

Listening to young people's voices under covid-19

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Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities

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Introduction

The government of Jordan, after detecting the first covid-19 cases in early March, acted decisively to stop the spread of the virus, implementing a mandatory curfew and one of the most stringent anti-coronavirus regimes in the world. The introduction of Defence Order No. 2 started a nationwide lockdown which confined all residents to their homes. After an initial five days, the prevention measures were loosened slightly allowing people to go on foot to get essentials from local supermarkets and pharmacies in their neighbourhoods, but most businesses and governmental institutions remained



closed. Moreover, the lives of many young people have been interrupted by school closures expected to last until at least mid-June, and possibly longer. As of 3 May, the confirmed number of covid-19 cases is still relatively low (461 confirmed, 9 deaths), especially when compared to some of the neighbouring countries, and the government is considering slowly lifting some of the restrictions.

Despite Jordan ranking 'high' in terms of human development, the country continually faces significant economic and social challenges in seeking to absorb and provide for its large refugee population. Its public schools, many of which are running double shifts, cannot meet demand and the country faces severe and escalating water shortages, which are expected to be exacerbated by the covid-19 lockdown. The labour market is also struggling to keep up with the growing population, and the impact of the covid-19 outbreak can already be seen in that most people are not able to work or provide for their families. Efforts are being made to expand the social protection system to mitigate vulnerabilities, but the scale of the National Aid Fund for Jordanian citizens and UN-implemented food vouchers and cash transfers² is inadequate to cover the population in need.

Although older people appear disproportionately vulnerable to the disease, it is still anticipated that the virus and interventions to respond to it will have multidimensional effects on young people's well-being in the short and medium term. Evidence from past crises³ shows that in addition to the health effects, we should anticipate more limited access to basic education and social services, reduced household and adolescent-specific livelihoods due to the closure of small businesses and factories and limited access to social safety nets, heightened risk of age- and gender-based violence as a result of greater household stresses, and higher risk of mental distress given concerns about family and individual current and future well-being.

This policy brief is part of a cross-country series designed to share emerging findings in real time from qualitative interviews with adolescents in the context of covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme's longitudinal research in the Middle East, East Africa and South Asia. To inform the pandemic response and contribute to efforts aimed at ensuring that gender- and age-specific experiences are taken into account alongside other social characteristics (including disability, refugee status, marital status), this brief draws on data from 100 phone conversations with vulnerable Syrian, Palestinian and Jordanian adolescents aged 11–19 years held in April 2020 (see also Box 1).

Box 1: GAGE Jordan participatory research sample

In 2019, GAGE launched participatory research groups with older adolescents (15–19 years) in Jordan to complement the longitudinal survey and qualitative research findings, and explore adolescents' access to services and programming, social cohesion, the digital divide and economic empowerment, as well as issues regarding voice and agency. The adolescents involved in the participatory research groups were purposefully selected to better understand the realities of some of the most vulnerable young people in line with the UN Sustainable Development Goal 'Leave No One Behind' agenda. The participants include young people with hearing and visual disabilities, married girls, and out-of-school and working boys from refugee and Jordanian host communities. We work with them through innovative research approaches, including peer-to-peer research and participatory photography. They come from three governorates of Jordan, including one of the most disadvantaged Palestinian refugee camps in Jordan – Gaza Camp.

What do young people know about covid-19?

Our findings from Jordan show that knowledge about sources of the virus, preventive measures and spread of the disease is relatively good. Most adolescents could identify sources of transmission, basic symptoms and key prevention measures – having learnt this through daily TV press conferences given by the Minister of Health, from social media or from their parents. However, Syrian adolescents living in informal tented settlements demonstrated less knowledge, and adolescents with hearing disabilities largely did not understand what was happening, since their parents were struggling to explain the situation and the reasons for changes in their daily routines due to limited sign language skills (see Box 2). Knowledge demonstrated by adolescents differed also by gender, with girls tending to have more limited and superficial



Adolescent boy with a visual impairment in a host community in Jordan © Agnieszka Małachowska / GAGE 2020

information about the covid-19 outbreak. This was often related to girls' limited access to information sources, and restrictions around their use of social media and devices with an internet connection. While the majority of respondents follow the news on TV, access to and ownership of mobile phones is more limited – partially due to strict gender norms and partially because in households where there are a limited number of devices families need to prioritise access among family members. This was very noticeable while contacting our respondents, as noted by a 17-year-old Palestinian girl with a visual disability: *'I faced a difficulty to participate in the interview because I don't have a private phone for myself. So, I contacted you through my aunt's phone, who I am living with.'* Purchasing mobile phone credit has also become more challenging since families need to prioritise expenditure on essential items.

▶ I'm very happy with covid-19, because all my family sit with me in the same room all the time and they have more time for me.

(A Jordanian boy with a physical disability)

Adolescents reported that the uncertainty of the situation has resulted in varied emotional responses, with many adolescents explaining that they feel frightened and sad. Many are worried that although they know the symptoms, they would not be able in fact to differentiate it from flu. Some adolescents mentioned increased tensions at home as a reason

Box 2: Impacts of covid-19 on adolescents with disabilities

Our findings show that adolescents living with disabilities have been particularly affected by the covid-19 crisis. While their access to education was already limited before, now most adolescents in our sample have been forced to stop their learning. This has caused a lot of distress, as explained by a 16-year-old Palestinian girl with a hearing disability: *'Because we don't go to school we cannot study. Before the corona outbreak, my time was full – I was busy studying, being with my teachers and friends. Studying was the most important thing in my life. I feel afraid because we may lose the year and we might not be able to go back to school at all. We are waiting for them to start the online education and to post the online lessons for deaf people as they did with the other schools.'* In addition, our respondents noted that the little mobility that adolescents with disabilities had before the pandemic has now been taken away, and both boys and girls are struggling to cope with being confined at home. However, one Jordanian boy with a physical disability noted that the current situation has given him an opportunity to connect more with his family: *'I'm very happy with covid-19, because all my family sit with me in the same room all the time and they have more time for me.'*

► Some people say it is [the result of] a chemical test and others say it is an American [biological warfare] bomb, which America dropped in China.

(A 17-year-old Syrian boy from Mafraq)

for being anxious and fearful for the future. Adolescents with disabilities demonstrated more anxiety about the changes they are experiencing and fear for what the future might hold. In families that have lost their incomes, worries about their livelihoods and food security were very prominent, as mentioned by a 16-year-old Syrian girl from Mafraq: *'There is no work, no savings, we live with what we have, what will we do?'*

Despite having good knowledge about the virus in general, our findings show that many adolescents and their families have varied theories about the sources and reasons for its spread. Some mentioned that they perceive covid-19 as a punishment from God and that prayer and devotion will prevent their families from suffering, while others believed that the source of the virus is biological warfare between China and the United States, as a 17-year-old Syrian boy from Mafraq noted: *'Some people say it is [the result of] a chemical test and others say it is an American [biological warfare] bomb, which America dropped in China.'*

What behaviours have adolescents adopted in response to the pandemic?

Most adolescents we interviewed declared that they had changed the way they behave since the beginning of the covid-19 outbreak. Bans on all travel within Jordan, the use of cars without specific permits and social gatherings are generally complied with, not least because of the significant penalties (fines or jail sentences) associated with infringements.

► When the government says it's lockdown time, people go out and gather, especially young males.

(A 16-year-old girl from Amman)

Other measures, related to maintaining social distance and increasing hygiene, are more challenging to apply. Although adolescents seem to be aware of the regulations around social distancing, the extent to which they comply with the guidance varies by the location and gender of the respondents. The interview findings highlighted that social distancing



► The lessons are very difficult and the teachers don't know how to explain things clearly for us. I can't understand the material and teachers don't provide enough detailed explanations.

(A 13-year-old Syrian girl from Irbid)

measures are more strictly enforced in urban areas. Even so, boys reported that they are generally still allowed out and are often responsible for going to the markets or local shops to procure basic amenities for the household. They are often allowed to go out to socialise, as was described by a 16-year-old girl from Amman: *'When the government says it's lockdown time, people go out and gather, especially young males. I see them from my home roof, they gather on roof terraces or they gather and go out to play in the streets.'* In rural areas and refugee camps, boys openly discussed breaking the rules and meeting and socialising with friends, even after the 6pm curfew. Despite there being no confirmed cases in the Syrian refugee camps, camp residents have been isolated since the beginning of the covid-19 outbreak to prevent a potential spread of the virus in densely populated dwellings. An absence of detected cases, however, means that the adolescents living in camps, especially males, 'feel safe' and largely ignore the rules and spend a considerable amount of their time outdoors and in groups with friends. Adolescents living in informal tented settlements who usually work in agriculture continue to do so, but work in shifts and shorter hours, although they also reported sharing meals at the worksite from the same pot. By contrast, adolescent girls in host communities are prevented from going out, with many of them completely isolated at home since the introduction of the curfew.

Access to water and detergents to increase hygiene standards as a preventive measure to slow the spread of the virus is a challenge. While most respondents understood the importance of washing their hands and using sanitisers, not all of them have regular access to safe water and soap. This was especially evident in Syrian refugee camps and informal tented settlements, where water was already scarce, and the situation has only worsened with increased water usage following the outbreak of the pandemic.

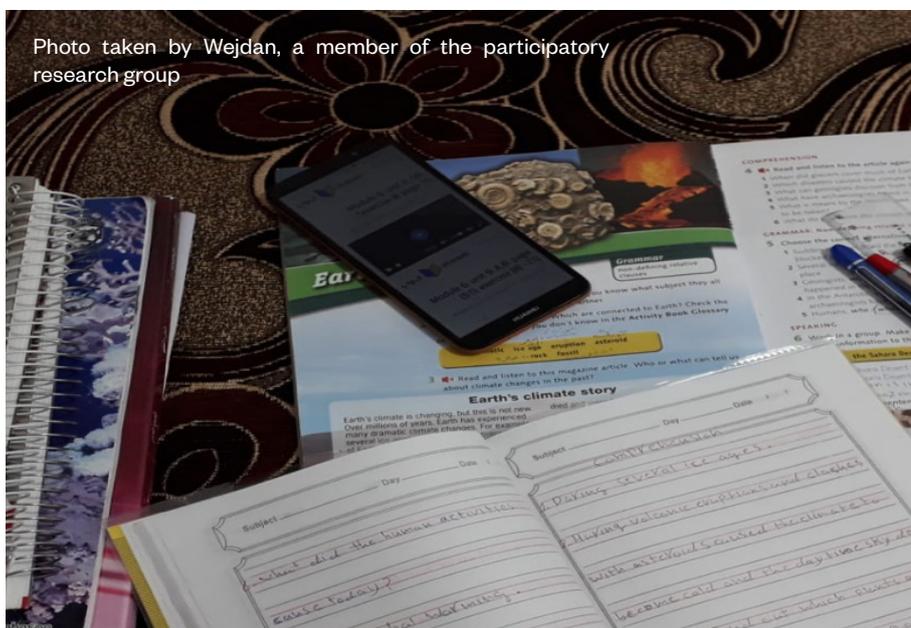


Photo taken by Wejdan, a member of the participatory research group

Wejdan, an 18-year-old Syrian refugee girl who was married at 17

'I was informed by my schoolteacher a week after the school was closed that the studying will now be done remotely. I am in tenth grade and now I find it difficult to study because it's hard to be motivated and I cannot ask about things I don't understand. Our teacher helps us, but we cannot understand anything without her. My colleagues and I help each other through a WhatsApp group and try to understand everything together.'

How have adolescents been affected by the government's response to the pandemic?

A key cross-cutting impact of the covid-19 pandemic has been on adolescents who were enrolled in education during the outbreak. All schools and universities have been closed, with teaching moved to the Ministry of Education's (MoE) online service (Darsakjo) and also delivered through two national TV channels. While the government was very quick to reorganise to this mode of learning – to facilitate access, it has even extended the hours of electricity provision in

camps – our respondents listed many challenges associated with effectively using it. Having access to a TV, computer or the internet in crowded households with multiple school-age children was one of the main difficulties. Other obstacles included not being able to understand and follow the lessons, the inability to ask questions about the content, and receiving limited help from teachers and parents. This was explained by a 13-year-old Syrian girl from Irbid: *'The lessons are very difficult and the teachers don't know how to explain things clearly for us. I can't understand the material and teachers don't provide enough detailed explanations.'* It was clear that the support adolescents receive from teachers depends mostly on the personal initiative of teachers and is not consistent across schools, and/or on informal education support programmes (see Box 3). Adolescents with disabilities who were in school before have now been obliged to pause their learning altogether.

▶ [The support we are getting from Makani] is very helpful for us now ... We eat more apples and bananas now ... They also explained how to study through TV ... We talk through WhatsApp and Imo, too.'

(12-year-old girl living in Zatari Camp)

Box 3: Makani response during covid-19

Prior to the pandemic, UNICEF's Makani programme provided informal learning support classes combined with psychosocial support and child protection messaging through a network of community-based centres located across Jordan. With the outbreak of the virus, the centres had to close, but the Makani facilitators adapted very quickly and have continued to provide support to vulnerable children and adolescents, focusing on information dissemination about the virus and protection measures, distribution of hygiene kits to the most vulnerable (e.g. in informal tented settlements and to Palestinian refugees in Gaza Camp), learning support via WhatsApp and phone for the virtual curriculum provided by the MoE, as well as messaging to parents about how to support their children during the lockdown.

The programme was able to transition quickly due to the involvement of frontline staff who reside in the camps and host communities, and who were able to adjust messaging and support in real time based on their knowledge of and communication with the community.

Many adolescent respondents and parents, especially in Syrian refugee camps, emphasised the key role played by Makani facilitators in providing timely mentoring and learning support once the lockdown was announced, and giving adolescents an opportunity to interact with trusted adults and ask and receive answers to questions they have regarding their online studies. Some adolescents mentioned WhatsApp groups organised by Makani as their main source of information about the virus and highlighted the usefulness of the information shared: *'[The support we are getting from Makani] is very helpful for us now. They tell us that we should eat healthy food ... And we eat everything that includes Vitamin C ... They also explained how to study through TV ... We talk through WhatsApp and Imo, too'* (12-year-old girl living in Zatari Camp). A 17-year-old adolescent girl in Azraq Camp had similarly positive feedback on Makani's role: *'Makani groups are very useful, because most of the people in the camp are staying home, not going out or coming back in. This programme has a big role in helping us know everything that is going on while staying home.'*

It is important to note, however, that while those young people who had interacted with Makani facilitators were overwhelmingly positive, some – either involved in programmes before the lockdown or in previous cycles – noted that they had not been contacted, suggesting that leveraging contacts with previous participants needs to be prioritised in order to scale up support to the most vulnerable young people.

Another critical impact of the lockdown has been on adolescent employment. Many adolescent boys who were employed before the covid-19 outbreak have now lost their source of income (e.g. in daily construction, barber shops) and are deeply worried about their families' survival. Lack of or decreased income was mentioned by almost all respondents as a direct result of the restrictions, and adolescents in Gaza Camp in particular emphasised reduced numbers of meals and food shortages. As a 12-year-old Palestinian boy noted: *'Now, we don't have money to buy any vegetables. After corona started, my father bought groceries only once and then our grandfather bought us some, and we told him we are sorry but we don't have money to repay you.'*

Girls' mobility was much more limited than that of boys before the pandemic, and the lockdown has exacerbated their isolation. This is especially the case for married girls, who reported feeling overburdened with additional household responsibilities and needing to tend not only to their children and husbands, but also other family members who now spend more time at home, as noted by a 17-year-old Syrian girl: *'We are ten people in the house, and I must help my mother-in-law with the housework. This additional work is really tiring....'* In addition, married girls highlighted significant concerns about access to pre-natal and maternity services in the context of the lockdown, and said that they and their peers would most likely have to turn to expensive private hospitals given the limited travel permitted outside their localities as well as fears that government hospitals were the most likely to receive covid-19 patients.⁴ A married girl from Mafraq described difficulties in getting her check-up: *'I am pregnant, I went to the hospital, but they only receive emergency cases and the private clinics are closed.'*



Photo taken by Reema, a member of the participatory research group

Reema, an 18-year-old Syrian refugee girl, who was married at the age of 17

'I live with my husband, my child, and my husband brother's family, but our lives are completely separate. Right now, I spend my time cooking and organising the house, and I also take care of my two-month-old son. I could not register him for a UNHCR ID because the office is closed due to lockdown, so no one accepted to administer the vaccines.'

How do adolescents view the government's response?

The majority of respondents supported the measures taken by the government to prevent the spread of the virus and to protect the people who are most at risk. As an 18-year-old boy from Mafraq explained: *'The government took correct decisions, because in our culture when a person meets a friend he/she must greet him/her and kiss them, and these decisions prevent them from doing that. Restrictions were imposed to protect everyone, but we are not accustomed to staying at home. Personally, I cannot get used to being at home all the time, I feel I am in prison.'* While many adolescents and their families were finding it difficult to cope with the results of the restrictions, they demonstrated considerable understanding about the personal sacrifices that needed to be made in order to prevent further transmission of the virus and overpowering of the health system. This seems to be in part due to the widely watched daily press briefings, which provide detailed information about the number of cases and progress towards curbing the spread of the disease, and in part due to a concern that if the virus transmission rates escalated it would be hard to get the necessary healthcare. Adolescents suggested that people have limited trust that they would receive assistance if they contracted the disease. Some adolescents were of the opinion that the government was not enforcing the new rules firmly enough – surprisingly, these criticisms were voiced even by those adolescents who broke the rules themselves.

- ▶ **The government took correct decisions ... Restrictions were imposed to protect everyone, but we are not accustomed to staying at home. Personally, I cannot get used to being at home all the time, I feel I am in prison.**

(18-year-old boy from Mafraq)

What are key priorities for young people in this context?

While the realities of adolescents in our sample are diverse, several cross-cutting themes emerged when we asked about key priorities in the current covid-19 context.

1. **In the context of livelihood challenges stemming from the closure of markets and transportation, it is essential that safety net measures, including both cash and food vouchers, are rapidly scaled up to reach all vulnerable households in camps, host communities and informal tented settlements.** The National Aid Fund and UN-implemented cash transfers are key existing social protection platforms that could be harnessed, and could also be used to distribute hygiene kits and public health information, especially in informal tented settlements.
2. **It is critical that young people, including adolescent mothers, are provided with clear information about access to health facilities in their localities during the pandemic, so as not to jeopardise their health and well-being.** Information on TV and social media needs to be complemented and reinforced by trusted community organisations and service providers in order to reach the most vulnerable young people.
3. **It is critical that young people are supported to access and more effectively utilise online learning platforms.** Adolescents repeatedly called for guidance and mentoring by teachers or community youth workers, highlighting the importance of being able to ask questions and have them addressed as part of effective learning. In the case of adolescents with disabilities, tailored support is required so that they can continue to access education, with specialised online materials needed for young people with hearing and visual impairments in particular. Clear communication about the steps that students should take regarding national exams is also key.
4. **Given the high level of stress that many adolescents are already experiencing as a result of the economic and social challenges stemming from the pandemic response, it is important that NGOs, community-based organisations, social workers and religious leaders provide information and virtual services to promote psychosocial resilience.** This could include awareness-raising around sources of financial support, information about hotlines in the case of violence or abuse, age-tailored online resources on positive coping strategies, including avoiding reliance on substances such as alcohol and drugs, and information about volunteer opportunities for young people to become engaged in supporting the most vulnerable community members. Where feasible, working with existing community organisations and NGO workers to deliver psychological first aid could also support young people's psychological well-being.

Endnotes

- 1 Suggested citation: Małachowska, A., Al Abbadi, T., Al Amaireh, W., Banioweda, K., Al Heiwidi, S. and Jones, N. (2020) 'Listening to young people's voices under covid-19. Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities.' Policy brief. London: Gender and Adolescence: Global Evidence.
- 2 Here we refer to the WFP food vouchers for Syrian refugees in host communities, the UNHCR-implemented cash transfers for highly vulnerable households, the UNICEF Hajati cash transfer for highly vulnerable households with school-age children and the UNRWA food vouchers for highly vulnerable Palestinian refugees.
- 3 E.g. Espey, J., Harper, C. and Jones, N. (2010) 'Crisis, care and childhood: The impact of economic crisis on care work in poor households in the developing world.' *Gender and Development* 18(2): 291–307; Harper, C., Jones, N. Pereznieta, P. and McKay, A. (2011) 'Promoting Children's Well-being: Policy Lessons from Past and Present Economic Crises.' *Development Policy Review*. Special Issue: Impacts of Economic Crises on Child Well-being, 29(5): 621–641 <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-7679.2011.00550.x/abstract>; Delamou, A., Ayadi, A., Sidibe, S., Delvaux, T., Camara, B., Sandouno, S. ... Brouwere, V. (2017) 'Effect of Ebola virus disease and maternal and Child health services in Guinea: a retrospective observational cohort study.' *The Lancet: Global Health* 5(4) p. e448–e457 [https://doi.org/10.1016/S2214-109X\(17\)30078-5](https://doi.org/10.1016/S2214-109X(17)30078-5); Lancet (2019) 'Children's needs in an Ebola virus disease outbreak.' Editorial. *The Lancet Child & Adolescent Health* 3(2): 55. [https://doi.org/10.1016/S2352-4642\(18\)30409-7](https://doi.org/10.1016/S2352-4642(18)30409-7).
- 4 This is despite the fact that all covid-19 patients in Jordan are being treated in just three assigned hospitals.