GENDER & ADOLESCENCE: GLOBAL EVIDENCE

Living with the Covid-19 pandemic: adolescent experiences in Jordan

Bassam Abu Hamad, Sarah Baird, Nicola Jones, Agnieszka Małachowska, Erin Oakley with Taghreed Alabbadi, Sarah Alheiwidi and Wafa Amaireh

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Introduction

As elsewhere, in Jordan the overwhelming burden of COVID-19 morbidity and mortality has rested with older persons and those with chronic illnesses. There is, however, a growing recognition that children and adolescents, who make up a third of the population in Jordan (1), have also suffered multidimensional effects of COVID-19 on account of the closures of schools and other services, as well as significant disruptions to the economy brought about by measures put in place to prevent the spread of COVID-19, including lockdowns.

The population of Jordan has increased rapidly over the past 10 years, with the country taking in more than a million Syrian refugees, of whom nearly half are below the age of 18 years (2). The Government of Jordan, supported by the international community, has made substantial efforts to provide basic services for its refugees, but the COVID-19 pandemic has put additional pressure on the country's limited resources. Given that young people account for a relatively large proportion of the population, especially the refugee population, it is critical that we understand what impacts the pandemic is having on adolescent girls and boys in order to ensure that the national response by government, nongovernmental organizations (NGOs) and development partners including the United Nations (UN) are adolescent-friendly and equitable.

This research brief draws on the findings of a questionnaire-based telephone survey involving nearly 3000 adolescent boys and girls, conducted as part of the Region-wide Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme which is co-funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) and the World Health Organization (WHO) Regional Office for the Eastern Mediterranean. In addition to the telephone survey, a series of in-depth virtual interviews were carried out involving 36 adolescents and 10 key informants. The purpose of this complementary activity was to explore adolescent experiences during the pandemic, with a particular focus on the ways in which gender, stage of adolescence, disability and marital status is shaping outcomes. The brief summarizes our findings related to adolescent health and nutrition, psychosocial well-being and mental health, age- and gender-based violence, education, and adolescents' ability to exercise voice and agency within their families and communities. It concludes with recommendations for policy and programming.

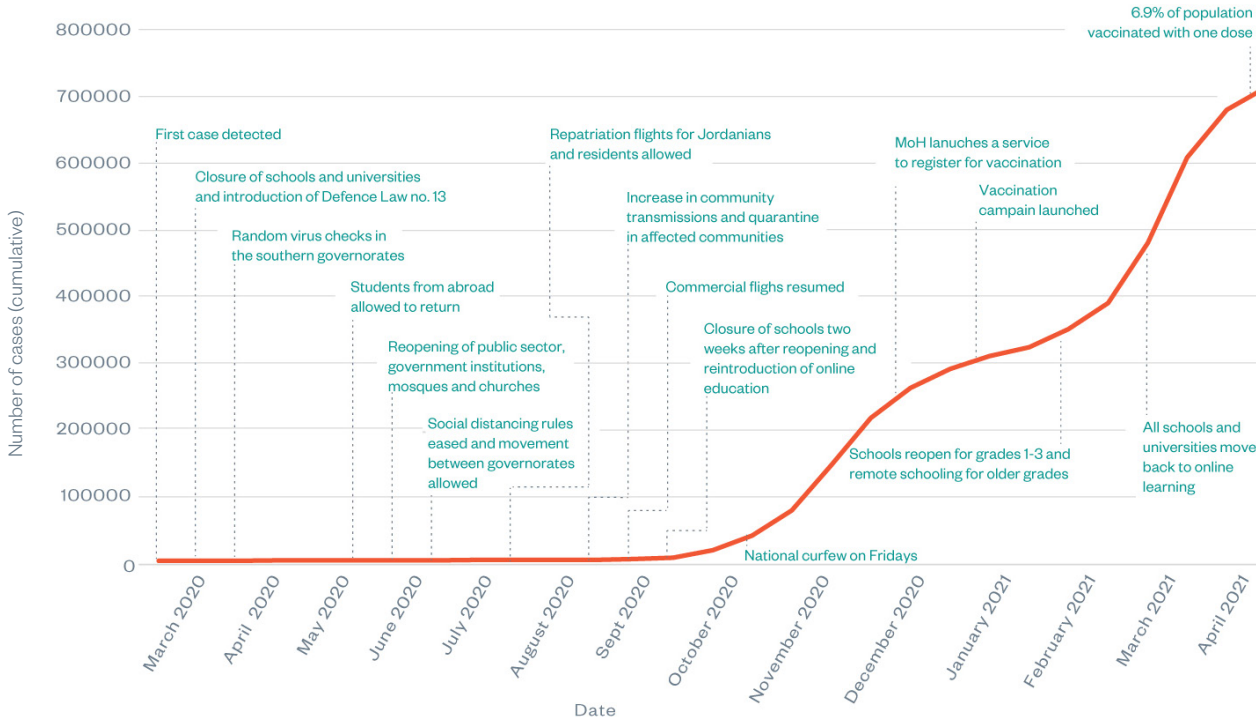
Background context

The first cases of COVID-19 cases were detected in Jordan in March 2020. The Government responded very quickly and decisively, imposing a strict national lockdown which included school closures (until September 2020), a shutdown of all borders and a suspension of all flights in and out of the country,. Until as late as mid-September 2020, Jordan's public health response was hailed as one of the world's success stories, alongside that of Thailand, Viet Nam and New Zealand. Up until 17 September 2020, Jordan had recorded only 26 deaths and less than 4000 cases (3). However, because the strict lockdown was beginning to take a serious toll on the economy – causing an estimated 5.5% contraction gross domestic product (GDP) in 2020 (4) – the Government started to relax restrictions in the second quarter of 2020, and in mid-September, case numbers began to rise sharply. By mid-November, Jordan experienced one of the highest per capita infection rates in the world, with almost 6000 new infections per day at the peak (3). By end-February 2021, Jordan had recorded a total of more than 386496 cases and 4675 deaths (3) (see Fig. 1).

The Government of Jordan's swift response included the closure of all educational institutions as of 14 March 2020 (5). This period of closure was extended and, with the exception of two weeks in September, schools and universities have mostly remained closed throughout 2020, providing either distance learning or a hybrid model of teaching (for younger children in the lower grades). Although the Government was proactive and very quick to make the transition to remote teaching and establish online and TV platforms for its students, the accessibility of Internet connectivity and availability of digital devices remains a challenge, especially for the most marginalized communities and those living in remote areas, and particularly for girls (6). The lockdown has also had negative impacts on efforts to get out-of-school children back into school, and there is evidence that the pandemic is exacerbating the risks of exclusion and loss of learning among the most disadvantaged students (7).

According to official statistics, by the third quarter of 2020, the unemployment rate had risen to 23.9%, up from 19.1% for the same time in 2019 (8). Unemployment is especially high among youth, reaching 45% among those aged 20–24 years (8). A United Nations Development Programme (UNDP) survey conducted between April and May 2020 showed that 72.5% of respondents had

Fig. 1: Timeline of COVID-19 infection rates and key developments in Jordan



Source: WHO health emergency dashboard; 2021 (https://covid19.who.int/region/emro/country/jo, accessed 5 May 2021).

experienced difficulty in meeting their basic needs and 37% had lost their entire income as a result of the pandemic (9). Another rapid impact assessment conducted by the International Labour Organization (ILO) in April 2020 paints a similar picture. Targeting low socioeconomic status households, the snapshot survey of 1580 participants found that among those who had a job before lockdown (52%), 47% reported being unemployed in April, with 13% of jobs being permanently terminated and 18% provisionally suspended (10). More than half of the participants (56%) were Syrian refugees; this group were particularly badly affected, with 35% reporting having lost their jobs permanently.

Compared with other countries in the Region, Jordan's health sector is quite advanced. Care is delivered by four types of service providers: public, private, international, and charity (11). The Government has consistently invested in the health sector, with health spending varying between 7.6% and 9.5% of GDP in the past decade. Per capita annual health expenditure is currently around US$ 330 (11). While this level of investment has been instrumental in ensuring that the health system was capable of responding to the pandemic (12), evidence suggests that access to basic health care services has been restricted since the start of the pandemic (9). More than half of those who participated in the UNDP's rapid assessment (63.3%) reported that they had experienced challenges in accessing health care during the lockdown.

By the end of 2020, even though the spread of the virus had been contained, concerns that Jordan's health services could be stretched further remained, especially if COVID-19 infections were to increase among refugee populations (12). The Government's current focus is on rolling out a vaccination campaign, which was launched on 13 January 2021 following national approvals for the Pfizer and Sinopharm vaccines. The campaign prioritizes health care workers, people with chronic illnesses and persons over 60 years of age, and also entitles refugees and asylum seekers to be vaccinated free of charge (13).

Methods

This brief presents the findings of a telephone survey[1] involving nearly 3000 Jordanian adolescents. The study

1 The GAGE survey instruments are available from the following links: https://www.gage.odi.org/wp-content/uploads/2020/12/Covid-19-R2-Jordan-survey-CR-2.pdf (adolescent questionnaire) and https://www.gage.odi.org/wp-content/uploads/2020/12/Covid-19-R2-Jordan-survey-AF-2.pdf (adult female caregiver questionnaire).

participants were drawn from a larger study cohort of 4100 adolescent boys and girls who are enrolled in GAGE's ongoing longitudinal research programme in Jordan. These adolescents were initially surveyed between October 2018 and March 2019 when they were aged 10–12 years (the younger cohort) and 15–17 years (the older cohort).

In cooperation with the WHO Regional Office for the Eastern Mediterranean, a second round of GAGE research was conducted in 2020 to capture the needs, concerns, behavioural changes, as well as risk behaviours of adolescents in relation to their health and wider development in the wake of the COVID-19 pandemic. Survey data presented in this brief were collected through virtual interviews with 2,951 adolescent girls and boys which were conducted between October and December 2020. The study sample includes Jordanian, Syrian and Palestinian adolescents living in camps (Azraq, Zaatari and Gaza), within host communities, or in informal tent settlements (ITS) in five governorates of Jordan: Amman, Mafraq, Irbid, Jerash and Zarqa.[2] Adolescents were randomly sampled from databases of vulnerable adolescents maintained by UNHCR and the United Nations Children's Fund (UNICEF), with over-sampling of adolescents who had married before the age of 18 years, and some who married as young as 12 (including currently married, separated or divorced girls), as well as an over-sample of adolescents with disabilities. These adolescents should be considered representative of vulnerable adolescents in these locations. For more details on the sampling strategy, see Jones et al., 2018 (14).

The questionnaire-based survey tool focused on the impacts of COVID-19 on GAGE's six adolescent capabilities: health and nutrition; bodily integrity and freedom from violence; psychosocial well-being; education and learning; economic empowerment; and voice and agency.[3] To inform the survey and to capture rapid changes in the pandemic response, this brief also draws on data from 36 phone interviews with Syrian and Jordanian adolescents aged 12–19 years living in camps, ITS or host communities (who were also part of the quantitative sample), and 10 interviews with community leaders, service providers and government officials held in September and October 2020.

Quantitative data was analyzed using Stata version 16.1. Using regression methods, we provide the mean or proportion of the outcome under study across comparator groups of interest, and test for statistically significant differences in those means using a z-test in the case of two means (proportions) and an F-test of overall significance when comparing more than two groups. In presenting our results of the quantitative questionnaire-based telephone survey, we have highlighted observed differences in responses between subgroups – based on age, gender, place of residence (camp, ITS or host community), nationality (refugee or Jordanian national), as well as marriage and disability status. Note that any differences discussed in the subsections below are statistically significant at a p-value of 0.05 or lower.

The qualitative interviews were transcribed, translated, and coded largely deductively according to a thematic coding book drawing on the capability domains covered in the tools, using the software package MAXQDA 12. Research teams held debriefing sessions (during and immediately after data collection) to discuss emerging findings and capture country-specific issues, and these inductively derived codes were added to the codebook accordingly. During qualitative data analysis, care was taken to identify themes that resonated beyond individuals and across the cohort or specific subgroups of adolescents within the cohort; the selected quotes are used to illustrate these insights. The quantitative and qualitative data was then triangulated to reveal both consistencies and inconsistencies across methods, with the qualitative data providing greater contextual nuance to the statistical findings.

It is important to point out several key limitations to our data and analysis. First, this is not a nationally representative sample and thus policy recommendations stemming from this work are most applicable for vulnerable adolescents in our study areas. Second, while access to the internet is relatively widespread in Jordan, our sample did have some attrition. Third, phone-based interviews are, by necessity, shorter (especially with younger adolescents), which limits the depth of information that can be elicited. That said, the use of mixed-methods data helps overcome this limitation. Fourth, ensuring privacy can be challenging; as such, the adolescent respondents may not have been

2 Note that the locations "host community," "camp," and "ITS" discussed in this brief are based on the adolescent's location at the baseline GAGE survey, conducted in late 2018 and early 2019. We use nationality status as self-reported by respondents.

3 For more details on GAGE Conceptual Framework see https://www.gage.odi.org/wp-content/uploads/2020/01/Conceptual-Framework-2nd-Edition_WEB.pdf .

Table 1: Sample demographics of quantitative sample by place of residence

Demographic subgroup	Host communities No. (%)	Informal tent settlements No. (%)	Camps No. (%)	Total
Total	**1,742 (59%)**	**246 (8%)**	**963 (33%)**	**2,951 (100%)**
Male	838 (48%)	128 (52%)	468 (49%)	1,434 (49%)
Female	904 (52%)	118 (48%)	495 (51%)	1,517 (51%)
Younger adolescents (11–14 years)	889 (51%)	124 (50%)	507 (53%)	1,520 (52%)
Older adolescents (15–19 years)	853 (49%)	122 (50%)	456 (47%)	1,431 (49%)
Jordanian nationals	397 (23%)	5 (2%)	3 (<1%)	405 (14%)
Refugees (Syrian, Palestinian, and other nationalities)	1,345 (77%)	241 (98%)	960 (99%)	2,546 (86%)
Adolescents with disabilities	263 (15%)	19 (8%)	107 (11%)	389 (13%)
Married girls (age 15 and older)	126 (7%)	16 (7%)	50 (5%)	192 (7%)

Notes: Percentages are column percentages, i.e. the number of adolescents in each demographic subgroup, expressed as a percentage of the total number of adolescents in that location. Note that the place of residence categories are based on data gathered at the baseline survey in late 2018 and early 2019. There are 100 young people in Jordan who are 20-21 at the time of this survey. They are included in the older adolescent group, but results are consistent if they are dropped.

able to speak candidly. Ultimately, our protocols and analysis methods were designed to mitigate the impact of these limitations.

Findings

A total of 2951 adolescent girls and boys aged between 11 and 19 years participated in the telephone survey.[4] Over four fifths of the surveyed population are refugees (n=2,546 or 86%), mainly from the Syrian Arab Republic, the Gaza Strip or the West Bank. Just over half (53%) of all refugees live among the host community, while the remainder reside in either camps (38%) or informal tent settlements (14%). Married girls make up 7% of the sample population and adolescents with disabilities account for 13%.[5] Further details relating to the demographic characteristic of the study population are provided in Table 1.

Overall, the findings of our mixed-methods study demonstrate that adolescents have experienced a wide range of intersecting health-related effects as a result of the pandemic and the public health response of the Government of Jordan. We have structured the discussion of our findings into five key domains or themes, which are based on GAGE's adolescent capabilities; these are as follows: health and food security; psychosocial well-being and mental health; protection from violence; education and learning; and voice and agency

Health and food security

In this section, we summarize our findings on self-reported health status and access to health care services, on food security and dietary diversity, and on various coping behaviours which have health-related impacts, such as changes in sleep patterns, levels of physical activity and substance use/abuse.

Health status and access to health care services

While 80% of adolescents responded that their health was "good" or "very good" at the time of the survey, 14% stated that their health was worse as a result of the pandemic. Among adolescents with disabilities, this proportion rose

4 Note that in Jordan 3.4% of the sample were 20 or 21 at the time of this survey. These young people are included in our findings to maximize sample size, but results are consistent if they are dropped.

5 Note that for the purposes of this report, adolescents with disabilities where those who either self-identified (in the case of those aged 15–19 years) or were identified by their female caregiver (in the case of those aged 11–14 years) as having "moderate to severe difficulties seeing, hearing, walking, remembering, communicating, or caring for oneself, such as dressing or washing all over" based on questions adapted from the Washington Group on Disability Statistics' Short Set on Functioning (WG-SS).

to 21%. Of those who reported needing to see a health care provider since the start of the pandemic (n = 703 or 24% of the total), more than one in five (22%) noted that they had not been able to because of the restrictions associated with the pandemic. Likewise, almost 15% of the 974 adolescents who reported needing a medication were unable to access it. Difficulties in obtaining medications were experienced more commonly by refugees than by Jordanian nationals (16% compared with 6%) and by adolescents with disabilities than by adolescents without disabilities (22% compared with 13%).

In terms of access to sexual and reproductive health services, our findings were mixed. Of the married adolescents who were asked whether they had been unable to access birth control, only 2% of the 175 who responded to this question identified this as a problem. However, although few of the surveyed adolescent girls experienced pregnancy during the pandemic (n=80), 38% reported that they faced challenges accessing health care during pregnancy or delivery during the pandemic. As a 19-year-old adolescent mother explained: *"I was not able to go for my 7-month review when I know the sex of the baby and its condition, I was not even able to seek help at a private clinic. Everything was closed due to the lockdown. It was more than three months that I wasn't able to see a doctor…Also although medications were available, I did not have enough money to buy it. I was staying at my mother's house and my husband didn't have any money to give to me and my mother was barely able to pay for my sisters and I so I didn't want to ask her for anything so for a long time I couldn't get any medication."*

In contrast, problems associated with menstrual health and hygiene were common. Almost a third (31%) of all girls who had begun menstruation during the pandemic noted that they were afraid to ask family members for support with menstrual hygiene management, while more than half (58%) were too embarrassed to do so. Girls under 15 years were more likely to report embarrassment in seeking help from family for menstrual management (62%) than older girls (54%).

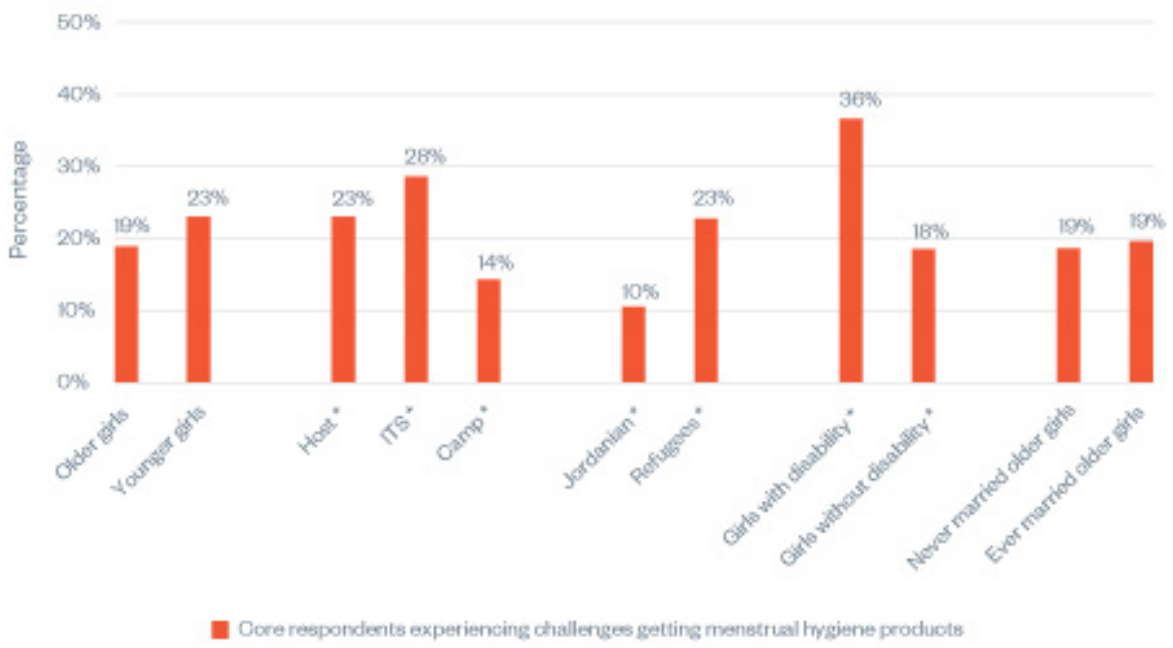
More than one fifth (21%) of all girls who had already reached menarche noted that they faced challenges in accessing menstrual hygiene products during the pandemic (see Fig. 2). Among those who had encountered difficulties in accessing products, 83% cited limited financial resources as the main barrier. When asked about general challenges surrounding hygiene management, 25% of girls reported experiencing at least one major challenge; 19% mentioned insufficient supplies, 11% limited access to soap or water and 13% a lack of privacy. The experience of Jordanian nationals was significantly different to that of refugees, with 23% of refugees reporting difficulty in accessing menstrual hygiene products during the pandemic compared with 10% of Jordanian girls. Refugees were also more likely to report lack of privacy for menstrual hygiene management than Jordanian nationals (14% versus 5%). Girls living in ITS were at a particular disadvantage, with 16% reporting problems in terms of insufficient soap or water compared with 11% of girls in host communities and 7% in camps. Girls with disabilities were also more likely to report experiencing difficulties in obtaining supplies (28% compared with 18% of girls without disabilities), and a lack of privacy (19% compared with 12% of girls without disabilities).

Overall, 5% of surveyed adolescents reported that they had experienced a serious injury — such as a broken bone, a sprain, a burn or cut, a concussion or head injury, or another form of injury perceived by the respondent as "serious" — since the pandemic began. However, a fifth (20%) believed that the risk of injury for adolescents of their own gender had increased since the onset of the COVID-19 outbreak. There were significant gender differences in the actual experience of injury in both age cohorts, with 7% of older boys reporting injuries compared with 4% of older girls, and 7% of younger boys reporting injuries compared with 4% of younger girls. The qualitative findings indicate that this is due to a combination of factors, including greater mobility of older boys relative to girls (boys were more likely to still be allowed to leave the house and/or be involved in work activities outside the home), and higher tendency for risky behaviours among boys (boys are more likely to play in unsafe places or engage in clashes with peers and neighbours than girls). Interestingly, compared with their refugee counterparts, a higher proportion of Jordanian adolescents thought that the risk of injury for their own gender had increased as a result of the pandemic (24% vs 18%). Adolescents with disabilities were also more likely than those without disabilities to believe there is a greater risk of injury for their gender now than before the pandemic (25% vs 18%).

Food security and dietary diversity

Our survey findings suggest that the consequences of the pandemic on adolescent food security have

Fig. 2: Percentage of girls who have reached menarche reporting challenges getting menstrual hygiene products during the COVID-19 pandemic



Notes: The percentages are based on the number of female adolescents who had reached menarche (n=1,291). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

been considerable. More than a quarter (26%) of all respondents reported having been hungry in the four weeks prior to participating in the survey, with higher rates among refugees (27% compared with 21% for Jordanian nationals). In addition, 15% of all adolescents said they had been hungry more often since the pandemic onset. The findings also revealed that young people with disabilities were more vulnerable to hunger than their peers without disabilities (34% vs 25%). Increased rates of food insecurity also emerged as a key theme in the qualitative data, with a number of respondents emphasizing that there has been a significant increase in begging since the pandemic: *"Beggars come to us while we are shopping. Sometimes girls in groups of 5 or 6, sometimes alone. They are about 18 or 19...nowadays many people have to beg especially females. Young women whose husbands were working in a company before corona[virus] and now his work has stopped as there is a work crisis. He is staying at home but his wife what should she do? She has to beg to spend on herself and her young children."*

The prevalence of hunger was significantly higher among adolescents living in host communities and ITS, where 31% and 24% of respondents, respectively reported having experienced hunger in the past month, compared with 18% of those living in camps. Similarly, 15% of adolescents in ITS and 17% in host communities said that hunger had been aggravated by the pandemic, whereas only 10% of camp residents believed this to be the case. The qualitative findings suggest that these differences most likely reflect the fact that the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) are providing food assistance in the camps (which in the case of the UNHCR camps is available to all families), whereas vulnerable refugees living within host communities and in ITS are more likely to be in the position of relying on cash assistance to help cover their food needs. Nevertheless, despite the UN food assistance programmes, some refugees living in camps whose parents had been unable to work were facing dire food shortages. As a 14-year-old Syrian refugee boy in Azraq camp related: *"Corona[virus] made people face hunger... When the corona situation became serious, money started finishing and people started running away from the camp as they were dying of hunger. They closed the camp for two to three months and you couldn't go out to work."*

An even higher proportion of adolescents reported that they were consuming less diverse diets during the pandemic. Over two fifths (43%) said that relative to pre-

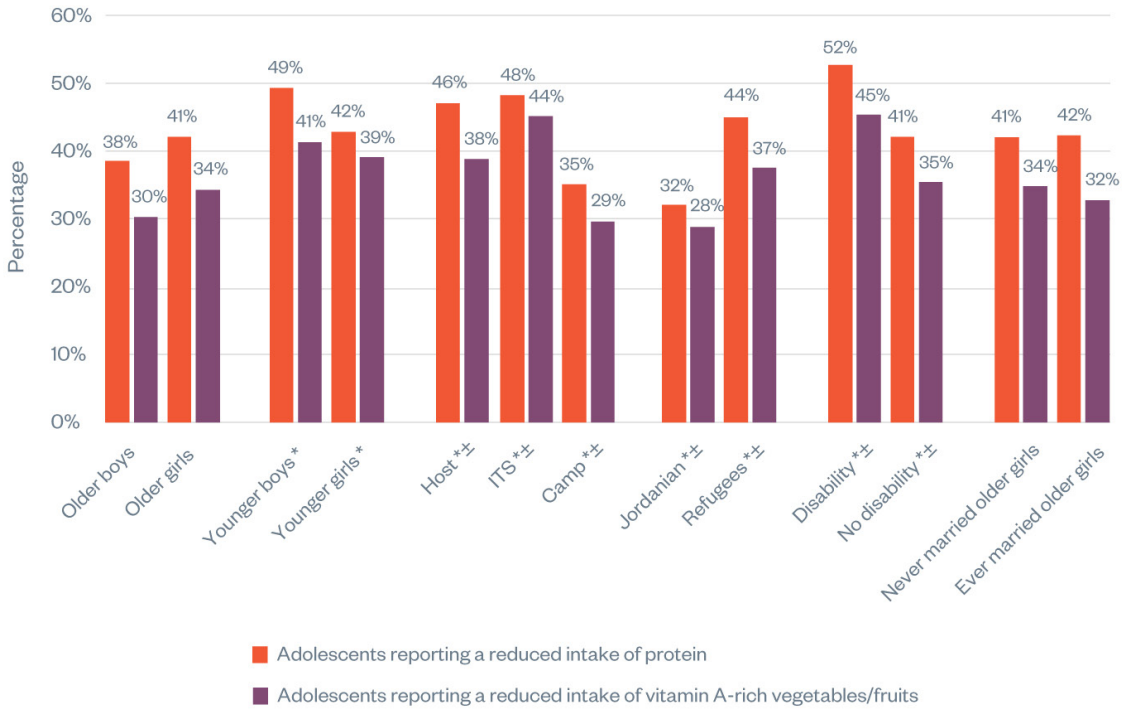
pandemic levels, they were now eating less protein; 36% were eating fewer vitamin A-rich fruits and vegetables (38% in the case of other fruits and vegetables), 38% were consuming fewer milk products, and 19% had reduced their consumption of grains. Older girls were more likely than older boys to report a reduction in consumption of other vegetables and fruits (38% vs 30%) and of milk/milk products (39% vs 30%). Conversely, and as shown in Fig. 3, younger boys were more likely than younger girls to have reduced their consumption of protein-rich foods (49% vs 42%).

The reduction in dietary diversity was more pronounced in the adolescent refugee population. Overall, refugees across all places of residence were more likely than Jordanian nationals to report consuming less protein (44% vs 32%), a lower intake of vitamin A-rich fruits and vegetables (37% vs 28%), a lower intake of other fruits and vegetables (39% vs 28%) and a reduced consumption of milk products (39% vs 29%); see also Fig. 3. Qualitative findings indicate that this reflects the greater financial constraints facing refugee communities and limited scale-up of social assistance programming in response to the pandemic.

Mirroring the findings relating to hunger, our survey also revealed that declines in dietary diversity were more common in adolescents living the community and in ITS than among those living in camps. The proportion of adolescents living in ITS and in the community whose consumption of foods containing protein had fallen (48% and 46%, respectively) was significantly higher than the proportion among camp residents (35%); for grains the corresponding proportions are 24%, 20% and 17%, for vitamin A-rich fruit and vegetables, 44%, 38% and 29%, for other fruits and vegetables, 46%, 40% and 33%, and for milk products, 48%, 40% and 31%.

Young people with disabilities were also more likely to experience a loss of dietary diversity, as well as hunger, than their peers without disabilities. Significant differences were found for most of the food groups investigated, including protein (52% and 41% for adolescents with and without disabilities, respectively), vitamin A-rich fruits and vegetables (45% and 35% for adolescents with and without disabilities, respectively), and milk products (47% and 37% for adolescents with and without disabilities, respectively). See Fig. 3.

Fig. 3: Percentage of adolescents reporting a reduced intake of protein and vitamin A-rich fruits and vegetables compared to before the COVID-19 pandemic



Notes: This figure is based on responses from the full sample of adolescents (n=2,951). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for reduced protein consumption and categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for reduced consumption of vitamin-A rich fruits and vegetables.

Coping behaviours with health impacts

A number of coping behaviours with health-related impacts were investigated as part of the quantitative survey and several significant findings emerged. Overall, nearly a fifth (19%) of respondents said that since the onset of the pandemic, the number of hours that they slept each night had reduced. The proportion reporting sleeping fewer hours was slightly higher among older adolescents (21% vs 18% in younger adolescents) and among adolescents living in the community, 21% of whom said that they slept less now than before the pandemic, compared with 15% of ITS residents and 18% of those living in camps.

In terms of physical activity, 38% of all adolescents said that they engaged in physical activity of 30 minutes or more on fewer number of days than before the pandemic. On average, adolescents reported that they were physically active for at least 30 minutes on 1.8 days in the week immediately prior to the survey, which is less than the average for a typical week prior to the pandemic – 2.6 days. There were some notable gender differences: relative to older girls, a higher proportion of older boys reported engaging in fewer days with at least 30 minutes of physical activity in the last week than during a typical week before the pandemic (43% of boys aged 15 and older vs 29% of girls of the same age). However, it is worth noting that overall, boys reported more days on which they did at least 30 minutes of physical activity both before and after the pandemic compared with girls of the same age group, displaying underlying disparities in physical activity among adolescents of different genders even before the pandemic began (Fig. 4). Concerns about weight gain due to limited opportunities for physical activity and over-eating due to stress were voiced by a number of adolescents who participated in the qualitative survey. As a 14-year-old Syrian refugee boy noted: *"I have gained weight because I eat a lot of food during the lockdown."*

Only 17% of older married girls reported taking less exercise since the start of the pandemic (expressed in terms of the number of days on which they engaged in at least 30 minutes of physical activity), significantly less than the 34% of older unmarried girls who said that their level of physical activity had reduced because of COVID. However, exercise rates among married girls were lower even prior to the pandemic; pre-pandemic, married girls only engaged in at least 30 minutes of activity on an average of 1.3 days per week whereas unmarried girls exercised for at least 30 minutes on an average of 2.1 days each week.

Respondents were also asked about their substance use before and after the outbreak of COVID-19. More than a third (34%) of older boys reported ever having smoked cigarettes. Among this group — all but one of whom was a regular smoker — 34% said that they had increased the

Adolescent boy in an ITS in Jordan © Nathalie Bertrams/GAGE

Fig. 4: Levels of physical activity pre- and post- the COVID-19 pandemic

Notes: This figure is based on responses from the full sample of adolescents (n=2,951). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level in the number of days with 30+ minutes of physical activity in the last 7 days. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level in the number of days with 30+ minutes of physical activity in a "typical week" prior to the pandemic.

amount they smoked during the pandemic due to stress. When interviewed, a 19-year-old Syrian adolescent boy noted: *"Smoking has increased among many peers. Who was smoking one pack, now he smokes two packs. This reason is that smoking could get the stress out or if the person feels upset, he smokes more to get the feeling out during the pandemic".* However, an almost equal proportion (35%) of older male smokers reported having reduced the quantity of cigarettes they smoked or stopping altogether. The qualitative data suggest that the most likely reason for cessation of smoking is economic constraints. As an 18-year-old Syrian refugee boy explained: *"We come back from work to sleep and after the sleep we go to work. We hardly secure the cost of the cigarettes anymore."*

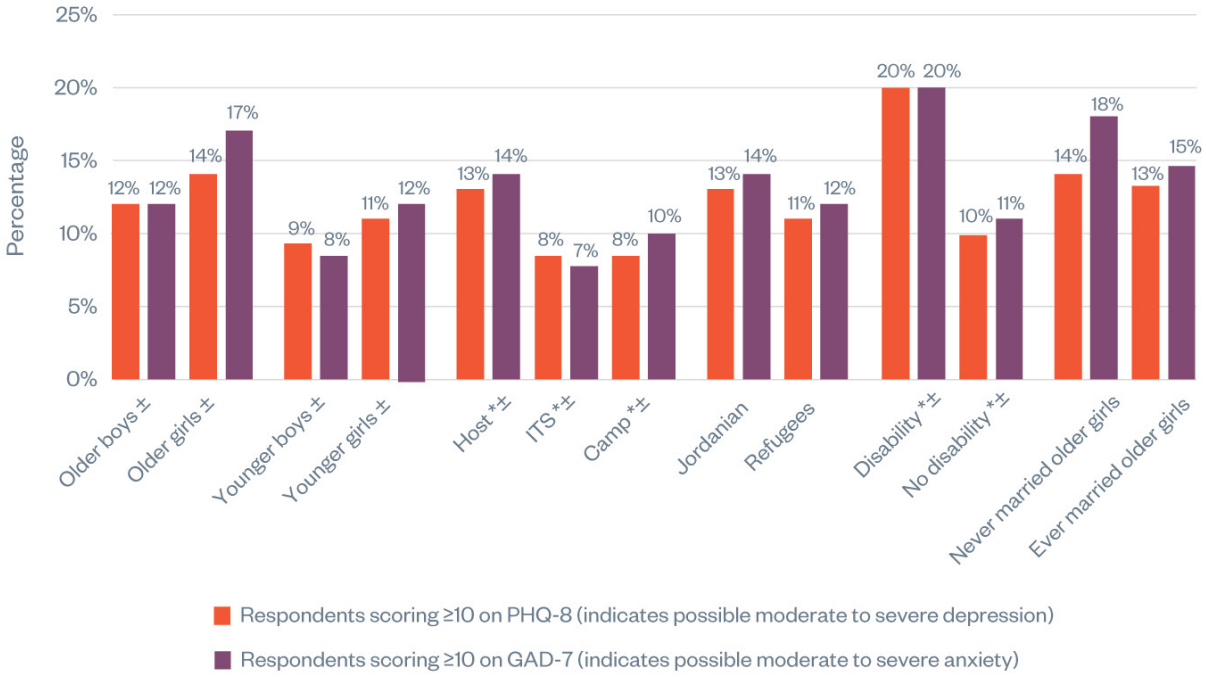
More than a quarter (26%) of older adolescents reported ever having smoked a shisha pipe. Three times as many older boys (40%) as older girls (13%) said that they had smoked a shisha pipe. Among the shisha pipe smokers, 14% had increased their use during the pandemic, but a much larger proportion (54%) had decreased their use or stopped. On the basis of the qualitative data, we attribute the reduction in shisha pipe use, at least in part, to the closure of restaurants and recreational places.

In terms of recreational drug use, only 6% of those surveyed thought that marijuana consumption had increased among their peers (i.e. adolescents of the same gender and a similar age living in the same community); even fewer, just 4% thought that use of illicit drugs had increased among their contemporaries. There were however significant differences in the perception of marijuana use, with higher rates reported by Jordanians; 14% of Jordanian nationals thought that their peers might be using marijuana more often now, whereas this view was held by only 4% by refugees. Relatively small numbers of adolescents thought that the use of illicit drugs had increased among their peer groups: only 5% of those in host communities believed this to be true, as did just 3% of people in camps. The proportion in ITS was smaller still (< 1%).

Psychosocial well-being and mental health

In this section, we summarize our findings on experiences of depression and anxiety. We then discuss different support systems that may influence depression and

Fig. 5: Percentage of adolescents exhibiting moderate-to-severe symptoms of depression and moderate-to-severe symptoms of anxiety



Notes: This figure is based on responses from the full sample of adolescents, excluding those who refused or responded "I don't know" to any questions used in the GAD-7 or PHQ-8 scales. Percentages are based on those adolescents for whom a complete score was available for the PHQ-8 (n=2,948) and GAD-7 (n=2,947). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for the percentage of adolescents who scored 10 or higher on the PHQ-8. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for the percentage of adolescents who scored 10 or higher on the GAD-7.

anxiety outcomes. Specifically, we look at, receipt of support since the start of the COVID-19 pandemic and having a trusting relationship with a friend or adult.

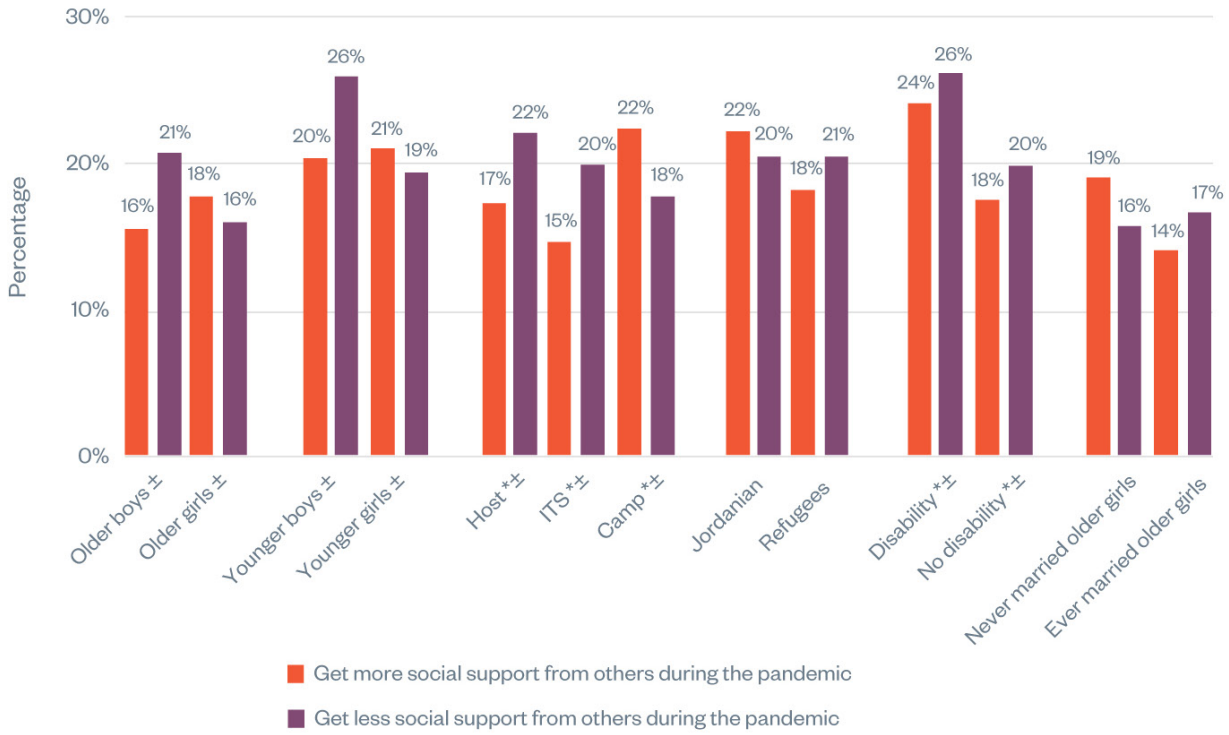
Experiences of depression and anxiety

When asked about their perceptions about changes in their own community during the pandemic, many older adolescents identified mental health as an increasing challenge. Among older adolescents, 83% agreed with the statement that, compared to before the pandemic, people in their community "were becoming very anxious or depressed," and more than a quarter (28%) believed that in their community "there is an increase in thoughts of self-harm, or people harming themselves". Notably, the proportion of adolescents identifying increased thoughts of and actual self-harm in their community was significantly higher among Jordanian nationals than among the refugee population (45% compared to 26%). When interviewed as part of the qualitative survey, several adolescents reported an increase in suicides among young people. As an 18-year-old Syrian adolescent girl explained: "There are more suicides...For example, someone is upset because of his living conditions and corona[virus], so he took a rope and hanged himself and committed suicide."

More than one in ten (11%) of adolescents scored 10 or higher on the Patient Health Questionnaire 8 (PHQ-8),[6] indicating symptoms of moderate-to-severe depression (Fig. 5). Higher PHQ-8 scores (greater than or equal to 10) were more common among older adolescents (13% vs 9% in the younger subgroup), among adolescents with disabilities (20% vs 10% in those without disabilities) and among those living in the community (13% vs 8% in ITS and 8% camps). In terms of the psychosocial vulnerabilities of young people with disabilities, a key informant working with an NGO noted that: *"Many parents contacted me because their adolescents [with disabilities] became more frustrated. Before corona[virus], they used to go out to centres and this helped them to reduce the severity of their challenges – for example, seizures in the case of young people with epilepsy or young people with autism – and it*

6 The Patient Health Questionnaire (PHQ-8) is a short screening tool for depression which scores patients on a scale of 1 to 24. A PHQ-8 score or more than 10 indicates moderate-to-severe depression.

Fig. 6: Adolescent perceptions of social support from friends and family since the COVID-19 pandemic began



Notes: This figure is based on responses from XXXXX Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for adolescents receiving more social support since the pandemic began. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for receiving less social support since the pandemic began.

helped to reduce the burden on the parents a little too but these centres closed during the lockdown and the burden became more and they faced many tensions. Their parents contacted me because of this topic in particular."

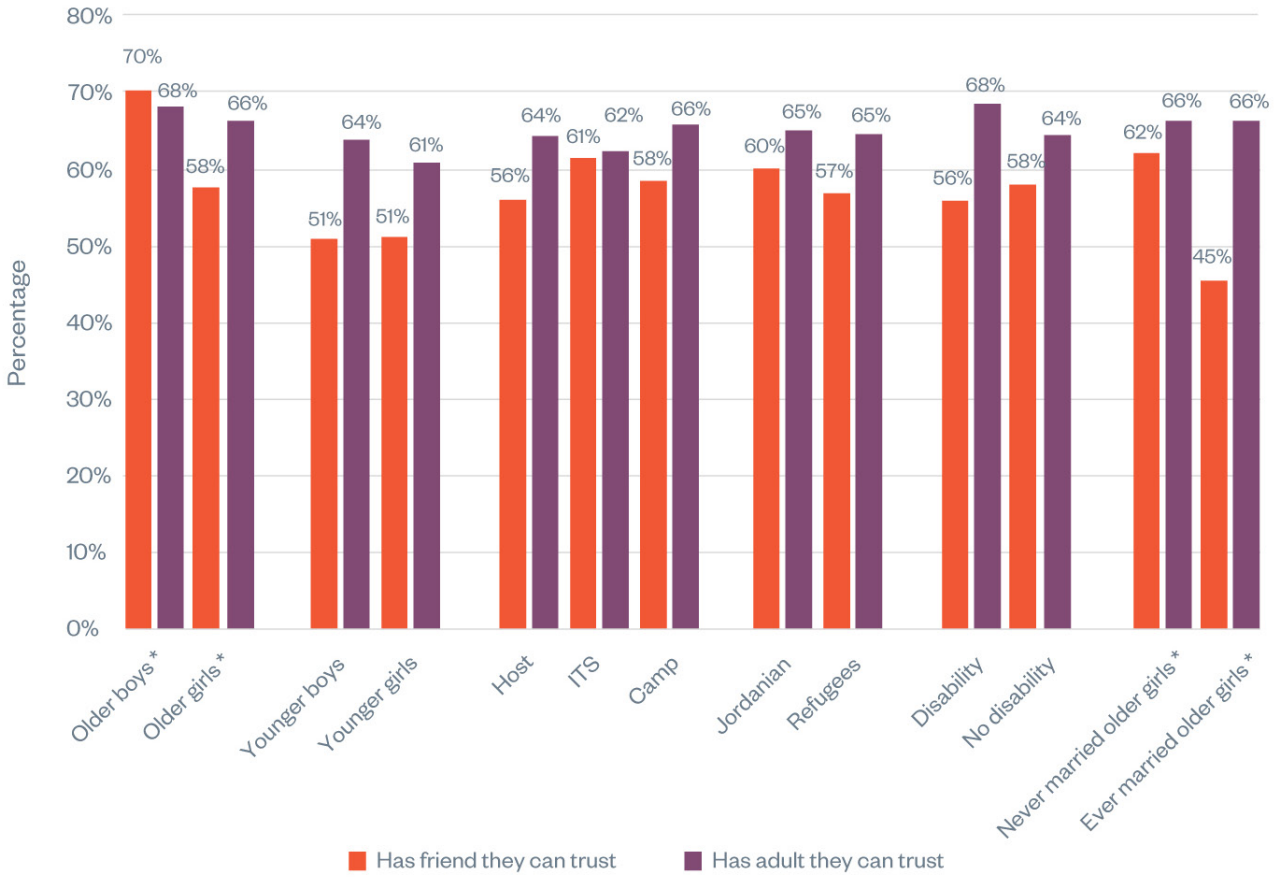
Our survey design also incorporated assessment of levels of anxiety using the Generalized Anxiety Disorder 7 (GAD-7) screening tool.[7] Like the PHQ-8 for depression, this was administered as part of the telephone survey. Using this 21-point scale, 12% of all surveyed adolescents were assessed as experiencing moderate-to-severe anxiety (a score of 10 or higher). Among the older members of the study cohort (those aged 15 and over) this proportion increased to 14%, significantly higher than that observed in the younger cohort (10%). There were also significant differences in prevalence between the genders, with girls more likely than boys to have a GAD-7 score indicative of moderate-to-severe anxiety (17% vs 12% for the older cohort, and 12% vs 8% for the younger cohort; see Fig. 5). In common with our findings on depression, adolescents with disabilities were significantly more likely to suffer from anxiety than those without a disability (20% vs 11%), as were those resident in the community relative to those living in ITS and camps (14% vs 7% and 10%, respectively).

Receipt of support since the start of the COVID-19 pandemic

In terms of the impacts of COVID-19 on the strength of support networks, our survey findings paint a mixed picture. On the one hand, almost one in five respondents (19%) said that they were receiving more support from friends and family members — defined as help with their problems, chores or their health needs – since the start of the pandemic, but on the other, another one in five (21%) reported feeling that they were receiving less support. Participants aged under 15 were more likely to report receiving more social support during the pandemic than before (21% vs 17% of their older peers). In addition, adolescents in camps were more likely to report feeling better supported by friends and family since the start of the pandemic (22%) than adolescents in ITS (15%) or in

7 The Generalised Anxiety Disorder 7 (GAD-7) questionnaire is a 21-point screening tool that is routinely used for various anxiety disorders; a score of 10 or more on the GAD-7 scale indicates moderate-severe anxiety.

Fig. 7: Percentage of adolescents who have a trusted friend and/or a trusted adult in their lives



Notes: This figure is based on responses from the full sample of adolescents, excluding those who responded "I don't know" or refused to answer these questions (n=2,950). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for having a trusted friend. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for having a trusted adult.

host communities (17%). Adolescents in camps were also less likely to report receiving less support (18%), whereas 20% of ITS residents and 22% of those living among host communities said they were receiving less support since the start of the pandemic (see Fig. 6).

Adolescents with disabilities are more likely than their peers without disabilities to experience either increased and decreased social support during the pandemic. One quarter of adolescents with disabilities said they were receiving more social support (24%) – significantly higher than their peers without disabilities (18%). However, a greater proportion of adolescents with disabilities (26%) said that they were receiving less social support – a significantly higher proportion than the 20% of adolescents without disabilities.

Trusting relationship with a friend or adult

In addition to questions about the impact of the pandemic on their support networks, the survey also asked adolescents whether they were able to rely on a relationship with a friend or adult whom they could trust. More than half (57%) of all surveyed adolescents said they had a friend they could trust and almost two thirds (65%) reported that they have an adult they can trust. In this respect, the younger respondents appeared to be at a slight disadvantage, in that 51% (compared with 64% of the older adolescents) reported that they could rely on peer support, while 62% (compared with 67% of the older adolescents) reported that they had an adult they could trust in their lives. Among the older subgroup, there were some marked gender differences. Only 58% of girls said they had a friend they could trust compared with 70% of boys – a result that is consistent with qualitative findings that suggest that girls have lower rates of mobility and higher rates of social isolation due to discriminatory gender norms. As shown in Fig. 7, married girls were least likely to report having a trusted friend in their lives; only 45% of married girls answered yes to this question compared with 62% of unmarried girls.

Protection from violence

In this section, we summarize our findings on violence and bodily integrity. We start with the role of increased household stress, then turn to concerns around pressure to marry earlier as a result of the pandemic

Household stress and violence

Half (50%) of all the adolescents who took part in the survey agreed with the statement that household stress had increased since the onset of the pandemic. This was especially true among adolescents in host communities, 56% of whom said that household stress had increased whereas just 35% of respondents in ITS and 44% in camps believed this to be the case. These findings mirror the above reports of reduced levels of social support experienced by some adolescents, in particular in those living in the community. The experience of intra-household stress was especially prevalent among adolescents with disabilities (59% compared with 49% for adolescents without disabilities).

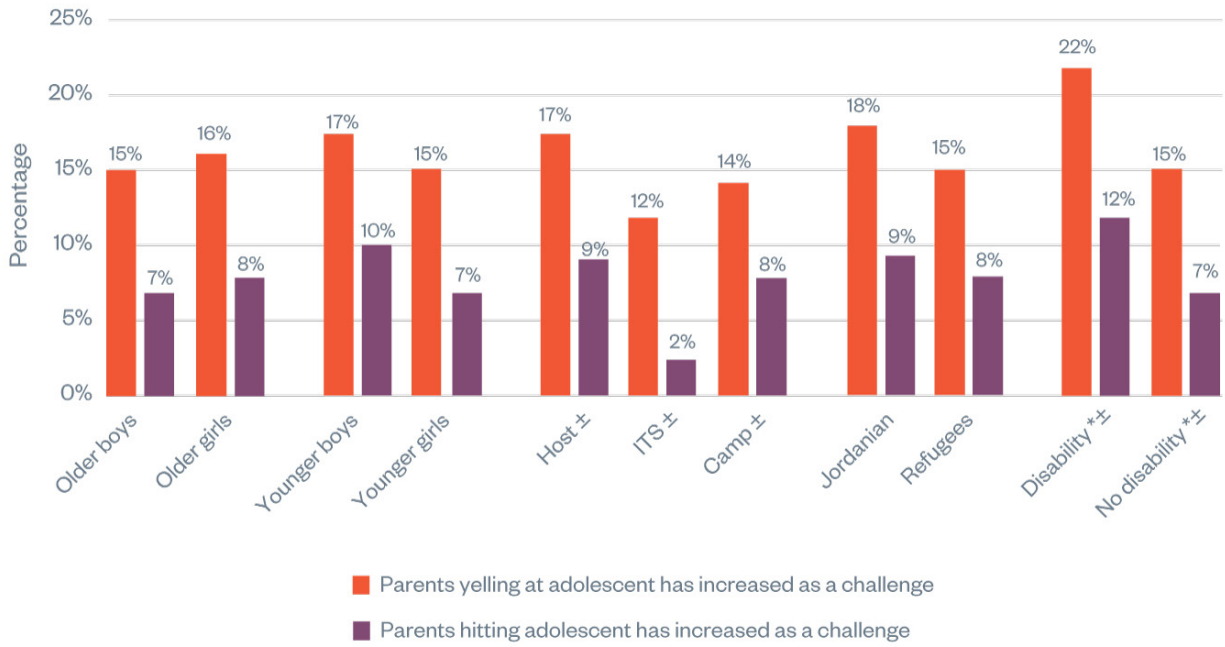
When asked about the causes of increased household stress (i.e. stressors) in their community, respondents often identified a lack of resources such as a lack of money to buy non-food items as a major contributory factor. Nearly half (47%) of all unmarried adolescents (i.e. both boys and girls) identified this as a challenge, and one that had become worse during the pandemic. An even higher proportion of older adolescents (52% vs 43% of younger adolescents) and adolescents with disabilities (68% vs 46% for adolescents without disabilities) cited a lack of money to buy non-food items as a major stressor for increased household stress during the pandemic. The prevalence of this belief was also high among those living in host communities (51% compared with 41% in adolescent from ITS and 41% in camps). As a 12-year-old Jordanian boy explained: *"My parents are fighting a lot. About debts. They fight about being back in debt. My mother fights with my father to pay back the debt. In the past my father was put in prison for one month because of the debts, and now with corona[virus] it is more difficult and to repay debts."*

Many adolescents noted that aggravated stress levels within households were manifesting in different ways – both as physical and verbal abuse, as well as sexual violence. Approximately half (49%) of all young people noted that household members had been getting angry more quickly or arguing more often since the pandemic began. Girls were more likely to report this than boys; this was true for both age groups (56% vs 44% in the older cohort and 52% vs 45% in the younger cohort). Again, the proportion reporting increased levels of anger and/or arguments was higher among the host communities (54% vs 37% in ITS and 44% in camps), and among adolescents with disabilities (58% vs 48% of adolescents without disabilities).

When unmarried adolescents were asked about challenges that adolescents like themselves might be experiencing more frequently because of the pandemic, 16% cited being yelled at by their parents as something that young people were increasingly having to deal with since the start of the pandemic. This proportion increased to 22% among unmarried adolescents with disabilities (compared with 15% in unmarried adolescents without disabilities) (see Fig. 8). Furthermore, among the subset of unmarried survey respondents, 8% thought that physical violence by fathers towards mothers had increased, 8% said parents hitting adolescents had increased, and 10% reported that bullying by siblings had become a more frequent occurrence. Prevalence of such beliefs was highest among older unmarried girls, with 11% reporting increased physical violence by fathers towards mothers compared with 6% of older boys, and 14% reporting an increase in sibling bullying compared with 7% of older boys. Concerns about rising rates of violence within the household were also a common theme in the qualitative data. A 17-year-old Jordanian girl, for example, described the situation of her close friend and the violence she is suffering during the pandemic at the hands of her father: *"He beats them anywhere... he opened a wound on her head despite the fact that this meant she would need to go out with a bare head [without her hijab], he doesn't care at all...I used to contact her at the beginning of the lockdown but when I talk to her on the phone I don't ask her such things. Sometimes she tells me things when I see her in person...He doesn't hit the older sisters so much but my friend who is the same age as me hates him the most and he feels that so he hits her."*

The percentage of unmarried adolescents who thought that parents were more likely to hit their adolescent children now than before the pandemic was significantly higher in those living in host communities (9%) or camps (8%) than in ITS (2%). Unmarried adolescents living in host communities were also more likely to hold the opinion that violence by fathers against mothers represented

Fig. 8: Perceptions among unmarried adolescents of the impact of the pandemic on intra-household violence



Notes: Percentages are based on the number of adolescents who have never been married, excluding those who responded "I don't know" and/or refused to answer these questions (n==2,727 for yelling, n=2,729 for hitting). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for parents yelling at the adolescent as an increasing challenge. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for parents hitting the adolescent as an increasing challenge.

an increased threat to the well-being of young people like themselves than those in ITS and camps (9% vs 4% and 7%, respectively). Increased bullying by siblings was another perceived threat to emotional well-being that was more frequently recognized by adolescents in host communities (10%) and camps (9%) than in ITS (5%).

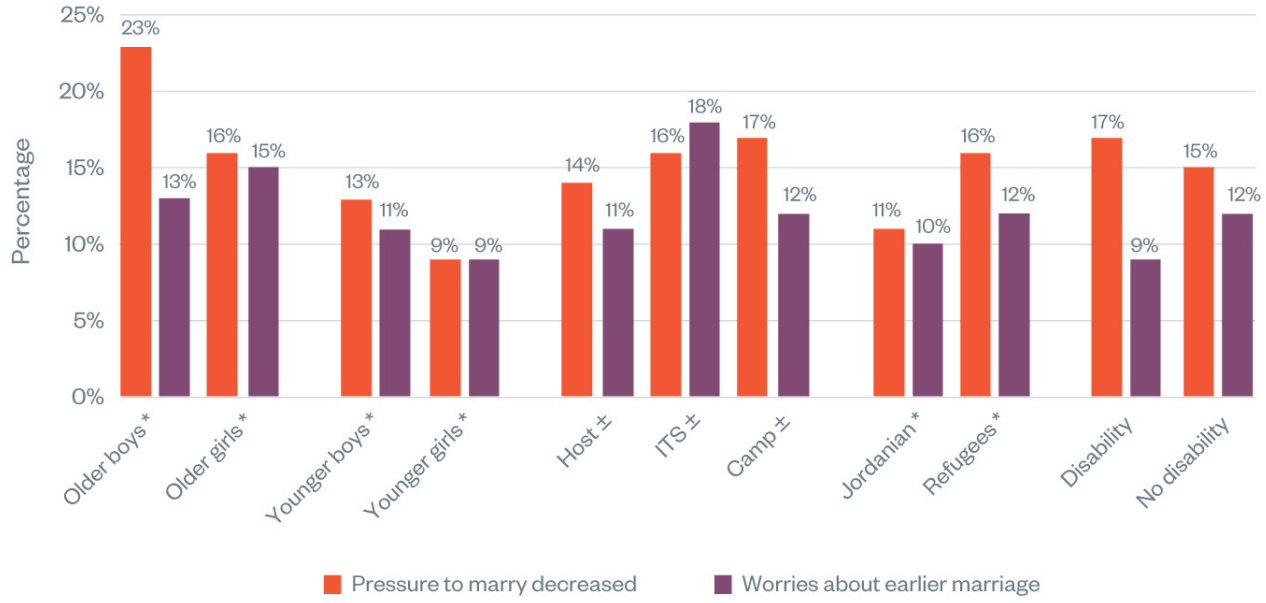
When married girls aged 15 and older were asked about the challenges facing other married adolescent girls in similar situations to themselves, 25% identified the increase in household yelling as a potential harm and 9% said that they believed that the pandemic was putting more wives at risk from a beating by their husbands. Furthermore, 5% were of the opinion that husbands forcing their wives to have intercourse had likely increased during the pandemic. Among the 131 adolescents who had children, 9% believed that it was necessary to use physical violence when parenting children, and 8% had reported using physical punishment against their children in the last 14 days. The analysis of the qualitative data revealed that some adolescent mothers when faced with aggravated levels of stress had additional challenges to cope with: *"To get rid of my anger I beat my child. When I feel angry, I get rid of that feeling by beating him. He may have just done a simple thing... This was when we were in our house and we were so stressed about money..... But when I came here to my mother's house I realised what was happening... I saw it in the way my mother was spoiling him."*

Pressure to marry and early marriage

The survey also explored whether adolescents felt increased pressure to marry since the start of the pandemic. The majority of unmarried adolescents said that they had not experienced an increase in marriage pressure; 15% reported that they had in fact experienced a decrease in pressure to marry as a result of the pandemic. However, just over 1 in 10 (12%) stated that over the course of the pandemic they worried more about marrying earlier (i.e. as minors).

In terms of the proportion reporting a reduced pressure to marry, there were significant differences between the genders (Fig. 9). Just over a fifth (23%) of older boys reported a decrease in pressure to marry compared with 16% of older girls, and 13% of younger boys reported a decrease in pressure to marry compared with 9% of younger girls (Fig. 9). These gendered differences are likely a consequence of concerns among boys and young about the impact of the economic downturn and their ability to secure the resources needed to cover the

Fig. 9: Percentage of unmarried adolescents who reported that the pressure to marry had decreased, or that they worried more about marrying earlier, since the pandemic began



Notes: The percentages are based on the number of adolescents who have never been married, excluding those who responded "I don't know" and/or refused to answer these questions (n=2,715 for pressure to marry; n=2,717 for worrying about earlier marriage). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for the pressure to marry decreasing since the pandemic began. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for worrying about marrying earlier more since the pandemic began.

costs of a wedding and the establishment of a home as a newly-married couple. As an 18-year-old Syrian refugee boy explained: *"I can't save money to marry and I can't save money to be able to rent a house when I get married. During these conditions, it is difficult to get engaged, to pay money for dowry, to get married and to buy the furniture of the house also."*

Conversely, there were no significant differences between genders in terms of concerns surrounding earlier marriage (Fig. 9). Subgroup differences were however significant between adolescents residing in different locations; unmarried adolescents living in ITS were more likely to report that their concerns about earlier marriage had heightened due to the pandemic than their peers living in camps and in host communities (18% vs 12% and 11%, respectively).

Education and learning

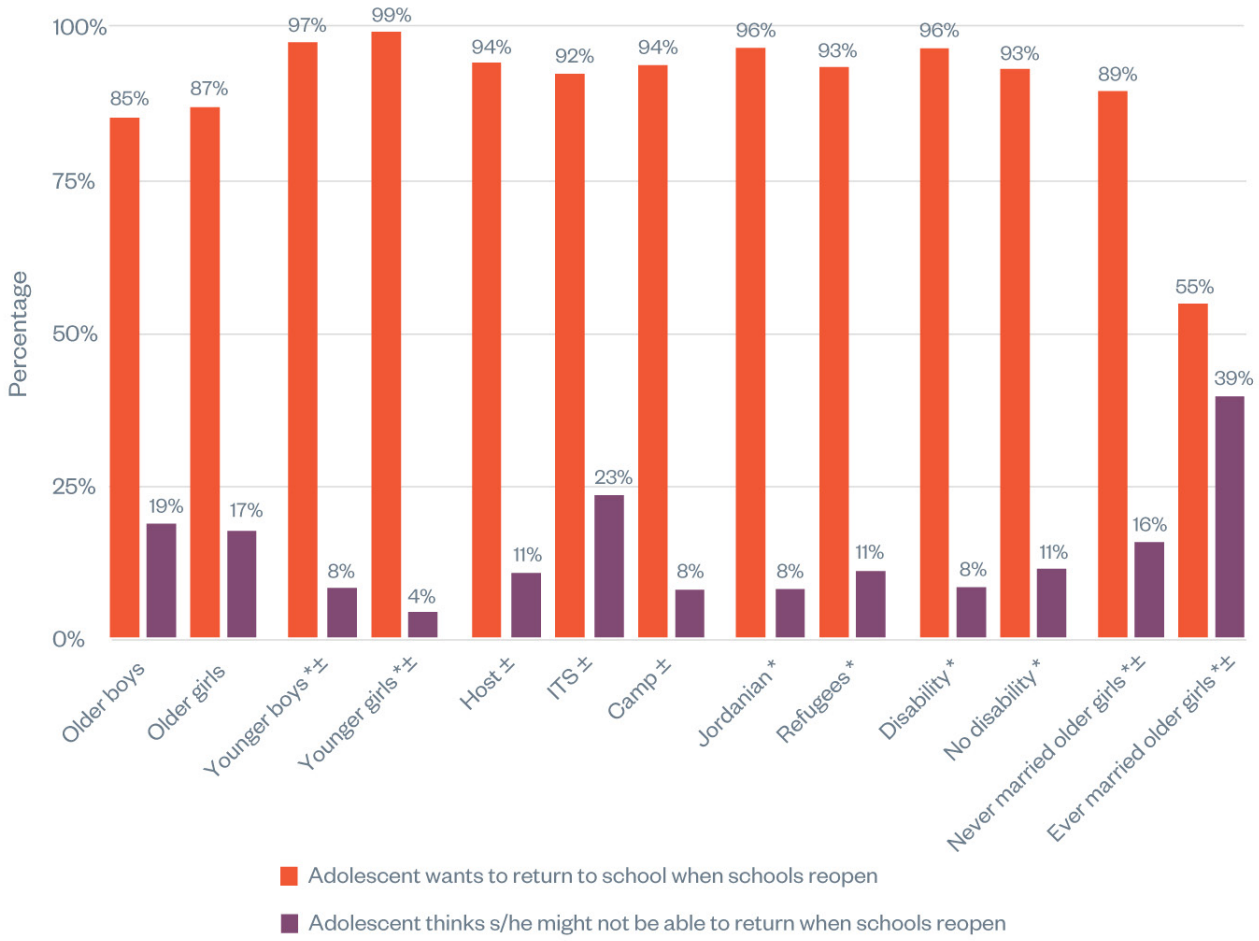
In this section, we summarize our findings on education and learning. The section starts by looking at the ability of adolescents to continue learning while schools are closed, and then turn to challenges in accessing distance education. We then investigate the support that adolescents have received from family and teachers in continuing learning.

Continuity of learning

Nearly three quarters (72%) of the study population was enrolled in school prior to the onset of the pandemic; levels of school enrolment were much higher in camps and in host communities (76% and 74%, respectively) than in ITS, where only 46% of adolescents were in formal education. The survey revealed that, among those enrolled in school pre-pandemic, a high proportion (89%) were able to continue learning in some way. In this respect, the younger members of the study cohort fared slightly better; 90% of those aged under 15 were able to access education in some way compared with 86% of those aged 15 and over. Jordanian nationals (92%) slightly outperformed refugees (88%), but adolescents living in ITS, who already experience lower levels of school enrolment, were again at a disadvantage in terms of continuity of learning relative to their peers living in camps and in host communities (84% compared with 86% and 91%, respectively).

Overall, the vast majority (94%) of adolescents who were enrolled in school (including any enrolled in non-

Fig. 10: Percentage of adolescents who want to return to school when schools reopen and who think they may not be able to return to school



Notes: Percentages are based on the number of adolescents who were enrolled in school or an informal/nonformal educational programme in March 2020 and/or had re-enrolled in school (or an informal/nonformal educational programme) in the school year beginning in September (n=2290). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for wanting to return to school. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for thinking that returning to school might not be possible.

formal educational programmes) prior to the pandemic, or had returned to school during the brief reopening in September, said that they wanted to return to school after the closures. Younger adolescents appeared to be keener than older adolescents to return to school (96% vs 86%). The proportion expressing this wish was slightly higher among Jordanian nationals (96%) than among refugees (93%), but across all settings (community, ITS and camps) the motivation to return to school was uniformly high (Fig. 10). As an 11-year-old Syrian boy living in an ITS explained: *"I swear my sister, we are living in a tent, the work stopped and the situation is very very bad, but we didn't stop school even during the heatwave, so I am committed to go to school. We won't leave the school."* The drive to return to school was also more pronounced among adolescents with disabilities (96% vs 93% in those without disabilities, reflecting the importance of schooling for adolescents with disabilities (Fig. 10).

10% of survey respondents expressed concerns that they may not be able to return to school when they reopen. This concern was three times more common among older adolescents: 18% of those aged 15 and over said they thought they might not be able to resume learning compared with 6% of the under 15s. As a 17-year-old Syrian girl noted about her 16-year-old brother: *"My brother has started to work with me recently because of the lack of money. He had to drop out after corona[virus]. He can't go back after schools reopen – our situation is very difficult."*

Over a third (39%) of married older girls voiced fears about not being able to resume schooling when schools reopened; this proportion fell to 16% in older girls who were never married. This belief was also widely held among adolescents in ITS; nearly a quarter (23%) thought they

might not be able to resume their schooling, a significantly higher proportion than those in host communities (11%) and camps (8%). Younger boys were twice as likely to harbour fears about not returning to school than younger girls (8% vs 4% of girls in the age group 11–14 years; see Fig. 10). It is also worth noting that when schools briefly re-opened in September, 83% of students who had been enrolled at pandemic onset returned.

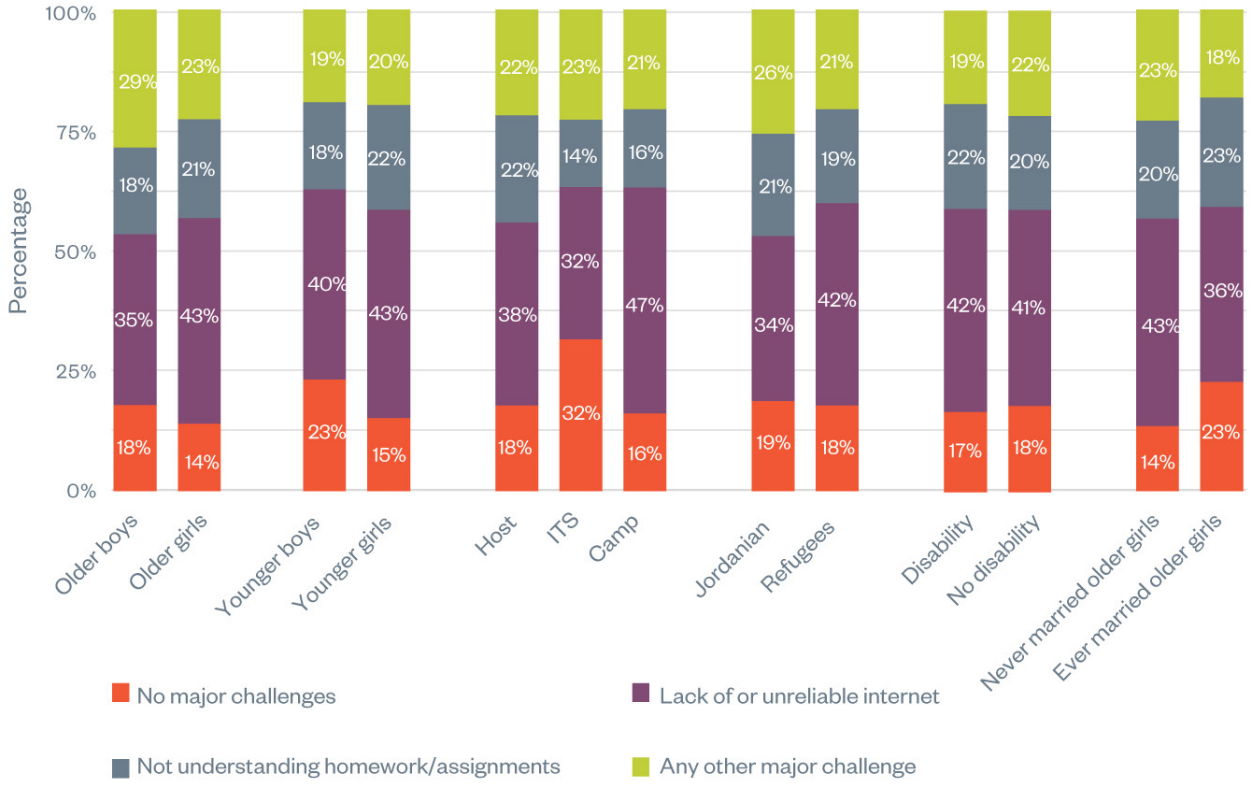
Challenges in accessing distance education

A sizeable proportion of respondents who were enrolled in formal school prior to the pandemic or had returned to school in September 2020 reported that their ability to access distance education was marred by connectivity challenges, resource deficits, and time poverty. When asked about their greatest challenge in accessing education during the pandemic, over two fifths of adolescents (41%) mentioned a lack of or unreliable internet. This was echoed in the qualitative survey data, with many respondents emphasising how challenging connectivity was. As a 16-year-old Jordanian girl explained: *"The electricity was cut off sometimes because we couldn't pay. So we used to send the phone to my grandfather's house to recharge it… We don't have internet in the home. We link from our neighbour's network only."* As shown in Fig. 11, connectivity problems were a major factor across all settings, but particularly prevalent in camps; 47% of adolescents from camps reported lack of connectivity as a challenge compared with 38% in host communities and 32% in ITS.

A fifth (20%) of adolescents identified not understanding homework assignments as a barrier to their learning (Fig. 11). In the qualitative interviews many adolescents underscored how challenging it was to follow lessons online. As a 17-year-old girl who failed her exams despite having been a strong student prior to the pandemic noted: *"The lessons aired on TV I couldn't understand at all…It isn't that the teacher doesn't know how to explain but for me being face to face with a teacher explaining to me, making me understand the way I do, is very different to distance learning."*

Time poverty was an issue for many. Four fifths of adolescents (80%) in formal education noted that they were having to spend more time on household chores and care work since the pandemic. This was especially

Fig. 11: Challenges to accessing learning during school closures among students enrolled in formal school



Note: Percentages are based on the number of adolescents who were enrolled in formal school in March 2020 and/or had re-enrolled in formal school in the school year beginning in September, excluding those who responded "I don't know" and/or refused to answer these questions (n=2144).

the case for married girls aged 15 and older (89% vs 76% for unmarried girls aged 15 and older). Somewhat surprisingly, proportionately more younger boys reported spending more time on chores and care work than younger girls (83% vs 77%). Part of the explanation for this finding – which emerged from the qualitative work – might lie in the fact that girls were already more accustomed to performing domestic and care work responsibilities due to conservative gender norms, and the pandemic has less impact on the time spent by girls on these activities. There were differences by nationality too, with Jordanian adolescents less likely (75%) to report spending increased time on chores and care work compared with their refugee peers (81%).

More than a fifth (22%) of all adolescents identified having to spend more time in paid work during the pandemic, which for those trying to continue their education during school closures may be acting as another potential barrier to learning. This was especially noticeable in the older cohort, among whom 29% agreed that the time demands of paid work increased after the onset of the pandemic. Gender differences were also stark; in the older cohort, more than three times as many boys as girls (45% vs 13%) reported spending more time on paid work than before the start of the pandemic, while among the younger cohort, this differential was even greater (29% of boys vs 5% of girls spent more time doing paid work during the pandemic than before). In terms of nationality, refugee adolescents were almost twice as likely to report spending more time on paid work (24%) than their Jordanian peers (14%), while significantly more adolescents in ITS (39%) compared with those in camps (23%) and host communities (20%) noted that paid work was taking up more of their time since the pandemic.

Support from family and teachers

The survey revealed that more than four fifths (83%) of in-school adolescents received some form of support from their family to continue with their formal schooling during school closures. Parental and familial support was provided in a number of ways, including help with schoolwork (57%), allocation of a space to study (66%), and/or access to a device with internet access (68%), while 47% acknowledged that their family was reducing their chore load so that they could keep up with their studies. The qualitative data highlighted how important supportive family members can be in motivating adolescents to continue studying during distance education. As a 17-year-old Jordanian boy noted: *"I asked a lot of family members who took the exam before me...the person who helped me the most is my cousin who taught me English language and supported me before the exam. She taught me English wonderfully and rejoiced at my success even more than me!"* Younger adolescents were more likely to report receiving family support for their education (84% compared with 81% among the older cohort), as were Jordanian nationals (88% compared to 82% of their refugee peers).

In terms of teacher support, our findings were less positive. Only 36% of adolescents reported having any form of contact with their teacher in the 7 days prior to the survey, and just 20% had received feedback from a teacher in the 7 days prior to the survey. Girls were more likely to be in contact with their teacher in both age groups. Among older girls, 42% reported a recent teacher contact compared with 31% of older boys; for the younger age group, the corresponding figures are 39% and 32%. Despite the higher contact rates, older girls were not significantly more likely than older boys to receive feedback; however, among the younger cohort, teacher feedback was reported by 22% of girls but only 17% of boys (Fig. 12). Jordanian nationals generally did significantly better than refugees both in terms of teacher contact (42% vs 35%) and feedback (26% vs 19%).

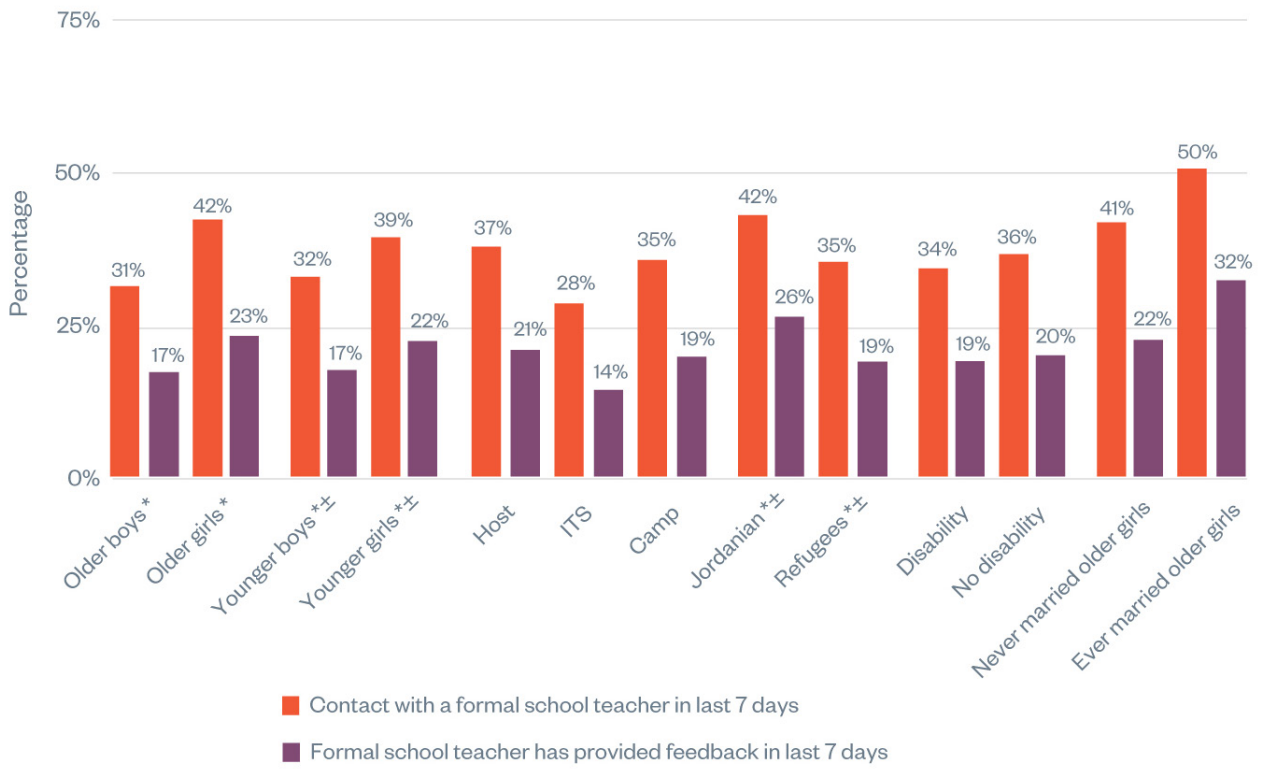
Voice and agency

A number of aspects of adolescents' ability to exercise voice and agency during the pandemic were explored as part of both the quantitative and qualitative surveys, including mobility outside the house and the number and quality of interactions with friends. Mixed results were found; many adolescents reported having greater restrictions placed on their mobility and having less privacy during the pandemic, while also experiencing increased access to technology and more opportunities to connect with friends and peers online. However, some subgroups of adolescents were more likely to be affected by restricted mobility and less likely to benefit from increased access to technology, in particular, girls and adolescents with disabilities.

Mobility outside the house

Participants were asked about their movements outside the house and interaction with non-household members

Fig. 12: Percentage of students reporting contact with, and/or feedback from, school teachers in the 7 days before the survey



Notes: Percentages are based on the number of adolescents who were enrolled in formal school in March 2020 and/or had re-enrolled in formal school in the school year beginning in September, excluding those who responded "I don't know" or refused to answer these questions (n=2139). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for contact with a teacher. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for receiving feedback from a teacher.

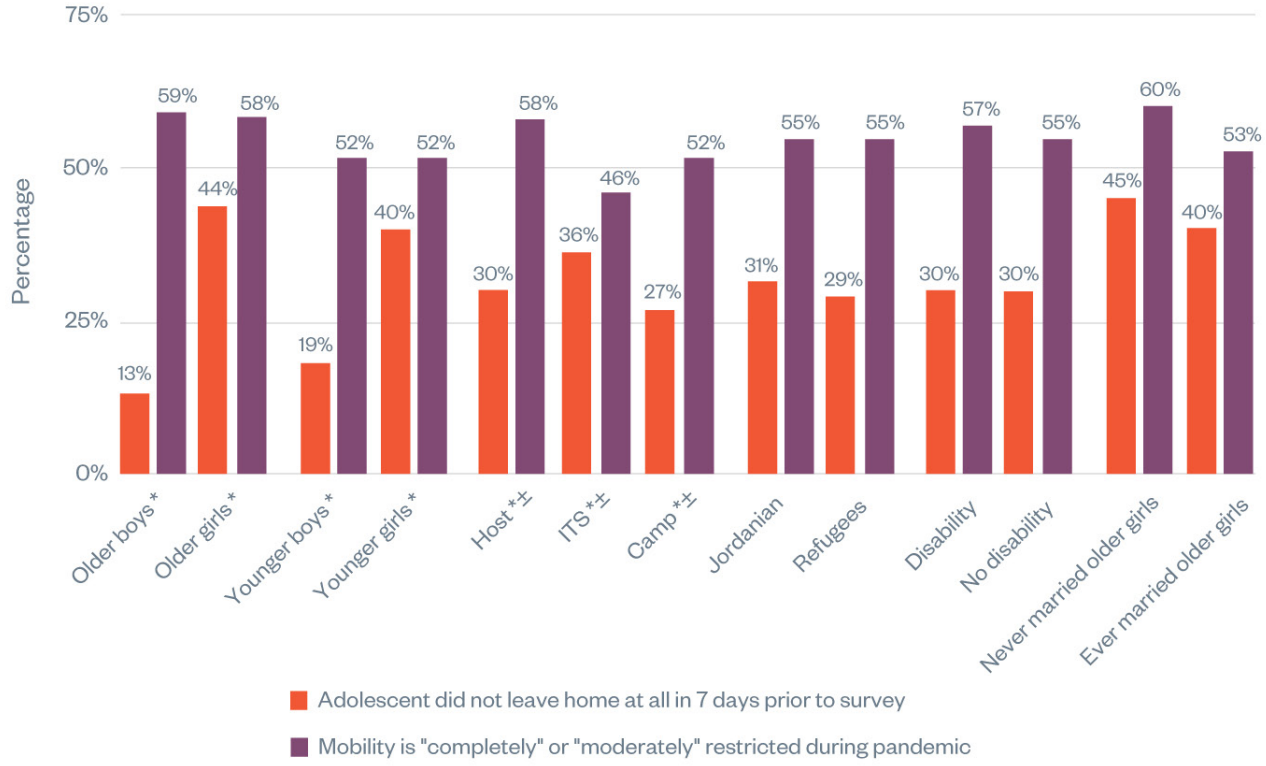
in the week prior to taking the survey. The mean number of days spent at home without receiving any visitors, averaged across all adolescents, was 3.9 days. On average, girls reported staying at home for more days of the week than boys, and this was true for both age groups (4.9 days for older girls vs 2.8 days for older boys and 4.7 days for younger girls vs 3.3 days for younger boys). Furthermore, 44% of older girls and 40% of younger girls had not left the house or received any visitors in the preceding 7 days, compared with just 13% of older boys and 19% of younger boys (see Fig. 13). Adolescents in ITS were more likely to be homebound (36%) than those in host communities (30%) and camps (27%).

Over half (55%) of all adolescents said that they felt their mobility had been "completely" or "moderately" restricted since the pandemic began; this view was shared by equal proportions of boys and girls (Fig. 13). However, adolescents in host communities (58%) were more likely to report that their mobility had been restricted than those in camps (52%) and ITS (46%).

Interactions with friends

The majority (71%) of all adolescents in the survey sample had interacted with friends in the past week, either virtually or in person. A third (33%) reported "hanging out" or playing with friends in person in the past week. Boys were more likely to see friends in person than girls; among the older age group, 51% of boys had in-person interactions compared with only 13% of girls. The gender differential was only slightly less pronounced in the younger age group (50% of boys vs 19% of girls). Over half (56%) of all adolescents said that they had interacted with friends virtually in the past week, either through phone messaging, via social media or by playing online games. As a key informant noted: *"During this tense period, adolescents spend their time on smart phones only… I mean they spend their time on smart phones such as playing games, watching YouTube and playing new games that they play together as a group… this is their coping strategy."* Older boys were more likely to use virtual methods to connect with friends than older girls (68% vs 61% for all older girls

Fig. 13: Freedom of movement among adolescent survey participants during the pandemic



Notes: This figure is based on responses from the full sample of adolescents, excluding those who responded "I don't know" and/or refused to answer these questions (n=2950). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level for adolescents reporting not leaving home at all in the 7 days prior to the survey. Categories noted with an "±" demonstrated statistically significant differences at the 0.05 level for adolescents reporting "complete" or "moderate" restrictions in mobility.

and 55% for older married girls); however, among the younger age group, the gender gap was reversed: 51% of girls reported using virtual methods to connect with friends compared with 44% of boys. The qualitative findings indicate that this is because boys in both age groups have more opportunities for face-to-face interaction.

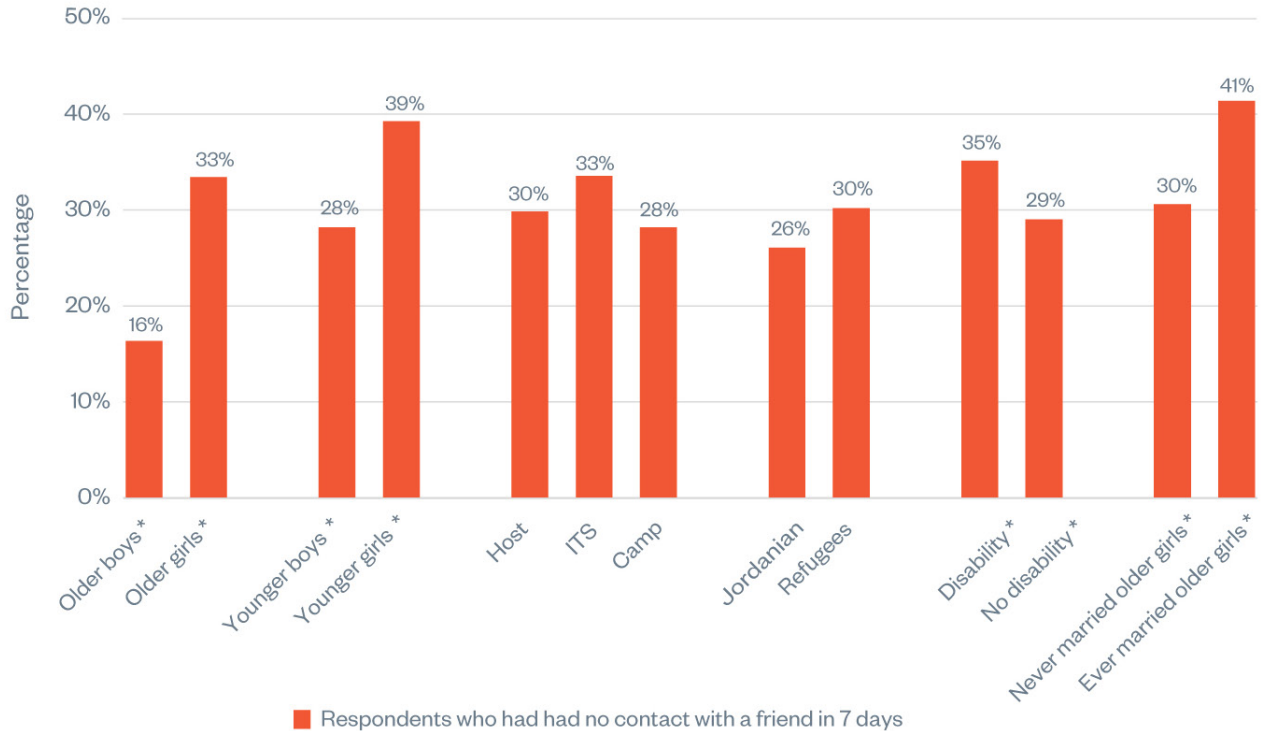
Our survey revealed that almost a third (29%) of adolescents in the sample had no interaction with friends either in person or online (Fig. 14); this finding is potentially very concerning given the importance of peer interactions during the adolescent years. Girls appeared to be at greater risk of social isolation; 33% of older girls reported no interaction with friends in the week prior to taking the survey compared with 16% of older boys. For the younger age group, the corresponding figures are 39% for girls and 28% for boys. Being married may further increase the risk of social isolation; 41% of married older girls reported no contact with friends compared with 30% of unmarried older girls (see Fig. 14).

This trend towards higher rates social isolation in girls relative to boys, and in younger girls in particular, is likely a reflection of a twofold disadvantage experienced by this subgroup. Girls not only typically lack the same freedom of mobility outside of the home enjoyed by their male peers, but are also less likely to have access to an internet-enabled personal device. Just 45% of older girls had a personal device with an internet connection (compared with 71% of older boys); younger girls are even less likely to have access to an internet-enabled device (while 57% of older adolescents had their own internet-enabled devices this proportion fell to 18% in the younger age group), and this a significant risk for social isolation.

Internet connectivity and online experiences

Our survey findings suggest that adolescents consider technology to be an important part of life during the pandemic. More than half (55%) felt that they had greater access to technology, such as access to the internet or a phone, than they did before the pandemic. Older boys were more likely to report increased access to technology since the start of the pandemic than older girls (64% vs 53%). At the time of the survey, 37% of all survey participants had their own personal device with internet access. As shown in Fig. 15 rates of ownership were higher among older than in younger adolescents (57% vs 18%), among older boys than

Fig. 14: Percentage of respondents who had no contact with a friend in the past 7 days (virtually or in-person)

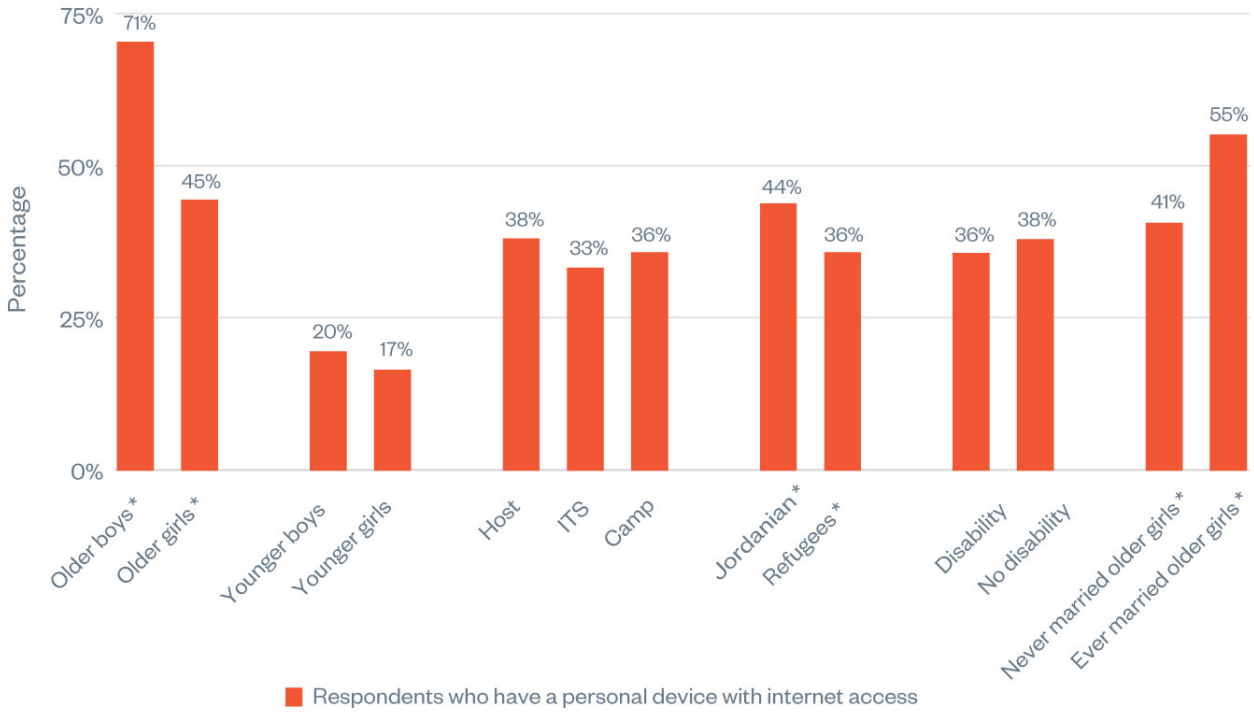


Notes: This figure is based on responses from the full sample of adolescents (n=2,951). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

older girls (71% vs 45%), among older married girls than older unmarried girls (55% vs 41%), and among Jordanian nationals than refugees (44% vs 36%).

Among the internet users, 12% reported having had a negative or uncomfortable online experience in the past 12 months. This proportion rose to 15% in the older age group,

Fig. 15: Percentage of respondents who own a personal device with Internet connectivity



Notes: This figure is based on responses from the full sample of adolescents, excluding those who responded "I don't know" and/or refused to answer this question (n=2950). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

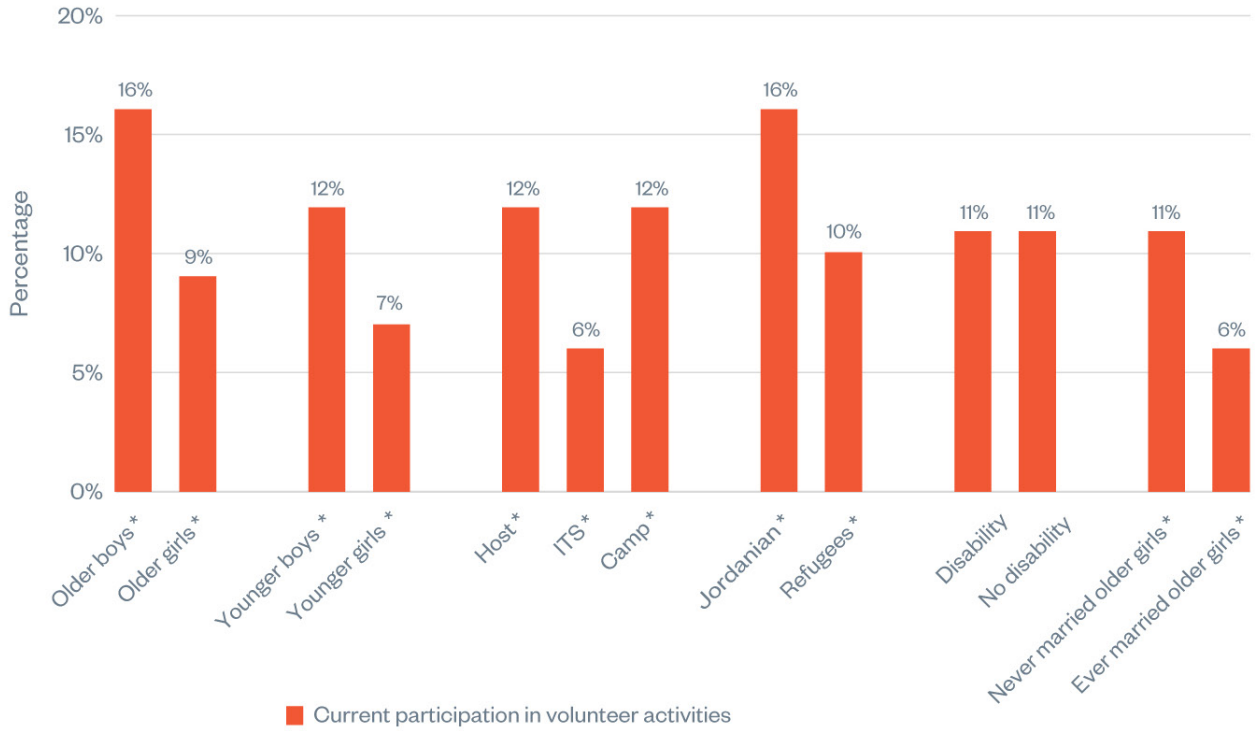
which compares with just 8% in younger adolescents. A significantly higher proportion of older boys reported a negative experience compared with older girls (19% vs 11%). Adolescents with disabilities were also more likely to report a negative experience than their peers without disabilities (19% vs 11%). There were also significant differences by geographical location, with adolescents in host communities more likely to report a negative experience (13%) compared with those in ITS (7%) and camps (11%).

Participation in volunteer activities

Finally, in terms of adolescent participation in volunteer activities during the pandemic, 11% reported that they were involved in some form of volunteer work. Some gender differences emerged (Fig. 16): only 9% of older girls and 7% of younger girls were currently involved in volunteer activities compared with 16% of older boys and 12% of younger boys. A 13-year-old Syrian girl in an ITS described her situation as follows: *"I could not participate with any programme or organisation. I'm not allowed to volunteer or go there without my brother or my father."*

Jordanian nationals were more likely than refugees to be involved in volunteer activities (16% vs 10%), and a slightly higher proportion of young people in camps (12%) and host communities (12%) participated in volunteer activities than did those in ITS (6%).

Fig. 16: Percentage of respondents who are currently volunteering



Notes: This figure is based on responses from the full sample of adolescents, excluding those who responded "I don't know" and/or refused to answer this question (n=2477). Categories noted with an asterisk (*) demonstrated statistically significant differences at the 0.05 level.

Conclusions and recommendations for policy and programmatic action

We conclude by summarizing the key findings on the intersecting impacts of the pandemic on adolescents in Jordan. In each thematic domain, we identify priority policy and programming actions in line with a rights-based approach to address these impacts and to promote adolescent health and well-being during the pandemic and in the post-pandemic response. It is important to underscore that some subgroups of young people – the socially disadvantaged in camps, host communities and in ITS, adolescents with disabilities, and to a lesser extent girls especially married girls – appear to be disproportionately affected by the pandemic. In line with commitments to "leave no one behind" within the context of 2030 Sustainable Development Agenda, it is critical therefore that they be placed at the forefront of any targeted or socially inclusive pandemic response.

Recommendations for priority policy and programmatic action include the following:

1. Promote equitable health care access for adolescents

More than a fifth of all adolescents who required medical care since March 2020 reported that they had not been able to access health care and 15% of those who required medications were unable to obtain them when they needed to do so. This figure was higher among the most socially disadvantaged, including young people with disabilities, refugees, pregnant girls and adolescent mothers. It is recommended that adolescents' health and well-being needs, including sexual and reproductive health, nutrition, violence and injury prevention, mental health and psychosocial support are explicitly integrated in the national COVID-19 response and services-continuity plans, as well as in humanitarian preparedness and response plans. To support related health service outreach efforts, it is also recommended that the database of vulnerable adolescents be updated and government agencies, civil society organizations and nongovernmental organizations work together to promote access to health services for these groups.

2. Support food security and dietary diversity

Hunger and a reduction in dietary diversity affected more than a quarter of adolescents in the sample. Hunger affected a third (34%) of adolescents with disabilities, and 31% of adolescents living in host communities. This indicates an urgent need to improve shock-responsive social assistance systems so that support can be rapidly scaled up during crises, especially in host communities. It also indicates that lessons need to be learned about why camp settings have been more effective at minimizing food security risks, and how these can be used to inform the strengthening of social protection systems. Finally, it is important to effectively target adolescents who are especially vulnerable, for example, adolescents with disabilities and their families.

3. Ensure menstrual health and hygiene management

Almost one quarter of adolescent girls who had experienced menarche noted that they faced challenges ensuring menstrual hygiene. While part of this was due to cultural taboos, these were in turn exacerbated by pandemic-induced financial constraints and the lack of privacy during the lockdown. It is recommended that public health officials in partnership with other stakeholders address the stigma and taboos surrounding menstruation. Coordination with humanitarian actors is also recommended to ensure the availability of and accessibility to water, sanitation services and to menstrual hygiene supplies.

4. Promote injury prevention

More than 5% of adolescents reported being injured during the pandemic and almost one fifth identified the COVID-19 outbreak as a factor that increased their risk of injury. It is therefore important that public health measures are taken to identify and mitigate risks that are likely to be exacerbated during lockdown scenarios, and to raise awareness among community members, service providers and employers as to how best to manage such risks. Such measures require multisectoral collaboration, including the involvement of ministries of education, health, public information, transportation and social development, as well as municipalities and local governments.

5. Support positive coping repertoires, including measures to mitigate risks of substance abuse and inadequate physical activity

Adolescent coping strategies in the context of the pandemic differed by gender, nationality and place of residence. In terms of substance abuse, among boys who were regular cigarette smokers (more than a third of older boys), 34% reported smoking more during the pandemic due to increased stress. However, at the same time, a significant number reported consuming less tobacco or shisha pipes, which can be attributed to the combination of financial constraints and the closure of cafes in the wake of the pandemic-induced economic downtown. In the case of recreational drug use, the findings are again mixed, with some adolescents increasing their substance use during the pandemic; this was more noticeable among adolescent boys, Jordanian nationals and adolescents living in host communities.

Public health and mental health services that provide support to reduce the risks associated with unhealthy lifestyles are therefore essential, and should be targeted at those most at risk. It may be possible to draw on the experience of those who reduced their smoking during the pandemic because of financial constraints, and to shape public health messaging around the potential economic savings. The use of alternative strategies to cope with increased stress during the pandemic should be promoted, and families and adolescents should be supported in seeking and accessing care to help with smoking cessation and other forms of substance abuse. Finally, it is important to ensure promotion of healthy lifestyles, including regular physical exercise, as part of broader programme of interventions to mitigate the impacts of COVID-19.

6. Promote adolescent psychosocial wellbeing and mental health

Findings show that more than one in ten of adolescents are experiencing moderate-severe depression (11%) and anxiety (12%) as a result of the pandemic. Rates are even higher in older girls and those with disabilities. Recommendations are for a multi-layered, multisectoral response, incorporating targeted campaigns for tackling stigma and discrimination, community-based interventions and the integration of mental health in primary health centres and general health care, coupled with the strengthening of specialized services to promote mental health and provide care for adolescents and their families with mental health disorders.

7. Tackle risks of intra-household violence

Adolescents highlighted that household stress, especially due to economic constraints, had increased since the pandemic and manifested itself in increased age- and gender-based violence in the home. This suggests an urgent need to address the underlying stressors, especially economic constraints, through scaled social assistance, and to ensure that hotlines and counselling services are adequately resourced, and that there are community services available for adolescents to turn to when required. It is also recommended that health care providers are made aware of the increased risks of intra-household violence, and that they understand the specific challenges that adolescents face in reporting abuse. Health workers must also be trained and supported to detect and respond to cases of domestic abuse, and to make appropriate referrals when needed.

8. Adopt disability-inclusive approaches

Adolescents with disabilities – who are already at a social disadvantage relative to their peers without disabilities – have been disproportionately impacted by the pandemic in a number of ways, including inadequate adaptations to distance learning, as well as reduced opportunities to interact with peers and difficulties in accessing general and specialist health services, including services to source and maintain assistive devices. Actions should be taken to ensure all efforts related to promoting adolescent health and well-being during and beyond the pandemic are inclusive of adolescents with disabilities and take count of any related considerations. This should be done in full consultation with adolescents with disabilities, their families, caregivers and representatives to ensure that implemented policies, actions and measures are truly inclusive on the ground.

9. Ensure continuity of learning

While 89% of adolescents were able to continue learning in some way during lockdown, limited access to devices and internet connectivity has impacted on the quality of that learning for more than two fifths of surveyed adolescents. In this respect, younger adolescents and girls have been particularly disadvantaged. Increased time burdens – time spent on household chores and sibling care – has also

negatively affected engagement in distance education, for both boys and girls. Lack of teacher contact was identified as another factor; less than two fifths of adolescents had received feedback from a teacher in the week preceding the survey. It is therefore important to strengthen the linkages between teachers and students while distance learning is necessary, and to provide alternative means of engagement in distance education – for example, paper-based learning materials for those with electricity and internet connectivity challenges – so as to minimize education disadvantage for the most vulnerable. Moreover, it is critical to facilitate, as early as possible, the safe reopening of schools and consider it a priority for governments and partners and to prioritize adolescents with disabilities in related outreach activities.

10. Support adolescent voice and agency in the community

Girls, adolescents with disabilities, and adolescents living in ITS in particular highlighted limited mobility and interactions with friends in person during the pandemic. This suggests a need to support peer interaction in appropriately socially distanced ways. Some adolescents (11%) are participating in volunteer activities to support the pandemic response, but if efforts to build back better are to be youth-responsive, it is essential that there are more opportunities for adolescent girls and boys to engage and participate actively as advocates, volunteers and innovators. To this end, examples of promising practices within Jordan as well as internationally should be shared and adapted at scale.

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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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GENDER & ADOLESCENCE: GLOBAL EVIDENCE

GAGE Programme Office
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom
Email: gage@odi.org.uk
Web: www.gage.odi.org

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