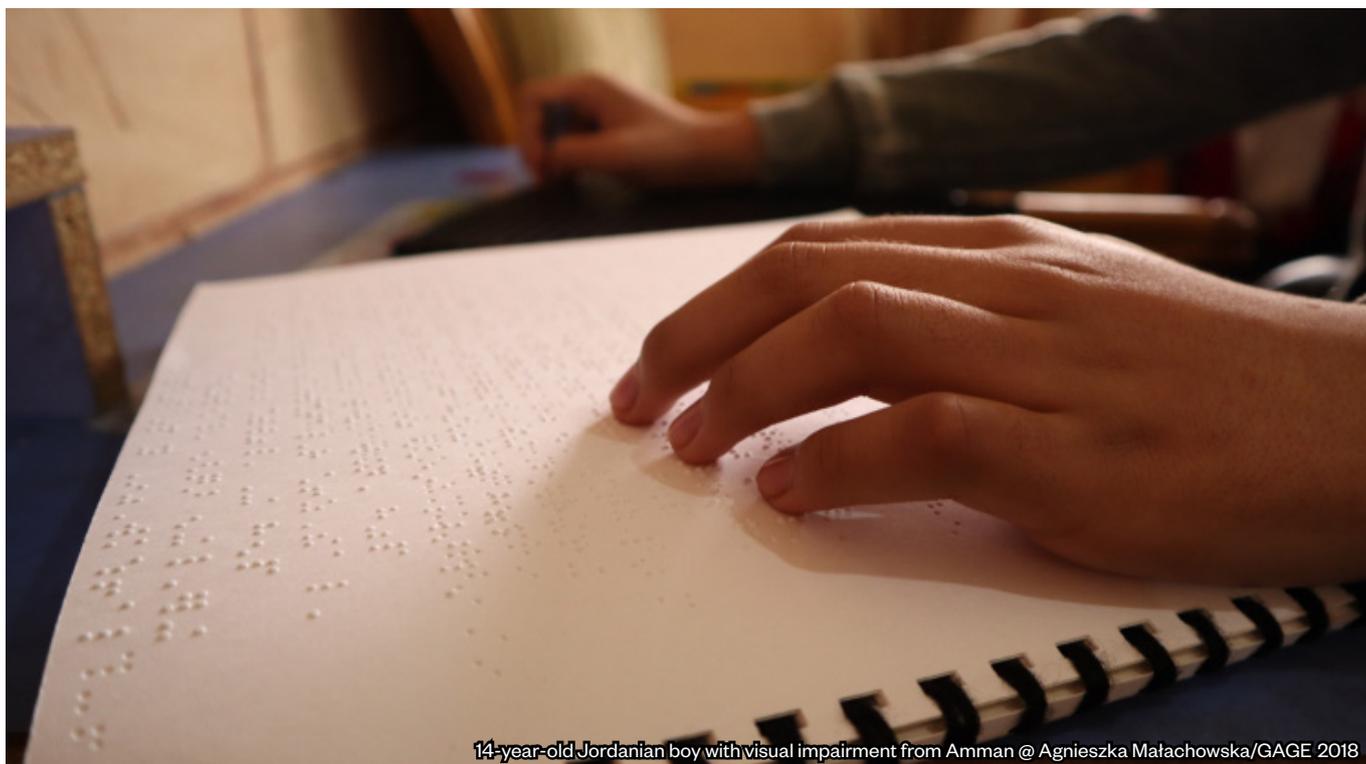


Policy Brief

March 2023



14-year-old Jordanian boy with visual impairment from Amman @ Agnieszka Małachowska/GAGE 2018



Psychosocial well-being of adolescents in Jordan: the intersecting role of nationality, gender and disability

Authors: Elizabeth Presler-Marshall, Nicola Jones, Bassam Abu Hamad, Agnieszka Małachowska and Wafa Al Amaireh with Haitham Al-zoubi and Ghada Al Qadi

Introduction

In recognition of the growing mental health crisis among children and adolescents, Jordan's Ministry of Health and Ministry of Education have recently partnered to develop and implement a school-based mental health care package that is accompanied by community-based psychological first aid for children (Japan International Cooperation Agency and Save the Children Japan, 2021). This represents a sea change in the way mental health care is conceptualised and delivered in Jordan, which has to date remained overly dependent on scarce specialists and the efforts of non-governmental organisations (NGOs) (Schubert, 2018; McNatt, 2019; World Health Organization (WHO), 2020; 2022).

This policy brief, which draws on mixed-methods data collected between 2018 and 2022 as part of the Gender and Adolescence: Global Evidence (GAGE) research programme (see Box 1 for details on GAGE programme design and methodology), aims to contribute to the efficacy of Jordan's efforts to meet the mental health needs of adolescents by strengthening the evidence base on how nationality, gender and disability shape their psychosocial well-being. It is meant to be read alongside a *companion policy brief* that lays out GAGE's headline findings on the stressors facing young people – and the supports available to them to strengthen their psychological well-being. We begin with a policy brief introduction

Box 1: Overview of GAGE's research approach and methodology

The Gender and Adolescence: Global Evidence (GAGE) research programme, funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), is generating evidence about the diverse experiences of adolescents living in low- and middle-income countries (LMICs). It explores the challenges facing adolescents at this crucial life stage and identifies what works to support them to develop their full capabilities as they transition to adulthood. The GAGE sample includes adolescents who are most at risk of being left behind, particularly girls who are (or have been) married and adolescents with one or more disabilities.

GAGE's Jordan sample of approximately 4,000 adolescents reflects the complexity of the country's population. It is comprised of girls and boys from vulnerable Jordanian communities, ex-Gazan Palestinians, and Syrian and Dom populations who live either in Jordanian host communities, formal refugee camps or informal tented settlements (ITSs). The sample covers two age cohorts: younger adolescents, aged 10–12 years at the time of baseline data collection (late 2018 and early 2019); and older adolescents, aged 15–17 years at baseline. The qualitative sample, of 220 adolescents, is drawn from the larger quantitative sample.

The GAGE programme uses mixed-methods research. Quantitative data was collected via surveys, which were completed by adolescents and their primary caregivers in-person at baseline and over the phone in 2020, during pandemic lockdowns. Survey modules were diverse and covered a range of adolescent capabilities, not only psychosocial well-being but also education and learning, bodily integrity and freedom from violence, health and nutrition, access to mobility and technology, and economic empowerment. A subset of adolescents and their caregivers were selected to take part in in-depth individual and group interviews. At baseline, we used a variety of interactive tools to explore young people's lives, and who or what contributes to their broader well-being. We also interviewed 65 key informants who shape and deliver the policies, services and programmes that impact adolescents' lives. During Covid, we conducted interviews with adolescents, caregivers and key informants by phone.

The GAGE research design and tools were approved by ethics committees at the Overseas Development Institute and George Washington University. For research participants in refugee camps, permission was granted from the United Nations High Commissioner for Refugees (UNHCR) National Protection Working Group. For research participants in host communities, approval was granted by Jordan's Ministry of Interior, the Department of Statistics and the Ministry of Education. Consent (written or verbal as appropriate) was obtained from caregivers and married adolescents; written or verbal assent was obtained for all unmarried adolescents under the age of 18. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites. Makani centres support adolescents' psychosocial well-being.

to the existent evidence base. We then turn to discuss our findings, starting with a review of headline findings from the [companion brief](#), before turning to explore how the characteristics of adolescents and their households leave young people differently at risk of emotional distress and differently able to access the supports they need to thrive. We conclude with recommendations for policy and programming.

What does existent research say about the psychosocial well-being of adolescents in Jordan?

Psychosocial well-being is a broad and evolving concept that moves beyond narrow definitions of mental health and ill health and encompasses adolescents' internal emotional capacity as well as their external social support from trusted adults and peers (Ungar and Liebenberg, 2011; Jose et al., 2012; Lamblin et al., 2017). Recent research has found that young people living in Jordan are all too often not thriving; they have extremely high rates of anxiety and depression (Malak and Khalifeh, 2018; see also Dardas et al., 2017; 2018; AlAzzam et al., 2021; Najdawi et al., 2022). Refugee adolescents in Jordan are often at greater risk of psychosocial ill-being than their Jordanian peers due to higher poverty rates, more limited access to education, cultural norms, violence and exclusion, and

more limited support from family and peers (UNICEF and International Medical Corps (IMC), 2014; International Rescue Committee (IRC), 2015; Smetana et al., 2015; 2016; United States Agency for International Development (USAID), 2015; United Nations High Commissioner for Refugees (UNHCR), 2017; IMC, 2017; Salemi et al., 2018; Yonis et al., 2020; 2021; Alshammari et al., 2021). Gender differences are even more marked. Girls report having closer relationships with their parents, but are more socially isolated from their peers (due to restrictions on their physical mobility) and have higher rates of depression and anxiety, eating disorders, and suicide ideation – in part due to the threat of child marriage (Sami et al., 2014; UNICEF and IMC, 2014; IRC, 2015; Hassan et al., 2015; Dardas et al., 2017; 2018; IMC, 2017; Malak and Khalifeh, 2018; Dwekat et al., 2021; Najdawi et al., 2022). Boys are more likely to report being happy, despite their poorer relationships with adults, their greater loneliness, and their higher rates of externalising behaviour (such as conflicts with the law) (Haddad et al., 2009; UNICEF and IMC, 2014; UNHCR, 2017). There appears to be very limited research addressing the psychosocial well-being of adolescents with disabilities in Jordan, though there is strong evidence that they are excluded from many facets of life, due to the stigma that surrounds disability (Jones et al., 2018; Zaaed et al., 2018; Benson, 2020; Quinn, 2022).

Although Jordan has made considerable progress in extending its psychosocial support services since it was selected to implement the WHO's Mental Health Gap Action Programme (mhGAP), those services still remain extremely limited (Karnouk et al., 2019; WHO, 2020; 2022). Refugees in particular have very limited access to such services; they are served almost exclusively by chronically under-funded NGOs (IMC, 2017; Schubert, 2018; Salemi et al., 2018). Salemi and colleagues (2018) observe that because NGOs often serve only girls and women, the psychosocial needs of refugee boys and men are particularly under-served.

Findings

We turn now to our findings, starting with a short synopsis of headlines from the *companion policy brief* in order to contextualise our findings on intersectionality. We then explore how and why nationality, gender and disability shape adolescents' psychosocial well-being. We find that refugee and Dom adolescents face compounded stressors with more limited support; that girls and boys experience different stressors and supports due to gender norms; and that adolescents with disabilities are at greater risk of social exclusion and emotional distress.

Cross-cutting findings on adolescents' psychosocial well-being

As noted in the *companion brief*, GAGE's survey tools are finding that a large minority of adolescents living in Jordan are experiencing emotional distress (32%), moderate-to-severe anxiety (12%) and moderate-to-severe depression (11%). Indeed, in interviews – during which young people

were not bound by the phrasing of research tools developed in the Global North – they report significant psychosocial concerns. Adolescents' distress is primarily driven by poverty, violence (at home, at school, and in the community), educational concerns (both loss of education and pressure to excel despite receiving poor-quality schooling), and emotional isolation. Adolescents thrive when they are well-supported, practically and emotionally, by family; when they have opportunities to spend quality time with peers they trust; when they have non-related caring adults who offer encouragement and advice; and when they are helped to develop individual coping skills and resilience.

Nationality

GAGE surveys at baseline and during Covid-19 found that Jordanian, Syrian and Palestinian adolescents are similarly likely to be emotionally distressed, anxious and depressed. In part, similarities reflect our purposive sample. At the national level, the poverty rate among Syrians and ex-Gazan Palestinians is many times that of Jordanians, due to lower educational levels and legal restrictions on refugees' employment. In our sample, however, Jordanian households (50%) are very nearly as likely to be severely food insecure as Syrian (52%) and Palestinian (54%) households. To the extent that adolescents' psychosocial ill-being is related to household poverty (which is intergenerational for ex-Gazan Palestinians), our sample effectively hides refugee adolescents' greater risk of distress. In part, similarities between survey findings also reflect Syrian adolescents' greater tendency to under-report-which is driven by their desire to protect their



A 14-year-old Syrian refugee girl living in the host community of Al Mafraq, Jordan © Nathalie Bertrams/GAGE 2023

community from further marginalisation. For example, when asked whether they had experienced violence in the household in the past year, 15% of Syrian but 21% of Jordanian and 22% of Palestinian adolescents answered in the affirmative. When asked whether they had severely beaten their child *in the past 30 days*, 12% of female caregivers – regardless of nationality – said yes. To the extent that adolescents' psychosocial ill-being is related to violence, this again effectively hides Syrian adolescents' greater risk of distress.

Although our baseline survey found that Syrian adolescents (40%) report experiencing significantly less bullying than their Jordanian peers (53%), our qualitative research with adolescents and caregivers suggests the reverse, and finds strong links between peer violence and Syrian adolescents' psychosocial distress. In interviews, respondents reported that Syrian young people are frequently humiliated in front of, and excluded by, their Jordanian peers, who typically blame Syrians for causing Jordan's economic and social problems. For example, a 14-year-old Syrian boy reported that he and a friend were attacked on the street by a Jordanian boy:

He was cursing us... He was saying, "Go to your country, why did you come here?"... We were very upset, that we are not in our country and we are being insulted... We felt sad.

Social exclusion was also frequently noted by Dom adolescents, who, despite having Jordanian citizenship, are often seen as outsiders. A 12-year-old girl recalled an experience with a Jordanian classmate: *'She told me, "You're dirty... Stay away, stay away. You're poor." I went to the bathroom and cried.'* A community leader added: *'It is very rare that you find someone who is dealing with them [Dom adolescents] as humans and with kindness or respect. They are always marginalised.'* Indeed, GAGE is finding that Dom adolescents' marginalisation is such that some are fearful to move about in the community. A 13-year-old boy explained: *'I had a panic attack. I was afraid... I was afraid of going to the grocery. I was afraid of going out.'*

For many Syrian adolescents, past exposure to conflict-related violence continues to contribute to emotional distress. As a facilitator working in a community centre explained, this is because *'the memories are still alive in their minds.'* Younger adolescents commonly report that they are afraid of the sounds of planes. For example, a 12-year-old Syrian boy noted that *'I see nightmares about the army attacking us and airplanes.'* Older adolescents admit that they are haunted by both the deaths that they have seen and those that they fear. An 18-year-old Syrian girl explained, *'I see the people die, so I feel afraid... I feel afraid if anyone from my family dies.'*

While many Jordanian adolescents are distressed about education, refugee adolescents are even more so. Most are distressed because they are unable to access schooling. Of the older cohort adolescents in our sample, Syrians (49%) and Palestinians (65%) are far less likely to be enrolled in school than their Jordanian (75%) peers. A teacher explained, *'They are forced to make their kids leave school and work... Even if they make just enough to buy bread so they don't sleep hungry.'* Refugee adolescents understand that their lack of education will have ramifications for their adult lives and are considerably distressed by this. An 18-year-old Palestinian boy explained, *'That's the way this world works – a person without education would not have a good life.'* A 17-year-old Syrian girl said, *'I wish we could become doctors... It is a dream that will not come true... I feel sad.'*

Other young refugees report feeling overwhelmed by educational expectations. Like their Jordanian peers, many Syrian and Palestinian adolescents are extremely anxious about passing the General Secondary Education Certificate Examination (Tawjihi). However, unlike their Jordanian peers, for refugee adolescents, passing the Tawjihi rarely alleviates their anxiety; even if they do pass, there is limited availability of university scholarships and there are legal restrictions on credentialling. A 20-year-old Syrian young woman explained that she feels crushed by expectations that she will succeed in winning a scholarship: *'The responsibility is too big... I feel that the whole family will collapse because of me.'* A Palestinian mother, whose 19-year-old son is studying at university but expects to be prohibited from sitting the civil service bureau exam because he lacks a national identity document, described his desperation: *'He told me that he will commit suicide.'*

Syrian, Palestinian and Dom adolescents are more likely than their Jordanian peers to report that they are unable to rely on their parents for emotional support. With very few exceptions, they agree that this is because their parents are already overburdened – and that they are loathe to add to their stresses. A 17-year-old Dom girl explained:

My mother has children and suffers a lot of problems with them, I do not want to share my problems with her because I do not want to increase her worries. I want my mom to feel comfortable, I do not want to upset her.

The GAGE baseline survey found that Palestinian adolescents (62%) are less likely than their Jordanian (73%) and Syrian (72%) peers to have a trusted friend (see Figure 1). Qualitative findings suggest that this is due to strong restrictions on girls' mobility, and because boys limit their own social interactions as a way to insulate

themselves against the violence that pervades Jerash camp. A Palestinian mother explained, *'I don't allow my daughters to leave the house. They may look from the door for 5 minutes and then I ask them to close it.'* A 12-year-old Palestinian boy noted that he avoids speaking to anyone when he leaves the house for bread: *'Suddenly they start a fight with me.'* Syrian adolescents, while just as likely as Jordanians to report having a trusted friend, were far more likely to report that they cannot rely on their friends to help them cope with distressing life events. A 15-year-old Syrian boy commented that, *'Most of my friends are Syrians and they have a lot of pain... Why would I add more pain to them?'*

Gender

Although our surveys found that girls and boys are similarly likely to be emotionally distressed, depressed and anxious – due to many of the same factors, including poverty, violence, educational concerns and emotional isolation – gender

norms shape how these factors impact young people's daily lives. Girls' distress is ultimately the result of gender norms believed to protect their honour. Boys' distress is the result of norms meant to inculcate masculine strength. Gender norms also shape the supports available to adolescents.

Girls and the role of norms intended to protect family honour

For adolescent girls, the largest source of emotional distress – and the most common barrier to emotional support – is the gender norms believed to protect their (and their family's) honour. These norms cost many girls their access to education, leave others lonely and afraid, and push some into a child marriage that further exacerbates their isolation and risk of violence (see Box 2). Impacts build over the course of adolescence, as expectations regarding girls' behaviour become more rigidly enforced. For example, while the GAGE baseline survey found that younger girls are 8% less likely to leave home daily than

Figure 1: Percentage of adolescents with a trusted friend at baseline



younger boys, the gender gap among the older cohort is 38%. We see a similar pattern in adolescents' access to a mobile phone: although younger girls and boys are similarly unlikely to have a phone for their own use, our baseline survey found that older unmarried girls were less than half as likely to have a phone as their male peers (35% vs. 73%).

Norms that are meant to protect girls' honour – and their future roles as wives and mothers – are the primary reason why girls are denied access to school (and to the peers and caring adults that school-going provides). Some girls are forced to drop out of school by their parents, who are anxious to protect their daughters from the sexual harassment that feeds community gossip and limits marriage prospects. A 19-year-old Syrian young woman explained how *'Many girls were forced to leave school because of the young men... 70% of girls who leave school [do so] because of the young men.'* Other girls are made to leave school because of child marriage itself. A 17-year-old Palestinian girl noted that, *'There are many girls in our school who got engaged and their fiancés have said "since I got engaged to you, you have to stop going to school!"'*

Respondents agreed that parents' efforts to protect girls' reputations also come at the cost

of girls' opportunities to spend time with friends, leaving them *'annoyed, bored, and not happy'* (Syrian mother). This is particularly the case for refugee and Dom girls, many of whom are never allowed out of the house without an escort. A 10-year-old Dom girl emphasised that, *'I'm imprisoned. My father doesn't allow me to go out... They worry about us because our neighbourhood is terrible, it's full of guys.'* Girls' physical isolation is amplified by their more limited access to mobile phones – something that had devastating impacts on their social connectedness during pandemic-related lockdowns, when our survey found that 33% of girls (but only 16% of boys) had had no physical or virtual contact with a friend in the past week. *'It is a shame that girls carry mobile phones... The phone has bad things,'* explained a Syrian mother, who added that all of her sons have their own phone. A 17-year-old Syrian girl, stuck at home alone with only occasional access to her mother's phone, reported that she had only one wish: *'I want someone to ask me why I'm sad and to listen to me.'*

Parents' concerns about girls' honour have another psychosocial cost as well – they leave girls fearful of those around them. Some girls reported that they are afraid to

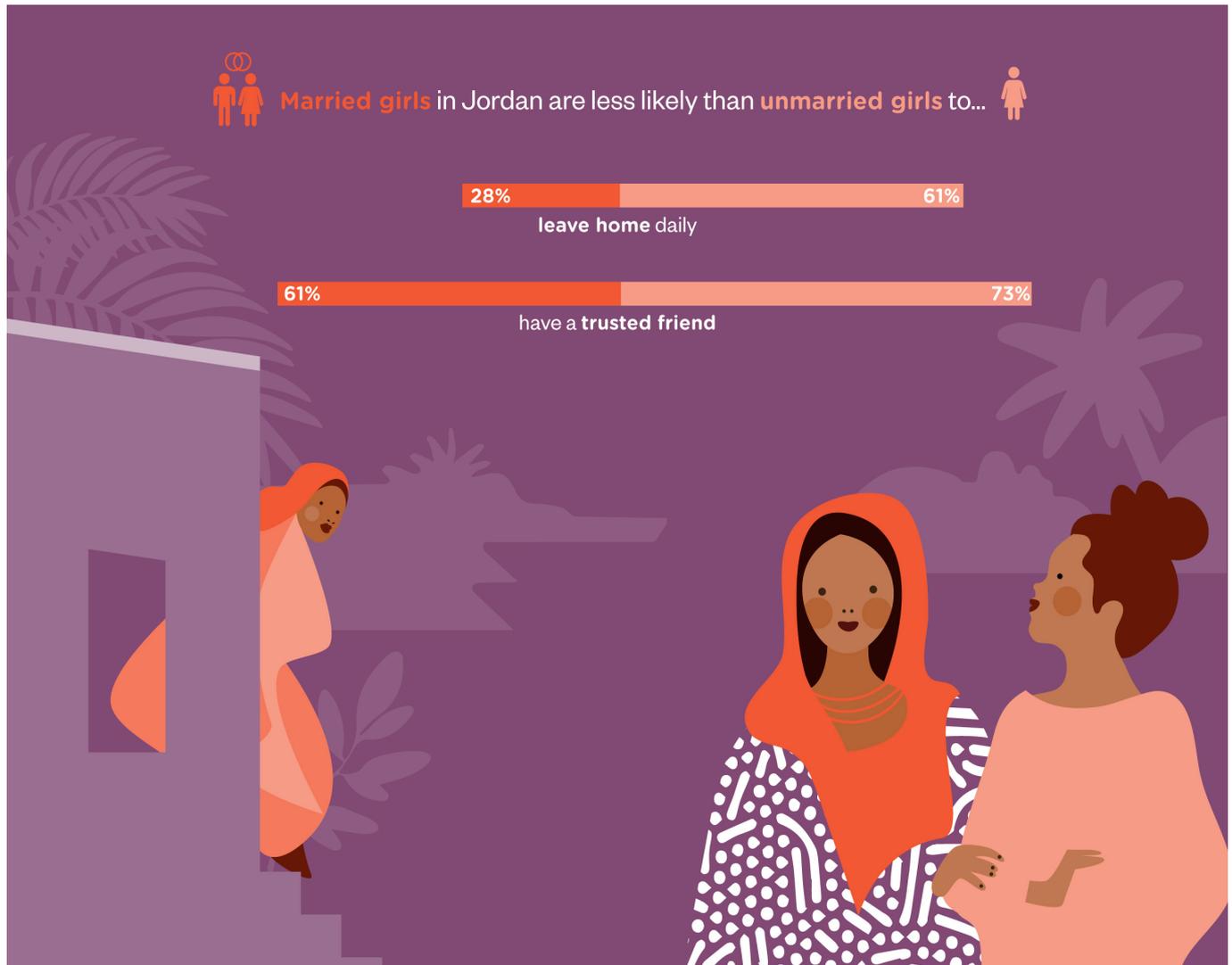
Box 2: Married girls lack adequate psychosocial support

At baseline in 2018, 18% of the 15–17-year-old girls in our sample were already married. While Syrian refugees (21%) were most likely to be married, child marriage was also common among Jordanians (14%)⁵. Very few of the married girls participating in GAGE research can be said to be thriving. Hints of this are evident in survey findings. At baseline, and compared to their unmarried peers, ever-married girls were 86% less likely to be enrolled in school, 54% less likely to leave home daily, and 17% less likely to have a friend they trusted (see Figure 2). It is our qualitative research, however, that most vividly captures the depth of the distress that many ever-married girls feel. A 19-year-old divorced Syrian young woman recalled that, *'When I got married, my psychological state was completely destroyed. I would feel like I wanted to die, I wanted to commit suicide.'*

Ever-married girls noted many reasons for their unhappiness, including loss of input into decision-making over their own lives, isolation from friends and family, and emotional neglect by their husband. A 17-year-old married Jordanian girl reported that marriage is extremely confining: *'The single life is better... Before marriage, I was free... What I wanted, happened. Now, it's different. I can make no decisions on my own.'* A married 18-year-old Palestinian girl added that the tighter restrictions on girls' mobility when they marry puts an end to their access to friends: *'The girl, when she gets married... She does not have any more relationships with her friend. She is to think only of her husband and her children.'* Other girls noted that marriage had even cost them access to their own family. A divorced 18-year-old Syrian girl recalled, *'My husband didn't want me to be close to my parents... He made me change my [phone] number and prevented me from talking with them or visiting them. It was just like prison.'* Married girls commonly emphasised that their loneliness is exacerbated by living with a husband who ignores them. A 16-year-old Syrian girl explained, *'It feels like he is married to that video game. He keeps playing the game and when I tried to talk to him, he silences me.'* A 15-year-old Palestinian girl added, *'I just wish he acknowledges my existence.'*

Although parents commonly insist that *'We marry the girls off at a young age because there is no safety'* (Syrian mother), our research finds that girls are not safe in marriage. When interviews can be conducted in privacy, girls report incessant violence at the hands of their husband. *'He started beating me from the second day... He beat me out of nowhere,'* reported a now divorced 18-year-old Syrian young woman. *'Even when I was pregnant, he hit me,'* added a still-married 18-year-old Palestinian young woman. Married girls observed that they have very little recourse for violence, because even when they are allowed to contact their parents, they are often afraid to disclose what they are experiencing because of the shame that surrounds divorce. A 19-year-old Syrian girl explained, *'There isn't one woman who dares to say that "my husband beats me"... I couldn't tell my own family. Why? Because we only have the one thought: "If the girl is returned to her family after only two months it is because her husband found out something about her." Those are the beliefs of the community we're in.'*

Figure 2: Married girls' social isolation at baseline



make close friends, because secrets divulged in friendship can have implications that cascade across their lives. For example, a 17-year-old Jordanian girl observed that she had been lucky to find a friend who could be trusted: *'Other girls are not lucky, and her secrets are scandals.'* More commonly, parents' concerns leave girls afraid of boys and men. This is particularly the case for Syrian girls. For example, a 14-year-old Syrian girl noted that she had been taught that *'If a boy talks to you in the street... they kidnap the girls... they cut her body and they rape the girls.'* Even when girls are able to recognise changes in themselves – as was the case for a 16-year-old Syrian girl, who stated that *'I was strong when I was little... Now I fear a lot'* – it is not uncommon for them to be afraid when they leave home. For example, a 15-year-old Syrian girl reported that she is now anxious about going to school because of a recent experience:

There were three guys standing on the side of the street, they were taking pictures for themselves and shouting... They looked at me and they told me "What about you,

beautiful girl! Do you like to have a picture?"... I feel a cut in my heart and very afraid.

With the caveat that most child marriages in Jordan are not unwanted by girls, due to active efforts by parents and extended family to position marriage as desirable, for some girls the threat of child marriage can be a source of considerable distress. A 15-year-old Palestinian girl explained that:

All girls are scared of marriage... Because we are young and have no experience in such matters. Just yesterday we were playing on the street and now we're supposed to be getting ready for marriage!

A 16-year-old Syrian girl commented that she is highly distressed because her best friend is being forced to marry against her will. She said, *'I am sick of life. I stopped eating because I think about how to get away from this... I still feel my heart clenched.'*

Although girls in our sample reported that they are, on average, able to talk to their mother about more topics

than are boys of the same age – because the same gender norms that limit girls' access to school, peers and technology tend to foster closer mother–daughter communication by dint of the fact that girls have no one else – this was not always the case. In our sample, Palestinian girls were quite likely to report that they felt loved and supported only by their father. A 17-year-old girl, after noting that her mother is responsible for enforcing the many rules that govern her daily life, stated that she considers her mother to be *'the enemy.'*

Gender norms also limit girls' access to psychosocial support services, sometimes even those provided in informal settings such as Makani centres (see Box 3). With the caveat that services are under-utilised by girls and boys alike, because of the stigma that surrounds mental ill health, girls noted that their access is especially limited – again due to concerns about their reputation and future marriageability. A 17-year-old divorced Syrian girl, who admitted that she was struggling with anxiety and depression, reported that she had never sought help: *'Girls can't do that... Other girls would say, "Why is she doing that?"'*

Boys and the role of norms intended to inculcate masculine strength

Whereas girls' distress and lack of psychosocial support is ultimately driven by gender norms that aim to protect girls' honour (and that of their family), boys' distress and lack of psychosocial support is rooted in gender norms that aim to ensure they grow into 'strong' men. GAGE research finds three main channels through which this happens: violence, expectations of being the breadwinner, and caregivers' lack of attention to boys' emotional needs.

Boys in Jordan are at far greater risk of age-based violence than girls. The GAGE baseline survey found that boys are approximately 1.5 times more likely than girls to experience physical violence from caregivers (20% vs. 13%), twice as likely to experience physical violence from peers (19% vs. 10%), and five times as likely to experience

corporal punishment at school (49% vs. 10%). The survey also found that although boys are more at risk of violence than girls, they are less than half as likely to seek support (8% vs. 20% for violence in the home). Boys are also much more likely than girls to be engaged in child labour. Of the older cohort boys in our sample, 66% of Syrian and 53% of Jordanian and Palestinian boys reported working for pay in the past year (compared to 11% of girls).

Relatively few boys openly admitted to being distressed about experiencing violence, which they come to understand from a young age would reflect poorly on their masculinity. A 12-year-old Syrian boy reported that he keeps his own experiences private: *'When the father hits the son... the son doesn't tell anyone.'* Another Syrian boy the same age added that he cannot tell even his parents that he is being bullied: *'When my friends hit me, I tell my parents that I fell.'* On the other hand, adults were generally forthcoming about boys' greater risk of violence – and were aware of the link between violence and gender norms. A Syrian mother explained: *'I do not beat my daughter because this will affect her but when I beat my son, he will be better.'* A mother taking part in a group discussion added that when she asked her son's teacher to stop beating him, the teacher refused, saying *'the boy will be spoiled if he is not hit.'*

Boys – especially refugee boys who are at greater risk of violence – were more able to discuss how parental expectations about breadwinning cause them distress. Some younger boys reported that work cuts into their playtime with friends. A 12-year-old Palestinian boy stated, *'We spend only a little time in the neighbourhood, we work in agriculture.'* A Syrian mother, whose son was aged 13 at the time, added: *'He does not eat and remains psychologically complicated. He says: "You have sent me to work and be sad".'* Older boys, many of whom had left school to maximise their earnings, added that while they sometimes feel crushed by expectations, they know that as boys, they are expected to step up and contribute. A 16-year-old out-of-school Syrian boy explained, *'I was*

Box 3: Makani centres provide a haven for some girls

UNICEF Jordan's Makani programme, which each year delivers a child-centred curriculum to over 100,000 young people, provides many girls with an antidote to loneliness and opportunities to develop self-confidence. Participant girls reported building relationships with peers and teachers. A 12-year-old Syrian girl said, *'I made new friends. We play together and sometimes we visit each other.'* A 13-year-old Syrian girl added, *'The teachers are like our friends, they help us with our problems.'* Girls noted that Makani's life-skills programming is also working to counterbalance the gender norms that leave them unable to speak up for themselves. A 15-year-old Jordanian girl explained, *'When I came to Makani... I learned how to be strong.'*

Girls' access to Makani programming, however, is far more limited than boys'. This is especially the case, explained a Makani facilitator from an informal tented settlement, *'when the girls get older and their bodies are mature.'* This is because, added a facilitator from Zaatari camp, *'parents feel afraid to send their girls.'* Parents agreed with facilitators' conclusions and noted that for many families, the risk of sexual harassment is not worth the risk. A Syrian father whose 10-year-old daughter is currently enrolled in a centre noted, *'At 14 or 15 years of age... it will not be good... the girl must be alone... there could be boys.'*



A student, at the age of 11, that goes to school, Al Mafrag, Jordan © Nathalie Bertrams/GAGE 2023

happy in my childhood... I didn't complete my childhood... My parents even wanted me to pay for the whole house!' A 15-year-old Palestinian boy, who dropped out in 6th grade, added that: *'The situation here at the house... is not helpful. There was no money. We, as guys, grew up and it is not right that we stay unemployed.'*

Older boys' distress is amplified by the limitations of Jordan's labour market, which is not generating enough decently paid jobs to accommodate the number of new workers, and refugee boys also face legal restrictions on the types of employment they can undertake. A 17-year-old Syrian living in Zaatari camp reported that he saw no future for himself because *'there is no work here.'* A Palestinian father added, *'I want to say that unemployment is the cause of all the problems and troubles adolescents face.'* For many boys, the Covid-19 pandemic has amplified the pressures on them to work to contribute to household income, and to compensate for their father having more limited access to work. The phone survey conducted in 2020 found that 45% of older-cohort boys reported spending more time on paid work than they did before the pandemic.

With few exceptions, almost all of the younger-cohort boys reported being far less able than girls to talk about their emotions. While they detailed experiences that they enjoyed (e.g. time with friends), they were less likely to report feeling happy or proud – let alone sad or anxious. Similarly, when asked how their families supported them, boys were more likely than girls to focus on practical rather than emotional support. Interviews with mothers shed light on why this is so. In group discussions, mothers admitted that they are far more attentive to their daughters than their sons and that they are often unaware of the events unfolding in their sons' lives. One said, *'You should keep your daughter close... We see and listen a lot... A boy can defend himself in one way or another.'* Another mother added, *'I am the last one to know about what he does.'* Mothers also noted that because *'the father does not have time to sit with his children'* and because men *'do not know how to communicate well'* with their children, as boys grow up – and feel a need to separate from their mother – many do not have a family member on whom they can rely for support.

Boys also tend to have more limited coping skills than girls. Whereas it was common for girls to report that they

Box 4: Boys' substance use is a growing concern

Substance use emerged in the GAGE baseline work as a growing threat to boys, especially Jordanian and Palestinian boys, who have more pocket money than Syrian boys. Among older adolescents, 5% of girls and 34% of boys had ever smoked cigarettes. Jordanian (45%) and Palestinian (44%) boys were more likely to have done so than Syrian boys (33%). A key informant working in public health sector in Amman noted that, *'The highest percentage of smoking worldwide is in the Jordanian community... Even students in the 4th and 5th grades smoke cigarettes.'* Boys' tobacco habits are often funded by their father, who exhibits little concern about health risks. A Jordanian father recalled: *'One of my neighbours told me 'Your son smokes.' I told him 'Let him smoke. What can I do?' He told me 'Smoking causes cancer.' I told him 'Cucumber is more carcinogenic than smoking.'* Drugs – ranging from marijuana to amphetamines to narcotic painkillers – also appear plentiful and easily accessible in Jordan, including in schools. A Jordanian mother, who is also a teacher, explained, *'The boys come to school with narcotic tablets and distribute them to each other.'*



13-year-old Palestinian girl with hearing impairment, Gaza camp, Jordan © Nathalie Bertrams/GAGE 2023

use reading, journaling and drawing to soothe themselves after experiencing distressing events, this was rare for boys. Boys were more likely to report calming themselves by playing video games, smoking and drinking (see Box 4). As a 17-year-old Dom boy, who was unable to marry his girlfriend due to her parents' refusal, explained:

I go to any place and drink, that's all. If I am upset, I go and drink. I take things... pills and marijuana. Because my heart is burning, because she is my dearest one... They rejected me and I started drinking.

Disability

The GAGE baseline survey found that adolescents with disabilities were 71% more likely than their peers without disabilities to meet the General Health Questionnaire (GHQ-12)⁶ threshold for emotional distress. The survey also found that compared to adolescents without disabilities, those with disabilities fare worse in many ways: they are 10% less likely to have a trusted friend; 16% less likely to feel safe travelling to and from school; 17% less likely to have a phone for their own use; 21% more likely to have been severely food insecure in the past month; 32% more likely to have been bullied in the past year; 35% more likely to have a caregiver who admits to using violent discipline in the past month; and 53% more likely to have a caregiver whose trauma scores suggest post-traumatic stress disorder (PTSD) (see Figure 3).

GAGE qualitative research nuances these survey findings. Some adolescents with disabilities are almost

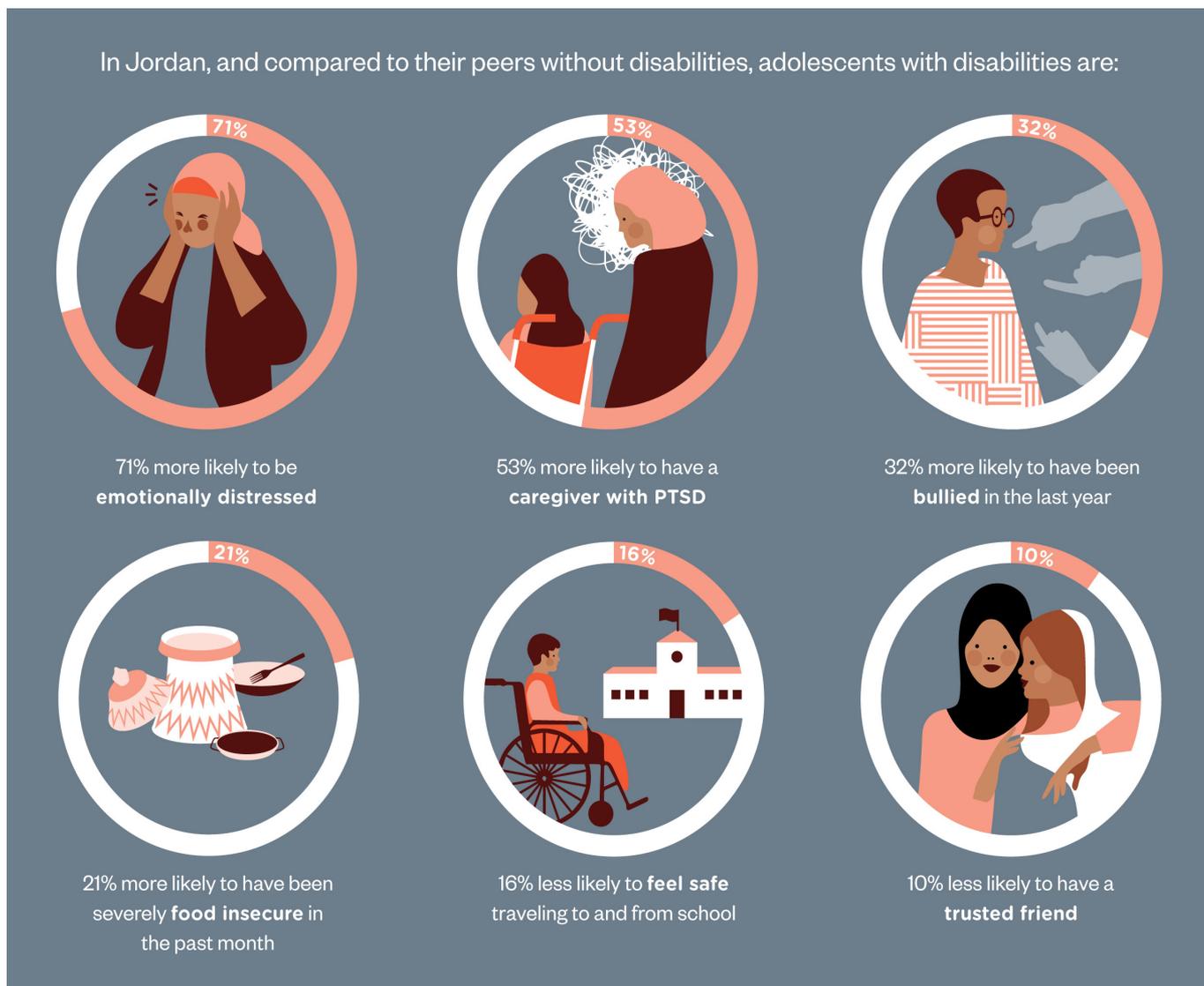
completely physically isolated from their peers. For example, a 13-year-old Syrian girl with a mobility impairment reported that she is not enrolled in school and only rarely leaves her apartment. She said:

My aspiration is to enrol in school... I scarcely leave the building... It is hard for my mother to carry me down the stairs... I can only look at the other children out the window.

A Jordanian mother added that girls with disabilities are far more likely to be completely isolated than their male counterparts, due to gender norms: *'A girl with a disability will be more difficult than a boy... We do not let her go out.'* Other young people with disabilities are not physically isolated but are bullied and excluded due to the stigma that surrounds disability. A Jordanian mother, whose daughter has a hearing impairment, commented that: *'Many times I heard some people call my daughter with terms like "deaf"... All that hurts me and hurts my daughter.'* A teaching assistant, serving as a translator for an 11-year-old Syrian boy with a hearing impairment, recalled watching the boy being rejected by his peers over and over: *'He goes to play with the boys but they refuse... I always see him standing sad and watching the boys while they are playing.'*

Many adolescents with disabilities also receive inadequate support at home. Sometimes this is because their families are poor – in part, due to the added costs of caring for their disabled child. A Syrian mother with

Figure 3: Survey findings on the situation of adolescents with disabilities in Jordan



two sons with disabilities explained that their family struggles to afford basic needs because *'The children's sickness affected us all and now we are in debt.'* Other mothers, particularly those whose children have multiple or severe disabilities (or who have more than one child with disabilities) admitted that they found constant caregiving so exhausting that they are unable to meet their children's physical needs, let alone their psychosocial needs. When a Syrian mother was asked why she had not learned sign language, given that she has three profoundly deaf children, she replied, *'I don't have the time.'* Disability-related stigma also prevents parents from investing in their adolescents with disabilities. When another Syrian mother was asked why she had not taken her two sons, both of whom have cerebral palsy, to the doctor or for therapy, she answered: *'What can I do about them? These two were born like this. I feel that's how they are destined to be.'* Mothers of adolescents with disabilities also noted their own need for support. Not only do most mothers bear sole responsibility for caring for their

children with disabilities, regardless of the severity, but many are blamed for producing children with disabilities. When a Jordanian mother was asked whether her son, who was being bullied regularly, had received any psychological support, she replied, *'I need psychological support!'*

For myriad reasons, pandemic-related shutdowns had especially large impacts on adolescents with disabilities. A key informant working with an NGO noted that because so few venues are open to adolescents and young people with disabilities even during normal times, closures during Covid were often devastating:

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.

Some adolescents with disabilities observed that because of their difficulty accessing and using technology, they were unable to keep up with their friends and classmates

in the online spaces that proliferated during the pandemic. For example, an 18-year-old Palestinian girl with a visual impairment reported that she was unable *'To communicate with my school friends.'* The mother of a 15-year-old Syrian

girl with a hearing impairment added that the pandemic even complicated interactions within the home, because *'The battery for my daughter's hearing aid is not available now.'*



11-year-old Syrian refugee girl who has physical impairment, Jordan © Nathalie Bertrams/GAGE 2023

Conclusions and programming recommendations

GAGE findings highlight that adolescents living in Jordan need stepped-up psychosocial support – informal from families and communities and formal from the government and NGOs – if they are to thrive. Critically, owing to differences in their personal, household and community characteristics, adolescents experience stressors in different ways and require different types of support. Compared to Jordanians, young people from marginalised refugee and Dom communities are more likely to be poor, to be denied their rights to an education, and to experience social exclusion. Compared to boys, girls are more likely to lack the peer interactions that are central to adolescent well-being and less likely to access psychosocial support services. Compared to girls, boys are more likely to experience violence and to lack emotional support from their parents. Due to the stigma that surrounds disability, adolescents with disabilities are often the most marginalised. They are especially likely to be bullied and shunned, to have caregivers who are themselves too overwhelmed and traumatised to provide effective support, and to lack access to social services and adequate levels of social protection. Based on GAGE research, we suggest the following priorities for policy and programming if Jordan is to make real progress in improving the psychosocial well-being of its

most vulnerable adolescents:

- **Provide parenting education courses for mothers and fathers.** Courses should include non-violent discipline strategies, techniques for fostering open parent–child communication, and ways that parents can support their children to become emotionally resilient. Courses should address gender norms and how they impact girls' and boys' broader well-being by shaping both the opportunities open to them (e.g. for education and friendship) and the risks they face (e.g. for various forms of violence and child labour). Courses could be delivered at Makani centres, at schools and at mosques, with Sharia councils working to raise parents' awareness that tomorrow's healthy families depend on the physical and mental well-being of today's adolescents.
- **Develop parent support groups for parents of adolescents with disabilities.** Groups should be led by specialists who can help parents understand what their children are capable of and link families to the services and supports that their adolescents need to thrive.
- **Step up teacher training.** Courses should foster teachers' capacity to teach resilience, emotional intelligence, and communication and negotiation skills. They should also provide teachers with tools and

techniques to build social inclusion at school (e.g. for adolescents with disabilities or those from marginalised communities).

- **Invest in social protection that takes an intersectional lens.** Programming should provide vulnerable families with economic support, accounting for the added cost of disability and, where possible, encouraging adolescents' uptake of education. It should also link households to the services, including psychosocial support, that help young people thrive, and invest in shifting the social norms and stigma that disadvantage females as well as adolescents and young people with disabilities.
- **Empower girls.** Girls should be provided with safe spaces, such as child and adolescent empowerment centres like Makani, where they can interact with friends and caring adults, learn about their rights and how to report violence, develop coping and broader life skills, discuss gender norms and how these shape their daily lives and future plans (including for marriage), and have opportunities to exercise agency and develop their own strong voices. Programming should be provided in community venues, including at mosques, in order to reach girls from even the most conservative households, and providers should be trained on how to recognise and refer girls who are most at risk.
- **Teach boys how to be 'differently strong'.** Boys should be exposed to mentors who can help them identify and discuss their feelings, develop coping and broader life skills (including anger management and conflict resolution), learn about their rights and how to report violence, and take pride in resisting peer pressure to use substances and perpetrate violence. Programming should again be provided in diverse venues, including mosques, and providers should be trained on when and how to make proactive referrals for the boys who are most at risk.
- **Roll out programming for married girls.** Married girls urgently need opportunities to interact with peers and caring adults, and to access programming that helps them learn about their rights, including how to report violence. Married couples need courses designed to foster communication and strengthen relationships, including addressing challenges linked to gender norms. Given married girls' experiences with violence, programme facilitators should be carefully trained in psychological first aid and referral pathways.
- **Roll out programming for divorced girls.** Divorced girls also urgently need opportunities to interact with peers and caring adults, including support to recover from violence and withstand the stigma that surrounds divorce. As with married girls, given the vulnerabilities experienced by divorced girls, facilitators need stepped-up training so that they can provide appropriate support and referrals.
- **Scale up efforts to build social cohesion.** Programming should be delivered in-person, through venues including Makani centres and mosques, but also via mass media and social media. It should be inclusive of the many dimensions of exclusion—and work to reduce the marginalisation of refugees and those from the Dom community as well as address the stigma that surrounds disability.

Endnotes

- 1 All the Palestinians in our sample live in Jerash camp.
- 2 Dom adolescents were added to the sample in 2021, because this population was identified as especially disadvantaged by UNICEF Jordan and is an important focus of UNICEF's programming efforts.
- 3 The surveys can be found here: www.gage.odi.org/types/methods-tools-and-guides
- 4 The surveys can be found here: www.gage.odi.org/types/methods-tools-and-guides
- 5 The CYRM-28 measures the individual, relational, communal and cultural resources available to young people to bolster their resilience.
- 6 The GHQ-12 is an internationally validated measure of psychological distress.

References

- AlAzzam, M.M., Al-Sagarat, A.Y., Abdel Razeq, N.M. and Alsarai-reh, F.A. (2021) 'Depression and anxiety among school adolescent females: a national study from Jordan' *School Psychology International* 42(5): 520–538
- Alshammari, A.S., Piko, B.F. and Fitzpatrick, K.M. (2021) 'Social support and adolescent mental health and well-being among Jordanian students' *International Journal of Adolescence and Youth* 26(1): 211–223
- Benson, S. (2020) 'The evolution of Jordanian inclusive education policy and practice' *Forum for International Research in Education* 6(1): 102–121
- Dardas, L.A., Silva, S.G., Smoski, M.J., Noonan, D. and Simmons, L.A. (2017) 'Adolescent depression in Jordan: symptoms profile, gender differences, and the role of social context' *Journal of Psychosocial Nursing and Mental Health Services* 56(2): 44–55
- Dardas, L.A., Silva, S.G., Smoski, M.J., Noonan, D. and Simmons, L.A. (2018) 'The prevalence of depressive symptoms among Arab adolescents: findings from Jordan' *Public Health Nursing* 35(2): 100–108
- Dwekat, E., Al-amer, R.M., Al-Daraawi, H. and Saleh, M.Y. (2021) 'Prevalence and correlates of depression and anxiety among Jordanian adolescents: a cross-sectional study' *Youth & Society* 55(1): 103–121 (<https://doi.org/10.1177/0044118X211041383>)
- Haddad, L.G., Owies, A. and Mansour, A. (2009) 'Wellness appraisal among adolescents in Jordan: a model from a developing country: a cross-sectional questionnaire survey' *Health Promotion International* 24(2): 130–139
- Hassan, G., Kirmayer, L., Mekki- Berrada, A., Quosh, C., el Cham-may, R., Deville-Stoetzel, J., ... and Ventevogel, P. (2015) *Culture, context and the mental health and psychosocial wellbeing of Syrians: a review for mental health and psychosocial support staff working with Syrians affected by armed conflict*. Geneva: United Nations High Commissioner for Refugees
- International Medical Corps (IMC) (2017) *Understanding the mental health and psychosocial needs, and service utilization of Syrian refugees and Jordanian nationals*. Jordan, Amman: International Medical Corps (<https://reliefweb.int/report/jordan/understanding-mental-health-and-psycho-social-needs-and-service-utilization-syrian>)
- International Rescue Committee (IRC) (2015) *Adolescent girls assessment: needs, aspirations, safety and access*. Amman: International Rescue Committee
- Japan International Cooperation Agency and Save the Children Japan (2021) *Mental health and psychosocial support for children in Jordan (development and implementation of psychological first aid)*. (<https://openjicareport.jica.go.jp/pdf/12362430.pdf>)
- Jones, N., Presler-Marshall, E. and Stavropoulou, M. (2018) *Adolescents with disabilities: enhancing resilience and delivering inclusive development*. London: Gender and Adolescence: Global Evidence
- Jose, P.E., Ryan, N. and Pryor, J. (2012) 'Does social connectedness promote a greater sense of well-being in adolescence over time?' *Journal of Research on Adolescence* 22(2): 235–251
- Karnouk, C., Böge, K., Hahn, E., Strasser, J., Schweininger, S. and Bajbouj, M. (2019) 'Psychotherapy in Jordan: an investigation of the host and Syrian refugee community's perspectives' *Frontiers in Psychiatry* 10 (<https://doi.org/10.3389/fpsy.2019.00556>)
- Kılınçel, Ş., Kılınçel, O., Muratdağı, G., Aydın, A. and Usta, M.B. (2020) 'Factors affecting the anxiety levels of adolescents in home-quarantine during COVID-19 pandemic in Turkey' *Asia-Pacific Psychiatry* 13(2): e12406
- Lamblin, M., Murawski, C., Whittle, S. and Fornito, A. (2017) 'Social connectedness, mental health and the adolescent brain' *Neuroscience and Biobehavioral Reviews* 80: 57–68
- Malak, M.Z. and Khalifeh, A.H. (2018) 'Anxiety and depression among school students in Jordan: prevalence, risk factors, and predictors' *Perspectives in Psychiatric Care* 54(2): 242–250
- McNatt, Z. (2019) *Addressing mental health, psychosocial support (MHPSS) and NCDs in urban Jordan: acting at the intersection* (www.publichealth.columbia.edu/sites/default/files/pdf/addressing_mental_health_policy_paper_2.pdf)
- Najdawi, Z.R., Kardan, R., Zuraik, I., Shobaki, Z.A., Alarood, S. and Dardas, L.A. (2022) 'Depressive symptoms among students pursuing the general secondary education certificate examination (Tawjihi): a national study' *International Journal of Mental Health* 1–18
- Quinn, G. (2022) *End-of-mission statement by the United Nations Special Rapporteur on the rights of persons with disabilities, Mr Gerard Quinn, on his visit to the Hashemite Kingdom of Jordan* (www.ohchr.org/sites/default/files/documents/issues/disability/2022-09-15/EOM-Statement-Jordan.pdf)

- Salemi, C., Bowman, J. and Compton, J. (2018) Services for Syrian refugee children and youth in Jordan: forced displacement, foreign aid, and vulnerability. Working Paper No. 1188. Dokki, Giza: Economic Research Forum
- Sami, S., Williams, H.A., Krause, S., Onyango, M.A., Burton, A. and Tomczyk, B. (2014) 'Responding to the Syrian crisis: the needs of women and girls' *The Lancet* 383(9923): 1179–1181
- Schubert, J. (2018) 'Mental health and psychosocial support services for refugees in Jordan'. (Master's thesis, Chapel Hill, University of North Carolina) (https://cdr.lib.unc.edu/concern/masters_papers/zw12z845z)
- Smetana, J.G., Ahmad, I. and Wray-Lake, L. (2015) 'Iraqi, Syrian, and Palestinian refugee adolescents' beliefs about parental authority legitimacy and its correlates' *Child Development* 86(6): 2017–2033
- Smetana, J.G., Ahmad, I. and Wray-Lake, L. (2016) 'Beliefs about parental authority legitimacy among refugee youth in Jordan: between- and within-person variations' *Developmental Psychology* 52(3): 484–495
- Ungar, M. and Liebenberg, L. (2011) 'Assessing resilience across cultures using mixed methods: construction of the Child and Youth Resilience Measure' *Journal of Mixed Methods Research* 5(2): 126–149
- UNHCR – United Nations High Commissioner for Refugees (2017) 'We keep it in our heart': sexual violence against men and boys in the Syria crisis. New York: United Nations High Commissioner for Refugees
- UNICEF – United Nations Children's Fund (2021) The state of the world's children 2021. On my mind – promoting, protecting and caring for children's mental health. New York: UNICEF (www.unicef.org/media/114636/file/SOWC-2021-full-report-English.pdf)
- UNICEF and International Medical Corps (IMC) (2014) Mental health/psychosocial and child protection for Syrian adolescent refugees in Jordan. New York: UNICEF (<https://data.unhcr.org/en/documents/details/42708>)
- USAID – United States Agency for International Development (2015) Jordan national youth assessment, 2015. Arlington VA: United States Agency for International Development and Jordan Monitoring and Evaluation Support Program
- WHO – World Health Organization (2020) 'Jordan WHO special initiative for mental health situational assessment'. WHO and Ministry of Health of the Hashemite Kingdom of Jordan (https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---jordan---2020_414542ae-ce5d-4f1d-bf40-fe1b1cbf8003.pdf?sfvrsn=e813985_4)
- WHO (2022) 'Mental health in Jordan'. WHO Regional Office for the Eastern Mediterranean (www.emro.who.int/jor/jordan-news/mental-health-in-jordan.html)
- Yonis, O.B., Khader, Y., Jarboua, A., Al-Bsoul, M.M., Al-Akour, N., Alfaqih, M.A., Khatatbeh, M.M. and Amarnah, B. (2020) 'Post-traumatic stress disorder among Syrian adolescent refugees in Jordan' *Journal of Public Health* 42(2): 319–324
- Yonis, O.B., Khader, Y., Al-Mistarehi, A.H., Khudair, S.A. and Dawoud, M. (2021) 'Behavioural and emotional symptoms among schoolchildren: a comparison between Jordanians and Syrian refugees' *Eastern Mediterranean Health Journal* 27(12): 1162–1172
- Zaaed, N., Mohammad, M., Bahjri, K., Gleason, P. and Modeste, N. (2018) 'Examining Jordanians' attitudes towards five types of developmental disabilities' *Journal of Refugee and Global Health* 1(2): 16–23

The authors would like to sincerely thank the adolescent girls and boys, their caregivers and key informants in Jordan for sharing their invaluable perspectives and insights with GAGE researchers. We also recognise and thank the peer reviewers from the National Council for Family Affairs whose thoughtful comments and contributions helped to strengthen this policy brief.