

COVID-19 AND WOMEN IN SYRIA

DEEPENING INEQUALITIES

- The impact of COVID-19 on women in Syria cannot be disconnected from their exposure to the violence and trauma of war and displacement. Not only has the global pandemic increased the need for healthcare directly related to COVID-19; it has also exacerbated other health hazards specific to women and girls. These include inadequate sexual and reproductive healthcare; strained mental health; and increased gender-based violence.
- While the conflict in Syria may have altered women's roles in both family and society, the consequences of the pandemic reinforce an unjust gender divide. In addition to increased care work placed on women's shoulders, the limited livelihood security, educational and economic opportunities, and possibilities for political participation they previously had are now in jeopardy. In the face of an overwhelming need to protect women, the need for their participation cannot be neglected. Their voices are critical to respond to any crisis – political, economic or health-related.

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Introduction

By the end of April 2020, 3.2 million cases of COVID-19 had been confirmed worldwide, including more than 220,000 deaths. The scale of the crisis has been immense, impacting nearly every country in the world. In a conflict setting, the issues are even more challenging, due to the insecurities and vulnerabilities caused by war. People who are already vulnerable are more exposed to the worst consequences of the virus.

This article focuses on the impact of COVID-19 on women in Syria and its intersection with war and displacement; specifically, how the crisis is exacerbating pre-existing inequalities and injustices. Nine years of conflict have devastated Syria's medical and healthcare services. As the World Health Organization (WHO) has observed, Syria's "fragile health systems may not have the capacity to detect and respond" to the pandemic (McKernan 2020).

Women in Syria have been disproportionately affected by the conflict in various ways. For one, as most of those killed in the war have been men, Syrian women today represent the majority in society. Therefore, women not only increasingly constitute the heads of their households; they and their children also represent the majority of internally displaced persons (IDPs). While the conflict may have affected the traditional division of gender roles, it has also increased and diversified the kind of vulnerabilities that women face.

Women Now, established in 2012, is a Syrian women-led organization that seeks to protect and empower Syrian women and girls and ensure their meaningful participation in political and peace processes. As part of their ongoing research, *Women Now* interviewed 69 women in May 2020. In addition, for the purpose of this article, *Women Now* interviewed several of their own staff members and colleagues. It should be noted that, due to accessibility issues, most of the insights collected are from Idlib and the Aleppo countryside. This is not a representative sample. Further research would need to be conducted in order to understand the specific needs of women in other parts of Syria; however, the insights presented in this paper shine light on some of the issues faced by women in Syria.

The Impact of COVID-19 on Syrian Women

The impact that COVID-19 will have on women will depend on their socio-economic status; their status within their households; the level of insecurity in their location; and the availability and accessibility of healthcare and wider support networks.

A recent report published by *We Exist*, a collective of Syrian civil society organizations, found that the Syrian population felt trapped between war-weariness and the fear of COVID-19, which they described as merely a "new way to die." As one woman said, having "survived chemical attacks, constant bombings, starvation, sieges, and forced displacement, a virus is the least of our concerns" (We Exist 2020). *Women Now* interviewed 69 displaced women in Idlib and the Aleppo countryside about their experiences (Interviews 1 2020). The interviews found that:

- 71% of women reported feeling unsafe; fearing displacement and possible COVID-19 infection;
- 79% of women reported high levels of stress for the aforementioned reasons;
- 68% of women expressed fear of renewed displacement, or infection in the absence of accessible healthcare;
- 41% reported psychosomatic disorders, such as headaches, joint infections, skin problems, and weakness.

Some of the key issues identified are explored in further detail below.

1. Sexual and Reproductive Health

During armed conflicts, the availability of high-quality reproductive, maternal, and newborn healthcare services is extremely limited. Barriers to accessing such services often result in a decrease in the use of maternal healthcare, with negative consequences for maternal health, which often persist after the armed conflict ends (McGowan and Hodin 2017).

In Syria, this is even more true, as hospitals and healthcare facilities have been deliberately targeted by the Syrian regime and its allies. At least 34 attacks took place between 2014 and 2017 on facilities that specialize in women's or children's healthcare (Al-Dimashqi and Massena 2017). In February 2020, a maternity hospital was targeted, which was the last operational hospital in western Aleppo, serving a population of more than 300,000 people (UOSSM 2020). The UN Population Fund (UNFPA) also reported on poor reproductive health conditions after a Turkish assault on northeast Syria (UNFPA 2018a). As a result, women's access to healthcare has become very limited, depending on where they are in the country. Some women in Idlib reported to *Women Now* that they prefer not to go to a hospital because of their concerns about the risk of shelling.

Due to COVID-19, there is a wider danger of a further increase in maternal mortality. According to the World Bank, the level of maternal mortality has not changed in Syria, and is similar to that of high income countries (Gender Data Portal 2020). However, as UNFPA has argued, there is an absence of reliable data on maternal mortality and morbidity rates. Analysis from other conflicts has shown that maternal and neonatal mortality increases with prolonged conflict (UNFPA 2018b). For example, during the 2014-2016 Ebola crisis, resources for reproductive and sexual health were diverted to help the emergency response, which contributed to a rise in maternal mortality rates in a region which already had one of the highest rates in the world. Clare Wenham, an assistant professor of global health policy at the London School of Economics, told *The Atlantic* that during the Ebola crisis there was "a distortion of health systems, [where] everything goes towards the outbreak ... That can have an effect on maternal mortality, or access to contraception" (Lewis 2020). It was also found during the Ebola epidemic that the disproportionate loss of health workers to the virus in areas with already-low staff levels would likely lead to higher maternal mortality for years to come (Evans et al. 2015).

2. Role as Caregivers and Mental Health

Many Syrian women from various social backgrounds are the primary caregivers for their children. In March 2020, the Syrian authorities shut down all public transportation across the country and banned the movement of people between governorates. Restrictions on movement and school closures have resulted in children being confined to their homes, camps, or apartments; cut off from social support networks; and isolated.

These measures have increased the burden of childcare on women. In camps, informal settlements, and apartments, women must educate, entertain, and protect children in already-difficult living conditions. The impact of the pandemic on the mental health of women cannot

be overstated. In addition to their own stress, women must now also deal with their children's anxieties and confusion. For example, many children do not understand why they cannot go to school anymore. They usually connect the absence of school with risks of attacks or a sign of potential displacement. These concerns increase their level of stress. *Women Now* has seen an increase in the number of mothers contacting the organization for advice on how to handle such issues (Interview 2 2020).

Women are also often responsible for elderly or extended family members. As the latter fall ill, women are more likely to provide care for them, putting themselves at higher risk of exposure to the virus. Women are also more likely to be burdened with household tasks, which increase with more people staying at home during quarantine (Evans 2020). The organization has received multiple enquiries about how to sanitize tents and food, with concerns about access to proper disinfectants, and about protecting family members. Some women have tried to produce their own disinfectant using harmful solutions, for example mixing chlorine with other chemicals, which can result in dangerous reactions. *Women Now* is aware of several cases of women being poisoned in this manner in Damascus and Idlib.

Moreover, due to the lockdown, women have lost access to support centres, such as *Women Now*. UN Women has noted that the psycho-social impact of lockdown measures and isolation on women will be critical, and has advised that psycho-social support and online counseling be boosted using technology-based solutions such as SMS, online tools, and networks. However, women with limited or no access to phones or the Internet remain significantly isolated, with few options for support (*We Exist* 2020).

3. Economic Impact and Food Security

According to Index Mundi, Syria has the highest number of people living in poverty in the world, with 82.5 percent of the population under the poverty line.¹

In December 2019, conflict escalated in northwest Syria and western Aleppo. As a result, close to one million people were forced to flee their homes in the largest wave of displacement since the crisis began. Many are now sheltering in overcrowded camps. 80 percent of those displaced are women and children in need of ongoing humanitarian assistance. In addition to the ongoing conflict, food prices have rapidly increased across the country, putting pressure on families to meet their basic needs. Average food prices have risen nationwide by a staggering 67 percent in just one year. In northwest Syria's Idlib governorate, they have increased by 120 percent.²

In this context, COVID-19 is likely to worsen the already-difficult situation of the displaced. NYU-CIC notes that 300,000 recently displaced Syrians received no food assistance in the month between 14 March and 14 April, 2020 (Alkarim 2020). The Centre for Operational Analysis and Research (COAR) has reported a number of local civil society initiatives, in parts of Damascus and Homs, for example, whereby locals have raised funds to purchase produce directly from farmers and re-sell food at reduced prices. However, as

COAR notes, there is a risk that local or central authorities may seek to close or co-opt such initiatives (COAR 2020).

Women Now held interviews with 69 displaced women in Idlib and north Aleppo to understand the socio-economic impact of the pandemic on women in these areas, following the mass displacement (Interviews 1 2020).

- 67 percent of the women interviewed reported that they do not have a fixed income and that the situation has become worse during the pandemic. This is because of the loss of livelihoods and the rise in prices for food and other essential items, due to restrictions on travel between different areas, as well as the simultaneous inflation of the Syrian pound.
- 71 percent of women reported the need to stockpile food during the pandemic, but only 39 percent were able to do so.
- The women interviewed listed the following as key priorities: rent, food, medicine, diapers, sanitary products, having a fixed income, electricity, and access to the Internet (in no particular order of importance).

As evidenced by the interviews, livelihoods are a key issue. Syrian women now make up the majority of the population in Syria, as almost 80 percent of the nearly 500,000 people killed during the war have been men. Many more men have sought refuge in neighboring countries and Europe, fearing conscription or retribution if they return (Cornish 2019). As a consequence, the number of female-led households has rapidly increased (EASO 2020a). With the war impacting the formal economy, more and more women have entered the informal economy (EASO 2020b). COVID-19 and the subsequent restrictions on movement and closure of transport systems have seen women lose their livelihoods. One interviewee reflected how women from Ghouta used to come to Damascus to sell their products, but are no longer able to do so due to public transport closures and an inability to afford private taxis (Interview 3 2020). Loss of income is also creating food insecurity, and women now have to calculate how to prepare enough food to feed families with the meager resources they have available.

In Syria, women make up a large proportion of front-line healthcare staff. Healthcare personnel face considerable risks due to the conflict. From March 2011 through February 2020, Physicians for Human Rights documented the killing of 923 medical personnel and 595 attacks on medical facilities (PHR 2020). Furthermore, as noted by the International Rescue Committee, countries such as Syria face the risk of a "double emergency," as the pandemic is "coupled with escalations in conflict and political and economic instability provoked by the outbreak" (IRC 2020).

While they are needed more than ever, there is no system in place to support female healthcare workers. They have no access to proper personal protective equipment in hospitals, which puts them at risk both of being infected and infecting their families. While at work, they are unable to access childcare or receive psycho-social support. It is very difficult to obtain accurate quantitative and qualitative data on how many female healthcare workers are impacted and what their specific needs are; suffice it to say they are an important group in need of support (Interview 4 2020).

In conflict settings, women are disproportionately impacted, as they are more likely to work in informal and/or low-paid jobs. Typically, such jobs lack legal protections that could help mitigate the effects of the COVID-19 crisis. As a recent CARE report notes, while governments develop stimulus and livelihood packages, this is the time to invest in women, as "their economic empowerment provides

1. See Index Mundi Country Comparison – Population Below Poverty Line: <https://www.indexmundi.com/g/r.aspx?v=69>. Accessed July 1, 2020.

2. For further information, see the World Food Programme website: <https://www.wfp.org/emergencies/syria-emergency>. Accessed July 1, 2020.

a real opportunity to accelerate the economic growth that is needed to rebuild economies.” However, this is extremely challenging in the Syrian context, where the state is involved in a conflict with multiple non-state actors and there is no unitary authority over the country.

4. Gender-Based Violence and Protection Concerns

UNFPA has documented that, from 2017 to 2019, there was a risk in all parts of Syria of the most common forms of sexual and gender-based violence (SGBV), such as domestic and family violence and child marriage (UNFPA 2019). The disorder and lawlessness in northern Syria make the situation there even more dangerous for women and girls.

In the interviews conducted by *Women Now* in Idlib and the Aleppo countryside, 17 percent of the women questioned said they have been victims of SGBV, while 5 percent did not answer the question. A few of the women listed the pandemic and the consequent lockdown as reasons for the violence.

In Damascus, one journalist reported an increase in violence partly due to men losing their livelihoods as a result of COVID-19 and the restrictions put in place (Shahla 2020). Some organizations have attempted to support women, but their impact is limited due to the absence of legal frameworks that punish perpetrators of domestic violence, as well as social norms in certain areas of Syria, which leave women subservient to men. Developing and implementing protection programs is immensely challenging with no effective or functioning state, police, or justice system to ensure justice for victims.

The way in which domestic violence and other forms of gendered violence increase during conflict and natural disasters has been extensively documented (Evans 2020). For example, Parkinson and Clare found a 53 percent increase in intimate partner violence in the wake of an earthquake in New Zealand, and a near-doubling of such violence in the wake of Hurricane Katrina in the United States (Parkinson and Zara 2013). Likewise, Mobarak and Ramos found that, in Bangladesh, increased seasonal migration reduced intimate partner violence, at least in part because women spent less time with the potential perpetrators of that violence (Mobarak and Ramos 2019).

5. Impact of School Closures on Girls

There are concerns about the impact of school closures on child protection, particularly for girls. A specialist in child protection and education, with teams based in northern Syria, stated that education “has been a way to provide protection and social and psychological support. Now that schools are closed, and visits to children are stopped, children are much more exposed to social risks.” He added, “Our problem with the Coronavirus is [that] the risks related to it are immense. For instance, social distancing will provoke a rise of child abuse and maltreatment, and none of the professional staff will be able to do anything about it or check on the kids regularly” (*We Exist* 2020).

There are additional risks that the lack of education may also cause an increase in child labor and forced marriages as people struggle financially. According to the interviews conducted by *Women Now*, 40 percent of women reported giving more chores to girls. However, *Women Now’s* protection coordinator Oula Marwa argues that girls in

camp, while exposed to a high risk of violence, are also active agents of change. She added that girls and young women have shown a lot of energy and innovation to support their community despite the pressures they are under (Interview 2 2020).

6. Political Participation

COVID-19 has frozen political negotiations in Syria. However, it is still too early to say how exactly this will impact women’s participation in politics. There is a risk that women’s participation in political processes will be considered unimportant or low-priority; this was already a challenge even before the pandemic. One key issue is that research that seeks to understand the impact of crises on women’s needs rarely considers their views on potential responses: what is needed; who can do what; and what solutions might be put in place.

Women are perceived as victims of the pandemic, rather than actors capable of taking part in the response. Interestingly, *Women Now* has found that the travel restrictions have led to more women meeting online and communicating with other Syrian women, who were unable to travel due to their refugee status in neighboring countries.

Women Now’s Country Director Lubna Kanawati argues that “women have been on the front line responding to all the challenges of the war. Despite the challenges of living within Idlib, it had a vibrant movement of local organizations working to support women’s leadership and participation.” She notes that most have been displaced, and need support to rebuild their activities (Interview 5 2020). There is a risk that a diversion of resources towards the effort against COVID-19, and a focus on immediate needs arising from the pandemic, will result in reduced funding or support for women’s initiatives that strive to ensure the political participation of women in Syria.

Conclusion

The pandemic has reinforced the vulnerability of women in Syria, but there is a need to collect more robust data; on maternal mortality rates, for example. As we have noted, experiences also vary greatly depending on where women are based geographically within the country; their social and economic status; and who is in control of the territory in which they live. However, based on the limited data available, COVID-19-related pressures appear to be adding to the existing trauma of displacement, attacks, and violence.

As the conflict continues, protection for women remains out of reach, especially psycho-social support. Humanitarian aid continues to be a priority, but funding needs to be increased for local women’s groups in order for them to work on the wide range of issues faced by women and girls. The global impact of the pandemic risks pushing efforts for more gender equality, justice, and participation into the background. It is therefore more important than ever to support women’s political participation. Finally, supporting livelihoods is an urgent need. As Syria grapples not only with a protracted conflict, but also a pandemic with which it is ill-equipped to deal, women will be key players in any efforts to manage and emerge from the crisis. It is more important than ever to support women’s initiatives, especially those led by Syrian women.

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