

# IOM IRAQ SPECIAL FOCUS REPORTS

## SPECIAL FOCUS – FEMALE HEADED HOUSEHOLDS

November 2010



International Organization for Migration (IOM) monitoring and needs assessment field staff are located in every governorate in Iraq. These monitors conduct interviews with internally displaced persons (IDPs), returnee and vulnerable families on their priority needs and patterns of displacement. IOM regularly consults local government and community sources in order to ensure that this information is used to better target assistance from the Government of Iraq (GoI) and other humanitarian organizations.

This report presents data from a sample of 1,355 returnee female headed households (FHHs) who have returned from several years of internal displacement in Iraq. From their responses we can better understand the needs and challenges faced by most IDP and returnee FHHs in Iraq.<sup>1</sup>

### FEMALE HEADED HOUSEHOLDS AT A GLANCE

**While Iraq lacks stability, so too do the hundreds of thousands of families headed by women who often struggle with the social and economic challenges of providing for their families as a single parent.**

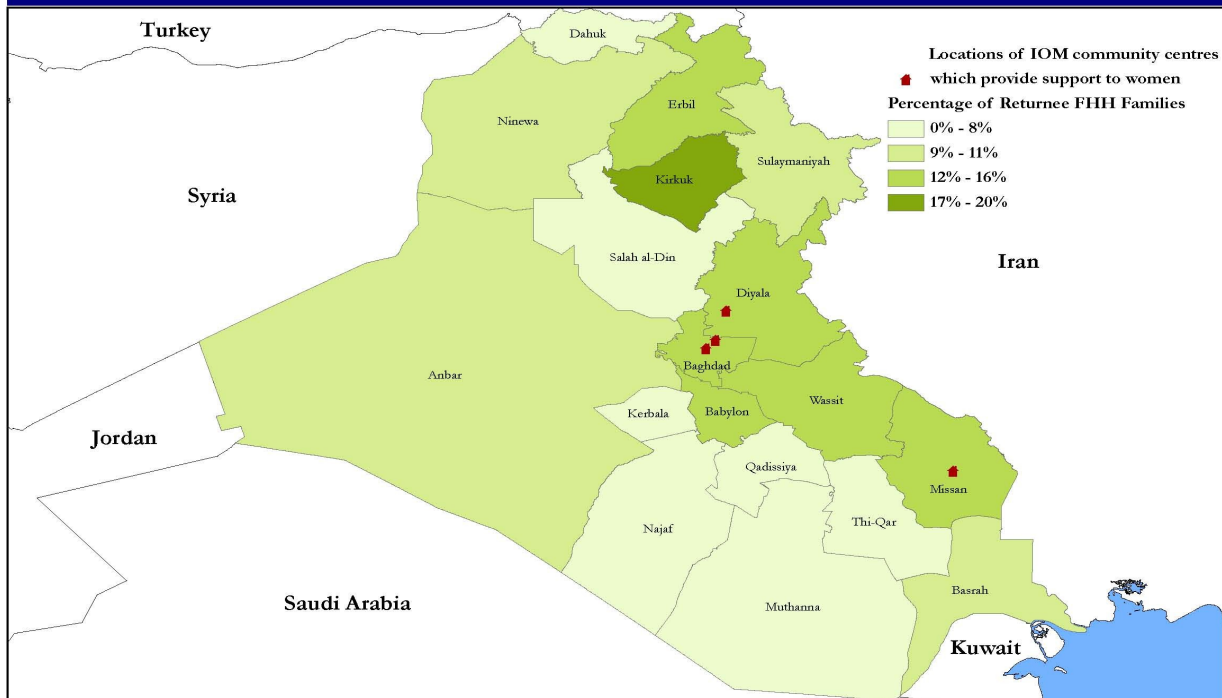
- IOM monitors have assessed 1,355 FHHs (8,130 individuals) throughout Iraq.
- 1 in 10 Iraqi households are headed by women<sup>2</sup>, though IOM assessments suggest that this ratio increases to 1 in 8 once the families have been displaced.
- 71% of interviewed female heads of household who are able to work state that they cannot find employment, while 38% of those surveyed were unable to work. Reasons given are often poor health or societal norms regarding female participation in the workforce.
- Most returnee FHHs surveyed were displaced during the sectarian violence that broke out after the bombing of the Al-Askari mosque in Samarra in 2006.
- IOM monitors found a large majority (82%) of assessed returnee FHHs had returned from displacement within Iraq. The remaining 18% had returned from abroad, primarily Syria (115 families) and Iran (113 families). This is lower than the general returnee population, 26% of whom have returned from abroad.
- 26% of IOM-assessed FHHs have a family member with a chronic illness, and while 1 in 5 of all Iraqi returnees are without access to health care, 1 in 4 FHHs live without this service.



### SHELTER

Two IDP widows in Kerbala speak to IOM monitors in front of their house

### Locations of IOM Assessed Returnee Female Headed Households in Iraq



<sup>1</sup>For a general update on displacement and return, please see IOM Displacement Monitoring Reports at <http://www.iomiraq.net/iomdmreports.html>

<sup>2</sup>Inter-Agency Information and Analysis Unit (IAU) Factsheet on Iraqi Women 2007, available at [http://www.iauiraq.org/reports/Iraqi\\_Women-FINAL.pdf](http://www.iauiraq.org/reports/Iraqi_Women-FINAL.pdf)

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### FEMALE HEADED-HOUSEHOLDS' PRIORITY NEEDS

**Female-headed households, whatever their displacement status, often lack the services and basic necessities to rebuild their lives.**

Returnee female-headed households cite food, access to work and health as their most urgent needs. Whilst 69% of all returnees cite food as a priority need, this figure rises to 74% when these families are headed by women.

Most of these families struggle to provide adequate nutrition to their family members despite having valid public distribution system cards. When rations arrive late or incomplete, FHHs are forced to spend their meagre funds on food.

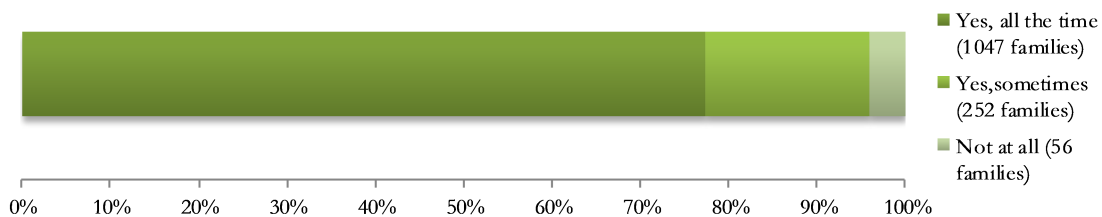
The regular cost of purchasing food is made worse by the difficulties FHHs face in gaining access to work. 38% of women surveyed were unable to work, usually for health reasons or societal pressure against female participation in the workforce. Of those who *are* able to work, 71% are unemployed.

Many FHHs must support both children and elderly family members.<sup>3</sup> Without a steady source of income, 40% report relying on relatives, neighbours, religious groups and humanitarian organisations for assistance.

26% of FHHs surveyed report that they have a member with a chronic illness, and 1 in 4 report that they are without access to health care. Moreover, the Iraqi Ministry of Human Rights (MoHR) reports that, due to increased radioactive and chemical pollution, rates of breast cancer in Iraq have increased dramatically in recent years.<sup>4</sup>

The lack of health care among FHHs is of great concern. Over 20% of FHHs use open/broken pipes, rivers/streams, and other unimproved sources for their water, severely increasing the risk that they or their dependents will contract water-borne diseases.

### Feelings of Personal Security Among IOM-Assessed Returnee FHHs



When asked if they felt safe in their current location, one in five female headed households responded either sometimes or not at all. This varies considerably by governorate such that in Baghdad this figure rises to 52% and falls to 4% in Erbil. Safety concerns often stem from a lack of protection by a husband or male family member, economic insecurity, and sectarian violence.

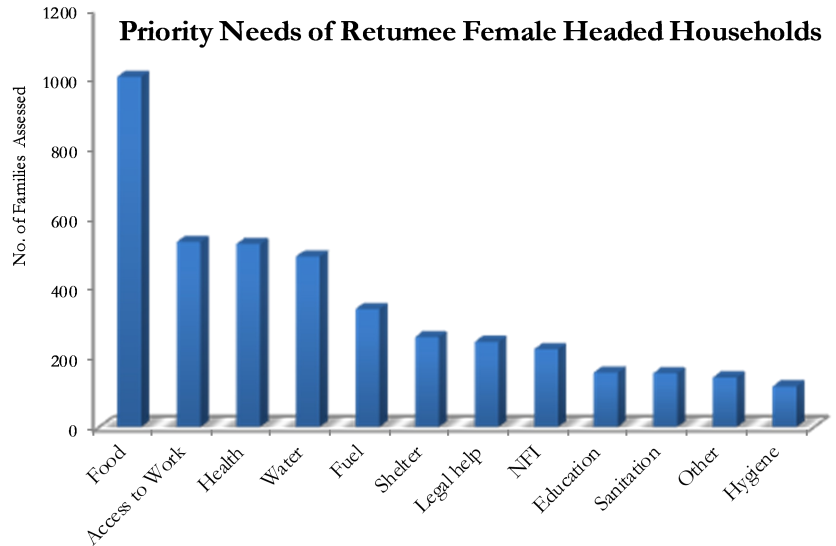
Many FHHs often struggle with additional psychological and social burdens. Those who state that they are married or divorced have often fled domestic violence, which has increased in Iraq in recent years.<sup>5</sup> 1 in 5 married Iraqi women are subject to physical violence and 1 in 3 are victims of emotional violence. In addition, the WHO notes that 14% of married Iraqi women are victims of violence during pregnancy.<sup>6</sup> These statistics highlight the need for psycho-social support and legal aid to help FHHs gain independence and security for themselves and their dependents.

<sup>3</sup> Female headed households typically have both young and elderly members. On average, there is one individual aged below 17 or over 60 for every adult aged between 18 and 59.

<sup>4</sup> Iraqi Ministry of Human Rights (MoHR), 'Assessment of the Situation of Iraqi Women', 2008.

<sup>5</sup> See United Nations Development Fund for Women (UNIFEM) Factsheet on Iraq at [http://www.utoronto.ca/wwdl/bibliography\\_war/UNIFEM%20-%20Iraq%20-%20women%20war%20and%20peace.htm](http://www.utoronto.ca/wwdl/bibliography_war/UNIFEM%20-%20Iraq%20-%20women%20war%20and%20peace.htm)

<sup>6</sup> See WHO Iraq Family Health Survey 2007, Iraqi Women: Facts and Figures, at [http://www.iauiraq.org/documents/489/Iraqi\\_Women-FINAL.pdf](http://www.iauiraq.org/documents/489/Iraqi_Women-FINAL.pdf)



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### IOM RESPONSE

IOM operates several programmes to provide protection to vulnerable families in Iraq, with special attention given to women and children. Programme activities include educational courses, vocational training, awareness raising campaigns, psycho-social support, medical assistance, and legal counseling. The programme for FHHs is implemented in close proximity to IDP camps in Baghdad, Diyala, and Missan, and is accessible to IDPs, returnees, and vulnerable host community FHHs. Beneficiaries for the project are selected through pre-established criteria, with priority given to FHHs, IDPs or returnees, illiterate Iraqis, and those living in poor economic conditions.



#### LEGAL AID

From domestic violence to social benefits, legal teams assist Iraqi women to bring their cases before the courts.

#### Assistance given to women includes:

- **Psycho-social assistance** Conducted through one-on-one counseling as well as discussion groups, where individuals are urged to focus on topics such as aggressive behavior, emotional well-being, and healthy eating habits in relation to mental and physical development.
- **Medical assistance** Given to individuals with a range of conditions such as diarrhea, respiratory diseases, colds, diabetes, and hypertension.
- **Legal assistance** Provided to women in the form of one-on-one counseling, dealing primarily with issues such as divorce, alimony, and child custody.
- **Vocational training:** Basic training in computer use, handicrafts, first aid, and hairstyling provided to women to equip them with sufficient skills to enter the workforce. A large number of females heading households do not have the education or skills to acquire jobs and provide for their families. Vocational training gives them the self-confidence and training to become wage earners for their families.

The IOM assistance programme includes group sessions in addition to individual counseling in order to ensure that females and their families no longer feel isolated from each other or the rest of society. Discussion groups providing psychosocial, legal, and vocational training assistance provide a forum for women to discuss their issues and frustrations collectively, learn from one another's experiences and strengthen their coping skills.

The community centres also aim to provide the children of vulnerable families with an opportunity to receive educational training, despite the difficult conditions in which they and their families live. Children between the ages of 6 and 15 are given access to courses in Arabic, mathematics, computer literacy, art and drama, and psycho-social discussion groups. The courses and discussion groups also ensure that children have, a safe and structural environment for social interaction.



#### MEDICAL SUPPORT

Families receive medical assistance for ailments such as respiratory diseases.



#### VOCATIONAL TRAINING

Programme participants receive hairdressing training in April 2010.

Similarly, young adults between the ages of 15 and 18 are provided with courses in computer and television maintenance, ceramics, first aid, hairstyling and cutting, as well as general awareness discussions which include topics such as education, domestic violence, and hygiene. The training aims to provide young adults with the life and vocational skills they will need as they enter adulthood.

While IOM programmes work to provide durable solutions for female-headed households, IOM monitors continue to assess the needs of female headed households and other vulnerable groups throughout Iraq to ensure that aid is targeted to those who need it most.