Commentary

Women Leaders in Syria in the COVID-19 Response and Beyond

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Abstract. Providing a powerful platform to openly discuss how we, as a global community, can advance the role of women as leaders in health in conflict-affected settings is an undervalued opportunity. Honest, evidence-based discussions, holistic approaches, and increasing the visibility of women role models are imperative in settings that are debilitated by conflict and restrictive gender norms. When gender equity and equality are not prioritized, we tend to consciously or not overlook the needs of half the population. In the face of a global pandemic, it is ever more pressing to ensure that such discussions continue and are not relegated. The evidence is overwhelming, COVID-19 impacts women disproportionately, and this is exacerbated in conflict settings. The reflections in this commentary are based on a webinar held on October 21, 2020, supported by the Women Leaders in Health and Conflict initiative (Abbara et al., 2020). The panelists included Dr. Aula Abbara, Dr. Abdulkarim Ekzayez, and Dr. Ola Fahham, and the webinar was attended by 30 participants from across the Middle East and the United Kingdom. We examine three key themes: women's role in the health sector in Syria, education and culture, and meaningful leadership.

Keywords: Syria, gender, leadership, conflict, health

Impact and Implications. While armed conflict is a major setback for gender equity and equality, these findings demonstrate that there are opportunities for advancing women’s leadership in health that translates across sectors and supports the ambitions of the Sustainable Development Goals (SDGs) and further highlights the importance of their interconnectedness. The primary SDGs these findings support are SDG 3, promoting good health and well-being; SDG 5, advancing gender equality; SDG 10, reducing inequality within and among countries; SDG 16, promoting peaceful and inclusive societies.

Key Messages

- Armed conflict exacerbates gender inequalities and inequities and is a significant barrier to challenging traditional gender norms.
- Various barriers and opportunities for women’s leadership exist across Syria due to the fragmented and protracted sociopolitical situation.
- Increasing the visibility of women role models in Syria and the Syrian diaspora at a global level through social media platforms and advocacy groups is vital.
- Challenging unconscious bias and perceptions of leaders may create greater understanding of the importance of diversity in leadership.
- Men need to be part of the conversation around gendered leadership to support women in attaining leadership roles.

Background

In the wake of the Arab Spring, originating in Tunisia and spreading to Libya, Egypt, Yemen, Syria, and other countries, protestors called for widespread and systemic change from authoritarian regimes, highlighting the socioeconomic tensions and the fractious nature of political life and relations between the people and their governments (Mabon, 2021). In Syria, the peaceful protests that began in March 2011 escalated into violent armed conflict by 2012, exposing a deep political crisis and the manipulation of sectarian and social divisions by the regime to further divide people (Mabon, 2021). Ten years on, the country remains plagued by violent conflict. This conflict and the divisions within have been further complicated by the myriad of warring parties and their geopolitical interests: the Syrian regime, Syrian opposition forces within the country, the Islamic State of Iraq and Syria, and foreign governments supporting various groups (Laub, 2020). Across the Middle East, hopes for reform have been dashed as the root causes of the protests remain unaddressed and the structural grievances that triggered the protests in 2011 have re-surfaced in an increasingly divided region (Mabon, 2021).

How this legacy positively impacts women across the Arab world and in Syria is yet to be fully realized. While gender equality was not a primary focus of the Arab Spring, women took leading roles in the protest movements...
(Laub, 2020; Manea, 2014). Despite the immense efforts of women in mobilizing the nonviolent movement of the Syrian uprising, women’s participation in public, social, and political life across Syria is limited and remains a contentious issue (Alsaba & Kapilashrami, 2016; Marsi, 2017; Women’s International League for Peace & Freedom [WILPF], 2020). Syria’s social structures, both prior to the conflict and since the conflict, are predominantly based on stereotypical gender roles and are typically patriarchal, although they differ according to disparate cultural and social specificities and value systems across the country (WILPF, 2020). This structure has been reflected across health systems in Syria.

**Women in Health in Syria**

Throughout the Syrian armed conflict, women have participated in and contributed to the health system. There is, however, a lack of female representation in influential leadership roles, hindered by the various fragmented health systems in Syria, the divided political situation, a lack of support from colleagues, and restrictive provincial rules to female leadership. Examples of this are clearly evidenced by the exclusion of women in health leadership. For example, in north west Syria, an area under opposition control, a female candidate applied for a role on the Health Board of Directors; she was unsuccessful on the basis of not fulfilling set criteria which had been developed in a way to purposefully exclude women applicants. In North East Syria, although there are attempts toward empowering women in society, their role in leadership or positions of influence remains very weak (Bodette, 2020; Women’s Council is Cornerstone for all Women in Northern, Eastern Syria, 2019). Where gender issues intersect with other disadvantaged groups, for example, individuals restricted by poverty or living in rural areas with low opportunities to access education, aspiring women leaders are further marginalized. The COVID-19 pandemic has also reinforced and heightened existing barriers and engendered inequalities which affect women seeking to enter positions of leadership (Meagher et al., 2020; Wenham et al., 2020). As an example, the COVID-19 taskforce in north west Syria has one woman and almost 30 men at its helm. The COVID-19 pandemic presents an array of additional challenges to women in Syria.

**Education and Culture**

Education and culture play an integral role in determining the role of women in Syria. Prior to the conflict, in some areas of Syria, particularly in the major cities, for example, Damascus, Aleppo, there were more enablers for women to balance family and work; support systems were embedded within Syrian culture with extended families providing support. However, the conflict has fragmented families and communities, increased religious conservatism, and damaged family support structures, creating an environment in which patriarchy increasingly thrives (Bodette, 2020; Buecher & Aniyamuzaala, 2016; Hilton, 2017). Religious conservatism has been increasingly manipulated to preserve the traditional female role as homemaker contributing to increasing numbers of girls who are out of education or who do not have the opportunity to progress beyond high school; this contributes to numerous challenges including early marriage and the associated risks (Abdeh & Patel, 2020).

Women also face other challenges that relate to perceptions of their role within society. Although women have sacrificed a great deal during the conflict, their contributions are often less recognized than men’s who are more likely to be lauded as the heroes of the conflict. For example, if a man is released from a government prison, he is given a hero’s welcome whereas women may be shunned and shamed due to suspicion that they had been sexually assaulted in prison, leading to significant mental health morbidity and driving some to suicide (Nassar, 2015). Education, support, and advocacy are fundamental to challenging these attitudes within society because it is only with this that these actions can change and future generations of women leaders can be empowered.

**Meaningful Leadership**

Meaningful leadership is participatory, inclusive, effective, recognized, and acknowledged. For meaningful leadership to be realized, it must deliberately address issues where progress is inadequate or inequities are growing (WHO, 2009). Therefore, cultivating and harnessing the advancements of women’s meaningful leadership globally that includes decision-making, at community, national, and international levels, and acknowledging the significance of their contribution is essential. This will create effective and meaningful leadership models that influence decision-making at systems level that may in turn contribute to sustainable peace building (Meagher et al., 2020). As long as gender inequality in leadership continues unquestioned, gender inequality across the globe will remain unabated. Given the barriers to women’s leadership embedded within societies fragmented by armed conflict such as Syria, there needs to be active support to engage with both women and men with the aim of supporting leadership aspirations among women. A first step could include quotas as an interim measure, which
removes some barriers for women to gain a seat at the table where decisions are made. However, tokenistic quota systems for women in leadership positions during the Syrian conflict may not ultimately work in women’s favor without the required investment in skills, mentorship, and networks that allow them to thrive as leaders. This approach requires a long-term strategy to understand and ultimately transform the unequal gender norms embedded in the Syrian society and further determine what meaningful leadership means in the Syrian context (Arora et al., 2016). Such a transformation also requires men to acknowledge the relevant skills which women bring to leadership positions at different levels, locally through to regional or national levels, and that their voices are equal in weight to theirs. It also requires decision-making power in positions of leadership. The support of male colleagues is further vital, and it is therefore essential to include them in the conversation of diversifying leadership (Rimmer, 2019).

Conclusion and Recommendations

While the armed conflict has been a major setback for progress and gender equity, there is scope for pursuing activities that support the advancement of women’s leadership in health and related sectors in Syria. First, the resilience, strength, and voices of women in the Syrian conflict must be made visible and amplified. This includes increasing the visibility of women role models locally and at the global level through social media platforms and advocacy groups. Second, open and honest discussions can aid in shifting mindsets by challenging gender norms and unconscious bias. Rather than espousing derogatory views of aspiring women leaders – “Mistarjili” (Arabic for “she is like a man”) – by reframing our perceptions of leaders, a woman can be supported to be a leader in her own right. Third, meaningful leadership must include decision-making power. Finally, the role of Syrian diaspora, international institutions, and advocacy groups is vital in engaging with women, who are aspiring leaders, providing mentorship, role-modeling, and supporting access to opportunities and training programs that are designed around the needs of women leaders.

References


Women Leaders in Health and Conflict (WLHC) initiative. https://r4hc-mena.org/our-work/wlhc/
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All authors declare no competing interests.

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