.22% of households receive an uninterrupted provision in the summer) (Ibid.). Electricity from the public network was permanently available for 14.3% of households, with 43.6% of households experiencing two or more daily cutoffs (Ibid.). Nearby garbage collection containers are accessible by 72% of households (Ibid.).

Lebanon’s regions differ greatly in the population density, from Beirut’s 21,938 persons per square-kilometer to the Bekaa’s 110 persons per square-kilometer (Ibid). The majority of all residences are between 3-5 rooms, and 42.4% are between 80 and 130 meters-squared (Ibid.). At least 16.7% of households are classified as having an “unacceptable” density of more than two people per room (Ibid.).

Living conditions in the Palestinian camps and gatherings in Lebanon are sub-standard and commonly termed “unbearable,” even by the Lebanese Government (Amnesty International, 2007), p. 23). Fafo describes most refugees living in a situation of insufficient infrastructure, poor housing, poverty, and inadequate social services (Ugland, 2003). The ICRC, assessing the health facilities for Palestinian
refugees in Lebanon, determined that, “health-related conditions in the camps and the gatherings may be described as catastrophic” (2007, p. 4).

In particular, Palestinian refugees in Lebanon are exposed to extreme overcrowding in the camps and gatherings (UNRWA, 2008b), with a generally low quality of housing and high household density, limited service provision of water and refuse collection and unreliable electricity (Ugland, 2003). According to Fafo, much of the population is dissatisfied with their dwellings’ indoor and outdoor environments (Ibid.). Whereas only 65% of residences have a private bath or shower, only 32% of women living alone in the camps and gatherings have a private bath or shower (Jacobsen, 2003).

4.6 Data sources

The majority of nationally representative data source for education, employment and living conditions are similar to those already discussed in Section 2, including the UNDP/MOSA 2004 Survey of Household Living Condition and the 1999 FAFO socio-economic surveys, as well as the various UNDP human development reports. Additional data was on education, employment and housing conditions was also published by UN agencies, including ESCWA, the ILO and the World Bank, (notably a study in 2009 of female entrepreneurs).

Within the research on poverty and social development issues, there are three sources of unique, if not nationally representative, data. The American University of Beirut’s Urban Health Study of poor communities in Greater Beirut (2002) has produced a number of academic articles looking at the linkages between living conditions, social capital and health, many with a gender perspective. More recently, AUB, with UNRWA, conducted a socio-economic survey of poverty levels in the camps, including previously under-researched topics like food security. Finally, the CRTD-A’s gender profile of equality and economy in 2006 provides an in-depth assessment of women’s gains and obstacles across Lebanese society.

There is also a considerable body of small-scale research (both academic and that generated by local NGOs) into Lebanese and Palestinian social development issues,
ranging from work on social equity to youth migration trends and access to basic services.

5 Gender and rights

Gender empowerment and rights are difficult to measure, particularly at the national level. The UNDP applies two composite indices to measure women’s development: The Gender Development Index (GDI) and the Gender Empowerment Measure (GEM). The GDI focuses on gender inequalities in developmental attainment, combining life expectancy at birth, adult literacy rates, combined gross enrollment rates and estimated incomes. According to the 2009 Human Development Report, Lebanon ranked 81 out of 155 ranked countries; its GDI ranking, when subtracted from its Human Development Index ranking, resulted in -1 (compared to Saudi Arabia’s -13 or Syria’s 0) (UNDP, 2009a). The GEM looks at women’s opportunities and achievements, through a composite index of the percentage of women holding seats in Parliament; employed as legislators, senior official and managers; and employed as technical and professional workers; as well as the ratio of estimated female to male income. As of 2009, the GEM was only calculated for 109 countries, and did not include Lebanon. In the National Human Development Report for Lebanon, the GEM value was estimated at 0.349, (UNDP, 2009b) placing it between Morocco (0.325) and Qatar (0.374) for Arab countries with GEM ranking (UNDP, 2009c).

While providing some indicator of the level of gender development, these indices cannot portray the nuances and contradictions of women’s empowerment in Lebanon. The Lebanese NGO CRTD-A (Center for Research and Training on Development-Action), in its gender profile of Lebanon’s equality and economic indicators, states that:

While Lebanon boasts some of the best gender statistics in health and education in the Arab region, not to mention the degree of social mobility for women that exists in the country, it is also home to some of the worst regional rates of gender equality in areas of political representation, leadership and participation in the labour force and the economy, and is among the countries in the region which have enacted
the fewest changes to discriminatory laws governing personal status and citizenship (2006, p. 7).

5.1 Positions of decision-making

In Lebanon, as the World Bank points out, “a country that is otherwise advanced in gender matters, women’s political participation and representation at the national level is low” (2008b, p. 43). According to a Lebanese NGO, “Although women have had more active roles in political parties in the past, particularly during the war when certain groups sought women’s participation, men still dominate the leadership of political parties” (CRTD-A, 2006, p. 18). Lebanon’s sectarian balance of power continues to prevent the adoption of a quota system in electoral law, with the stated pretext that such a measure would upset the confessional representation balance in Parliament (Traboulsi, 2007). The UNDP states that the “clan/family/sect-based election law was the greatest obstacle to women’s candidacies… since women are rarely permitted to represent specific groups when seats are apportioned” (2006, p. 100).

The three last national elections (2000, 2005, 2009) indicate a negative trend for women’s political enfranchisement. The 2009 elections resulted in the number of women Parliamentarians dropping to four (out of 128 Members of Parliament), from six in 2005, mainly because two female parliamentarians gave up their seats for their sons. Three women were elected to Parliament in 2000 (UNDP, 2009b). The 2009 elections witnessed 12 women candidates for Parliament, with 14 women candidates in 2005, and 18 in 2000 (Ibid.). These figures are lower than the average for the Middle East and North Africa, which already boasts the lowest average in the world (World Bank, 2008b). Moreover, “most [women Parliamentarians] originally obtained their position through their familial connections to politicians. There is a saying that women can only enter the parliament ‘dressed in black’ that is, taking a post left by the death of a male relative” (CRTD-A, 2006, p. 17).

Lebanese Cabinet formation is not necessarily linked to Lebanese Parliamentary elections; at present (February 18, 2011) the Cabinet of Ministers that was designed following the 2009 elections has resigned, and a new one is under formation. The last Cabinet (of 32 Ministers) included one woman, as Minister of Finance. The prior
Cabinet of 2009 included two women (Minister of Social Affairs and Minister of State), with the first ever woman Minister in 2004 (as Minister of Industry).

Additionally, women’s representation in Lebanese public office is low: 3.8% of ambassadors are women, 13.6% hold the position of director-general, and only 0.4% of all municipalities are headed by a woman (World Bank, 2008b). Only 5% of the judiciary is female (UNDP, 2006). As of 2000, no woman held a leadership position in any of Lebanon’s trade unions or professional associations; there was only one female dean in a Lebanese university (out of 13); only one female board member in the Union of Teachers (out of 12), and two female board members in the Union of Secondary Teachers (out of 18) (CRTD-A, 2006).

This situation is echoed in the private sector. In 2005, only 7% of administrative and managerial positions were held by women (ESCWA, 2009b). For example, whereas the workforce in banks consists of 90% women, they account for only 19% of bank general and assistant general managers (World Bank, 2008b). The public sector shows some improvement: 45% of NGOs in Lebanon are administered by women (UNDP, 2006).

Very little, if any, research has been conducted on Palestinian refugee women’s access to positions of decision-making in post-civil war Lebanon. UNRWA and local NGOs represent the two largest areas of employment for Palestinian refugees, and women refugees, but it is unclear to what extent women hold decision-making decisions in these institutions (excepting the few mandated women’s NGOs). In terms of political participation, in post-civil war Lebanon, most political activity is limited to local popular committees (which rarely, if ever, include women members), or membership in one of the Palestinian political parties (Fatah, Hamas, etc), most of which have male-dominated leaderships.

5.2 Personal rights

5.2.1 Personal Status Codes
Personal status codes cover all legal aspects of family, marriage, divorce, child custody, adoption, kinship, lineage and inheritance (CRTD-A, 2006). In multi-
sectarian Lebanon the absence of a unified civil law has meant that authority over personal status law is granted to 18 separate religious courts, resulting in different legal conditions for different Lebanese citizens, in contradiction to the Lebanese Constitution, which asserts equality for all citizens (Ibid.).

In addition to discriminating between women in Lebanon, dividing them into categories [to experience] different forms of violence against women, [the Personal Status Codes] all have a common factor. They all place women in a position of dependency and submission to [a] man’s will. They all regard the man as the absolute custodian over his children. After them, custody is transferred to their male relatives... (Committee for the Follow-Up on Women’s Issues, 2007, p. 62).

Following the conclusion of the civil war, numerous Lebanese NGOs and civil society movements organized and agitated to either remove the Personal Status Codes, or at least create a civil code as well. However, as the UNDP points out: “It is impossible not to conclude that nationalising or privatizing half a country’s economy may be easier than issuing one civil, elective personal status law in an Islamic country,” (2006, p. 196).

5.2.2 Nationality

The right to pass on the Lebanese citizenship to one’s child or spouse is denied to Lebanese women, a reflection of the influences of the sectarian balance of power and the ingrained patriarchal belief system (CRTD-A, 2006). As such, Lebanese nationality can only be derived from the father or when a child is born in Lebanon with no other nationality. A Lebanese mother can transfer her nationality only if the child is “illegitimate” and the identity of the father is unknown, or if a non-Lebanese woman has obtained nationality through her husband who subsequently dies (Ibid.). Lebanese men can pass on their nationality to their children and spouses. It should be noted that an active civil society campaign led to the recent submission of a revised nationality law, which would allow Lebanese women to transfer their citizenship; although provisionally approved, the law has not been officially enacted. On November 4, 2011, the Nationality Campaign issued a statement opposing the government’s October 28, 2011 decision to revoke a 1994 governmental decree granting citizenship to 180 “non-Lebanese” residents, and re-stated the campaign’s
dedication to allow Lebanese women married to non-Lebanese spouses to pass on their citizenship to their children and spouses.

Palestinian refugees in Lebanon are denied Lebanese citizenship, as well as social services and working rights; the legal justifications employed claim that such actions are dependent on “reciprocity” between states, lacking a state, the Palestinians cannot qualify (UNRWA, 2008b). Moreover, Lebanese authorities allege that any amelioration of the legal situation of Palestinian refugees will lead to their permanent settlement in Lebanon, which would, in their view, affect the sectarian balance of the country. The same justification is used to continue denying Lebanese women the right to pass their nationality on foreign husbands and their children, in particular Palestinian husbands (Committee for the Follow-Up on Women’s Issues, 2007). As such, the draft nationality law described above included a number of nationalities that would be prohibited from receiving Lebanese citizenship, including Palestinians.

5.2.3 Penal code

Lebanese penal code used to ensure a lighter sentence for a husband who kills his adulterous wife and her partner – if caught in the act – than for a wife who murders under the same circumstances (UNDP, 2006, p. 188). Articles 487, 488, 489 and 562 all pertain to adultery and perpetuated a legal double standard in terms of the conditions to establish the crime, the punishment of the perpetrators and the burden of proof (Ibid.).

Two studies by NGOs working on reducing violence against women documented that the Lebanese penal code, “allows for the application of reduced penalties for crimes intended to ‘preserve honour’. This provision has softened penalties for different forms of homicide targeting women, and has made committing crimes against them easier.” (UNDP, 2009c, p. 85)

On August 4, 2011, the Lebanese Parliament annulled Article 562 of the penal code, which mitigated the sentencing of people who claim they killed or injured their wife, daughter or other relative to protect the family “honor.” Although “honor” or Article 562 was relatively rarely applied as legal defense, the annulling of the Article was
hailed as a positive step by rights activists as the Article perpetuated the notion that the state condoned such acts of violence when a family’s honor was allegedly tarnished by a woman who was perceived as “misbehaving.”

5.2.4 Palestinian lack of rights

In addition to the already detailed denial of Lebanese citizenship or access to Lebanese social services, in 2001, Palestinians were also banned from land ownership or inheriting such ownership (Government of Lebanon, 2008). Until 2005, 70 skilled professions were proscribed for Palestinian refugees; at present, despite modifications to that law, most skilled professions are still not accessible to Palestinian refugees as they are required to purchase the prohibitively expensive work permits for foreigners and/or purchase union membership, also at expensive foreigner rates (UNRWA, 2008). Palestinian women living in Lebanon thus confront multiple prejudices, gender discrimination, as well as discrimination as refugees and as stateless persons.

5.2.5 Labor rights

In the Lebanese labor laws, a variety of discriminatory clauses reduce Lebanese women’s incomes. Lebanese law requires employers to provide a family allowance, including an automatic tax deduction for their children, however women cannot claim this allowance unless they are widowed or their husband is handicapped; whereas married men and male heads of households receive tax reductions; in essence Lebanese married women are taxed as if they are unmarried; (ESCWA 2009b). Additionally, women are not allowed to serve as judges in religious courts (World Bank, 2008b).

Despite revision to the labor law for maternity leave, Lebanon still has the shortest legally mandated maternity leave of the Arab countries, at seven weeks (ILO, 2010). Payment during maternity leave is 100%, and is the responsibility of the employer (Ibid.). However, workers employed by a family member, agricultural workers and certain categories of civil servants are not entitled to any maternity leave or cash benefits (Ibid.). Although Lebanese law prohibits the termination of employment due to maternity, dismal for other reasons during and after pregnancy is allowed, i.e., working for another undertaking while on leave. Moreover, unlike in many countries, there is no protection of employment following maternity leave, (for example, during
nursing or until the child is two years old) (Ibid.). As Lebanese women continue to bear the main responsibility for child rearing and all aspects of the domestic sphere, the short maternity leave may contribute to the low rate of employment among married women (CRTD-A, 2006).

Resident Palestinian women (and men) who are working under an official work permit cannot benefit from social security, although these costs are deducted from their salaries (Committee for the Follow-up, 2007, p. 38). However, most Palestinians do not have access to work permits and work in the informal sector at below average wages (Chaaban et al, 2010).

Lebanese Labor Law does not apply to foreign domestic or agricultural workers, and as such does not comply with international standards and conventions on human trafficking, migrant workers, employment, and workers’ rights and conditions (ILO, 2004). Working and living conditions for foreign workers are very poor and, despite growing awareness and outreach within Lebanese civil society, there remains very little legal recourse or protection for these foreign workers. Foreign workers are not provided with health insurance, and female foreign workers are not covered by any maternity leave benefits (ILO, 2010).

5.2.6 CEDAW implementation
Lebanon ratified CEDAW in 1996, but placed reservations on Articles 9, 16, 29. These deals with marriage and family laws, nationality rights, arbitration between State Parties, and the Convention to the International Court of Justice (UNDP, 2006). As a result, Lebanese women cannot give Lebanese citizenship to a non-Lebanese husband or to their children, whereas Lebanese men can automatically give citizenship to their children and foreign spouses (World Bank, 2008b). Proposed amendments have been submitted to the various Lebanese legislative committees, but a new law has not yet been promulgated.

Concern over the impact of Lebanese personal status codes has been strongly emphasized by the CEDAW Committee, which has repeatedly recommended that the Lebanese government, “urgently adopt a unified personal status code which is in line
with the Convention and would be applicable to all women in Lebanon, irrespective of their religion” (Concluding Remarks of the Committee on CEDAW, 2008, p. 4).

The first shadow report to the CEDAW Committee on Palestinian women in Lebanon “Breaking through layers of discrimination” was issued in 2008 (Implementing CEDAW, 2008). The report noted that Palestinian women are subject to the same hardships as identified in the Lebanese reports to the CEDAW Commission, but face the additional hardships in education, health, employment and public life resulting from their refugee status (Ibid.).

5.3 Gender-based violence and personal safety

Gender-based violence in Lebanese society occurs within the family, educational institutions and against domestic workers. Like most Arab countries, women do not received sufficient protection against domestic violence. Honor crimes and domestic violence against women and children and crimes against foreign labor persist in the absence of adequate legislative framework and protection (UNDP, 2006). The relegation of family matters to the different religious courts presents an added complication. The limited capacity of the state to enforce protection and its inability to claim a monopoly on the use of force in these spheres and others remains a source of concern (UNDP, 2009b, p. 28). In 2002, according to UNFPA data, 35% of women in Lebanon experienced some form of physical violence, and according to Save the Children data from 1998, 12 honor crimes a year were documented (both reports cited in UNDP, 2009c). It is presumed that both these figures are low due to non-reporting.

The state response to all forms of gender-based violence remains inadequate.

Despite minor changes made to the penal code in 1996 that slightly increased the punishment for honour crimes, Lebanese legislation generally is seen to be ineffective in prosecuting perpetrators and is in fact designed to protect those who kill. Those working to eliminate violence against women argue that existing laws themselves embody notions of honour (CRTD-A, p. 16).

The Lebanese NGO, Kafa (dedicated to stopping all forms of gender-based violence and exploitation) provides counseling, medial and legal services to victims of violence. They have published a few studies, including an overview of child sexual
abuse undertaken in coordination with Save the Children – Sweden (Usta et al, 2008). Based on focus groups with children and a cross-sectional survey across Lebanon of 1,025 children, 16% of children admitted to experiencing at least one form of sexual abuse in 2006 (Ibid.). Focus groups with mothers and educators indicated a lack of knowledge regarding both the prevalence and the factors leading to child sexual abuse (Ibid.). Although boy and girl children were equally at risk of sexual abuse, cases of girl victims were treated with greater secrecy than that of boys (Ibid.).

In April 2011 the Lebanese Ministerial Cabinet approved a draft law prosecuting domestic violence; at present, the law remains “under consideration” by a Parliamentary Committee. The law proposed that cases of domestic violence would be tried in a civil, rather than religious, court. According to the Lebanese English-language newspaper [The Daily Star], if passed the law would “assign a public prosecutor in each governorate to investigate reports of domestic violence, create specific sentences for perpetrators, and allow women and children to seek a restraining order within 48 hours.” A multi-sect religious movement in opposition to the draft law has made numerous public statements decrying the proposed law, with the two highest Muslim institutions (Dar al Fatwa and the Shiite Higher Council) both actively in opposition.

Local Palestinian NGO Association Najdeh assessed domestic violence in the Palestinian population in Lebanon through a random sample of 300 households in 2001, with follow-up in 2003 (Association Najdeh, 2004). Their findings showed that the beating of women or girls was not treated as taboo by nearly half of the respondents, 18% reported being hit in the three months prior to the survey and at least half had experienced verbal abuse (Ibid.). According to the 1999 Fafo data, 23% of women had ever been physically abused by their current husbands, 30% of whom were kicked or hit by his fist (Jacobsen, 2004). In a study of Palestinian refugee women attending an antenatal clinic in Lebanon, 26.2% reported having forced sexual intercourse in the past year, with low educational levels one of the significant risk factors (Khawaja & Hammoury, 2008).

Female migrant workers in the Arab region, many of whom come from south-east Asia, are not accorded their rights as workers in many Arab countries and, lacking such protection, may be subjected to sexual assault and violence from their employers, as documented by the ILO (2004). The trafficking of women in and out of the Arab region is essentially undocumented, yet still constitutes a grave source of danger for the safety of women (Ibid).

August 4, 2011, the Lebanese Parliament passed an anti-trafficking law further amends the Lebanese penal code. Criminal procedures were legalized to specifically address the crime of trafficking in persons. The new law provides a clear definition of trafficking, defines victims of trafficking, and sets penalties for traffickers. Activists have criticized the Law as it does not, however, provide clear directives on implementation.

5.3 Data sources

Concepts like gender, rights and empowerment are much more difficult to measure than basic social development indicators, and there is a commensurate lack of data globally, as well as in Lebanon. In addition to the UNDP’s gender indices, ESCWA, the ILO and the World Bank provide nationally representative data on women’s achievements. The UNDP’s Arab Human Development Report of 2005, which focused on women, also provides additional measures of women’s empowerment, as well as some indicators of gender-based violence. The other main sources of data are from local NGOs, namely the Lebanese CRDT-A’s Caught in Contradiction and the Palestinian NGO Association Najdeh’s survey of domestic violence in the refugee camps. Finally, the three governmental and shadow reports on Lebanese compliance to CEDAW are very useful indications of women’s actual empowerment.

There are also a fair number of small-scale studies (academic and NGO-sponsored) and research projects into women’s empowerment, whose findings are not included in the above summary. Researching in both the Lebanese and the Palestinian refugee population, these studies include topics like: beliefs about and incidence of domestic violence; child sexual abuse; perceptions and attitudes towards rape and marital rape; teenage sexual violence; as well as research into women and work/domestic work.
Overall, the quality and quantity of data on gender-based violence is very limited – as in most countries – with the majority of research stemming from small-scale qualitative studies. Given the high rate of suspected under-reporting, official figures are not considered reliable, nor are they regularly published. Within the nationally representative studies on the Lebanese and Palestinian refugee populations, GBV is very rarely – if ever – addressed.

6. Conclusion

Our comprehensive review of the published and unpublished literature (including NGO reports and official documents) in Lebanon for the last 10 years has revealed that, surprisingly, there has been little research or conceptual thinking on the nexus of reproductive health, poverty and social development in the country. Our review of over 250 academic, UN and NGO articles and reports shows that studies have been conducted on gender and employment, gender and poverty and gender and health, respectively, but the developing of a multifaceted picture of gender, health and poverty or social development has not been attempted to our knowledge. This gap may in part reflect the priorities of Lebanese research institutions: while there are numerous universities in the country, development studies and indeed multidisciplinary programs addressing gender and social development have – with only a few exceptions – not yet been established. At the same time, however, these universities are producing significant amounts of research on individual sectors (health, education etc.) and emerging issues that is increasingly submitted to and published in the international peer-reviewed literature. By and large, the empirical studies that have been conducted are based on limited geographic areas or sample sizes, partly owing to the restricted availability of research funding in the country.

Apart from specific population, health and living conditions surveys, there is relatively little nationally representative population-based data on these concerns. Moreover, as elsewhere, population and health surveys focus primarily on ever-married women, neglecting the growing population of young, unmarried people as well as men. As Lebanon has not conducted a census since the 1930s, the lack of demographic data further constrains our understanding of the demographic
composition and distribution of the country.

Many of the sources for this report draw on the growing body of research being conducted by UN agencies and international and local NGOs. The NGOs are generating original data on the communities they serve and the topics they address. This literature, however, is by and large unpublished, of limited circulation and at times difficult to access, with at least a third of NGO data only available in Arabic. International organizations are another major source of data. Beirut is host to the regional offices of both the Economic and Social Council for Western Asia (ESCWA) and the International Labor Organization. These and other international organizations with regional offices in the region have generated a wealth of data, in which Lebanon is typically included, some of which is Lebanon-specific. Although these reports provide useful data, generally, however, they tend to be descriptive rather than analytical.

Despite these lacunae in the existing research, however, Lebanon presents an interesting case study for at least five inter-related reasons.

First, as a middle-income country, access to social services and expenditure on social welfare is high, resulting in relatively good coverage and access across the country. Nevertheless, good access belies problems of quality and distribution, largely due to the very privatized nature of social welfare provision. For example, as shown above, access to skilled attendance at delivery is almost universal in Lebanon, yet extensive research has documented problems of quality and indeed the over-medicalization of maternal health services within a health system that is highly privatized and poorly regulated. In education, girls and women have good access to education; however, as it, too, is highly privatized, or relies on civil society or faith-based organizations, quality suffers and standards across the country are uneven. Women’s high levels of education do not translate into significant labor force participation rates among women; indeed, evidence suggests that women tend to focus on subjects that are not in high demand by employers.

Second, appearances are deceptive concerning women’s social status in the country. While ostensibly less socially conservative than other Arab countries, there are many social barriers to women’s autonomy. Indeed, as a prominent NGO working on gender issues in the country has described in their report entitled “Caught in
contradiction”: “While Lebanon boasts some of the best gender statistics in health and education in the Arab region, not to mention the degree of social mobility for women that exists in the country, it is also home to some of the worst regional rates of gender equality in areas of political representation, leadership and participation in the labour force and the economy, and is among the countries in the region which have enacted the fewest changes to discriminatory laws governing personal status and citizenship” (CRTD-A, 2006, p. 7). In employment, for example, there are many social barriers to women working once they marry and have children, and the lowest maternity leave entitlements in the region further discourage women’s work (although this has not yet been a topic of research or significant activism in the country). Thus, not surprisingly, ESCWA reports that 68% of all women workers are single (ESCWA, 2009).

Third, the sectarian nature of politics and society in Lebanon plays a key role in dictating gender roles and rights. In a county with a highly active civil society, there are relatively few non-service oriented women’s NGOs; arguably this is partly due to the sectarian and politically factionalized nature of civil society in the country. Those that do exist tend to focus on the issues such as violence against women and reform in personal status legislation, including campaigns to allow women to convey citizenship to their children and to introduce civil courts and civil marriage. As all personal status issues are dealt with through religious bodies, these concerns are foremost among the feminist movement in the country.

Fourth, the legacy of the 15-year civil war, the devastating effects of the Israeli war on Lebanon in 2006 and the domestic political instability that has characterized the period since the assassination of Prime Minister Rafic Hariri in 2005 have resulted in a preoccupation among political leaders with short-term political goals rather than social development. Always susceptible to wider regional power struggles and alliances, Lebanon’s recent history has lurched from crisis to crisis with long-term planning and development relegated to lower public policy priorities. Moreover, the politicization of social concerns from poverty and unemployment to health and education makes it extremely difficult to reach national consensus.

Finally, Lebanon presents an interesting demographic scenario that has clear implications for women’s well-being, with its fertility now below replacement level, a
rising age at marriage, growing proportions of never-married women and both a youth bulge and an ageing population, all of which pose challenges for social policy.

In conclusion, Lebanon, while being under-researched, presents an interesting case study for a global comparative study on gender, reproductive health, poverty and social development. Moreover, ongoing political change in the wider region will have its repercussions in the country, which will undoubtedly be accompanied by greater pressures for public accountability and transparency, as well as a long-needed focus on social development for all the region’s citizens.

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