Multidimensional Child Poverty: A Qualitative Overview of Lebanon

Research Brief
Acknowledgements

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* As Lebanon’s unprecedented economic crisis deepens, the number of families pushed into severe hardship continues to rise dramatically.
Background

The reality of daily life for most people in Lebanon has significantly changed since mid-2019, when the country began to descend into a severe economic crisis that has affected above all people’s ability to access and afford their most basic needs.

Political instability, the COVID-19 pandemic, waves of social protests, and the catastrophe of the Beirut Port Explosion exacerbated the economic turmoil. These layered events have complicated humanitarian and development programmes and services, necessitating quick adaptation and innovation to continue to meet the needs of vulnerable communities.

From a research perspective, this has required regular data updates to track the changes on the ground and maintain up to date data in a rapidly evolving environment. Despite an increased focus on poverty, child poverty remains only vaguely understood, underexplored, or not contextualised within the Lebanese reality that has limited metrics, surveys and national data that focus on child poverty. Poverty is often measured through specific money-metric lines, excluding non-material deprivations. Adopting a multidimensional poverty framework complements money-metric analyses and contributes with additional analysis components needed for a long-term perspective.

The study adopted the the UN General Assembly definition for multidimensional child poverty which states:

Multidimensional child poverty gives full weight to material deprivation as the main element of child poverty, stating that children living in poverty are deprived in multiple domains of their lives (i.e., nutrition, water and sanitation, education, shelter, and protection among others) and that the lack of goods and access to services can represent a severe threat for their growth and development.

When such research concerns children, a multidimensional approach is crucial, since children are not income generators and are dependent on caregivers to survive, thrive, learn, be protected from violence and exploitation, and live in a safe and clean environment, in an equitable manner.

In the Lebanese context, a multidimensional child poverty analysis is needed to understand the implications of the current crises on children and future generations. Among the vulnerable communities, children are the most exposed to risks and deprivations.

Within this rationale in mind, the study had three specific objectives:

01. To illustrate the characteristics and determinants of multidimensional child poverty in Lebanon today.

02. To benefit efforts to raise awareness regarding the importance of public policy and access to decent public goods and services for wellbeing, opportunity, and social mobility.

03. To inform the development of monitoring indicators, such as the MPI, and feed into future quantitative studies.

Innovatively, this qualitative study heavily relied on visual materials, such as photos and videos, provided by study participants and used as both data and points of discussion in the 20 Photo-Video Voice Discussions (PVVDs) that were held as part of the data collection process. Visual materials gave participants more control over the structure and focus of discussions, lessening the divide between researcher and research participant.

The study was inclusive of nationality, gender, age, and geographical area, and insured the participation of marginalised groups. Additionally, 10 key informant interviews (KIs) were held to capture a macro perspective from organisations and institutions supporting vulnerable communities.

*Bilal, 12, a third-generation Palestinian refugee who was born in Lebanon, stands outside of the shack in which his family live in Saida, Lebanon, on July 4th 2022.
Findings

01. THE RIGHT TO A CHILDHOOD:
Children demonstrated an acute awareness of their understanding and experiences of multidimensional poverty and their rights as children. This high level of awareness often creates an increased sense of responsibility and undue mental load.

Study findings reveal that children see themselves as distinct members of society with rights, and not as an extension of their parents. In support, caregivers saw children as distinct from themselves and their families and often discussed how the current crisis context violated many rights that children have. Within both the PVVDs and shared visual materials, children discussed at length how the fallouts from COVID-19 and the economic crisis, including school closures, shortages of basic necessities, and rising costs affected both their lives and many communities across Lebanon. This acute sense of awareness led to children feeling burdened, and they worried about asking their parents for goods and necessities.

Children at times adapted their behaviours and requests, possibly demonstrating an increased mental load. Children repeatedly said they believed their rights were violated and their future was impacted by these circumstances. Children made references to the fact that children’s rights are better protected in other countries and often linked this to their aspirations for migration. From a developmental perspective, while an awareness of their rights creates increased negative burdens among younger children, children in late adolescence may be empowered to voice their opinions for change.

We are harassed on the street and at work. That is why we must learn a profession to travel outside this country and save our lives. [Syrian Boy, age 17-19]

We want to travel because over there [abroad] they will give us our rights. Here, we are deprived of our rights. [Palestinian Girl, age 14-12]
02. THE RIGHT TO LIVE WITHIN A NURTURING FAMILY:

Noticeable negative changes were documented in family dynamics, including transformations in some aspects of parent/child roles, lessening trust in parents, and increased feelings of remorse and guilt experienced by caregivers.

Changing family dynamics, particularly regarding the roles of parents and children, were often noted in discussions with caregivers and key informants (KIs). Within the current context, caregivers’ inability to afford and provide for many of their children’s basic needs has led to significant feelings of remorse and guilt, and perceptions of eroding trust from their children about their role as caregiver and provider. In contexts where children are engaged in child labour and have possibly become the sole income earner, the change in roles is even more pronounced. Caregivers whose children were part of child labour spoke openly about having to choose between providing their children with education and the basic needs that they could only afford if one of their children was working.

My son does not trust me anymore and does not call me ‘baba’ [dad] - because I am not fulfilling my role as a father. I feel that there is no more respect from children towards their elders.

- Lebanese Male Caregiver

03. THE RIGHT TO LIVE IN A PRODUCTIVE ENVIRONMENT:

Children’s outlook in regard to rights, education, and career opportunities in Lebanon was often negative, engendering a desire to emigrate.

Children repeatedly shared that their aspirations and assessments of their future opportunities have been negatively impacted by the national crisis, the prolonged school closures, the challenges of online learning, and for some, dropping out of school (whether due to school and transportation fees, child labour, or child marriage).

Most children noted that education was their path to achieving their dreams and aspirations, but even those who remained in school felt that Lebanon offered few opportunities for employment or starting a business.

As a result, many children saw migration as the only means for a better future. These sentiments were all the more pronounced among Palestinian and Syrian children whose status as refugees and displaced persons further limits their opportunities in Lebanon.

We want to travel because over there [abroad] they will give us our rights. Here, we are deprived of our rights. Here, we are deprived of our rights.

- Palestinian Girl (age 19-20)

We are harassed on the street and at work. That is why we must learn a profession to travel outside this country and save our lives.

- Syrian Boy (age 17-18)

My son told me, ‘May God not forgive you. I asked him why, and he said, ‘I wish that you would let me continue studying and complete my exams.’ He blames me for this but he knows that we don’t have money.

- Syrian Female Caregiver

We are harassed on the street and at work.

- Syrian Boy (age 17-18)
Data indicates that many children with health ailments and children with disabilities are not receiving their necessary medicine and medical treatment due to medicine shortages and rising prices. Many caregivers spoke of delaying medical treatment for their children or not providing necessary medication.

The shortage and rising cost of medicine emerged as a key barrier in every PVVD with caregivers. This has had a particular impact on children with disabilities in terms of the services, rehabilitation, and medicines they require.

Noticeable negative changes were documented in family dynamics, including transformations in some aspects of parent/child roles, lessening trust in parents, and increased feelings of remorse and guilt experienced by caregivers.

04. THE RIGHT TO HEALTHCARE WITHIN A NURTURING FAMILY:

My son broke his shoulder, but I have not yet been able to treat the fracture. He needs to be treated in the hospital, and the cost of his treatment is beyond our financial capabilities.

Lebanese Female Caregiver

My little brother got sick a while ago, and we were unable to find the necessary medication for him due to the medicine shortage.

Syrian Boy [Age 15]

I have a child who has diabetes. I cannot find insulin for him. When I find it, it costs almost 10 times more than before. I even went to Syria to get him some, I was only able to afford three doses.

Palestinian Female Caregiver
05. THE RIGHT TO MENTAL WELLBEING:
The multiple deprivations experienced by children and caregivers has had a profound impact on their mental health.

Caregivers repeatedly discussed how the current situation continues to have a negative impact on their children’s mental health. Children’s awareness of the current crisis has led them to express a sense of hopelessness, high levels of stress and, in some cases, feelings of despair. The realisation of the depth of the current crisis and their limited rights has led many children to have little hope for the future. Many caregivers also openly stated that they struggle to cope. With the closure of schools due to COVID-19, children lost their interaction with peers, learning space, and their daily routine.

COVID-19, fuel shortages, and rising transportation costs further limited children’s and caregivers’ mobility, confining many to their homes where electricity, water, and internet are increasingly lacking, and conditions for some are overcrowded. For many, the Beirut Port Explosion led to further trauma. Caregivers have reported that most of their children could not access the mental health services they required, especially when many services were at least partially suspended during COVID-19 lockdowns.

"Children need psychological support. They are mentally and psychologically stressed. My grandson might have psychological problems because of all these circumstances." — Lebanese Female Caregiver

"[Psychological] support comes first from access to school. Then children are in school with a structured day. [...] This is the macro-level solution for child psychological stress." — KII with Local NGO
06. THE RIGHT TO BASIC NEEDS:
Households have resorted to multiple new forms of coping mechanisms.

While the cases of child marriage encountered in this study occurred prior to the current economic crisis, child marriage is a coping mechanism that is well known in the current context. Less well-known coping mechanisms also emerged from the data. Multiple caregivers noted, for example, that they have replaced medicine with food alternatives (such as lentils for iron) for themselves or their children. In PVVDs and visual materials, several caregivers noted selling household items and furniture, with one Syrian caregiver sharing a video of his unfurnished house, where remaining possessions such as clothes were stored in plastic bags.

These include common strategies such as reducing or stopping medicine and medical treatment, skipping meals, purchasing cheaper food stuffs, reducing household expenses on services and education, removing children from school, and resorting to child labour.

07. THE RIGHT TO PLAY:
Children’s right to play has been severely limited, impacting girls most severely.

COVID-19 lockdown measures forced children worldwide to remain at home. Now, due to the crisis, and particularly rising transportation fees, children’s last resort has been to play in the streets near their homes, where they have reported numerous events of harassment – particularly for girls and dangers of passing cars.

While limitations on the right to play previously existed, households were able to cope by accessing free or low-cost recreational activities, often outside their neighbourhoods, most of which are no longer affordable or accessible.

At home, children lack electricity and internet even for stationary recreation, such as watching TV or playing on the internet. The few areas of play, such as streets and open spaces, are not equipped to provide children with safe areas for play and recreation. Girls reported harassment by boys and men, making such spaces particularly unsafe for them, further restricting their right to play.

I am currently not working. I used to work before but now there is nothing to do. I have five children. Three of them used to be in school, but now I cannot send them to school because I cannot afford it anymore. Syrian Female Caregiver

We sometimes give them (children) our own food. Because we do not want them to feel as if we’re hungry, we tell them we already ate and we’re full. Lebanese Female Caregiver

I am not working now. I used to work before but now there is nothing to do. I have five children. Three of them used to be in school, but now I cannot send them to school because I cannot afford it anymore. Syrian Female Caregiver

There are no playgrounds or courts where we can play. Lebanese Boy [age 14-12]

Before, electricity and gasoline were available, but schools were closed due to COVID-19. It [electricity and fuel] was a little bit expensive, but at least we could stay at home and watch TV. Nowadays, there is nothing available, and we do nothing. Palestinian Boy [age 14-12]

We don’t have the right to play. We can’t play or do any activities. Palestinian Girl [age 14-12]
08. THE RIGHT TO BE PROTECTED FROM VIOLENCE:
Increased violence, harassment, and lack of safety and security have led to growing limitations on children’s right to be protected from violence.

Many children, particularly Syrian children, spoke of witnessing armed violence, including gunfire. Girls, regardless of nationality, shared experiences of harassment, particularly in public spaces such as streets. Several Syrian children reported direct acts of violence on themselves or their families. Several Syrian caregivers whose children were pushed to engage in child labour, shared that their children experience workplace physical abuse and exploitation. The children themselves spoke of similar experiences. Syrian caregivers noted that they were scared or unwilling to report acts of violence, harassment, or abuse against them or their children because of concerns related to legal residency.

When the teacher knows that the student is Syrian, she hits him hard but if the student is Lebanese, she only warns him. Only Syrians were hit at school.

Syrian Girl (age 17-15)

I don’t feel safe. A few days ago, I was walking down the street and a van stopped near me and asked to drive me home. I ignored him. We can’t go out after 9pm.

Lebanese Girl (age 17-15)

[Referring to October 2021, 14 armed violence in Beirut]. During the shooting that occurred the other day, children were terrified and stuck in school.

Lebanese Boy (age 17-15)

09. THE RIGHT TO EQUITABLE ACCESS TO PUBLIC SERVICES:
Many caregivers viewed that wasta (personal connections) were necessary to access government aid and basic services.

While Lebanon’s patronage system has long been critiqued, data indicates that reliance on personal connections has increased. Lebanese participants shared perceptions that local political leaders could help them obtain basic services or meet specific needs. Among Syrian participants, multiple caregivers noted instances when personal connections were necessary to register their children in second-shift schools, and many Syrian caregivers shared perceptions that this is a common practice.

I am trying to register my daughter in school and I can’t. The school says that the capacity is 60 [Syrian] students, but they raise it to 65 for those with connections or wasta.

Syrian Male Caregiver

When a man turns to the mayor for help, the mayor asks him about which political party he belongs to.

Lebanese Female Caregiver
10. THE RIGHT TO EQUITABLE ASSISTANCE:

At the level of INGOs and NGOs, both caregivers and key informants said that programmes do not address, nor meet, the changing needs of target beneficiaries in the current crisis.

In particular, caregivers criticised the short duration of programmes, the often limited or sporadically distributed aid, and held strong perceptions of aid bias. Participants said that INGO and NGO programmes often do not address these needs directly or have not adapted their programmes quickly enough to meet the changing needs. Multiple caregivers said that they were approached by INGOs or NGOs for data collection purposes, only to never receive any promised or requested support. Perceptions of aid bias were largely expressed by Lebanese caregivers who held beliefs that Syrian communities were receiving aid, while many Lebanese communities were overlooked. Syrian caregivers were also aware that such perceptions of aid bias negatively targeted them. Additionally, participants said they lacked clarity on why some communities benefited from INGO and NGO aid, while other communities were not included in programmes. Overall, participants said that they expect the government, not INGOs and NGOs, to be the main actor responsible for implementing reforms, and supporting vulnerable communities.

There are so many NGOs that asked for ways to help me, they took so much information and wasted so much of my time. But no one got back to me with any help.  
Syrian Male Caregiver

Once, an international organisation came to the school and asked the parents to attend. They asked us about our problems and I told them about my son’s illness. They sent 30,000 LBP twice and that’s it.  
Syrian Male Caregiver
Recommendations

01. Poverty and child poverty should be measured multidimensionally, officially and regularly in Lebanon. This can include:
   a. Multidimensional Poverty Analysis (MPI) in order to understand and define wealth and poverty through both monetary and non-monetary indicators.
   b. Multiple Overlapping Deprivation Analysis (MODA) to extend beyond the MPI and ensure a child-focused, comprehensive, and holistic measurement of multidimensional child poverty.
   c. A combined approach to inform policies, particularly through the MPI, with MODA findings informing advocacy approaches focused on drawing attention to child rights.

02. The findings of this report should feed into other measurements and studies of wellbeing in Lebanon, such as UNICEF’s Multiple Indicator Cluster Survey (MICS).
   a. Future quantitative studies, whether MICS, MPI, or MODA, can rely on the findings of this study to identify new indicators for measurement in order to shed light on dimensions previously not measured in other studies. Particular areas for consideration can include children’s awareness, changing family dynamics and child / caregiver relationships, mental health, right to play, and children’s aspirations and perspective on the future.

03. The findings demand a response through multiple social and economic policy reforms and programme establishment and scale-up.
   a. Of crucial importance will be the economic and financial reforms for economic stability and sustainability, and the promotion of a subsequent inclusive economic recovery that can support the creation of equitable and decent employment.
   b. There is a need for rapid and massive expansion of access to quality services. It is necessary to offer increased financial access to social services, and a widespread scale-up of social assistance to reach all households living in extreme poverty, as well as social grants to all households facing specific lifecycle vulnerabilities such as disability, childhood, and old age.

04. The results and findings of this study must feed into extensive communication and advocacy that draws attention to children’s rights and the growing deprivations and impacts of multidimensional child poverty in Lebanon.
   a. Advocacy efforts should support and link to the third recommendation, advocating for addressing multidimensional poverty through the above stated responses.

The findings of this study demonstrate that multidimensional child poverty deeply affects children and households in Lebanon, with serious impacts that go well beyond traditional measures (i.e., lack of income, employment, health, etc). The study has highlighted aspects that are captured less often in other studies, including children’s awareness, changing family dynamics, damage to the parent/child relationship, mental health, and future aspirations. It is clear that Lebanon is facing a childhood emergency that will have long-term consequences on children and the country as a whole. Several broad-scale recommendations emerge to inform future research, policy, advocacy, reforms, and social assistance.

* Children cleaning car windows on the streets in Saida. They work from morning till sunset to support their families.