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The Impact of the Economic Crisis on Lebanese Women's Well-being in the Bekaa Region

This Participatory Action Research study was led by Dr. Sawsan Tohme. The research was a collaborative effort that brought together a diverse group of women who contributed their insights and experiences. The participants included:

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The study aimed to provide a comprehensive overview of the challenges faced by women in the Bekaa region amidst the economic downturn, highlighting issues such as financial instability, access to healthcare, social support, and the psychological toll of economic uncertainty. By centering the voices of those most affected, this research not only sheds light on their struggles but also advocates for more inclusive and effective policy responses to support Lebanese women during these challenging times.

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Introduction

Over the past few years, Lebanon has been grappling with a severe economic crisis that has been exacerbated by political instability, the COVID-19 pandemic, and regional conflicts. This economic crisis has led to widespread financial instability, severely impacting household incomes and living standards. Women, who are often responsible for managing household budgets and caregiving responsibilities, have been disproportionately affected. As economic resources dwindle, women are forced to make difficult choices and compromises, often prioritizing the needs of their families over their health and well-being.

As young women from all over Bekaa, we have observed the toll that the economic crisis has taken on our community. We have also noticed that many families are now financially unstable, and their focus has shifted to ensuring the health, education, and nutrition of younger family members, often at the expense of women's own needs. This has led to a situation where women's health issues are neglected, resulting in long-term consequences for their physical and mental well-being.

This Participatory Action Research (PAR) project seeks to explore the profound and multifaceted impact of the economic crisis on the well-being of Lebanese women in the Bekaa region. Through this research, we aim to bring attention to these challenges and advocate for comprehensive support systems that address the unique needs of women in Bekaa. We also hope to inspire actionable recommendations for stakeholders, including policymakers, healthcare providers, and community organizations. These recommendations will be aimed at mitigating the adverse effects of the economic crisis and fostering a supportive environment where women can thrive.

To address the overarching goal of this study, the following research questions have been formulated:

1. How has the economic crisis in Lebanon influenced access to healthcare services among women?

This question seeks to understand the extent to which the economic downturn has affected women's ability to obtain necessary health services. It explores barriers such as affordability, availability, and accessibility of healthcare.

2. How has the economic instability impacted the mental health and emotional well-being of Lebanese women?

This question aims to investigate the psychological and emotional toll of the economic crisis on women, including stress, anxiety, depression, and other mental health issues.

3. What are the specific health concerns and healthcare needs that have emerged for women during this period?

This question focuses on identifying the new or exacerbated health issues that women are facing as a result of the economic crisis, as well as their evolving healthcare needs.





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The hypothesis that guides this research posits that the economic crisis in Lebanon has led to a significant deterioration of the physical and mental well-being of women in the Bekaa region. This crisis has led to increased socio-economic challenges, diminished access to healthcare services, and a notable decline in mental health.

By exploring these questions and testing the aforementioned hypothesis, this study aims to provide a comprehensive understanding of the crisis's impact on women's well-being in this region. The findings will offer actionable insights for policymakers and stakeholders to develop targeted interventions that support the well-being of Lebanese women in Bekaa during this critical time.

Methodology

The participatory action research (PAR) methodology was employed in this study to ensure a collaborative and inclusive research process. This approach was chosen to actively engage a diverse group of Lebanese women from various villages in the Bekaa region, allowing them to participate meaningfully in every stage of the research. By doing so, the study aimed to empower the participants and ensure that the findings were grounded in their lived experiences and perspectives.

Research Objectives

The primary objectives of this research study were to:

- Assess the impact of the economic crisis on the physical and mental health of Lebanese women living in Bekaa.
- Identify the major challenges faced by women in Bekaa after the economic crisis.
- Understand the social implications of the crisis and the level of community support.
- Provide recommendations for stakeholders to enhance support for women's well-being.

Research Design

The study adopted a mixed methods approach to data collection that combines both qualitative and quantitative methods, so as to comprehensively explore the impact of the economic crisis on women's well-being in the Bekaa region. This approach enabled the researchers to gather a broad range of data and gain a deeper understanding of the issues at hand.

Data Collection

The data collection instruments were meticulously designed to ensure comprehensive coverage of the research questions and to facilitate meaningful analysis of the impact of the economic crisis on women's well-being in the Bekaa region.

Quantitative Data Collection

Quantitative data was gathered through surveys that were shared on WhatsApp, Facebook and Instagram with Lebanese females aged 18 and above, and who reside in the Bekaa region. The survey consisted of three sections, each targeting a specific aspect of the participants' lives:

1. Personal Information:

- The first section of the survey gathered personal and demographic information. This included questions about age, marital status, educational background, employment status, and family composition. This information was essential for understanding the





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context of the participants' experiences and for analyzing the data across different demographic groups.

2. Physical Health and Access to Healthcare Services:

- The second section focused on physical health and access to healthcare services. Questions in this section were designed to assess the participants' general health status, any chronic conditions or illnesses, frequency of medical consultations, and barriers to accessing healthcare services. Topics included the affordability of healthcare, the availability of medical facilities, and the quality of care received.

3. Mental Health:

- The third section addressed mental health and emotional well-being. This section included questions about the participants' mental health status, experiences of stress, anxiety, depression, and other psychological conditions. It also explored social support systems and the impact of economic instability on their mental health.

Research Sample

The sample in this study included 314 Lebanese women from various villages across the Bekaa region, from different socio-economic backgrounds. The ages of the respondents ranged from 16 to 70 years, ensuring a wide age distribution that provided insights into the experiences of women at different life stages.

Among the married participants, 83% had two or more children, which signals the significant caregiving responsibilities many respondents manage alongside the challenges posed by the economic crisis. The selection criteria for participants were designed to ensure diverse representation in terms of age, occupation, and geographic location within the Bekaa region, thereby capturing a comprehensive picture of the community.

Participants were contacted through a combination of social media outreach and personal networks, leveraging both digital platforms and direct community connections to achieve a varied and representative sample. This approach ensured that the voices and experiences of a wide range of women were included in the study, which enriches the overall findings and provides a concrete foundation for the research conclusions.

Qualitative Data Collection

Qualitative data was collected through semi-structured interviews, which provided a more nuanced and detailed understanding of the issue. The interviewees included:

1. **Doctors of Different Specialties:** Physicians from various medical fields across different areas in Bekaa were interviewed to gain insights into the health challenges faced by women during the economic crisis and the impact on healthcare services.
2. **A Prominent Hospital in Bekaa:** A representative from a hospital in the region was interviewed to understand the institutional perspective on the crisis's impact on women's health and the healthcare system's response.



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3. **Non-Governmental Organizations (NGOs):** Representatives from two NGOs working in Bekaa were interviewed to provide an understanding of the support mechanisms in place and the specific needs of women during this period.

These interviews were conducted using open-ended questions, allowing the participants to freely express their views and experiences while ensuring that key topics were covered.

Doctors' Interviews

The interviews with doctors were structured to provide both common insights and specialty-specific perspectives. Each interview included a set of five common questions and two additional questions tailored to the doctor's specialty. The specialties of the interviewed doctors included a dentist, neurologist, cardiologist, gynecologist, gastrologist, and psychologist. The common questions mainly addressed how the economic crisis has affected women's health in each doctor's practice, and whether they observed any changes in the number of women coming in for consultations and checkups after the economic crisis, in addition to other general questions that are stated in detail in the appendices section. On the other hand, the specialty-specific questions were tailored to the specific field of the doctor being interviewed, such as obstetrics and gynecology, neurology and mental health, gastrology etc. For example:

- **Obstetrics and Gynecology:** Have you noticed any changes in prenatal and postnatal care due to the economic crisis?
- **Neurology:** What chronic conditions have become more prevalent among women during this period?

By combining these comprehensive survey sections and in-depth interviews, the study aimed to gather data that would illuminate the diverse ways in which the economic crisis has impacted women's health and well-being. The structured, yet flexible design of the interviews ensured that both common and unique perspectives were captured, providing a holistic view of the challenges faced by women in the Bekaa region.

Ethical Considerations

Ethical considerations were taken into account throughout the research process. The following measures were taken to ensure the ethical integrity of the study:

- **Informed Consent:** All participants were informed with detailed information about the study's purpose, procedures, and their rights as participants. Therefore, informed consent was obtained from all participants before they took part in the research.
- **Confidentiality:** The confidentiality of all participants was strictly maintained. Personal identifiers were removed from the data, and all information was stored securely to protect participants' privacy.
- **Respect for Participants:** The study was conducted with the utmost respect for all participants, ensuring that their contributions were valued throughout the research process.

Data Analysis

The data analysis process involved both thematic coding and statistical analysis to interpret the collected data effectively:





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- **Quantitative Data Analysis:** The quantitative survey data were analyzed using statistical methods. Descriptive statistics were used to summarize the data, and inferential statistics were employed to explore relationships between different variables and to test the research hypothesis.
- **Qualitative Data Analysis:** The qualitative data from the semi-structured interviews was transcribed and subjected to thematic analysis, which involved coding and categorizing the data to identify recurring themes and patterns, providing a rich and detailed account of the participants' experiences and perspectives.

By integrating these methods, the study aimed to provide a comprehensive understanding of the impact of the economic crisis on women's well-being in the Bekaa region. This participatory approach not only highlighted the challenges faced by Lebanese women but also aimed to foster a sense of empowerment among the participants, contributing to the development of actionable insights and recommendations for stakeholders.



Challenges Encountered During Data Collection

During the data collection phase of this research, several significant challenges were encountered that impacted the scope and depth of the data gathered. One of the primary challenges was achieving the targeted sample size for the survey. While the research team aimed to collect 500 responses from women in the Bekaa region, only 314 responses were ultimately obtained. This shortfall was largely due to the low response rate- despite widespread distribution of the survey link, not all recipients chose to participate. Several factors may have contributed to this issue, including limited internet access, survey fatigue, or a lack of awareness about the importance of the research.





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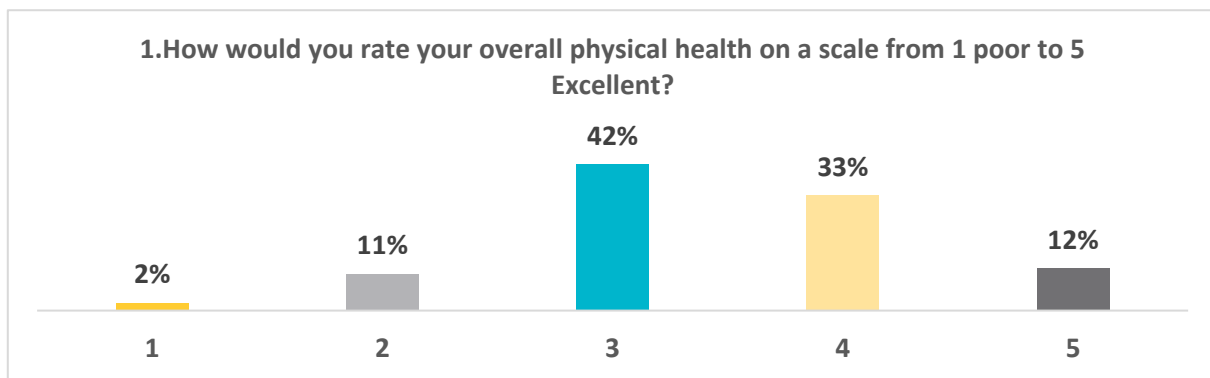
Another major challenge was securing appointments with doctors for the semi-structured interviews. Given the pressures on the healthcare system and the busy schedules of medical professionals, it was difficult to find doctors who were available and willing to participate. This challenge was exacerbated by the economic crisis itself, which has placed additional demands on healthcare providers and therefore reduced their availability for non-clinical engagements such as research interviews.

Despite these challenges, the research team persevered and successfully collected valuable data from a substantial number of respondents and medical professionals. These efforts ensured that the study could still provide meaningful insights into the impact of the economic crisis on women's well-being in the Bekaa region.

Findings

Survey Findings

Fig. 1



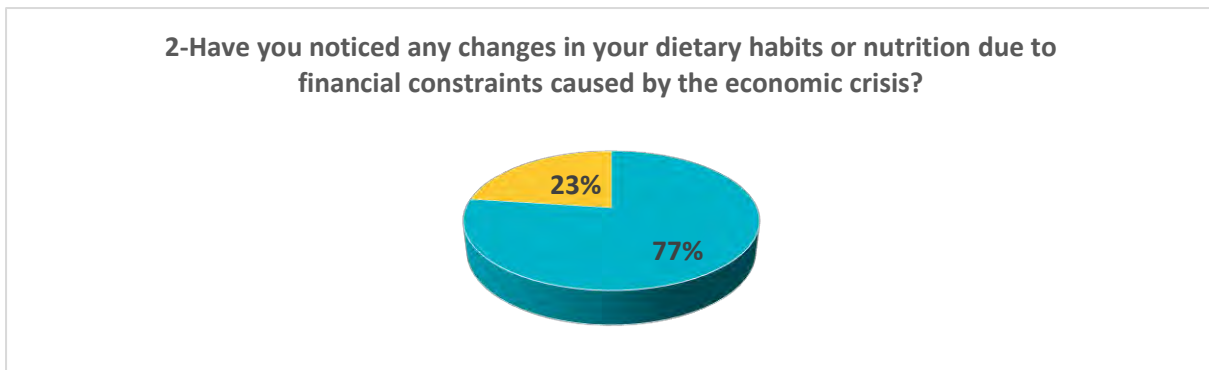
The graph above depicts responses to the survey question about rating the respondent's overall physical health on a scale from 1 (poor) to 5 (excellent) according to them. The majority of respondents (42%) rated their overall physical health as 3, indicating a moderate perception of their health. This suggests that while these women do not view their health as poor, they also do not consider it excellent. This middle ground reflects a significant portion of the population experiencing average health conditions. On the other hand, a substantial number of respondents rated their health as 4 (33%) and 5 (12%). Combined, these ratings suggest that 45% of the respondents consider their health to be above average to excellent. This indicates a relatively positive health perception among nearly half of the participants, despite the economic challenges.

The distribution of responses highlights a generally moderate to positive perception of physical health among the surveyed women in Bekaa. Despite the ongoing economic crisis, which has likely affected access to healthcare and overall well-being, a considerable portion of women still perceive their health positively. However, the 13% of respondents who rate their health poorly or below average may represent those most adversely affected by the crisis.



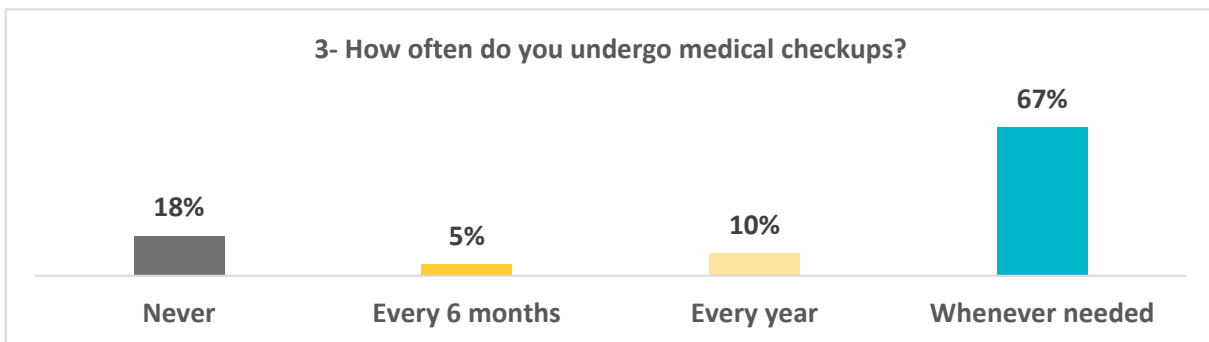


Fig. 2



The pie chart shows the responses to the question about whether the respondents have had changes in their dietary habits or nutrition due to financial constraints caused by the economic crisis. A significant number of respondents (77%) have noticed changes in their dietary habits or nutrition due to financial constraints. This indicates that the economic crisis has had a substantial impact on the nutrition and dietary practices of women in Bekaa. This clearly shows that financial constraints caused by the economic crisis have led to noticeable changes in the dietary habits and nutrition of the majority of women surveyed. This high percentage indicates a potential problem with food security among the respondents, as they may be cutting back on food quality or quantity due to financial limitations, which can adversely affect their health.

Fig. 3



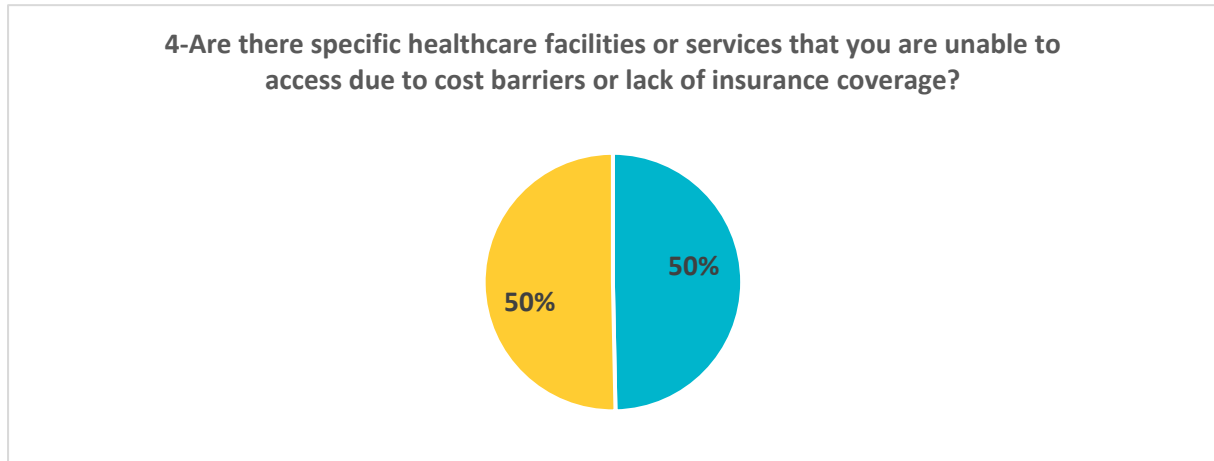
When asked about how often they undergo medical checkups, the majority of respondents (67%) answered that they undergo medical checkups "whenever needed." This suggests that most women in Bekaa do not adhere to a regular schedule for medical checkups but rather seek medical care based on necessity, or a presentation of symptoms. However, 18% of the respondents indicated that they never undergo medical checkups. This highlights a potential area of concern regarding preventive healthcare and the early detection of health issues. This data reflects a tendency among women in Bekaa to seek medical care primarily on an as-needed basis rather than adhering to a regular schedule of preventive checkups. This pattern can be influenced by various factors, including financial constraints, accessibility of healthcare services, and lack of awareness of the importance of regular health monitoring. The economic crisis may be a major factor influencing this trend. Financial limitations can lead to prioritizing immediate medical needs over routine checkups, contributing to the higher percentage of "whenever needed" responses. In addition, the low percentages of women undergoing regular checkups every 6 months, or even annually may indicate a lack of awareness or education about the benefits of preventive healthcare. This could result in delayed diagnosis and treatment of



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health conditions. Accessibility issues, such as the availability of medical facilities and the cost of healthcare services, could also play a role in why a notable percentage of women never undergo medical checkups.

Fig.4



The responses regarding whether there are any specific healthcare facilities or services that women are unable to access due to cost barriers or lack of insurance coverage are evenly split, with 50% of respondents indicating they are unable to access certain healthcare facilities or services due to cost barriers or lack of insurance coverage, and the other 50% reporting no such issues. This equal distribution of responses highlights a significant divide in access to healthcare among the women surveyed in the Bekaa region. When asked to specify, they mentioned blood tests, heart scans, gynecological examinations, physical therapy, etc. Therefore, the findings indicate a need for financial support programs to help the 50% of women who face cost-related barriers to accessing healthcare services. This can improve their ability to receive necessary medical care without undue financial burden.

Fig. 5

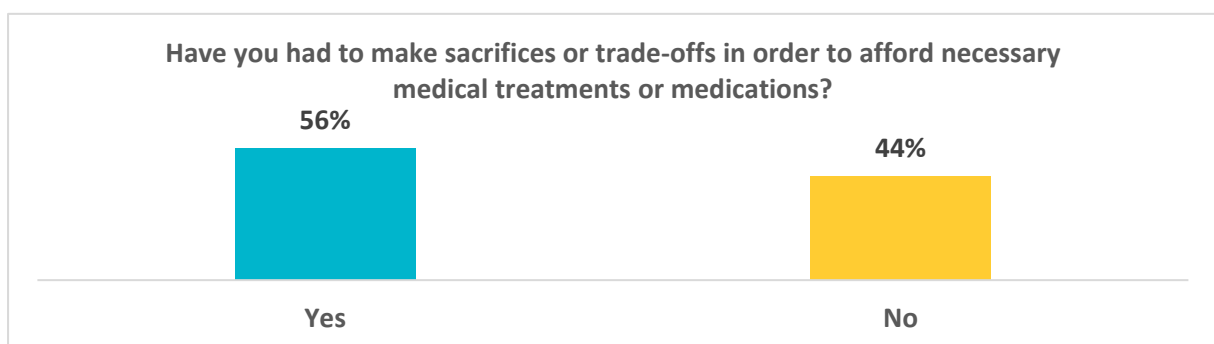


Figure 5 shows how respondents answered the question regarding whether they had to make sacrifices or trade-offs in order to afford necessary medical treatments or medications. 56% of the respondents reported that they have had to make sacrifices or trade-offs to afford necessary medical treatments or medications. This highlights the financial strain faced by many women in Bekaa regarding healthcare expenses. On the other hand, 44% reported that they have not had to make such sacrifices. This suggests that while financial challenges are prevalent, nearly half of the respondents have managed to

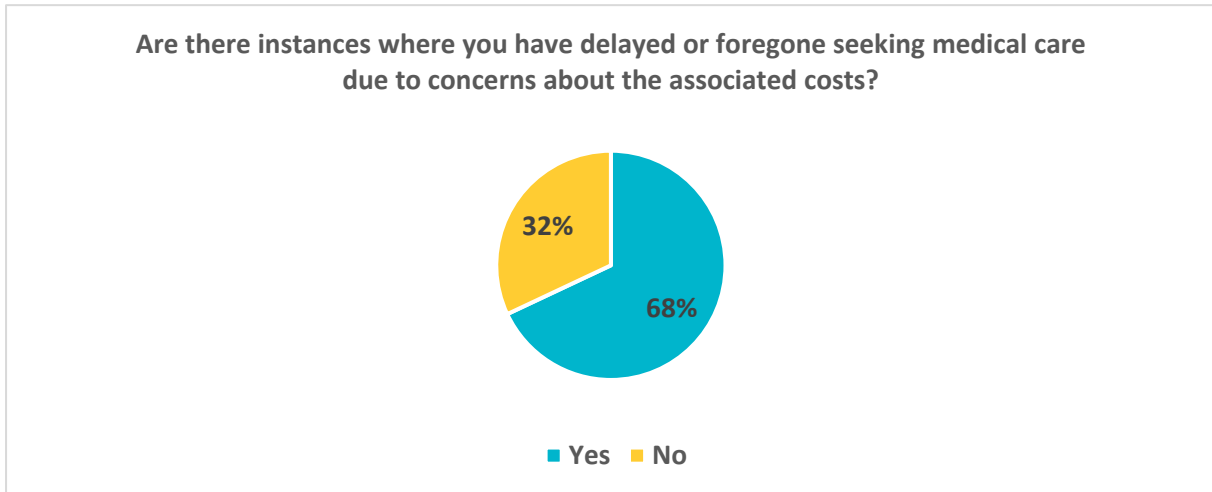




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avoid making difficult trade-offs for medical care. The fact that 56% of respondents have had to make sacrifices indicates a substantial financial burden when it comes to accessing medical treatments and medications. This in turn can lead to negative health outcomes if individuals delay or forgo necessary care due to cost.

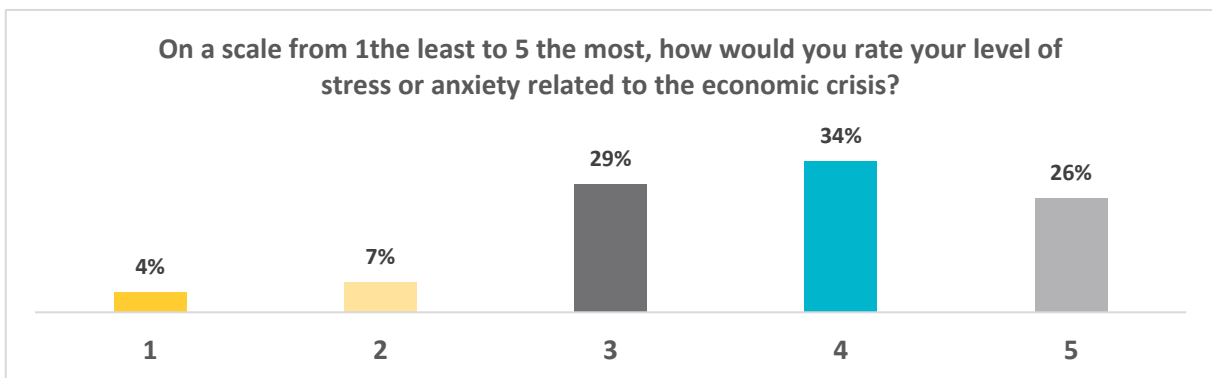
Fig. 6



When asked whether there have been any instances where women have delayed or foregone seeking medical care, 68% of them answered yes. This indicates a substantial financial barrier to accessing healthcare among women in Bekaa. However, 32% indicated that they have not delayed or foregone medical care due to cost concerns, which means that some women are either able to afford healthcare or have access to resources that mitigate these financial barriers. These results highlight the significant financial challenges that many women face in accessing necessary medical services, which can lead to worsening health conditions and increased long-term healthcare costs.

The last section of the survey addressed the mental health of women in Bekaa, where the respondents were asked to rate their level of stress or anxiety that they felt was related to the economic situation.

Fig. 7



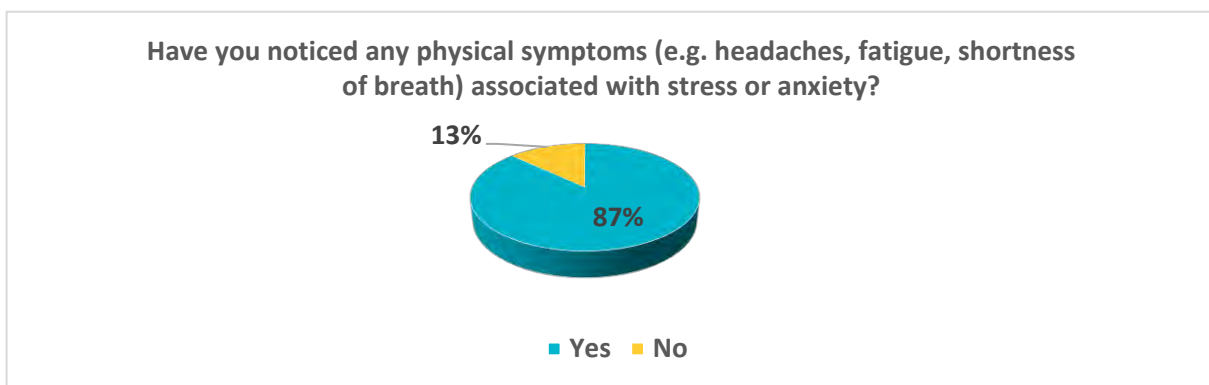
The bar chart shows responses to the question: "On a scale from 1 (the least) to 5 (the most), how would you rate your level of stress or anxiety related to the economic crisis?"





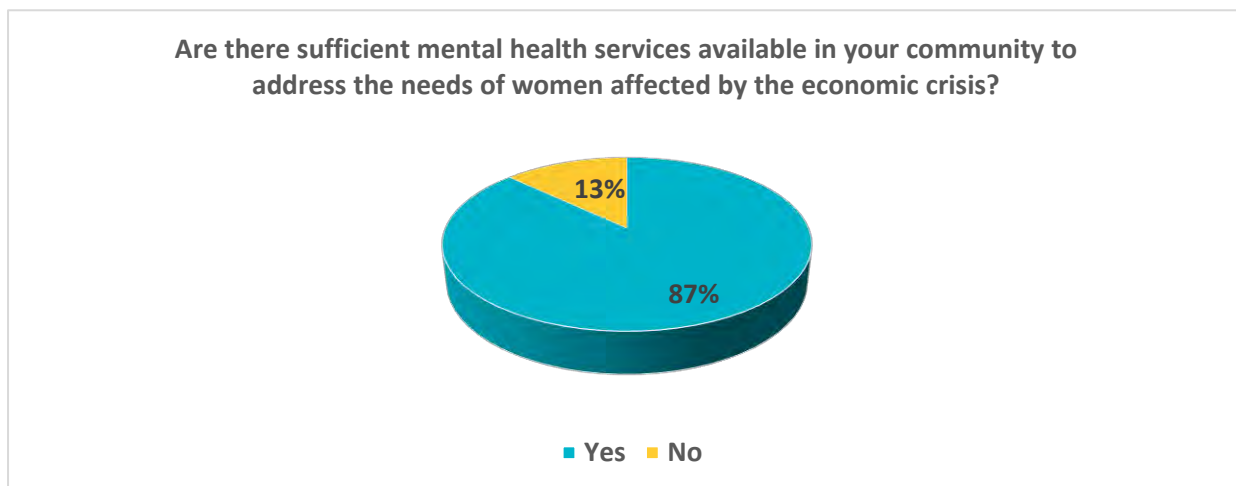
As shown in the bar chart above, a large number of respondents reported high levels of stress or anxiety related to the economic crisis. Specifically, 34% rated their stress at level 4, and 26% rated it at the highest level (5). Combined, this indicates that 60% of respondents are experiencing considerable stress or anxiety. In addition, 29% rated their stress at level 3, demonstrating a moderate level of stress or anxiety. This data reveals a high prevalence of stress and anxiety among women in Bekaa due to the economic crisis. Therefore, the majority of respondents (60%) experiencing high levels of stress or anxiety underscores the widespread psychological impact of the economic crisis on women in Bekaa, which indicates a significant mental health concern that needs to be addressed. Moreover, the fact that 29% of respondents reported moderate stress (level 3) may suggest that a considerable number of women are coping with ongoing stress, which could potentially escalate if economic conditions do not improve.

Fig. 8:



When asked whether respondents had noticed any physical symptoms (e.g., headaches, fatigue, shortness of breath) that are associated with stress or anxiety, the majority (87%) reported experiencing physical symptoms such as headaches, fatigue, and shortness of breath. The high percentage (87%) of women experiencing physical symptoms highlights the pervasive nature of stress and anxiety due to the economic crisis, affecting not only mental well-being but also physical health. The prevalence of these physical symptoms underscores the need for comprehensive health care services that address both mental and physical health.

Fig. 9:





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The last question in the survey explored whether there are sufficient mental health services available in the respondents' community. The majority (87%) of respondents reported that there are insufficient mental health services available in their community to address the needs of women affected by the economic crisis. This reveals a substantial gap in the availability of mental health services in the community, particularly for women affected by the economic crisis. This overwhelming response indicating insufficient mental health services suggests a critical shortage in resources and support systems necessary to address the mental health needs of women. The lack of sufficient mental health services can exacerbate the mental health challenges faced by women, leading to increased stress, anxiety, and other mental health issues without proper support and intervention.



Interviews Findings

Interviews with Doctors

The qualitative data collected through semi-structured interviews with seven physicians from various specialties across different areas in Bekaa provided a nuanced understanding of the health challenges faced by women during the economic crisis and its impact on healthcare services. When asked about changes in the number of patients after the economic crisis began, the majority of doctors reported a noticeable decrease in patient numbers, with the exception of the psychologist and the neurologist, who observed stable patient numbers, which indicates a consistent demand for mental health services. Regarding consultation fees, five out of seven doctors indicated that they reduced their fees in response to the economic crisis, with one doctor explaining that they initially reduced fees to 10% of the original amount before increasing them as the situation stabilized. Conversely, one dentist mentioned that they raised fees to cover material costs, and the psychologist clarified that they did not reduce fees, as they are covered by NGOs.

In terms of offering free consultations, three doctors stated that they do not provide free consultations, two currently collaborate with NGOs to offer free consultations, and two doctors, including the cardiologist, confirmed that they provide free consultations independently. The interviews also revealed changes in the number of patients coming in for checkups, with six out of seven doctors



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noting a decrease in regular checkups, with only urgent cases being prioritized. The neurologist, however, indicated that they have not observed any change in the number of patients coming in for consultations.

When discussing the most common cases each of the specialties encountered, the neurologist noted an increase in anxiety and depressive disorders, generalized anxiety disorder (GAD), panic attacks, headaches, migraines, sleep difficulties, and neuropathy. The cardiologist highlighted a shift in patient age groups, with most patients now being over 40 years old, and an increase in cases of angina, and heart attacks due to economic stress and currency deterioration. The gynecologist observed that some pregnant women are visiting the clinic every two months instead of monthly for prenatal check-ups, and noted a slight delay in regular screenings, with some patients postponing non-urgent screenings, but not canceling them entirely.

These insights emphasize the significant strain on both healthcare providers and patients due to the economic crisis, which highlights the urgent need for targeted interventions to support the healthcare system and ensure accessible care for all.



Interview with Hospital Representative

The interview with a representative from a prominent private hospital in Bekaa highlighted several critical impacts of the economic crisis on healthcare services. They said that the hospital has witnessed a significant decline in the number of operations performed, primarily due to the cessation of funding from supporting institutions and the high costs relative to the financial situation of the community. Moreover, the financial constraints have led to fewer patients opting for surgical procedures, likely due to their inability to afford them without external financial support. Additionally, the economic crisis has triggered a migration of medical professionals from the hospital, with some doctors leaving to work abroad. This brain drain has exacerbated the challenges faced by the healthcare system in Bekaa, as it has reduced the availability of skilled medical personnel, further limiting the hospital's capacity to provide comprehensive care. In response to the economic crisis, the hospital initially lowered its prices to accommodate the financial limitations of patients. However, the hospital has since adjusted its prices in US dollars, restoring them to pre-crisis levels. This pricing adjustment reflects



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the hospital's need to align with the fluctuating currency value and manage operational costs. Nonetheless, it has posed a significant barrier for patients who struggle with the increased living costs. Furthermore, the economic crisis has led to a dramatic decrease in the number of births at the hospital. Previously, the hospital used to handle 350 to 400 births per month, including both Lebanese and other nationalities. The current number has dropped to 10 to 15 births per month, possibly due to the financial inability of expecting parents to afford private hospital deliveries, which has been leading them to seek more affordable alternatives, such as public hospitals. There has also been a noticeable shift in patient preference towards public hospitals, which is driven by the lower costs associated with public healthcare. This trend underscores the financial strain on families who can no longer afford private hospital fees, despite potential differences in the quality of care and facilities. Additionally, the representative highlighted a significant behavioral change that they have observed, which is the tendency of patients to call the hospital in advance to inquire about the costs of medical procedures. This proactive approach allows them to assess whether the expenses align with their financial capabilities before deciding whether to proceed with treatment at the private hospital or opt for public healthcare services. This behavior highlights the heightened financial consciousness and planning that has been necessitated by the economic crisis. The substantial decrease in operations and births at the private hospital has indicated a severe reduction in the hospital's service utilization, potentially impacting its financial sustainability and ability to provide high-quality care. In addition, the migration of doctors to work abroad could lead to long-term challenges in maintaining a skilled and experienced medical workforce within the region. The adjustment of prices in US dollars, while necessary for the hospital's financial stability, may further alienate patients who are already financially burdened, exacerbating disparities in healthcare access. The shift towards public hospitals and the need for cost inquiries before medical procedures reflect a broader trend of financial insecurity among the population, necessitating policy interventions to support affordable healthcare access. In summary, the economic crisis has profoundly impacted the operational dynamics of the private hospital, reducing the number of medical procedures, altering patient behaviors, and leading to a migration of medical professionals. Addressing these challenges requires a multifaceted approach, including financial support mechanisms for healthcare institutions and policies to ensure equitable access to medical services for all segments of the population.

Interviews with NGOs

The interview responses from representatives of two NGOs in Bekaa revealed their support mechanisms and the specific needs of women in the region. Both NGOs support women through awareness sessions on health and marketing of handmade products. One NGO additionally provides medications, while the other focuses on psychosocial support, advocacy, and mental health awareness sessions. Financial support for health services is also offered, with one NGO specifically targeting elderly women. The challenges faced by Lebanese women, as identified by the NGOs, include access to healthcare, maternal health services, mental health support, and an increase in reports of gender-based violence (GBV). These findings underscore the need for a comprehensive approach to address the multifaceted needs of women in Bekaa, focusing on improving healthcare access, mental health services, maternal health, and combating GBV. The NGOs play a crucial role in providing essential services and advocacy, but broader systemic support and intervention are necessary to enhance the well-being and safety of women in the region.

Overall, the findings of the study illustrate the substantial impact of the economic crisis on women's health and well-being in Bekaa. They highlight the urgent need for targeted interventions, financial



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support, and comprehensive healthcare and mental health services to address the multifaceted challenges faced by women in the region.

Conclusion

In conclusion, this study provides a comprehensive understanding of the impact of the economic crisis on Lebanese women's well-being. The participatory action research (PAR) approach ensured that the voices of women were central to the research by offering valuable insights and practical recommendations directly from those affected. By engaging women in the research process, the study highlighted the nuanced and multifaceted challenges they face in terms of healthcare access and mental health issues. These insights underline the urgent need for continued efforts to support women through targeted interventions, such as enhancing healthcare services and providing mental health support.

Recommendations

Based on the findings of this participatory action research study, the following recommendations have been proposed to address the challenges faced by women in Bekaa:

1. Enhance Access to Healthcare:

- Develop and implement financial support programs to subsidize healthcare costs, ensuring that women can access necessary medical services without undue financial burden.
- Increase availability and affordability of medications, particularly for elderly women and those with chronic conditions.

2. Improve Preventive Healthcare:

- Raise awareness about the importance of regular medical checkups and preventive healthcare through targeted campaigns and educational programs.
- Collaborate with healthcare providers to offer free or low-cost routine checkups and screenings, particularly for underserved populations.

3. Address Food Security and Nutrition:

- Implement community-based programs to provide food assistance and nutritional support to women affected by financial constraints.

4. Expand Mental Health Services:

- Increase the availability of mental health services, including counseling and therapy, to address the high levels of stress and anxiety reported by women in Bekaa.

5. Support Maternal Health:

- Enhance access to maternal health services, including prenatal and postnatal care, to ensure the well-being of mothers and their infants.
- Provide financial assistance for maternal health services to reduce barriers for expectant mothers.

6. Promote Economic Empowerment:

- Support initiatives that provide women with opportunities for economic empowerment, such as vocational training and entrepreneurship programs.
- Facilitate the marketing and sale of handmade products created by women, which provides them with additional sources of income.



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7. Strengthen Community-Based Support:

- Foster partnerships between NGOs, healthcare providers, and community organizations to create a cohesive support network for women.
- Encourage community involvement in the development and implementation of programs that address the specific needs of women.



Implementing these recommendations will help to alleviate the challenges faced by women in Bekaa, promoting their well-being and resilience in the face of ongoing economic and social challenges.



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