



Gender and disability reality and challenges

The lives of women with disabilities in northwestern Syria
from a psychological, social and economic perspective



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We would like to begin with our thanks to the Hand in Hand Relief and Development Organization (Hand In Hand For Aid and Development), which, through the ladies and gentlemen of its board of directors and the management of its centers in both the cities of Afrin and Al-Bab in Northwestern Syria, contributed great efforts to facilitating the work of the report's preparers by connecting them with the participants who were interviewed and answered the questionnaire. Our profound gratitude goes to these ladies for sharing some of their harsh experiences with us, which must have required immense patience, openness, and the courage to recall their personal pain.

Thanks are due to everyone who contributed to the completion of this report.

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Introduction

Syria has been experiencing a conflict for over thirteen years, which has led society to confront profoundly negative impacts across all aspects of life and on all levels. The armed conflict, oppressive practices, and the control exerted by authorities in various regions have resulted in thousands of victims. Many have lost their lives or their freedom, while others have lost their stability, homes, and basic services necessary for survival. This has led to a significant displacement movement within and outside the country, exacerbating their previous difficult circumstances. In the northwestern part of the country, which is under opposition control, alone, there are 4.2 million people, including 2.08 million displaced individuals, with just over half of them living in overcrowded camps in the region amidst extremely challenging conditions¹.

All of these factors have led to a significant increase in the number of people suffering from disabilities, whether resulting from direct injuries or from the lack of services, which itself caused disabilities or deeply affected those who were already disabled before 2011. According to data collected by the United Nations in 2021, approximately %28 of Syria's population over the age of two suffer from some form of disability, 11 years after the outbreak of the revolution.

The northern regions of Syria are witnessing an increase in the number of people with disabilities. The United Nations reports that approximately %37 of the population in northeastern Syria suffer from some form of disability, whilst the percentage is more than double the global average of around %15. This percentage is more than double the global average of around %15.

Emina Ćerimović, Senior Researcher in the Disability Rights Division at Human Rights Watch, emphasizes that: «**The increase in numbers is not solely due to the war, as it is not only about individuals being injured by bullets or in bombings. It is also related to the lack of healthcare and other services. All of this has led to many children and adults suffering from disabilities that they would not have otherwise. Therefore, we fear that the numbers may be even higher than reported.**»²

In any case, the reality of people with disabilities before the conflict, though somewhat obscured in terms of statistics and research, seems that, given the existing special services and programs, it was not in the best condition, as the participants in this report indicated. In a patriarchal society marked by clear discrimination against women, which can be observed in all areas, it is expected that the reality of women with disabilities is even darker. Generally, in any culture, the expected roles for disabled men differ from those for disabled women according to that culture. However, the hierarchical power structure typically tends to elevate males over females and the able-bodied over the disabled³. Therefore, the interaction of gender with disability does not appear to be in favor of women. In the Syrian context, which adds conflict and displacement to this already challenging equation, understanding the outcome of all these factors was the goal behind this report.

This report looks forward to shed light on the crisis and the living situation of Syrian women with disabilities in the northern regions of the country. It explores how the intersectionality of identities affects their lives and the resulting impact of these dynamics on their psychological, economic, and social status.

¹United Nations Office for the Coordination of Humanitarian Affairs (2024). "Syria". [Accessed 6 May 2024].

²DW, 2024. مأساة متسببة: مئات آلاف المعاقين يسوريين يكابدون ظروفًا صعبة. [Online]. Deutsche Welle. Available [Accessed 6 May 2024].

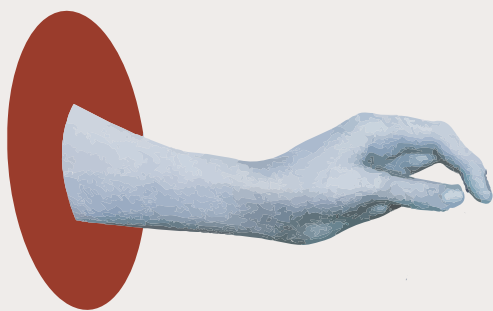
³M. Helen. Gender and Disability, 2004. [Online] Available from: <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/meekosha-meekosha>. [Accessed 6 May 2024].

Basic Concepts and Definitions

Displacement: Internally displaced persons (IDPs) are defined as individuals or groups who have been forced to flee their homes or habitual residences due to armed conflicts, generalized violence, human rights violations, or natural or human-made disasters, but who have not crossed an internationally recognized state border. Unlike refugees, IDPs remain within the borders of their own country and remain under the protection of their government, even if that government is the cause of their displacement⁴.



The Guiding Principles on Internal Displacement, presented to the United Nations Commission on Human Rights in 1998, provide an international framework for the protection of internally displaced persons (IDPs). Although this document is not legally binding, it is based on existing international human rights law and humanitarian law to offer guidance on the rights and protection of IDPs.



Disability: Disability can be defined from various perspectives, including medical, social, and legal viewpoints. The widely recognized definition comes from the World Health Organization (WHO), which describes disability as an umbrella term for impairments, activity limitations, and participation restrictions. It refers to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). This definition emphasizes the importance of social and environmental factors in the experience of disability, rather than focusing solely on the physical or mental impairments of the individual⁵.

⁴Office of the High Commissioner for Human Rights (OHCHR). (n.d.). About Internally Displaced Persons. [online] Available.

⁵World Health Organization, 2011. World report on disability. [online] Available [Accessed 6 May 2024].

Gender: Gender refers to the culturally expected differences between males and females, rather than biological differences. According to the World Health Organization (WHO), gender is used to describe the socially constructed characteristics of women and men, including the values, norms, and practices associated with a particular sex. Gender can vary between societies and can change over time. Moving from definition to practice, the concept of gender encompasses the societal perceptions and expectations of males and females, which are based on how society is organized, rather than on biological differences between men and women⁶.

Mental Health: Gender refers to the culturally expected differences between males and females, rather than biological differences. According to the World Health Organization (WHO), gender is used to describe the socially constructed characteristics of women and men, including the values, norms, and practices associated with a particular sex. Gender can vary between societies and can change over time. Moving from definition to practice, the concept of gender encompasses the societal perceptions and expectations of males and females, which are based on how society is organized, rather than on biological differences between men and women⁷.

Peer support: Refers to the process in which individuals who share similar experiences, situations, or challenges provide emotional, social, or practical support to each other. It is based on principles of empathy, shared identity, and mutual respect within the context of mental health. For example, peer support workers utilize their personal experiences with mental health challenges to support others in their recovery journeys⁸.

Service provider: The term «service provider» in the context of charitable work refers to any organization, group, or individual that offers services aimed at meeting specific needs or improving the well-being of communities or individuals within those communities. These services can range from healthcare, education, and housing assistance to providing food, legal aid, counseling, among other things. Charitable service providers often operate on a nonprofit basis, meaning their primary goal is not profit-making but rather serving the public interest and advancing a social cause. They may be funded through donations, grants, government support, or a combination of these sources. The effectiveness and impact of these service providers are often measured by their ability to meet the needs of target groups and contribute positively to community well-being⁹.



⁶S. McLeod. *Biological Theories of Gender*. 2014.

⁷World Health Organization (WHO) Regional Office for Africa. 2014. *mental Health Atlas*. [pdf] WHO. [Accessed 6 May 2024].

⁸Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141.

⁹Payne, M. (2014). *Modern Social Work Theory*. Oxford University Press.

Methodology

A mixed-method approach was adopted in completing this report, aiming to delve into the study of the situation of women with disabilities in northwest Syria with the highest possible inclusivity and accuracy, despite the significant logistical challenges that may hinder the path of any physically absent researcher in the region, and the difficulties that the targeted sample of women with disabilities may face in a complex environment, whether in terms of living or services.

The report included conducting a quantitative analysis through a questionnaire designed to gather basic information about participants' experiences and beliefs regarding topics relevant to the report, such as psychological, social, and economic status, in addition to the interaction of disability status with gender and displacement. The questionnaire was divided into four main sections, each targeting a specific aspect of the information provided by the participants based on their personal experiences and perspectives on various aspects. Information collected included:

1 Demographic data of participants such as age, marital status, educational level, and place of residence, whether original or displacement location, among others.

2 Information related to the psychological status of participants: their awareness of the importance of mental health, their experiences in seeking specialized care, and the availability of mental support services.

3 Economic aspects such as sources of income, livelihood stability, employment opportunities and obstacles, and assessment of changes in living

standards and economic security before and after the conflict and displacement.

4 Beliefs related to gender and its impact on disability, compared to their beliefs about the status of men with disabilities.

5 The availability of various essential services for women with disabilities in northwest Syria, based on the experiences of the participants.

In addition to the questionnaire, extensive interviews were conducted with the women who participated in answering it, through detailed individual dialogues conducted by the two report's preparators with each of them. It was crucial to delve deeply into exploring their experiences and opinions on the key issues covered by the questionnaire.

Since the questionnaire serves as a primary standard tool aimed at achieving a better understanding of the studied sample on one hand, and obtaining an overview that may be represented by the collected data on the other hand, the in-depth interviews with the participating women added greater accuracy and focus in revealing their reality.

By sharing their personal experiences and responding to open-ended questions related to the main axes of the report, it became evident that their individual experiences reflect a broader reality affirmed by the intersections of the interviews.

The report also gives special attention to surveying the opinions of caregivers through interviews with two caregivers in administrative positions, in addition to two other women working in the field of caregiving who face challenges due to their disabilities at the same time.

Care was taken to provide the participating women with insight and their informed and voluntary consent to the nature of participation in that they are not obligated to provide personal information that might lead to identifying them, and they have the right to withdraw at any stage or not to answer without the need to provide reasons or refer to the report's preparers or the intermediary organization.

Questionnaire

Twenty-eight women participated in completing the questionnaire, with interviews conducted with nine of them at a care center located in Afrin, and with another nineteen women at a center in the city of Al-Bab. Participants were selected by the organization «Hand in Hand for Relief and Development» according to diversity criteria determined by the report's preparers. Due to the presence of the latter two participants outside of Syria and the difficulty of accessing the targeted areas, the questionnaire was filled out and discussions were conducted online.

The report's preparers assisted in recording the responses after posing the questions to the participants and presenting the available options within the quantitative questions, which included demographic information and various positions within multiple-choice questions to explore specific aspects of the subject. One of the report's authors took on the task of clarifying the questions and explaining the questionnaire accurately from the beginning, ensuring to provide necessary explanations when needed without influencing the independence of the responses.

Care was taken to ensure diversity in the participating sample in the questionnaire; the participating women varied in terms of origin, age groups, educational levels, and social statuses. Additionally, the participants experienced mobility impairments resulting from various causes such as congenital disabilities, genetic diseases, accidents, sudden illnesses, injuries from armed conflict-related war, and others. The questionnaire forms were filled out individually with each woman, followed by more detailed interviews conducted at both centers.

To ensure privacy as much as possible, participants were given the freedom to choose pseudonyms to use throughout the report. Due to challenges related to providing separate rooms and diverse communication tools, it was not possible to completely prevent mutual influence among the participants. However, consistent responses among the participants reflected their personal experiences, indicating similarity in the information provided. Additionally, since all the women regularly received care at the center, this contributed to creating an atmosphere of intimacy and comfort, reducing any potential tension resulting from the surrounding environment.

Focus group

The questionnaire alone was not sufficient to provide a qualitative insight into the types of difficulties and experiences when disability intersects with displacement and gender. Understanding the impact of this intersection primarily related to the following aspects of the participants' lives: psychological, economic, social effects, discrimination against persons with disabilities and women in particular, gender-based violence, challenges of displacement and livelihood, and the lack of services resulting from conflict and displacement and their interaction with disability in an overcrowded area with displaced persons, lacking services, stability, and where discrimination against women is evident.

All 28 women who were surveyed participated in interviews. The questions were open-ended under broad titles covering the aspects the report seeks to investigate, but the women freely shared their experiences. For some, it turned into a revelation session where they conveyed their concerns and problems at all levels. New perspectives emerged as they narrated points of extreme importance that were not in the minds of the report's preparers and couldn't be captured by the previously conducted questionnaire. Additionally, the women themselves provided recommendations they believed could improve the complex situations.

Extended interviews were conducted with the director of the center in the city of Afrin and the director of the center in Al-Bab city, to identify the obstacles to civil work that specializes in caring for people with disabilities and women in particular, and to understand the needs and role of caregivers and the general situation in the region, and to understand the impact of the various necessary services on women's lives and the disastrous impact of their absence, and the reasons for this absence, and obtaining clear recommendations regarding the aspect of civil work that is

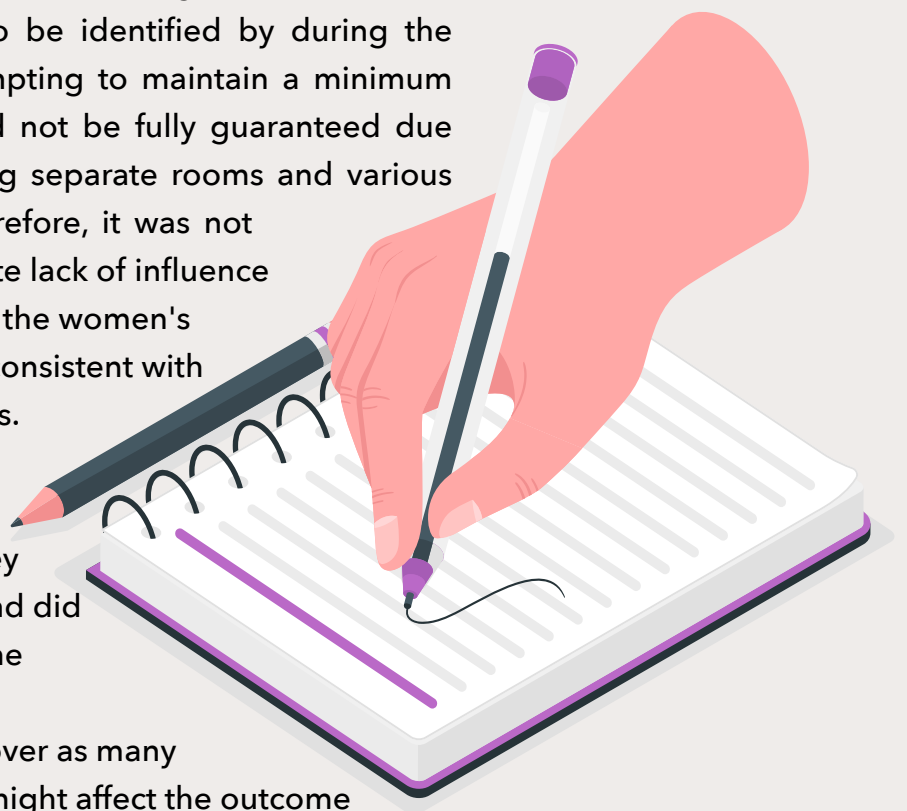
expected in many Syrian regions to meet the basic needs of various segments that are usually important to entire countries and societies.

The discussion took place within one room, but individually between each participant on one side and the report's preparers on the other. Women were given the freedom to choose pseudonyms to be identified by during the report's completion, attempting to maintain a minimum level of privacy that could not be fully guaranteed due to the difficulty of securing separate rooms and various communication tools. Therefore, it was not possible to ensure complete lack of influence within the group, although the women's consensual answers were consistent with their individual experiences.

Additionally, since they all received regular care at the center, this ensured they felt a sense of familiarity and did not express tension from the surrounding environment.

The report attempted to cover as many variables as possible that might affect the outcome of the tripartite relationship between disability, gender, and displacement. However, severe logistical difficulties must have prevented many other variables from being covered.

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Target sample

The age group

Most of the participants were young women aged between 30-21 years, constituting %30 of the sample. Younger women were also included to understand the impact of disability and gender on children and adolescents, with %11 of the sample being under the age of 20. Additionally, several women of all age groups had experienced disability at an early age (Figure 1).

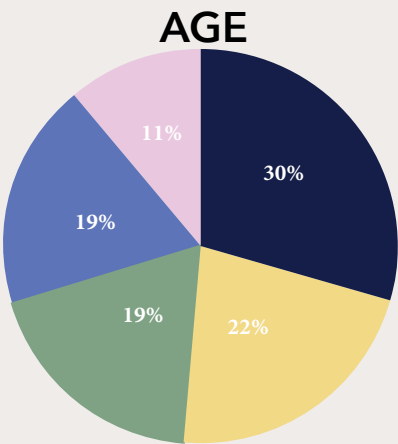


Figure 1

Women over the age of fifty years constituted %19, which indicates an understanding of an additional variable, which is aging and its natural difficulty in the absence of spatial and economic stability, a difficulty that becomes double with disability. A report prepared by the Support Coordination Unit in December 2023 showed that women over the age of 49 constitute A significant percentage of all age groups have disabilities, while the largest percentage of women over the age of 59 is located in northwestern Syria. According to the same source, there are higher rates of disability among women in the northwest compared to men (Figure 2).

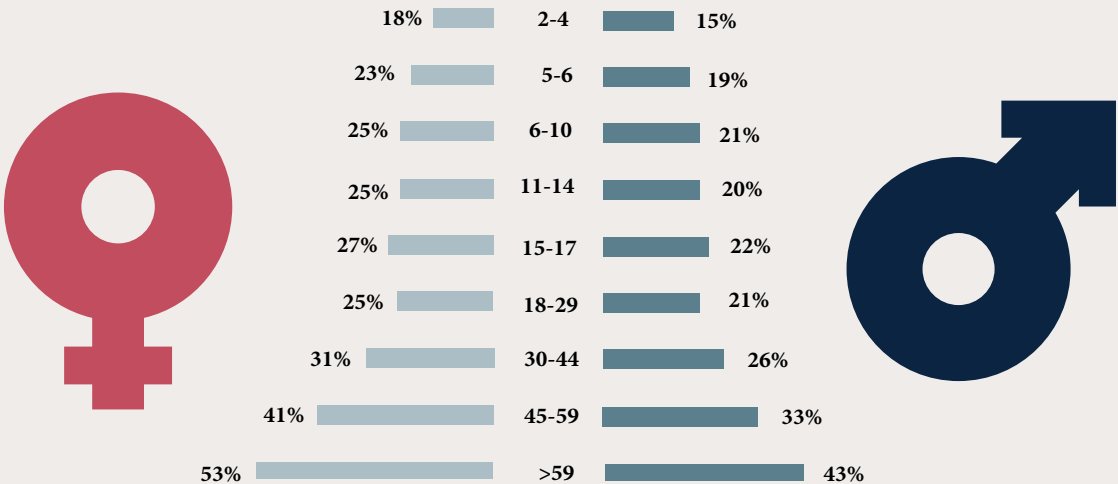


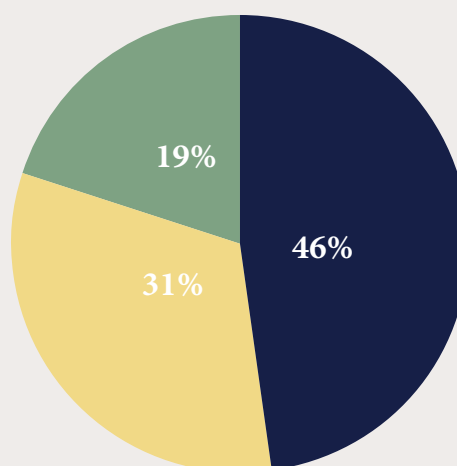
Figure 2

Marital status

Participants were also asked about their marital status, as it is clear that family, disability, and gender are deeply intertwined factors when it comes to women. On the one hand, society imposes stereotypical perceptions when it comes to men and women within the family, and these stereotypes are disrupted in the case of disability. If the stereotypes affect women in particular, then women with disabilities will be seen as not qualified to form their own families - and thus cultural obstacles will be determined¹⁰. Furthermore, each culture has its gender disability stereotypes that emerge and develop within that specific context. For example, an Arab woman is expected to be responsible for running the household and taking care of children. However, this is not the case for disabled girls who may have the desire to act according to their gender role expectations but are simultaneously deprived because of their disability.

Furthermore, according to gender role expectations, men are considered responsible for financially supporting the family and guiding it. When men acquire a disability later in life, their masculinity is attacked, and they consequently face struggles to assert their supervisory role¹¹. On the other hand, the same stereotypical roles view the special needs of women as a burden on their family if they are not married. Iraqi journalist and disability researcher Riya Al-Jader highlights the issue of inclusion in society, saying, «When a child is born with a disability, they are often seen as a failure. If it is a girl, she is seen as a burden on her family.¹²»

Homemaker women constituted %31 of the participants, while single women constituted %46 (Figure 3).



Marital status
Figure 3

¹⁰M. Helen. *Gender and Disability*. 2004. [Online][Accessed 6 May 2024].

¹¹Ibid

¹²DW, 2024. مأساة منسية: مئات آلاف المعاقين بسوريا يكابدون ظروفًا صعبة. [Online]. Deutsche Welle.[Accessed 6 May 2024].

Educational level

The questionnaire also inquired about the level of education attained by the participating women, as disability can affect access to education, and the absence of academic or vocational training can reduce women's job opportunities, which are already scarce.

The ability of women to achieve financial independence can impact their mental health and their ability to access necessary services if they are not free. Of the participants, %31 had received or were receiving university education, while only %15 had been able to learn a trade or craft¹³.

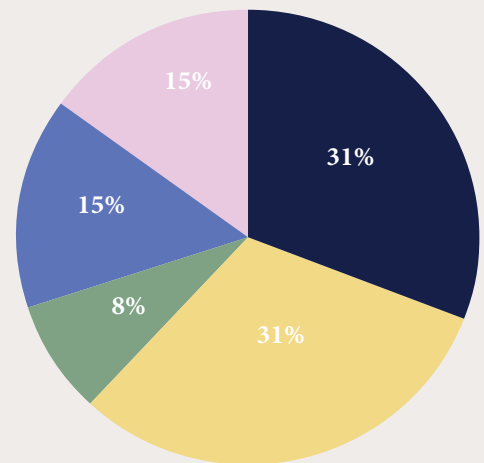


Figure 4

Place of Residence

The questionnaire surveyed the participants' place of residence and whether they were originally from Afrin and Al-Bab or had been displaced from other areas. The report focuses on displacement as a highly influential factor, considering the situations of women with disabilities from an intersectional perspective.

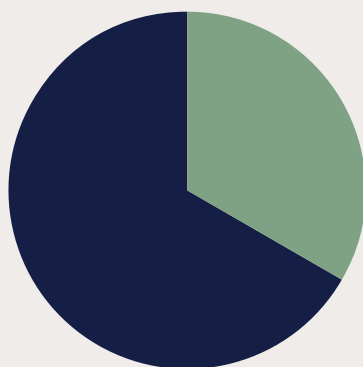
Although there is no direct study to understand the relationship between displacement, gender, and disability, the fact remains that «globally, in 2016, approximately 66 million people were forcibly displaced.

About 13.2 million of them were persons with disabilities¹⁴»- This fact indicates that there is a significant segment affected. The psychological, social, and economic impacts of displacement apply to all displaced individuals (males&females), and these impacts can interact differently in the presence of disability and when the displaced person is a woman.

¹³Smith, J. (2023) *Understanding Education: A Comprehensive Guide*, 3rd ed. London: Education Press, p. 5.

¹⁴Women's Refugee Commission. Fact Sheet: Disability Program. 27 February 2014. [Online][Accessed 6 May 2024].

In the case of external displacement (refuge), «the opportunities available to displaced Syrian women with disabilities were limited due to stigmatizing attitudes such as being a disabled female and being a refugee, which are considered social barriers, compounded by the effects of displacement.^{15, 16»..}



Original Place of Residence

Figure 5

Therefore, most of the participants were displaced women from other regions, and they sometimes experienced several displacements, while they originally came from several Syrian cities and regions, such as Aleppo and its countryside, Homs and its countryside, Idlib, Deir Al Zour... etc. (Figure 5).

¹⁵Knowledge for Development (K4D). The current situation of persons with disabilities in Jordan. UK: Stephen Thompson. 2018. P.7. [Online] [Accessed 6 May 2024].

¹⁶R. Bushra. The Intersection of gender and disability in exacerbating poverty in displacement settings: Jordan as a case study. MSc International Development (Conflict, Security and Development), University of Birmingham: International Development Department, 2017. [Online] [Accessed 6 May 2024].

Preamble and background

Disability before the war

The situation of disability in Syria prior to the war appears to be ambiguous, as there is a lack of accurate and regularly conducted surveys and studies regarding people with disabilities in the country, which extends to various aspects concerning the population as a whole.

Local institutions have not taken the initiative to undertake studies and research specifically focusing on the disabled population segment. Statistics provided by UN and international institutions regarding disability rates in Syria are estimations, and they have shown significant fluctuations over the years. Moreover, there are considerable time gaps in these statistics, making it difficult to comprehend the changes in disability rates, their underlying causes, and their effects¹⁷ (refer to Figure No. 6).

According to a report commissioned by the UK Department for International Development¹⁸, data on disability in Syria is "limited due to a lack of research and negative social stigma¹⁹".

Syria ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on 10 July 2009, while it has not signed the Oslo Convention on Cluster Munitions and the Ottawa Mine Ban Convention²⁵.

World Health Organization 2011 ²⁰	The disability rate was %1	1981
World Health Organization 2011 ²¹	It became %0.8	1993
METS 2004 ²²	Estimated presence of 427,187 and 1,722,600 persons with disabilities out of a population of 17.4 million	2004
World Bank ²³	It is estimated that %3 to %8 of the population has a disability, i.e. between 10,600 and 1,366,200 people	2005
Saeed Foundation ²⁴	The number of people with disabilities has exceeded 2 million, or more than %10 of the population	2009

Figure 6

According to the Saeed Foundation, the main cause of disability among children in Syria before the conflict was consanguineous marriage which is more common in rural areas and has been estimated to be responsible for %25 to %50 of child disabilities. Other risk factors for child disability included: lack of prenatal, perinatal, and postnatal care, accidents at birth, lack of health care education and knowledge, accidents, and inadequate diet and nutrition.

¹⁷Alrashid Alhiraki, O., Fahham, O., Dubies, H.A., Abou Hatab, J. and Ba'Ath, M.E. (2022). Conflict-related excess mortality and disability in Northwest Syria. *BMI Global Health*, 7(5), p.e008624.

¹⁸Thompson S. Disability in Syria, 2017. [Accessed 6 May 2024]. ¹⁹Said Foundation. 2009. Syria programme – Five-year plan. [Accessed 6 May 2024].

²⁰WHO. 2011. World report on disability. World Health Organization, Geneva. [Accessed 6 May 2024]. ²¹Ibid

²²Metts R. 2004. Disability and development background paper prepared for the disability and development research agenda meeting, November 16, World Bank, Washington, D.C. [Accessed 6 May 2024].

²³World Bank. 2005. A note on disability issues in the Middle East and North Africa. World Bank, Washington. Accessed 6 May 2024].

²⁴Said Foundation. 2009. Syria programme – Five-year plan. [Accessed 6 May 2024]. ²⁵Handicap International. 2016. b. Syria, a mutilated future. Handicap International, Lyon, France [Accessed 6 May 2024].

The eastern regions of Syria recorded the highest level of disability prevalence among children²⁶.

The Syrian Organization for the Disabled was established in 2002. It is a non-profit civil organization that works to improve the lives of people with disabilities by building knowledge and awareness, providing treatment and rehabilitation, and promoting integration into society. It is not clear from available information whether it still works²⁷.

Some of the participants confirmed that they had previously benefited from some of the facilities granted to people with disabilities in some fields and institutions, as Souad worked in one of the municipalities after her graduation, and one of the participants mentioned that the Ministry of Social Affairs and Labor was granting seats to people with disabilities in some government institutions, while Rafiq mentioned that there was a special preference for students with disabilities, but all participants stressed that the state lacks appropriate services for people with mobility disabilities at least and the lack of infrastructure for them and that they are also affected by the corruption prevailing in the country, as we will detail in future axes.

Disability After the War

Over 13 years of conflict, deteriorating infrastructure, and continuous displacement in Syria, millions have been exposed to injury and trauma. Additionally, on the morning of February 2023, a devastating 7.8 magnitude earthquake struck southern Turkey and northern Syria, resulting in thousands of casualties and injuries in both Turkey and northwestern Syria.

The number of casualties in northwestern Syria reached 4,540, with 8,786 injured, many of whom lost limbs or became disabled²⁸.

All these factors have exacerbated the risks faced by people with disabilities, undermining their access to essential services and support.

According to a report prepared by the Assistance Coordination Unit in December 2023 in non-governmental areas of northern Syria²⁹, which are the same areas covered by our report, the number of people with disabilities in those areas, governed by various entities, is as follows:

²⁶Said Foundation. 2009. Syria programme – Five-year plan. [Accessed 6 May 2024]. ²⁷AAMAL. 2017. Syrian Organization for the Disabled. Accessed 07 March 2017 [Accessed 6 May 2024].

²⁸Anon. (n.d.). Disabilities in Northern Syria Prevalence and Impact. [online] Available at: https://acu-sy.org/imu_reports/disabilities-in-northern-syria-prevalence-and-impact/ [Accessed 6 May 2024].

²⁹Ibid

%52 of individuals over the age of two experience difficulties performing daily tasks that may reach the level of disability.

In northern Aleppo, %63 of people face difficulties or disabilities in northern Aleppo.

%59 of individuals in Afrin have difficulties performing daily tasks or disabilities.

%58 In Idlib.

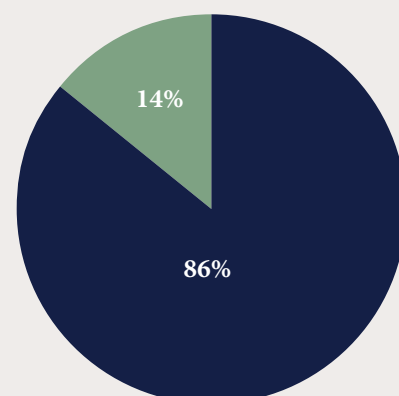
%21 in the Ras al-Ain and Tal Abyad regions.

%48 of individuals experience disabilities in northeastern Syria.

Disability and Discrimination

The statistical reality related to people with disabilities in Syria itself shows a neglect of this segment. The situation of disability before and after the war appears to vary in terms of the increase in the size of this group, the disparity in the services provided, and the introduction of new aspects that create difficulties for living with a disability in a country like Syria. However, our extensive discussions with the participants who had disabilities before the war, especially those who were born with a disability or developed it during childhood, provided us with an opportunity to understand whether the war alone was responsible for their suffering or if the societal and state realities had previously laid the foundation for the subsequent neglect.

We asked the participating women an initial general question: whether they believed there was discrimination in society against people with disabilities in general, regardless of gender or displacement. It was not surprising - albeit saddening - that %86 of them answered «yes» without hesitation. As for the remaining %14 who believed there was no discrimination, they



Is there discrimination against people with disabilities (Males and females) in Syrian society?

Figure 7

later explained in the discussion that based on their personal experience, they had not noticed it, and they couldn't definitively judge the experiences of others. With simplicity and cruelty, Saad sums up the reality saying: «The disabled person was never important in Syrian society before the revolution, and will not be after it, always remaining at the bottom of the priorities.» «We wanted to understand exactly what this means for them, and how this discrimination manifests, and the aspects in which they lack a sense of importance and priority, leaving the freedom of choice for participants between several aspects and allowing them to choose several answers if they believe it is necessary. As a result, the absence of acceptance and support highlights the discriminatory forms in society, where the participating women later revealed experiencing bullying, derogatory comments and actions, or the absence of any form of social support, whether at the level of services or at the level of individuals and families.»

«Secondly, there is also discrimination by society towards people with disabilities regarding opportunities to form relationships; whether friendships in childhood or romantic relationships and finding partners later on. Additionally, the service, professional, and educational aspects not better off. in terms of equality among members of society, including those who have experienced disabilities.»

Reem, who suffers from congenital dislocation, says: "I was always sad and isolated during my childhood. There was no awareness and knowledge as it is today. There was no medicine and psychological and educational support services." She adds: "Advancing age helps in accepting and coexisting, while children face great difficulty in understanding their disability and difference."

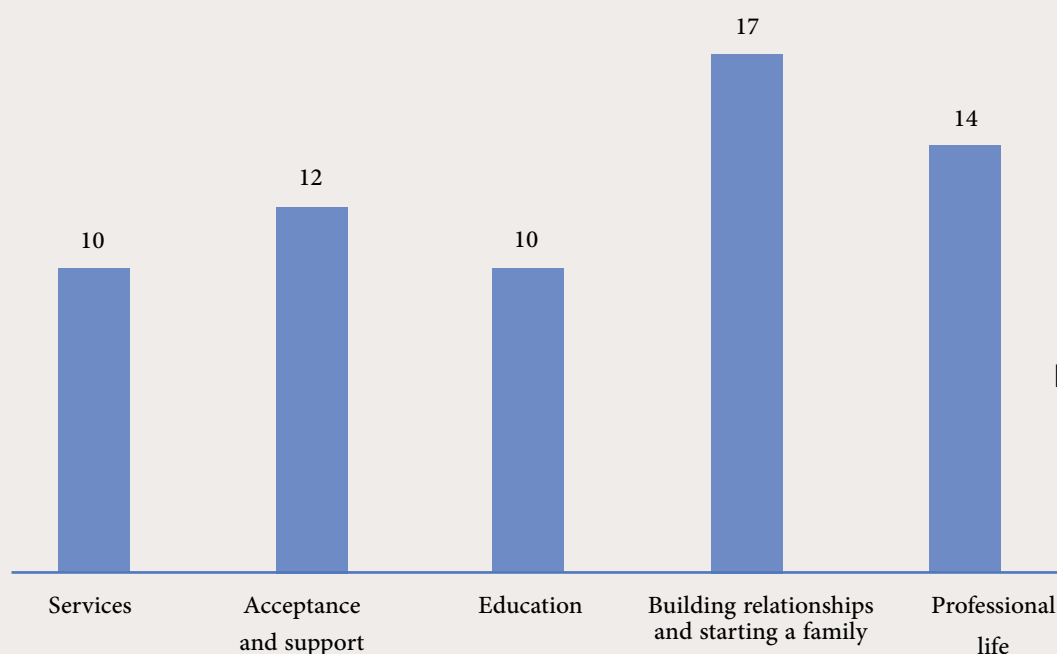


Figure8

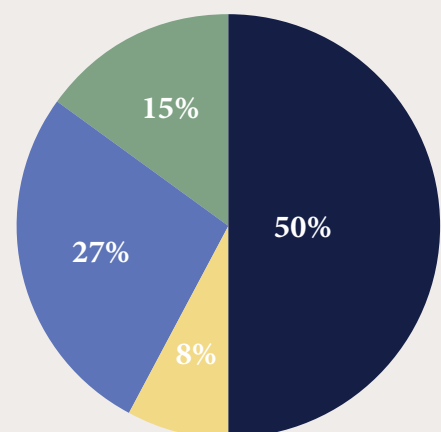
Given that the participants focused on the issue of acceptance and support during the questionnaire and discussion, it was important to understand the differences between them at the level of experience with this discriminatory practice. They were asked about the level of social support, which was explained by the support of their families and their close and then distant circles of social relationships.

%50 of them answered that they felt that they had received support. They focused on their families, especially parents of both genders, as a source of this support, although some of them indicated that the more distant circles were never at the same level. The second half of the answers were divided between those who received moderate support and down into complete absence of this acceptance and support, even from the people closest to them.

One of the women pointed to an experience that seemed extremely extreme in terms of neglect and estrangement; **Hind** lives completely alone in a camp, while her father, who remarried and started a new family, lives several tents away, never having visited her even once and perhaps knowing nothing about her, while her brother was the one who brought her to this camp after community pressure when he initially decided to leave her alone in the village after news of the Syrian army's invasion.

Her brother succumbed to pressure and took her with his family to the camp, where she was left as before after her brother traveled and her father remarried. In contrast to what could be considered an extreme example, others received significant and ongoing support from their families.

Zainab, on the other hand, believes she owes everything to her parents. However, at a slightly broader level, the community appeared to be highly discriminatory in general.



Level of social support

Figure9

Ghaida believes that society tends to take one of two extremes in dealing with people with disabilities, with no middle ground: either pity or belittlement. While those offering pity may think they are only being sympathetic, they often do so in a way that places the disabled individual in a lower and pitiable position. Ultimately, this is not much different from healthy individuals who, whether explicitly or implicitly, believe themselves superior and view people with disabilities as nothing more than deficient or incomplete.

The discussion also highlighted that discrimination from educational institutions, for example, was not uncommon but seemed to be the norm, whether in rejecting the presence of children with disabilities in schools or not facilitating it adequately. It was surprising to know that some institutions specializing in educating people with disabilities were not any less discriminatory. On several occasions, **Nayma** explained to us how she stopped attending school after a school bus driver refused to pick her up every morning to take her to a school supposed to be specialized in educating children with different disabilities.

With her father unavailable in the mornings, she simply stayed at home. She also often faced rejection when seeking employment. Sham summarized the reason behind all these experiences as simply a lack of awareness in society about disabilities and justice.

The intersection of disability and gender

Disability from a gender perspective

The understanding of disability from a social perspective is viewed through the lens of the social model of disability, which assumes that social barriers and attitudes, rather than physical or mental impairments themselves, are the primary factors leading to the disablement of individuals³⁰.

This framework shifts the focus from individual limitations to societal structures that marginalize individuals with disabilities, and calls for societal adjustments and inclusive practices to accommodate diverse abilities³¹. In the context of Syrian women with disabilities, the intersection of disability with challenges related to gender and conflict represents a double social deprivation. Syrian women with disabilities face unique societal and structural barriers, including limited access to health care, education, and employment opportunities, as well as increased exposure to violence and discrimination³². Intersectionality theory, as proposed by Crenshaw (1989), is crucial in understanding how these overlapping social identities—being Syrian, female, and disabled—exacerbate exclusion and marginalization in the public and private spheres³³. Therefore, efforts to address the needs of Syrian women with disabilities must take into account these intersecting social factors to effectively mitigate the combined effects of their marginalization.

Disability and gender-based violence

Gender-based violence, or gender violence, is a comprehensive term for a wide range of expressions of violence. According to the Swedish International Development Cooperation Agency (SIDA), gender violence is:

«Any harm or suffering committed against a woman or girl, man or boy, which has a negative impact on physical, sexual, mental, developmental, or identity health.»

In most cases, the root causes of gender-based violence are inequality or discrimination. Studies show that people with disabilities are exposed to all these types of violence up to three times more than others, especially disabled women, who are considered more vulnerable than non-disabled women and disabled men³⁵.

Additionally, in the Middle East, despite the severity of the problem of violence directed by strangers against disabled women, this issue remains largely invisible and neglected due to cultural norms and the risk of retaliation against the perpetrators. This situation could bring further shame to families already stigmatized by the presence of a disabled woman³⁶.

³⁰Oliver, M. (1990). The Individual and Social Models of Disability. Paper presented at the Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians.

³¹Shakespeare, T. (2010). Disability Rights and Wrongs Revisited. Routledge. ³²Human Rights Watch. (2015). "Barriers Everywhere": Lack of Accessibility for People with Disabilities in Russia. HRW Report.

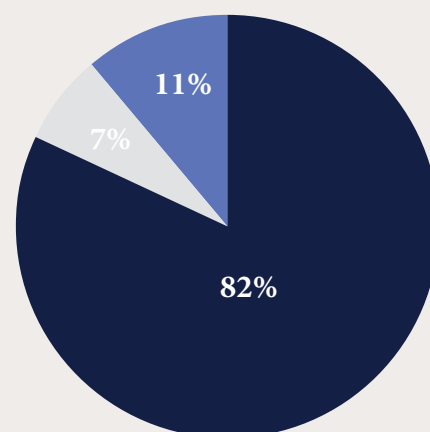
³³Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago Legal Forum, 1989(1), Article 8. ³⁴Stars of Hope Society and G, Ahmed. Op. cit., p.80.

³⁵Sida. Preventing and Responding to Gender-Based Violence: Expressions and Strategies. Sweden: Edita, 2015. [Online] Available [Accessed 6 May 2024].

³⁶Human Rights Watch. Include Women, Girls with Disabilities in Anti-Violence Efforts. 2015. [Online] [Accessed 6 May 2024].

Often, women with disabilities face a double form of discrimination. They are not only affected by gender biases but also by social and systemic barriers related to their disabilities. This intersectionality, involving their exclusion from various aspects of social, economic, and political life, leads to increased vulnerability to poverty, abuse, and neglect. Michael Oliver highlights in his book «Disability Policies»³⁷ the compounded marginalization experienced by women with disabilities, pointing out that social structures and policies often fail to accommodate their unique needs, further perpetuating their exclusion. This discrimination is not only evident in the labor market, where women with disabilities are underrepresented and earn significantly lower wages compared to their male counterparts and non-disabled peers but also in healthcare, where their specific health needs are often overlooked or inadequately addressed³⁸.

Women with disabilities in Syria face more pronounced discrimination, exacerbated by the devastating effects of ongoing conflict, displacement, and limited access to humanitarian aid. The intersection of gender, disability, and refugee status exposes these women to increased risks of violence, sexual exploitation, and neglect. Unique challenges confront women with disabilities in Syria, where conflict and destruction have profoundly impacted their lives, making them more vulnerable to marginalization within society and difficulty accessing basic services. For Syrian women with disabilities, the struggle extends beyond immediate threats to safety and survival; it includes long-term challenges in accessing education, healthcare, and employment in host countries, further exacerbating their marginalization and exposure to discrimination³⁹.



Does being a woman affect the experience of disability

Figure10

³⁷Oliver, M., 1990. *The Politics of Disablement*. Basingstoke: Macmillan.

³⁸World Health Organization, 2011. *World Report on Disability*. Geneva: World Health Organization. [Online] [Accessed 6 May 2024].

³⁹Human Rights Watch, 2020. *My Heart is in Pain: Syrian Refugee Women in Lebanon Speak Out Against Discrimination**. [online] Human Rights Watch. [Accessed 6 May 2024].

The concept of discrimination itself was not familiar to some participants in terms of terminology, despite most of them experiencing it in their lives. Some of them appeared reconciled with the belief that it is natural to be somehow deficient compared to others who do not have disabilities.

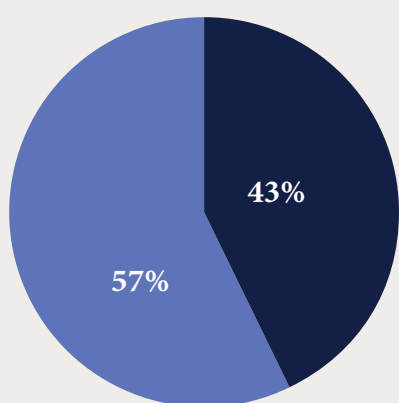
However, around %86 of the participants affirmed that there is discrimination, albeit invisible, against women with disabilities. Interestingly, those who believed that the experience of disability would be harder and harsher on men began their argument from conforming to the prevailing gender roles in society. Viewing men as providers and responsible for carrying the burdens of the family, disability and inability to work, for example, would seem devastating to them. Reem says, «Disability affects men more because the responsibilities assigned to them towards others are greater than those of women,» and Samira confirms this. In any case, the convictions of the participants who shared this opinion stemmed from the fact that men are the breadwinners in Syrian society.

Also, in alignment with the fact that men enjoy greater freedom of movement and action in society, the loss of this privilege is significantly more noticeable and impactful for them than for women who, due to the nature of some Syrian environments, are accustomed to staying home or being subordinate in decision-making to males in their families. Nevertheless, contrary to this, some participants felt that men with disabilities have even greater opportunities, even in terms of mobility and the ability to confront a society that discriminates against people with disabilities.

Later, the participants were asked about three specific axes related to the gender disparity in the experiences of individuals with disabilities, namely education, employment, and marriage and family formation.

Most participants believed that men and women would face different opportunities in seeking employment because it relates to society's perception of people with disabilities as incapable and unable to work. While about %57 of women confirmed that the difficulties in finding employment are similar, approximately %43 of them found the situation to be different, with this difference being in favor of men.

Some participants believed that in addition to society's inclination to view men's work as more important and necessary than women's work, men, even with disabilities, are able to choose from a much wider range of professions or jobs that women cannot work in due to societal norms. Nagham says, «I worked all my life to raise my children because my father made it clear that he wouldn't support them after my divorce, despite his ability to do so. But after the injury and disability, I can no longer work. Simply put, if I were a man, I would secure my livelihood even if it meant selling milk pudding (Sahlab) or vegetables, but imagine what would happen if I were a woman standing on the street selling milk pudding.»



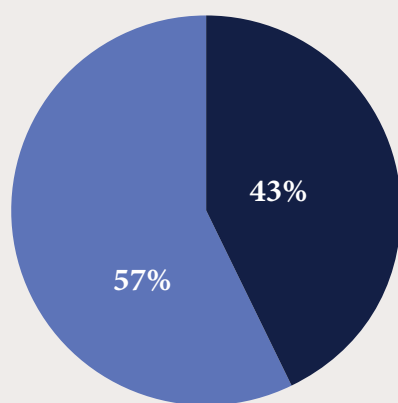
Job opportunities for men and women with disability

Figure 11

Similarly, when it comes to educational and rehabilitation opportunities, while one participant found that men have greater opportunities in these fields as well, others argued that the opportunities are equal, meaning there is equality. However, it seems that the obstacles regarding education are similar for both genders, as most of them revolve around the inadequacy of infrastructure to meet the needs of individuals with mobility disabilities. Batoul says, «In my case, some obstacles include the fact that there is only a staircase in the university, no elevator, and no place for a wheelchair. In my situation, someone must accompany me to climb up and down from the bus until I reach the building. Often, my friend or my father waits for me until the end of classes. These needs were not considered at the university despite the presence of a few other cases of students with disabilities, and there may be individuals who do not have anyone to help them, which is a sufficient reason in itself to make them unable to study, for example.»

While Roshin's father, whose daughter suffers from quadriplegia due to spinal cord inflammation, believes that women and girls are more sensitive to the social effects of disability: «Men and boys deal with their disabilities normally, they come and go without much concern, while my daughter is not willing to go out for a stroll in her wheelchair because she feels embarrassed.» On the other hand, he emphasizes that «Syrian society suffers from a significant lack of awareness, which complicates the task for parents as well as caregivers, as some people view disability as a punishment and believe it to be a divine justice towards parents or the child.»

Roshin's mother points out that there is a difference between genders in everything, even in education, and she highlights an important and influential point in the experience of girls and women with disabilities, in a society with certain cultural and religious characteristics: «A boy can be carried by anyone who volunteers, perhaps helped by his friends at school or simply by neighbors... etc. Whereas helping a girl falls primarily on her parents and immediate family, as it's not feasible for any passerby to carry a girl and assist her in reaching school.»



**Education opportunities
for men and women with
disability**

Figure12

While most of the responses didn't differ much when it comes to opportunities on the emotional and social side and the ability to establish a family in a discriminatory society.

Based on the same stereotypical roles, men appeared to believe that they were more capable of choosing a partner regardless of disability, and they might

even encounter less rejection from their surroundings. However, the opposite is true when it comes to a woman with a disability. Even if some men overlook the woman's disability when seeking to start a family with her, they will face strong opposition from their surroundings.

Buthoul says: «I don't feel a difference in opportunities for education or work,

but yes, when it comes to starting a family, men have higher chances because they can meet women who are willing to be with them despite their illness or disability. On the other hand, men prefer not to be involved with a woman in such a situation, and even their families and surroundings do not accept it.

Regarding my experience with disability, perhaps it was fortunate in my case that I am a woman, because this hereditary condition affects males more than females. Unfortunately, my cousin ended up confined to a wheelchair due to this condition.» Aisha: «My husband's family pressured him to leave me during our engagement, and indeed, the engagement was broken off before he returned to me because of his attachment to me.

They pressured him even though they have a grandson with a more complicated disability than mine, but he is a boy, whereas I am a woman who they don't think is suitable to be a wife.»

When one of the spouses becomes disabled after the family has formed, the participants believe that women are more likely to stay and serve their partner. Even if they don't do so for personal reasons, societal pressure will push them in that direction. Conversely, society accepts a man withdrawing from his relationship with a disabled partner. Coca says, «My husband remarried after my illness and lives with his second wife and her children, while my children who are abroad supported him.»

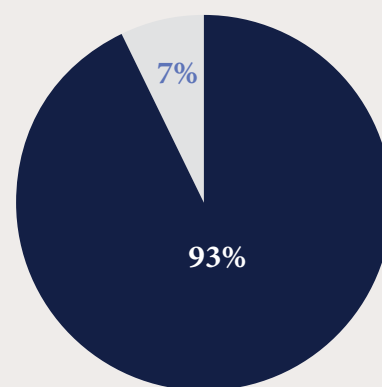
However, most of the participants were already married before the disability occurred, and only in two cases did they marry after the disability. The rest did not establish families and believed that the disability was the main reason, although some expressed a desire to do so, and there were exceptional cases where the partner provided care and support generously.

Baraa suffers from muscular dystrophy. She is from Homs and displaced, 27 years old, married, and a mother of two. She says: «Because of the war and displacement, I had to stop my education in the high school.» We have moved several times until things settled for us in Afrin.

The symptoms started for me when I was in my twenties, after the birth of my first child.

My husband knew we had a genetic predisposition to this disease, but we didn't expect it to affect both me and my sister because all those who had the disease were males.

My relationship with my husband was never affected; I didn't notice any change from him, nor from his family or our surroundings. I don't know, he didn't show me anything, but deep down, I feel like something has changed; I'm no longer able to do everything around the house... I can't lift anything heavy, for example, when my husband is not around.» And of course, the nature of the responses of the women who receive care from their partners, family, and their support reflected positively on most of the survey questions, and the positivity was evident in the interview.



Opportunities to marry and start a family

Figure13

Disability and maternity

The well-being of mothers with physical disabilities largely depends on the perceived social support available to them, which highlights a crucial aspect of their maternal experience. Research conducted by Smith and Andrews⁴⁰ illustrates that social support not only alleviates the psychological pressures associated with disability and motherhood but also significantly enhances mothers' perceptions of their competence and satisfaction with their roles as mothers. These findings align with the broader theoretical framework proposed by Thompson et al. in 2019⁴¹, which suggests that social support serves as a protective mechanism against the multifaceted challenges faced by parents with disabilities, by fostering an environment of emotional, informational, and practical support. Thus, the connection between social support and the well-being of mothers with physical disabilities provides compelling evidence for the necessity of comprehensive support systems that cater to the unique needs of parents with disabilities.

⁴⁰Smith, J., & Andrews, H. (2021). Social support and its correlation with maternal well-being among mothers with physical disabilities. *Journal of Disability and Parenting*, 12(2), 134-150.

⁴¹Thompson, R., Lee, D., & Yeo, M. (2019). The impact of community and societal support systems on the well-being of parents with physical disabilities. *International Journal of Social Support*, 8(4), 213-229.

This calls for a more integrated approach in social and healthcare services to enhance their journey in parenthood and overall quality of life.

This is what our research clarified: Mothers with disabilities appeared to be more affected by discussions about their families. Whether they were caring for their children themselves or their care was provided by others, vocabulary indicating feelings of guilt was repeatedly expressed. Some women pointed to their sense of inadequacy towards their children, considering it a major factor that enhances their feeling of disability. Furthermore, women seemed more accepting of sharing roles with their children and becoming recipients of care rather than providers.

The traditional role expected of mothers appeared somewhat diminished, with several women expressing a belief that they were a burden on their families or a reason for their children's lack of progress.

To expand the scope of the initial discussion, it is essential to delve deeper into the complex ways in which social support impacts the well-being of mothers with physical disabilities. A longitudinal study conducted by Hernandez et al⁴². reinforces the claim that ongoing social support not only helps alleviate the immediate stresses associated with physical disability in motherhood but also plays a significant role in long-term mental health outcomes.

These studies emphasize the importance of sustainable and adaptable support networks that evolve in response to the changing needs of mothers with physical disabilities over time. Furthermore, the work of Patel and Green⁴³ explores the intersection between physical disability and motherhood, highlighting how societal perceptions and access to support services critically impact the experiences of these mothers.

⁴²Hernandez, D., Liu, M., & Gonzalez, A. (2022). The role of longitudinal social support in the mental health of mothers with physical disabilities. *Journal of Maternal Health*, 15(3), 245-260.

⁴³Patel, S., & Green, R. (2023). Beyond physical support: The impact of societal perceptions and service accessibility on mothers with physical disabilities. *Disability and Society*, 38(5), 765-78.

They argue that addressing social barriers and promoting inclusivity in support mechanisms are essential steps towards fostering a more equitable environment for mothers with physical disabilities. These studies collectively point towards a comprehensive understanding of the multifaceted nature of social support, emphasizing that an integrative approach encompassing interventions at the societal level, healthcare, and policies is crucial in promoting the well-being of mothers with physical disabilities.

Sham says, «I was injured during my work at the field hospital in Bab al-Hawa and fell into a coma for a year, separated from my children for six years, then we reunited in Afrin.

I believe that the real disability is mental, my acceptance of the situation after the coma was much greater than my loss of my parents and that I knew nothing about them.»

On the other hand, mothers with disabilities expressed concern about their children or their roles as mothers, and several times different participants hesitated to express expressions of regret, inadequacy, or feeling burdensome.

Fatima says, «Women are more affected by disability at all levels, especially if they are mothers and unable to care for their children. My daughter is 3 years old, I can't bathe her or even comb her hair because of weakness in my hands.»

Gender and disability in the context of displacement (northwestern Syria as an example)

There aren't many theories that address all dimensions of the concept of gender and disability in the context of displacement. However, intersectionality provides a useful framework. It is expected that complex effects will occur on women with disabilities in the context of displacement, as gender is not a homogeneous category and can interact with other social identities such as disability to create distinct systems of inequality, marginalization, and deprivation.

The personal profile becomes more complex when more components (multiple identities) are included^{44, 45}

in practical terms, people with disabilities do not constitute a homogeneous group; they have their own specific requirements and participate in their communities in various ways. However, when these individuals are subjected to forced displacement, among them, women and children are considered the most vulnerable⁴⁶.

According to a study conducted by Bushra Rahman in 2018 on Syrian refugees with disabilities in Jordan, the available opportunities for displaced Syrian women with disabilities were limited due to stigma, such as being a disabled female and a refugee, which are considered social barriers compounded by the effects of displacement. As a result, all privileges are granted to disabled men regarding livelihood services, while disabled women are deprived of these services. Additionally, the increased poverty of these women is attributed to a lack of access to humanitarian services, lack of control, and independence^{47 48}.

⁴⁴P. Collins (2015) Intersectionality's Definitional Dilemmas, *The Annual Review of Sociology*, Annu. Rev. Sociol. 2015. 41:1–20 20.

⁴⁵C. Kimberle. *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*. University of Chicago Legal Forum, [no date], 1989 (1). [Online][Accessed 6 May 2024].

⁴⁶United Nations High Commissioner for Refugees. *Working with persons with disabilities in forced displacement*, 2011. [Online] 6 May 2024].

⁴⁷Knowledge for Development (K4D). *The current situation of persons with disabilities in Jordan*. UK: Stephen Thompson. 2018. P.7. [Online] [Accessed 6 May 2024].

⁴⁸R. Bushra. *The Intersection of gender and disability in exacerbating poverty in displacement settings: Jordan as a case study*. MSc International Development (Conflict, Security and Development), University of Birmingham: International Development Department, 2017. [Online] Available from: <https://had-int.org/wp-content/uploads/2023/04/Intersection-of-Gender-and-Disability-in-Displacement-.pdf> [Accessed 6 May 2024].

Northwest Syria Region

Northwest Syria is an area under opposition control with a population of 4.2 million people, including over 2.8 million internally displaced persons from various parts of Syria. Among them, more than 1.7 million people live in displaced persons camps, and most of the population relies on humanitarian assistance, the majority of which comes through the Bab al-Hawa crossing⁴⁹.

It is bordered by Turkey and consists of parts of the provinces of Idlib, Aleppo, Hama, and Latakia, comprising nine districts. The area has become a gathering point for Syrians fleeing the advance of the regime, which intensified after Russia joined the conflict in 2015. The most recent large wave of refugees was created in late 2019.

According to a report prepared by the Coordination Support Unit

in December 2023 in non-governmental areas in northern Syria:

%52 of individuals aged over two years suffer from disabilities (or difficulties in performing daily tasks) that may reach the level of disability.

%63 of people in northern Aleppo experience difficulties or disabilities.

%59 in the Afrin region face difficulties in performing daily tasks or disabilities.

%58 of individuals in Idlib suffer from disabilities.

%21 of individuals with disabilities in the Ras al-Ain and Tell Abyad areas.

In northeast Syria, %48 of individuals are reported to have disabilities.

See figure (14) from the same source.

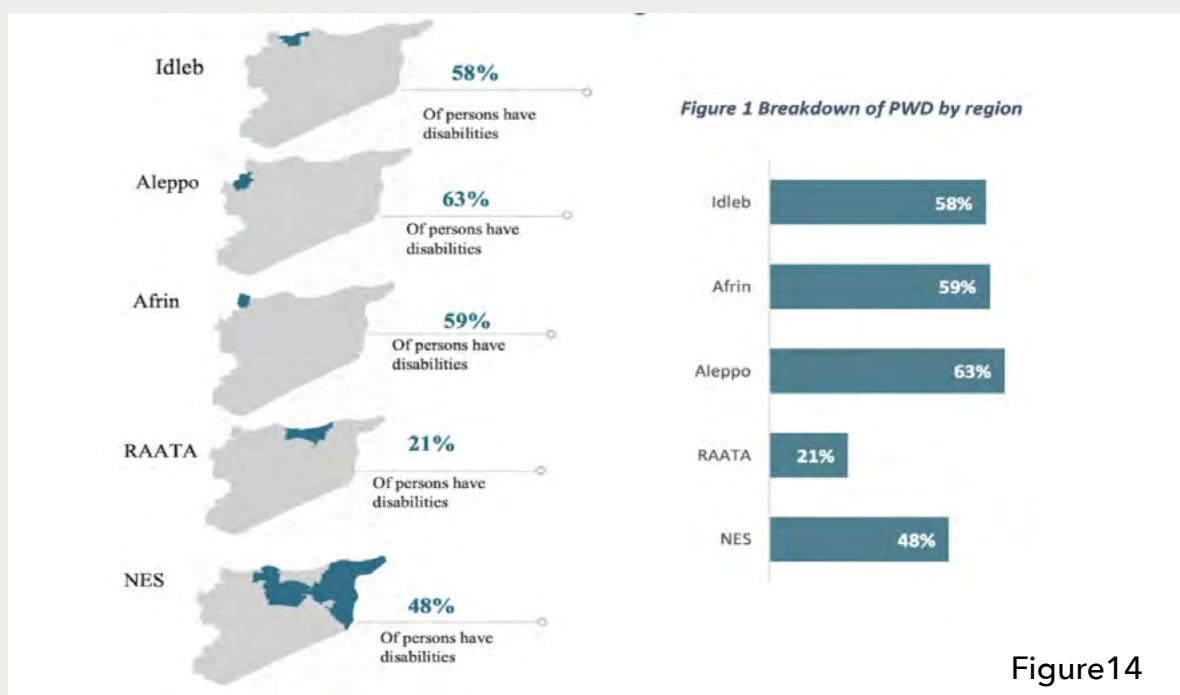


Figure14

⁴⁹ Anon. (n.d.). Disabilities in Northern Syria Prevalence and Impact. [online] [Accessed 6 May 2024].

Economic aspect of the intersection of displacement with disability

It was expected for us that there would be a living and economic impact of disability and another for displacement. In an attempt to understand the overlapping impact when they coincide, part of the questionnaire and discussion was devoted to the economic reflection of these identities on the lives of participating women. «Disability has increasingly been recognized as a major concern in economic discourse, largely due to its effects on labor force participation, healthcare costs, and social care systems. Economically, integrating individuals with disabilities presents both challenges and opportunities,» as confirmed by the World Bank⁵⁰.

However, this applies to societies in peacetime where «countries suffer significant economic losses when people with disabilities are excluded from the labor market, and it is estimated that the exclusion of people with disabilities can lead to a loss in GDP of up to %7,» as assumed by the Organization for Economic Cooperation and Development⁵¹. But when focusing on intersections in the case of Syrian women with disabilities from an economic perspective, the scenario becomes more complex, as the conflict in Syria has exacerbated vulnerabilities for individuals with disabilities, especially women, by limiting their access to healthcare, rehabilitation services, and employment opportunities⁵².

However, the conflict, which has compelled a large portion of the population to flee, coupled with the fluctuation of military operations and the Syrian regime's recapture of vast areas previously lost, has resulted in many residents of Syrian territories being relocated to the northwest of the country. As a consequence, a significant number of displaced individuals have congregated in one area where healthcare is provided by several non-governmental organizations, some of which act as agents for international partners. They face numerous hindering factors, compounded by the lack of central coordination, politicization and weaponization of aid, shortage of resources and personnel in healthcare facilities. These facilities are frequently and deliberately targeted by the Syrian regime and its allies as a war tactic.

⁵⁰World Bank. (2021). *Economic Impacts of Disability and Inclusion*. [Online] [Accessed 6 May 2024].

⁵¹Organisation for Economic Co-operation and Development (OECD). (2010). *Sickness, Disability and Work: Breaking the Barriers*. OECD Publishing. [Accessed 6 May 2024].

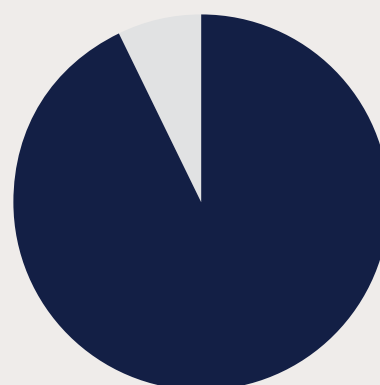
⁵²Human Rights Watch. (2020). «My Life is Not Your Porn»: Digital Sex Crimes in South Korea. [Online] [Accessed 6 May 2024].

All of this has led to difficulties in accessing regular healthcare and other services, resulting in short and long-term effects on the population, as highlighted by the participating women. Farah, a participant from Al-Bukamal, was injured by shrapnel due to a garage explosion, causing her to lose her pregnancy at the time and also her ability to walk. Farah says, «Treatments are not always available. A program may end or a center we rely on for services may close at any moment, leaving one with only an option for treatment, which is non-free and costly.»

Reports from the United Nations⁵³ indicate that women with disabilities in conflict-affected areas, including Syria, are among the most economically deprived groups, experiencing higher rates of poverty, unemployment, and social exclusion. This situation requires targeted economic and social policies to address the intersection of disability and gender in conflict-affected areas, in order to improve economic well-being and integration of women with disabilities.

When we asked about the specific impact of conflict and displacement on them, %95 of the participants responded that displacement had affected them severely, particularly economically (see figure 15). The loss of shelter after losing their homes or being forced to flee was the most frequently cited issue when discussing the effects of displacement. Zainab says: «Displacement has affected us in every way, and on top of the hardship of living, there are now rent payments that we did not have to deal with in our homes before,» confirms Zainab. Farah adds: «Before displacement, we were comfortable in our homes and surroundings. Now, on top of all the worries of displacement and injury, there's

the concern about paying rent for the house.» Perhaps Reem was the only one who believed that displacement had a positive impact on her life, as her previous environment contributed to psychological difficulties, she experienced due to bullying and pity. Now, living in a community where the presence of disabilities is not rare, and where its members have no time to get busy with each other's misfortunes related to the difficulties of life, Reem feels better off.



The impact of displacement on financial status

Figure15

⁵³United Nations. (2018). Disability and Development Report [Online]. [Accessed 6 May 2024].

The participants were then asked about their sources of income and the means of securing their livelihoods, whether they relied on work, aid, or support from others. «Aid» referred to the relief and humanitarian assistance provided periodically by institutional or local organizations, whether international or domestic. This did not include support and assistance from relatives and acquaintances, which were added as an option under «support from others» if the assistance came from relatives. Another category, «other,» was included for unspecified sources, such as assistance from independent individuals.

Most of them (%66) responded that they relied on a breadwinner from their family. It's worth noting that we did not inquire about the employment status or income source of this breadwinner. However, some participants indicated during the discussion that the breadwinners themselves occasionally relied on aid. Most of the breadwinners of the women worked as day laborers or in artisanal professions. None of the participants mentioned that any of their family members worked in secure and stable jobs, regardless of their qualifications. While only %17 of the participants relied on work, a significant portion of the participants were not covered by any of the options during the extensive discussion. They do not have a stable income from any fixed source and sometimes manage to meet their daily needs while other times fail to do so. They lack economic security, not even food security, and are unable to always pay their rent or afford their medications (see figure 16).

Dalal says: «There is no financial support or assistance from anyone, especially since my children, like me, are displaced, and they support their families through occasional labor. I struggle to afford my medications and diapers, often resorting to debt.»

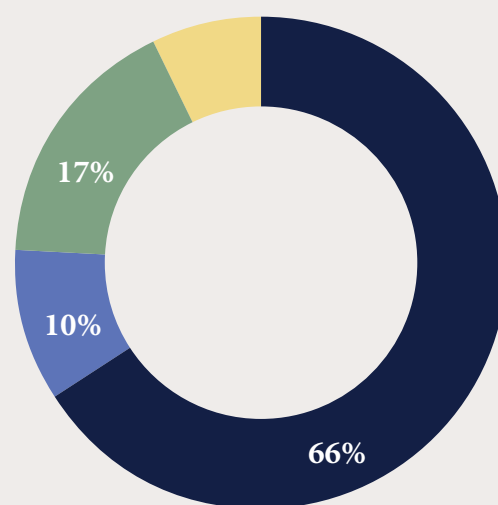
Then, Wahida recounts how she struggled in Damascus before returning to her hometown in Afrin after decades, only to live in a room provided by some relatives. She doesn't rely on any clear source of income in her life but manages her daily needs with great difficulty. «I only receive a loaf of bread from the endowments offered every day, sometimes I have to sell it and buy something else, skipping meals for that day and sleeping hungry,» she says. The same situation applies to Hind, who lives in one of the camps: «I receive a relief basket periodically that meets my food needs, but sometimes I have to sell the food items to spend on myself and regulate my meals.»

While a few women narrate the difficulty of professional transition, some were forced to switch careers after injury, while others speak of losing their jobs after displacement or struggling to find work in northwest Syria, an issue highlighted by the United Nations: «Employment rates for people with disabilities are much lower than those without disabilities, indicating the need for targeted policy interventions to promote workforce inclusivity and mitigate economic disparities.»

Sham, a former doctor who was injured in a field hospital leading to permanent disability, says: «After losing the ability to hold a scalpel and practice my profession, I turned to teaching, where I offer private lessons in scientific subjects to students in the science branch. My family now relies on my husband and me as a primary source of income.»

All the women have highlighted the expected living difficulties in the northwest region of the country, which has suffered from prolonged conflict, leaving families living on the bare minimum and devoid of any prosperity or financial security. Some have even lost their previous economic security.

Souad, who worked at the municipality of Maarat al-Numan for a long time before leaving, says that the organizations operating in northwest Syria often exclude people with disabilities or impose unrealistic qualifications given the Syrian situation, such as proficiency in multiple languages or excluding older individuals from job opportunities. She emphasizes that the only assistance she seeks is to secure jobs for disabled women in the region.



Income resource

Figure16

Disability and gender blindness

Approaches that do not consider gender fail to recognize the different roles, responsibilities, and capabilities of men and women allocated to them in specific social environments⁵⁴.

In other words, gender blind policies mean excluding individuals, especially girls and women, even though they may have equal qualifications and experience, from some non-governmental institutions and preventing them from accessing decision-making positions.

Women are likely to be in lower positions and less secure jobs⁵⁵, which applies to the Syrian context. The living conditions of women, as previously discussed by the participants, appear to be directly affected by discrimination against women with disabilities in particular. Women are still viewed as dependents rather than providers, and they are not treated as independent economic entities. This is reflected in wage disparities and women's ability to control their own property, as well as men's complete control over resources and their exclusive management. During times of war, this affects women's ability to access humanitarian aid.

«It has been observed that gender issues were not taken into account during the planning phase of many disability development programs, which consequently increased the negative impacts on women with disabilities⁵⁶». The lack of gender adaptation in humanitarian aid in northwest Syria has also resulted in women sometimes not receiving any aid or being deprived of job opportunities or access to advanced professional positions at other times. «Regarding Syrian women, we see that poverty among women with disabilities is more likely in the context of displacement⁵⁷».

Suad illustrates this with the discriminatory practices that women with disabilities in northwest Syria are likely to face: «Aid for people with disabilities mostly goes to men because society views men as providers, whereas women are not seen that way. This is what the local council in Al-Bab told me when I sought assistance because I don't have a provider. I went from being an independent woman who overcame disability, educated herself, worked, and provided help and support, to an individual waiting for charity.» Meanwhile, Batoul believes that the overall deteriorating situation affects everyone and that it's unsurprising

⁵⁴The International Rescue Committee (IRC). Vulnerability of Syrian Refugee Men in Lebanon. Lebanon: The International Rescue Committee (IRC), 2016.

⁵⁵United Nations Women Training Centre. Gender Equality Glossary. [no date]. [Online] Available from: [Accessed 6 May 2024].

⁵⁶UNICEF Regional Office for South Asia. Gender responsive communication for development: Guidance, tools and resources, 2018. [Online] [Accessed 6 May 2024].

⁵⁷R. Bushra. The Intersection of gender and disability in exacerbating poverty in displacement settings: Jordan as a case study. MSc International Development (Conflict, Security and Development), University of Birmingham: International Development Department, 2017. [Accessed 6 May 2024].

that women with disabilities are at the bottom of the priority list: «Overall, the situation is bad, and almost nothing is available for most people, let alone good services for a specific group.»

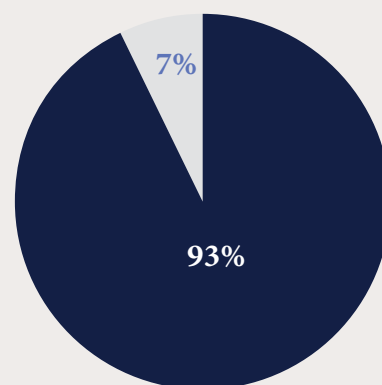
It became clear during the discussion that women do not always receive relief aid specifically for them, either because it is not available or because women with disabilities are not considered the primary beneficiaries by everyone. Healthy individuals or men with disabilities are prioritized because they are seen as responsible for families, or because the aid women receive is generally directed to their families and not always allocated to their specific needs.

93% of the participants stated that they believe there is a lack of services and care available for women in the region. By «care,» they specifically referred to services related to securing basic and living needs as well as those specific to their conditions (see Figure 17).

Kuka said, «There is no support, and my sons visit as guests while my daughters help me, and I also raise my orphaned grandchildren. I mainly live on assistance from distant relatives.»

Kuka comes from a region with a tribal nature, which may make the sense of interconnectedness and solidarity within large families more prevalent than in other Syrian environments.

Zainab provides another example of the lack of necessary services or aid: «I leave my house only every two or three months due to the difficulty of moving in a wheelchair. The poor condition of the roads has made my wheelchair worn out, and there is currently no organization providing wheelchairs, which is a very essential service for us.»



Is there a lack of access to women's care in your region?

Figure 17

Disability and employment

Understanding the discrimination related to exclusion from the labor market and the inability of women with disabilities in northwest Syria to be economically self-reliant requires excluding the objective reasons that might genuinely prevent the women themselves from working. This includes considering whether the physical disability itself is a reason, as in the case of the participants, or if there is a lack of desire to work and understanding the reasons behind that attitude.

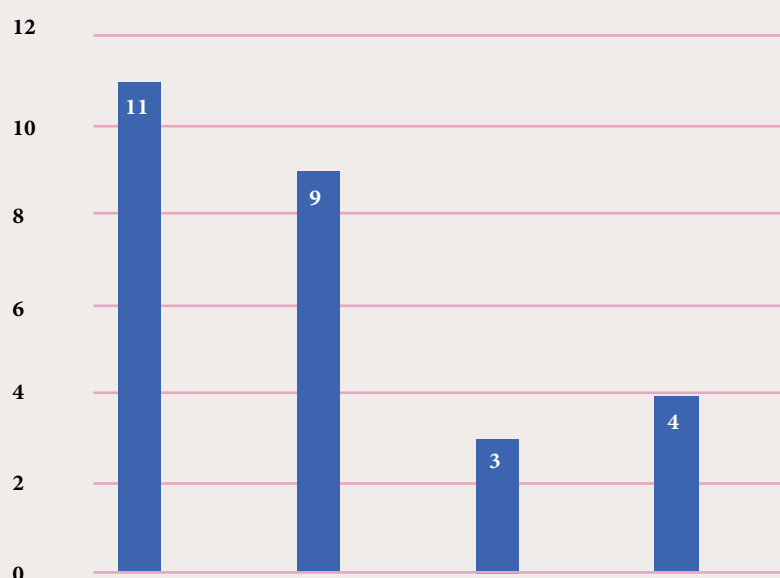
Disability has undermined the ability of a significant proportion of the participants to work, with %67 stating that it had a moderate to severe impact, while only %21 of respondents said that disability itself did not affect them. However, further discussions revealed that other barriers stood in their way; some lacked the necessary training, or faced social restrictions on women's work in certain Syrian environments (see Figure 17). This was somewhat related to the fact that a segment of the participants lacked the skills to qualify for jobs that do not require physical or motor abilities. Some participants explained that the disability itself contributed to their lack of education, or that they were not working outside the home before the disability, as they were housewives and caregivers for their children or performed customary tasks in farming or caregiving.

In any case, those who were qualified to work faced difficulties related to the stereotypical view of people with disabilities as «incapable» or less productive. Sham believes that «disability is not necessarily a barrier to work, but society's perception affects the availability of job opportunities.» Nagham, who previously worked to support her family, adds that society may impose certain jobs or restrictions on women, which further limits the options for women with disabilities. She notes that a community that does not provide sufficient support might disapprove of «a woman standing in the street selling sahlab (pudding milk), for example.» Others believed that it was common for women not to work in many Syrian areas, and no one anticipated that a war would break out, causing displacement and leaving women in dire need.

Nemat is a Syrian woman who lived through many experiences with variable disability due to the development of the disease. It turned out that she applied for many jobs and was always rejected, and her application for the job itself was met with disapproval at other times. Despite this, it turned out that she eventually succeeded in working as a designer, then moved between several jobs, and today she is completely self-reliant and was able to guarantee great independence.

Raghdaa, who works as a nurse in the same center, says that she had not previously encountered any difficulties in finding a job, as she graduated from nursing school and worked in a government healthcare institution, she received nothing but encouragement, and this was also the case with Souad, who had previously obtained a government job. But like many women today in northwestern Syria, they have either already lost their jobs or are constantly threatened by civil work crises, such as funding problems or conflict, which sometimes force various organizations to terminate certain vacancies or essentially exclude people with disabilities from employment.

However, the participants believed that the stereotypical view of disability itself could impact the chances of this group in finding job opportunities when looking at the community as a whole, not just at their specific personal experiences. Even some women who do not consider working believe that if they did, they would face difficulty in finding employment regardless of their qualifications (see Figure 18).



**The impact of
stereotyping on
employment**

Figure18

The consequences of the earthquake on an already difficult displacement reality

Displacement and harsh living conditions were not the only hardships women in northwestern Syria faced. The earthquake added its tragic touch to their lives, each according to her situation. Several participants mentioned the earthquake that struck northwestern Syria and Turkey as a setback that reversed the hard-won progress they had made.

Nagham said, «I received help in the form of a piece of land that was donated to me. We built a house on it with debt, with great difficulty. Then the earthquake came and destroyed my house, bringing me back to square one. Moreover, I still have to pay off some of the house's costs.»

As for Hind, tears flow down her face as she describes what the earthquake did to the bathroom that had been built next to her tent. She adds, «The bathroom collapsed, and mud and debris spread everywhere. Now I have to crawl through it to reach another bathroom, especially since I currently don't have a chair. This is why I visited the center today, as I heard they provide wheelchairs.»

As for Dalal, she suffered a stroke simultaneously with the earthquake, which turned the area into an exceptional situation both medically and humanitarily. There was no doctor available to examine her immediately, and she remained in the hospital for two days before being seen and diagnosed. The doctors believe that this delay «contributed to the complication of her condition, which ultimately resulted in partial paralysis.»

Disability and well-being

The discussion of disability from a mental health perspective covers a wide range of experiences, challenges, and how society deals with them. Mental disabilities, such as depression, anxiety, bipolar disorder, and schizophrenia, significantly impact individuals' daily functioning and overall well-being. The World Health Organization indicates that mental health issues are among the leading causes of disability globally, highlighting the importance of providing accessible and effective mental health services⁵⁸.

Mental disabilities often intersect with social stigma, leading to barriers in accessing employment, education, and social integration. This exacerbates the isolation and discrimination faced by affected individuals⁵⁹.

Regarding Syrian women with disabilities specifically, the intersection of gender, disability, and the status of being refugees or internally displaced due to conflicts adds additional complexities to the mental health challenges they face.

Syrian women with disabilities face numerous increased risks, including poverty, sexual violence, and marginalization within their communities and in the diaspora⁶⁰. Conflict, loss, displacement, and their unstable legal and social status in refugee communities add to the pressures on their mental health. Access to mental health services for these women remains significantly limited, further deepening their marginalization and making the process of rehabilitation and integration more complex⁶¹.

The participants unanimously agreed that they experienced a significant psychological impact at the onset of their illness or injury, which eventually led to their disability. All the women felt a profound sense of grief and bitterness. When asked about the psychological effect of their disability, 80% responded affirmatively, while only 20% believed that the disability did not affect their mental state.

Batoul said, «My initial feelings were of shame and distress. I gradually adapted to the situation. Now, I don't feel a significant negative psychological impact, despite my life being affected on all levels. People adapt little by little, faith helps, and I decided that I will continue my life and not stop at this incident.»

Majda's experience presents a situation of greater severity, complexity, and pain: «I am Majda, I have a spinal cord injury as a result of shelling,» she continues, «When I was injured, I couldn't speak or recognize my family. It took me two

⁵⁸World Health Organization (WHO). (2018). *Mental Health: Strengthening Our Response*.

⁵⁹Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, 15(2), 37-70.

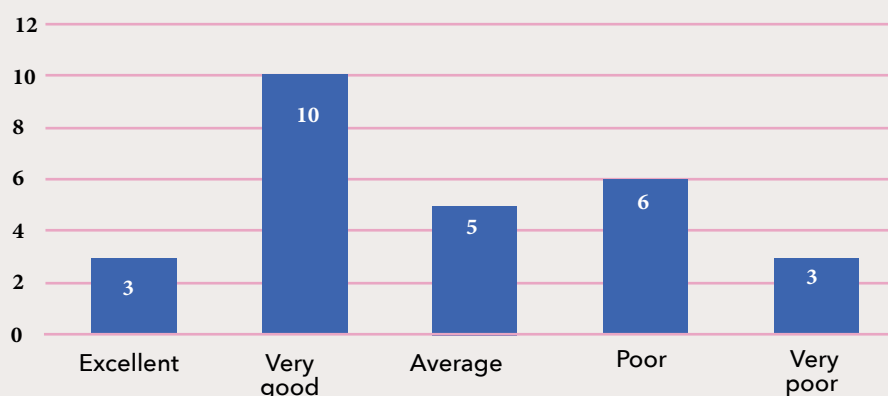
⁶⁰Human Rights Watch. (2020). «We're Afraid for Their Future»: Barriers to Education for Syrian Refugee Children and Women in Jordan [Accessed 6 May 2024].

⁶¹Eloul, L., Ambler, G., & Pritchard, M. (2019). Mental health support for Syrian refugee women: A case study. *International Journal of Environmental Research and Public Health*, 16(19), 3495.

years to recognize my father. Initially, at this stage, I didn't feel the extent of the psychological damage. I was still able to laugh and deal with it normally. Then, my mental condition deteriorated gradually until I reached a point where I mutilated my hands and feet. At that point, my father had to restrain me to prevent me from hurting myself.»

Samia says, «My children boost my morale. Whenever I feel sad, they surround me with compassion, love, and sympathy. Meanwhile, in the hospital, I met women with harsh children, and the impact of that was evident on their condition.»

«Later on, their psychological states varied, each according to their ability to accept and cope with the situation. When we asked the participants how they would describe their psychological state now, their responses and percentages were as follows: Excellent %11, Very good %37, Average %19, Poor %22, Very poor %11.



How do you describe your mental health right now?

Figure21

«Only %36 of them benefited from specialized psychological care related to their previous condition, while %64 of the participants did not receive it.

The intended care included undergoing psychological counseling and receiving psychological treatments in all its forms from individuals or institutions licensed and specialized in this matter.

It is worth noting that most of the participants who engaged in the discussion had received some form of psychological support and care at the «Hand in Hand» center through peer support adopted by the center. The branch manager in Afrin says: «In cases where the injury or illness is accompanied by a temporary psychological condition related to the injury or illness, we provide psychological education and rely on peer support.»

Ghaida, a nurse currently working at the center, provides psychological support services for women among other services, relying on peer support because she herself has experienced disability due to!!! (review the form).

According to Ghaida, peer support involves exchanging experiences between two parties at the same level who have experienced the same feelings or circumstances resulting from disability, and it is beneficial for both parties unlike traditional psychological therapy, where the therapist is the superior party and the beneficiary receives only.»

Nu'mat, who was in a car accident during early childhood resulting in spinal deformity and limping, leading to multiple complications over time and eventually making her crippled, said: «During my childhood, I was subjected to all the prevalent bullying in our society regarding limping. Some children even intentionally placed obstacles in my path to make me fall. Later, I recalled all that when I worked in peer support. If someone had taught me how to deal with pressure and bullying, my childhood would have been much easier. That's why I focused on this with women who were not accustomed to being described as disabled; that word alone was enough to shock them to the point of tears. Understanding their situation and adapting to this new classification was an important part of helping.

But among what can be considered a clear obstacle to receiving the necessary psychological support, in their opinion, the living situation and financial obstacles come first. In second place is the difficulty of movement due to the nature of the physical disability, followed to a lesser extent by the lack of specialists and social stigma.

"The economic factor has affected all aspects of life, and has been a major reason for women's avoidance of seeking help, especially with the lack of free services in this aspect of care for individuals with disabilities (males and females)."

The same issue prevented women who were already undergoing psychological treatment from continuing it, as low living standards pushed psychological health to the bottom of the priority list, as explained by Majida: (I was prescribed psychiatric medication after being diagnosed with depression. The medication made me sleep all day. Today, one pill costs 30 Turkish liras. the «Ihsan» organization in Jinderes provides psychological support, but they told me, (You are a girl, so the responsibility is on your family. This means that if the organization wants to help me with medication, they will cut off aid to my family, which means that my help and my family's are one. It's either the basket [of goods] or the medication, and I can't cut off aid to my family because I have younger sisters and brothers.)

Abu Roushin also illustrates another aspect of the inadequacy of services, which is the absence of any psychological support for caregivers, including parents, who also need help to continue caring for their disabled family members) Males and Females).

The participants, to varying degrees, suffered from the impact of the disability itself on their ability to access treatments of all kinds, including psychological treatments. The difficulty in mobility, the lack of public transportation, and the absence of paved roads or relatives from the family to assist, in themselves posed obstacles to benefiting from the scarce services provided by organizations or civil entities in this field.

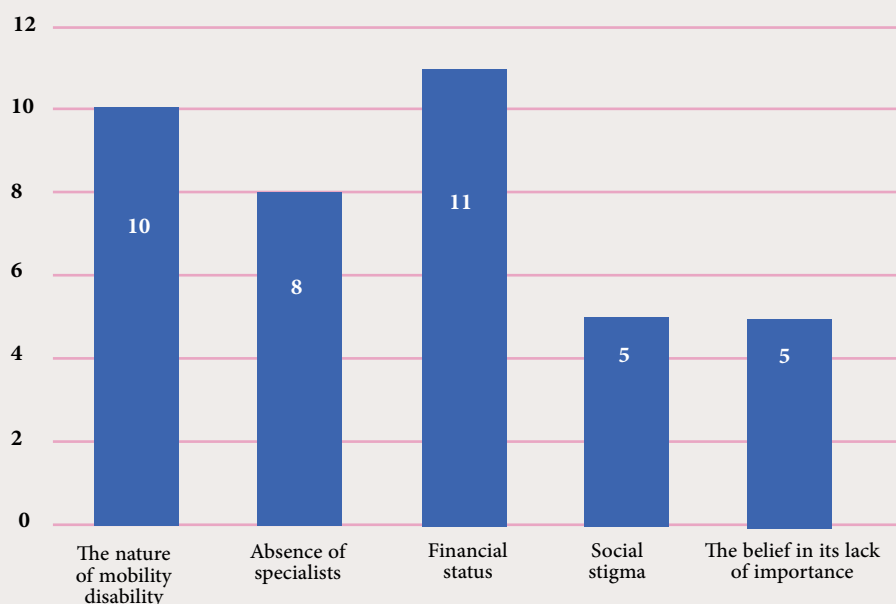
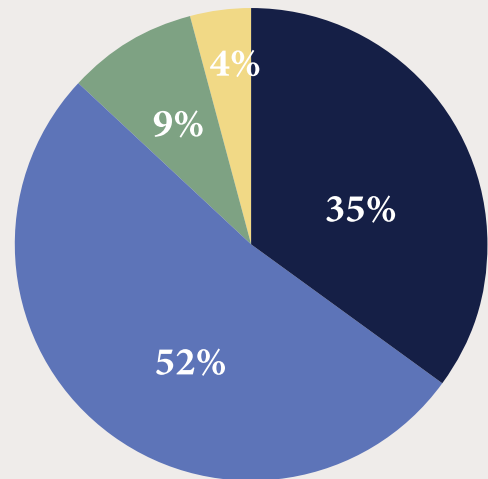


Figure23

Some participants did not express their need for specialized psychological support.

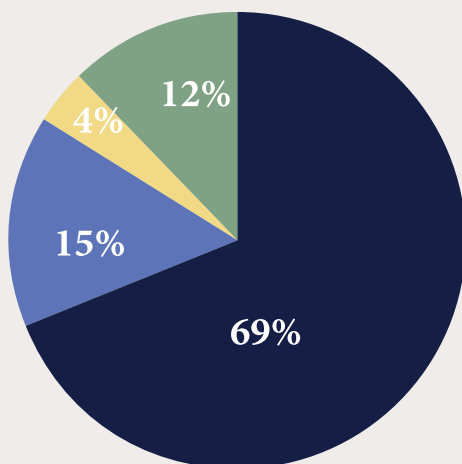
These participants answered a question assessing their psychological state by saying that they were in good condition. They mentioned receiving support from the family and the surrounding environment.

There appears to be a clear relationship between support, understanding, and psychological health of individuals with disabilities and it may apply it's the same for healthy individuals as well, but it seems especially crucial for people with special needs.



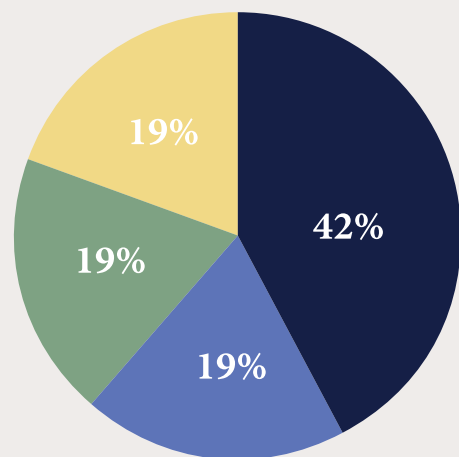
How do you describe your interest with pshcological health?

Figure24



The availability of specialized mental health services

Figure26



Experiencing feelings of anxiety and sadness

Figure25

The nature of difficulties and the reality of services from the perspective of their providers

Two lengthy interviews were conducted with Ms. Anahid, Director of the Al-Bab Center, and Mr. Mustafa, Director of the Afrin Center. The two centers are part of the «Hand in Hand» organization for relief and development, and the discussion revolved mainly around the aforementioned topics, which are the reality of northwestern Syria and the situation of humanitarian services there, especially those related to women with disabilities, and all participants in this report were beneficiaries of the services of the two centers. The “Hand in Hand” organization was the mediator between us and the link through which we were able to meet the participants and talk to them. It is a non-profit organization founded in 2011 in the United Kingdom by Syrian expatriates. It provides services in various humanitarian fields, and is affiliated with many centers in the north. Western Syria. We clarified their experience working in the area that was previously classified as a disaster in general, and not just in the specific center.

Al-Bab Physical Therapy Center

We asked Mrs. Anahid about mobile teams, a service provided by the organization, which most participants reported having benefited from themselves at some point after their injury or even now. She explained to us that these teams consist of “care” providers who typically include physical therapists, doctors, specialist nurses, and sometimes speech therapists or mental health support specialists, whose work includes visiting individuals with disabilities or illnesses registered as beneficiaries with the organization at their places of residence and providing necessary care at home.

She explains that this is a (solution we try to use to bypass the significant difficulties that prevent women from accessing their needs,) especially considering that all the women they encountered suffered from mobility impairments, which hindered their ability to move freely and easily. They are also among those most in need of physical therapy. Some women clarified that this service enabled them to receive treatments for the first time, sometimes even with their longstanding injuries or disabilities. Mrs. Anahid, the director of the organization's branch in the city of Bab, emphasized her heavy reliance on this service. However, she also highlights that it is not always prioritized when it comes to funding.

The mobile team is of special importance, however, it often takes a back seat when funding becomes tight because we are then forced to prioritize funding for services within the center, where a larger number of beneficiaries can benefit from the limited resources available. On the other hand, mobile teams provide qualitative benefits to a smaller number of beneficiaries. These are often women who are unable to come to the center due to their disabilities, and face logistical challenges related to transportation. They require a companion to transport them, wait for them during their treatment, and then return them home after the session.

The severity of this situation, both for the beneficiaries and for us, unfortunately means that we do not always receive consistent support for these projects. Sometimes, the support is allocated to the center's projects as a whole, leaving us uncertain about the fate of specific services and whether we will receive funding and support again from the same entities or others. This is deeply discouraging for the beneficiaries, but it also demoralizes and concerns the staff (Males and Females). It becomes an additional task for me to try to support and reassure them as best as I can.

When asked whether the center had faced funding interruptions before, Anahid clarified, Yes, indeed, the center has faced funding hurdles repeatedly, and staff members have had to volunteer their time to realize the importance of their role. However, after a while, there becomes a real threat to the services because they themselves require resources, tools, materials, and equipment, in addition to operational expenses and salaries. Moreover, volunteering cannot be a solution, as humanitarian workers also need to secure their livelihoods in a difficult living area. According to Anahid, «There is a shortage of some essential services and materials even in their best times. The size of the support received does not match the immense need. Focus is placed on issues like wheelchairs, which the center receives in limited numbers. They are distributed quickly, leaving a large number of people with significant needs unmet. Getting a wheelchair could change their daily lives at least, among several other essential deficiencies in the region.»

Anahid emphasizes that the severe humanitarian needs for all residents and all services, coupled with dwindling funding for Syria, almost led to the demise of many initiatives or essential services such as psychological and social support. There is intense competition among services in terms of priority, and many necessities have fallen to the bottom of the list. Psychological support cannot be prioritized over securing shelter, water, or food.

While the constraints faced by civil and humanitarian service providers are a result of the realities of funding and policies towards Syria, they align with the priorities of the population and beneficiaries of these services. Even for women with disabilities, survival often takes precedence over quality of life. This somewhat applies to the organization itself, as funding is distributed in the form of time-limited, non-sustainable programs. Despite the organization's efforts to secure and establish other programs, beneficiaries always feel anxious as the end of the programs approaches, fearing the discontinuation of services.

There has been a significant increase in the social segment suffering from various disabilities, with war, as Anahid points out, contributing to many Syrians losing their health, limbs, and mental well-being. This has heightened the need for support. However, perhaps paradoxically, the tragedy has imposed a small fraction of positivity regarding the community's acceptance and support for people with disabilities. It's rare to find a household that hasn't been affected by some form of disability among its members, relatives, or friends.

While acceptance and support were once uncommon, they are now more prevalent in society.

Anahid also emphasizes the importance of involving people with disabilities (male and female) in service provision, as it benefits both parties: the caregiver (male and female) who is provided with a suitable job opportunity tailored to their specialization and unique situation, on one hand, and the beneficiary who receives support through peer assistance, on the other hand. Sometimes, caregivers with disabilities serve as positive and inspiring role models for those recovering from recent injuries, helping them see that life isn't over despite the changes they've experienced.

She comments on our question about being a woman in an administrative position, which unfortunately does not happen often in Syrian society, and even in the emerging Syrian civil society after the revolution, by saying that she studied business administration and developed her skills all the time, and yet she had previously been rejected for a similar position, and when she came for the interview for this position, she was the only woman among 14 men, and she succeeded in employing her abilities in managing this center.

She manages the entire center, with its two sections designated for women and men alike. The presence of a woman in an administrative center in itself may be supportive of women with disabilities in this context, as she has always received positive feedback from the women who benefit from the center's services, and they feel more comfortable to communicate with her about various matters, which may be personal at times, and she always tries taking advantage of the opportunity to get closer to women, understand their needs and the difficulties they face, and try to develop the work.

Afrin Rehabilitation Center

Mr. Mustafa said the same as Anahid about the difficulties and obstacles facing humanitarian work in northwestern Syria, especially concerning people with disabilities, as the situation appears to be general in most cities and villages in the northwest of the country.

He also believes that the fluctuation in funding or losing it completely is one of the biggest obstacles facing institutions that provide humanitarian services and one of the biggest fears of residents living with the assistance of these various services: **"There is no fixed funding, nor fixed services. Rather, the community itself here is unstable because it is a displaced one whose members may move constantly. All of this leads to unstable services and the provision of cumulative assistance that leads the individual to a state of independence and productivity."**

He added: «Sometimes there is also corruption that prevents assistance from reaching those in need, as there is a lack of institutionalization and oversight.» Regarding the noticeable absence of psychological and social support services and organizations in the region, Mustafa believes that “qualitative support is not always available for many reasons, one of which is the absence of specialized and high-level cadres.

Although these services are particularly important in the Syrian situation, they were sometimes improvised and relied on people receiving specific training. “ To provide certain limited services, within certain activities, even though the patient’s condition and need or the condition itself is changing and requires follow-up.”

Mustafa raises an important matter regarding the necessity of what is called case management. He believes that each case should have a special official who accompanies and supports the injured or patient in all aspects of life and treatment, with a prior study and understanding of the situation, and designing a long or short-term plan that brings the person with the injury or disability to the stage of productivity and independence, enabling him to support himself without assistance, or with minimal assistance later.

Despite the ideality of the proposal, Mustafa points out the extreme difficulty of implementing it on the ground in terms of the large cost expected to be spent on one person with disabilities, but working to remove individuals from the cycle of constant need for aid of all kinds is what represents a solution to the tragedy of people in northwestern Syria with disabilities (males and females). As far as he knows, there are some projects related, for example, to teaching specific skills to the population, but he does not have a vision and accurate information about their success, or whether they include women with disabilities and consider their needs in particular. Mustafa tends to say that most services do not always take these needs into account, and that society, individuals, and even civil cadres in some cases, do not have sufficient awareness to deal with disabilities and their families.

Effective recommendations and strategies

Related to women's rights

- 1 Women with disabilities must be represented within the struggle of feminism and the disability movement.
- 2 Increase awareness and remind people of Syrian women with disabilities and their rights in all conferences, including donor and supporter conferences.

All obstacles facing women with disabilities must be recognized and every
- 3 effort must be made to ensure that resource distribution and capacity-building strategies specifically serve the development of the cause and situation of these women.
- 4 Increase awareness about the rights of women with disabilities by determining their private lives and promoting their social integration.

Related to society

- 1 The need to reduce the restrictions imposed by societal culture on them.
- 2 The need to adapt infrastructure from facilities such as schools, universities,
- 3 transportation, and the workplace to better serve the needs of people with disabilities.
- 4 Increase the participation of women with disabilities in the labor market by ensuring equal opportunities based on gender.

Appropriate training on the implementation of the Convention on the Rights
- 5 of Persons with Disabilities should be organized for all employees and community leaders, to enable them to achieve fair treatment of persons with disabilities and to increase their awareness of the exploitation, abuse and violence that females with disabilities face.
- 6 Ensure that families of females with disabilities participate in all awareness campaigns and communication activities.

Financing organizations and institutions that support people with disabilities in
- 7 terms of physical and psychological treatment, and empowerment so that they run more sustainable programs.

Increasing peer support programs because of its positive psychological and physical impact.
- 8 Trying to provide psychological support specialists or training people with less competence by specialists, whether via the Internet or in person.

Regarding gender-based violence

- 1 Informing and training people with disabilities and their families on how to identify, avoid, and report cases of violence, exploitation, and abuse.

Gender-based violence is a very real issue; therefore, governments must

- 2 develop all legislation in accordance with the Convention on the Rights of Persons with Disabilities and provide a safe environment for women with disabilities by establishing and developing prevention and response mechanisms to achieve this goal.

Bridging the gap between law and practice by enhancing accountability

- 3 mechanisms to monitor and evaluate the implementation of laws related to the prevention and response to gender-based violence, with a focus on the role of civil society organizations in the Syrian context.

Regarding Legislation

- 1 Arab countries that have signed CEDAW and CRPD must respect these agreements and establish monitoring programs to ensure full implementation.

- 2 Improve accountability to ensure the integration of women with disabilities by establishing gender-sensitive interagency guidelines across all sectors.

Develop all legislation to encourage the employment of women with

- 3 disabilities and ensure their rights to access medical, psychological, social, educational, and vocational rehabilitation services.

- 4 Ensure the effectiveness of all legislation by building strong implementation mechanisms in rights-based legislation.

Regarding Displacement Situations

- 1** Enhance the rights of women with disabilities affected by conflict from the onset of an emergency through to recovery and development phases.
- 2** Increase awareness in the host community about the needs and requirements of refugee women with disabilities and ensure their participation in all services without discrimination.
- 3** Provide programs for refugees with disabilities, such as education, vocational training and skills development, community healthcare, prosthetics, and physical rehabilitation.

Recommendations for Physical Rehabilitation Services

- 1** Utilize a health information system to register individuals in need.
- 2** Shift towards needs-based plans instead of donor-proposed plans.
- 3** Prioritize needs in rehabilitation services.
- 4** Integrate rehabilitation services into the social and healthcare systems.
- 5** Facilitate access to specialized services across borders.
- 6** Employ experts in policy reformulation.
- 7** Implement community-based rehabilitation (Duclos et al., 2019; Garry, Checchi, & Cislighi, 2018; Kuipers et al., 2019). In general, it is crucial to ensure that the importance of physical rehabilitation is not overlooked amid a range of severe and urgent health issues, such as injury care, food insecurity, and infectious disease control.

Conclusion and Findings

The data and analyses indicate that women with disabilities in northern Syria face compounded barriers, manifesting in discrimination and exclusion based on both gender and disability. These complications not only affect their ability to access essential services such as healthcare, education, and employment opportunities but also have negative impacts on their mental health and social well-being.

Supporting the issue of women with disabilities requires us to review and challenge assumptions about people with disabilities and be prepared to develop gender-sensitive strategies to address the specific needs and problems of women with disabilities in Syria. In a context where women do not fully enjoy their rights, women with disabilities suffer from double discrimination due to both gender and disability.

It is imperative to treat persons with disabilities as individuals rather than as weak individuals and to remove the social and economic barriers and weaknesses that characterize the lives of these women in northwestern Syria. This effort requires a deep understanding of the multifaceted challenges they face and the innovation of solutions that consider the intersection of gender and disability.

Achieving the necessary transformation rests on the shoulders of society, authorities, and relevant organizations, through the development and implementation of policies and programs targeting the specificities of women with disabilities. This includes raising community awareness about disability and gender issues, ensuring full and equal access to all services, as well as empowering these women to become active contributors capable of independence and effective participation in their communities. It is also important to enhance cooperation between the relevant authorities in northwestern Syria, non-governmental organizations, international organizations, and business communities to provide sustainable resources and support that go beyond immediate measures to long-term solutions. This cooperation should involve listening to the voices of women with disabilities and engaging them effectively in designing and implementing programs that impact their lives.

It is also essential to encourage the active participation of women with disabilities in decision-making and public life, which enhances their status and supports their rights to equality and justice. These efforts must be accompanied by encouragement of research and studies that shed light on the reality and challenges facing women with disabilities, to guide policies and practices towards more effective and inclusive outcomes.

Furthermore, achieving full empowerment of women with disabilities requires building a supportive environment that recognizes rights, respects differences, provides protection from violence and exploitation, and ensures full participation in all aspects of life. This includes improving infrastructure and public services to be more accessible, enhancing policies that combat poverty and support financial and social independence for women with disabilities.

In conclusion, we must reaffirm that supporting and empowering women with disabilities is not just a matter of rights and ethics, but a fundamental condition for achieving comprehensive and sustainable development. By building communities that value diversity and respect human rights, we open the way for all individuals, including women with disabilities, to fully and equally contribute to the social and economic growth of their communities. Ultimately, «there are no disabled individuals, but rather hindered societies.»

**“there
are no
disabled
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Gender and disability reality and challenges

The lives of women with disabilities in northwestern Syria
from a psychological, social and economic perspective

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