

New Becomings in the Aftermath of Destruction:
The Untold Stories of Syrian Women in Zaatari Refugee Camp

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To the residents of Zaatari—for your unwavering resilience, faith, and strength. To those committed to serving Zaatari—for your dedication to community and for all of the work that you have done.

To all those touched by displacement, destruction, and loss. May new life and light fill the space of what has been lost and may your respective vision of justice be actualized.

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Chapter One

An Introduction to an End that Bore a New Beginning

Introduction

لا تقلقي يا حلوة الحلوات
ما دمت في شعري وفي كلماتي
قد تكبرين مع السنين ... وإنما
لن تكبرين أبدا ... على صفحتي

*Don't worry, the beautiful of the most beautiful—
As long as you are in my poetry and in my words,
You may grow old with time,
But you will remain eternal in these pages.¹*

—Nizar Qabbani

Syria's National Poet

This generation has witnessed the collapse of an entire nation that was historically the center of culture, art, and knowledge. Syria was once home to millions of people, but now all that exists of it is a memory—a memory kept alive through stories and words. I hope that through the stories of the women that I tell on these pages, the new realities some Syrians face in the aftermath of destruction will become eternalized in the form of writing. We have witnessed and are currently living the end of a nation and the beginning of an unprecedented political

¹ Nizar Qabbani, *Arabian Love Poems*, trans. Bassam Frangieh and Clementina Brown (Lynne Rienner, 1999), 10.

moment. Of loss, displacement, and destruction. The stories of the women of Zaatari reflect their realities and the implications of rebuilding a life in the aftermath of the Syrian Civil War.

The Current Study

The Syrian Civil War triggered the largest displacement crisis that the world has witnessed since World War II.² A mixture of complicated political and economic factors led to a war that uprooted the lives of millions of people and left behind a displacement crisis. As of now, more than 5.5 million Syrians have been registered as refugees with the United Nations High Commissioner for Refugees (UNHCR), which is more than half of Syria's pre-conflict population. Zaatari, a Syrian refugee camp in Jordan, is home to approximately 80,000 Syrian refugees and is the site of this study. I ask how the presence of the international aid community has affected the lives of Syrian refugee women living in Zaatari. More specifically, the current research seeks to address the following question: How have health care services provided by the international aid community changed refugee women's economic mobility, religiosity, and gender dynamics?

Motivations and Methods

As the daughter of Palestinian refugees, I have always felt an intimate connection to migration and refugee studies. I understand how the displacement of people across time and place creates very real impacts on micro-level and macro-level societal outcomes. The inner-workings of the daily lived experiences of people and the broader mechanisms of political

² "The Toll of War: The Economic and Social Consequences of the Conflict in Syria," World Bank, vi.

structures are inextricably linked to the movement of populations and their status in their new homes and the connection between the macro-level and micro-level changes more attention.

Ultimately, my current study came to fruition through this line of thought. and was made possible by a grant from the Class of 1938 Fellowship through the Office of International Student and Scholar Services at the University of North Carolina at Chapel Hill. In Summer 2019, I travelled to Zaatari, a Syrian refugee camp located in Mafraq, Jordan, less than 25 miles from Syria's southern border. The aim of my project was to humanize the Syrian refugee crisis by elevating the voices of Syrian refugee women and pursuing a women-centered study of their new realities. I wanted to bridge the gap between their lived experiences and political discussions circulating in the Western press on whether or not Syrian were welcome in certain countries. In the US people spoke about Syria and the politics of the refugee crisis but we almost never heard from the refugees themselves. As a result, I decided to spend 5 weeks in Zaatari and witnessed various aspects of the refugee crisis first-hand and spoke to several Syrian refugees living there.

Established in 2012, Zaatari was home to roughly 80,000 refugees, twenty percent of whom were under five years of age; with an average of 80 live births per week, Zaatari had a rapidly growing and therefore young population.³ Relatively isolated from Jordanian society, Zaatari's residents were required to present a work permit to leave the camp. These were rather difficult to obtain; as a consequence, many refugees remained in the camp and lived and worked there. There were nearly 3,000 informal shops and businesses in Zaatari which were owned and operated by Syrian refugees.⁴ In effect, an economy and communal life of its own existed within Zaatari's borders leaving a population completely separated from the rest of the world.

³ "Document - UNHCR Jordan Zaatari Refugee Camp Factsheet April 2018."

⁴ "Document - UNHCR Jordan Zaatari Refugee Camp Factsheet April 2018."

While Zaatari's existence was rather insular, the presence of the international aid community was extremely prevalent. In fact, forty-one international humanitarian aid organizations and four governmental organizations provided aid within the camp, covering an area of roughly five square miles. These organizations provide aid to Zaatari's residents in the realms of education, health, military and legal protection, community empowerment, water and sanitation, and energy.⁵ As a result, these organizations have sustained the camp and kept it functional. Although these organizations are keeping the camp functional, there is a level of dystopia present in the camp by nature of the rigid structure that aid organizations impose on residents of the camp. The functionality of Zaatari is regimented, deliberately planned, and controlled by outside actors rather than exclusively by the camp's residents.

Given that Zaatari has existed for almost a decade, some young children were born and raised in the camp; it is the only life they have ever known and may be the only life they ever know. Even for adults in the camp, a life in Zaatari may be the only available future. Some researchers have referred to Zaatari as "permanent housing" because of the uncertain future for Syrian refugees.⁶ It is worth noting that Jordan has a similar history with permanence and refugees in the case of the absorption of Palestinian refugees, who have now become integrated into the nation's population.

My entry into this camp was facilitated through the Eastern Mediterranean Public Health Network (EMPHNET). EMPHNET, a non-profit organization dedicated to strengthening public health networks in the Middle East in a broad sense, had very specific and unique ties to Zaatari refugee camp. EMPHNET ran a vaccine clinic inside the camp where they provided free

⁵ Tamir Elterman, "Syrian Refugees Struggle at Zaatari Camp," <https://www.nytimes.com/interactive/2013/05/09/world/middleeast/zaatari.html>.

⁶ Alicia Kutkut Arroyo, "Al Zaatari Refugee Camp as Permanent Housing" (D.Arch., United States -- Hawaii, University of Hawai'i at Manoa, 2017).

vaccination services to all of the camp's residents. One nurse, Nurse Farrah,⁷ operated the clinic and administered vaccinations to all patients. I spent most of my time with Nurse Farrah and reported to the clinic every week day during the 5 weeks that I was in Zaatari. While there, I spoke to the camp's residents and got to know some people on a personal level. Nurse Farrah gave people their necessary vaccinations, but she also gave them life advice, listened to their problems, and provided them with hope for their uncertain futures. In this way, Nurse Farrah was not just a nurse; she was a community healer embedded in the community she served.

By virtue of Nurse Farrah's integration into the community, she facilitated many of the relationships I built in the camp that summer. As an Arabic speaker and a visibly Arab young woman, I spoke relatively comfortably to people in the camp and conducted the interviews necessary to execute this study. While I reported to the clinic each day, I was not tied to that location and I moved around quite often meeting with and speaking to people who lived or worked in Zaatari.

Context and Background

Although it is critical to understand the political background that led to the Syrian Civil War that uprooted the lives of so many and brought Zaatari into existence, it is difficult to mark the beginning of a conflict as multi-faceted as the Syrian Civil War. As with most major upheavals on the scale of this crisis generations of economic inequality, political repression, and fraught social dynamics produced the conditions for this complex conflict referred to as the

⁷ In compliance with the Institutional Review Board's (IRB) guidelines and in order to honor the privacy of the nurse I worked with, I am using a pseudonym for the purpose of this paper. The nurse, as well as all others involved in this study, were aware of my thesis project and all proper consent procedures as outlined by the IRB were followed. The real names of any individuals I spoke to during my time in Zaatari will not be used and pseudonyms will be used going forward.

Syrian Civil War.⁸ Scholars generally agree that most immediately this conflict can be traced to March 2011 when civil uprisings and demonstrations – most likely emboldened by and in response to the Arab Spring -- proliferated across the country.⁹ These uprisings were also directly a product of and a response to the specific political environment and the environmental crisis facing Syria. For one, the severe drought that hit northeastern Syria from 2006 to 2010 has been cited as one of the major causes of the violent uprisings that erupted in 2011.¹⁰ Water shortage in the years preceding the 2011 uprisings devastated farmers in the rural areas of northeastern Syria. The government did not sufficiently respond to this water crisis and, as a result, upwards of 1.5 million people left their farmland in rural Syria to migrate to urban centers that were better resourced.¹¹ This drought was of course a consequence of climate change and out of the Syrian government’s control, but it drastically affected the lives of millions of Syrians and was one of the many factors that contributed to the civil unrest.

While the drought was in part responsible for the discontent, Syrians were primarily protesting against their government in 2011.¹² Since 1971, the Assad family has ruled Syria. Hafez al-Assad served as president from 1971 to 2000 when his son and current president Bashar al-Assad took power. Although the Syrian government is technically a semi-presidential republic, it has not and does not operate as such.¹³ In fact, the governmental system President Bashar al-Assad has cultivated is closer to a totalitarian regime with a sophisticated security

⁸ “Syrian Civil War | Encyclopedia of American Foreign Policy - Credo Reference.” .

⁹ “Syrian Civil War” | Encyclopedia of American Foreign Policy - Credo Reference.”

¹⁰ Robin Yassin-Kassab and Leila Al-Shami, *Burning Country: Syrians in Revolution and War* (Pluto Press, 2016), 33.

¹¹ Francesca De Châtel, “The Role of Drought and Climate Change in the Syrian Uprising: Untangling the Triggers of the Revolution,” *Middle Eastern Studies* 50, no. 4 (July 4, 2014): 521–35.

¹² Yassin al-Haj Saleh; foreword by Robin Yassin-Kassab, *The Impossible Revolution: Making Sense of the Syrian Tragedy* (London: C. Hurst & Co. (Publishers) Ltd. 2017., 2017), 29-31.

¹³ Yassin al-Haj Saleh; foreword by Robin Yassin-Kassab, *The Impossible Revolution: Making Sense of the Syrian Tragedy* (London: C. Hurst & Co. (Publishers) Ltd. 2017., 2017), <https://catalog.lib.unc.edu/catalog/UNCb8954094>.

apparatus that deliberately suppresses all forms of opposition.¹⁴ Perhaps this level of suppression that was so salient in the collective memory of Syrians was what spurred their collective mobilization in 2011. Adults and youth took to the streets to peacefully demand more democratic measures but the government responded with violence.¹⁵ Others have theorized that Syria's hyper-diverse ethno-religious demographic composition and sectarian divides similarly was a fertile ground for civil conflict in that political powers could manipulate these divisions to their advantage.¹⁶

These factors, among many others, led to the ongoing armed conflict. Numerous actors aligned with various international players—such as the Free Syrian Army, pro-government armed forces, and the Syrian Democratic Forces—have stakes in this conflict and are actively fighting for their respective visions of what Syria should look like.¹⁷ Amidst the fighting and violence, the lives and livelihoods of the Syrian population have been uprooted and destroyed. The vast majority of displaced peoples have fled to neighboring countries such as Turkey, Lebanon, Iraq, Egypt, and Jordan. The majority of Syrian refugees in these countries, like refugees throughout the Middle East, live in extreme poverty.¹⁸ At the time of this writing, the UNHCR projects that there are upward of 5.5 million Syrian refugees but this figure may be inaccurate as there are many Syrian refugees that remain unregistered and undocumented.¹⁹ With a conflict this catastrophic, it is nearly impossible to account for all those that have been displaced.

¹⁴ Robin Yassin-Kassab and Leila Al-Shami, *Burning Country: Syrians in Revolution and War* (Pluto Press, 2016), 21-35.

¹⁵ Yassin-Kassab, *The Impossible Revolution*, 29.

¹⁶ Yassin-Kassab and Al-Shami, *Burning Country*, 21.

¹⁷ "Syrian Civil War" | Encyclopedia of American Foreign Policy - Credo Reference."

¹⁸ "The War in Syria: 7 Years. 7 Facts. Countless Lives. | USA for UNHCR," <https://www.unrefugees.org/news/the-war-in-syria-7-years-7-facts-countless-lives/>.

¹⁹ "The War in Syria."

This brief background on the Syrian Civil War is necessary because in order to responsibly engage with the stories of Syrian refugee women, one must know what made them refugees in the first place. In the aftermath of the destruction brought on by a conflict of catastrophic proportions, people manage to survive and have stories that need to be heard.

Outline

The chapters that follow this introduction are organized as follows. Chapter 2 is a literature review that addresses the existing theoretical frameworks relevant to the current study and my research question. I bring together bodies of literature in the following three scholarly fields: debates on development and aid, the intersection of religion and health care delivery within the field of Medical Anthropology, and Feminist Postcolonial Theory as it pertains to Muslim women in their communities.

The two data chapters each explore an individual theme that arose in my interviews. Chapter 3 focuses on the intersection of faith and wellness and how increased access to health care services gave women living in Zaatari a sense of agency in their own spaces and over their own bodies. Chapter 4 explores the community's shifting gender dynamics, which occurred as a result of the changing dynamics that were occurring in women's lives. I will conclude with a chapter reflecting on how the international aid sector has the potential to help Syrian communities rebuild when their state can no longer provide for them. It is my hope this study can provide insight into how communities evolve in the presence of the aid community; and perhaps it can provide a women-centered addition to future debates aid delivery that better serves populations in need.

Chapter Two

Literature Review

Introduction

“When you go back to America, I want you to tell those in power that my daughter has dreams. She studied all day and night in Syria to be a dentist, she even passed her final exams. My daughter still has dreams and aspirations, but now, she can’t even leave this camp.”

*--Hashem, father of a young woman in Zaatari*²⁰

Hashem’s story of his daughter’s dreams being put on hold is not an anomaly. After all, Syria was a secular socialist society and many educated women had careers and functioned as professionals prior to being displaced. Many women in the camp had dreams and still have dreams but they cannot actualize them because of the constraints of their current situation. Ironically, various powerful governmental and non-governmental actors alike are sustaining these women’s lives in the camp but these women are powerless to leave or imagine a life beyond Zaatari. Investigating the power these actors have over these women’s lives is essential to answering the relevant research question: How have health care services from the international aid community changed refugee women’s economic mobility, religiosity, and gender dynamics? Living in Zaatari put women in a very unique position, one that was limited by the confines of living in a refugee camp and status as a refugee.

It is clear then that various actors have dramatically impacted the lives of Syrian women in Zaatari—from the large-scale implications mentioned in my research question to the intricacies of one’s personal life, as reflected by Hashem’s story. Life in Zaatari is different from anything they have ever experienced and their past lives and dreams have been virtually

²⁰ Aisha Jitan’s interview with Hashem, Mafraq, Jordan, May 2019.

uprooted. Despite this tragic upheaval, life must go on however painful and difficult the changes may be.

In order to better understand how these women's lives are changing, one must have a foundational understanding of certain bodies of literature. This chapter focuses on the following: (1) debates on the effectiveness of international aid and development; (2) the intersection of feminist and postcolonial theory; and (3) research in medical anthropology at the intersection of health and religion. Engaging with these three bodies of literature provides the foundational knowledge-base to better understand the lived experiences of Syrian women in Zaatari.

Debates on Aid and Development

The presence of the aid community in Zaatari has had profound impacts on the daily lives of its residents. Upwards of 40 aid organizations, such as the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), and UN Women, have been operating within the camp's borders providing services to the camp's residents, including but not limited to the women of Zaatari.²¹ The presence of these aid organizations and their impact requires theoretical investigation. Cases for and against aid and development are explored here. Those who advocate for aid argue that it facilitates global development by providing resources and assistance to communities in times of need. Others argue that although aid may help those in need it is not always effective and is often tied to an agenda that creates dependency on Western institutions.

The literature presented here shows the nuance of discussions on aid and development. I try my best to not present this debate as a binary in which one side is characteristically "good" and another is "bad," but rather as a dynamic conversation in which scholars are in conversation with

²¹ "Document - UNHCR Jordan Zaatari Refugee Camp Factsheet April 2018."

one another. In the context of aid provisions in Zaatari refugee camp, I argue that it is difficult to side for or against aid. One could certainly criticize the aid being provided to Zaatari's residents, because of the dependency cycle it creates and the lack of potential for independent development, but the reality is that the aid community is providing crucial resources necessary for these people to sustain the most fundamental aspects of their daily lives. Without the services and housing provided by the international aid community, many of Zaatari's residents, especially the women living there, would have no other living alternative. Aid to refugees fleeing war is critical. Their most immediate needs must be met for their survival even though there is a chance that a dependency cycle may develop.

The Case for Aid

American economist Jeffrey Sachs is one of the leading advocates for international aid. In his book *The End of Poverty*, Sachs posits that extreme poverty can be eliminated across the globe by 2025 vis-à-vis development aid. Sachs coined the term *clinical economics* in this book which is essentially a mechanism intended to remedy global economies and pull them out of poverty in a systemized and country-specific way.²² Sachs also pays special attention to the United Nations' Millennium Development Goals in this book. He holds that focusing on furthering the Millennium Development Goals would assist in the elimination of global poverty.²³ Sachs specifically argues that tangible aid, such as trainings for health care professionals, food provision, or vaccinations, needs to be offered.²⁴ Advocates for international aid, like Sachs, certainly have valid claims that illustrate the tangible services that international aid can provide to communities in need. To echo

²² Jeffrey D. Sachs and Bono, *The End of Poverty: Economic Possibilities for Our Time*, Reprint edition (Penguin Books, 2006).

²³ Sachs and Bono, *The End of Poverty*.

²⁴ Jeffrey Sachs et al., "Aid Ironies," HuffPost, 2009.

previous points, in the absence of the international aid community, many of Zaatari's residents would not have had other alternatives for survival, forcing them and many refugees to rely on the aid administered by the international aid community.

Criticisms and Shortcomings of Aid

Despite Sachs' optimistic portrayal of the international aid community and the UN's Millennium Development Goals, criticisms of the aid community and the UN's idea of a prosperous future do exist. Zambian economist Dambisa Moyo has openly criticized aid and has even publicly criticized Sachs' ideologies.²⁵ Moyo argues against Sachs' position that Western aid in African countries has lifted Africans out of poverty and spurred economic growth. On the contrary, she says that Western aid has not been statistically proven to yield development but instead creates a dependency on Western nations while stifling the political independence of African nations.²⁶ Even though this current study is not about aid on the African continent, Moyo's theories are still relevant because her viewpoints effectively address dependency cycles and the shortcomings of aid in general. Moyo publicly addressed the shortcomings of aid in a Huffington Post article titled *Aid Ironies, A Response to Jeffrey Sachs*:

We [...] know that there is no country — anywhere in the world — that has meaningfully reduced poverty and spurred significant and sustainable levels of economic growth by relying on aid. If anything, history has shown us that by encouraging corruption, creating dependency, fueling inflation, creating debt burdens and disenfranchising Africans (to name a few), an aid-based strategy hurts more than it helps.²⁷

²⁵ Dambisa Moyo et al., "Aid Ironies: A Response to Jeffrey Sachs," 2009.

²⁶ Moyo et al., "Aid Ironies: A Response to Jeffrey Sachs".

²⁷ Dambisa Moyo et al., "Aid Ironies: A Response to Jeffrey Sachs," HuffPost, 2009.

Here, Moyo articulates the shortcomings of aid and how it has done more to create dependencies and cause serious economic problems than to foster independent and prosperous economies. In *Dead Aid*, Moyo elaborates on this idea that aid has not only done little to improve the lives of Africans, but that it has made people's lives worse. In light of this, Moyo advocates for less reliance on foreign aid and more financing mechanisms so that countries can independently prosper and thrive.²⁸

Although Zaatari refugee camp is not a sovereign state, international aid has created a dependency cycle. No mechanism exists for Syrian refugees to prosper in the future independently of the aid organizations that are keeping them alive at the present moment. Zaatari's residents are surviving now but the prospects for their futures are grim.

Development economist William Easterly builds upon these previous points about the shortcomings of aid in his book *The White Man's Burden*. In this text, Easterly openly writes that Western institutions such as the World Bank have done little to nothing to aid countries across the globe. He argues that Western economic systems are being forced upon other countries while being of no service to them.²⁹ Easterly is not completely in agreement with Moyo because he does see the ways aid could be improved to be more effective. However, taken together, both Easterly and Moyo illuminate the shortcomings of the aid community and how it functions as an industry with self-interests perpetuated by the West and less as a philanthropic or political endeavor to help those in need become economically independent.

Easterly and Moyo's arguments demonstrate how Zaatari's residents are reliant on Western-prescribed aid mechanisms. In the context of this study specifically, the women of Zaatari

²⁸ Dambisa Moyo and Niall Ferguson, *Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa*, Reprint edition (Farrar, Straus and Giroux, 2009).

²⁹ William Easterly, *The White Man's Burden: Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good* (Penguin, 2006).

certainly benefitted from the aid community but no real upwards mobility exists for them because they have been caught in a dependency cycle that does not serve them in the long run.

Clearly one can view the introduction of international aid as both a detriment and a benefit to communities in need. Synthesizing the main arguments of Sachs, Moyo, and Easterly reveals that aid is not inherently good or bad but can certainly have adverse impacts if not implemented correctly and responsibly within and with attention to specific political, economic, and cultural contexts. The aid debate is a useful one to engage within the context of this project because the women of Zaatari are heavily reliant on aid to carry out the simplest tasks of their daily lives. I hold the position that the international aid community is doing quality work in Zaatari at the moment, but in order to avoid a severe crisis based on a dependency cycle in the future, aid delivery in coming years needs to be seriously reconsidered.

Feminist Postcolonial Theory

Feminist and postcolonial theories are other theoretical frameworks that are relevant to this study concerning the women of Zaatari. Being women, Muslim, and refugees puts the women living in Zaatari in a unique position. This layered identity is subject to layers of oppression. These women do not only need to be saved from the trauma of the Syrian Civil War, but, in the eyes of an orientalist, they also “need to be saved” from Islam because of Islamophobic narratives that often portray this religion as patriarchal and oppressive.³⁰ To better understand these layers of oppression it is imperative to analyze the intersection of postcolonialism and feminism as they relate to the experiences of Muslim women in Zaatari.

³⁰ Lila Abu-Lughod, *Do Muslim Women Need Saving?*, Reprint edition (Cambridge, Massachusetts & London, England: Harvard University Press, 2015).

The specific disciplinary perspectives explored in this section are feminist postcolonial theory, feminist theory as it pertains to Muslim women, and feminist theory at the intersection of global development and international aid. This literature allows us to see the multiple dimensions of Muslim women's lives in Zaatari and how gender, religion, colonialism and development intersect within their experiences.

Unpacking Orientalism and Postcolonial Studies

Public intellectual and one of the iconic emblems of postcolonial studies, Edward Said, discusses patronizing views of the East by the West in his seminal text *Orientalism*. In this book, Said theorizes how the West exoticizes and fetishizes the Middle East. He goes on to deconstruct the concept of the "Orient" and notes why it is problematic. According to Said, "the Orient" stands in for a large geographic region and the people who live there by assigning biased, stereotyped, and sweepingly generalized prejudgments to these people. The essentialized concept of the Orient can be traced back to the British colonization of the Middle East. The colonial system effectively subordinated the colonized and, the legacies of those power dynamics bred under colonialism are still salient in various societies.³¹ One of Said's other crucial contributions is his theory of the Other. He notes that the West's image of "the Orient" says more about the West than it does about the East as Western civilization projects its own desires and fantasies on to the people and lives of those living in this imagined place called the "Orient."³² This project on the women of Zaatari is rooted in postcolonial theory. Said's work is relevant to how the popular imaginary perceives Middle Eastern people and, in the context of this study, Syrian women. This project employs Said's theoretical framework that actively deconstructs Orientalist narratives.

³¹ Edward W. Said, *Orientalism* (Pantheon, 1978).

³² Said, *Orientalism* (Pantheon, 1978).

Said's *Orientalism* has been very influential. Its publication opened space for scholars to talk about and build on his theories of postcolonialism and orientalism in the academy. One such work that emerged was *Colonial Fantasies: Towards a Feminist Reading of Orientalism*, written by Meyda Yeğenoğlu. In this book, Yeğenoğlu ties feminist theory to Said's postcolonial perspective. In so doing, Yeğenoğlu draws attention to how women are doubly subordinated in the orientalist paradigm. Women of the so-called Orient are portrayed in the West's popular imagination as veiled bodies with no agency that are subject to the unrelenting patriarchy of their cultures mediated by and through a demonized image of Islam.³³ Yeğenoğlu's argument allows for the theorization of Orientalism beyond a patriarchal lens. This baseline understanding of the relationship between Orientalism, postcolonial theory, and feminist theory is fundamental to grasping how the women of Zaatari can be viewed in the eyes of the West and may have implications for how international aid is distributed. The idea that these women are subordinate, powerless, veiled bodies must be unlearned going forward because this is a narrative that is part of the larger Orientalist agenda which is inherently problematic. Patronizing the women of Zaatari does not honor their agency, nor does it contribute to shaping a future in which these women can be independent shapers of their own lives and livelihoods. My project explicitly focuses on the lived experiences of women and elevates their stories and voices to overcome these stereotypes. Giving these women's voices a platform and allowing them to speak on behalf of their own experiences actively gives power back to women in narrative formation. At the same time, however, I am implicated in this negotiation of power in that I am "speaking for" these women, translating and analyzing their stories by and through executing this project.

³³ Yeğenoğlu, *Colonial Fantasies* (Cambridge, U.K.; New York: Cambridge University Press, 1998).

Deconstructing Toxic Narratives About Muslim Women

Feminist scholars have continued to deconstruct orientalist, sexist narratives of the Middle East and of Muslim women living in the Middle East. For example, Lila Abu-Lughod, in her cleverly titled monograph: *Do Muslim Women Need Saving?*, skillfully unpacks salient messages that Western human rights groups and media outlets strategically perpetuate: the idea that Muslim women need saving from the patriarchal structures, practices, and beliefs presumably inherently embedded in Islam. This idea has been used to rationalize imperialist military agendas and Western political interference in the Middle East. For example, the US's military invasion of Afghanistan was justified under the thin guise of liberating Afghan women from their oppression.³⁴ Abu-Lughod argues that this savior complex inherently subordinates Muslim women and forces Western ideals of feminism and equality onto the lived experiences of Muslim women.³⁵ Abu-Lughod's statement is consistent with what I saw on the ground in Zaatari in that it is both inaccurate and disingenuous to say that Muslim women are exclusively oppressed by their religion. Patriarchy is embedded in every societal institution and the women of Zaatari are not immune to this and nor are they more or less oppressed than other women solely on the basis of their religion. This is of course not to minimize the struggles these women face, but rather to deconstruct the notion that Islam is inherently a misogynistic religion.

Other scholars have taken different approaches to combat the idea that Islam is inherently a misogynistic religion and that Muslim women need to be saved from it. Leila Ahmed, a feminist scholar of Islam, took a more historic approach in her book *Women and Gender in Islam*.³⁶ Here

³⁴ Lila Abu-Lughod, "Do Muslim Women Really Need Saving? Anthropological Reflections on Cultural Relativism and Its Others," *American Anthropologist* 104, no. 3 (2002): 783–90.

³⁵ Abu-Lughod, *Do Muslim Women Need Saving?*.

³⁶ Leila Ahmed, *Women and Gender in Islam: Historical Roots of a Modern Debate*, Reissue edition (Yale University Press, 1993).

Ahmed traces the lives of Muslim women from the pre-Islamic Middle East to the Modern Middle East. This historical analysis is an attempt to situate present debates in practices of the past. Through this analysis, Ahmed illustrates the complex negotiations of gender, power, and religion through time and across space/place, showing that it is difficult to make general, sweeping statements about Muslim women in any context. Ahmed's work demonstrates that although we may generalize about some aspects of the lived experiences of the women of Zaatari, it is also true that these women's lives and circumstances exist in a context and do not represent the collective experience of all Muslim women or even all Muslim women living in refugee camps.

The work Ahmed and Abu-Lughod are doing is important because it actively pushes back against the normalization of narratives that subordinate Muslim women. Their scholarship offers an important lens with which to view the current study. The women of Zaatari are predominantly Muslim and are receiving aid from an aid community that is largely based in and funded by the West. Given this fact, we must be especially careful not to perpetuate narratives rooted in savior complexes. Yes, the women of Zaatari need aid in this dire time but that does not mean that they need aid because they are oppressed by their religion or culture.

In her article, "Islamophobia, Feminism and the Politics of Critique," Rochelle Terman tackles a dilemma feminist scholars face, which is summed up in this question: "How do we name and publicize acts of violence against women without providing ideological fuel for orientalism and Islamophobia?"³⁷ As a result, feminist scholars approaching issues in Muslim communities are caught in a "double bind" between fueling Islamophobia and identifying gender injustice.³⁸ Terman argues that there is in fact room for "double critique" and that scholars should have space

³⁷ Rochelle Terman, "Islamophobia, Feminism and the Politics of Critique," *Theory, Culture & Society* 33, no. 2 (March 1, 2016): 77.

³⁸ Terman, "Islamophobia, Feminism and the Politics of Critique," 77-102.

to make multiple critiques without being confined to Orientalist, imperialist, and Islamophobic standards of approaching Muslim women's issues.³⁹

It is useful, then, to look to examples of academics who honor the contexts and lived experiences of Muslim women in their communities while departing from Orientalist and Islamophobic narratives that have historically dominated various academic discourses. One example of such scholarship can be seen in Dr. Juliane Hammer's work on American Muslim led efforts to combat domestic violence within their communities. Her research-based arguments examine the intersections of gender and Islamic studies, power, and knowledge production. One of the main takeaways of her research on domestic violence and Hammer's argument more broadly is Hammer's call for a shift in normative discourse in the field of Islamic Studies through critical attention towards ethics, politics, theologies, feminism, and cultures and the various ways these interact.⁴⁰ This critical and "gender-conscious approach" to Islamic Studies places responsibility on the positions of scholars—in other words, who is doing scholarship and how it is being done matters just as much as the fact that it is being done.⁴¹ The consideration of positionality, power dynamics, and purpose lends itself to the connection between scholarship and activism in that responsible knowledge production has the capacity to enact social change.⁴²

In my own research, I attempted to employ this approach and keep best practices in mind. I considered my positionality in pursuing this project and the ethics of being in a refugee camp. From an ethical standpoint, I would be remiss in not acknowledging the power dynamics inherently embedded in ethnographic research and the rather exploitative tactic of commodifying people's

³⁹ Terman, "Islamophobia, Feminism and the Politics of Critique," 77-102.

⁴⁰ Juliane Hammer, "Gender Matters: Normativity, Positionality, and the Politics of Islamic Studies," *The Muslim World* 106, no. 4 (October 1, 2016): 655–70.

⁴¹ Hammer, "Gender Matters: Normativity, Positionality, and the Politics of Islamic Studies," 656.

⁴² Hammer, "Gender Matters: Normativity, Positionality, and the Politics of Islamic Studies," 657.

lived experiences as currency in the realm of academia. In an attempt to produce a responsible research project, I discuss my positionality and privilege in Chapter 3.

Gendered Hierarchies, Capitalism, and Development

It is most appropriate to conclude this section of the literature review with a piece that critically analyzes aid and development through a feminist lens. Feminist analyses of aid and development are glaringly relevant to how the lives of Syrian women living in Zaatari have changed.

In *Engendering Development*, Amy Trauger and Jennifer Fluri analyze how gender inequality is exploited to push a capitalist agenda in the realm of aid and development. This text demonstrates how women of color specifically are exploited and patronized on the international development stage. This patronizing attitude in turn does more to promote the savior complexes of those working in development than for the people who are aid recipients.⁴³ One could argue that the women of Zaatari are exploited and patronized by the international aid community in that they are women of color receiving aid from Western sources. In addition, women of Zaatari as recipients of aid are objectified by the international aid community and are not actually given the full agency to build their communities in their own ways. The women of Zaatari are arguably caught in the NGO industry and a dependency cycle with no clear way out. In this way, the critical framework proposed in *Engendering Development* holds true in practice, not just in theoretical terms.

Thus, this literature that lies at the intersection of feminist and postcolonial studies supports the premise of this research. Responsibly understanding the stories of the women of Zaatari

⁴³ Amy Trauger and Jennifer L. Fluri, *Engendering Development: Capitalism and Inequality in the Global Economy*, 1 edition (London; New York: Routledge, 2019).

requires one to understand the complex moving parts and intersections in their lives. Being Muslim, women, and displaced gives the women of Zaatari an identity that is multi-faceted and layered. In order for one to empathize with their experiences, one must understand how their identities affect their interactions with the international aid community and how their lives have already been impacted.

Bodily Autonomy: Medical Anthropology at the Intersection of Health and Religion

Understanding the role of religion and culture within the lives of the women of Zaatari in a non-essentialist way is crucial to responsibly and holistically engaging with their stories. Religion and culture are arguably embedded in every realm of society, but the realm in question in this final section of the literature review is health care. The topic of health care is central to my research question. As noted in the introduction, my connection to Zaatari was EMPHNET's on-site clinic. Each of my days in Zaatari started with health care. My research question started with health care and then I quickly realized that health affected nearly every other aspect of the lives of the women I met in the camp. Having access to a multitude of health care services on-site at the camp had a significant influence on these women's lives. In order to understand how health influenced these women and how these women influenced the health care they were receiving, this section explores some of the theoretical frameworks in the discipline of medical anthropology such as bio-sociocultural and spiritual approaches to health care provision. Exploring this provides a theoretical lens through which to understand and engage with the current study and gives traction to my current research question because it supports the notion that health care is connected to nearly every aspect of the lives of Zaatari's women. In fact, health care is so embedded in their lives that it has the capacity to impact their economic mobility, religiosity, and gender dynamics.

Understanding Medical Anthropology

Medical anthropology as a disciplinary field is fairly new; it is only about 50 years old.⁴⁴ In essence, this field brings together the cultural, social, and health care sectors.⁴⁵ Various approaches have developed within the field of medical anthropology, but a bio-sociocultural approach will be used here. As elaborated by Merrill Singer in *Introducing Medical Anthropology*: “[...] medical anthropology has developed a *bio-sociocultural* approach in its effort to address health as an aspect of the human condition.”⁴⁶ This effort to frame health as a crucial part of the human condition should not be overlooked. Medical anthropology as elaborated by Singer takes into account the “cultural construction of illness and disease, reviewing meaning-centered concepts such as stigmatization, illness narratives, and embodiment.”⁴⁷ Embedding cultural competency into health care delivery thus allows us to rethink the ways in which we view and understand biomedicine, health, wellness, and well-being.⁴⁸ Delivering health care to the women of Zaatari requires this intersectional approach to medicine. Carrying the trauma of the Syrian Civil War and the uncertainty of indefinite displacement in their bodies, the women of Zaatari deserve an approach to their healing process that takes their contexts into account, not unlike the way aid should be delivered, that is, by honoring the fact that contexts matter.

Efforts to be conscious of the human condition in the delivery of health care have bred loosely related initiatives to demonstrate cultural competency in the health care realm. This idea is discussed in *Medical Anthropology: A Biocultural Approach*. This book essentially roots

⁴⁴ Marcia C. Inhorn, “Medical Anthropology at the Intersections,” *Medical Anthropology Quarterly* 21, no. 3 (2007), 249.

⁴⁵ Merrill Singer, *Introducing Medical Anthropology: A Discipline in Action, 2nd Edition*, 2nd edition (Lanham, Md: AltaMira Press, 2011).

⁴⁶ Merrill Singer, *Introducing Medical Anthropology*, 1.

⁴⁷ Priscilla Song, “Introducing Medical Anthropology: A Discipline in Action by Merrill Singer and Hans Baer,” *Medical Anthropology Quarterly* 22, no. 3 (September 2008): 308.

⁴⁸ Merrill Singer, *Introducing Medical Anthropology*.

cultural perceptions of health issues in biological facts. In doing so, Andrea Wiley and John Allen effectively illustrate the intersection between culture and health and why it is imperative to incorporate cultural understandings and norms surrounding health, wellness, and sickness, while incorporating these understandings into health care delivery. From this, they argue that in order to deliver better health care and yield better outcomes, socio-cultural factors such as race, rituals, religious and/or cultural practices, taboos, and values must be taken into account.⁴⁹

In practice, the theory of a biocultural approach holds true for the case of the women in Zaatari. Cultural norms, practices, and values were actively considered by health care providers when these women were receiving care. Health care providers were trained to be culturally competent, sensitive to, and respectful of Zaatari's residents' cultural and religion values. The relationship between the health care provider, the woman receiving care, and cultural awareness were constantly being negotiated and upheld in the camp. In effect, health care providers were following the frameworks set forth by bio-sociocultural medical anthropologists. Basic respect for cultural norms was important for the women receiving care and was very much an expectation between both the patient and the provider. For example, providers respected Muslim values of modesty around the female body and incorporated forms of prayer into some of their medical practice. This form of medical practice that respects the cultural norms of patients is connected to the holistic health and healing of the camp's residents.

⁴⁹ Andrea S. Wiley and John S. Allen, *Medical Anthropology: A Biocultural Approach*, edition 3 (New York: Oxford University Press, 2016).

Body and Spirit

Just as culture is an important facet of health care delivery, spirituality and religion are as well. More recent developments within the field of medical anthropology have drawn connections between physical wellbeing and spiritual wellbeing.⁵⁰ This connection is elaborated upon in the article “Spirituality and Health” by a team of researchers—Arndt Büssing, Klaus Baumann, Niels Christian Hvidt, Harold Koenig, Christina Puchalski, and John Swinton. Their work demonstrates the link between spirituality, religiosity, and quality of life among patients with physical illnesses. The researchers advocate for the incorporation of spiritual and religious competency and acceptance in the health care field because of the intimate connection between spirituality, religion, and the self. Individuals who are deeply religious or spiritual may use religion or spirituality on their path to healing. If a person’s religion and spirituality are important to them, then these dimensions of the self should be honored so that an individual can fully heal.⁵¹ To this point, the researchers tied religion and spirituality to cognitive processes. If we are to view the spirit as integrated with the mind and the mind as integrated with the body, then there is a clear connection between spirituality and health.⁵² For many of Zaatari’s residents, their faith in Islam was tied to their health, which reinforces the idea that spirituality and health can be intimately linked for some people.

Building on these ideas, studies have shown that spirituality can actually have impacts on one’s physical health. In fact, one set of oncology researchers found that spirituality plays a role in the healing process for cancer patients:

⁵⁰ Arndt Büssing et al., “Spirituality and Health,” *Evidence-Based Complementary and Alternative Medicine: ECAM* 2014 (2014).

⁵¹ Büssing et al, "Spirituality and Health."

⁵² Arndt Büssing et al., “Spirituality and Health,” *Evidence-Based Complementary and Alternative Medicine: ECAM* 2014 (2014).

An increasing body of scientific literature supports the concept that spirituality can significantly improve healing from cancer and promote the coping response of caregivers and health care professionals. We believe that spirituality is an important component of the healing process and should be integrated with conventional medicine to treat this complex disease.⁵³

This quote clearly demonstrates the weight that spirituality and religion can hold in biomedical settings. Even though spirituality alone may not cure an illness such as cancer, it is often a significant part of patients' identities and should be taken seriously while delivering health care. Honoring the seriousness of spirituality and religion in the lives of individuals as it relates to health care is critical in the context of the current study. Namely, faith in Islam would not cure the women of Zaatari *per se*, but their faith gave them a sense of hope for a better future and thus put them on the path towards physical and spiritual healing.

Medical Anthropology and Gender

In addition to exploring the intersections of medical anthropology with culture, religion, and spirituality, the links between medical anthropology and gender provide a useful lens for understanding the experiences of the women in Zaatari. Women's health is a growing subfield in the larger discipline of medical anthropology. Women have been historically kept out of the medical field and processes of scientific research in general.⁵⁴ More recently, however, work is being done to investigate the unique position of women as patients in the health care system. The emergence of studies on reproductive health, for example, illustrate how a woman's body is in

⁵³ Michael H. Torosian and Veruschka R. Biddle, "Spirituality and Healing," *Seminars in Oncology, Supportive Oncology - Palliative Care*: 2005, 32, no. 2 (April 1, 2005): 232.

⁵⁴ Inhorn, "Medical Anthropology at the Intersections," 249-255.

many ways not just reflective of herself. A woman is often seen as being attached to the children she carries and, in this way, she is seen as being responsible for not only her own health, but also the health of others.⁵⁵ This is connected to the current project in that the women of Zaatari were seen as attached to the larger community. Their health did not start and end in their bodies; rather, the health of these women was inextricably tied to the health of their children, and by proxy, posterity. In a theoretical sense, this can also be problematic in that it works under the assumption that all women have children or could have children. This also complicates the case of unmarried women or women without children who lived lives independently—in other words, this theoretical frame does not hold space for women who exist outside of the nuclear family.

This tendency to attach a women's health to the health of others can be depersonalizing and rob women of their agency. To imagine women not only as the givers of life, but rather as the agents of their own lives is what Inhorn addresses in "Defining Women's Health," an article that synthesized 150 ethnographies relating to the subject of women's health⁵⁶:

Thus, the final message from the ethnographies is that a great deal about women's health can be learned by letting women talk—by effectively and compassionately listening to them narrate their own subjective experiences of sickness and health, pain and suffering, oppression and resistance, good health and occasional joy that are part and parcel of women's health experiences around the globe. Indeed, by talking with and listening to women, ethnographers can discern many additional messages about women's health, above and beyond those highlighted in this article. In conclusion, anthropology as a discipline has

⁵⁵ Marcia C. Inhorn, "Defining Women's Health: A Dozen Messages from More than 150 Ethnographies," *Medical Anthropology Quarterly* 20, no. 3 (2006): 345–78.

⁵⁶ Inhorn, "Defining Women's Health: A Dozen Messages from More than 150 Ethnographies," 345.

done a commendable job of understanding women's subjectivities by insisting that women themselves be the interlocutors of their own lives and experiences.⁵⁷

Marcia Inhorn demonstrates the need to lift marginalized voices in the study of health care delivery. Earnestly listening to those who have not been traditionally heard fills in the gaps of literature and understandings of women's health and hopefully improves health care outcomes for women. Similar to Inhorn's study, my project is focused on lifting marginalized voices. The stories of the women of Zaatari need to be heard and their experiences with the health care system available to them must be given a platform. If we are to view women as active agents of their own bodies, then we must view them as such and hear their stories and honor their experiences.

Conclusion

The theoretical frameworks discussed in this literature review, taken together, provide the knowledge base necessary to better understand the case of Syrian women in Zaatari. Each of the theoretical frameworks elaborated upon here—debates on aid, postcolonial feminist theory, and medical anthropology—are living and moving in the lives of these women. Keeping these theories in mind was critical throughout doing the research and writing this thesis. However, it is important to acknowledge that these theories do not speak for the lived experiences of all the women of Zaatari. In fact, even the stories that I discuss do not speak for all the women of Zaatari either. Keeping this in mind is useful for the next chapter which focuses on how health care services in the camp gave women a reformed sense of agency in their own spaces and over their own bodies.

⁵⁷ Inhorn, "Defining Women's Health: A Dozen Messages from More than 150 Ethnographies," 367.

Chapter Three

Health Care

Introduction

“The camp? Why would you want to go to the camp? There’s nothing to see there, they’re doing just fine. Compared to people in Turkey, Lebanon, Iraq, compared to the Palestinians, these people are living 5 stars, 7 stars even! These people get their way.”

*--A comment made to me by a Jordanian Ministry of Health Official
before I went to Zaatari for the first time⁵⁸*

People wondered why I was going out of my way to go to a Syrian refugee camp. Zaatari specifically was isolated from the rest of Jordan and it was very unusual for someone to go out of their way to go there. It was also uncommon and difficult for individuals to gain entry into the camp unless they had a very specific research project or if they worked in the camp. Not everyone I encountered in Jordan was entirely supportive of me going to Zaatari to pursue my research project. This unsupportive attitude could be due to Jordan’s aforementioned history as a refugee hub, which could have made Jordanian nationals resentful of Syrian refugees. For example, some Jordanian nationals I spoke to communicated to me that they felt Syrian refugees were getting special treatment from the international aid community, which, Palestinians historically did not receive. This dynamic salient in Jordan’s collective imagination of recent history put a strain Jordanian-Syrian refugee relations. Additionally, many people asked me why I left America to come to Jordan and research the Syrian refugee crisis. Despite the doubts of others, I was committed to pursuing this project and hearing directly from the people there. I

⁵⁸ Aisha Jitan’s interview with Jordanian Ministry of Health Official, Mafraq, Jordan, May 2019.

wondered what the conditions were like there, why it was so difficult to get in, and what the people there had to say about their own living conditions.

The question that drives this project is: How have health care services from the international aid community changed refugee women's economic mobility, religiosity, and gender dynamics? This chapter answers this question by focusing on the health care services that were available to the women of Zaatari and their interactions with health care providers. Interviews with both health care providers and patients and transcripts based on my observations provide a holistic view of health care in the camp.

An overview of the Eastern Mediterranean Public Health Network (EMPHNET) clinic along with a statement on ethics and positionality in this research frames this chapter followed by transcripts from complete observations in EMPHNET's clinic along with interviews I conducted. This chapter ends with a section containing an interview with a health care provider at the Women and Girls Comprehensive Center in Zaatari refugee camp.

Nurse Farrah and The EMPHNET Clinic

My entry into Zaatari refugee camp was facilitated by EMPHNET, a Non-Profit Organization (NPO) based in Amman, Jordan. EMPHNET's Amman office was located about an hour drive from Zaatari refugee camp, which is located in Mafraq Governorate. Each day, Hussein⁵⁹, an EMPHNET employee, drove me to and from the camp. Every time we entered the camp, I presented an identification badge to the guards at the front gate and Hussein had to show his badge and his car permit. After our entry was verified by the guards, we continued driving to EMPHNET's vaccination clinic.

⁵⁹ To maintain anonymity and comply with IRB guidelines for this study, every person mentioned is given a pseudonym.

EMPHNET's vaccination clinic was operated mainly by one nurse, Nurse Farrah. The clinic was located on "Champs-Élysées Street." This street was lined with shops that sold food, makeup, clothing, accessories, wedding dresses, phones, and kitchen supplies to the camp's residents. Essentially, Champs-Élysées Street was the equivalent of a downtown shopping area of a city. Since residents could not own cars, people walked or biked to Champs-Élysées Street, maybe shopped around, and stopped by the clinic for their appointments.

Nurse Farrah knew most of the patients who came into the clinic. Although she was formally a health care provider and an EMPHNET employee, she was also somewhat embedded in the community. She lived less than half an hour away from the camp in Mafraq city. Mafraq is only about an hour away by car from Dar'a Province in Syria, where approximately 80% of Zaatari's residents lived previously.⁶⁰ This geographical proximity meant that Jordanians and Syrians living in this area shared some aspects of their language, culture, and lifestyle. By virtue of this connectedness, the atmosphere in the clinic was welcoming and community-oriented.

The set-up of the clinic was as follows. In the center, there was a large, unpaved waiting area. The ground was sandy and a few concrete, backless benches were set up so that patients could sit while they waited. The perimeter of the waiting area was lined with caravans made of scrap metal and various other materials. The caravan that Nurse Farrah worked in contained a bathroom, a back room that served both as a prayer area and a makeshift alternative vaccination room for women who wanted more privacy, and one main vaccination room. The main vaccination room contained a blue treatment bed, a desk, and a fridge powered by solar energy since there was no steadily running electricity in the camp.

⁶⁰ "Document - UNHCR Jordan Zaatari Refugee Camp Factsheet April 2018," <https://data2.unhcr.org/en/documents/details/63051>.

I started each day by coming to this clinic and checking in with Nurse Farrah. Nurse Farrah was well-connected in the camp and played an important role in helping me integrate into the community as much as possible for the relatively short time that I was there. However, because of the fact that Nurse Farrah had a hand in introducing me to people, the access I had to people was limited and curated. Moreover, I explained my study to her and obtained her consent to do observations in the clinic. I also sought and received the consent of each person who walked into the clinic and the people whom I interviewed along the way.

Positionality and Ethics

Although I had the consent of those cited in observations and in interviews and despite the fact that I had IRB approval to pursue this study. I would be remiss if I failed to acknowledge ethical dilemmas and my own positionality vis-à-vis this study.

Researchers from the West are embedded in an inherent power dynamic present in ethnographic research or observational studies. My mobility, my ability to come and go as I pleased, with the proper permissions and passes of course, meant that there was a distance between the refugees I was interviewing and myself as researcher. There is also a voyeuristic element to this kind of work, which I tried to avoid to the best of my ability by not making a spectacle out of the people or situations that I came in contact with throughout this study. In addition, the concept of an ethnographic study was unfamiliar to many of the people I spoke to. After talking about my project, they understood what I was doing but, still, ethnographies were uncommon in the circles in which I was doing this research. Here I was doing research to fulfill my academic and intellectual goals and those I was interviewing could be seen as subjects in my project. And while all this is true, it is also true that my purpose was not only academic. My

commitment to doing this engaged research was to center the voices of the lesser heard and to shed light on the dilemma of aid in refugee camps. I felt that these individuals' voices matter and that their stories needed to be heard in order to even begin to address the macro-level structural changes that needed to occur to deal with an issue as complicated and dynamic as the Syrian refugee crisis.

I feel compelled to be transparent about my own privilege involved in pursuing this study and writing this thesis. I struggled with the ethics of ethnographic research because I felt that I might be taking something from a community while giving nothing back to them. Was listening to their stories with a sympathetic ear enough? I hope that this work raises awareness of issues and dynamics that go unnoticed in political discussions about the Syrian refugee crisis. However, I fully acknowledge that awareness alone does not change the situation of Syrian refugee women. Raising awareness and hearing the stories of marginalized people is only the first step in actualizing a better and more just future reality for Syrian refugee women in Zaatari, Zaatari's community at large, and potentially other refugee communities.

Inside EMPHNET's Clinic

With that being said, the stories of the women who came by the clinic were diverse and complicated. On any given day, Nurse Farrah saw as many as 40-50 patients. Most of the people who came by were women who were getting vaccinated or women who brought their children for inoculation. On occasion, a few men would come in with their sons or nephews but this was not very common.

Many of the women who came into the clinic looked about my age, around 19 or so. One young woman, named Hajjar, came with her four children. After explaining my study to her, we started having a casual conversation:

HAJJAR: *“So, how old are you, Aisha?⁶¹”*

AISHA: *“I’m 19. What about you?”*

H: *“I’m turning 21 soon. So, are you married back home? How many kids do you have?”*

A: *“No, and no, I don’t have any—”*

Just then Nurse Farrah interrupted because she needed some more information for Hajjar’s forms:

NURSE FARRAH: *“Hajjar, how old is your husband?”*

H: *“I don’t know”*

NF: *“Okay, when was his birthday?”*

H: *“I couldn’t tell you”*

NF: *“Can you remember a year?”*

H: *“Well, no.”*

NF: *“You need to know these things, habibti. ⁶²For your family’s health, for your health. Can you tell me when you need to come in next for another vaccine?”*

H: *“Yes, it’s right here on the health card.”*

NF: *“I like moms that keep track and are on top of it. This is the way it should be; this is the way I want you to be. I want you to take care of yourself and your family.”*

H: *“Yes, yes, I understand.”*

⁶¹ All dialogue is translated from the original Arabic.

⁶² Arabic term of endearment, the equivalent to sweetheart in English.

There was a long line of others in the waiting area so Hajjar had to leave abruptly. She smiled at me and said goodbye.

It is important to note that the health card Hajjar and Nurse Farrah referred to was a small piece of paper that listed a patient's past vaccination dates and the date of their next scheduled vaccination. Furthermore, Hajjar's question about my age and marriage status was telling of perceived gender roles in Zaatari. It would not be uncommon for a person my age to be married and to have children, so, in this context, her question was valid and even rather casual. Nurse Farrah's call for Hajjar to take responsibility for the health of herself and her family addressed a larger anthropological trend of attaching a woman's health to the health of others.⁶³ In this way, Hajjar is not only an active participant in the health of her own life, but also in her children's lives.

Nurse Farrah often stressed to mothers that they needed to take responsibility for their own health and the health of their families. She told me that she wanted these women to be "strong," and she actively instilled this value in them through her words and her care. Another example of Nurse Farrah encouraging their strength can be seen in her interaction with Lama, a young mother who came by with her daughter:

NF: *"Ah, Lama, your daughter, she has kahraba.⁶⁴ That's okay, Inshallah,⁶⁵ she will be okay. If you take care of her, she'll be okay. Don't make her feel like her illness will hamper from living a normal life. Her mom is her doctor, right?"*

Afterwards, I asked Nurse Farrah what she meant by *kahraba*. I knew that *kahraba* meant electricity in Arabic but I didn't know what that meant in the context of health care. Nurse Farrah

⁶³ Marcia C. Inhorn, "Defining Women's Health: A Dozen Messages from More than 150 Ethnographies," *Medical Anthropology Quarterly* 20, no. 3 (2006): 367.

⁶⁴ *Kahraba* is the Arabic word for electricity.

⁶⁵ Inshallah means "God Willing" in Arabic. It's a common term that is used colloquially.

later explained to me that *kahraba* was the term used for epilepsy, which makes sense because epilepsy occurs when electric charges in the brain are misdirected. This interaction was particularly interesting because of the way Nurse Farrah deemed Lama as her daughter's figurative doctor, assuming that this would ensure that her daughter would live a healthy and "normal" life. In addition, Nurse Farrah seemed to be implicitly placing trust in God as well, by saying "Inshallah." Religion and shared beliefs were being used in this difficult situation as a source of connection and reassurance to say that despite hardship, things will be okay.

Nurse Farrah told me more about the importance of religion in health care during a private conversation we had:

NF: *"It's so important, Aisha. Faith is important. Before every shot I give, I say Bismillah,⁶⁶ even if it's just a small shot. For more serious procedure sometimes, I'll recite Ayat al-Kursi,⁶⁷ or if I'm especially worried for a patient. But always—always, always, I say Bismillah."*

For Nurse Farrah, integrating religion into her provision of health care was essential. Saying "Bismillah" was her way to ensure that she was providing sound and reliable care to her patients. Through talking to women who lived in the camp, I learned that some of the camp's residents also found comfort and trust in religion. I spoke more about this to a woman named Leila. We talked in the waiting area as she waited to go into the back room of the clinic since she wore a hijab and wanted extra privacy. After talking for a while, I learned that she was getting ready to travel the next day:

⁶⁶ Bismillah means "In the name of God" in Arabic. A colloquial term often used before beginning tasks.

⁶⁷ Ayat (verse) al-Kursi is from a Surah (chapter) in the Quran, it is commonly memorized and recited as a protective measure.

LEILA: *“I’m going back to Syria tomorrow. I’m a little nervous because my son just got his teeth done. His cheek is swollen and he feels sick. I think he might be getting a fever but we have to go back anyway. The arrangements are set and everything is in place for us to leave. We’ve been planning this for a while now.”*

A: *“How do you feel about going back? Do you feel you’ll be safe there?”*

L: *“Inshallah, things will be okay, it’s our home. But I’m not sure what the future is. The only thing we can do is trust in God that things will work out. That’s all we’ve ever done anyway and Alhamdulillah⁶⁸, we are okay.”⁶⁹*

It was clear to me that Leila was faced with immense hardship, but found solace in her faith. Suhair Mrayan, a researcher who also conducted an ethnographic study in Zaatari found that religiosity was a coping mechanism for the women she interviewed.⁷⁰ Mrayan argued that this has been true for displaced peoples in other cases throughout history and not just in the contemporary Syrian case.⁷¹ Cross-cultural historical precedents indicate that religion has long been a source of comfort for individuals, but of course this manifests in different forms depending on the context of an individual’s respective hardship. In this particular context, it seemed as though religion was somewhat of a coping mechanism for some women, that it allowed them to learn to trust themselves and to believe that life would be okay despite their difficult situation.

Researchers Serdar Kaya and Phil Orchard investigated the reasons why Syrian refugees in Germany chose to return to Syria and why others chose to stay in their host country.

⁶⁸ Alhamdulillah means “Praise be to God” in Arabic. Like the other terms referring to Allah, this one can also be used casually in conversation.

⁶⁹ Aisha Jitan’s interview with Leila, Mafraq, Jordan, May 2019.

⁷⁰ Suhair A. Mrayan, “Female Refugees’ Resilience and Coping Mechanisms at the Za’atari Camp- Jordan” (Ed.D., United States -- Arkansas, Arkansas State University, 2016), 23-25.

⁷¹ Mrayan, “Female Refugees’ Resilience and Coping Mechanisms at the Za’atari Camp- Jordan,” 24-25.

Ultimately, they found that the reasons varied, but that the people who were most inclined to return were educated. Additionally, they found that 90% of survey respondents said that they would return to Syria if the conditions were peaceful and there was a regime change.⁷² It is clear then that the prospects of return are quite complicated and would likely vary from family to family and individual to individual related to level of education, gender, economics, and perhaps religious affiliation. Based on the interviews I conducted with people, it seemed to me as though the possibility of returning to Syria was complicated by so many factors—the trauma people endured, their socio-economic standing, and issues of family separation. It was not clear to me however, that those who were more educated were most inclined to return.

I talked more about the prospect of return to an older Syrian woman named Hanan in the waiting area of the clinic. She was a grandmother and was waiting for her daughter and grandchildren to finish with Nurse Farrah. Her family had been in Zaatari since 2013, one year after the camp first opened.⁷³

AISHA: *“So, how’s life here?”*

HANAN: *“It’s zift.⁷⁴ We had our homes and our farms and free spring water back in Syria. We have none of that here and the conditions are so bad that now I need health care for my teeth. For my teeth! I’m constantly in pain, it hurts to eat. It’s zift here.”*

A: *“Do you ever dream of going back?”*

⁷² Serdar Kaya and Phil Orchard, “Prospects of Return: The Case of Syrian Refugees in Germany,” *Journal of Immigrant & Refugee Studies* 18, no. 1 (January 2, 2020): 95–112.

⁷³ “Document - UNHCR Jordan Zaatari Refugee Camp Factsheet April 2018.”

⁷⁴ *Zift* literally means asphalt in Arabic. It’s a saying people use when they want to emphasize how bad something is.

H: *“You know, my son is still there. Or at least I think he is. We got separated at the border. He might still be there—somewhere in Syria. But even then, I wouldn’t go back, even though he might still be there. After what we saw, no, never, I’d never go back.”*⁷⁵

Just then, Nurse Farrah came out with Hanan’s daughter and her grandchildren and said:

NF: *“Hanan, your daughter is so good about keeping track of her health card and vaccination dates. A strong mother. She’s responsible.”*

Although many mothers kept track of the paper health cards they were given, the paper system had its problems, evident in Zahra’s story. Zahra came into the clinic with her mother and her 5 children.

NF: *“Zahra, where have you been? I haven’t seen you in a long time”*

Z: *“I’ve been busy, with the kids, with the in-laws, with life.”*

NF: *“Yes, yes, I understand. Well, where is your health card? I want to check the last time you’ve been here.”*

Z: *“Well, I don’t have it.”*

NF: *“What do you mean you don’t have it? That’s the most important thing. How else will I know the last time you were here? You need to keep track of these things.”*

Z: *“My in-laws and I got into a fight. My mother-in-law, she took the card, ripped it up, and dumped it in water.”*

NF: *“What?”*

Z: *“I don’t know what to tell you.”*

⁷⁵ Aisha Jitan’s interview with Hanan, Mafraq, Jordan, May 2019.

NF: *“Okay, so when is your kid’s birthday? And your kid’s name? Aisha, you need to help me, get out my big recordkeeping book, all of the names and vaccination dates are listed in there.”*

Z: *“I don’t know his exact birthday, but his name is Ahmad”*

NF: *“What about the year? Do you know the approximate year?”*

Z: *“2017 maybe? March, 2017.”*

We looked through the book for upward of 20 minutes, searching for Ahmad’s name and the date of his last vaccination. Nurse Farrah was frustrated and tired, but mostly determined to find the information she needed.

NF: *“Ah ha! Here it is. Finally. You’re overdue for Ahmad’s vaccine, but that’s okay. I’m going to write up another card for you, but you can’t lose this one. And you need to explain to your in-laws whatever happens, health comes first. This can’t happen again, you hear me?”*

Z: *“Yes, yes I know.”*

NF: *“And, I need to talk to you about something—5 kids? That’s a lot. Does your husband want more?”*

Z: *“Yes, I know, I know.”*

NF: *“Well okay then Zahra, you take care. And you too, Ahmad. I have the date for the next appointment listed on that card. I’ll see you then.”*

After everyone left that day, I asked Nurse Farrah more about the health cards, since it seemed like an issue.

A: *“So why hasn’t the clinic switched over to digital records?”*

NF: *“There’s no money for that Aisha. We don’t even have electricity in this camp”*

A: *“What about the UN or EMPHNET? Don’t they have the money to buy you a computer at least?”*

NF: *“They did once, but that deal is over. They threw their hands up in the air and said our job is done here”*⁷⁶

In an effort to introduce digitized recordkeeping into EMPHNET’s vaccination clinic, representatives from the Jordanian Ministry of Health visited the camp one day and introduced an app they had developed. Fouad worked for the Ministry of Health and told Nurse Farrah and me more about the app.

FOUAD: *“So you see, it’s basically an app that stores all patient data. Name, date of birth, date of vaccination—and then it reminds each patient when they need to go back to the clinic again. We’re testing it out on a few people and seeing if it works.”*

In theory, Fouad’s idea was a good one. The app introduced a relatively accessible and inexpensive way to digitally store patient records. It also allowed individuals to exercise agency and planning over their healthcare. However, Samia’s story spoke to the shortcomings of Fouad’s app. Samia is Jordanian and lived in Mafraq city. Although she was not a resident of the camp or a refugee, Samia still came to the camp because it was the highest quality and most affordable health care option available to her and her children. Samia sat down and Fouad explained the concept of the app to her.

FOUAD: *“You see, with the app, you don’t have to worry about keeping track of paper, everything stays on your phone.”*

SAMIA: *“Okay, but I don’t have a phone.”*

F: *“Why not? How do you get around without a phone?”*

⁷⁶ Aisha Jitan’s interview with Nurse Farrah, Mafraq, Jordan, May 2019.

S: *"I don't know, my husband won't let me have a phone, so I don't have one."*

F: *"What about your husband, can you use his phone? It will make keeping track of medical records much easier. You won't have to carry around that paper card every time you come here."*

S: *"No, he doesn't have one either."*

F: *"Okay, paper it is then."*

Samia's story demonstrated how complicated women's interactions can be with their families, health care providers, and health care officials. Samia was caught between many complex interpersonal dynamics, but in the end, her situation did not change. Put simply, she did not have the access or resources to buy a phone so the Ministry of Health's solution was useless in her situation. Nurse Farrah similarly struggled with issues of access and lack of resources. Despite this, she tried her best to maintain a standard of health throughout the camp by educating the mothers who came by through her words and affirmations. An example of this can be seen in Rand, a young mother who came into the camp with her daughter:

RAND: *"Everyone on our street was sick so I gave my daughter medicine, I was really worried."*

NF: *"Habibti, why would you give her medicine if she didn't need it?"*

R: *"Everyone in the street was sick!"*

NF: *"No, no, do not give her medicine if she doesn't need it. You need to tell me or someone else before you do that."*

R: *"Okay, okay."*

NF: *"You know, next time you come my daughter will be married. Her wedding is coming up. I wish you could be there."*

R: *“I wish her all the best in her marriage, Inshallah.”*

NF: *“Thank you. We’re having her future in-laws over for iftar⁷⁷ tonight. I have to get home and cook soon and I’m exhausted.”*

R: *“I’ll let you go then, because I have so much to do too. Cooking and cleaning—congrats on your daughter.”*

NF: *“Thank you, it’s her time and she seems happy”*

This episode with Rand showed how Nurse Farrah tried her best to shape the health of the community she served. She did not necessarily have the structural power or resources to control what people did in the camp, but through her words and actions, she took on a role as a de-facto community health educator. Nurse Farrah’s interactions with Rand also showed how casual and friendly she was with her patients. Whenever she could, Nurse Farrah asked about her patient’s lives and told them about her life. Nurse Farrah was especially conversational on slower days. During Ramadan, fewer people came into the clinic. Zaatari was in the middle of a desert and would get so unbearably hot that most people decided to stay indoors rather than make the trip over to the clinic. On one of these slower days, Nurse Farrah decided to go home early.

NF: *“Well, I need to head home and start cooking. But Aisha, you should stay, I want you to meet Dr. Ghadeer. She works at the Institute for Family Health and runs the Women and Girls Comprehensive Center. Call her and tell her you’re coming; she would love to have you and tell you more about what she does.”*

I called her, said my good byes, and got ready to walk over to meet Dr. Ghadeer, but Hussein, the driver from EMPHNET, stopped me.

⁷⁷ Iftar is the term for a meal eaten after a day of fasting. It was Ramadan for part of the time that I was there, so in this particular instance, many people were fasting.

H: *“Aisha, you can’t walk no, no. You’re wearing short sleeves and you can’t walk out there alone.”*

A: *“Why not? I really think it will be fine, I have a long-sleeved shirt that I can put on over my short sleeves.”*

H: *“No, just trust me, it’s better to drive. You aren’t dressed right.”*

With that, we got into the car and drove over the Women and Girls Comprehensive Center.

The Women and Girls Comprehensive Center

The Women and Girls Comprehensive Center was less than a 10-minute drive from EMPHNET’s clinic. It was much bigger than EMPHNET’s clinic, and had more medical equipment. It had a large waiting area in the center and various rooms around the perimeter. I came in and Dr. Ghadeer welcomed me warmly. She invited me into her office and we spoke for about 2 hours. She told me about her work, what kind of services the clinic provided, and who the clinic served:

“Some people from outside the camp come here to get treated because the services are actually better. We have a pediatrician, a gynecologist and 2 midwives on duty 24/7. We offer family planning services, like IUD installations, birth control pills, and condoms. We try to raise awareness about family planning in the camp because it’s overflowing with people. When it first opened in 2013 we had about 65,000 residents and now we have more than 80,000 residents. There’s incentive to have bigger families because the UNHCR gives each family 30 dinars for each child they have. Once a family exceeds five people, they get a second caravan to live in.

Another major issue we deal with here is gender-based violence. The rape cases were highest in 2013 because a lot of women would get raped at the border between Syrian and Jordan. Even then, rape still happens now. There's little to no privacy in these caravans, so things happen. Sometimes girls will get raped during their engagements. And the issue too is that these girls are young. Sometimes they get married when they're 14 or 16. It's as if she's a doll, or that she was bought by her husband. So, it's a lot of work and we can't do it alone. Every organization here works as a team, and we are always working. Sometimes people call me at 1 AM and I have to answer; it's like a full-time job. But my husband supports me and I want my sons to be this way one day too, to support their wives. And I want them to do something meaningful"

Hearing this from Dr. Ghadeer helped me understand the dynamics at play in health care delivery as well as in Zaatari's social structure. This kind of information could not be easily found online or on a UN data sheet, but rather was derived from first-hand interactions with women in the camp. Similar to Nurse Farrah, Dr. Ghadeer seemed to be invested in the community she served and committed to the actualization of a safer, healthier, empowered future for the women of Zaatari.

Conclusion

These interviews and transcripts of dialogue from observations, although only a small window on a few aspects of the health care system in Zaatari, demonstrate just how complex and nuanced health care provision can be for the women living and working in Zaatari. The data seems to suggest that health care is a route by which women secure agency over their lives and the lives of their children. At the same time however, it makes clear how limited that agency is.

The agency available to these women is funneled through structures embedded in international aid networks that have a very specific agenda. Investigating women's interactions with health care also provides a lens through which we can view and understand women's relationships with their families, their communities, and their religion.

The next chapter explores emerging gender dynamics and the gendered economics in Zaatari. More opportunities were open to women than men and more women had access to work permits to leave the camp while men were barred from doing work outside of the camp and had to stay home since little to no jobs were available to them. Despite the fact that women filled space in the Jordanian labor force, it is still important to acknowledge that women were expected to fulfill their roles as mothers and caregivers in the family. Nonetheless, this dynamic changed life for the women of Zaatari, even if in nuanced and subtle ways.

Chapter Four

Emerging Social Dynamics

Introduction

“A woman in Zaatari has more opportunities than she’s ever had before. Life is hard, of course it’s hard, but a woman here is exposed to a whole new realm of opportunity—for her personal life, for her health, for her work life. Once she opens her eyes to what the world could be, she won’t close her eyes again.”

--Nurse Farrah

Nurse Farrah’s quote sheds light on an interesting dynamic that was present in Zaatari. The women of Zaatari had more of an opportunity to leave the camp and enter the Jordanian workforce; although, they performed less-desirable work that the Jordanian national population would be less likely to do because of the difficult nature of work (working in the agricultural sector, harvesting crops in the brutal summer heat). Men were not called upon or recruited to do this work and as a result, were economically demobilized and confined to the domestic sphere or operated shops within the camp.

In this chapter, I continue to explore the main question driving this current study: How have health care services from the international aid community changed refugee women’s economic mobility, religiosity, and gender dynamics? This chapter addresses the economic mobility portion of this question. I provide an overview of reformed economic mobility by offering analyses of job opportunities open both to women who lived in the camp as well as to women who lived outside the camp but worked there. I found that in Zaatari, women had access to more opportunities outside of the camp than men did. It seemed to be as though women were being somewhat exploited as laborers in Jordanian society. They were paid low wages for doing

manual labor in exchange for a temporary escape from the confines of the refugee camp. This imbalance in opportunities to work outside of the camp changed the camp's social structure. Additionally, the women who worked in the camp contributed to women-led community organizing efforts, which also changed the camp's social structure.

This chapter opens with interviews with women who lived in the camp. Then, I introduce interviews I conducted with women who worked in the camp as aid workers. Analyses accompany these interview transcriptions. I substantiate these analyses with information from other published studies conducted in Zaatari in the past 5 years.

Gendered Economics in Zaatari

Separate from the radical transformations that forced women to live in Zaatari refugee camp, living in a refugee camp forced life changes for the women of Zaatari. The presence of the international aid community in Zaatari refugee camp facilitated access to resources and opportunities for many women, particularly economic opportunities. For example, women could work within the camp as aid workers, outside of the camp as agricultural workers, and perhaps even take advantage of the educational opportunities available to them in order to acquire the intellectual and professional skills to pursue a career of their choice. This is not to say that women did not have opportunities in Syria, but the international aid community led an intentional effort to create opportunities for these women in the aftermath of a war that required many to operate, understandably, in survival mode.

Nurse Farrah was the first person who made me aware of the increased economic opportunities that were available to the women of Zaatari. Because Nurse Farrah worked in the clinic every day, she was familiar with the women in the community and how they lived. One

day, when I was sitting in the clinic with Nurse Farrah, I began to ask her more about what she thought of the economic opportunities available to the women of Zaatari:

NURSE FARRAH: “Compared to the lives they lived before coming here, the women have more opportunities available to them now. They can go to the UN schools and get a high school degree for free. They can leave the camp, too, and find work outside—outside in Jordan I mean. But the men, the men can’t do that. It’s easier for the women to get out. The men usually stay inside the camp and open up a shop on Champs-Elysees Street. I think overall the camp has more to offer for the women... You know Aisha, you should meet Yara. She works in the camp. And she lives in the camp too! Go with the driver outside and you’ll find her. She’ll be in a khaki-colored vest out there.”

In this quote, Nurse Farrah introduced me to the gendered aspects of the economic opportunities available to residents of Zaatari. Men could not find work outside of the camp as easily, so they worked in the shops that operated within the camp. Men dominated the economic sphere inside Zaatari in that they owned shops and worked in them while women did not. Women, then, were left with opportunities to work outside of the camp, the prospect of focusing on their education, or the option to concentrate on being a mother and homemaker. The international aid community, however, tried to actively prevent child marriage among young women in Zaatari, and pushed for young women to have more opportunities outside of the domestic sphere, which is a dynamic explored later in this chapter. It is important to understand that these emerging dynamics and the points made by Nurse Farrah are not meant to be interpreted through a binary paradigm; that is, these dynamics should not be reduced to having positive or negative impacts on the men and women of Zaatari. Rather, the changes that were

occurring were complex, varied from person to person., and require careful consideration and contemplation.

After talking with Nurse Farrah and thinking about the points she made, I asked the driver to help me locate Yara. Sure enough, we found her by one of the camp's medical facilities, wearing her khaki-colored vest and speaking to some other camp's residents. I spoke to her and learned about her life, the economic opportunities available to her, and why she chose to serve her own community through her current humanitarian work:

YARA: "I'm a single mother. My husband and I were separated after the war so now I work. I don't really have much of a choice, I have to work to support myself and my son. But even if I didn't have to work, I'd choose to work. It gives me a sense of purpose, and I really like what I do here. I work for the UNHCR⁷⁸ and the IRD.⁷⁹ I get paid 12 dinars⁸⁰ a day, which isn't so bad. I mostly help people around the camp with health care services and direct them to the kind of help they need. I try to help and educate everyone as best as I can."

AISHA: "What kind of future do you see for yourself beyond the work you do now—personally and for the camp's community?"

YARA: "I hope things get better—but that's up to God and out of my control. I hope my son has a better future—that I can pay to help him get out of here and live a life for himself and have a career. For now, this work fulfills me, I never even thought of

⁷⁸ UNHCR is an acronym for United Nations High Commissioner for Refugees.

⁷⁹ IRD stands for International Relief and Development, a community health program implemented in 10 governorates across Jordan. It was designed with the intention of empowering Iraqi and Syrian refugees in Jordan to take agency over their healthcare decisions and personal lives.

⁸⁰ 12 Jordanian Dinars is equivalent to about 17 USD.

remarrying because I feel like I have everything I need now. I feel like I have a purpose and that I'm helping people. But the future, I don't know."

This interview with Yara reflects how the international aid community's provision of health care services provided women in Zaatari with economic opportunities that would not have been available to them otherwise. As demonstrated through her words, Yara was able to take on a leadership role not only in her family by being the main financial provider, but also in her community by being an educator and organizer. Her work is more than just a practical way for her to fulfill financial obligations; it is also a way for Yara to exercise agency in her own life while enacting impactful change in the larger refugee community. Keeping with the definition of empowerment discussed in Chapter 2, one could argue that women such as Yara who have access to new economic opportunities and resources are becoming empowered, thereby becoming the active agents of change in their own lives and in their communities.

Yara was not the only example of a woman who found empowerment through access to economic opportunities. A young woman I spoke to named Rawan also found a job through the camp, but she worked outside of the camp as opposed to inside as Yara did. Rawan told me more about her job and how she felt about working:

RAWAN: "Every day I and around 20 other women get on a bus and we leave the camp to go the fields. We usually pick fruits or vegetables all day. We'll leave early in the morning, before fajr,⁸¹ and then we come back at night, maybe around maghrib time.⁸² We get really tired. Especially when we're fasting. But the men can't do this work. This work needs nimble hands and patience. The men usually stay back in the camp, they

⁸¹ Fajr, or fajr prayer, refers to sunrise, or the first of five prayers in a day for Muslims.

⁸² Maghrib refers to the time when maghrib prayer is done, which is the fourth of five prayers in a day and occurs at sunset.

don't leave much. It's difficult, back breaking work! But still, I think it's nice to leave the camp. And it's nice to make my own money. It makes me feel like I'm not so trapped. And it forces husbands to do work too. Because when their wives are away, they raise the children. This way, not everything falls on the women's shoulders."

Rawan's story echoes some themes in Yara's story. For one, Rawan discussed her work as being a personal outlet and a way for her to exercise financial control over her own life. In these ways, as Rawan increased her access to resources and she had more choices. Interestingly, Rawan's story also exemplified a switch in gender roles. Women like Rawan had the opportunity to leave the camp and work from sunrise to sunset while men had to stay behind. As mentioned in Chapter 1, by law, any refugee wishing to leave or enter Zaatari must present a work permit and official documentation. This kind of official documentation and permit can only be obtained through the Jordanian government and it is extremely difficult to secure these documents. Because of this, Zaatari's residents are by default politically and geographically isolated from Jordanian society.⁸³ Usually, women obtained these documents more easily because of the nature of the work they did. As Rawan's interview pointed out, women were generally sought after to do agricultural work and had an easier time leaving the camp and working around Zaatari's *de jure* political and geographical isolation. Effectively, Syrian women in Zaatari occupied a space in the work force by doing manual labor that Jordanians were not as willing to do.

That women could not leave the camp had implications for both the women of Zaatari and the gendered social structure of Zaatari as a whole. Physical mobility afforded women the ability to move around and avoid feeling stuck in Zaatari. At the same time, however, these

⁸³ Ayham Dalal, "A Socio-Economic Perspective on the Urbanisation of Zaatari Camp in Jordan," *Migration Letters* 12, no. 3 (September 2, 2015): 263–78.

women constituted a new immigrant population in Jordan where they took less-desirable jobs. On the individual level, however, these women found meaning in life beyond family.

In some ways, the national-level politics that the women of Zaatari were implicated in somewhat worked to their advantage. Women left the camp and carved out new spaces for themselves instead of being constricted to the domestic sphere. As Rawan mentioned, women leaving the domestic sphere pushed men to occupy a new space within the home. This dynamic bred tension between men and women in the camp, and led to some men literally hitting back after they felt that they lost power and were emasculated by their lack of economic opportunity (further discussion to come).

The observations made by Nurse Farrah, Rawan, and Yara offered glimpses into the economic opportunities available to the women of Zaatari and the implications this had for the women of Zaatari on the individual-level as well as for Zaatari's residents on the community level. While every individual's experience was certainly different and unique the underlying common denominator of changing social dynamics seemed to be present in their stories.

At the Intersection of Economics Health Care, and Community Education

I found that economics, health care, and community education were all linked in the context of Zaatari and the dynamics that were emerging there. Women of Zaatari were exposed to economic opportunities and these same economic opportunities were not as readily available to the men of Zaatari. In addition, the international aid community placed more emphasis on serving women in the realm of health care than men. After talking to other camp residents, it became clear to me that people inside of the camp were well aware of this situation. I spoke to Salma about this emerging trend. Salma was a Zaatari resident who was finishing up her high

school degree through the educational services offered to her in the camp. Salma told me about her education and the social dynamics in Zaatari:

SALMA: “I’m finishing up my high school degree now and I’m hoping to study to become a doctor or a pharmacist one day if I have the opportunity to leave the camp. Some girls find a way to do it and I hope I can too. Most of my classmates now are girls because the girls are more motivated than the boys. They go on to school and get jobs later and the boys usually receive some kind of vocational training and choose to work wherever they’re comfortable. I feel like it’s common for the boys to work with their fathers in their shops inside the camp and that becomes their life. But me, I want something different and I couldn’t work in a shop in the camp even if I wanted to—that’s men’s work. I’m happy studying now though. I go every day, I see my friends, and one day, I’ll have a degree and hopefully a career.”⁸⁴

Salma’s quote exemplified how a woman in Zaatari was able to find a sense of agency through education. She pointed out a trend of a gendered sense of agency. Salma seemed to be describing the idea that women’s agency manifested differently than men’s agency in the camp. A man’s future seemed to be attached to working with their fathers in a family shop whereas Salma’s vision of her own future was bound to her individualized concept of getting an education and having a successful career one day.

Salma’s experience was of course just one individual woman’s experience and certainly cannot be generalized to apply to the experience of every individual in the camp. However, Salma’s comment about girls being more motivated than boys was consistent with the findings of other qualitative studies, such as Suhair A. Mrayan’s 2016 study, “Female Refugees’ Resilience

⁸⁴ Aisha Jitan’s interview with Salma, Mafraq, Jordan, May 2019.

and Coping Mechanisms at the Za’atari Camp- Jordan.” In this study, some respondents went so far as to say that the camp was a “woman’s place” because of how much it served Zaatari’s women in the realms of education, health care, and economic prospects.⁸⁵ The implications of calling Zaatari a “woman’s place” speaks to the level of aid that is being allocated towards serving the women of Zaatari. The aid and subsequent opportunities offered to these women has implications for the women themselves and their communities.

Understanding Emerging Dynamics Through Aid Workers

The emerging dynamics discussed throughout this chapter can be seen not only through the women of Zaatari themselves, but also through the women who work there. In this subsection, I revisit Dr. Ghadeer, an aid worker with the Institute for Family Health and the director of the Women and Girls Comprehensive Center in Zaatari, who was mentioned in Chapter 3. I also introduce Dr. Mona, an aid worker with the United Nations High Commissioner for Refugees and one of the directors of the mental health clinic in Zaatari. Dr. Ghadeer and Dr. Mona, two healthcare professionals, offered perspectives and stories that can be lenses by which to understand the emerging social dynamics in Zaatari.

Dr. Ghadeer and The Women and Girls Comprehensive Center

As mentioned in Chapter 3, the Women and Girls Comprehensive Center was a women’s health clinic and was a community-oriented space. Aside from the medical services provided through the center, professionals at the center offered community education service to Zaatari’s residents and did work to actively combat gender-based violence and child marriage among

⁸⁵ Suhair A. Mrayan, *Female Refugees’ Resilience and Coping Mechanisms at the Za’atari Camp, Jordan* (Arkansas State University, 2016).

young girls. The following elaboration on the services offered at this center are helpful in understanding the kinds of changes that were occurring in Zaatari and the kind of change that actors within the international aid community were pushing:

DR. GHADEER: *“The norm for a lot people here is for girls to get married early. Sometimes girls will be 16 and getting married. We try to advocate against that. At the very least, we want girls to be 18 when they get married. We even have posters around the camp that show this message—that girls need to live out their lives and shouldn’t be married young. The child marriages have been happening less and less ever since we started community education programs and educating people on why our girls shouldn’t be married young. Community education has helped in other ways too—with family planning and gender-based violence especially.”*

Dr. Ghadeer’s quote clearly showed how organizations and workers within the camp were actively reeducating the camp’s residents and redefining social norms. The work that individuals like Dr. Ghadeer did is one piece in the larger picture of the changing social dynamics occurring within Zaatari. Efforts against child marriage, towards protecting women in their domestic spaces as well as giving them agency towards planning their own families gave women their right to safety as well as personal agency.

Dr. Mona and the Mental Health Clinic

Dr. Mona, an aid worker with the United Nations High Commissioner for Refugees and one of the directors of the mental health clinic in Zaatari, echoed some of what Dr. Ghadeer said. Interviewing her was invaluable because as a mental health care provider, Dr. Mona learned about cultural values that were widely held across the camp and people’s perceptions of these

values. Dr. Mona told me about her work and the changing dynamics that she noticed as a result of her work:

DR. MONA: *“It’s hard here. The work is difficult. We have unsteady funding, a lack of expertise, and I fear that we lack long term stability. We don’t have nearly enough money—the money we get could be spent in one day on just the essential drug list that we have to provide. One of the hardest parts is that the staff turnover is very high. We need more people and more trained workers but it’s not easy to find people who are willing to do this work. The workers don’t get paid enough and the work is exhausting. You have to understand that people left their homes and their positions and they came here with nothing. These mental health issues are unique and they require special attention. And it’s even harder when there is a stigma around mental health. There are still superstitions around mental health—some people think it’s black magic at play when people are mentally ill.*

What complicates things too is that the social structure in Zaatari is fundamentally changing. A lot of men can’t find work so they end up sitting at home, essentially doing nothing. It hurts their sense of self—they had a job and a home back in Syria and now they came here and many of them just do nothing. There are some cases of domestic violence because of this—we think it’s because the men are home more with no real sense of purpose. But we try to minimize these cases as much as possible. The situation for women is a bit different, but even then, a lot of them get married and have children and that’s their life. This camp though, despite it all, is a success story. The fact that we have a mental health clinic—that is a huge step. These people, they’re resilient, if this

happened to any other group of people—this vitality of life wouldn't be here. They moved on.”

Dr. Mona's passage dually honors the difficulty of her position as an aid worker in Zaatari and the position of Zaatari's residents, individuals who are trying to recover in the aftermath of their lives being uprooted. Dr. Mona's perspective also offers useful insight into how each individual's changing position within the camp affects Zaatari's social structure. Fundamental changes in social structures can be coped with through mechanisms such as mental health services; although as pointed out by Dr. Mona, stigma around mental healthcare is high. Despite these very real hardships, Dr. Mona seemed to remain hopeful in that the residents of Zaatari were resilient and moving forward despite changes that affected their individual lives, their communities, and the norms concerning their social structures and implied gender roles.

Conclusion

This chapter aimed to demonstrate the complex, intertwined relationship between economic mobility for women in Zaatari and reformed social structure. Changing opportunities for women in Zaatari affected women on individual and community levels. Anecdotes from women residents of Zaatari and aid workers within Zaatari demonstrate the complexity and nuance of the kinds of changes women were experiencing and what this meant for them, their families, and the values and norms that were upheld within the camp.

To this end, the presence of the international aid community certainly played a role in redefining cultural values and norms within the camp, which can be deduced through the interviews presented here with aid workers from Zaatari as well as personal accounts from women residents. In summary, some norms were prioritized over others by women aid works,

such as wanting women to get married later for example. Some emerging norms and values were in conflict with one another—women seemed to be gaining agency but, as pointed out by Dr. Mona, men struggled to find a sense of purpose, which she linked to incidents of domestic violence.

Chapter Five

Conclusion

“Since it will be your last time here, take the long way out of the camp today. There will be a long wall with murals on it. I want you to see it before you leave here. And I want to show you one more thing too. It’s a painting one of the young mothers made in art therapy. I keep it hung up in my office—isn’t it so beautiful?”

--Dr. Mona on my last day in Zaatari

I chose to end with this quote from Dr. Mona in part because it was one of my last interactions with anyone in Zaatari but also because of the symbolism behind it. Despite the hardships and life altering transformations the residents of Zaatari faced and continue to face, their lives go on. The art therapy piece Dr. Mona showed me exemplified the healing that comes in the aftermath of destruction as catastrophic as a civil war and the consequent displacement.

As can be seen through the stories explored in this thesis, more life still came in the aftermath of destruction and displacement. In fact, life in the refugee camp was the only foreseeable future for many of the camps’ residents, and for some children it is the only life they have ever known. The stories of the women living and/or working in Zaatari showed how the context of living in a refugee camp impacted these women’s lived experiences.

The research question central to this project—How have health care services provided by the international aid community changed refugee women’s economic mobility, religiosity, and gender dynamics?—offered a lens through which to view what life looked like for a woman in Zaatari and how this was implicated in the broader changing gender dynamics in the community. Doubtless, every individual’s lived experience in Zaatari is unique, but the interviews demonstrated that gender roles, values, and norms within Zaatari were shifting.

Looking Ahead

There is certainly more work to be done on the emerging gender dynamics in Zaatari and the position of women in the camp. A future project would be perhaps more substantive if a researcher was able to spend more time in the camp, although this could be difficult given the constraints related to entry into refugee camps. Furthermore, a future study that incorporated the oral histories of women living in Zaatari could provide more insight into the transformative effects of both the Syrian Civil War and life in a refugee camp in its aftermath. This project explored the realities of women in Zaatari and what this means for broader understandings of the intersection of gender, displacement, and politics, and how the international aid community can best serve afflicted populations in the aftermath of destruction.

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