

**‘Our life is all about suffering’**

**GAGE evidence on young  
people’s psychosocial well-being  
in post-pandemic Jordan**

Elizabeth Presler-Marshall, Erin Oakley, Nicola Jones,  
Sara Luckenbill, Sarah Alheiwidi, Sarah Baird, Wafa Amaireh,  
Qasem Ashareef, Taghreed Alabbadi and Faisal Alshammari

December 2023



## Table of contents

<b>Introduction</b>	<b>1</b>
<b>Conceptual framework</b>	<b>1</b>
<b>A brief review of GAGE's earlier findings on psychosocial well-being</b>	<b>3</b>
<b>Sample and methods</b>	<b>4</b>
<b>Midline findings</b>	<b>7</b>
Emotional resilience	7
Substance use	11
Support from family and other trusted adults	13
Support from peers	17
Access to psychosocial services	20
<b>Conclusions and implications for policy and programming</b>	<b>22</b>
<b>References</b>	<b>25</b>
<b>Annex 1: GAGE Research timeline</b>	<b>27</b>

## Figures

Figure 1: GAGE conceptual framework	2
Figure 2: Emotional distress, both cohorts	7
Figure 3: Depression, both cohorts	7
Figure 4: Change in emotional distress since baseline, younger cohort	8
Figure 5: Psychosocial well-being outcomes, both cohorts, by disability status	9
Figure 6: Tobacco use, young people aged 15+	12
Figure 7: Has a trusted adult, both cohorts	14
Figure 8: Can talk to mother versus father about an index of topics – scored out of 4 – both cohorts	15
Figure 9: Has a trusted friend, younger cohort	17
Figure 10: Has at least some say into leaving the house, younger cohort	17
Figure 11: Has an internet connected phone for own use, younger cohort	17
Figure 12: Has a trusted friend, older cohort	18
Figure 13: Has at least some say into leaving the house, older cohort	18
Figure 14: Has an internet connected phone for own use, older cohort	19

## Tables

Table 1: GAGE midline quantitative sample	4
Table 2: GAGE midline qualitative sample	5
Table 3: GAGE participatory research sample	6

## Boxes

Box 1: Disability and psychosocial well-being among young people in Jordan	9
Box 2: The impacts of child marriage on young wives' psychosocial well-being	14
Box 3: Makani centres support young people to thrive	20



## Introduction

Globally, adolescents and young adults are experiencing unprecedented rates of mental ill health. Although rates of depression and anxiety began climbing in many countries prior to the outbreak of the Covid-19 pandemic, a recent meta-analysis found that since then, rates appear to have doubled – to 25% and 21% respectively (Racine et al., 2021; UNICEF, 2021). Although the evidence base is fractured and contradictory, it suggests that young people in Jordan may be even more likely to struggle with mental health concerns than their peers in other countries (Dardas et al., 2017, 2018; AlAzzam et al., 2021; Dwekat et al., 2021; Najdawi et al., 2022; AlHamawi et al., 2023). Girls and refugees are generally at greater risk than boys and Jordanians, due to gender norms and more limited household and community resources (Dardas et al., 2017, 2018; International Medical Corps, 2017; Malak and Khalifeh, 2018; Salemi et al., 2018; Yonis et al., 2020, 2021; Alshammari et al., 2021; Dwekat et al., 2021; Najdawi et al., 2022).

Although the need for psychosocial support services in Jordan may be substantial, access to those services remains limited, due to a dearth of practitioners and the stigma that surrounds mental ill health and uptake of related services (Salemi et al., 2018; Schubert, 2018; Karnouk et al., 2019; World Health Organization (WHO), 2020, 2022). This stigma is evident in recent legislation. Although the Ministry of Health is scaling up mental health services (including at schools, in partnership with the Ministry of Education), and although the United Nations Children's Fund (UNICEF) and the National Council for Family Affairs (NCFA) (2020) have called for scaling up and strengthening of the emotional support services available to young people and their families, the Jordanian government recently criminalised suicide attempts (Japan International Cooperation Agency and Save the Children Japan, 2021; The Lancet, 2023).

This brief, which draws on mixed-methods data collected in 2022 and 2023 as part of the Gender and Adolescence: Global Evidence (GAGE) research programme, aims to contribute to efforts by Jordan and its national and international partners to strengthen evidence-informed approaches to services to support young people's psychosocial well-being. We begin by introducing our conceptual framework, and then briefly review earlier GAGE findings on psychosocial well-being in Jordan. We then present our methodology and most recent findings before concluding with recommendations for policy and programming.

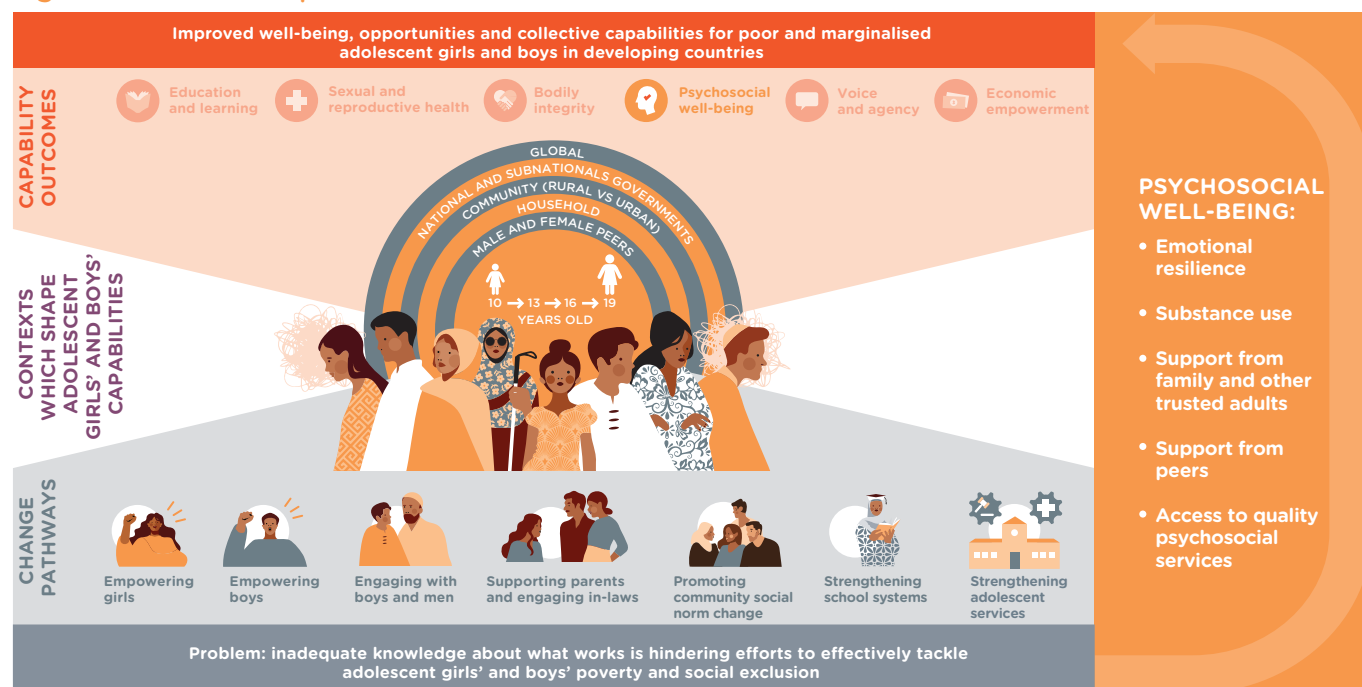
## Conceptual framework

Informed by the emerging evidence base on adolescent well-being and development, GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call the '3 Cs' – capabilities, change strategies and contexts – in order to understand what works to support adolescents' development and empowerment, both now and in the future (see Figure 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms, and contexts, though we tailor it to the specific challenges of understanding what works in improving young people's capabilities.

The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1985, 2004) and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the approach can encompass relevant investments in children and young people with diverse trajectories, including the most marginalised and 'hardest to reach' such as those with disabilities or those who were married as children. Although the GAGE framework covers six core capabilities, this report focuses on psychosocial well-being. It explores young people's emotional resilience and efficacy and the supports available to them from family, peers, and the broader community.

The second building block of our conceptual framework is context dependency. Our '3 Cs' framework situates young people socio-ecologically. It recognises that not only do girls and boys at different stages in the life course have different needs and constraints, but also that these are highly dependent on their context at the family/household, community, state and global levels. In the case of psychosocial well-being, cultural contexts and deeply entrenched gender norms are a key factor, as are the contours of the educational and healthcare systems and the labour market.

Figure 1: GAGE conceptual framework



The third building block of our conceptual framework – change strategies – acknowledges that adolescents' contextual realities will not only shape the pathways through which they develop their capabilities but also determine the change strategies open to them to improve their outcomes. Our socio-ecological approach emphasises that in order to nurture transformative change in adolescents' capabilities and broader well-being, po-

tential change strategies must simultaneously invest in integrated intervention approaches at different levels, weaving together policies and programming that support young people, their families and their communities while also working to effect change at the systems level. In this brief, we conclude by reflecting on what type of package of interventions could better support young people's psychosocial well-being in Jordan.



## A brief review of GAGE's earlier findings on psychosocial well-being

GAGE's earlier research highlighted that many adolescents and young adults living in Jordan are not faring well in terms of psychosocial well-being (Presler-Marshall et al., 2023a). At baseline (2018 to 2019), the survey, which included the General Health Questionnaire-12 (GHQ-12), found that nearly a third (32%) of adolescents were emotionally distressed. After the onset of the Covid-19 pandemic, surveys found that 12% of adolescents were moderately-to-severely anxious (using the Generalised Anxiety Disorder (GAD 7) scale) and 11% were moderately-to-severely depressed (using the Patient Health Questionnaire-8 (PHQ-9) scale) (see also Abu Hamad et al., 2021; Jones et al., 2022).

Qualitative research suggests that young people under-report mental health challenges on surveys. During GAGE interviews, where young participants had more time in which to develop trust with the interviewer, most reported being worried and sad about multiple issues – and all too often admitted that they had only limited support from caregivers and peers. Adolescents identified myriad sources of distress in their lives. These included poverty, violence (at home, at school, and in the community), educational concerns (loss of education, pressure to excel despite receiving poor-quality schooling, and financial challenges related to securing a post-secondary education), and emotional isolation. Earlier research identified that adolescents thrive when: they are well-supported, practically and emotionally, by family; they have opportunities to spend quality time with peers they trust; they have non-related caring adults who offer encouragement and advice; and they are helped to develop individual coping skills and resilience. With exceptions, the Covid-19 pandemic both amplified the sources of distress in adolescents' lives and reduced the availability of support.

Earlier research also highlighted that adolescents' psychosocial well-being is shaped by multiple intersecting factors, including nationality, gender, disability and marital status (Presler-Marshall et al., 2023b). Syrian refugee adolescents or adolescents belonging to the Turkmen or Bani Murra communities report more social exclusion and violence in the community than adolescents who are Jordanian or Palestinian. Syrian and Palestinian young people report greater distress about education; they are more likely to be out of school and have increased pressure to excel because the few pathways open to them for post-secondary education require them to win rare scholarships. Many Syrian young people are also still struggling with post-traumatic stress disorder (PTSD) from conflict-related violence, or have parents who are unable to provide support because they themselves have PTSD.

Due to prevailing gender norms, girls and boys often experience disparate sources of distress. Girls are far more likely than boys to be physically isolated at home and have limited access to peers, due to concerns about their honour and marriageability. Because girls take their parents' concerns seriously, it is not uncommon for girls to report that they are afraid to make friends (out of fear of gossip) and afraid to leave home. Married girls tend to have the least access to peers and to experience very high levels of intimate partner violence, because their lives are controlled by their husband. Boys are pushed into child labour – and accordingly pulled out of school – by expectations that they contribute to household finances, despite the fact that the Jordanian labour market has too few jobs and refugees' employment options are limited by law. Boys are also far more likely than girls to experience violence and to resort to substance use; they are also less likely than girls to report being emotionally connected to their parents.

Due to the stigma that surrounds disability, young people with disabilities often report extreme levels of distress. They are less likely to have a trusted friend and more likely to experience violence and food insecurity, and to have a caregiver experiencing PTSD.

## Sample and methods

This report draws on mixed-methods data collected in Jordan in 2022 and 2023. At baseline (2018 to 2019), the quantitative sample included adolescents from marginalised households across two cohorts (aged 10–12 years and 15–17 years), with purposeful oversampling of adolescents with disabilities and those who were married as children. The baseline sample consisted of 4,095 adolescents in five governorates: Amman, Irbid, Jerash, Mafraq and Zarqa.

At follow-up in 2022 and 2023, the GAGE Jordan midline sample included 2,923 young people – a 71% follow-up rate (see Table 1). Of these, just over two-thirds are Syrian refugees (2,145), most of whom (56%) have lived in host communities consistently since baseline (1,195). Approximately 27% of Syrian respondents (595) have lived in refugee camps run by the United Nations High Commissioner for Refugees (UNHCR) since baseline, and 12% (257) have lived in informal tented settlements at any point since baseline.<sup>1</sup> A comparatively small number of Syrian refugees (98, or 5%) have moved between host communities and camps in the time between the baseline and midline surveys. The remainder of the midline sample are Jordanians (457), Palestinians (272), and a small group of individuals (49) that identified as another nationality (denoted 'other'). Almost all Palestinians in the GAGE sample live in Jerash camp; most are ex-Gazans who were displaced during the 1967 Arab–Israeli war and who lack Jordanian citizenship and its attendant benefits. Due to the sample size, the 'other' nationality group is not included in comparisons by nationality, but is included in all other demographic group disaggregation, such as gender and age cohort.

Just over half the sample is female. Although the sample was approximately equally split between the two age cohorts (younger and older), older adolescents were more likely than younger adolescents to be lost to follow-up between baseline and midline (67% follow-up for the older cohort versus 75% follow-up for the younger cohort). Because of this, the younger cohort is slightly over-represented in the midline sample. At midline, on average, younger cohort adolescents were aged 15 years, and are referred to in this paper as adolescent girls and boys; the older cohort had transitioned to young adulthood (average age of 20) and are referred to as young women and young men.

Because GAGE's sample includes the most marginalised adolescents and young people, over an eighth of young people in our quantitative sample have any functional disability<sup>2</sup> (513). Among those, 306 report having functional difficulties even if they have an assistive device (such as glasses, hearing aids, or a mobility device). Our sample also includes girls who were married as children. Of the 336 ever-married females, 229 married prior to age 18.

The majority of the qualitative sample of 188 young people were selected from the larger quantitative sample, deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind' (see Table 2). The qualitative sample also included 29 young people from Jordan's Turkmen and Bani Murra communities (highly marginalised ethnic minorities) (see Annex 1), as well as 84 caregivers and 24 key informants (government officials, community and religious leaders, and service providers). This report also draws on GAGE's ongoing qualitative participatory research with 42 young people who are living in Jordan (see Table 3).

**Table 1: GAGE midline quantitative sample**

	Nationality				Sub-sample of those with disability	Sub-sample of girls married <18	Total
	Syrian	Jordanian	Palestinian	Other			
Females	1057	291	156	24	160	228	1528
Males	1088	166	116	25	146	n/a	1395
Younger cohort	1163	277	183	23	179	25	1646
Older cohort	982	180	89	26	127	204	1277
Total	2145	457	272	49	306	229	2923

<sup>1</sup> Between baseline and midline, a small minority of young people moved location. This was most common among Syrians, 10% of whom moved in the four years between baseline and midline. The bulk of movement was between UNHCR-run camps and Jordanian host communities. Because of this movement, young people are classified as camp-dwellers if they were living in a UNHCR-run camp at both baseline and midline; they are classified as 'ITS' if they were living in an informal tented settlement at either baseline or midline. Due to small samples sizes when stratifying young people by age cohort, young people who moved between camp and host were grouped in with the young people who lived in camp at both baseline and midline to form an ever camp group.

<sup>2</sup> Determined by using the Washington Group Questionnaire: [www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/](http://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/)



**Table 2: GAGE midline qualitative sample**

	Syrian	Jordanian	Palestinian	Bani Murra/ Turkmen	Totals
<b>Females</b>	37	12	13	16	78
Adolescent girls	23	6	6	6	41
Young women	14	6	7	10	37
<b>Males</b>	38	7	10	13	68
Adolescent boys	20	3	8	7	38
Young men	18	4	2	6	30
<b>Married young people</b>	34	3	3	8	48
Females	30	3	3	8	44
Females married <18	23	1	1	8	33
Males	4	0	0	0	4
Males married < 18	1	0	0	0	1
Young people with disabilities	26	12	7		55
<b>Location</b>					
Host	37	19	23	29	108
Camp	54				54
ITS	26				26
<b>Total young people</b>	<b>117</b>	<b>19</b>	<b>23</b>	<b>29</b>	<b>188</b>
Group interviews with parents	12 (incl. 42 individuals)	4 (incl. 15 individuals)	2 (incl. 13 individuals)	4 (incl. 14 individuals)	22 (incl. 84 individuals)
Key informants					24
<b>Totals</b>	<b>159</b>	<b>34</b>	<b>36</b>	<b>43</b>	<b>296</b>



Two 18-year-old Jordanian students, posing for a photo © Marcel Saleh/GAGE

**Table 3: GAGE participatory research sample**

	Syrian	Jordanian	Palestinian	Totals
<b>Females</b>	11	3	15	29
Adolescent girls	0	1	1	2
Young women	11	2	14	27
<b>Males</b>	7	6	0	13
Adolescent boys	1	0	0	1
Young men	6	6	0	12
Married young people	11	0	1	12
Young people with disabilities	1	9	15	25
<b>Totals</b>	18	9	15	42

Quantitative survey data was collected in face-to-face interviews by enumerators who were trained to communicate with marginalised populations. Surveys were broad and included modules reflecting the GAGE conceptual framework (see Baird et al., 2023). Analysis of the quantitative data focused on a set of indicators related to psychosocial support (data tables are available on request). Statistical analysis was conducted using Stata 17.0.

Qualitative tools, also employed by researchers carefully trained to communicate sensitively, consisted of interactive activities such as timelines, body mappings and vignettes, which were used in individual and group interviews (see Jones et al., 2019). Preliminary data analysis took place during daily and site-wide debriefings. Interviews were transcribed and translated by native

speakers and then coded thematically using the qualitative software analysis package MAXQDA.

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 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.



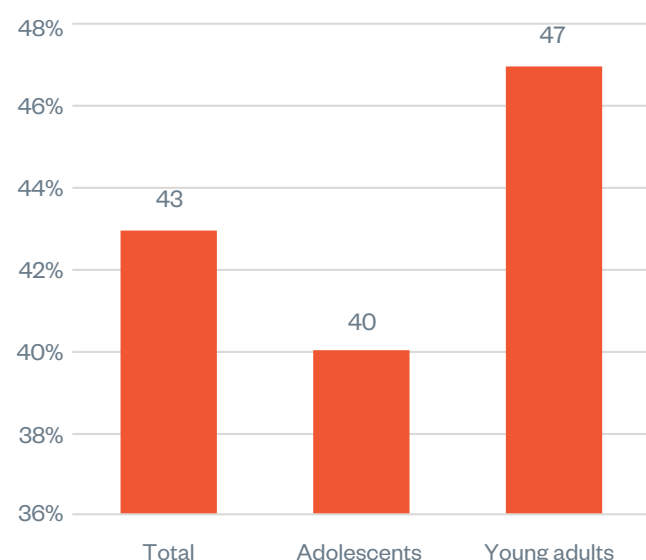
Turkmen sisters, applying make-up © Marcel Saleh/GAGE

## Midline findings

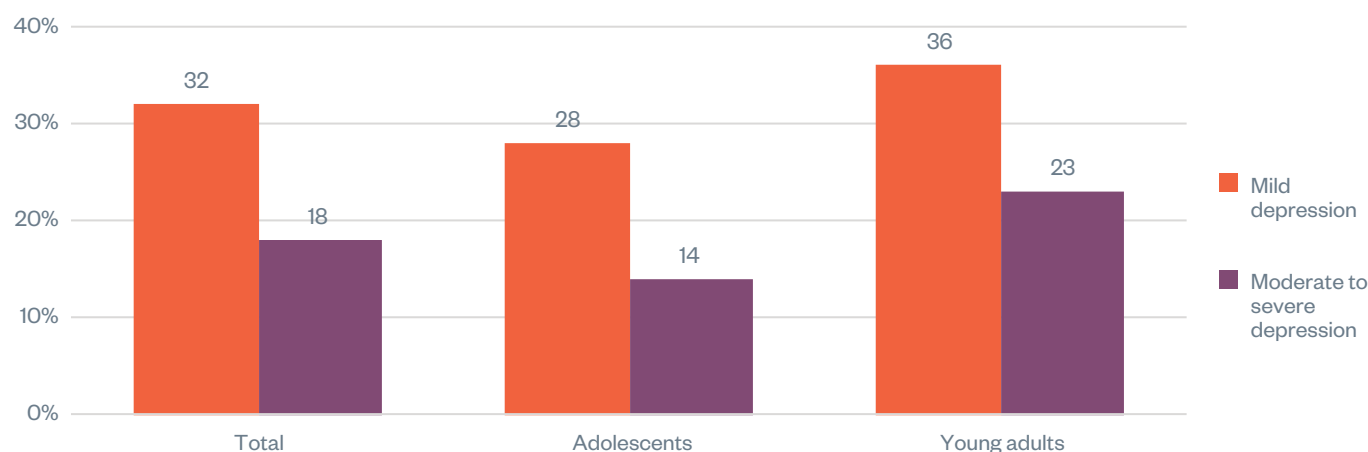
### Emotional resilience

The midline survey, which included the GHQ-12<sup>3</sup>, found that 43% of young people – and 59% of those with disabilities (see Box 1) – had scores suggestive of emotional distress. Young adults (47%) were significantly more likely to be distressed than adolescents (40%) (see Figure 2). The survey, using the PHQ-9,<sup>4</sup> also found high rates of depression. Across the whole sample, 32% of young people had scores indicating mild depression and 18% had scores indicating moderate-to-severe depression (see Figure 3). Compared to adolescents, young adults were significantly more likely to be mildly depressed (36% vs 28%) and moderately-to-severely (23% vs 14%) depressed.

**Figure 2: Emotional distress, both cohorts**



**Figure 3: Depression, both cohorts**



Among adolescents, there were no significant differences in reported levels of emotional distress between girls and boys or across nationalities or locations – with a single exception. Among Jordanian adolescents, girls were significantly more likely to have GHQ-12 scores suggestive of distress than boys (42% vs 25%). Among adolescents, there were no gender differences in reported levels of depression, again with a single exception: Jordanian girls were twice as likely as Jordanian boys to be moderately-to-severely depressed (21% vs 10%).

Among young adults, emotional distress levels (as measured by the GHQ-12) varied not by gender or location, but by nationality. Syrians (49%) were more likely to be distressed than Palestinians (40%) or Jordanians (38%). PHQ-9 assessments of levels of depression did not vary across nationality, location or gender – with a single exception. In host communities, Syrian young women were more likely to be moderately-to-severely depressed than their male peers (30% vs 20%).

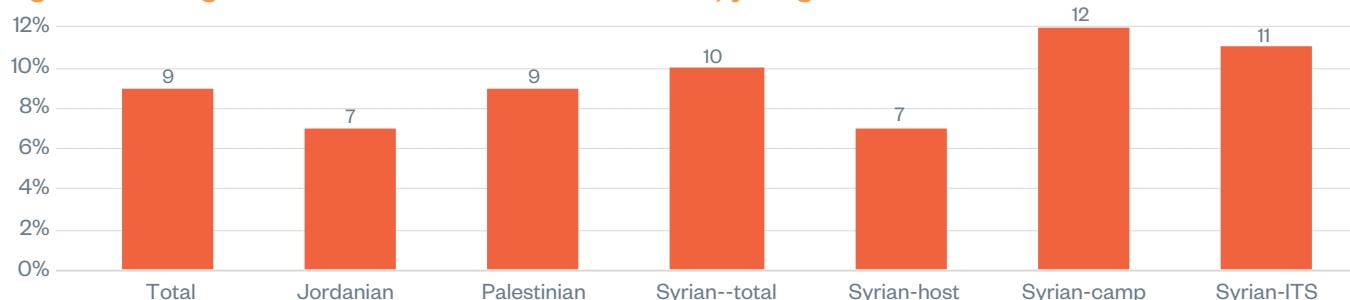
Although the baseline survey did not include the PHQ-9, it did include the GHQ-12, and this allows us to compare emotional distress levels over time. We find that both cohorts of young people were significantly more distressed at midline than baseline. Among adolescents, there was a 9-percentage point increase in emotional distress since baseline (see Figure 4). Syrians (10 percentage points), especially those living in formal camps (12 percentage points) and informal tented settlements (11 percentage points), reported larger increases in distress than Palestinians (9 percentage points) and Jordanians (7 percentage points).

<sup>3</sup> The GHQ-12 is an internationally validated measure of psychological distress. Scores  $\geq 3$  suggest distress.

<sup>4</sup> The PHQ-9 is an internationally validated measure of depressive symptoms. Scores between 5 and 9 indicate mild depression. Scores 10-14 indicate moderate depression. Scores  $\geq 15$  indicate severe depression.



**Figure 4: Change in emotional distress since baseline, younger cohort**



There were no gender differences, except among Jordanians; adolescent boys reported the same levels of distress at baseline and midline, whereas among girls, levels of distress increased by 13 percentage points.

Among young adults, differences between baseline and midline were even more pronounced – 13 percentage points. At aggregate, there were no nationality or gender differences. Among Palestinians, young men were far more likely to report increased distress since baseline than young women (31 percentage points and 2 percentage points respectively). Among Syrians living in informal tented settlements, change since baseline was entirely due to young women's increased distress (16-percentage point increase compared with 0 for young men).

GAGE qualitative research explained and extended the survey findings. During interviews, many young people reported extreme struggles with mental health issues. With only a few exceptions, these young people were girls and young women – primarily because boys and young men are socialised into stoicism and are much less comfortable discussing their feelings (and, indeed, appear much less aware of them). While an 18-year-old Syrian young man admitted that 'I've been nervous a long time... it has become my life,' several girls detailed their experiences with self-harm. A 15-year-old Syrian girl, whose father abandoned the family, recalled that in the first year after he left:

*I got depressed to the extent that I thought of committing suicide and had such thoughts... I would think that if life is like this, how will it be in the future? It won't be good... I thought of stabbing myself with a knife. At times, I would cut my arms with a knife.*

A 16-year-old Syrian girl, who is allowed to leave home only for school, added that cutting her arms is how she calms herself down:

*When I used to see the blood, I would feel at ease... When I used to slash my arm, I would feel that all the negative things are flowing out with the blood... You are the first person I am informing about it... I stopped trusting or loving anyone.*

In line with GAGE's earlier research, young people detailed many reasons for their emotional distress. Poverty and inequality were most commonly mentioned, especially those from marginalised communities. Syrian respondents often spoke of the war in Ukraine, and their fear that the international community might take away the aid that ensures food security for refugees in Jordan. Bani Murra, Turkmen and Palestinian young people were more likely to focus on inequality, and their exclusion from the broader Jordanian society. A 17-year-old Turkmen girl reported that she is unhappy all the time because her family lives so differently to those around her:

*There are things which I want and am unable to get, they are on my mind, and I sit alone, cry and shout. Why can't I be like other people like the way they are living? We aren't living like them! Living in a tent and I am very annoyed by this state of living. I wish I never came to this world and never faced all this suffering.*

A Palestinian mother reported that her children feel the same way, especially now that they can see on social media how others outside Gaza camp live: 'They see the luxury life on the phone that people live... and start regretting their bad luck like, "Why don't we have this? Why did you bring us to this life?"' During interviews, it was not uncommon for Palestinian young people – especially girls and young women – to report that they are so completely disconnected from broader Jordanian culture that they have never set foot outside Gaza camp.

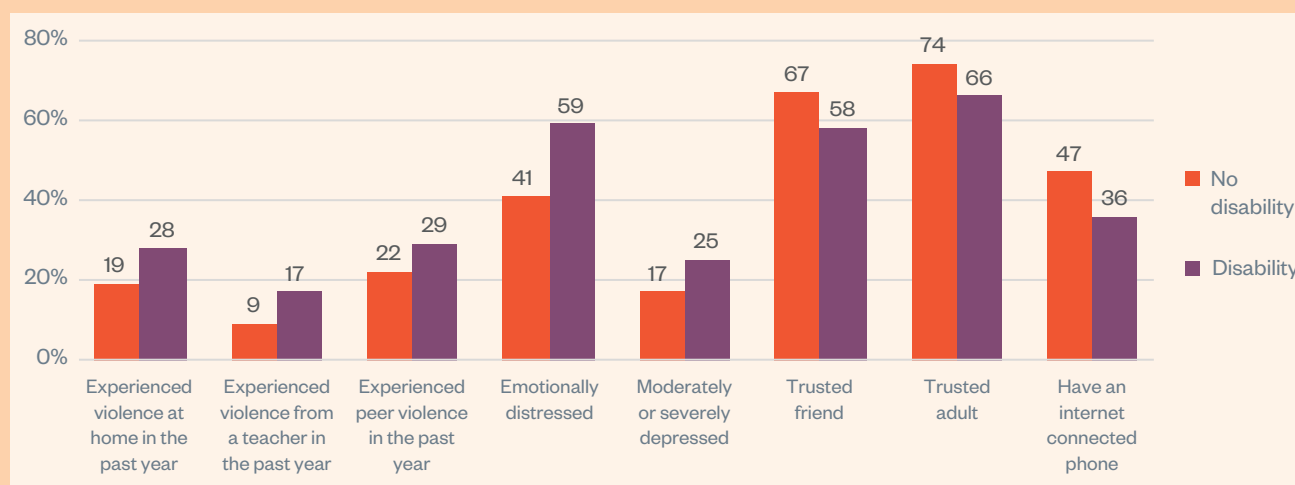
Young people are also distressed by violence – in their own lives, in the community, and globally. A 14-year-old Turkmen girl reported that she hides to block out the sounds of fighting in her home: 'My uncles used to fight and hit each other... Inside the house, I would go inside into the furthest room and lock myself inside.' A 15-year-old Syrian girl reported that she is afraid to leave home, because of an increase of violence in the community: 'You feel people now are changed... they are scary!' Respondents also noted that global events – especially the war in the Ukraine – have left young people with a



## Box 1: Disability and psychosocial well-being among young people in Jordan

The midline survey found that young people with disabilities, compared to their peers without disabilities, experienced more psychosocial stressors and distress and had fewer sources of support. Young people with disabilities were at significantly elevated risk of violence at home (28% vs 19%), from teachers (17% vs 9%), and from peers (29% vs 22%) (see Figure 5). They were also significantly more likely to have GHQ-12 scores suggestive of emotional distress (59% vs 41%) and to have PHQ-9 scores indicating moderate-to-severe depression (25% vs 17%). Sources of emotional support were also more limited for young people with disabilities. The survey found that they were significantly less likely than their peers without disabilities to have a trusted friend (58% vs 67%) or a trusted adult (66% vs 74%). Their access to the internet was also significantly more limited: only 36% had an internet connected phone for their own use, compared with 47% among their peers without disabilities.

**Figure 5: Psychosocial well-being outcomes, both cohorts, by disability status**



During qualitative interviews, young people with disabilities regularly focused on their exclusion from nearly all facets of life and how distressing they find this. They reported being lonely, bullied, unable to keep up in school because teachers are not trained in sign-language and Braille, and unable to find work. Girls with disabilities reported their worries about finding a marriage partner willing to tolerate a wife with a disability. Young people with hearing impairments are the most likely to be completely socially isolated. The mother of a 15-year-old deaf Jordanian girl explained, *'My daughter lived her childhood alone. She was crying because of loneliness... She never interacts with neighbours... She visits no one... Because she speaks sign language and people don't understand.'* Young people with hearing impairments also reported having the most limited access to quality education, again because they cannot communicate with teachers. A 17-year-old Jordanian deaf boy reported that there is *'no teacher who understands sign language'* at his school and added that because of this, he is worried that he will not be able to pass exams.

Bullying was reported to be a common experience among young people, regardless of type of disability. A 15-year-old Palestinian girl with a mobility impairment reported that she is hit and taunted by her peers at school, which makes her feel sad and inferior: *'I had a problem with my friends at the school... the girls hit me... I have disability in my leg [limping], while they are better than me.'*

As young people with disabilities enter adulthood, they face different forms of exclusion that weigh on their psychosocial well-being. A 19-year-old Syrian young man with a mobility impairment reported that despite job training, he is unable to find a job due to his disability. He stated, *'I am a disabled person, and that [means] it is impossible for anyone to hire me. So, I took a cell phone repair course... I finished the training course, and I received the certification. Then, I went to search for a position... No one accepted me... This thing made me happy and, at the same time, annoyed me because no one accepted to hire me.'* Similarly, a 20-year-old Syrian young woman with muscular dystrophy, when asked if she would like to get married one day, replied that while her brother (who also has muscular dystrophy) was able to find a wife, she feels doomed to spinsterhood despite her father's words of encouragement: *'My father tells us more than once that disability is in the mind, not in the body... But who wants to accept me like this?... A girl must be healthy [to marry].'*

pervasive sense of dread. A Palestinian mother stated, *'If my daughter hears the ambulance sound... she says Israel is attacking us.'* A 17-year-old Jordanian girl added, *'God, we are also afraid of the war in Ukraine. We are afraid that the world war will happen...'*

Educational concerns are another cause of distress. Those young people who are out of school – 23% of adolescents and 80% of young adults at the time of the midline survey – are often distressed by the discordance between their aspirations and their reality (see Presler-Marshall et al., 2023d). A 15-year-old Syrian boy, when asked what aspects of his recent life have been painful, replied, *'I got sad because I left my education at school.'* Those who are still enrolled are anxious about their academic performance and whether it will be good enough to secure the future that they – and their parents – want. A 20-year-old Syrian young woman, who studied for the Tawjihi (General Secondary Education Certificate examination) while schools were closed due to Covid-19 and ultimately failed two subjects, explained that she felt her future had slipped away:

*I had to finish my 12th grade, not just due to the pressure of the society, but you would feel that the whole world is waiting for you. I had rejected the idea of marriage for the sake of my studies... I cried. I cried due to the system, no electricity, no teachers, nothing. Should a human being come to this?*

Despite the fact that the Syrians in our sample have lived in Jordan for many years, Syrian young people are often still suffering from conflict-related trauma. A 15-year-old Syrian girl explained that events that took place more than a decade ago continue to haunt her:

*Until now, when I hear a loud voice, my whole body starts shaking... because when I was 5 years old in Syria, I was terrified by the sound of continuous gunfire.*

A programme facilitator from UNICEF's Makani (My space) multi-service centres for children and adolescents, added that even younger children – who have had no direct experience with conflict – are still affected. She said:

*We have noticed in the Syrian students, although they did not witness the war in Syria, the war had a great impact on them, especially since many students lost either their father, mother or some brothers in the war.*

Gender norms also shape young people's stressors. Girls, especially refugee girls, reported feeling distressed by the social and emotional isolation that results from being confined to home once they reach puberty. The mother

of a 13-year-old Syrian girl reported that her daughter was so distressed by being lonely that she attempted suicide:

*I am the kind [of mother] where my daughter is prohibited to visit her friend. There are no visits, so she was at home all the time. This was pressure on her and she felt suffocated... My daughter was trying to... commit suicide.*

Girls, and especially Palestinian girls – because they are the most likely to be forced into marriage (rather than persuaded that they want it; see Presler-Marshall et al., 2020) – also reported feeling distressed by child marriage. A Palestinian mother reported that a 15-year-old neighbour had hung herself because her parents *'wanted to force her into marriage'*. Across nationalities, girls and young women also reported feeling distressed by being denied opportunities to form relationships with young men of their own choosing. Unlike their male peers – who have more freedoms (in the physical and digital worlds) and can often hide relationships from their parents – girls and young women are carefully monitored and their non-sanctioned relationships are ended immediately. A 21-year-old Syrian young woman reported that she had tried to kill herself three times when her mother refused to allow her to marry the Jordanian man who had proposed to her:

*I poisoned myself... I started ingesting any medicine, no matter what it is... I cried all the time... Ant poison – I emptied it in a cup and filled it with water and drank it. My mother took it away from me and shouted at me: "Go to hell, I hope you die and I get rid of you". I said, "Yes, let me die so that you are relieved of me, and I'm relieved of you, because you're keeping me away from him".*

Explaining survey findings regarding Jordanian girls' high levels of distress and depression, although the lives of Jordanian girls tend to be less restricted than the lives of their peers who are refugees, by middle adolescence Jordanian girls tend to realise how limited their opportunities are vis-à-vis boys'. The mother of a 16-year-old Jordanian girl who slashes her arms explained, *'My daughter feels that everyone is against her....Even the one she loves is against her, she says so!'*

Boys and young men, who are expected to be breadwinners, are distressed by their limited opportunities for gainful employment, which effectively traps them in years of 'waithood'. This is especially true of refugee boys and young men, who are confined to poorly paid sectors of the labour market. A 19-year-old Syrian young man explained that he has given up wanting anything for his future:

*I'm too tired to think of my ambitions... Because you think of it and it doesn't happen, and the complete opposite happens, so I don't like to think of it. I live day-by-day. For example, I now sit in front of you, and you're interviewing me, I just think of today, and I don't think of the next day because God knows what might happen to me.*

In line with survey findings, Palestinian boys and young men generally exhibit the highest levels of distress about the future, because of decades of exclusion from the labour market. A mother explained of her adolescent son, 'I swear, he tells me every day... There is no job, there is no need to live... my son said, "I wish I was dead and released", and such things... They ask, "why did you give birth to me?"'

When asked why distress levels have increased over time, young people and their caregivers identified two main reasons. Young people themselves most often identified age-related differences in self-awareness, which also speaks to why young adults are more distressed than adolescents. A 17-year-old Syrian girl explained:

*When I grew up, I am no longer like I was [when I was] little, I began to reflect on life and how to live... I feel that life is difficult... I was little before and I wasn't thinking about what life is, but when we became older, we start thinking about the future and what life hides for us.*

Caregivers were more likely to blame the digital devices that became central to young people's lives during Covid-19 lockdowns. A Jordanian mother explained, 'People have become less [socially] connected... It was the phone.' A Syrian father agreed:

*The issue of the internet... this damaged them... It decreased the family links in the home... I notice my friends... when you go to their home, you find each one carries his phone and stays aside and the other one holds the phone also.*

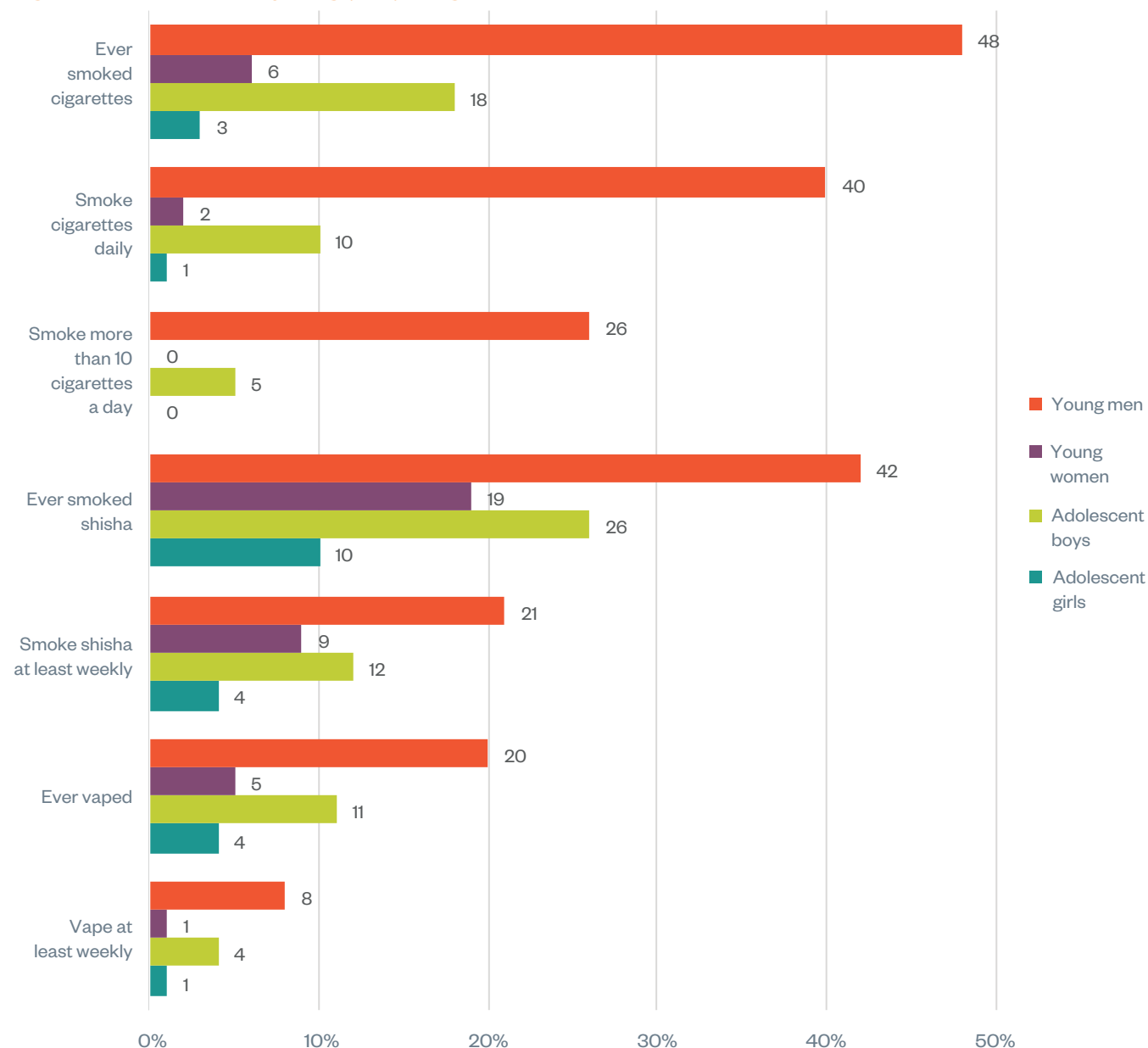
## Substance use

The midline survey found that tobacco use is common among boys and young men over age 15. Of adolescent boys over the age of 15, 18% had ever smoked cigarettes, 10% already smoked every day, and 5% smoked more than 10 cigarettes a day (see Figure 6). Palestinian boys (17%) and Syrian boys living in camps (16%) were particularly likely to smoke every day; Syrian boys living in host communities and informal tented settlements were the least likely to be daily smokers (7%). Rates of smoking among young men were even higher than among adolescent boys: 48% had



A 14-year-old Jordanian boy, smoking © Nathalie Bertrams/GAGE

Figure 6: Tobacco use, young people aged 15+



ever smoked, 40% smoked at least daily, and 26% smoked more than 10 cigarettes each day.

Palestinians (62%) and Jordanians (55%) were the most likely to be daily smokers; Syrians living in informal tented settlements (24%) were the least likely. Shisha and vaping are less common than smoking cigarettes. Among young men, 42% had ever smoked shisha, 21% smoked shisha at least weekly, 20% had ever vaped, and 8% vaped at least weekly. Syrian boys and young men living in informal tented settlements were the least likely to smoke shisha or vape. Girls and young women were significantly less likely to use tobacco than boys and young men. Of young women, 6% had ever smoked cigarettes and 2% smoked daily; none were heavy smokers. Fewer than one-fifth (19%) had ever smoked shisha and only 5% had ever vaped.

Qualitative research participants reported that tobacco use – primarily in the form of cigarettes – is all but universal by the time boys reach adulthood. A 16-year-old Syrian boy stated, 'All boys smoke cigarettes.' A Makani key informant agreed, adding that many boys are smoking 'starting at age 12'. Most respondents identified peer pressure as the driver of boys' tobacco use. A 15-year-old Syrian girl reported that, 'Young people here in the camp teach others to smoke cigarettes.' A few respondents, however, observed that peer pressure is hardly necessary, as boys have smoking role models at home. A 14-year-old Bani Murra girl explained, 'Smoking is on the rise, it doesn't decrease... it begins with the father, then his sons and eventually the grandchildren.' Although boys and young men often noted that smoking is an expensive habit, many reported



smoking so much that they are physically addicted. An 18-year-old Syrian young man, for example, recalled that he and his father had a very difficult time during Covid-19 lockdowns because they were deprived of cigarettes:

*My father and I got affected by the cigarette cutoff... so my mental health got affected... I started going to our neighbours and asking them to give us cigarettes.*

Caregivers – almost always mothers – regularly reported trying to keep their sons from smoking. A Jordanian mother explained:

*My kid is 15 years old and all his friends are trying to smoke cigarettes, and I tell my boy that if you see anyone smoking, stay away from him!*

Boys and young men just as regularly added that they were unconvinced. A 20-year-old Jordanian young man stated, *'My father smokes cigarettes... Many people told me that smoking is harmful, but I was not convinced.'*

In line with survey findings, qualitative research found that girls and young women are far less likely to use tobacco than boys and young men. Of those girls who did report smoking, most smoked shisha. A 19-year-old Syrian young woman reported that:

*The whole content of my snapchat is about hookah! I like to sit in the evening and prepare hookah or sometimes coffee. I click pictures and post them...*

A few girls and young women (almost all of them married) also admitted to secretly smoking cigarettes. A 17-year-old Turkmen mother, for example, recalled that she began smoking at age 10, using butts left behind at their home: *'Some labourers were working at our place and I smoked a cigarette using the butts they left behind.'*

None of the young people taking part in GAGE's qualitative research admitted to consuming alcohol, which is considered 'haram' (forbidden) by Islam. That said, several young wives reported that their husband sometimes comes home drunk; and in host communities, young people and their caregivers regularly reported that young men in the community drink alcohol after dark. A 15-year-old Syrian boy stated, *'At night they all get drunk.'* A Bani Murra boy the same age agreed, *'We see drunk people every night.'*

Drug use by boys and young men emerged as a significant concern for qualitative research participants, regardless of location. A key informant in a host community reported that *'Drugs are everywhere around us.'* A Syrian father in a host community, on the other hand, noted that he feels safer for his family in a host community rather than a UNHCR-run camp, because *'most of the camp residents*

*are bad people who sell pills and drugs'*. Palestinians called out Gaza camp as a hotbed of drug use. A 19-year-old Palestinian young woman exclaimed, *'If police come to Gaza camp, not a single person will be left, because all of them abuse drugs!'* Respondents reported that a wide variety of drugs are available on Jordan's streets, including hashish (which some believe is too expensive to be widespread), heroin, and Captagon (an amphetamine-type stimulant). Concerns around the latter were most prevalent, with most respondents reporting that pills cost as little as a quarter of a lira, are available even inside schools starting in 6th grade, and are contributing to violence in the community. A Jordanian mother explained, *'Captagon... It doesn't let you sleep. You will see men awake in the streets for 24 hours or 2 or 3 days... That is what scares me.'*

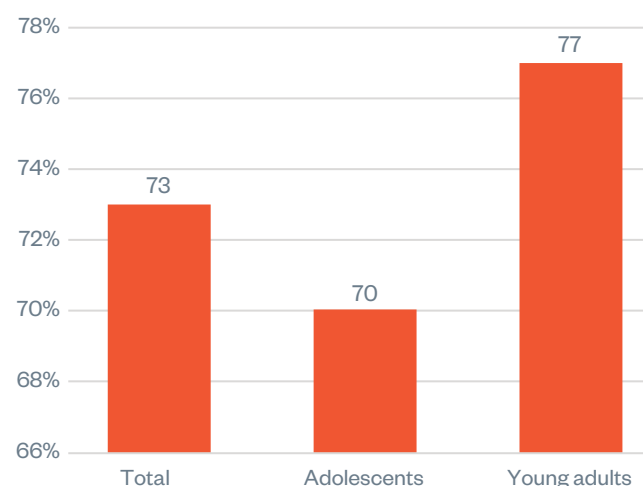
Several respondents also reported that cigarettes are sometimes adulterated with drugs. A 19-year-old Syrian young man stated, *'My cousin told me that his son put something in the cigarettes and he changed.'* Concerns about young people's involvement in selling drugs is also growing. While this was mostly true for boys and young men, a 19-year-old Palestinian young woman reported that at her school, *'There were girls selling drugs, 8th-grade girls sold it to younger girls.'*

Respondents universally agreed that young people are using substances to self-medicate their emotional distress. A 17-year-old Turkmen mother reported of smoking, *'Honestly, as much pain as a human being goes through, smoking makes you forget it... It soothes up the spot where you feel the pain.'* Adults agreed. A Palestinian mother noted that *'drug use and alcohol are an escape from reality'*, and a Makani facilitator reported that boys had told him that they drink alcohol *'to change their mood'*. Boys and young men were especially likely to link substance use to unemployment and underemployment. A 19-year-old Palestinian young man, for example, reported of his peers, *'Why do they take drugs? To forget the financial conditions and the psychological stressors they have...'*

## Support from family and other trusted adults

At midline, nearly three-quarters (73%) of young people reported that they had a trusted adult in their lives (see Figure 7). There were no differences between females and males or across nationalities or locations. There were, however, significant differences by age. Young adults (77%) were more likely to have a trusted adult than adolescents (70%). Compared to their peers who did not

**Figure 7: Has a trusted adult, both cohorts**



marry as children, young women who were child brides were significantly less likely to have a trusted adult in their lives (see Box 2).

The midline survey asked young people whether they were able to talk to their parents about a variety of specific topics, including education, future work, bullying and harassment, and religion. It found that young people are better able to talk to their mother (2.8/4 topics) than their father (2.1/4 topics); that girls and young women (3.0/4 topics) are better able to talk to their mother than boys and young men (2.5/4 topics); and that adolescents discuss more topics with their father than young adults do (2.2/4 topics vs 1.9/4 topics). Within cohorts, there were

### Box 2: The impacts of child marriage on young wives' psychosocial well-being

The midline survey found that young women who were married as children are significantly less likely than their peers who are either not married or who married as adults to have a trusted adult or a trusted friend. Of those who married when aged under 18, 71% have a trusted adult, compared to 79% of those who were never married and 87% of those who married as adults. There are similar gaps in terms of young women's access to a trusted friend. Of those who married as children, only half (51%) have a trusted friend – compared with 62% of those who were never married.

Qualitative research found that girls and young women who married before adulthood were at elevated risk of experiencing emotional distress and depression (see also Presler-Marshall et al., 2023c). Indeed, quite a few young wives in the sample reported having contemplated suicide because they found married life to be intolerable. An 18-year-old Syrian young woman, who married at age 14, recalled having been extremely distressed in the early days of her marriage, when she found herself prevented from making even the simplest decisions about her own life: *'I was shocked. There were many things that changed... I was unable to deal with the problems, to deal with my husband or to deal with my mother-in-law.'* A 19-year-old Syrian young woman confessed that her marriage is so difficult that she feels *'like I am living in hell... and think a lot about jumping off the balcony'*. Young wives living in informal tented settlements were especially likely to report extreme exhaustion and distress – because they generally married the earliest, had the most children, were juggling particularly onerous household chores, and tended to engage in hours of agricultural labour each day alongside domestic and care work. A 20-year-old Syrian mother of two explained, *'We are tired from the work....We never relax.'*

During interviews, married girls and young women often spoke at length about their physical and social isolation. Many reported that they had no friends at all – or that they had not seen their friends since they married. Young wives attributed this directly to marriage. An 18-year-old Syrian young woman explained that her peer group has fallen apart due to marriage: *'When we were girls, we used to go together to the shops, to amusement parks, we would go wherever we wanted... but now each one has separated and has become isolated.'* A 20-year-old Syrian young woman commented that her husband forced her to give up her friends: *'My husband does not like me getting to know an outsider... He said 'finish your friends''*

Many young wives also noted that their own families provide little support. Sometimes – especially in cases of consanguineous marriage – this is because young wives choose silence over the risk of family discord. A 15-year-old Palestinian girl who is married to her cousin explained that she tells no one how unhappy she is: *'I hold my pillow and scream in it while crying... I never let anyone hear me, I keep everything in my heart. I like to keep my problems to myself and not talk to anyone about them.'* In other cases, young wives' limited support from their own parents is due to parents' refusal to prioritise their daughter's well-being. A Palestinian mother reported that a young neighbour who had experienced incessant intimate partner violence for years – and whose parents always made her return to the marital home – in the end *'had no choice but to hang herself'*.

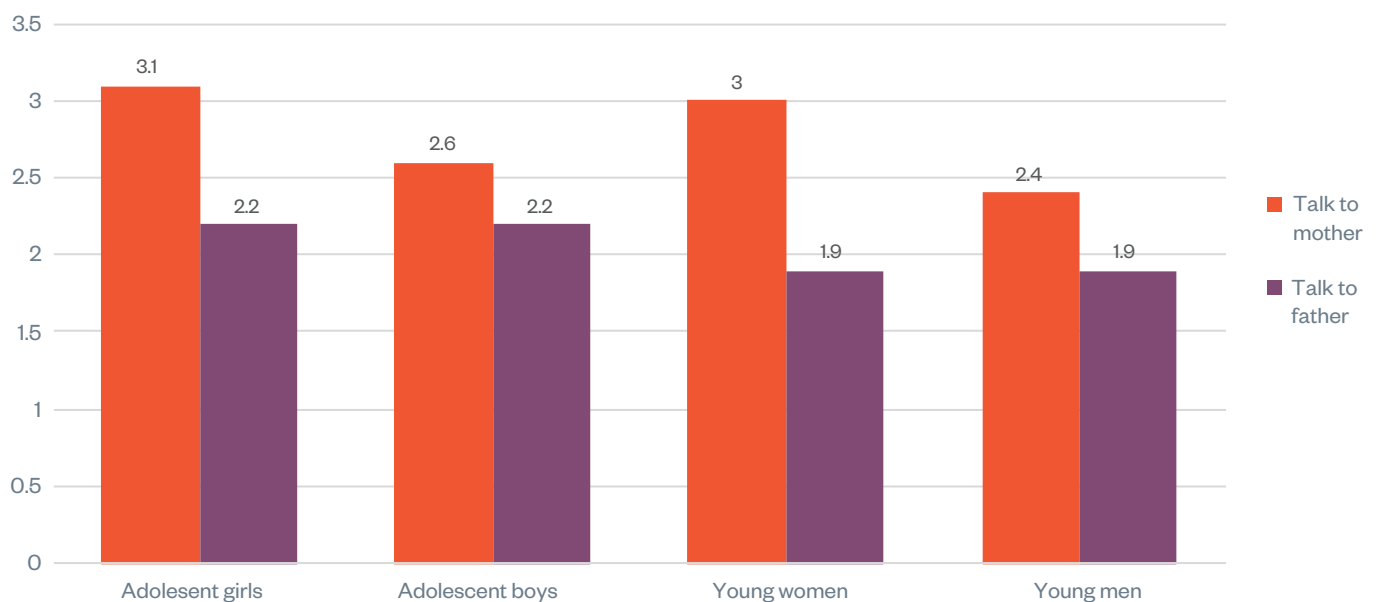


few gender differences in terms of topics discussed with fathers. Adolescent girls and boys (2.2/4 topics) and young women and men (1.9/4 topics) were about equally likely to talk to their father (see Figure 8). Among adolescents, a few differences emerged in terms of which topics, however. Adolescent girls were significantly more likely to talk to their father about work, whereas adolescent boys were significantly more likely to talk about violence at school.

Adolescent girls and young women were more able to talk to their mother about all topics than were adolescent boys and young men. Nationality and location differences were relatively minor; however, Syrians living in informal tented settlements were less able to talk to their mother and father than all other groups of young people.

Across all groups of adolescents except for Syrians living in informal tented settlements, respondents reported

**Figure 8: Can talk to mother versus father about an index of topics – scored out of 4 – both cohorts**





being able to discuss significantly fewer topics with their parents at midline than at baseline (Syrians living in informal tented settlements reported no significant change and were the least likely to discuss topics with their parents at baseline). Declines for boys were significantly larger than declines for girls. For young adults, who were already in mid to late adolescence at baseline, there are no significant differences in the index of topics discussed between baseline and midline.

Qualitative findings help to explain and extend the survey findings. During interviews, most young people spoke of their parents as their most important source of psychosocial support. A 19-year-old Jordanian young woman explained that this is important to Arab culture: *'The family is the basic source that provides the support for their daughters and sons.'* A 14-year-old Syrian girl stated that not only are her parents the most important source of support, but that she would never trust anyone outside the family:

*Mom and Dad will definitely listen to me and give me advice for sure... I will not trust anyone but my family.*

A 15-year-old Syrian girl, who also reported trusting only her parents, added that this is because her mother has taught her that *'because women will talk about her'*, she should stay home and keep her thoughts to herself. A 13-year-old Palestinian girl reported receiving the same advice from her father:

*My father advises me... for example, not to trust anyone, not to tell my secrets to anyone, except for my mother or my brother or my father.*

In line with survey findings, nearly all young people reported being closer to their mother than their father. A 16-year-old Jordanian girl, when asked who in her life supports her the most, replied, *'My mom... She supported me by always motivating me.'* A 19-year-old Syrian young man, whose mother urges him to stop smoking, agreed:

*I know that my mother will choose the best for me... 90% of our relationship is positive... you know moms and how they scold us – that makes up the 10%.*

Young people's reliance on their mother as opposed to their father is shaped by several factors. First, due to prevailing gender norms, it is mothers and not fathers who are children's primary caregivers. Most young people spend far more time with their mother than with their father. Second, several young people reported that their father is perpetually angry – usually about their inability to adequately provide for the family – and that talking to them is therefore difficult at best. A 15-year-old Syrian boy

noted that he can only talk to his mother: *'I discuss with my mother, but not my father. My father doesn't listen to anyone. He is a short-tempered guy.'*

Not all young people feel they can rely on family for support. In some cases, this is because young people are afraid of adding to their parents' already high stress levels. A 20-year-old Syrian young woman explained that when she is worried about passing the Tawjihi, she cries alone:

*I would cry and I didn't want to add more to my parents worries. My parents are already upset and should I add more?*

In other cases, young people prefer to keep their parents at a distance from what they are feeling – fearing that their parents will not understand their concerns or that they will try to intervene in their lives. A 20-year-old Syrian young man explained:

*I don't tell my parents about my personal affairs... I don't let them know anything about me... I mean, it's youth stuff.*

Caregivers added that their relationships with their adolescent children, rather than their young adult children, can be especially fraught, due to the developmental imperatives of adolescence. A Syrian mother noted that her 15-year-old son now refuses to do as he is told:

*My son started imposing his personality and he wants to do everything by himself, he doesn't want to consult his family... He's stubborn and he doesn't listen to us as he thinks he's grown-up now.*

Similarly, a Palestinian mother reported that her 14-year-old daughter is emotionally labile:

*My daughter changed... Her attitude changed... She became crude and short-tempered. She started to bully her mother and everyone at home... sometimes she will cry.'*

Although girls and young women were more likely to report being close to their parents than boys and young men – and to be especially close to their mother – mothers' overzealousness regarding gender norms appeared to limit the support their daughters felt they received. A 15-year-old Jordanian girl reported that she feels unloved by her mother, who places too many restrictions on her life:

*You know when a girl becomes an adolescent, she feels that her family doesn't care, they don't love her... It is always the family which affects a person.*

A 21-year-old Syrian young woman, whose sisters-in-law spread rumours about her, reported that she felt abandoned by her own mother in the aftermath:



*I swear to God, she threw my things and my clothes in the street, and said to me, "Go and manage your affairs because I cannot leave a girl without morals in my house!"... I thank God I know that I don't do anything immoral.*

Mothers did not necessarily gainsay girls' reports of limited support. Indeed, several noted that they punished their daughters simply because they were ashamed. The mother of a 13-year-old Syrian girl who was cutting herself admitted, *'I am fed up... I couldn't bear it, I started to shout in the house and in the end I beat her up.'* She did not take her daughter to a therapist.

At midline, none of the boys or young men who participated in the research spoke of teachers as a source of emotional support; however, several girls did. A 15-year-old Syrian girl was especially laudatory of the care provided by the women teaching at secondary school level:

*It is a comfortable school and they offer us tenderness, help, love and safety. The teacher makes us feel that we are dealing with my second mother, the teacher gives us hope and gives us love. If I make mistakes in this school, there will be no problem. If the student makes a mistake, they say to him: "it is normal". If a person errs, he will learn from the mistake. They give me sweet feelings. I feel like I'm sitting at home comfortably.*

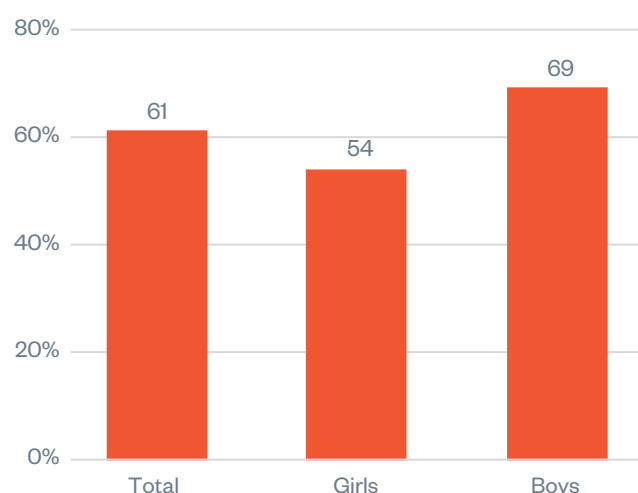
## Support from peers

A large minority of young people (34%) reported not having a trusted friend at midline. Among adolescents, the midline survey found that 32% did not have a trusted friend (see Figure 9). Although gender differences were not significant for adolescents, some nationality differences were. Palestinian adolescents (76%) were more likely to

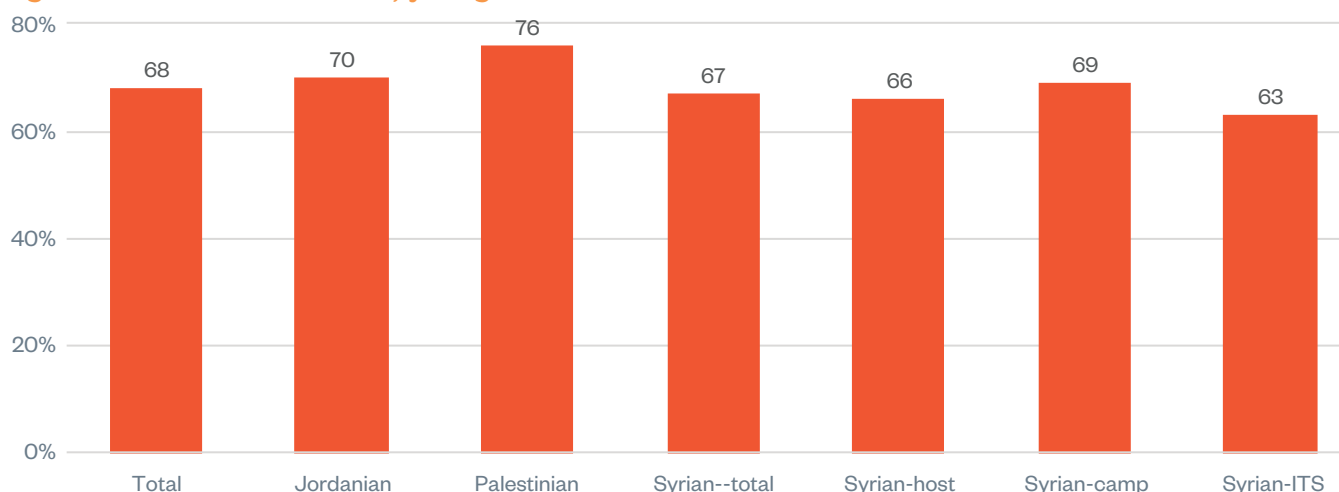
have a trusted friend than their Jordanian (70%) and Syrian (67%) peers. Syrians living in informal tented settlements (63%) were the least likely to have a trusted friend. For adolescents, access to a trusted friend has not declined since baseline.

Adolescents' access to friends is shaped by limits on their physical and digital mobility. Although there were no nationality or location differences, the midline survey found that girls were significantly less likely than boys to have input into whether they leave home. Just over half (54%) of adolescent girls reported having at least some say in whether they leave the house, compared with 69% of their male peers (see Figure 10). The gender gap was largest among Palestinians (54% of girls compared with 77% of boys).

**Figure 10: Has a least some say into leaving the house, younger cohort**



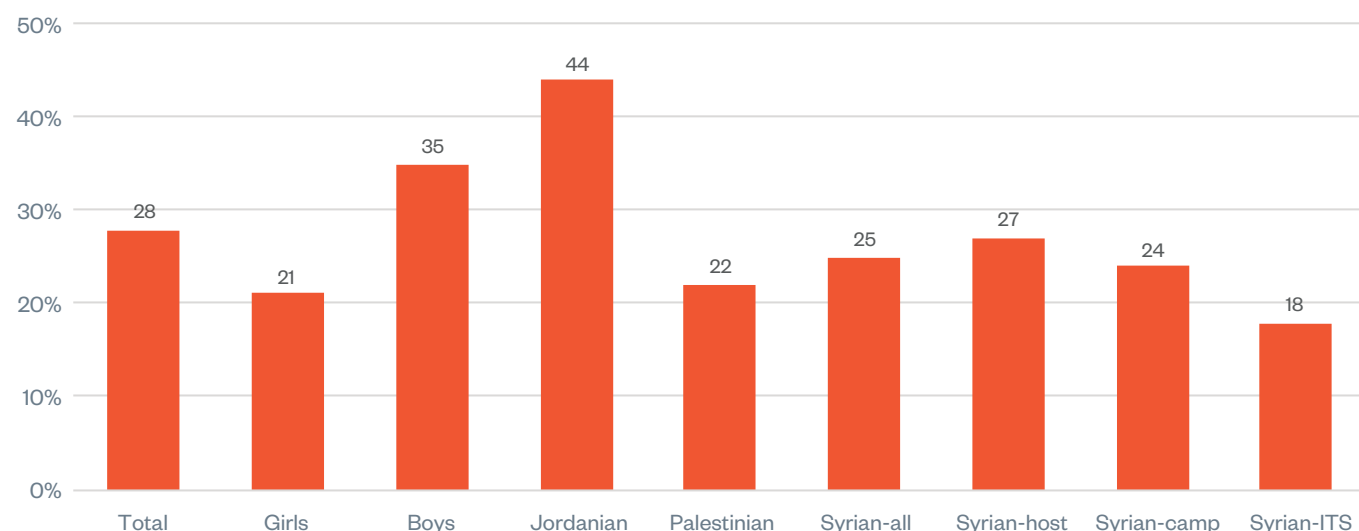
**Figure 9: Has a trusted friend, younger cohort**



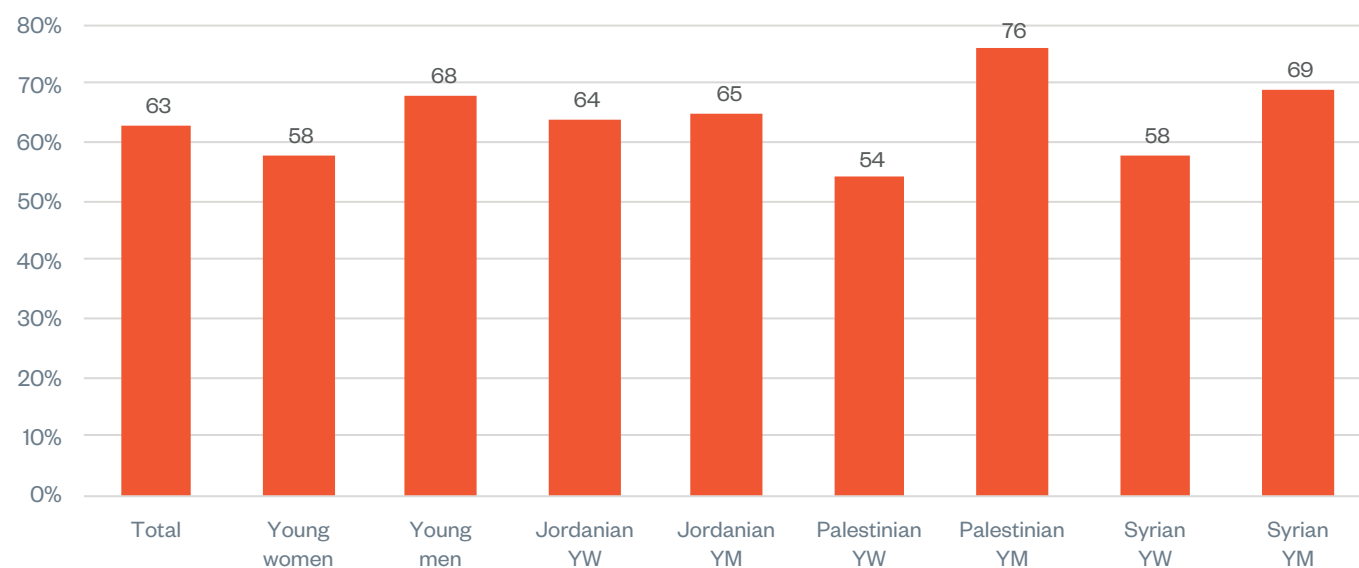
Adolescents' access to an internet connected phone<sup>5</sup> is shaped by nationality, location and gender. Jordanian adolescents (44%) were more likely to have an internet connected phone for their own use than Syrians (25%) or Palestinians (22%); Syrians in informal tented settlements were the least likely to have access (18%) (see Figure 11). In addition, across all nationalities, adolescent girls were less likely than adolescent boys to have an internet connected phone for their own use. The midline survey found that just over one-fifth of girls (21%) compared with one-third of boys (35%) had an internet connected phone for their own use. The gender gap was the largest in formal camps, where 35% of boys but only 13% of girls had an internet connected phone for their own use. The gap was smallest among Jordanians (50% vs 39%).

Among young adults, 37% of whom did not report having a trusted friend at midline, nationality and location differences were not significant (see Figure 12). Gender differences, however, were: 68% of young men but only 58% of young women reported having a trusted friend. Gender differences were driven by refugees, as young Jordanian women (64%) and men (65%) were equally likely to have a trusted friend. The gender gap was largest among Palestinians. Whereas 76% of young Palestinian men had a trusted friend, only 54% of young Palestinian women reported the same. For young adults, access to a trusted friend at midline had decreased by approximately 10 percentage points since baseline, with no notable differences related to gender, nationality or location.

**Figure 11: Has an internet connected phone for own use, younger cohort**



**Figure 12: Has a trusted friend, older cohort**



<sup>5</sup> Access to non-internet connected phones is slightly higher than access to internet connected phones (34% vs 28%), with the same patterning across groups.

As with adolescent girls, young women were significantly less likely than their male peers to report having some say over whether they leave the home. Only 62% of young women reported at midline that they have at least some say, compared with 76% of young men (see Figure 13). The gender gap was largest for Syrians living in informal tented settlements, where 47% of young women and 75% of young men reported having some say in whether they leave the home. There were no differences by nationality or location.

As with adolescents, young adults' access to an internet connected phone for their own use is shaped by nationality, location and gender. Jordanian young adults (79%) were significantly more likely to have an internet connected

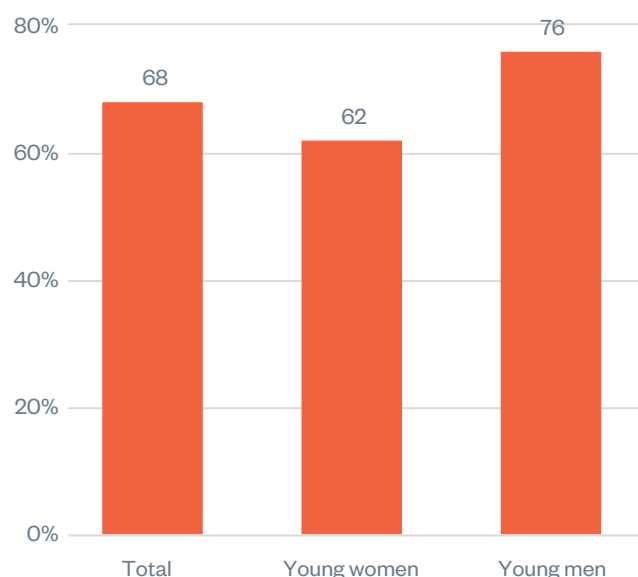
phone than Syrians (68%) or Palestinians (52%) (see Figure 14). Syrians living in informal tented settlements (56%) had less access than their peers in host communities (70%) and in formal camps (68%). Young women (61%) were also significantly disadvantaged compared with young men (76%) in terms of access to an internet connected phone. The gender gap was largest among respondents in informal tented settlements, where 33% of young women but 73% of young men had access to an internet connected phone.

During qualitative research, many young people reported time with friends as being important to their well-being. It was common for boys and young men to report spending hours each day with their friends, most often at cafes, while smoking hookah or 'hanging out' in the market. An 18-year-old Jordanian young man said, *I have two close friends... They are with me all the time.* Some boys and young men also reported having made close friends online. A 17-year-old Syrian boy explained:

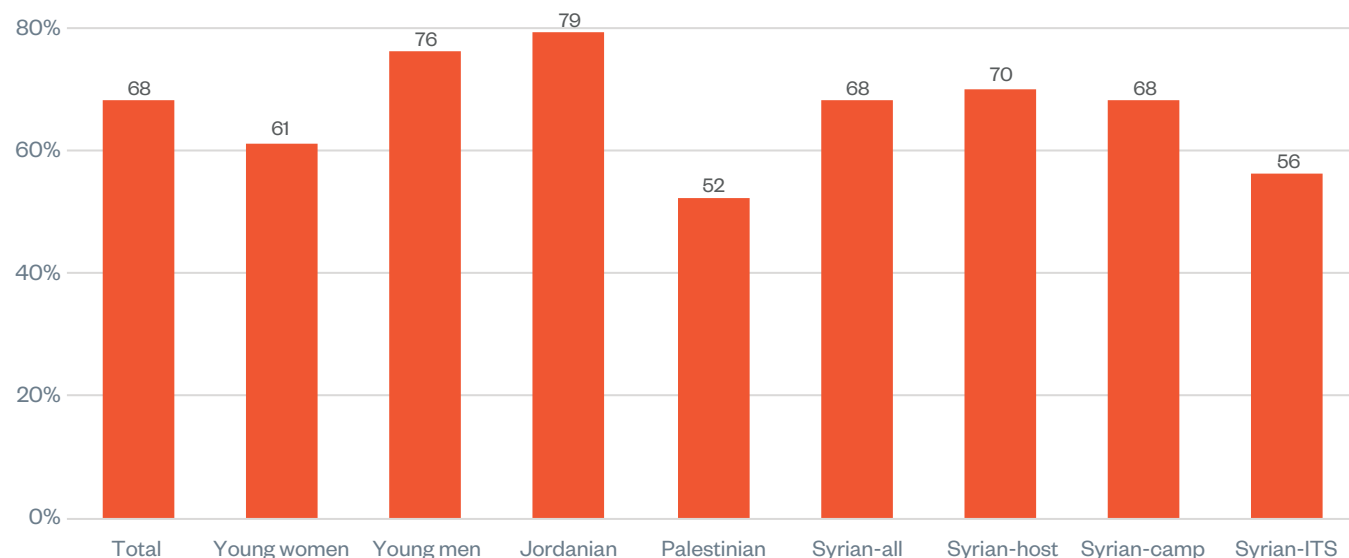
*I have a lot of friends online... I know them from playing video games... I have a friend from Saudi Arabia and a friend from Iraq... I communicate with them through Instagram.*

Adolescent girls and young women were less likely than their male peers to report spending time with their friends, except at school or if their friends were closely related to them by blood or marriage. That said, some girls reported interacting with friends outside of school, after receiving parental permission. A 15-year-old Syrian girl explained that it had taken her time to identify a good friend, due to parental admonitions to choose wisely, given the potential for gossip:

**Figure 13: Has at least some say into leaving the house, older cohort**



**Figure 14: Has an internet connected phone for own use, older cohort**



*They [parents] always tell you to choose the right friend, one who takes you closer to your religion... I got to know one girl from Algeria... I introduced her to my mom, and my mother also talks to her, she is a very nice girl... She is my favourite person and I talk to her and confide in her at times.*

Other girls, unable to meet with friends in person, reported interacting with them via WhatsApp or by phone call, often using their mother's phone. A 17-year-old Syrian girl stated of her friend, *'I tell her everything about myself. She knows everything about me, things which no one knows about. When we have nothing to do in the night, we talk on the phone.'*

From the qualitative research, gender emerges as key to understanding young people's relationships – or lack thereof – with friends. Most boys and young men spend considerable time doing things with their friends. When they talk, it is about their day-to-day lives, video games, current events, and their aspirations for the future. It appears quite rare for boys and young men to talk to their friends about genuinely distressing events, such as the death of loved ones or violence inside the home. Indeed, during interviews, relatively few boys and young men spoke of their feelings at all, unless they were repeatedly prompted. Girls and young women, on the other hand, identified negative (and positive) emotions freely and often. Most reported having shared these feelings with friends when they were younger and having been comforted by doing so. A 16-year-old Syrian girl recalled that she used to share things with her friend, but not her mother: *'I would tell her whatever used to happen with me, but I wouldn't tell my mother.'*

At midline, however, most girls and young women stated that they were unable to share with a friend the feelings and events that distress them. In many cases, this is because girls and young women are completely cut off from their peers, due to restrictions on their physical and digital mobility. A 14-year-old Turkmen girl who does not attend school reported that the only other girls she sees are relatives: *'I do not have friends, only my cousins.'* A 16-year-old Syrian boy, when asked how his own friendship circle might differ had he been female, replied that it is common for girls to have no friends at all because they are never allowed to leave home: *'Maybe a girl won't have friends, not all girls have friends... because girls can't go out with each other.'* Girls and young women also noted that even in cases where their mobility is less limited, their ability to form meaningful connections with peers becomes limited

in middle adolescence, due to concerns about gossip and family honour. A 17-year-old Palestinian girl stated that *'Society here does not accept talking about personal matters'* and an 18-year-old Syrian young man added that *'Every person is now looking for a fault in the other person in order to humiliate them...'* This norm about what can and cannot be discussed means that girls and young women, unlike their male peers, often say that they are not actually close to their friends. A 17-year-old Syrian girl explained,

*I don't have a close friend, they were normal friends. For example, if I saw a girl, I would say hello to her... I don't have the girlfriend that I tell everything about myself or everything I want.*

### Access to psychosocial services

At midline, a minority of young respondents reported having accessed informal or formal psychosocial support services during qualitative interviews. In addition to having attended classes at UNICEF-funded Makani centres (see Box 3), several young people – all female – reported having taken psychological first aid classes offered by non-governmental organisations (NGOs). A 22-year-old Syrian young woman, for example, explained that she had learnt how to calm herself:

*There are psychological sessions here... how do you keep away (for example) depression, nervousness... How do you deal with things... She [the course leader] told me that if I felt upset, there are exercises... listening to music, deep breathing.*

Several other girls and young women reported having met with a psychiatrist. A 15-year-old Syrian girl, who became suicidal after the family was abandoned by her father, explained that:

*The UNHCR coordination office got to know about our father leaving us, they helped me go to a psychiatrist... She helped me to keep bad thoughts away from my head. She also gave me activities... to change my life – for example, playing sports and breathing exercises... I felt that she helped me a lot.*

Young female respondents (and their mothers) also reported taking anti-depressant medication. Indeed, a 16-year-old Syrian girl reported that this is common:

*I noticed that many of the students are depressed and take pills for depression. I saw so many of my friends who go to a psychiatrist and take pills for depression...*

Most respondents, however, agreed that young people's access to psychosocial support services is limited. In part, this is due to scarcity of services. Syrian caregivers



### Box 3: Makani centres support young people to thrive

At midline, relatively few young people were participating in courses at UNICEF-funded Makani ('My Space') centres. This is partly because many young people had aged out of services, and partly because many had lost contact during pandemic-related closures. That said, even those who were no longer attending sessions reported that Makani programming had had positive impacts on their psychosocial well-being.

Young people were most likely to report that they liked attending sessions because it gave them fun things to do with friends. A 15-year-old Palestinian boy recalled that he used to love attending sessions: *'We [my friend] used to talk to each other and laugh and joke.'* Time with friends was particularly important for girls, who are often confined to home outside of school hours. A 15-year-old Syrian girl recalled, *'I got to know many girls at the Makani Centre... We used to read together, write together and play together... I was very happy with them.'* A 20-year-old Bani Murra young woman agreed and added, *'We girls shared things and confided in each other and talked... I feel at ease and happy, it feels like it took a burden off my heart and I don't feel sad anymore.'* Makani facilitators reported that in addition to providing girls with safe spaces to be with friends, centre programming also addresses one of girls' main concerns about peer relationships: gossip. Life skills courses emphasise the importance of respecting privacy and confidentiality.

Girls and young women also noted that Makani facilitators had been vital sources of emotional support when they faced difficult life events. A 15-year-old Syrian girl, who faced problems at home, reported of the woman who ran her life skills classes, *'I talked about my psychological state on that day, if I was happy or sad... Their [the teachers'] treatment of us was beautiful... I felt safe and confident in her, and I liked to tell her my secrets, it was a very nice feeling.'* A 19-year-old Jordanian young man added that facilitators had helped him survive the stress of the Tawjihi [General Secondary Education Certificate examination]: *'Makani classes helped me to strengthen my personality with regard to all sides such as motivations...'*

reported that the trauma-related services provided by many NGOs have evaporated over time. One mother stated, *'Now there is no psychological support.'* Access to services is also limited by the stigma that surrounds mental ill health. A 16-year-old Syrian girl reported that mental health concerns are considered irrelevant:

*Parents don't care about mental well-being, just physical well-being... Mental health doesn't matter, it's a zero!*

A 15-year-old Jordanian girl added that mental health concerns are not only irrelevant, but shameful:

*I feel like in our society, seeing a psychiatrist is shameful... I've heard this multiple times from my neighbours and people around me: that only completely crazy people go to see psychiatrists.*

Respondents noted that gender norms interact with stigma to leave girls and young women with particularly limited access to mental health services. A Palestinian mother, who reported that her daughter is deeply distressed but is not accessing services, explained,

*Here in the camp, we get afraid of sending the girl to a psychiatrist. Otherwise, they will call her a psychopath... I want to take her to a psychiatrist, but they will say, whether her aunt or society itself, your daughter is mentally ill!... Women here meddle in other people's private affairs... They may ruin her reputation. So, I say, "She is okay. Nothing wrong with her".*

## Conclusions and implications for policy and programming

GAGE's midline research underscores the urgency of investing in services and programmes to ameliorate the growing mental health crisis among young people living in Jordan. It finds that a large minority of adolescents – and an even larger minority of young adults – have symptoms of emotional distress and depression. Across groups, young people report that they are distressed by poverty and violence. Those who are out of school (who are disproportionately males and refugees) are regularly distressed by losing access to education, whereas those who are in school are often stressed about their academic performance. Most girls and young women are lonely, because of gender norms that lead to restrictions on their physical and digital mobility, and many feel suffocated by those same norms, which prioritise their honour over their well-being. A surprising number of adolescent girls – distraught by being accused of violating gender norms or by gender-based violence – admit to engaging in self-harm.

Boys and young men, who are expected to be family breadwinners despite high youth unemployment, reported feeling increasingly trapped in perpetual 'waithood'. Many, especially Palestinians, reported using substances to cope with their challenging situation. Young people's distress levels have grown in the few years since baseline, in part because they are older and more aware of life's challenges but also because the Covid-19 pandemic disrupted their trajectories and relationships. Although most young people have family and friends on whom they can rely for support, this support is bounded, in part, by the developmental imperatives of adolescence. Young people at midline reported that they were less able to talk to their parents than at baseline. This is also partly bounded by culture, with girls and young women expected to acquiesce to their parents' demands that they isolate at home, to safeguard their reputation, whereas boys and young men are rarely able to discuss their feelings with family or friends due to misplaced notions about masculine stoicism. Young people's access to quality psychosocial support services is limited and also appears to have declined since baseline, in part at least because so many are no longer connected to the Makani centres that were facilitating access to caring adults.

If Jordan is to address the growing mental health crisis among young people, our research suggests the following priorities for policy and programming.

### Support young people's psychosocial well-being

- **Expand young people's access to the connections and content that support their immediate and longer-term psychosocial well-being.** Leverage community centres run by the Ministry of Youth, as well as adolescent- and youth- focused programming provided by NGOs and community-based organisations, including UNICEF's Makani one-stop centres, to make safe spaces available to young people, including those with disabilities. These should be spaces where they can interact with friends and caring adults, learn about their rights and how to report violence, discuss gender norms and how these shape their daily lives and future plans, and develop coping and broader life skills. For girls and young women, these spaces should include activities that strengthen voice and agency and lessons on the importance of respecting one another's confidentiality. Boys and young men need opportunities to reframe masculine strength and learn how to reduce stress without turning to harmful coping strategies such as substance use. Given young people's currently high risk of emotional distress, service providers should be trained on how to recognise and refer adolescents who are most at risk.
- **Use schools as venues for addressing young people's mental health needs.** Provide students with health education courses that address substance use and teach stress-reduction techniques. Ensure that all students have access to school counsellors who can refer them to more formal services if needed. Teachers need targeted training to develop their capacity to teach resilience, emotional intelligence, and communication and negotiation skills. Courses should also provide teachers with tools and techniques to identify adolescents most in need of intervention and strengthen teachers' capacity to foster social inclusion.
- **Roll out programming for married girls and young women.** Young wives 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. Young married couples – who might be identified through the government-mandated pre-marriage counselling sessions for couples where the bride is under 18 years – need courses designed to foster communication and strengthen relationships, including addressing challenges linked to gender norms. Given young wives' experiences with violence, programme



An 18-year-old Palestinian woman with a physical impairment © Marcel Saleh/GAGE

facilitators should be carefully trained in psychological first aid and referral pathways. Analogous programming is also needed for girls and young women who have been divorced.

#### **Support young people's families – so that they can better support young people's well-being**

- **Expand parenting education courses for mothers and fathers of adolescents.** 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 and the risks they face. Special efforts should be made to engage fathers about their modelling of tobacco use for their sons, to engage mothers about the importance of socialisation for their daughters (and daughters-in-law), and to ensure that parents understand that their obligations to their daughters do not end when girls marry. Courses could be delivered at Makani centres (with content integrated into UNICEF's Happy Home curriculum) and by other non-

governmental and community-based organisations, 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 young people.

- **Address parents' mental health needs.** Given that parents' ability to parent well is impacted by their own psychosocial distress, the Ministry of Health and its international partners should work with NGOs, community-based organisations and mosques to ensure that parents have access to support groups that provide psychological first aid. There should be special attention to the caregivers of young people with disabilities, given the added stress that disability can entail.
- **Scale up social protection.** Where possible, government- and United Nations-funded programming should aim to simultaneously support vulnerable households (with economic support as well as through referrals to psychosocial support services) and support young people's access to education (including through cash for education transfers).

### Work with communities to support young people's well-being

- **Raise public awareness of the importance of mental health.** The Ministry of Health should invest in media campaigns that capitalise on the moment to destigmatise help-seeking and educate the public about the importance of good mental health and how to promote it.
- **Scale up efforts to build social cohesion.** Programming to promote social cohesion should be delivered in-person, through venues including Makani centres and other spaces run by non-governmental and community-based organisations, and mosques, but also via mass media and social media campaigns funded by the government and its international partners. Programming should address the many dimensions of exclusion, and work to reduce the marginalisation of refugees and those from the Bani Murra and Turkmen communities, as well as addressing the stigma that surrounds disability.

### Strengthen the adolescent- and youth-friendly services that support young people's well-being

- **Step up investments in formal and semi-formal psychosocial support services for the most traumatised adolescents and young people.** Investments should build on the recent efforts of the Ministry of Education and Ministry of Health to provide services in schools and communities, and include (anonymous) helplines, app-based support, para-social workers recruited from Jordan's diverse communities (perhaps modelled on UNHCR's programme in Greece<sup>6</sup>), and referrals to professional therapists.

- **Strengthen the quality of education and publicise the pathways through which school drop-outs can re-engage with learning.** To reduce students' stress about learning outcomes and exams, there is a need for more schools to be built and more teachers hired so that classroom sizes fall and students can have full-day instruction (ideally with students of all nationalities learning side-by-side to improve social cohesion). There is a need to invest in teacher training on hands-on pedagogies that foster learning and non-violent discipline strategies. To reduce the distress experienced by school dropouts, it is important to publicise existent non-formal education pathways, including at youth centres and programmes run by non-governmental and community-based organisations for adolescents and young adults.
- **Smooth people's school-to-work transitions.** Efforts should begin in lower-secondary school to help adolescents understand labour market opportunities and how they align with learning pathways (secondary school versus technical and vocational education and training (TVET)). There should be focused attention to ensuring that TVET programmes are well aligned with local needs and that graduates are supported in their job search.

### Invest in data to monitor trends

- **Integrate the monitoring of young people's psychosocial well-being into national data collection efforts,** to track mental health trends and to inform policy and programming interventions. This could be done by including GHQ-12 or PHQ-9 surveys in the Jordan Population and Family Health Survey.

<sup>6</sup> See EPAPSY (Association for Regional Development and Mental Healthcare) website, 'Provision of psychosocial support to refugees' ([www.epapsy.gr/en/provision-of-psychosocial-support-to-refugees](http://www.epapsy.gr/en/provision-of-psychosocial-support-to-refugees)).

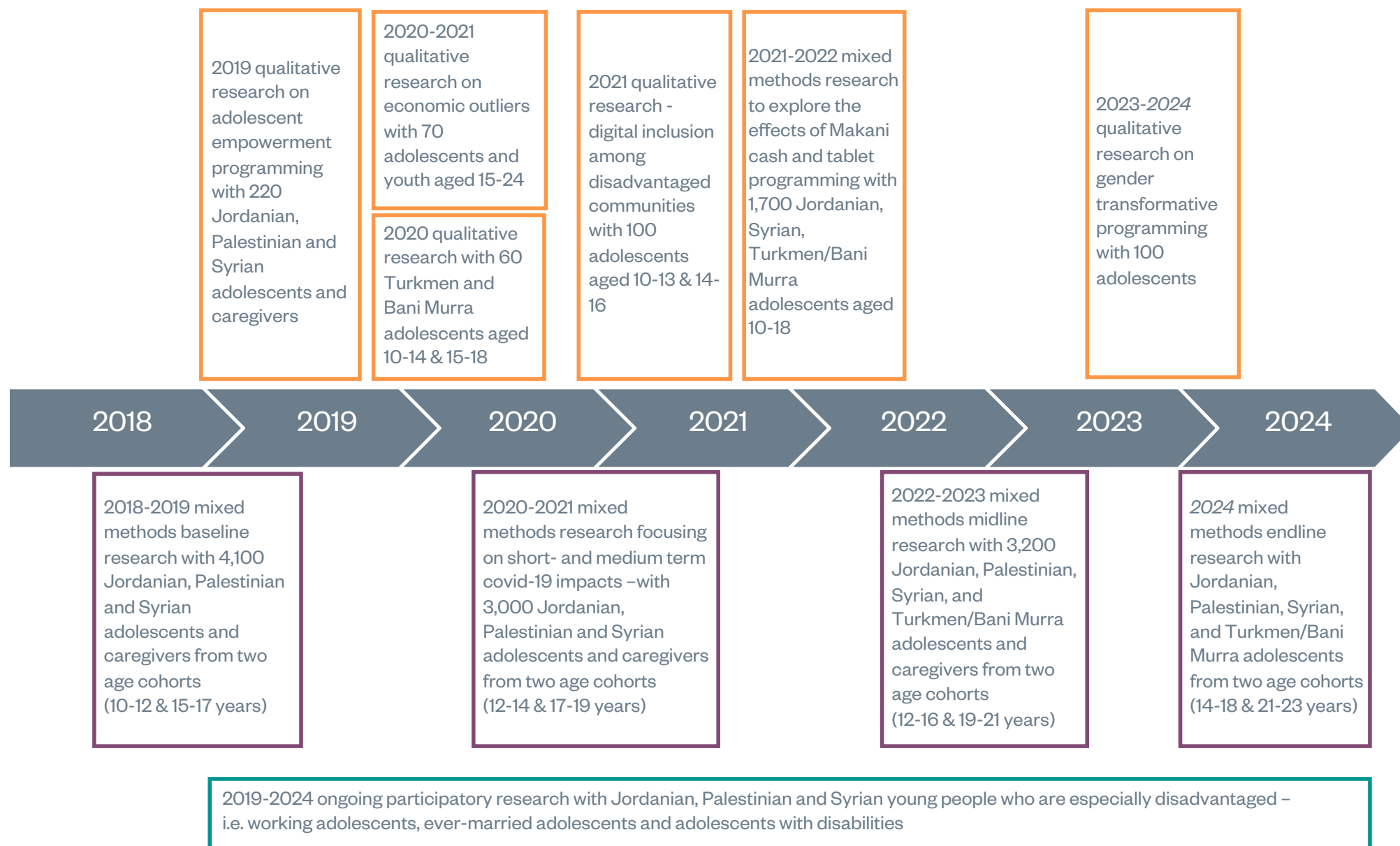


## References

- Abu Hamad, B., Baird, S., Jones, N., Małachowska, A., Oakley, E. with Alabbadi, T., Alheiwidi, S. and Amaireh, W. (2021) *Adolescents and the Covid-19 pandemic: experiences and perspectives from Jordan's host communities and refugee camps*. London: Gender and Adolescence: Global Evidence
- AlAzzam, M.M., Al-Sagarat, A.Y., Abdel Razeq, N.M. and Al-saireh, F.A. (2021) 'Depression and anxiety among school adolescent females: a national study from Jordan' *School Psychology International* 42(5): 520–538. doi: [10.1177/01430343211017181](https://doi.org/10.1177/01430343211017181)
- AlHamawi, R., Khader, Y., Abu Khudair, S., Tanaka, E. and Al Nsour, M. (2023) 'Mental health and psychosocial problems among children and adolescents in Jordan: a scoping review' *Children* 10(7): 1165. <https://doi.org/10.3390/children10071165>
- 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. <https://doi.org/10.1080/02673843.2021.1908375>
- Baird, S., Oakley, E., Małachowska, A., Jones, N., Luckenbill, S. and Alheiwidi, S. (2023) *Jordan midline survey (round 2): core respondent model*. London: Gender and Adolescence: Global Evidence
- 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. doi: [10.3928/02793695-20171027-04](https://doi.org/10.3928/02793695-20171027-04)
- 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. doi: [10.1111/phn.12363](https://doi.org/10.1111/phn.12363)
- 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>
- International Medical Corps (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-psychosocial-needs-and-service-utilization-syrian>
- 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)*. Jordan, Amman: The Ministry of Health/The Ministry of Education. <https://openjicareport.jica.go.jp/pdf/12362430.pdf>
- Jones, N., Presler-Marshall, E., Małachowska, A., Jones, E., Sajdi, J., Banioweda, K., Yadete, W., Gezahegne, K. and Tilahun, K. (2019) *Qualitative research toolkit: GAGE's approach to researching with adolescents*. London: Gender and Adolescence: Global Evidence
- Jones, N., Baird, S., Abu Hamad, B., Bhutta, Z.A., Oakley, E., Shah, M., Sajdi, J. and Yount, K. (2022) 'Compounding inequalities: adolescent psychosocial wellbeing and resilience among refugee and host communities in Jordan during the COVID-19 pandemic' *PLoS ONE* 17(2): e0261773. <https://doi.org/10.1371/journal.pone.0261773>
- Kabeer, N. (2003) *Making rights work for the poor: Nijera Kori and the construction of 'collective capabilities' in rural Bangladesh*. Working Paper 200. Brighton: Institute of Development Studies
- 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/fpsyt.2019.00556>
- 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. doi: [10.1111/ppc.12229](https://doi.org/10.1111/ppc.12229)
- 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. <https://doi.org/10.1080/00207411.2021.2017393>
- Nussbaum, M. (2011) *Creating capabilities: the human development approach*. Harvard: Harvard University Press, Belknap Press
- Pawson, R. and Tilley, N. (1997) *Realistic evaluation*. London: Sage
- Presler-Marshall, E., Jones, N., Alheiwidi, S., Youssef, S., Abu Hamad, B., Bani Odeh, K., Baird, S., Oakley, E., Guglielmi, S. and Małachowska, A. (2020) *Through their eyes: exploring the complex drivers of child marriage in humanitarian contexts*. London: Gender and Adolescence: Global Evidence
- Presler-Marshall, E., Jones, N., Abu Hamad, B., Małachowska, A. and Al Amaireh, W. (2023a) 'I want someone to ask me why I'm sad and to listen to me': Adolescent psychosocial well-being in Jordan. Policy brief. London: Gender and Adolescence: Global Evidence. [www.gage.odi.org/publication/i-want-someone-to-ask-me-why-im-sad-and-to-listen-to-me-adolescent-psychosocial-well-being-in-jordan/](https://www.gage.odi.org/publication/i-want-someone-to-ask-me-why-im-sad-and-to-listen-to-me-adolescent-psychosocial-well-being-in-jordan/)

- Presler-Marshall, E., Jones, N., Abu Hamad, B., Małachowska, A. and Al Amaireh, W. (2023b) 'Psychosocial well-being of adolescents in Jordan: the intersecting role of nationality, gender and disability'. Policy brief. London: Gender and Adolescence: Global Evidence. [www.gage.odi.org/publication/psychosocial-well-being-of-adolescents-in-jordan-the-intersecting-role-of-nationality-gender-and-disability/](http://www.gage.odi.org/publication/psychosocial-well-being-of-adolescents-in-jordan-the-intersecting-role-of-nationality-gender-and-disability/)
- Presler-Marshall, E., Oakley, E., Jones, N., Alheiwidi, S., Mitu, K., Yadete, W., Youssef, S., Guglielmi, S., Baird, S. and Małachowska, A. (2023c) 'There should be some freedom in our lives': exploring adolescent girls' experiences of child marriage. London: Gender and Adolescence: Global Evidence
- Presler-Marshall et al. (2023d) Presler-Marshall, E., Oakley, E., Jones, N., Luckenbill, S., Alheiwidi, S., Baird, S., ... and Alshammari, F. (2023) *Education in Jordan: post-Covid opportunities and challenges for young people*. Report. London: Gender and Adolescence: Global Evidence
- Racine, N., McArthur, B.A., Cooke, J.E., Eirich, R., Zhu, J. and Madigan, S. (2021) 'Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis' *JAMA Pediatrics* 175(11): 1142–1150. doi:10.1001/jamapediatrics.2021.2482
- 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
- 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/zwl2z845z](https://cdr.lib.unc.edu/concern/masters_papers/zwl2z845z)
- Sen, A.K. (1985) *Commodities and capabilities*. Amsterdam: North-Holland
- Sen, A.K. (2004) 'Capabilities, lists, and public reason: continuing the conversation' *Feminist Economics* 10(3): 77–80
- The Lancet editorial (2023) 'Punishing the tortured: criminalisation of suicide'. *The Lancet* 401(10384): 1241. [https://doi.org/10.1016/S0140-6736\(23\)00764-X](https://doi.org/10.1016/S0140-6736(23)00764-X)
- 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](http://www.unicef.org/media/114636/file/SOWC-2021-full-report-English.pdf)
- UNICEF and National Council for Family Affairs (2020) *National study on violence against children in Jordan*. Amman, Jordan: UNICEF Jordan Country Office and National Council for Family Affairs. <https://ncfa.org.jo/uploads/2022/06/888d3472-65c0-62b1ad33c27b.pdf>
- 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-felb1cbf8003.pdf?sfvrsn=e813985\\_4](https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report--jordan--2020_414542ae-ce5d-4f1d-bf40-felb1cbf8003.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](http://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 Amarneh, B. (2020) 'Post-traumatic stress disorder among Syrian adolescent refugees in Jordan' *Journal of Public Health* 42(2): 319–324. doi: 10.1093/pubmed/fdz026
- 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. doi: 10.26719/emhj.21.072

## Annex 1: GAGE Research timeline





GAGE Programme Office  
Overseas Development Institute  
203 Blackfriars Road  
London SE1 8NJ  
United Kingdom  
Email: [gage@odi.org.uk](mailto:gage@odi.org.uk)  
Web: [www.gage.odi.org](http://www.gage.odi.org)

ISBN: 978-1-915783-25-7



## 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](http://www.gage.odi.org.uk) for more information.

## Disclaimer

This document is an output of the Gender and Adolescence: Global Evidence (GAGE) programme which is funded by UK aid from the UK government. However, views expressed and information contained within do not necessarily reflect the UK government's official policies and are not endorsed by the UK government, which accepts no responsibility for such views or information or for any reliance placed on them.

## Copyright

Readers are encouraged to quote and reproduce material from this report for their own non-commercial publications (any commercial use must be cleared with the GAGE Programme Office first by contacting [gage@odi.org.uk](mailto:gage@odi.org.uk)). As copyright holder, GAGE requests due acknowledgement and a copy of the publication. When referencing a GAGE publication, please list the publisher as Gender and Adolescence: Global Evidence. For online use, we ask readers to link to the original resource on the GAGE website, [www.gage.odi.org](http://www.gage.odi.org)

© GAGE 2023. This work is licensed under a Creative Commons Attribution – NonCommercial-ShareAlike 4.0 International Licence (CC BY-NC-SA 4.0).

Cover photo: A 16-year-old Jordanian boy posing for a photo in the street© Marcel Saleh/GAGE