



Marginalized Women

The Case of Syrian Elderly Rural Women at Times of War and Forced Displacement.

Main Researchers: Maha Kayal
Lubna Tarabey
Medical Consultant: Wasseem Najjar
Research Assistant: Ameer Shmait



Aknowledgement

This study “Marginaized Women: the case of Syrian Elderly Rural Women at Times of War and Forced Displacement” has been made possible with the support of UNESCO.

We would also like to acknowledge the administrative support offered by the Institute of Social Sciences at the Lebanese University in the person of Dean Professor Marlyne Haydar who showed commitment to the project and supported our work from the beginning to end. Another person who deserves our gratitude is Dr Lara Badr whose insights from the beginning of the research to the print of the final form were extremely valuable and much appreciated. Dr. Seiko Sugita, from UNESCO, has also been instrumental for the work production in its final version and the team is thankful for the comments she shared and the exchange of ideas.

The research team would like to thank the NGO “Basma w Zeitoneh” and the officials at the Refugee camp in Zahle for their assistance in locating elderly women for the interviews.

Last, but not least, the team would like to extend our gratitude to the elderly women who were interviewed and their families who generously welcomed us into their lives and shared with us their experiences.

Disclaimer

The team takes full responsibility for all information, perspectives, analysis, conclusions and suggestions offered in the report. The ideas herein do not necessarily reflect the views of UNESCO.

Photos

The research team and Wissam Terjman (Red Duck Production)

Designer

Reeda Nasr

THREE
DESIGNS
3threedesigns@gmail.com

Executive Summary

■ Introduction

Lebanon has been the destination of a large number of Syrians who fled the war in Syria seeking refuge. Women, men and children of all age groups ended up in various areas in the country posing economic, social and political challenges, not only to the host country, Lebanon, but also to the Syrians themselves who were trying to meet the basic needs of survival. These challenges have been the topic of much national, regional and international research. Along the same lines, the lives of the Syrians and the challenges they faced, and continue to face, in the Lebanon has also been the center of much scientific discourse. Studies that targeted the economic, educational, health concerns of the displaced are prominent in the field, as are studies targeting gender related issues, early child marriage and reproductive health. While many studies are dedicated to a better understanding of women's experiences, one particular strata of women, the elderly, has not received the needed attention. This research comes to fill this gap in knowledge, aiming at studying the life experiences and challenges faced by the elderly Syrian displaced rural women currently residing in Lebanon.

Method

The research falls within the field of ethnography and, hence, the main method utilized was the in-depth ethnographic interview in which the targeted women narrated their oral history. In addition to the interview, two questionnaires were conducted targeting the general health and a depression evaluation of the women involved. The targeted strata was twenty women who originally came from rural areas in Syria and who are currently living in Lebanon after fleeing the war in their home country. These women were identified by informants from four different areas in Lebanon including Beirut, Aley, the north and the Beqaa. All interviews were done over a period of two months (May and June) year 2019. With the exception of three, all interviews were conducted within the living arrangements of these women and all were videotaped.

The research aimed at tracing the lives of these women over three periods of life trajectories as perceived by the elderly women themselves: before the war, during the war and accompanying displacements, and their current situation and experiences as displaced women living in Lebanon.

Research Findings

A. Demographics

The social strata selected was the elderly Syrian women who were displaced from Syria, coming from rural or peripheral areas in Syria and currently living in marginalized areas in Lebanon. A total of twenty interviews were conducted. The age range was between sixty and eighty five and most women were widows currently residing with their sons. Most women were mothers to five or more children. All women were working in home centered production before displacement, but only three were doing some kind of paid work in Lebanon, while the others lived completely dependent on other family members.

B. Prewar lives and experiences

These elderly women used to live in a traditional society where their lives centered around the home and the family. They dedicated a large part of their narrative to describe conditions of farm labor, tending to crops and animals, cooking, cleaning and taking care of their families. Interestingly, the two domains of housework and farming were all described as 'house work' by these women. All their productive work was thought of as being the family's and even if money, in the form of wage labor working in the land of others or selling the products of their farms, was earned, it was considered to belong to the family and not theirs as individuals. Moreover, all production was controlled by the male household heads, namely the husband which all women perceived as the natural thing. This household centered production was mitigated by the cultural practices of polygamy and early marriage, as both practices act as mechanisms to increase household productivity and increase number of 'workers' for the family. Both practices were accepted by women as part of their cultural traditions. Even women who produced some income from sewing, crafts or other kinds of work for a fee did not perceive of that extra income as relevant to their self-perception or identity as productive women. It all fitted under the

grand title of ‘house work’, something they did as wives and mothers.

These women perceived their status before the war as mothers who had done their duties taking care of their families and ensuring a good life for their sons. These women explained how they had spent their whole lives working for their family with the expectation of being well taken care of as they approached old age – the time to ‘rest’, in accordance with Syrian traditional norms concerning the status of the elderly. They described their longing for the life they had built for themselves, socializing with relatives and neighbors, the Eid celebrations –namely, their social network of support and social engagements that they had enjoyed. Nevertheless, they were first and foremost mothers who had ‘gifted’ all their lives and labor to their families and were expecting to cash back on their gifts at old age – being properly taken care of, honored and respected. The war came to destroy all of this.

C. War, Destruction and Displacement

The effect of the war on the elderly women was extensive in the violence they witnessed and the displacement forced upon them. Of the most severe violent repercussions was the abandoning of their homes and their families and their forfeiting all the security they had built for themselves. Most women described the serial displacement they had to go through – first within Syria and then abandoning their home land, seeking safety in a foreign cultural environment. What these women had to face was the state of homelessness – a state heavily charged with meaning of family dissolution and loss of social bonds.

Most women witnessed the extreme violence of the war first hand. Several saw people, including family members, killed before them. Others had lost a son or more to the war and few had sons missing – they know nothing of the fates of their sons, an agony with which they live on daily basis. All of these women talked about the pain of losing contact with family members – direct or extended. They describe the trauma of fleeing the war, of family members being scattered and of fear for their own safety and that of their loved ones.

Among the violent descriptions of the repercussions of the war in the

memory of these women was the loss of what they described as their ‘lives’ – a term which incorporated their houses, belongings and memories. They were forced to flee their home with only ‘the clothes we are wearing’ – everything was lost including photos of their children and family members and all memories associated. “All gone. Our lives ended.” Was the way most women described the effect of the war.

D. The Displaced in the Host Communities

The repercussion of displacement on the elderly women are non-ending, accompanying them in their daily lives. One such repercussion is represented in the elderly’s inability to enjoy a community social life. Most described the hostility they feel from the Lebanese people, the discrimination and disrespect they suffer from, which has left them housebound refusing to venture outside their living arrangements. They live in crowded living arrangements with minimum furniture, eating whatever is available, not socializing and feeling estranged amidst a cultural tradition that does not resemble their own. They are thankful for the physical safety offered by Lebanon, but all claim “it is different, everything is different”. They feel stranded, incapacitated by their age, health and loss of status, living a lonely life and afraid of dying in a strange place. They express a feeling of loss that surpasses the material and hope to return to their homeland or at least be buried there.

E. Overall Health Conditions

The research revealed the extent of lack of medical care available to these women. They all complained of various age related illnesses such as osteoporosis, cataracts, high blood pressure, and reflux. Appropriate medical care is not provided for these women. Most complained of the high cost of medical care in Lebanon, emphasizing that the lack of economic resources available to the family pushed their medical care to the bottom of the list of necessities – food and shelter are a priority. Most of the interviewed women deal with their illnesses through over the counter pain killers that they largely get from Syria, as it is cheaper. The often exceed recommended

drug dosages and in many cases taking drugs that are not suitable for their conditions. They all express their need for medical care and said they, their sons actually, could not afford it. The illnesses they suffered from leave them weak, largely dependent on other family members and housebound. In addition to physical conditions, most women suffered from severe depression as revealed by the PHQ-9 scale. They were sad most of the times, felt useless and many expressed their wish to die – a very serious marker for severe depression. These conditions must be addressed properly otherwise the repercussions would be tremendous.

Conclusion and Implications

The study clearly revealed the extent of sorrow, pain and feelings of loss experienced daily by the elderly women. Their whole lives which centered around the family and motherhood was shattered along with all hopes they entertained of a respectful pain free retirement. The war and displacement destroyed all their expectations and shattered the very essence of their identity. The most resilient women were those who were able to continue to play their roles as mothers and did not feel that they were marginalized, continued to be productive and socially active. The findings further revealed the limitations of these women's knowledge and skills to cope with changing circumstances.

Among the most implications of the study is the importance of social inclusion for such a marginalized group. Social inclusion requires the overcoming of the limitations that are factors to the equation: the limitations of the excluded and of the excluder. These women's age. Lack of skills, inability to cope with the demands of a new environments are all part of the equation, but so are variables that are beyond them. These lie with the excluder – the failure of institutional interventions to account for the needs of this group. Programs that involve all stake holders must be devised targeting all aspects of social exclusion. These should include: (a) Art therapy programs for the elderly that would allow them to express themselves and maybe provide a possible income; (b) psycho-social interventions by professionals to empower these women to overcome their fears and difficulties; (c) medical care provisions to tend to their health coupled by awareness training sessions for both the elderly and their families detailing the needs and proper care of age related illnesses; and (d) family based interventions to get all family members engaged in the process of reintegrating the elderly and offering them appropriate care.

Table of Contents

Executive Summary

I. Introduction

A. Background Information	1
B. General Framework	3
i. Marginalized Women in a Marginalized Society	
ii. Scope and Importance of the Study	
iii. Study Framework: ethnography of war and forced displacement	
iv. Theoretical Framework	

II. Research Methodology

A. Semi-structured Interviews	8
i. Interview Framework and Accompanying Limitations	
ii. Interview Transcriptions	
B. Case Studies	10
i. Case Selection	
ii. Representativeness of Cases Selected	
C. Overall Health Assessment	13
i. Geriatric Medical Assessment	
ii. PHQ-9	
D. Observation: its role in data analysis	15
E. The Ethnographic Documentary	15
F. Ethical Guidelines	16
G. Study Sections	16
i. Demographic Background	
ii. Pre-war Lives and Displacement	
iii. War, Destruction and Displacement	
iv. The Displaced in the Host Communities	
v. Overall Health Condition	
vi. Conclusion, Implications and Suggestions	

III. Research Findings

A. Demographic Background	20
i. The social strata represented	
ii. General demography	
B. Pre-war Lives and Experiences	23
i. Rural women and household productivity	
ii. Culture practices that enhance household centered production	
a. early marriage	
b. polygamy	

iii. Women and paid labour	
iv. Status of elderly mothers before the war	
v. Motherhood and the 'Gift' perspective	
C. War Destruction and Displacement	32
i. Violent repercussions of the war	
ii. The elderly and war related trauma	
iii. Family dispersal and emotional suffering	
iv. Loss of habitat and material memory	
v. War and the reality of 'mastoura' families	
D. The Displaced in the Host Community	40
i. Living arrangements in Lebanon	
ii. Estrangement experienced by the elderly	
iii. Displacement and forced retirement	
iv. Weakened family bonds and social capital	
v. Loss and emotional suffering	
vi. Displacement and hope of return	
E. Overall Health Condition	46
i. Medical care provisions: surpassing capacity of displaced	
ii. Age related pains and lack of health related awareness	
iii. Mobility and marginalized roles	
iv. Medical condition	
v. Depression	
III. Conclusion and Implications	
A. Concluding remarks	55
B. Implications and suggestions	57
i. Art therapy as a tool to combat depression	
ii. Need for psycho-social support	
iii. Medical awareness	



Marginalized Women

**The case of Syrian Elderly Rural Women at times
of War and Forced Displacement**

War is always the last resort, constantly reflecting failure. It is always the worst of solutions because it brings death and misery.

Jaques Chirac

The elderly must be able to fully participate in decisions that impact their lives. We must all realize the influence of such phenomena as globalization, urbanism and immigration on the status of the elderly in society, not to mention the dangerous effect of dangerous health related problems, such as AIDS, on them.

Kofi Annan

I. Introduction

A. Background Information:

The Syrian conflict has gone into its eighth year and, although it appears as if the armed conflict is heading towards a closure, yet the aftermath of the war represented by the large number of forcibly displaced Syrians continues and will, most likely, continue to pose challenges for years to come. Lebanon has been the destination of what is currently estimated at 1,000, displaced (UNHCR, 2018). Lebanon's economic and social structures have suffered considerably despite the national and international aid programs that have sought to limit the burden of the crisis on host countries (Rabil, 2016). In addition to that, a lot of humanitarian concern has emerged over the conditions and resilience of the displaced themselves. Such concerns at both the national and international levels have targeted the conditions of both the Syrian displaced and the host communities.

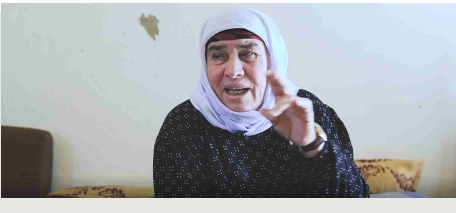
The war and forced displacement experienced by a significant portion of the Syrian

population in several areas of Syria has left its impact on the demographic fabric of many cities, villages and desert areas. Whole areas changed and the social constitution of the country, that had distinguished Syria throughout its contemporary history, has become fragmented. Added to this is what the war caused in terms of destruction of homes, neighborhoods and infrastructure and of population displacement, inside and outside the country (World Bank Group, 2017). It is too early to fully examine social changes that has occurred in the country as the conflict is persisting, security is precarious and displacement is still ongoing.

In Lebanon, an abundance of studies targeted the implications of this huge influx of Syrians. Such research, sponsored by regional and international stakeholders- or independently carried out – address various topics. The economic constraints posed by the displaced on the country's resources in different fields including

education (Buckner, 2017) and healthcare are (Leresche, et al., 2019) prominent. Other research focused on the conditions, livelihood and wellbeing of the displaced themselves. Maadad and Mathews (2018) targeted the educational challenges faced by Syrian children seeking enrollment in the Lebanese schools. Other studies targeted the health problems, both physical (Sethi,

Johnson, Skaff, & Tyler, 2017) and psychological (Doumit, Kazandjian, & Militello, 2018) that displaced Syrians face in the country. A lot of research was dedicated to gender inequality (Dejong, et al., 2017) and other related issues, including early child marriage (Cherri, J. Cuesta, & Guha-Sapir, 2017) and reproductive health (Benage, Greenough, Vinck, Omeera, & Pham, 2015).



The importance of observing the repercussions of the war on Syrians who have stayed in the country and those who left and are dispersed in culturally and linguistically different societies is very informative for all stakeholders involved. Carrying out observational studies and “ethnographic case studies reconstruct causal processes and cultural meaning ... provide snapshots of a particular moment in time (or) trace developments over time” (Snyder, 2002, p. 13). Such studies allow for a further understanding of the depth of the everyday life transformations

experienced by the Syrian people from various socio-cultural (rural, urban and desert), class (rich, poor and middle class), age groups (children, youth, and the elderly), religious and sectarian (Muslims, Christian, and Druze), and ethnic (Kurds, Arabs, Armenians, Assyrians ...) backgrounds. Population drainage, forced displacement and the calamities of war, including death and destruction, is still being strongly experienced by the people, as is their experiences at being socially excluded within the communities in which they have taken refuge.

The importance of observing the repercussions of the war on Syrians who have stayed in the country and those who left and are dispersed in culturally and linguistically different societies is very informative for all stakeholders involved. Carrying out observational studies and “ethnographic case studies reconstruct causal processes and cultural meaning ... provide snapshots of a particular moment in time (or) trace developments over time” (Snyder, 2002, p. 13). Such studies allow for a further understanding of the depth of the everyday life transformations

experienced by the Syrian people from various socio-cultural (rural, urban and desert), class (rich, poor and middle class), age groups (children, youth, and the elderly), religious and sectarian (Muslims, Christian, and Druze), and ethnic (Kurds, Arabs, Armenians, Assyrians ...) backgrounds. Population drainage, forced displacement and the calamities of war, including death and destruction, is still being strongly experienced by the people, as is their experiences at being socially excluded within the communities in which they have taken refuge.

B. General Framework

The above background concerning the Syrian condition along with the crisis brought forth by the war and population displacement and the importance of lived ethnographic observation to deeply understand the transformations that are likely to be witnessed by this country highlight a number of important points, including :

1. The need for research into the magnitude of current social transformations experienced by the Syrians in Syria.
2. The socio-cultural diversity of the population imposes a narrowing down of the field to be studied

and the population to be targeted to women coming from rural areas.

3. Specifying a time framework for any study is essential to observe the deep psycho-social impact experienced by the studied population as a result of war and displacement.

Within this scope, the following study looks, ethnographically, into the experiences and everyday life transformations experienced by a particular demographic category – the elderly rural women and those coming from peripheral villages around cities who were displaced from Syria and are currently living in Lebanon.

i. Marginalized Women in a Marginalized Community

We have chosen to target in this study the Syrian elderly women who were forcefully displaced from Syria to Lebanon. The choice stemmed from an awareness that this age group is also much diversified socio-culturally. Women coming from rural areas working in home centered production have a completely different experience than those coming from urban areas working in jobs or having careers outside of the home. Hence, we focused on the rural women and those coming from peripheral areas where women's

primary function is home/family based production, in accordance with traditional gender based allocation of roles in Syria

The reasons for selecting this category is largely because of the similarity in their current situation; living in refugee camps or in other marginal and peripheral areas, which can all be termed as marginalized. If these locations are marginalized, the situation of these women in them are the mostly marginalized because of the reasons which will be further clarified below.

ii. Scope and Importance of the study

This study will be concerned with the living conditions of displacement experienced by Syrian elderly women above sixty years of age and specifically those coming from rural areas.

Why did the study focus on this socio-demographic group in particular?

Reviewing the available literature, we conclude that most studies, predominantly sponsored by various UN organizations, international organizations and NGOs, concern themselves with the children, the youth and the

adults. The elderly population of Syrian displaced have been largely marginalized. To our knowledge, there has been only one study that particularly targeted the elderly (65 years old and above) (Chemali, Borb, Johnson, Khair, & Fricchonie, 2018). This study aimed at assessing the needs of Syrian elderly living in Lebanon through the use of an oral survey which included GDS4 (Geriatric Depression Scale) and BCIS (Brief Cognitive Impairment Scale). The survey was carried out on 66 male and female subjects by MOSA (Minis

try of Social Affairs). The findings revealed that the elderly were largely worried about health and financial conditions along with a lack of familial connections and community life which they had enjoyed in Syria (Chemali, Borb, Johnson, Khair, & Fricchonie, 2018).

A series of studies have been concerned with the living conditions of individuals who had suffered from war caused displacement, and fewer targeted women who were terrorized and made to leave their homes, their possessions and lives around which they had built their cultural and symbolic networks. However, very few are the studies that targeted elderly women who fled their country out of fear and subordination to their families, leaving behind all what they had previously built in preparation for 'an elderly' life. In Syria's traditional society, the symbolic meaning of the elderly life stage centers around the rationale of 'the gift' and 'exchange' which are culturally dictated through traditional and appropriate rules of conduct and through the symbolic cultural capital which is provided by a woman all her life through her dedication to her household. This

'retirement' stage which is guaranteed in the family, because of her 'gift' labor, is of a value that by far surpasses the mere material value. Religion, traditions and customs are what protects this status, protecting with it the mother who had dedicated her whole life to the service of her family.

The life experiences of Syrian elderly displaced women cannot be limited to bodily safety because they currently reside in areas safe from war. It is important to be aware that the problematic experienced by this strata in its new life experience is very complicated. Therefore, it is imperative that the aging process, with what it entails in terms of biological and psychological weakness, be connected to what the war destroyed in the psyche of these women and their social being at whole. We must be able to analyze their current situation and to understand the depth of their suffering which surpasses the biological and extends to the symbolic significance of their lives and roles. Ozkaeli (2018) studies the way through which four young Syrian women living in Turkey were forced to renegotiate their roles, a process which the author terms as

‘reinventing selves’. “Their displacement from home not only adds gender, ethnic and religious components to their intersectional identities, but also, for better or for worse, shifts their class position, thereby deepening the complexity of their identities” (Ozkaleli, 2018, p. 19). The four women described the changes in their roles whereby one became the sole breadwinner. Another describes her sense of loss and her lack of social support. These descriptions are those of young women and the challenges they face. It can only be expected that older women would face more extreme adversities.

The term elderly as described by Moscovitsche is “a structure often establishing on a biological, demographic, political and economic elements... and also established

upon imaginary cultural representations” (Moscovitch, 1984). This cultural representation gets shattered by the experience of being displaced. It is important to understand experience of the elderly under study: their witnessing of a war with all its destruction and agony, and their lived experiences in a host country that is different from their own environment. Displaced individuals suffer hardships and new life conditions that force them to adapt to new habits – ones that the elderly have reached an age that makes adaptation hard, especially that they are weighed down with war tragedies which are still actively influencing their lives and burdening their emotions. Younger people are better equipped to readjust, whereas the elderly find that extremely hard.

iii. Study framework: ethnography of war and forced displacement

Ethnography of war is a new field established in the west and primarily concerned with the impact of the Second World War and with traumatic experiences on everyday life of those who lived the war and were forced to restructure their lives to be able to survive (Glowacki, 2017) (Haas, 1990). War changes values and leads to the emergence of new symbolic behavior,

new relations, and new personal identities whether in the country of origin or in the hosting countries to which people flee (Velcic-Canivez, 1994). Research into the field has also offered insight into the consequences of wars on patterns of kinship and economic exchange and on various material, environmental, institutional and cultural aspects (Snyder, 2002, pp. 18-24).

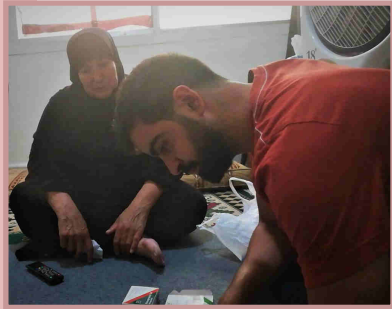
Such research highlights the need for different stories to be told. “Private, personal experience is brought back into the public

discourse as a way of countering large narratives designed to erase individual differences.” (Hanauer, 2015, p. 83).

iv. Theoretical Framework

This research requires a consideration of the interconnectedness between memory, customs and traditions to understand the position of the elderly women in the cultural imagination of Syria. It also demands search into the repercussions of war trauma on this memory and on this imagination itself. Added to this is the consideration of these elderly women and their perspectives concerning their roles in the host communities.

A discussion of the social composition of the Syrian society in rural areas, to be able to properly identify the place of elderly women, is essential as it entails an approach to what the war caused in terms of these elderly’s’ memory, their forced displacement and their lifestyles. This will enable a deep analysis of the ethnographic results arrived at concerning this particular social strata.



Research Methodology



The research is an ethnographic account of twenty Syrian elderly women coming from rural and peripheral areas in Syria and currently residing in Lebanon. The main method utilized was the in-depth interview that recounts the personal experiences of the women targeted in the research. These targeted women were selected after a pilot study revealed the diversity of the targeted group – women over 60 years of age. Ethnographic approaches to a study field

is based on observation to understand individual and social behavior, to explain the oral discourse as it reflects the cultural, and to analyze the emerging symbols to understand and explain a phenomena. This process requires case studies that rely on interviews or auto biographies. In addition to that, and as part of the research focused on the health conditions of the targeted women, a medical evaluation form was used, as was a depression scale.

A. Ethnographic Interviews

What we preferred to implement, due to the short time allocated for field research, was to combine the interview with the oral life history in the sense that the questions we asked all aimed at the oral biography of the cases studied. We did not ask the women to just tell us their life stories narratively which would have required a different field work approach than the one utilized. Rather, we specified three axis for our questions: description of the woman's life before the war, the experiences during the war and conditions accompanying the displacement which they underwent, and finally her lived experience living now with the 'displaced status' in the host

community. We completely veered away from any question of a political nature since political issues were not our concern. We limited out study to what would allow us to understand the change in the cultural identity experienced by these women.

The questions that were formulated to gather this kind of data varied according to the life history of each participant, the richness of the life experience of each case and the ability of each woman to articulate her experience.

i. Interview framework and accompanying limitations

All interviews were conducted during the two months of May and June 2019. In all interviews conducted, the female was never alone and we did not ask for that so as to reassure her and allow her to speak freely. In most cases, other family members were present. The place of residence of these women are, as will be clarified below, crowded with family members sharing rooms. It would have been both impossible and inappropriate to ask the family to empty the residence for us to carry out the interview. Moreover, part of the study focused on observing these women in their everyday circumstances and we did not ask for any ‘particular’ setting for the interview.

In the two camps we targeted, officials (one case a male- another

a female) were present, however, they did not interfere at all with the interview. At no point did we feel that the presence of these people influenced the way the women were responding to the questions. It is important to point out that in most displacement conditions in Lebanon, the Syrians are monitored by certain organizations, including United Nations and Non-government organizations and whenever we approached an interviewee, she assumed that we were there as part of these programs and were going to offer some kind of help. We always made clear that our work was purely academic and that their participation would not secure them any material help from international organizations.

ii. Interview Transcription

All interviews were transcribed by a research assistant verbatim. These were analyzed for recurring themes around which the analysis centered. The exact words of the respondents were quoted in the

Arabic version of this research. As for the English version, the words were translated and we attempted to stay as true to the meaning intended and to the words used as possible.

B. Case studies

An analysis of cultural and experienced change demands a micro analysis to be able to arrive at significant results concerning the targeted population. In explaining our ethnographic strategy, it is crucial to detail the reasons behind our selection of the case-study method to observe the extensive life transformations experienced by these elderly displaced women. This method we consider is essential in data gathering and analysis for the following reasons:

- Case study analysis is an important method in ethnographic research that seeks to connect the described reality with intangible knowledge, practices and underlying cultural images which cannot be arrived at easily through surveys, structured interviews or documentary research (Buscatto, 2012).

- Case studies are essential in research that targets change since changes in everyday experiences, roles and identities cannot

be arrived at without an in-depth consideration of the impact of change on self-perceptions. “What happens at the level of the community is reflected at the individual level. Social reality thus produced is a dialect feed-back between internal and external factors, and the case study methods richly documents that.” (Patnak, 1990, p. 33)

- Case studies can be generalized within the limitations of the particular study regarding the strata targeted in terms of similarity in cultural system, which is what our study of Syrian elderly females coming from primarily marginalized areas aims at. Generalizing ethnographic data can be very challenging and is largely dependent on the proper selection of a sample of cases that are true to the conditions of selection. “There is a place for small interview studies to make meaningful contributions to knowledge, provided the language and assumptions through which it is interpreted differ.” (Small, 2009, p. 15)

ii. Case selection

Informants were relied on to contact women in the mountain area (Aley municipality), Sabra Camp (Beirut), al-Koura (The north), and the refugee's camp in the Biqa'a area. Our key informants included our graduate assistant who is working with an NGO at a refugee camp in Zahle and who also lives in Aley region. He was able to secure respondents from these two areas. A NGO (Basma w Zeitoneh) working with Syrian displaced living in Sabra camp was contacted, and it was through this NGO that we were able to interview the elderly

women residing in the camp. For the North area, the informant was an individual living in the area and knew the displaced Syrians living there. He contacted the families and secured the interviewees. Appointments with the elderly women who agreed to participate in the study were scheduled and the team visited these women in their respective areas of residence. Out of the twenty interviewed, only the three interviews in Sabra camp happened at a school ran by the NGO. All other interviews took place in the residence of the women.





ii. Representativeness of cases selected

Early on in the research, we only specified the age and displacement status categories as inclusion criteria for our subjects. However, after conducting our pilot study, we found it imperative to further include another criteria: specific livelihood manner. Being above sixty is only a number, whereas the way of life and socio-cultural environment is, as previously mentioned, a culturally defined variable. We opted to reorient our study to include only cases that are somewhat culturally similar so that the study could be ethnographically significant in terms of case studies allowing for a generalization of the findings. Hence, we

narrowed down the criteria to women coming from rural areas and peripheral villages surrounding cities in Syria whose lives centered on the household and who engaged in household centered economic production.

The total number of cases was twenty, as this number was deemed sufficient considering the similar nature of the basics of this strata's suffering despite the different life stories included, and considering the tight time-frame-work for the completion of the study. The stories being told were starting to be reproduced in the testimonies of the women. So, after reaching saturation (Small, 2009), we

stopped interviewing other women.

Most cases, to the exclusion of four, used to work in home economics. Out of these four, two worked in tailoring clothes, one in carpet weaving and one as a hairdresser. All these women worked from

home. This work carried out by the women targeted in our sample is deemed culturally compatible with the definition of what is the job of women as they worked within the household or in family based production.

C. Overall Health Assessment

The measurement of the general health status of the twenty elderly women was achieved through two different medical assessments. The geriatric medical assessment (Appendix A) and the patient health questionnaire (PHQ-9) (Appendix B).

i. Geriatric Medical Assessment

Older people need specific and more critical care than younger people, usually experiencing complex health issues. The comprehensive geriatric assessment considers the bio-psychological components, in addition to the environmental factors affecting the health of the individual (Stuck & Iliffe, 2011). Through focusing on specific elements, the geriatric assessment measures the mental health, socio-environmental, functional ability and physical health of elderly persons (Elsawy & Higgins, 2010). The geriatric assessment was devised because of the increased realization of important

social factors that might influence overall health of the elderly, the development of 'the technology of geriatrics' and the restructuring of the concept of disease and diagnosis (Kaufman, 1994).

The geriatric assessment aids in the diagnosis of medical, as well as, non-medical domains.

It starts with the functional ability which checks for the elder's capabilities to complete every day necessities such as dressing, walking, using the toilet, controlling bladder and bowel functions, bathing, using the phone, and taking the medicine. The physical

health part of the geriatric assessment includes all aspects of the medical history. Questions look for main health problems in the past and present, family and social history and a review of all biological systems (Elsawy & Higgins, 2010). In addition, a nutritional

assessment is made to check for inadequate nutrient intake which is common in old aged persons and a mini scale screening for depression. The Geriatric assessment contains also questions on balance and fall history which helps in assessing fall risks (Stuck & Iliffe, 2011).



ii. The PHQ-9

Multiple screening tests can be used in detecting depression in primary care. Depression is one of the most curable, widespread and routinely identified mental disorder by health care providers and mental health specialists (Muñoz-Navarro, et al., 2017). The Patient Health Questionnaire, a nine item self-report questionnaire, is frequently used in primary care

centers to identify major depressive disorders (MDD) in both clinical practice and research. A review of multiple studies shows that PHQ-9 is superior to other valid tools for identifying depression, due to its diagnostic accuracy, incisiveness, ease of scoring and feasibility (Löwe, Unützer, Callahan, Perkins, & Kroenke, 2004).

Using the PHQ-9, major depression can be diagnosed when 5 or more of the 9 depressive symptoms have been identified by the respondent for more than half the hours spent in the past 2 weeks, with saddened or gloomy mood being one of these symptoms (Kocalevent, Hinz, & Brähler, 2013). One symptom criteria "Thoughts that you would be better off dead or hurting yourself in some way" is counted if it exists at

all, without any consideration to its time span or duration. The score for each item in the module can vary from (0) not occurring at all, to (3) occurring daily. Which makes the scale of the PHQ-9 scale range from 0 being the lowest, and indicated a state of well-being, to 27 being the highest, and indicating a high level of depression (Kroenke, Spitzer, & Williams, 2001).

D. Observation: its role in data analysis

In addition to the medical evaluation, PHQ-9 Scale and the interview dedicated to collecting information regarding the life histories and transformations the women underwent, direct observation was another method that accompanied the field work. This method allows for a direct observation

of reality, of the studied domain, and of people's behavior in their environment. This observation surpasses the mere collection of information to incorporate the ability to analyze, decipher and understand the reality in which these elderly women are currently living.

E. The ethnographic Documentary

The purpose of the accompanying ethnographic documentary was to offer a documentation of the different dimensions of the study rather than being part of the observation, in the sense that we focused, as a research team, through our interventions and through the selection of the parts of interviews, on what the research itself revealed in the field. It is by no means

a comprehensive overview of the study.

The video camera accompanied us in the field to document the interviews and later to reveal the connections between our readings and field analysis through the live testimonies documented allowing us to revisit the interview for further details.

F. Ethical Guidelines

Ethical considerations guided our field work and our interviews. The research was fully explained to the women and they consented to participate in the research and to be recorded for the video film. They also offered informed consent as to how the data would be utilized and documented. We were aware that the cases we were targeting were still living through conditions that most participants found embarrassing and hard. Some of these women were still extremely suffering from the violence and losses they witnessed and these losses were still very much vividly experienced. For example, in

one such case, the woman kept crying throughout the interview due to loss of direct family members in the war – a loss she witnessed firsthand. With this case, we stopped asking question about that era and we shifted to her lived experience in Lebanon. When that also caused her a lot of distress, we simply put an end to the interview as the purpose of the study was not to add misery to the lives of the individuals interviewed. Added to this, of course are the several number of cases that we approached but who refused to be filmed and evidently we, as a research team, respected their wishes.



G. Study Sections

This study will be divided into six parts:

i. Demographic Background

This part offers an overview of the cases selected for the research purpose: their age, marital status, place of residence and other general characteristics



ii. Prewar lives and experiences

This part of the study will include a description of the reality of everyday life of the Syrian women before the war. It will tackle their modes of living, their social functions, their participation in household economy,

and an overview of the symbolic role of the elderly in that culture. All these issues are built upon an analysis of the cases and the lives of these women as they described them before displacement.

iii. War, Destruction and Displacement

This part includes the stories of war told by the women we interviewed and their experiences of loss that the war caused in their life on different levels: the symbolic.

and the material, along with their memories. This part exposes how some of these women were forced to leave their homes due family pressure, safety or economic/dependency variables

iv. The Displaced in the Host Community

This section addresses the reality of the cases studies in the host community: the way most are not working and are struggling to maintain a viable life in the country. It

also tackles how they live their daily lives, their perception of their situation and how they are perceived by their surrounding environment with regards to their role and status.

v. Overall Health Condition

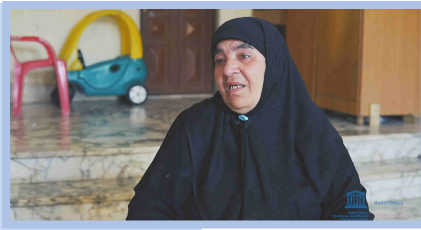
This section includes the results and analysis of the data gathered regarding the health of the women interview and the repercussions of their health on their everyday life.

Moreover, an overview of the evaluation of their psychological status as it related to depression and their loss due to war experiences is also be offered.

vi. Conclusion and Implications

This section offers a conclusion to the research highlighting the most significant findings followed by suggestions and implications,

shedding light on the marginalized situation of elderly women and the importance of social inclusion to combat this marginalization.



Research Findings



A. Demographic Background

i. The Social Strata Represented

The higher commissioner for the refugees Antonio Guterres in year 2015 describes the Syrian refugee crises as the largest humanitarian crisis known to the world since the Second World War (الجمهورية اللبنانية، مجلس النواب، المديرية العامة للدراسات (والمعلومات، 2017). This in fact reflected in the most recent statistics of the United Nations Commission for Refugees (UNHCR, 2019). Even after the return of some of the Syrians to their country, the numbers are still large as table number one clearly shows.

210,271
Last updates 31 Aug 2019

Household data may be unavailable for some locations

Source - UNHCR

Total Registered Refugees

Location name	Source	Data Date	Population	▼
Bekaa	UNHCR	31 Aug 2019	37.0%	341,691
North Lebanon	UNHCR	31 Aug 2019	26.5%	244,549
Beirut	UNHCR	31 Aug 2019	25.0%	231,089
South Lebanon	UNHCR	31 Aug 2019	11.6%	106,832

Table 1: Geographic distribution of Displaced Syrians in Lebanon (UNHCR, 2019)

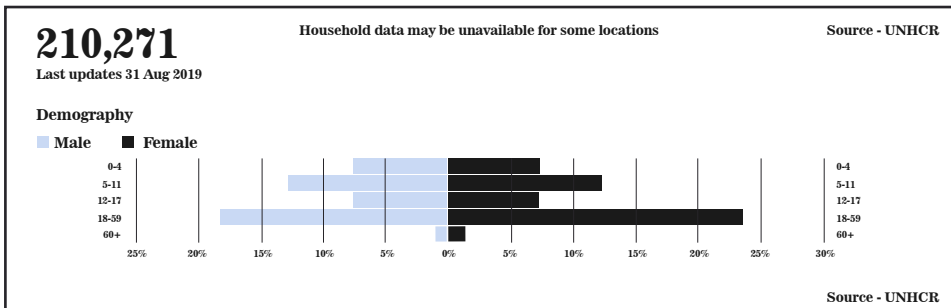


Chart 1: Syrian displaced by age group (UNHCR, 2019)

Chart 1 posted by UNHCR (2019) reveals that the percentage of female Syrian elderly is around 1.5% which amounts to 7250 woman. Despite the fact that this number is much less than the numbers of other age categories of Syrians displaced, it points to the large number of elderly in need of medical and economic care keeping in mind that unlike other age categories those

have reached an age whereby they can no longer support themselves. This strata, as mentioned previously, is not homogenous but comes from diversified background which is why, in an attempt to make our cases representative, we decided to limit the inclusion criteria to women coming from rural and peripheral areas.

ii. General Demography

The interviews for this study were conducted with twenty elderly Syrian displaced women living in Lebanon who are between 60 and 85. Most of the cases studies (11 out of 20) are aged 60 – 65 (Table 2) and are Sunni Muslims. Ethnically speaking, all women are Arab except for one who was a Kurd. Most (17 out of 20)

women originally came from the Northern part of Syria (areas around Hama and Aleppo) from the small villages surrounding Hama, Ma'arat al-Nou'man and Aleppo except for three (one resided in Aleppo, another in Al-Qosayr and the third from the Yarmouk refugee camp).

Age group	Number of people
60-65	11
66-70	4
71-75	3
76-79	0
80-85	2

Table 2: distribution of cases by age group

Most of these women are currently residing with a son (14 cases- 70%). Three are residing with a daughter, two with a brother and one living alone after her son and son in law left the country (Table 3).

Place of residence	Number	percentage
With son	14	70
With daughter	3	3
Other	3	3

Table 3: Place of residence

Out of the twenty women interviewed, twelve were widowed and the rest were still married (Table4). All, with the exception of one, are mothers. This woman (Houda) explained that she had married at an older age form an older man and they had no children. She is currently a widow living with her brother and his family.

Marital status	Number	Percentage
Married	8	40
widowed	12	60

Table 4: Marital status of cases studied

Most women (14) had more than five children and two had 14 children (Table 5). Most women (with the exception of the woman without children who had finished high school) had less than six years of schooling and three were illiterate. However, what was quite remarkable was that all women were quick to point out that all their children attended school and were educated – a thing they were very proud of.

Number of children	Number of cases
None	1
Less than five	5
5-7	7
8-14	7

Table 5: Number of children per case

Out of the twenty women interviewed, only three took up paid employment in Lebanon and are currently working, while the others rely on their sons and daughters for sustenance. All three working women were living in Beirut Sabra Camp and had found the work through a local NGO “Bassma w Zeitoneh”. One was working as a household helper to another elderly woman, and the other two were working directly with the NGO which gave them the opportunity to gain some income through embroidery work, handcrafts and even art sold outside the camp. One of the women, Houda, was very proud of her art work. She had learned drawing techniques through the NGO and was able to sell her work to paying customers which provided her with extra income which she used to support her brother and his family with whom she was living.

B. Pre-war Lives and Experiences

In her study entitled “Syria in Everyday life: cultures and practices of change”, Sylvia Chiffoleau (2006) (Chiffoleau, 2006) address the differences between rural / pastoral areas and cities in Syria. She also explained how the modernization process which Syrian cities witnessed in the early twenty first century, the era of globalization, did not extend to the rural

areas in the same degree. It is true that Syrian cities, like many other cities in Arab states, witnessed a lot of rural migration, however these migrants continued to live a hard and needy life. In this sense, the rural migration to cities did not influence much the process of urban-rural enculturation in this country except as it related to the emergence of some forms of consumerism

and the development, of some forms of goods production, especially as it related to food production that is tied to farming and pastoralism.

Ciffoleau further explained the differences between the center and the distant areas, which lacked needed infrastructure such as energy, facilities, and services continue to be great since these latter areas were not targeted for rehabilitation by the government (Chiffoleau, 2006).

The lives of women in the rural areas in Syria before the war cannot be understood outside of this context. The changes these areas experienced remained short of influencing the particularities of traditional life and the inherited modes of production that reproduce the social conditions that are associated with agricultural economy and productivity in these areas along with their reflection on the women under study.

i. Rural Women and household productivity

Diana Sarkis Fernandez describes in her study « The Dialectic Future of Syrian Women: a reading into the intersection between work, marriage and the family » (Fernández, 2008), the life of the old women of the Maronite village « aloyoun » in Syria in 2008. All interviewed women in Fernandez's study told their stories through defining their lives as centered on work (it is all work, they said). These women dedicated a large part of their narrative to describe conditions of farm labor and sometimes crafts. The author included the testimony of an elderly woman who said that the women spent most of their time in the fields, in addition to preparing food, and taking care of children. They

spent their times in the fields, even at night, they would collect wood and carry water.

This testimony from Fernandez's research was reflected in the testimonies of all women we interviewed, whether they came from the countryside of Hama or Aleppo. Um Yaseen, coming from Halab and mother to seven boys and six girls said:

« By God when I was in Syria, I'd wake up in the morning. We kept goats, we'd go to the land, we'd work, and we'd clean the house, wash the floor, the dishes, cook... ».

Hajji Fatmeh says:

“House work, doing the dishes, cooking ..., and plant wheat, beetroot,

vegetables of all kinds, we have a field of all kinds of fruit trees ... all this was also gone with the war.”

The lives of these women orbited around domestic work, whether in the fields or inside the house, where all modes of production rotated around the family as the basic unit of production and reproduction (Barakat, 1993). In this productive environment, the extended family is the basic structure of production and women constitute an essential element of production and are subject to the patriarchal authority of the family and the household. Women in this productive system even if working for a wage in agricultural related production or as hired labor for another land owner, have no direct ownership of the fruits of their labor. The money that a woman makes belongs to the head of the family who decides as to how to spend it in line with his own economic policy in running the affairs of the family. The testimony of Fatima who is from the countryside of Halab and a mother of fifteen (ten girls and five boys) stands as a witness to that. She says:

« I wake up early morning, I knead the dough, I bake, I cook, I go to the land if it's harvest time, if it's time to milk the goats, I milk them. We make shankleesh (cheese like mixture) and

cheese. We used to make a living of this, we'd sell them....my husband would sell them to shops. He was a government employee and he would take care of the selling to¹ be able to take care of a family of ten. »

Clearly controlling and distributing the produce of the family as a unit is not subject to female control but remain in the hands of the household head, the husband. Along the same line, Hajji Sarah says:

“When it is time for the land, we work the land. When it is time for the home we work at home. We work in the land, growing vegetables, cotton. We planted anise. Then these four children started going to work and I'd stay at home with my daughter ... make them food ... make food supplies for winter ... pickled eggplants, dried tomatoes..”

It is important to point out that the Syrian economy during that time, which is before the war, is structured around several integrated modes of production in the sense that an individual, like many developing nations, lives a plurality of economic modes of production with different characteristics. The conditions that led to the restructuring of certain relationships in the Syrian areas that were not targeted for development are completely different

Note: During our conversations with women they always enumerate their male children before the females and in some cases they do not even mention the females until we ask if they have daughters. This shows the masculine nature of this society and the extent to which it is part of the social imagination of women.

from the conditions that other areas lived under, where the government policies had direct impact leading to a change or disappearance of traditional modes of production and hence the change or disappearance of certain socially inherited aspect. Therefore, the individualization that appeared in cities with individuals owning the fruit of their labor, working at specific jobs outside the domain of the family did

not make an appearance in the rural areas where the family continued to be dominant and where production was not very specialized (Khuri, 1990). Almost all women interviewed detailed various aspects of their labor as being a one unit of “house work” – a term which incorporated tending to animals, land, crops, in addition to cooking, cleaning and taking care of children and other family members.



ii. Culture practices that enhance household centered production

One of the most important factors that play a role in production in traditional Syrian rural society is the structure of the family which is distinguished by a strong network of family ties. The family is in accordance with the model Gaudelier (Gaudelier, 1975) described of societies pre-capitalism.

All its authoritarian value is a result of the multiple functions at both the infra and super structure levels. It represents the productive forces with the male being the owner of the modes of production, while exerting social control and regulations through common laws, traditions and customs

(Barakat, 1993). Several cultural practices and customs allowed for the continued control of the family over production and reproduction including early marriage and the practice of polygamy.

a. Early Marriage

Early marriage is a determining variable in the redistribution of female work power in rural society making them a central element of production. This element is referred to by Claude Meillassoux as the producer of producers (Meillassoux, 1875) which explains why early marriage has been and continues to be dominant in rural areas. The government implementation of mandatory years of education was of limited effect on this, since, cultural practices and lack of rural development have kept this practice strongly entrenched in rural Syrian areas. It is one of the reasons why economic production in these areas have remained integrally connected to the social structure which is organized in a way that serves its structural organization allowing for its reproduction. Most of the women interviewed (18 out of 20) were married at an early age (before 18). This practice of early marriage continued even after displacement whereby families continue to

wed their children at an early age or at least hoping to do so. For example, one woman living in the camp in Beqaa tells how her three daughters got married over the past two years before they were fifteen years of age. She, herself, got married at the age of fifteen as well. Another woman complaining of the hard situation the family was facing in Lebanon, said:

“In Syria, we would have married off our son by now, we would have seen his children”.

Her son was not twenty two when we interviewed her. Yet another woman explained how if a girl does not marry before 20, she'd be considered a spinster.

“It's not the same as sitting in one's house, her children around her, and her grandchildren. They are all young men and women now. If we were in Syria we would have married them all off. Yes, we would have seen our grandchildren. When a son reached 23 we start saying we want to marry him off. A girl, when she reaches 15. It is ok, she gets married, when her 'luck' comes. After eighteen, we say the girl is late.”

b. Polygamy

Another cultural practice that is common is polygamy – the taking of

more than one wife. A second or third marriage adds to the capital of the family allowing for more hand laborers in a community that is centered on agricultural production. Such practices allows for more people to be working the land, taking care of animals and crops, and increasing the resources of the family. Six of the twenty cases approached mentioned that their husband had another wife. This practice that can be explained within the framework of masculine dominance, man's control of women, his role in economic productive control, man's ownership of the family's capital despite the important role played by women in that regard, and cultural violence against women who feel forced to comply, as it is embedded in the cultural repertoire of society, particularly the female's. Hajji Shaaile explains:

"For us, I mean, it is our nature, we the Arabs (tribes) if he wants to marry two or three no one can say anything to him."

Another old woman talking about her husband who had stayed in Syria saying:

"No by God he is good, but he has three wives. He is with them. I am here at my son's. We left and came because of the bombing. He is with his wives but we left...what can I do (when he got married), I mean it is all beyond

my control. I did nothing. I mean what can I do. The second time, I felt nothing. But the first time, yes a person feels sad. The smallest one, he got her and put her with me."

A woman may seek the protection of her sons when the second wife is introduced into the family, however, that would force the woman into another kind of hegemony which a woman finds very hard to deal with – namely the transition of dominance from the father/husband to the son. Hajji Adeebi had come to Lebanon with her son and her husband had stayed in Syria. She wanted to go back to visit her husband but her son did not allow her. She later found out that it was because he knew that his father had taken another wife.

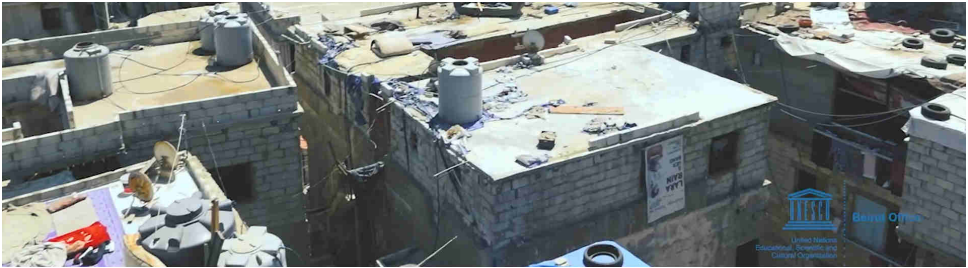
"I went there but my son went and got me back from where the bus dropped me. He said my father wants to marry another women. I said it is ok – I would like to live with her... yes but he did not want me to stay with his new bride. Yes I was upset. I lived with him for forty three years."

The option of living under the dominance of another woman, the son's wife, is not appreciated by the elderly women because of the daughter in law would try to impose her own authority in the household leading to a lot of

conflict between daughters in law and their mothers in law. An old woman, a mother of ten, coming from the Arab tribes around Aleppo and residing currently in Tripoli whose husband was killed during the war, describes how her sons do not care about her anymore because they do what their wives tell them to do. She says:

“ When he has a wife it is not like before. The mother-in-law is hated... I

have grandchildren but they do not come to see me and I do not go. I am alone. Yesterday, I went to the local clinic and they asked me why I was alone – their words hurt me. You know not all children are good. Some are compassionate and they have good wives. For me, I only got the bad – I got daughters-in-law who are ---, O my God. I am tormented.”



iii. Women and paid labor

The cases of women we interviewed who came from peripheral areas in cities and not from agricultural areas (five out of the twenty cases) were also housewives taking care of their families. Few worked in other jobs but these were largely centered on the house such as tailoring and hairdressing - working within the domain of the family. The money they earned was perceived of as extra family income. They did not take up these jobs as ‘careers’ that added an aspect to their

identity as productive women. It was brushed aside as just simply something they used to do. Hajji Shaaeleh says:

“I had a sewing machine. I mean you know I’d get some tailoring to do. Sometimes I would and take money. Ten liras. It was nothing.”

All these women did not do the same kind of work after being displaced. For example, the woman who used to do some tailoring from home said that she no longer did that. She still works

in Lebanon but she is doing some work for the NGO in embroidery that she learned through the NGO. Still, the fact that they had worked before the war might have played an important role in their ability and willingness to find work in Lebanon. One of these women was a widow before the war and was the household head relying

for substance of her family on her husband's pension and some sewing work. This woman, now working through the NGO, showed a high level of resilience, did not appear depressed, still enjoyed socializing, and was satisfied that she was able to rescue her children from the war in Syria.

iv. Status of Elderly Mothers before the war

The status of an elderly differs from one country to another. Different cultures have different norms and values when it comes to the elderly. In Syria, particularly in cultural environments that have retained a traditional way of life where religious and social values are very strong and where patriarchal hierarchies are still the norm, the status of an elderly is quite distinguished. An elderly is still perceived off as the one maintaining traditions and norms, having a substantial level of authority at the family level and in society at large (Khuri, 1990).

This esteemed status is religiously endorses whereby honoring a parent is highly considered, a thing encouraged by the Prophet Mohammad himself. This religious ordain is further upheld by social values whereby a child who

appears to be disrespectful of his/her parents is viewed negatively and shamed by society at large (اسماعيل، ر؛ 2017 ج.باي، ج.ك؛ محشي، ز؛ نصر، 2017). This is largely due to the fact that an elderly is an individual who had spent his/her entire life sacrificing for the sake of the family – a gift of giving which the elderly is expected to rely on in old age. Hajji Yaseen comments:

“I made a house. I had a house and land. Ever since I got married, we would fix the house, make quilts, make pillows, kitchen ware, ... all I made for my children and I married them all off – six sons.”

All these women expected to be taken care of. They spent their lives setting up a good future for their sons and approached old age with hopes of being supported.

v. Motherhood and the “gift” perspective

The above can better be understood within the framework of the anthropology of the gift. The gift in anthropological discourse is completely different from the market economic perspective. It is important to adopt the anthropological perspective which would allow us to understand the reality of Syrian elderly rural women. These women spent their lives in home production and labor to establish a family, often working in traditionally gender accepted work that is home centered.

Underlying the concept of the gift in Godbout’s discourse (Godbout J. T., 2000) is the consideration that no ‘gift’ is free of underlying social obligations. The gifting man is a social person before being an economical one. This perspective is directly linked to the concept of social capital which Bourdieu (Bourdieu, 1986) proposes in the sense that the ‘gifting person’ uses the gift, whether intentionally or not, to build his/her social capital. In one sense or another, the gift will be cashed back later on. This perspective is, of course, subject to a lot of criticism as it suggest that social relationships are simple means to an end, forcing a constant evaluation of what is being produced.

This research will not go into details into the concept of the gift which is still subject to much controversy as it introduces an economic variable which contradicts the common idea of a gift being something offered without any returned expectation, especially since here we are dealing with the concept of a gift offered by women, particularly mothers, to the family which is mostly conceived of as being totally altruistic. Nevertheless, the culturally assumed duty and obligation of children, especially sons, to take care of and provide for their elderly parents cannot be denied in the Arab culture and underlying all this is the idea of ‘cashing back’ on all the sacrifices that parents had made for their children. This was clearly vocalized in the discourse with the interviewed women. When sons failed to live up to this expectations, the mothers felt bitter and forsaken. For example, one woman whose son was in America complained of how he’d call her only once every two month and only sends her a hundred dollars per month. Another woman complained of how her son rarely calls her and has left her with her daughter.

In fact, while considering any social bond that is established for itself (without

any hidden intention), we are advocates of the idea that there is no such thing. There is no social bond established totally free of expectations (Godelier, 1999). Based on this assumption, we explain the gift in all what a woman offers to her family as an exchange for shielding and protecting her as she advances in age or when she lacks a male to protect her which fits within the cultural and traditional rationale in Syrian society. In fact Um Yaseen made that very clear when she said:

“Yes, I hope my children’s conditions improve. I mean that they’d be able to take care of their children’s needs. And I hope they will be able to take

care of me, I mean take care of my needs. I am an old woman and I need to rest, I need medical care, I want to eat some kinds of food, I mean just food. But things are not improving for them. They work but work is becoming less.”

Another old woman said,

“I have been telling my son for one month that I need to go to the doctor for my eyes but there is no money. I keep telling my son to take me. I tell him By God I am sick, I need medical care and he always says in the coming two days. I tell him I no longer have medicine and he says over the coming three days”

C. War Destruction and Displacement

This part of the study will target the effect of the war itself on the elderly women especially tackling the following: fear and terror that the war causes, displacement, the killings they witnessed and experienced, and the loss of all their material belonging, hence the space in which they grew and which they had built throughout their lives to be a safe harbor for their elderly age.

i. Violent repercussion of the War

The Syrian war is, in fact, a series of different wars: some of these are military while others are civil wars with most victims being civilians who were forced to face the war and were denied a safe and stable life. These

people were displaced in their country and most of these, as we mentioned previously, were forced to flee within Syria and to neighboring countries or other distant countries. Some of the elderly women told about how they

moved at first along with her family inside Syria before deciding to come to Lebanon, as they thought the fighting would last for a few days only and they'd be able to return to their homes. Hajji Fatmeh says:

"We first stayed in Qalamoun, near the Jroud (beqaa) areas, we stayed for two years- then we came here (to Lebanon). Also after the war approached, the jroud area we came and settled here"

This continuous displacement impacted all social structures in Syria, particularly the family with huge ramifications on the elderly whose social capital was based on the concept of the 'gift', just like the rural women who are the target of our study. These findings were echoed in other research carried out in other countries such as Cuclas's (2019) who reports that the women she interviewed in Jordan all had to move within Syria seeking safety before crossing over to Jordan.

Most women spoke of the 'good life' they had built for themselves in Syria and how they lost everything with the war. This everything they described largely centered around the house they had lost and how they currently feel exposed and unprotected because of their homelessness status. "In Arab societies where family and community support play a central role in the lives of individuals, the concept of

homelessness is particularly charged with reference to the dissolution of the family and social bonds by which women were seemingly more affected than their male relatives" (Gissi, 2018, p. 10). Most women interviewed spoke of their desire and longing to return back to the safety of their homes.

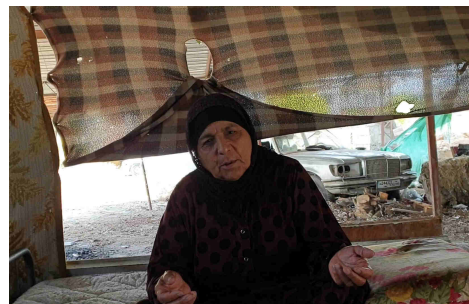
"I had a big house, chicken and goats"

"We had homes."

They remembered their previous "good" life with sorrow. They were properly take care off in Syria – their grown up daughters would work in the land and serve the family. The elderly women could rest and rely on them, enjoying an easier life and being taken care of. Hajji Turkieh says.

"I cook! Ever since my daughters grew up I don't cook. They cook and I eat with them."

Hajji Sarah also explains how she relies on her daughters.



“I used to work on the land and then go back home and work making food – I mean, ever since my daughters became young women, they started helping me. I would send them to work the land and I stay home. They started working the land and we work together at home – doing the dishes cleaning, doing laundry.”

They express their sorrow at losing that and having to be forced into a life where they lost all these privileges – although they have family members still taking care of them, yet they feel they are a burden to their families.

Other researchers report the same kind of findings. For example, Kakki (2018) maintains that all the women included in the study “were longing

for family events and memories they shared from before the conflict” (Hakki, 2018, p. 192). The interviewed elderly depicted the same kind of longing.

“I was much better in Syria. My psychological state was good. There were neighbors. We are all close to each other. We visit each other, sit and talk. Here- like you see.”

“Yes by God, I am in a country that is not my country. Staying in my home would have been better for me. Yes there if they give just bread and I can stay in my home, it would be better but what can I do.”

“We were like kings. We were at home with no problems. Our life was lovely.”

ii. The elderly and war related trauma

Psychological stress related to war vary but can be summarized as follows: “Death threats, detention, injury, distortions, suffering after injury, torture, shame and guilt. Even being exposed to violence without injury, shocks, unhealthy environment, witnessing the death of others and catering to the suffering of others are all related... and among the causes of war related trauma is the loss of all belongings and leaving the environment which an elderly has built for himself” (Collin, 2010).

We intentionally did not target these issues with the elderly. What we posed as questions targeted only the causes of their displacement and their experiences during that time. We opted not to divulge into the attitudes towards the war so as not to touch upon a psychological dimension that might be harmful for the subjects. It must be kept in mind that the war is still going on and the live memory of these people is still vivid with painful memories of the terrors of war. All what we tried to detect centered on the

life of the cases studied before and after the displacement. We left it to the respondent to speak about her experience and give information of her choice about the reason for displacement without delving deep into the harmful memories of the war. However, because of the traumatic experiences of the war most women talked about their experiences and the trauma they suffered.

The most common answer uttered by most of our respondents can be summarized by these quotes:

“Everything is gone, the house was destroyed, leveled to the ground.”

“Every one of my children is in a different country.”

“By God, my daughter; we wandered in the villages and then we came here.”

One case could not but recall the scene of a young man being slaughtered right before her eyes. We did not delve deeper into that story as the violence of her experience was still very vivid in her memory causing her much pain evident in the fact that she was constantly crying. Another woman describes the trauma of having to witness family members being killed:

“Seven of my brother’s sons died. They died at the house’s threshold. One was brought here. He was shot by a sniper with his brother. The bullet went through the first to the second.

They brought him here ... they woke up and found him with seven shots in his body inside the hospital”

Among the cases we studied where those who left Syria to protect their male children from imposed military service in the army and from the war itself or to protect their daughters from being raped in the chaos of war, keeping in mind the important issue of female honor for the oriental woman and the stories told by many of the hardships faced due to being sexually assaulted in some areas, especially the areas that were frontiers for the fighting. One such woman was forced by her husband’s clan to leave Syria and join the clan in Lebanon. She said that she did not want to leave Syria but that her husband’s family would blame her if anything happened to her daughters, so she had to leave.

“If anything happens to the girls they would hold me responsible – I mean, I am from one tribe and they are from another. They would hold me responsible saying why did you not accompany us.”

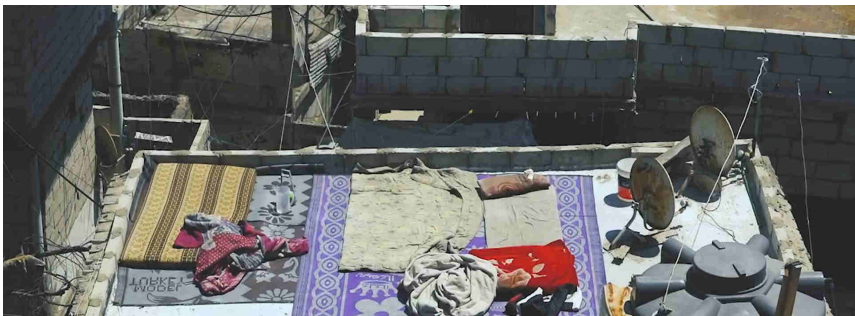
Some of the women followed their family members for fear of remaining alone and unsupported in war whose end was not clear. For example, one woman described her constant fear of being left behind. She says:

“When the bombing starts, I cannot walk. Once we were sitting and fighting started near us. Only my son and I remained. Then we left our home and went to my daughter’s. My son was walking behind me and I told him ‘go before me, I mean I might get hurt. Let me get hurt but you leave. He did not. He continued walking with me... when I arrived I sat outside and my daughter would say come in but I kept saying we will be hit. She said ‘Mother, have faith’ I said, ‘I have faith but I can’t help being scared. I used to be scared when fighting happen and people leave, scared that I would be left alone and die... everyone runs but I cannot run. When this happened I would be afraid.”

It is a fact that most cases we interviewed suffered from some kind of war trauma, if with different degrees and these of course continue their lives in Lebanon without appropriate psychological or physical follow up. The reality of the Syrian elderly displaced in Lebanon, as

will be elaborated on later, is not very different from that of their counterparts in Jordan.

Forced Migration Review which is a published by the University of Oxford, Department of International Development quoted HelpAge which is an international organization that targets helping the elderly. “There is an estimate of 77% of the refugees aged 60 and above who have special needs associated with mobility, nutrition, and health care. More than half of these discuss their struggle with one kind of psychological disorder or another. The statistics of the United Nations higher commission point out that 57% of the refugees suffered from chronic diseases in Jordan and that these people could not afford the cost of the much needed care.” (لوبيري، س، 2018). There are no available exact statistics in Lebanon but it is certain and as revealed by the cases understudy, that the amount of psychological and health related suffering is high.



iii. Family dispersal and emotional suffering

Among the deepest suffering by the displaced elderly in Lebanon is the family dispersal that they had to suffer from and the accompanying deep emotional worry over their children and family members about who they know nothing.

“My siblings are still in the village. Only I came to Lebanon. The rest, my sister’s children, twelve, are wandering in different countries. I don’t know. They are lost. No one knows the news of another.”

“I have this son and I have another who is missing - since the war started. I know nothing of him. I also have another one who has travel abroad via the UN”

“By God I have daughters – each one in a different country. One in Damascus, one in Turkey, and other areas. I have one son who is a soldier and another son in Turkey. My mind wanders to my children. I think of them and their conditions. I can’t see them and I cannot go to them. By God I miss my children. I miss my daughters. They call me but I want to see them. My son, the soldier; I have not seen him for four or five years. The one in Turkey, I have not seen him. My daughters, the same. My siblings, the same”

It is common knowledge that among the most harmful war related experiences are caused by the disappearance of children, spouses, and relatives and it is also known that this suffering leads to very painful conditions in the form of separation, loneliness, and mourning over spouses and families, in addition to, what it causes in terms of dispersion in social units like villages and loss of social networks. The feeling of loneliness and the struggle over the absence of the other – the husband or the son – is a shared characteristic among all cases studies.

“I worry over those left back there. Ever since we left our country and our home and my son went missing – I mean all life, I am bored with it. I say ‘God why did you not take my life before I reached this conditions.’”

“All my siblings are dead. Only one is left”

The most painful is the loss of a son, the inability to participate in the burial of a relative, the lack of news from a son and the inability to see their children and their grandchildren.

“My mother died and I could not go down to see her (meaning to Syria). Why? Because there is no money”

“We are living By God my child,

people live with death, a life which you know, the important thing is that people are alive. Some came to

Lebanon, others left to Turkey and some live in Damascus. Each one in a different place.”

iv. Loss of habitat and material memory

Among the severest repercussions of war, second only to death, is for a human to witness all what he/she had built over the year get destroyed whilst not being able to do anything about it. This becomes more traumatic for an elderly whose age does not allow for an attempt to rebuild a new life out of scratch. Um Yaseen says:

“By God, our life in Syria was good. We had land my child. We planted pomegranates and grape vines. We’d plant our land. All our houses, not very grand, but good homes, tiles, bathrooms and thanks God, we had water; we’d water the plants with a generator and when the war came, because my son is in the army, he came and told me mother everything was destroyed, no homes and no vines, nothing. We left my child taking only the clothes we were wearing, not a mattress, not a pillow, not a blanket, nothing. We left. Everything I ever made since I got married till now, all lost. What did I hide! I had a home, a home and lands – By God money inheritance we did not have... we had lands and houses. Ever since I married, I started fixing my house,

preparing bed cover, pillows, I had kitchen utensils, washing machines, refrigerators, air conditions, everything. I know we are allowed to go back to our village but it’s all destroyed. Not one wall is standing, all gone. Our village is surrounded with destructions.”

Along the same lines Hajji Marian says,

“Ever since we left Syria, my life is gone... I had my home and my children, I was young and my husband was a good person and I had 5-6 goats... I miss Syria’s land but it does not suit us anymore... a missile hit our home but we were not harmed, we left with the clothes we were wearing.”



v. War and the reality of “mastoura” families

The term is mastoura (covered/humble) in Arabic but there has no exact translation for the English language. What is meant here is that these families are just above the poverty level. They live a humble life, meeting the necessities in life but not being able to save further.

It is important to take into consideration in line of what we have discussed so far that most these women belong to a social status that could be termed as “humble” in the sense that the category to which they belong has not reached the state of poverty but lives at its border. These groups reach poverty at times of crises.

To really understand the state of these women, we must understand that the term in Arabic of “mastoura” means being covered – this cover is what allowed these families to live humbly but not in need. The war came and this cover was lifted, exposing them, whilst also revealing the limits of their survival skills which all centered on pastoralism and simple horticulture in their environment. Displacement denied them the utility of these survival skills and had severe repercussions on their lives as displaced, especially on the elderly.



D. The Displaced in the Host Community

Nasri Al Saygeh, a well-known journalist and writer, says that it is shameful that only the numbers of refugees gets discussed. The issue of Syrian displacement has been transformed into a purely demographic issue. Each displaced individual is a human being with a personal life story and a personal problem. Quantitative generalizations is an intentional covering of particularities because the misery of the displaced lies predominantly in the particularities of their sufferings (Sayegh, 2016). These words are very reflective of reality, becoming evident upon looking into the stories of the elderly displaced women cases whereby we realize the depth of the tragedy of displacement and its ramifications on each individual. This is what will be discussed in this part.

The Syrian displacement has been quite extended reaching to almost a decade and has become in reality more resembling of a refugee situation. This prolonged situation has its repercussions not only on the Lebanese hosting community but also on the Syrians themselves. One manifestation of the burden of the situation on the host community is reflected in the antagonistic feelings and discriminatory behavior and bullying practiced by host communities towards the Syrians (Saracoglu & Belauger, 2019). This bullying becomes

more intensified with the increase in living hardships faced in the country and becomes a racial discrimination against Syrians and blaming them for all the problems faced in the country.

Um Yaser, a victim of such discrimination living in the area of Aley describes how she was hit by a passing car and instead of being helped she was cursed. She says they told her, “What are you doing here. Go back to your country?”. She describes what happened:

“By God I once went outside and a car hit me. Ever since, I stopped going out. I mean a car hit me, and my children said ‘That’s it, mother, don’t go out any more. I mean, here in Lebanon, well Lebanon is good, but there is no appreciation. I mean the older human being is not respected. I mean it is normal with them. I mean I am an old woman walking on the street, I was not paying attention, I mean a person can get distracted with thoughts of a son or a daughter: I think of my children and their situation – I think of their condition and how I am not able to see them and cannot visit them – By God, I miss my children. I miss my daughters.”

Most women voiced similar apprehension at interacting with the Lebanese communities among who they reside,

“We are strangers”

“We know no one”

i. Living arrangements in Lebanon

Most of the cases interviewed resides in shared households with other families in which each family tries to find its independent space within a crowded environment or residing in a camp in tents with cement floorings. These camps host about 17% of the Syrian displaced according to a study done by Issam Fares Institute and supported by the Higher United Nations Commission for Refugees (مؤسسة عصام فارس للسياسيات العامة والشؤون الدولية في الجامعة الأميركية، 2017). The camps represent crowded living areas and suffer from a lack of an appropriate sewerage system and infrastructure. During the visit to the camp in Beqaa area, the bad smell coming from a dried up river at the border of the camp was very strong and the camp official explained that during winter the water rushes out to nearby tents.

The tents (and even in many of the houses we visited) were minimally furnished with straw made matts and cushions. All people, the young and the elderly, the sick and the health, sat on the floor. A plastic chair might be found in few residents but most lacked even a single chair. Everything in the space suggests a place built temporarily as a transient state but the transition has become more or less permanent extending for years. Even the women who resided in rented houses, like the ones we

interviewed in Aley area lived in very humble situations. All, with the exception of one, lives in houses furnished with mats and cushions. What was remarkable was the fact that most tents had televisions and cable network connections provided by NGOs and outside aid that came to the camps. This is very interesting when considering the way the money allocated to refugees gets spent. However, considering that television broadcasting can act as a window into what is happening in Syria, this becomes more understandable. When asked about the kind of programs they watched, most women said the news, especially concerning Syria. Some said they would also watch Syrian programs or series. These women were trying, amidst their estrangement, to find a ‘space’ of connection to their homeland – to anything they could relate to.

Only three women of the twenty cases interviewed were interviewed outside of their residential place. These three were interviewed in the school building run by ‘Bassma w Zeitoneh’ the NGO working in the Camp in Beirut. One lived in the house of an old woman who she is currently taking care of. Another woman lived alone while the third resided with her brother’s family. These were the only three women who were working and had a certain economical

income which allowed them some limited independence and mobility outside of their place of residence. All other women were housebound and complained of body aches and complain of having to stay home.

It has been clarified previously that all these women belonged to poor backgrounds before they came to Lebanon and, after being displaced, they became families that share not just space but also food and sustenance. In such a way of life, housing and food become the basic and all else is secondary in the expenses of the family which normally relies on the income of a single family member. Hajji Um Yaseen explains:

“My children work in construction - that

is how it is- I mean thanks God they are working, but the people they work for don't give them their fees. I mean they would work for two hundred dollar but the employee would give them only one hundred and take one hundred. Yes, this one hundred, what would it do for a family? He has nine people to sustain and I am the tenth. He works for ten or fifteen days and then stays home for five. His wife goes to work in people's homes for my sake. They would give her money on houses. She goes to work, she says I will get medicine for my other in law. She took her oldest son out of school to help his father. She put him to work in the small shop facing us.”

Barely managing to survive, house furniture becomes an unnecessary luxury.

ii. Estrangement of the elderly

Social exclusion in a “state in which people or groups are assumed to be ‘excluded’ from social systems and relations” associated with poverty or disadvantage (Popay, et al., 2008). Most of the elderly Syrian women in Lebanon have reached an age characterized by a degradation of their health which added to their social exclusion. Displacement has added to the physical and psychological suffering of these women. Hajji Fardous says:

“I mean – here even the taste of the food

is different. There is a lot of food that we find distasteful and everything was new but we ate it out of hunger and need, but back in Syria we lived as we wished and we had lots of goods, we had homes... now a house to sleep in I cant find, I always wander. I now only have a small bag of clothes. There in Syria we have clothes inherited may be from our in-law from our parents – hiding them. Now all is gone, the old and the traditions.”

What we wish to highlight here is that a

human being who has reached this stage in life become more in need of a stable, familiar environment, quite the opposite of what these women have experienced in their new surroundings. Most of these women were depressed due to the loss of their houses which do not represent just a structure but the family itself which has become dispersed. Many of these women lost children, husbands and other

family members during the course of the war. Others lost contact with their children and other loved ones. Hajji Sara tells us:

“My house, nothing is left of it, the mattresses were piled to the roof, the quilts, the pillows. What can I tell you the carpets around 14 carpets in my home – not even one is left. All gone”

iii. Displacement and forced retirement

Most of the women interviewed had lived a healthy productive life before the war in Syria. They ran the affairs of large families despite some being above sixty at that time. Their displacement forced on them an early retirement of their activities and roles which were taken up by other family members and younger people. One woman says,

“Mastourah, by God, my hand and my husband we cooperated against the hardship I used to cook – now no. My eye sight does not help me neither being sick. We have a daughter-in-law and she works.”

Along with place estrangement and giving up their traditional roles, their misery over their families being dispersed was severe. Their social image and status was also compromised.

Not being able to work and be productive and having limited economic

resources, these women face the challenges of maintaining, not just themselves physically, but also their roles. They had to give up what little work they provided for the family such as cooking, cleaning, planting, taking care of animals, and even their roles as hosts and the celebration of certain social events. Hajji Fatima says,

“We used to make maamoul (Arabic sweets) and bring other sweets. Relatives would come over and we would visit them. This is how the Eid was. Now there is no money and we make nothing”

Hajji Maruam says,

“Ever since Syria has gone and my life was gone”

Clearly, the loss they feel is tremendous.

iv. Weakened family bonds and social capital

A family's social structure, relationships and fabric becomes more exposed during times of war where values are questioned and chaos and pressures of everyday living become accentuated.

In many instances, and due to the dispersing of families, elderly women are forced to live relying on the support of a single family member, normally a son. This burdens this designated family member who feels an injustice incurred on him and his family in sustaining himself and his family on a daily basis. This is something we witnessed first-hand during the interviews.

During and crisis, the strength of these traditions are put to the test particularly with the loss of social control present in otherwise normal situations. A mother, who is disappointed with her sons who do not take up their responsibilities, feels sorrow and is depressed for losing, along the 'gift' perspective, all what she had spent her life installing in her sons of values and traditions to be repaid at her old age. The testimony of hajji Malaki stands proof to this. She says:

"My father, mother, siblings, boys and girls, all in Turkey, they live there, not in Istanbul but nearby... I think of going, I need three thousand dollars to be smuggled in and I am in pain I cannot go, I am in pain I can not jump walls nor

walk quickly, nor run, the police might catch me, they would not allow me in. I am begging my son to file for me a 'family reunion' but he is not. This is why I am upset at him. His wife does not want. I don't know. My daughter told me she will file for me, but my daughter is pregnant, she said she'll file but I said no I don't want. Going from one son-in law to another; I don't want this. This one I got used to, he's been my son-in-law for fifteen years, I am used to him. The other one is new, I don't know his good from evil. They got married, I married them off in Aleppo. They stayed for three month and then the Barrel (bombs) fell and they left for Turkey. They have been there for five years. My son left and went to Turkey. He said the conditions are bad here and there is no work so he left us and went to Turkey."

The women who were mostly accepting of their status as displaced where those surrounded by their children. They talked about their troubles, their material loss, their humble food, their health but they also talked about their sons and their son's wives who were doing the best they can to provide for the elderly and this has positive repercussions. They were more accepting of their situation and complained less of their lives in general.

“By God we are ok but there is no money – a sick person stays sick and dies.”

Briefly, what we tried to describe here reveals the central role of women in

Syria. She is first and foremost a housewife living for her family and her children and awaiting righteousness at times of crisis.

v. Loss and emotional suffering

All the women interviewed talked at length of a kind of loss: a dead husband, an absent child, fear over a daughter, dispersal of family members, leaving home to protect a child, ... their whole existence is mirrored through their families. Their reality centers around their homes and families. Money can be amended for but children, relatives, people cannot. This is where the deep misery and agony in their eyes become explicable and this misery is reflected in their daily lives and in their health. Hajji Nadwa says:

“My son is in the army. Eight years now. I’m scared for my son. Not to see him again. I lost my eyesight because of crying over him. I do not leave home now. Where would I go. Here I am a stranger – I do not visit anyone.”

Hajji Assia trying to recall her life in Syria says:

“I forgot my life there – I forgot – It has been seven years, Our life was very good. It is all gone.”



Similar statements were made by other women:

“I am sad over Syria. I want Syria to be back. I want all my family to reunite. Re-see them all. Even if I go rent a place and reunite my family, I’ll go but all is gone now.”

“Those who remained – some are in Hama, some in Aleppo. I know nothing of them... some were taken by... I don’t know anything. This is why I suffocate when I talk – I suffocate”

Such emotional suffering decapitates these women who feel helpless after losing all that defines them.

vi. Displacement and hope of return

Despite this hard mode of living on the elderly, returning to their houses remain an unattainable hope whether because of money or security related issues. Most of these cases lacked the financial ability to return in addition to the free will to do so. They no longer have any financial support in Syria with their children dispersed in several countries. There is also the problem of securing required documents and paying the fees which many of them said they had failed to do so for several years. If these women returned to Syria, they would not be able to return to Lebanon. They cannot consider this option as they have no one to support them. Moreover, for many of

these women the decision lies not in their hands but with a son, brother or other male family member. Hajji Sarah says in this regard:

“By God my child. I desire nothing but to get better and in Syria it is cheaper than here but they would not allow us. If we go they corner us. I mean whoever goes to Syria cannot come back to Lebanon and there I have no one.”

Another woman said,

“By God I have diabetes, a fast heart beat, high blood pressure. Yes, they are not able to provide medical care for me and if we want to go to Syria it is very difficult.”

E. Overall Health Condition

We will not delve into the importance of the medical anthropological approach in understanding much of what is involved in physical and psychological illness through partial or holistic social analysis. We will suffice with offering an insight into the historical, economic, cultural and environmental aspects and their ramifications on health. A more comprehensive ethnographic approach offers more in-depth knowledge relating to the lived experiences of the elderly displaced women revealing what might otherwise be left un-addressed in macro

approaches. In this section, the overall health condition of the targeted women will be provided on the basis of what the women themselves described and told, relying also on the two tools utilized: the Geriatric Assessment tool and the PHQ-9.

The health related repercussions of war, both physical and psychological, accompany victims throughout their lives. Survivors and witnesses of war and the violence associated continue to suffer from various symptoms. Such symptoms are mostly left unattended to in

poor and rural communities, where such issues are not considered worthy of attention because of economical reasons and because of the inherent cultural lack of knowledge particularly what relates to psychological trauma, which often gets brushed off as non-consequential.

Caring for the elderly at times of war are almost nonexistent on both physical and

psychological levels. To understand the experiences of the elderly and the ramifications of the forced displacement on their physical and psychological wellbeing, we relied both on our observations through the interviews and on the data gathered through the medical assessment and the depression scale.

i. Medical Care Provision: surpassing capacity of the displaced

Most of the cases claimed to have enjoyed very healthy lives in Syria, rarely suffering from serious health problems or physical pains. They stated that they used to enjoy full medical coverage in their towns of origin and that their medical bills were very affordable which made them feel secure and happy. As displaced Syrians living in Lebanon, they claim that affordable medical care is not readily available and they seek out public clinics which, they assure, do not offer the same kind of care they enjoyed in Syria. In fact, most of these women complained of the high medical cost in Lebanon considering medical care as an extra and unnecessary financial burden on their children.

Going to a private hospital or health care provider is not a feasible option for these women. One female residing in Aley area tells her story: she was taken to the hospital after suffering from a fall which

left her in pain. Doctors at the emergency, in one of the hospitals in Aley, gave her first aid and some medicine for what appeared to be an injured shoulder. She ended up paying a little more than a hundred dollars and is still in pain. She said:

“All this money for nothing—I’m still in pain. I spent the money for nothing. My son works all day for much less than a hundred dollar. I have not gone back to the doctor because it is useless. They will just take more money. I just take pain killers and tolerate the pain.”

Even those women who visited medical clinics and were seen by experts, could not follow up on their medical care for lack of economic resources.

ii. Age related pains and lack of health related awareness

In fact, most of the twenty women complain of pains and consume pain killers without proper medical prescription, secured largely from Syria. In one such case, the woman complained of lack of energy accompanied by abdominal pain. She said she only felt better after taking a medicine in the form of liquid drops which her son got her from Syria. We asked to see the medicine and were shocked to discover that it contained a high concentration of alcohol and that the woman exceeded by far the daily recommended dosage. The medicine itself was weakening her (of course we kept that information to ourselves as we felt we had no right to interfere- we simply told her she needed to see a doctor as to whether that was the right medication for her).

This, and other similar cases, revealed that medical care was not appropriately available to these women, added to the fact that the poor environment from which they came posed serious limitations on their awareness of health related issues and appropriate medical care. Hajji Fatima says:

“I have, I mean what can I tell you, a fast heartbeat. Yes, I mean when I climb a stair case every few steps I have to top for five minutes to rest. I take pain killers. No hearing at all, I cannot hear. The neighbors break the door knocking and I

am inside and I don't open. They ask me why don't you open? I say I did not hear. And my eyesight is also tired. Always, always, I feel my stomach hurts and I'm bloated. They took me last Eid to the hospital to get out a stone (kidney stone). They took two hundred dollar from me that day, the doctor....I was better in Syria. My psychological state was better than here. There were people, neighbors, we are all close, we all, as you know, go to each other, we sit talking. Here it is just as you see. And the medicine, by God, some days I take, others I don't, You know the money I mean. Medicine here is expensive. I take pain killers for my leg, and I have this dizziness. When I feel dizzy I can see nothing. If someone talks, I can't see. I stay sitting alone until my sight comes back and I become better and then I can move.”



iii. Mobility and marginalization roles

Physical inactivity has serious repercussions on health, both at the physical and mental levels. *“The World Health Organization ranks physical inactivity as the fourth leading cause of global mortality, estimating that it results in 3.2 million deaths globally; mainly due to cardiovascular diseases, diabetes, hypertension, ...”* (Sharara, Akiki, Ghattas, & Obermeyer, 2018, p. 1). Most of the interviewed women were able to move and carry out everyday activities such as eating and getting dressed on their own. However, 16 women of the twenty needed help walking and 3 were quite immobile. The changes in their everyday life, as previously working women in Syria – working the fields, taking care of domesticated animals and engaging in various kinds of household production activities, compared to their lives in Lebanon characterized largely by immobility, had left an impact on their self-assessment, on their abilities to be functionally mobile and, accordingly, on their overall health well-being.

Most (17) claimed they needed help and were constantly afraid of falling down and harming themselves. In fact, only three out of the twenty women claimed they required no help at all. The other seventeen suffered from fear of falling which led them to further lead a life of

lesser movement, less walking and less engagement in physical activities resulting, partially at least, in enhanced knee and leg pains which most women claimed to suffer from. Some actually voiced their fears of falling and getting seriously hurt highlighting the repercussions medically and financially on their care givers, be these sons, daughters or brothers. Hajji Malaki says in this regards:

“In Syria I suffered from nothing. Whoever sees me coming and going would say she is very light, how light, I’d go up and down the stairs, God willing, and there is nothing. Now, I have to hold on to the rails because of my legs and knees. And, thanks God, I had my siblings near me, seven sisters and four brothers, I had sisters-in-law, eight of my cousins. I mean we would visit each other. Thanks to God, our house was ours and the shop was ours too. My husband owned them and worked there with my son. But now we are destroyed, everything is gone, the shop is gone, the house and everything in it is gone, only destruction, destruction only. Those who have money went back to fix their houses but we live in a building. Health wise my legs hurt a lot. During winter, my back aches. When it is cold my back hurts a lot and I do not leave the house. I have dislocated three

of my disks in my back and they are pressuring my feet. Tired, tired, I mean tired, I mean I don't know how to

explain, its more psychological tiredness than physical."

iv. Medical Conditions

The diseases that the elderly suffer from are mostly related to old age and the accompanying health ramifications are accentuated by the poor environment to which these women belong. All participants claimed to suffer of one kind of illness or another. The most prominent complaints were: Osteoporosis, high blood pressure (Hypertension), Cataracts (and other eye sight related problems), heartburns/reflux/GERD, arthritis, neuropathy/nerve damage, vision loss and ear related problems (impaired hearing and ear infection problems).

Osteoporosis, one of the mostly names diseases, meaning porous bones, is a disease in which the quality and the density of the bones are reduced. This primarily manifests in women after the age of 60 or after menopause primarily due to a drop in a hormone, called estrogen. This is quite common and its prominence is expected (Rolland, 2017). Despite the fact that these women suffered from this conditions, none was receiving medication for the condition. Hajji Fatemah says:

"I cannot work. My hands ache, I am

sick, My legs hurt. I want to sit, get up walk but I can't. In Syria I used to plough the fields, plant, and move and dig the land. Here I just sit, my head aches all the time and I feel dizzy all the time. No I don't have high blood pressure. I go to the pharmacy and get pain killers." Being always indoors and rarely moving does not help their condition at all. Lack of exposure to sun and lack of movement added to an already existing problem.

It was quite prominent that all twenty participants experienced joint pain, whether at the level of the wrist, knee, hip, shoulder or neck. This can be greatly interpreted by the drastic shift in their lifestyles. As mentioned, they used to be active and strong housewives and workers, performing strenuous daily activities, taking care of their families and having active social lifestyles. Now they are housebound, totally dependent on their daughters and daughters-in-law. This drastic shift to a sedentary life left them immobile, which took a toll on their once active joints.

Another symptom many reported, in addition to osteoporosis, was complaining

of high blood pressure which occurs when the force of the blood flowing through the vessels increases. Common causes include sedentary lifestyle, unhealthy diet, overweight, old age, stress, and genetics. Most of the subjects complained of similar causes. Our participants are excessively under stress due to the fact that they left everything behind and came to live in a foreign country with a different cultural experience, one they found very hard to cope with. They constantly think of their loved ones that they left behind and they have a constant hope that they will return one day, while constantly fearing death and burial in a foreign 'land'. Hajji Sarah expresses this very vividly. She said:

"I would say O God take me back to my country, allow me to see my children, O God unite me with my children and help me return to my country – You are gracious God. If God returns us to our country, I will be better. Yes by God I want to go to my house – mostly my house."

Another woman from the Palestinian camp of Yarmouk says:

"I mostly miss my children, my siblings, my family I mean also my friends and my loved ones with whom I lived, I mean it is not a little thing – my house was leveled down, I was not living inside the camp. I am from Al-Hajjar Al Aswad. I was living there. Now my house is leveled to the ground. More

than seven bombs hit it. My house was leveled down, as was my son's."

Cataracts is a deterioration in vision due to the clouding of the lens (Korsakova, 2012). Cataracts can be caused by countless factors including excessive exposure to ultraviolet radiation, hypertension, and previous eye injury or inflammation. Of our 20 participants, 7 have cataracts, all of whom developed it back in their home country. Five of these seven have undergone surgery to remedy the problem but they stated that they still complain of vision impairment to this day. The fact remains that these women do not have access to appropriate medical care to tend to their condition.

Another occurring medical condition is reflux which occurs due to the improper relaxation of the lower esophageal sphincter which allows acid from the stomach to go up the esophagus. This can cause signs and symptoms of heartburn (Birk, 2012). If this occurs repetitively, it can cause gastroesophageal reflux disease (GERD). Reflux is mainly caused by heavy meals and improper diets. As our participants shifted to a poorer lifestyle, their diet plan and the nutrients available to them became limited. This led them to eat what is given to them at the time that it is given. This increased the prominence of reflux in this certain population. All women answered that they would eat

whatever food was given to them or was available. One woman said that she craved some kinds of fruits but these were not available as her son could not spend money except on necessities.

Moreover, 6 of our 20 participants experience hearing loss which is mainly interpreted by their previous hostile war experience. Those participants used to live near or around bombing sights, which led them to be exposed to loud, screeching noises caused by airplanes and explosions. One participant (Fatima) showed immense health deterioration and was unable to sit up straight due to middle and inner ear infection as her

previous residence was near a bombing site. All through her interview, she talked while reclining on her back and could barely lift her head up which ultimately led us to stop the interview not to cause her further distress.

The elderly female Syrian refugees that we interviewed showed immense dignity and profound remorse. Their current state was forced upon them and they had no choice but to get along with it or stay behind. A lot of their illnesses prevailed when they left their homes. Social, physical and psychiatric stressors all played a role in this life-changing experience.

v. Depression

Another health related condition that was targeted in the study was, as mentioned above, the psychological well-being of the participants which was assessed using the PHQ-9. The PHQ-9 was administered to 18 of the twenty subjects. The two who did not take the test were special cases. They cried



during most of the interview and we found it cruel to continue with all the psychological testing as the nature of the questions would cause them further distress.

Obviously, they would have scored very high on the scale but as they were not tested. The scores below are for the remaining 18 interviews. A score of above ten reveals depression and out of the 18 subjects who took the test, 16 scored above that showing that these 16 women suffered from depression. In fact, the scores of these 16 were between 12 and 27 and most scored above 15 (Table 6). One scored a total of 27 – the

highest score that can be recorded on this test.

Only two women scored below 10. One of these was working with a suitable income and had been able to collect enough money to send her children abroad. She said that she had gotten out of Syria just in time to save her children. So although, at the time of the interview she was living alone, she maintained contact with her children who were living abroad and had enough economical support not to face extreme financial hardships. What distinguished this woman was the fact that she was able to keep her two daughters and son safe from the war. Her two daughters are currently living in Germany, a chance they got through the United Nations program and her youngest son in currently in Greece. She has an older son living in Germany. She describes how she was able to take her youngest son out of Syria right before he was supposed to be drafted for army service and how she worked hard until she could secure him the money needed for his travel to

Germany. Although she misses her children and wishes she could be united with them, she felt satisfied that all her children are safe. She says, *‘I was relieved. True my son is in Greece now and he has not yet secured his future and has not been able to join his siblings in Germany, but he is a young man and I am not worried about him. And my daughters are studying at schools in Germany and his brother is close to them. I have another son in Germany. My other son will take me to Germany when he gets his citizenship but I tell him ‘no, worry about your future and the future of your children. That is more important now’. I sacrificed my self – I did not sacrifice my children.’*

The reason why this woman did not suffer from depression is mainly due to the fact that after the war, she continued to play her ‘motherhood’ role, and her children, although not living with her, were still talking to her regularly expressing their gratitude and appreciation of her sacrifices – the ‘gift’ was valued.

Score	Number of case
Less than 10	2
10-15	3
16-20	9
21-27	4
Did not take test	2

Table 6: Distribution by score of PHQ-9

It is clear from the above data that depression is very high among these women which is commonly expected with displaced people at times of war.

However, if these conditions are not addressed and if these women are not empowered one way or another, the repercussions of continued state of depression would be tremendous. Many of these women consider their lives useless and have openly expressed their desire to die by responding positively on

the last question of the PHQ-9 which is a very clear indicator of the severity of the depression these women suffer from. If we consider that these women are religious and we know that Islam is very clear on the issue of “one desiring one’s death”, we understand the severity of the problem in the sense that even their religious beliefs were compromised in face of their dire situation. *“Bored with my life – I say to myself ‘why am I still living. Every day, why am I living’”*



Conclusion and Implications



The study was designed to capture and analyze the lives of the displaced Syrian elderly women currently living in Lebanon and who came from rural backgrounds and from peripheral areas around cities in Syria. It aimed at understanding their lived situation and the difficulties they encounter in their everyday lives.

A. Concluding Remarks

This social strata suffers a lot of war repercussions, a war they had not participated in but because of which they were forced to leave their normal habitat and face a new cultural environment struggling against social and economic conditions. The sorrow, pain and feeling of loss experienced by these women were beyond their capacity to deal with having reached an age at which they expected to 'retire' and lead an easier life and be properly taken care of.

These women had lived a life where motherhood and the family are the center of their existence. They all had lived a hard life, working the fields and taking care of large families but expressed a longing for that life. All this had left its impact on them which was very evident in their aged faces and bodies. They all looked much older than their actual age.

The war with all its calamities came to destroy any hope they had of a retirement that suits their cultural background and expectations: being surrounded with their children, being

taken care off by male descendants, being paid back 'the gift' which they had offered to the family. The society to which these older women belong to is built on a strong sense of social solidarity and intergenerational support ordained by the inherited cultural norms and traditions. The war took away most of this.

The research into the lives of these women also revealed that the most resilient old women were those who were living with their sons. They felt that their sons had not forsaken them but offered the expected care and protection. It was also revealed that the least depressed women were those who were able to continue to play their roles as mothers and continued to take care or protect their children. These women felt that they were still needed and still had a role to play, despite all the horror they witnessed and the loss of their homes.

The study further revealed that the most important repercussion of the war and the displacement suffered by these women was the shaking of the basic

fabric and structure of their cultural environment.

The study of this social strata revealed the extent of marginalization elderly women suffer from. They are deemed as unproductive and even perceive themselves as such. These women suffer from a series of physical and psychological ailments and from a severe sense of social exclusion lacking the social support network that they had enjoyed before the war. They feel themselves stranded in a strange life, a bizarre social setting and lack social engagement with their surroundings, housebound and excluded. The findings are totally in sync to what the United Nations report on social inclusion proposes. “When it comes to participation in social life, older persons frequently face social isolation and loneliness when communities fail to integrate them and respond to their needs.” (United Nations, Economics and Social Affairs, 2018).

We have utilized the concept of ‘mastoura’ to describe the lives of these women economically and culturally. This concept which reflects the meaning of being barely ‘covered’ and once this cover is removed many limitations become exposed including:

- The illiteracy that is still dominant within this strata: educational illiteracy and health care illiteracy

- Traditions are still very much engraved in the lives of these women apparent in the division of roles, in the control of males over production, in the restriction of women to the domain of the house (the private domain), and in the significant role played by large families

- Developmental attempts in Syria has veered away from this group which still lives under a system of social protection that is culturally endorsed rather than benefitting from governmental social protection policies

Because of the women’s physical and economic limitations, they suffered a lot not being able to adapt to the changing circumstances and because the family’s ‘cover’ was removed leading the families of which they are part into poverty and dispersion.

B. Implications and suggestions

Forced displacement has a huge repercussion on the elderly women to varying extents. All cases interviewed experience two kinds of depression: war related and displacement related. These women suffer from discontinuity of family contact, a change of their physical environment, and a change in the symbolic role of motherhood. All these variables increase their state of depression leaving an impact on their health, as well. The elderly represent a group that suffers from a high degree of social exclusion being left alone to cope with a destiny of poverty and strenuous life events.

Social exclusion is a process that involves both the excluded and the excluder and the failure to integrate cannot be brushed aside as the inability of these women to adapt to a new social environment. "In addition to individual barriers, structural barriers, defined as

unequal treatments and discriminatory laws, policies and programs rooted in and determined by institutionalized political and economic arrangements and social practices ... are very big obstacles to social integration and deny immigrants equal access to social goods, attributes and services." (Wang, Zong, & Li, 2012, p. 207). The challenges that face immigrants in social integration resemble those faced by the Syrian elderly women. Their skills, experiences and age stand as hindrances in the face of their being better integrated but so do other variables on the institutional levels that act to further exclude them.

The results of the study revealed the importance of devising programs that specifically target this socially excluded group. Social support programs and health targeted care must be provided for the elderly.

i. Art therapy as a tool to combat depression

The art therapy session (painting and drawing) that were organized by the NGO 'Basma w Zeitouneh' proved very useful for the Syrian elderly women providing both psycho-social and even material support. These sessions allow for the expression of emotions as was

clear in all the paintings we saw of these women. The training provided furthermore offered a way through which they could put their newly acquired skills to work allowing them to gain an extra income and giving them, in addition to a certain level of economic independence

and a sense of self-worth. One of the women we interviewed there expresses this very clearly. “Well I had a nervous break down and they used to bring me to the local infirmary here. My nerves were shattered. I could not talk... Then they introduced me to Basma w Zeitoneh and

I started coming here to the workshop... Now I come if there is some work I do it. It is like they are family members, like one family, I mean if I am distraught I talk to my friends, your friends come talk to you about their troubles.”

ii. Need for psycho-social support

Expressing oneself and the exchange of conversations organized by professional psychological therapists to help take these elderly out of their seclusion allowing them to express their fears, pains, lives, emotions and difficulties they face are very much needed.

These women need to be heard and need to be able to share their fears and concerns with others to feel they are not alone and to cooperate in overcoming their life difficulties. While conducting the interviews most women were at first apprehensive and not cooperative. Once we started asking them to talk about their lives before the war, what they cooked,

who they visited, how they took care of their children, the kind of work they did etc...they started opening up. Some even shared food recipes and some sang traditional song. That was when their faces seemed to lighten up a little. This clearly shows the extent to which these women just needed to be heard, to feel that they are worthy of other people’s time and effort. “social relations are crucial to settlement and integration” (Drolet & Morthi, 2018) and these women need help to build a set of social relationships to, if not replace, at least compensate for the ones they have lost.



iii. Medical awareness campaign

Awareness and help in understanding elderly related illnesses and ability to cope with them is a must. Most cases suffer from cholesterol high levels, blood pressure and joint pains ... all these illnesses can be severe if health awareness is not promoted. They need targeted medical aid and access to medical care. The elderly and their families need to be better educated as to the nature of the illnesses they suffer from and to the proper method of taking medicine. A health care provider must educate these women to the necessity of mobility and movement at this stage in their lives. A social worker could interfere through special programs that specifically target an increase in the level of activity of these women. A mere explanation of the benefits of exposure to the sun and movement might be enough to motivate these women to take action to at least improve their life conditions. People working with the elderly must be sensitive to the

cultural specificity of these people and understand their cultural background and work within it, if any change is to be aspired.

What needs to be highlighted here is that any attempted intervention will ultimately fail if it did not bring the whole family into the process. The sense of community and belonging is very important for these women as they derive their identity and continuity from and through their families. Therefore, all the suggested interventions must account for the role the family of these women and the support they will most likely provide. They must be incorporated into the whole process – interventions must aim to target both the elderly women and all their family members or the social support network in which they live. This will provide for the continuity of the results of any intervention after outsiders leave.

Works Cited

- Barakat, H. (1993). *The Arab World: Society, Culture and State*. Berkeley: University of California Press.
- Baylouni, A. M., & Klingsseis, S. (2018). Water Theives or Political Cataysts? Syrian Refugees in Jordan and Lebanon. *Middle East Policy*, XXV(1), 104-123.
- Benage, M., Greenough, G., Vinck, P., Omeera, N., & Pham, P. (2015). An Assessment of Antenatal Care among Syrian refugees in Lebanon. *Conflict and Health*.
- Birk, J. (2012). *A Pracial Guide to Reflux: causes, consequences and care*. New York: Nova Science Publishers Incorporated.
- Bourdieu, P. (1986). The Forms of Capital. In J. G. Richardson, *Handbook For Theory and Research for the Sociology of Education* (pp. 241-58). New York: Greenwood Press.
- Buckner, E. (2017). Between Policy and Practice: the education of Syrian Refugees in Lebanon. *Journal of Refugee Studies*, 31(4), 444-465.
- Buscatto, M. (2012, mai 09). « Des « études de cas » aux généralisations fondées ». (SociologieS, Éd.) *La recherche en actes*, Champs de recherche et enjeux de terrain.
- Chemali, Z., Borb, C., Johnson, K., Khair, S., & Fricchonie, G. (2018). Need Assessment with Elder Syrian Refugees in Lebanon: implications for services and interventions. *Global Public Helath*, 13(9), 1216-1228.
- Cherri, Z., J. Cuesta, J. R.-L., & Guha-Sapir, D. (2017). Early Marriage and Barriers to Contraception mong Syrian Refugee Women in Lebanon: a qualitative study. *International Journal of Environmental Research and Public Health*, 1-16.
- Chiffolleau, S. (2006). « La Syrie au quotidien : cultures et pratiques du changement Présentation ». *Revue des mondes musulmans et de la Méditerranée*, 115-116. Consulté le mis en ligne le 09 février consulté le 21 août 2019, 2012, sur URL : <http://journals.openedition.org/remmm/3008>
- Collin, X. (2010). Hypothèses sur les relations entre états démentiels et états de stress post-traumatiques. Etude pilote sur 10 cas de syndromes de stress post-traumatiques chez des personnes âgées. UNIVERSITÉ HENRI POINCARÉ, NANCY 1, FACULTÉ DE MÉDECINE DE NANCY . Récupéré sur <https://pdfs.semanticscholar.org/d-ba8/dd64d4ffe3bdd81a26128d4d2024e0bbd9f6.pdf>
- Cuclas, K. (2019). "We are men and women now": Intimate spaces and coping labor for Syrian women refugees in Jordan. *Transactions of the Institute of British Geographers*, 1-16.
- Dejong, J., Sbeity, F., Schelcht, J., Harfouche, M., Yamout, R., Fouad, F., . . . Robinson, C. (2017). Young Lives Disrupted: gender and wellbeing among adolescent Syrian refugees in Lebanon. *Conflict and Health*, 11(23), 26-65.
- Doumit, R., Kazandjian, C., & Militello, L. (2018). COPE for adolescent Syrian Refugees in Lebanon: a brief cognitive behavior skill building intervention t improve quality of life and promote positive mental health. *Clinical Nursing Research*, 1-19.
- Drolet, J., & Morthi, G. (2018). The Settlement Experience of Syrian New Comers in Alberta: social connections am=nd interactions. *Canadian Ethnic Studies*, 50(12), 101-120.
- Elsawy, B., & Higgins, K. (2010). The Geriatric Assessment. *American Family Physicians*, 383(1), 48-56.

- Fernández, D. S. (2008). "Le devenir controversé des femmes syriennes. Regards croisés sur le travail, le mariage et la domesticité". *Nouvelles Questions Féministes*, 42-56.
- Gaudelier, M. (1975). *Economie*. Dans *Elements d'ethnologie* (Tomr 2) (p. 87). Paris: Armand Colin (collection U).
- Gissi, A. (2018). "What does the term refugee mean to you?: Perspectives from Syrian Refugee Women in Lebanon. *Journal of Refugee Studies*, 1-23.
- Glowacki, L. (2017). *The Evolutionary Anthropology of War*. *Journal of Economic Behavior and Organization*. doi:10.1016/j.jebo.2017.09.014
- Godbout, J. T. (2000). *Le don, la dette et l'identité. Homo donator vs. Homo oeconomicus*. Paris: Éditions La découverte,.
- Godbout, J., & Calle, A. (1998). *The World of the Gift*. Montreal: McGill-Queens UNiversity Press.
- Godelier, M. (1999). *The Enigma of the Gift*. Chicago: University of Chicago.
- Haas, J. (1990). *The Anthropology of War*. New York: Cambridge University Press.
- Hakki, B. (2018). Using Art Tools for Older Syrian Refugee Women to Explore Activated Development. *Intervention*, 16(2), 187-194.
- Hanauer, D. I. (2015). Being in the Second Iraq War: a poetic ethnography. *Qualitative Inquiry*, 2(1), 83-106.
- Kaufman, S. (1994). Old Age, Disease, and the Discourse on Risk: Geriatric Assessment in U. S. Health Care. *Medical Anthropology Quarterly*, 8(2), 430-447.
- Khuri, F. (1990). *Tents and Pyramids: Games and Ideology in Arab Culture from Backgammon to Autocratic Rule*. London: Saqi Books.
- Kocalevent, R.-D., Hinz, A., & Brähler, E. (2013). Kocalevent, Rüya-Daniela, Ph.D., M.P.H, Hinz, Standardization of the depression screener patient health questionnaire (PHQ-9) in the general population. *General Hospital Psychiatry*, 35(5), 551-555.
- Korskakova, N. V. (2012). *Modern Data About Age Related Cataract Pathogenesis in Humans*. New York: Nova Science Publishers Incorporated.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 19(6), 606-613.
- Leresche, E., A. Fuller, A. M., Abisaab, J., Hayek, N., Zmeter, C., Toma, W., . . . Leaning, J. (2019). Utilization and Primary Health Care Services among Syrian Refugee and Lebanese Women Targeted by ICRC program in Lebanon: a cross sectional study. *Conflict and Health*, 13(1), 1-10.
- Löwe, B., Unützer, J., Callahan, C., Perkins, A. J., & Kroenke, K. (2004). Monitoring depression treatment outcomes with the patient health questionnaire-9. *Medical Care*, 42(12), 1194-1201 .
- Maadad, N., & Mathews, J. (2018). *Schooling Syrian Refugees in Lebanon; building hopeful futures*. Education Review.
- Meillassoux, C. (1875). *Femmes, greniers et capitaux*. Paris: Ed. Maspero.
- Muñoz-Navarro, R., Cano-Vindel, A., Medrano, L., Schmitz, F., Ruiz-Rodríguez, P., Abellán-Maeso, C., & Hermosilla-Pasamar, A. (2017). Utility of the PHQ-9 to identify major depressive disorder in adult patients in Spanish primary care centres. *BMC psychiatry*, 17(1). doi: doi:10.1186/s12888-017-1450-8

- Ozkaleli, U. (2018). Displaced selves, dislocated emotions and transforming identities: Syrian refugee women reinventing selves. *Women's Study International Form*, 70, 12-23.
- Patnak, S. M. (1990). Relevance of Case Study Method in Anthropology of Development. *Indian Anthropologist*, 20(1), 31-38.
- Popay, J., Escorel, S., Hernandez, M., Johnston, H., Matherson, J., & Rispel, L. (2008). Understanding and Tackling Social Exclusion: Report to the WHO commission on social determinants of health. Retrieved from www.who.int.
- Rabil, R. (2016). *The Syrian Refugee Crisis in Lebanon: the double tragedy of refugees and impacted host communities*. Maryland: The Levant and Near East.
- Saracoglu, C., & Belauger, D. (2019). Loss and Xenophobia in the city: anti-Syrian sentiments in Izmir Turkey. *Patterns of Prejudice*, 3(4), 363-383.
- Sayegh, N. (2016, septembre). Les déplacés ne sont pas. la consolidation de la paix au Liban. Récupéré sur <https://www.un-dp.org/content/dam/lebanon/docs/CrisisPreventionRecovery/PeaceBuilding>
- Sethi, S., Johnson, R., Skaff, R., & Tyler, F. (2017). Community Based Non-Communicable Disease Care of Syrian Refugees in Lebanon. *Global Health; science and practice*, 5(3), 495-506.
- Sharara, E., Akiki, C., Ghattas, H., & Obermeyer, C. M. (2018). Physical Inactivity, Gender and Culture in Arab Countries: a systematic assessment of the literature. *BMC Public Health*, 18(639), 1-18.
- Small, M. L. (2009). "How many cases do I need?" On Science and the Logic of Case Selection in Field Based Research. *Ethnography*, 10(1), 5-38.
- Small, M. L. (2009). "How many cases do I need?" On Science and the Logic of Case Selection in Field-based Research. *Ethnography*, 10(1), 5-38.
- Snyder, J. (2002). Anarchy and Culture: insights from the anthropology of war. *International Organization*, 56(1), 7-45.
- Snyder, J. (2002). Anarchy and Culture: insights from the anthropology of war. *International Organization*, 56(1), 7-45.
- Stuck, A., & Iliff, S. (2011). Comprehensive geriatric assessment for older adults: Should be standard practice, according to a wealth of evidence. *British Medical Journal*, 343(7832), 1029-1030.
- UNHCR. (2018). Annual Report 2018. Retrieved 2019, from [unhcr.org: https://www.unhcr.org/syria-emergency.html](https://www.unhcr.org/syria-emergency.html)
- UNHCR. (2019). Total Registered Refugees. Retrieved from <https://data2.unhcr.org/en/situations/syria/location/71>
- United Nations, Economics and Social Affairs. (2018). Promoting Inclusion Through Social Protection: report of the world social situation 2018. Retrieved from [www.un.org: www.un.org/development/desa/dspol/wp-content/uploads/sites/22/2018107/1-1](http://www.un.org/development/desa/dspol/wp-content/uploads/sites/22/2018107/1-1)
- Velic-Canivez, M. (1994). Vers une anthropologie de la guerre. (s. l. Soudière, Éd.) Persee, In: *Communications*, 58, pp. 69-74. Récupéré sur www.persee.fr/doc/comm_0588-8018_1994_num_58_1_1880
- Wang, Y., Zong, L., & Li, H. (2012). Barriers to Social Integration for Chinese Immigrants in Canada, then and now: A comparison. *Journal of Chinese Overseas*, 8, 205-231.
- World Bank Group. (2017). *The Toll of War: the economic and social consequences of the conflict in Syria*. Retrieved from worldbank.org.

اسماعيل، ر؛ جباعي، ح؛ ك؛ محثني، ز؛ نصر، ر. (2017). أثر النزاع في الرأسمال الاجتماعي: التصدع الاجتماعي في سوريا دمشق: فريديش ايبيرت، المركز السوري لبحوث السياسات. تم الاسترداد من

<https://static1.squarespace.com>

الجمهورية اللبنانية، مجلس النواب، المديرية العامة للدراسات والمعلومات. (2017). واقع النزوح السوري والقانون الدولي. تم الاسترداد من

<file:///C:/Users/user/.pdf>

لوبييري، س. (2018). شباط). الحاجات الصحية المُمهِّلة للاجئين السوريين الكبار في السن في الأردن. لوكسفورد.

Retrieved from <https://www.fmreview.org/ar/syria2018/lupieri>

مؤسسة عصام فارس للسياسات العامة والشؤون الدولية في الجامعة الأميركية. (2017). 101 من الحقائق حول اللجوء السوري. بيروت، لبنان. تم الاسترداد من

<http://www.aub.edu.lb/ifi>

Appendix A

Digestive Problems

- Difficult swallowing
- Abdominal pain
- Change in bowel habits
- Frequent indigestion or heartburn
- Frequent nausea or vomiting
- Persistent constipation
- Frequent diarrhea
- Bleeding from rectum
- Black bowel movement

Gynecology Problems

- Vaginal bleeding
- Breast lumps or discomfort
- Vaginal discharge

Kidney & Urinary Tract Problems

- Frequent urination
- Painful urination
- Difficulty starting or stopping urination
- Frequent urine infection
- Persistent cough
- Urination at night
 - Yes, how many times a night: _____
- Loss of urine or getting wet if yes:
 - Sudden urge to void
 - Loss with cough or laughing
 - Continuous leakage
 - Cannot empty bladder
 - Problem getting to toilet

Bone and Joint Problems

- Leg pain on walking
- Back or neck pain
- Joint pain or stiffness
- Foot problems
- Falls

Skin Problems

- Rash
- Itching
- Sores
- Easy bruising

Brain and Nervous System Problems

- Frequent headaches
- Frequent dizzy spells
- Passing out or fainting
- Paralysis, leg or arm weakness
- Numbness or loss of feeling
- Tremor or shaking
- Problems with sleep
- Hallucinations
- Serious problems with memory or difficulty thinking

Miscellaneous

- Excessive thirst
- Feel too hot or too cold
- Problems with sexual function
- Bleeding problems

PAST MEDICAL HISTORY

Which medical conditions do you have now or have you had in the past?
Please check all that apply. **Ask generally and pending on answer check list.**

Eye & Ear

- Muscular degeneration
- Cataracts
- Glaucoma
- Hearing loss/hearing aid
- Other (specify) _____

Lungs

- Asthma
- COPD/emphysema
- Bronchitis
- Recurrent pneumonias
- Other (specify) _____

Heart

- Heart attack, year _____
- Heart failure
- High blood pressure
- Aortic stenosis
- Heart valve problem
- Angina
- Glaucoma
- High cholesterol
- Pacemaker
- Atrial fibrillation
- Glaucoma
- Irregular heartbeats (arrhythmias)
- Other (specify) _____
- Other (specify) _____

Bones & Joints

- Gout
- Lower back pain
- Osteoporosis
- Arthritis (indicate location):
 - Hip
 - Knee
 - Shoulder
 - Back
 - Hands
- Fractured bone (indicate location):
 - Hip
 - Spine
 - Wrist
- Other (specify) _____

List Surgeries (Operations): ask what and when they had surgeries and if possible plug in

- Heart bypass Date: _____
- Heart stent placement Date: _____
- Heart valve replacement Date: _____
 - Aortic
 - Mitral
 - Other: _____
- Pacemaker placement Date: _____
- Defibrillator/CD placement Date: _____
- Tonsils removed Date: _____
- Appendix removed Date: _____
- Gallbladder removed Date: _____
- Knee replacement Date: _____
- Hysterectomy Date: _____
- Hip repair due to hip fracture Date: _____
- Hip replacement not due to hip fracture Date: _____
- Cataract Date: _____
- Other Surgeries: (Please list below.) _____ Date: _____
- _____ Date: _____
- _____ Date: _____
- _____ Date: _____
- _____ Date: _____
- _____ Date: _____

Screening Tests: Keep it general, when you last went to the Dr and why?

Test	Date most recently done	Results (if relevant)
Eye examination		
Hearing test		
Cards to check for blood in your stool		
Sigmoidoscopy		
Colonoscopy		

Have you had a fall in the past year?

Yes No

If yes, please describe the circumstances surrounding the fall:

Did you trip over something? Yes No

Did you have lightheadedness or palpitations prior? Yes No

Did you lose consciousness? Yes No

Were you injured? Yes No

Did you need to see a doctor? Yes No

Were you able to get up by yourself? Yes No

5. List all medicines that you use. (Include all Prescriptions, Non-Prescriptions, and Natural Products.)

Medication Name	What Strength?	How do you use it? (How many? How many times a day?)
Example: Tylenol	500 mg	1 pill 3 x a day

Compared to other people your age, how would you describe your health?

Excellent Good Fair Poor

14. Safety Assessment

Do you have a Driver's License?

Yes No

If yes, are you currently driving?

Yes No

Do you use a walking aid such as a cane or a walker?

Yes No

If yes, which ones?

Cane Walker Wheelchair

Are you afraid of falling?

Yes No

12. Have you ever smoked cigarettes?

Yes No

If yes: Do you currently smoke cigarettes?

Yes... If yes, how many packs per day? ¼ ½ 1 1½ 2+

No... if no, when did you quit? Year: _____

For how many years did you smoke? Number of years: _____

How many packs per day? ¼ ½ 1 1½ 2+

How do you normally get medical care?

Gastrointestinal Tract

- Heartburn/reflux/GERD
- Ulcers
- Irritable Bowel
- Liver disease/cirrhosis
- Hepatitis
- Gallbladder disease
- Colon polyps
- Diverticulosis
- Bleeding problems
- Hemorrhoids
- Other (specify) _____

Kidney & Urinary Tract

- Frequent bladder infections
- Kidney disease
- Enlarged prostate
- Urinary incontinence
- Kidney stones
- Other (specify) _____

Glands

- Thyroid overactive (high)
- Thyroid underactive (low)
- Diabetes
- Other (specify) _____

Nervous System

- Dementia or Alzheimer's disease
- Parkinson's disease
- Stroke
- Epilepsy or seizures
- Neuropathy/nerve damage
- Depression
- Anxiety
- Other (specify) _____

Other Health Problems

- Thrombosis/blood clots:
 - In the leg
 - In the lung
- Syncope (loss of consciousness)
- Hernia
- Anemia
- Sexual function problems (Specify) _____
- Cancer:
 - Breast
 - Prostate
 - Colon/Rectum
 - Lung
 - Skin
 - Lymphatic
 - Other (specify) _____

10. Do you provide care for a family member? If yes whom?

- Yes No

11. Do you drink alcohol, including beer and wine, or other alcohol (such as Vodka, Whiskey, Gin)? Don't ask if veiled

- Daily
 A few days a week (specify number of days: _____)
 Less than once a week
 Never

8. List your principle occupation and any other significant past occupations.

1. _____
2. _____
3. _____
4. _____
5. _____

9. Who would you call if you were sick and needed help? (check all that apply.)

- Spouse/Partner
- Son
- Daughter
- Friend
- Neighbor
- Other (specify) _____

Test	Date most recently done	Results (if relevant)
Mammogram		
Pap smear		
Bone density test (DXA scan) to check for osteoporosis		

15. During the LAST 3 MONTHS, have you had any of the following symptoms or problems? (Please check all that apply.)

- | | |
|---|--|
| <p>General Problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight loss <input type="checkbox"/> Weight gain <input type="checkbox"/> Fevers <input type="checkbox"/> Chills <input type="checkbox"/> Sweats <input type="checkbox"/> Change of appetite <p>Ear, Nose, Mouth, Throat</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trouble hearing <input type="checkbox"/> Sore throat <input type="checkbox"/> Allergies <input type="checkbox"/> Sinus problems <input type="checkbox"/> Teeth problems <input type="checkbox"/> Hoarseness <p>Lung Problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persistent cough <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Wheezing <input type="checkbox"/> Difficulty breathing or shortness of breath | <p>Mood/Sadness Problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleepiness <input type="checkbox"/> Fatigue <input type="checkbox"/> Lack of sleep <p>Heart Problems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest pain or lighthead <input type="checkbox"/> Swelling of feet <input type="checkbox"/> Irregular heart beat <input type="checkbox"/> Rapid heart beat <p>Eyes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trouble seeing <input type="checkbox"/> Eye pain <input type="checkbox"/> Dry eyes |
|---|--|

3. List hospitalizations for the last 5 years.

Reason for hospitalization	Year

4. Do you have any drug allergies? If yes, please list name of drug and specify reaction. Yes No

Name of Drug	Indicate Reaction			
	Rash	Shortness of breath	Nausea	Other (specify)

13. Functional status: Please indicate if you need help doing the following tasks and who helps you.

Task	No Help Needed	Help Needed	Who Helps?
Feeding yourself			
Getting from bed to chair			
Getting to the toilet			
Getting dressed			
Bathing or showering			
Walking across the room (includes using cane or walker)			
Using the telephone			
Taking your medicines			
Preparing meals			
Managing money (keeping track of expenses or paying bills)			
Moderately strenuous housework such as doing the laundry			
Shopping for personal items such as toiletries or medicines			
Shopping for groceries			
Driving			
Climbing a flight of stairs			
Getting to places beyond walking distance (bus, taxi, or car)			

6. Social History (check all that apply)

- | | |
|--|--|
| <p>1. With whom do you live?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alone <input type="checkbox"/> Spouse or Partner <input type="checkbox"/> Child <input type="checkbox"/> Other, family member (specify): _____ <input type="checkbox"/> Other, not family (specify): _____ <p>2. Which of the following best describes your residence? If I am with them check directly.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single - family house <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Board & Care/Assisted living <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (specify) _____ <p>3. If living at a facility, please list the name of person and contact number for medical treatment:
 Name: _____
 Phone Number: (_____) _____</p> | <p>4. What is your marital status?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single/never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with significant other <p>5. How many children do you have?
 Number: _____
 Are you in regular contact with your children?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. How much school did you complete?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 8th grade <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school <p>6. You are presently (check one):
 <input type="checkbox"/> Retired/Not working
 <input type="checkbox"/> Working part - time
 <input type="checkbox"/> Working Full - Time</p> |
|--|--|

Thank you for completing this form before your visit. It will allow your doctor to perform the most complete evaluation possible when you arrive for your appointment. Your time and effort is much appreciated

1. Date form completed: Month: _____/Day: _____/Year: _____
2. Date of birth: Month: _____/Day: _____/Year: _____

Appendix B

استبيان حول صحة المريض-9 (PHQ-9)

لم يزد كثيراً	أقل من نصف الأيام	بعض الأيام	ليلاً	كم عشت من المشاكل التالية خلال الأسبوعين الماضيين؟ (ضع علامة "✓" للإشارة لجوابك)
3	2	1	0	1- قلة الاهتمام أو الاستمتاع بممارسة الأشياء.
3	2	1	0	2- الشعور بالخوف أو حثيق الصدر أو اليأس.
3	2	1	0	3- الصعوبة في التركيز إلى النوم أو النوم بانتظام أو النوم أكثر من العادي.
3	2	1	0	4- الشعور بالتعب أو بقلّة الحيوية.
3	2	1	0	5- قلة الشهية أو كثرة الأكل.
3	2	1	0	6- الشعور بعدم الرضا عن النفس أو بالفشل أو الإحباط تجاه نفسك.
3	2	1	0	7- الصعوبة في التركيز على الأشياء، مثل قراءة الصحف أو مشاهدة التلفزيون.
3	2	1	0	8- بدء في الحركة أو الكلام بنبرة ملحوظة من الآخرين؟ أو على العكس من ذلك كثرة التامل والتحرك إلى درجة فرق العادي.
3	2	1	0	9- الشعور بتفضيل الموت عن الحياة أو إيذاء النفس بطريقة ما.

_____ + _____ + _____ + _____ = Total Score: _____ (FOR OFFICE CODING)

إذا حددت أي مشاكل، إلى أي مدى متأكد هذه المشاكل من القيام بعملك أو الاعتناء بشؤونك المنزلية أو التعامل مع الناس؟

صعب للغاية

صعب جداً

صعب نوعاً ما

غير صعب بالمرة

