

Sexual and Reproductive Health Knowledge of Syrian Refugee Women and Healthcare Providers in Lebanon

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Introduction

- Lebanon hosts approximately 1.3 million Syrian refugees, the highest number of refugees per capita globally.
- Humanitarian crises disrupt healthcare systems and exacerbate barriers to sexual and reproductive health (SRH) services, particularly for refugee women.
- Limited research has evaluated SRH educational needs of both refugee women and healthcare workers (HCWs) providing care in humanitarian settings.

Aims: (1) Identify SRH knowledge gaps among Syrian refugees and HCWs in Lebanon, (2) assess family planning practices, information sources, and barriers among Syrian refugee women, (3) inform the development of targeted SRH educational interventions in NGO clinical settings in Lebanon.

Methods

- Cross-sectional survey conducted May–June 2025 at three Amel centers serving Syrian refugee women.
- Refugee women (n=100) completed a 75-item long survey; HCWs (n=39) completed a 51-item long survey
- SRH knowledge was assessed using a summative score based on correct responses across four domains: family planning, STI transmission, STI prevention, and STI complications.
- Confidence in providing SRH services was assessed using a summative score based on six Likert-scale questions.
- Refugee women were asked to identify contraceptive methods used, perceived barriers to family planning, and trusted sources of SRH information.

Acknowledgments: This project was funded by the CGHE Seed Grant, March 2024, Principal Investigator: Rouba Ali-Fehmi, MD

References: UNHCR. Map of Registered Syrian Refugees by District in Lebanon – 30 June 2025. UNHCR Operational Data Portal.

Results

Figure 1. Demographic Characteristics of Interest of Syrian Refugee Women (n=100)

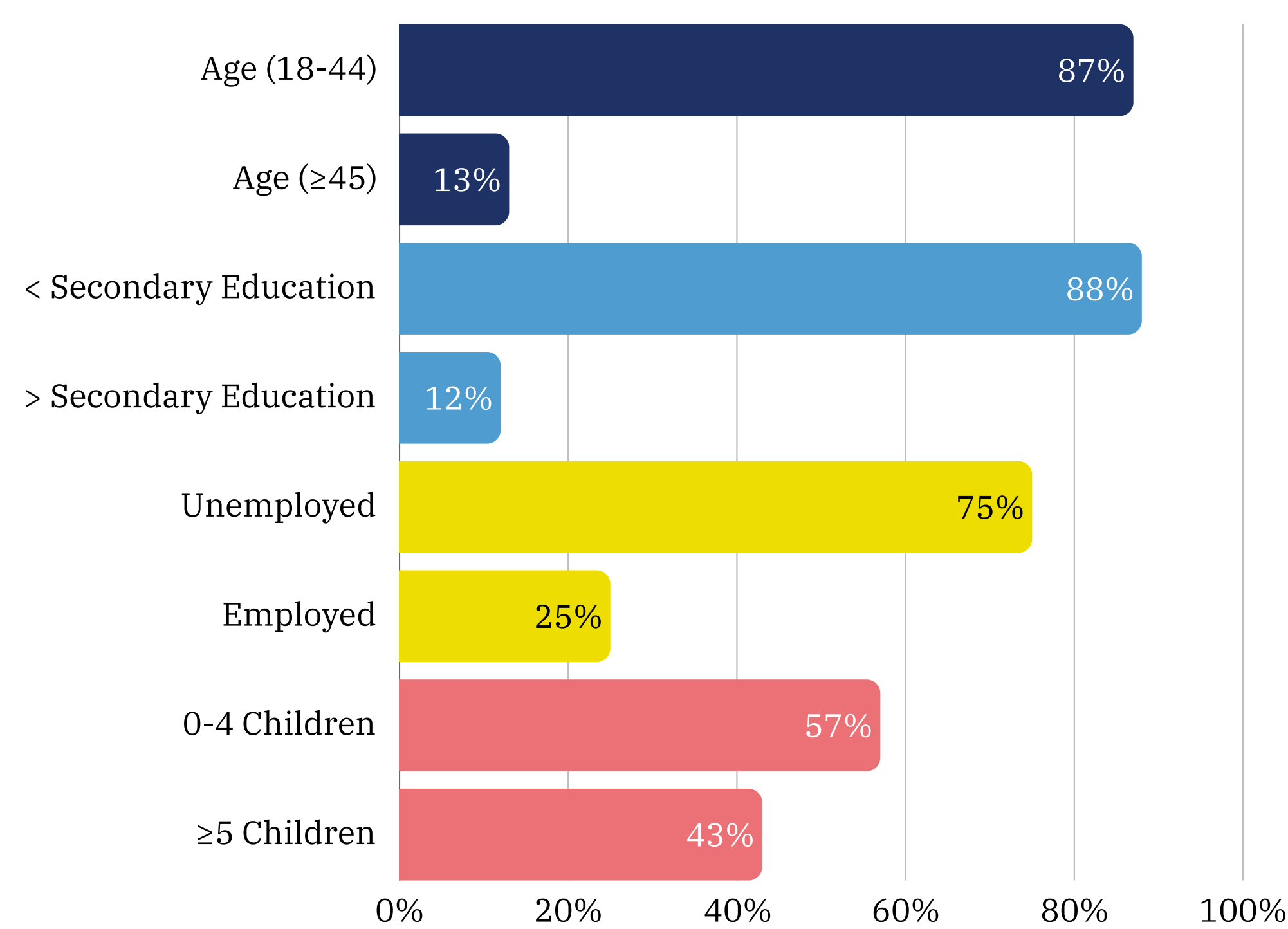
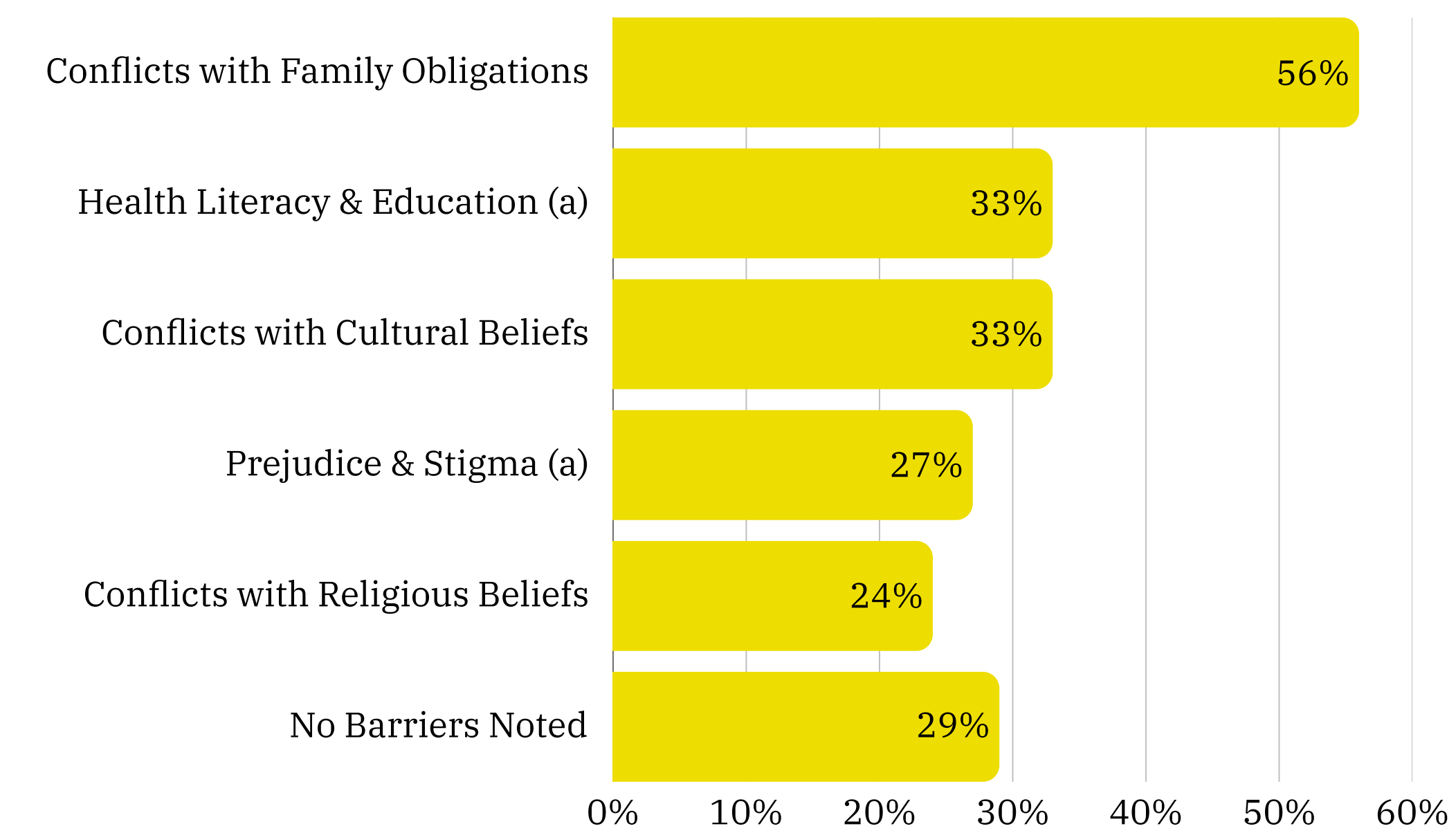


Figure 3. Barriers to Family Planning Among Syrian Refugee Women (n=100)



^(a)Employed women were more likely to report health literacy/education and stigma/prejudice as barriers to family planning.

Table 1. HCW SRH Knowledge Scores (Possible Range: 0–22) by Characteristics of Interest

	Mean	SD	p-value (a)
Total Sample (n=39)	10.28	4.1	—
Relationship Status			
Single	10.3	4.27	<0.001
Married / Previously Married	10.3	3.98	
Employment Status			
Full-Time	10.0	3.71	<0.001
Part-Time	11.1	4.91	
Years in Current Position	11.1		
0–3 Years	11.1	3.89	<0.001
≥4 Years	11.1	4.29	

^(a)p-values calculated using the Wilcoxon rank-sum test.

Figure 2. Professional and Demographic Characteristics of Interest of Healthcare Workers (n=39)

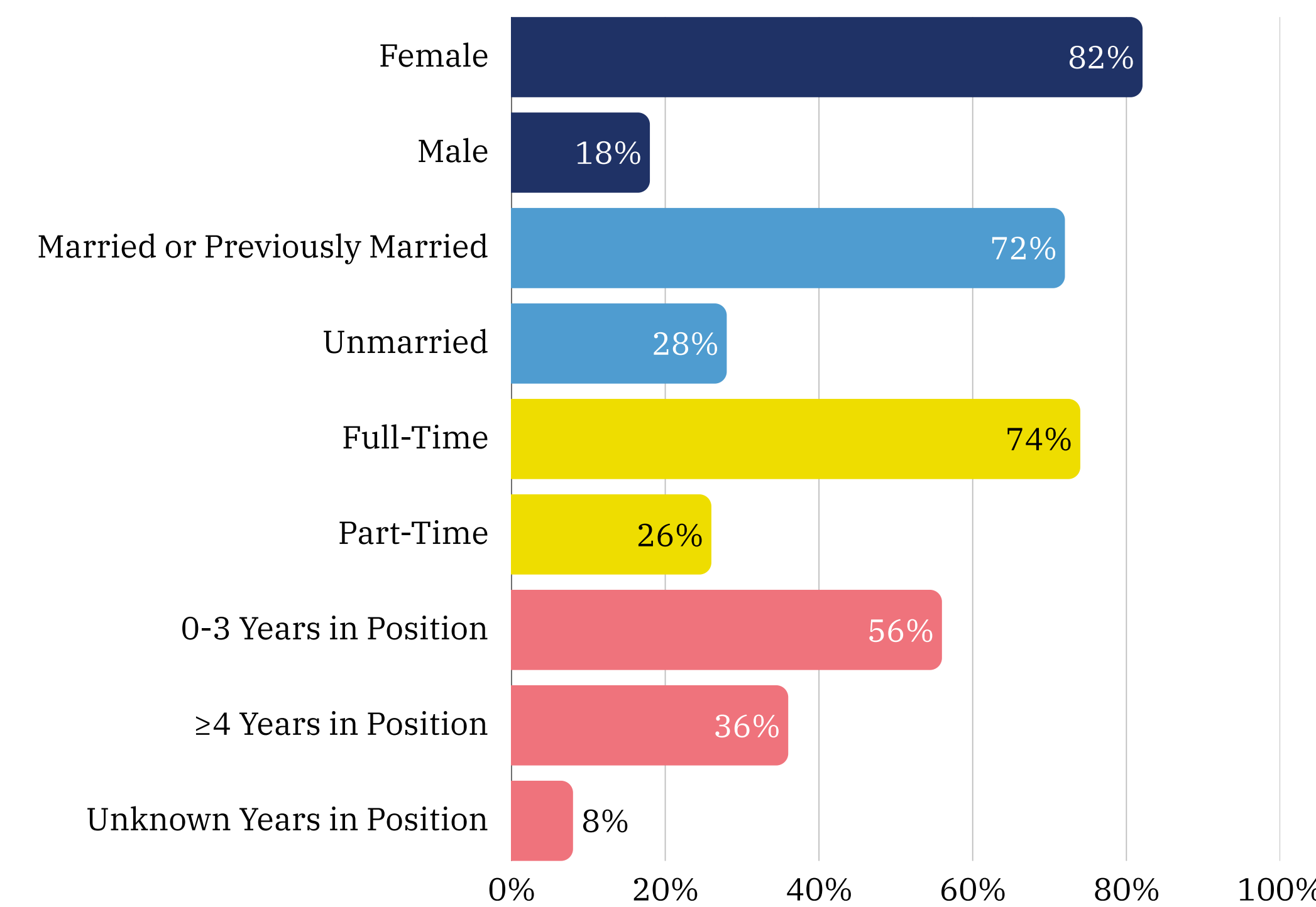
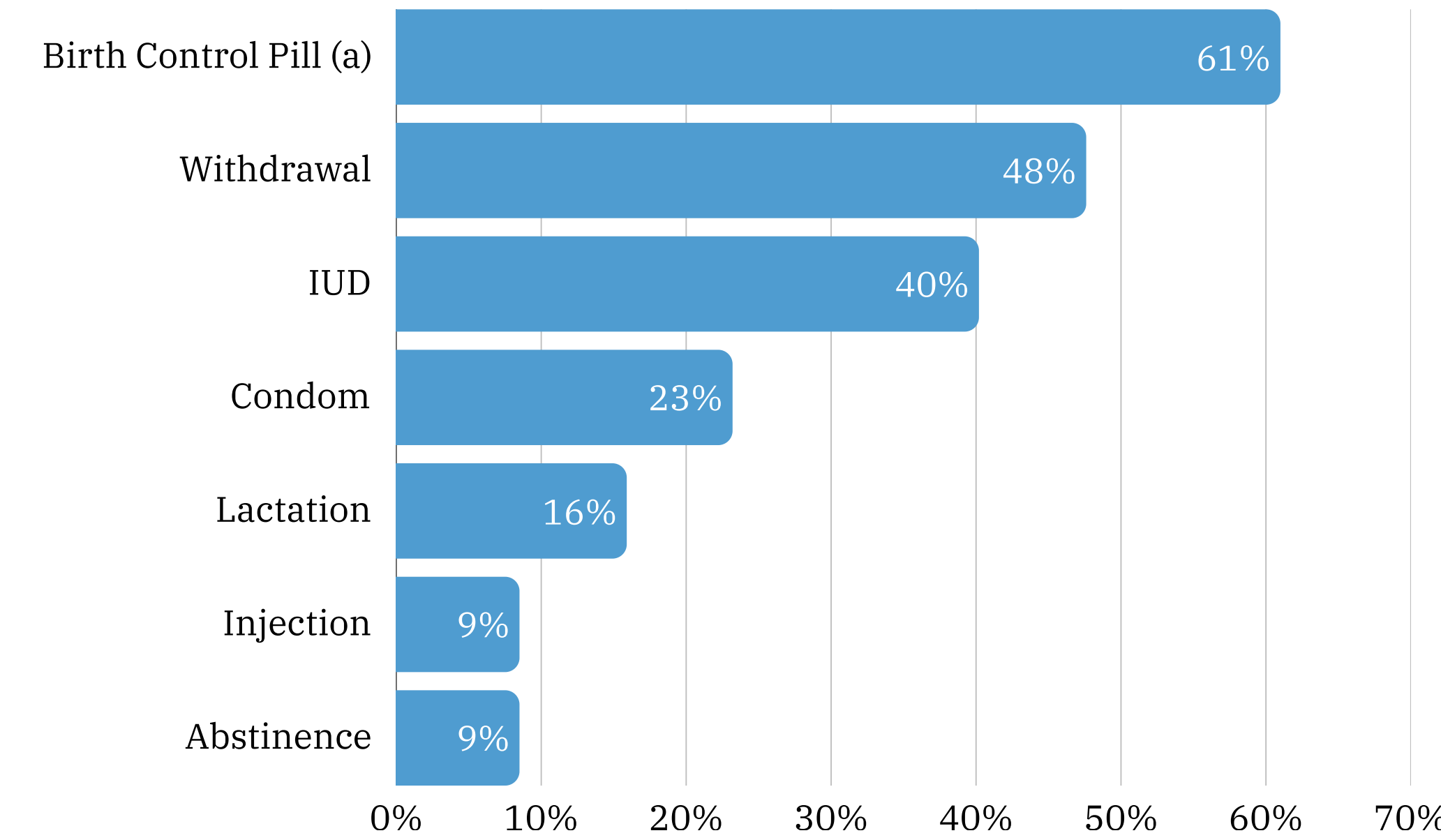


Figure 4. Contraceptive Methods Used by Refugee Women (Among Those Reporting ≥1 Method, n=82)

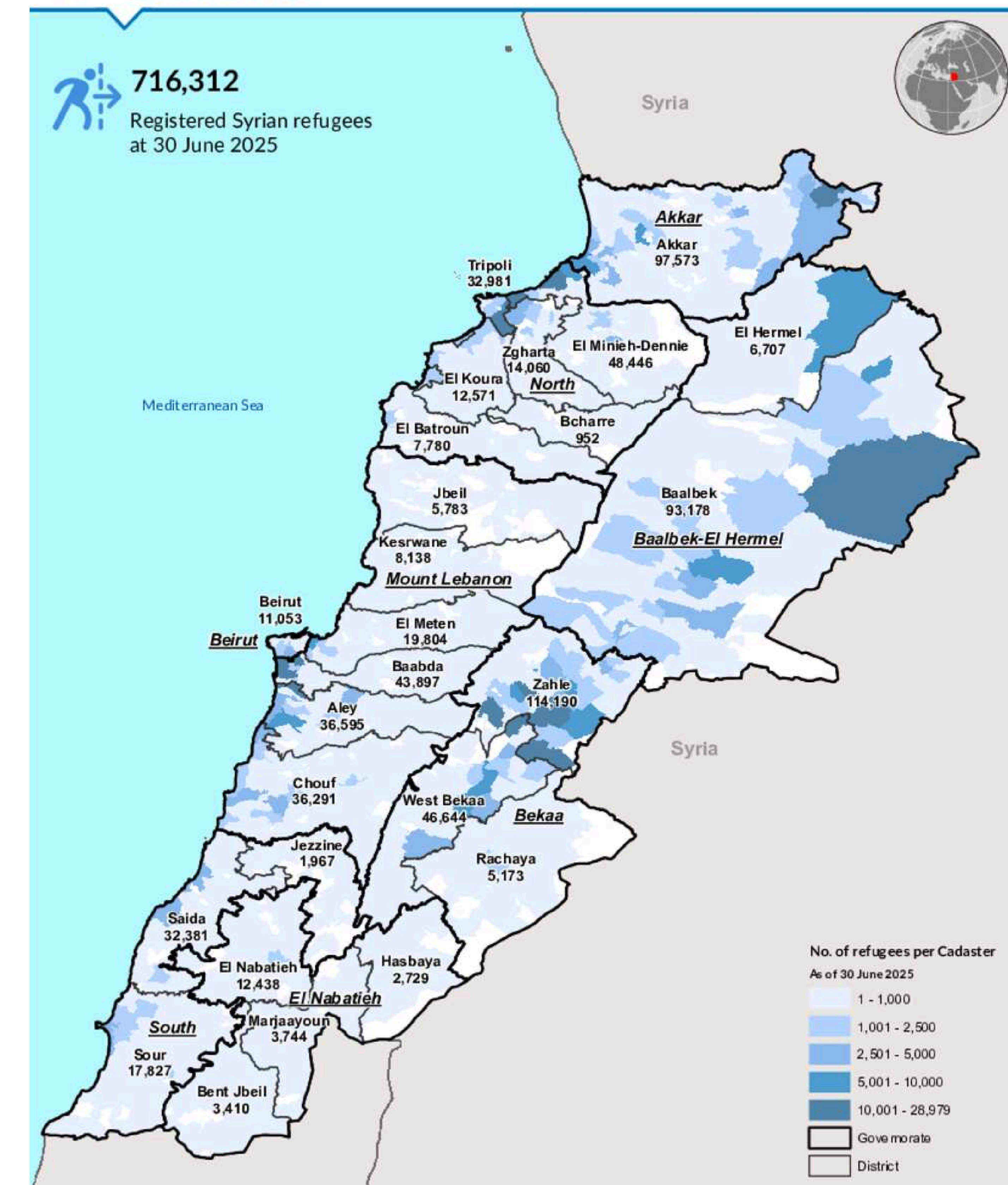


^(a)Women with ≥5 children were significantly more likely to use birth control pills.

Table 2. HCW Confidence in Providing SRH Services (Possible Range: 6–24)

	Mean	SD	p-value (a)
Total Sample (n=39)	16.31	2.76	—
Relationship Status			
Single	18.2	3.05	<0.001
Married / Previously Married	15.3	2.67	
Employment Status			
Full-Time	16.4	3.17	<0.001
Part-Time	16.1	3.02	
Years in Current Position			
0–3 Years	15.8	3.24	<0.001
≥4 Years	17.4	2.74	

^(a)p-values calculated using the Wilcoxon rank-sum test.



Syrian refugee women demonstrated **high contraceptive use but relied heavily on less effective methods**, including withdrawal and lactation.

Healthcare workers exhibited **moderate sexual and reproductive health (SRH) knowledge overall but high confidence in providing care**, highlighting the need for targeted provider education.

Syrian refugee women identified **healthcare workers as their most trusted source of SRH information and health literacy/education as the second greatest barrier to family planning**, further underscoring the importance of provider-based educational interventions.