

# Adolescent realities during covid-19

## FACTSHEET SERIES

September 2020

# Adolescents' experiences of covid-19 and the public health response in Jordan

Authors: Sarah Baird, Nicola Jones, Agnieszka Małachowska, Majd Masannat, Erin Oakley and Mohammad Qaryouti

## Introduction

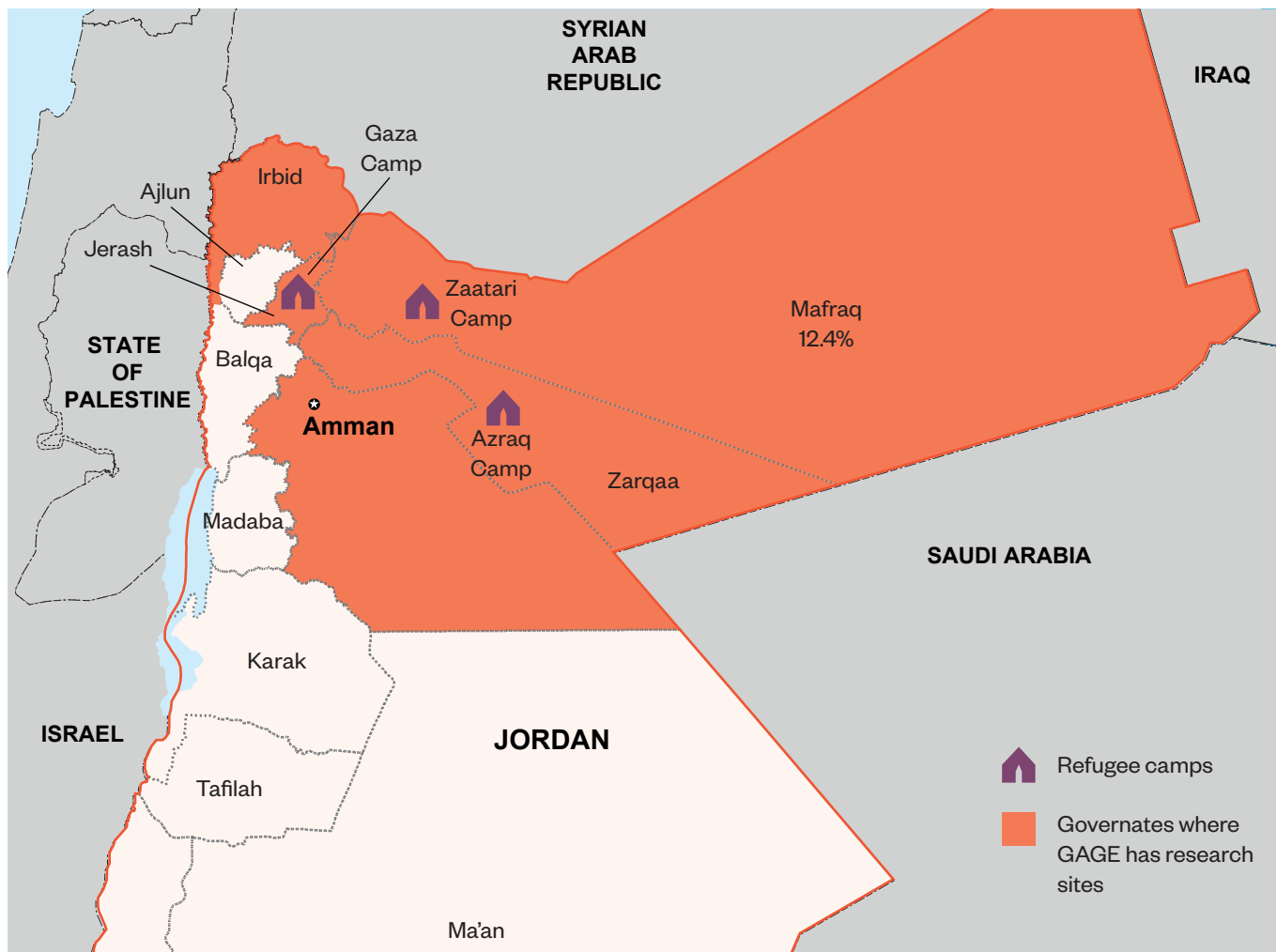
Covid-19 has rapidly disrupted the lives of individuals across the globe. While the direct health effects are largely concentrated among the elderly, the virus will almost certainly have multidimensional effects on young people's well-being in both the short and long term. This factsheet is part of a cross-country series designed to share emerging findings in real time from quantitative interviews with adolescents in the context of covid-19. The young people involved are part of the Gender and Adolescence: Global Evidence (GAGE) programme's longitudinal research in East Africa, the Middle East and South Asia. This factsheet is a rapid snapshot of adolescents' knowledge and attitudes towards covid-19 in Jordan and presents key findings on the impact of covid-19 across GAGE's capability domains: education and learning; health, nutrition and sexual and reproductive health; psychosocial well-being; economic empowerment; voice and agency; and bodily integrity.

## Sample and context

This factsheet presents findings from GAGE's ongoing longitudinal survey in Jordan, which follows 4,100 adolescent boys and girls in two cohorts (ages 10–12 and 15–17 at baseline in 2018/2019). These adolescents include vulnerable Jordanians, Syrians and Palestinians and are located in camps (Azraq, Zaatari and Gaza), as well as host communities and informal tented settlements (ITS) in Amman, Mafrq, Irbid, Jerash and Zarqa.<sup>1</sup> The survey data presented in this factsheet



**Figure 1: Map of sample areas**



Source: Based on the UNHCR Jordan situational map of Jordan as of 2018 and modified to show GAGE research sites

was gathered during the covid-19 pandemic and subsequent school closures between 18 May and 21 July 2020 (see Box 1 for more on the Jordanian context). Enumerators reached out to adolescents and their female caregivers by phone or through virtual sessions to participate in the covid-19 survey, achieving a response rate of 75% (n=3,067). Any differences discussed in the text are statistically significant at a p-value of 5% or lower.

### Box 1: Context

On 19 March 2020, the government of Jordan declared a state of emergency and restricted mobility and commercial activity in the country under the Defense Law in an effort to prevent the spread of covid-19. Once these measures took effect, all public and private entities, save banks, manufacturing and the health sector, were banned from working in their locations. On 21 March 2020, the government imposed a mandatory lockdown whereby all citizens were asked not to leave their homes except for urgent matters. This mandatory lockdown lasted for one week, after which the government declared further Defense Laws and imposed a partial lockdown between the hours of 10am and 6pm until 30 April. All roads between governorates were shut down by the army and movement was not permitted.

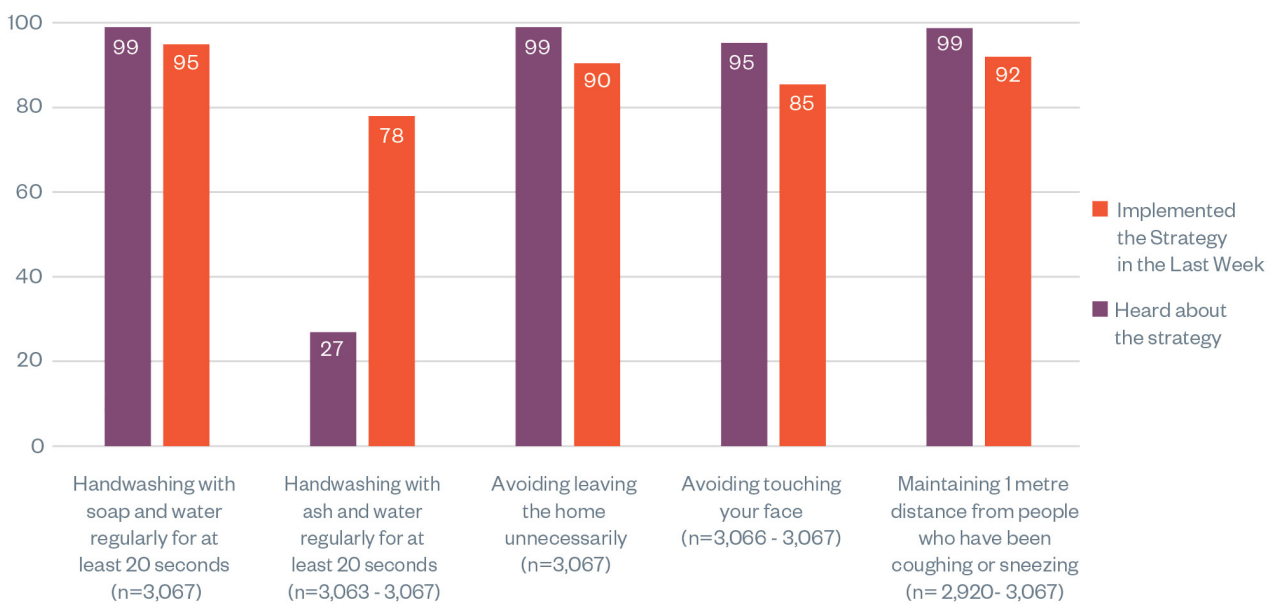
On 1 May, as covid-19 surveillance data showed an improvement in case numbers, the government eased restrictions on certain economic sectors, such as retail, construction, vocational and maintenance services, healthcare, manufacturing, media and energy sectors, as well as lifting some restrictions on citizens' movement. Citizens were then allowed to use their vehicles according to a specific numbering system from 8am to 6pm. Government entities and departments remained closed until after the Eid Al Fitr holiday (after 26 May 2020).

These restrictions have been credited with the relatively low number of covid-19 cases in the country; by July 21, 2020, Jordan had reported a total of 1,223 cases of covid-19 and 11 deaths. During the time data was collected for this survey (May 18 through July 21), Jordan recorded a total of 594 new cases of covid-19 and just 2 new deaths attributed to covid-19, a better track record than many surrounding countries in the MENA region.<sup>2</sup> As of 24 September 2020, Jordan has a total of 4,779 cases and 35 deaths.<sup>3</sup>

## Covid-19 knowledge and attitudes

All survey respondents had heard of covid-19, and about one-third of adolescents believe that households in the community are infected (33.5%). The perception of virus in the community does vary by nationality with 44% of Jordanians believing that households in their community are infected, compared to 32% of non-Jordanians. It also varies by location, with more adolescents living in host communities believing that households in their community are infected (41%) compared to those in ITS (25%) or camps (23%). Prevention measures are being used by adolescents with, for example, 95% of adolescents washing their hands with soap, 92% maintaining a one-metre distance from others who are ill, 90% avoiding unnecessary travel and 85% avoiding touching their face. However, only 46% of adolescents reported washing their hands for 20 seconds at least five times yesterday. Among older adolescents, 73% report wearing a mask, with much

**Figure 2: Prevention measures that adolescents have heard about and/or implemented during the covid-19 pandemic**



higher rates outside of camps (81%) than in camps (56%). This difference may reflect low prevalence rates in the camps at the time of data collection. Knowledge of how covid-19 is spread among older adolescents, while not perfect, is fairly high with 83% of older adolescents agreeing that covid-19 can be spread without symptoms. The perception by the majority of older adolescents (78%) is that covid-19 is spreading due to returning migrants. The majority of older adolescents agree that shops should close (71%) and that people should not participate in religions gatherings (62%).

## Education and learning

Turning to education and learning, 75% of adolescents were enrolled in any school before covid-19, including 70% in formal school. While rates were close to these averages in both host and camp settings, these rates were substantially lower in ITS settings, with only 54% in any school and 43% in formal school.

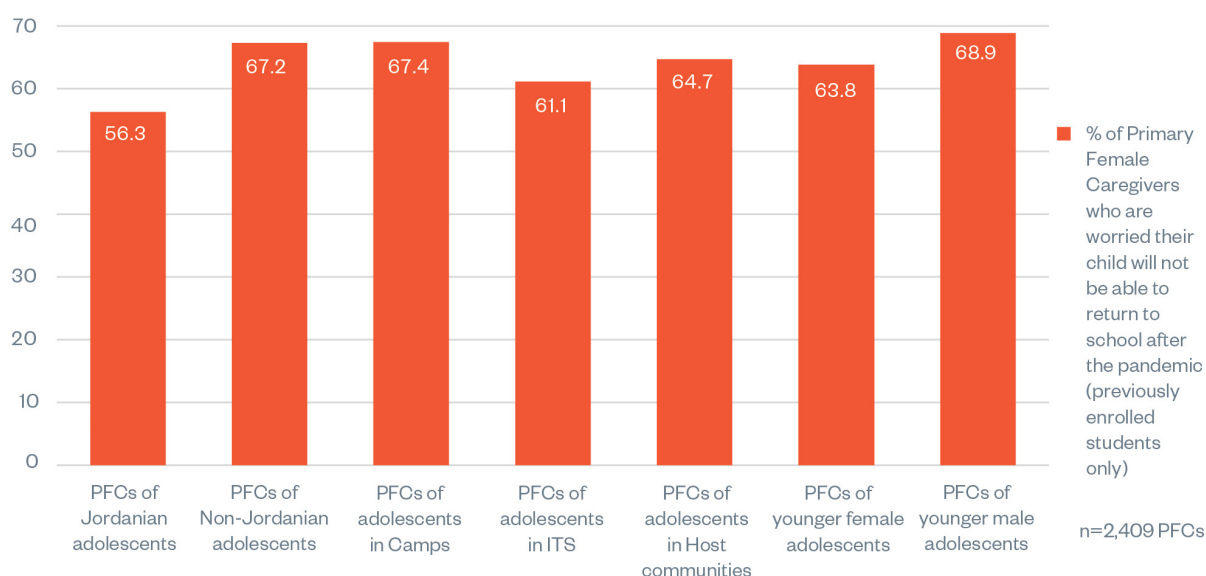
First, looking at students in formal schools, 95% are doing something to continue learning during the pandemic/school closures (with numbers significantly lower in ITS). The most commonly reported methods are watching Ministry of Education (MOE) educational videos on TV (31%), using mobile learning apps (19%), and watching MOE educational material online (16%). These adolescents also report that their family is providing support (87%), again with much lower rates in ITS settings (72%). Most often, family support includes providing a device with internet access to support continued learning (reported by 69% of students with any family support), providing space to study in the home (67%), and allocating time for MOE programming by watching TV and/or listening to the radio (56%). Among older adolescents, this support looks different for boys and girls. Older girls are more likely to report that their family is reducing time spent on household chores to allow time to study (64% compared to 45% of older boys). Similarly, older girls are more likely

to report that their family is providing access to mobile learning apps (38% among girls compared to 24% among boys) and helping to coordinate study groups with peers online or over the phone than older boys (31% compared to 22%). Some formal schools are also providing learning support, with 68% of adolescents indicating that their school provided learning support during closures (only 47% in ITS), and 48% reporting formal contact with a teacher in the last week. Interestingly, school support is significantly higher for older (71%) than younger adolescents (66%), and particularly high for older females (82% for older females vs 58% for older males).

Nearly one-third of adolescents reported being enrolled in some type of informal or non-formal school or learning programme before school closures. Among all students participating in informal schooling, 40% report that their school or programme is providing support for learning and 36% reported contact with an informal school teacher in the last week. Of those who are only enrolled in informal school, 49% of adolescents are doing something to continue learning, with using mobile learning apps (11%) the most commonly reported method. Only 38% of adolescents who are only enrolled in informal schools report support from their family, much lower numbers than we see with formal schooling.

Across all adolescents who were enrolled in either formal or informal school prior to the pandemic, 95% want to return to school. However, 10% report concern that they will not be able to return to school, with higher rates among older adolescents (18%) and adolescents in ITS (24%). Of particular concern, primary female caregivers (PFCs) are much more worried about the adolescent returning to school: 65% of PFCs are concerned the adolescent won't return to school with variation by nationality, location and gender (see Figure 3).

**Figure 3: Percentage of primary female caregivers who are worried their child will not be able to return to school after the pandemic (previously enrolled students only)**

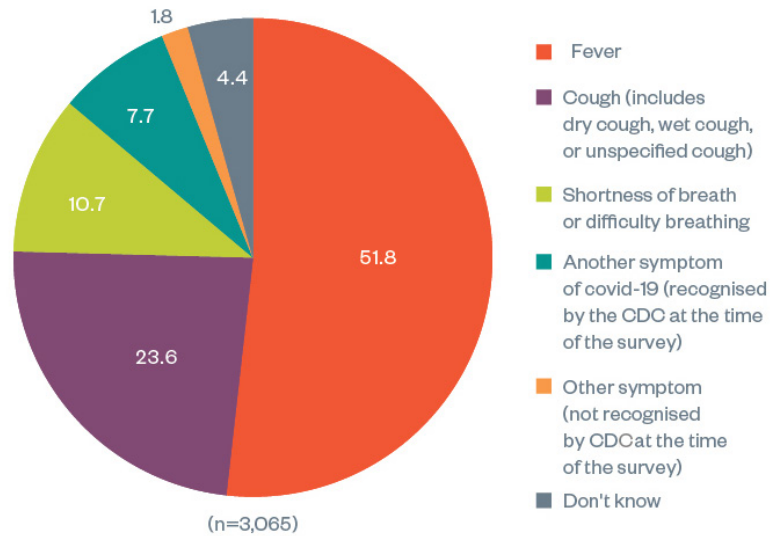


## Health, nutrition and sexual and reproductive health

Across all adolescents, 82% reported being in good or very good health, with 13% reporting worse health since the covid-19 outbreak. Close to 20% of adolescents reported at least one covid-19 symptom in the past four weeks, with higher rates in host communities (21%) compared to camps (15%) and ITS (11%). Symptoms were also higher among Jordanian adolescents (26%) compared to non-Jordanian peers (17%).

Rates of food insecurity are high, with 30% of adolescents reporting being hungry at least once in the past four weeks, and 15% indicating that this has increased since the start of the pandemic. Moreover, 46% of adolescents reported that their meals were less likely to contain protein compared to before the pandemic. Of particular concern are high rates of decreased protein among older married females (55%) when compared to their unmarried female peers (43%). Rates of decreased protein are higher for non-Jordanians (48%) than Jordanians (32%), and highest among those in ITS (51%) compared to those in host communities (48%) and camps (41%). The results on decreased protein by adolescents are corroborated by the PFCs who report cutting back on the amount of food or number of meals served to adolescent boys (50%) and adolescent girls (46%). Moreover, PFCs of non-Jordanian adolescents reported higher rates of cutting back meals to boys (51%) and girls (47%) than those in Jordanian households (41% and 39%, respectively).

**Figure 4: Covid-19 symptom most often identified by adolescents**



Among unmarried female adolescents, 25% identify access to feminine hygiene products as a challenge that has increased for girls in their community since the onset of the pandemic. Among married adolescent girls, 21% identify access to sexual and reproductive health services since the onset of the pandemic as an increased challenge for married girls.

There are also disruptions to health services, with 62% of households that needed healthcare and 38% of households surveyed that needed medication reporting that covid-19 disrupted their ability to access these.

## Psychosocial well-being

The majority (59%) of adolescents are scared/fearful about covid-19, with younger adolescents more likely to report fear (62%) than their older counterparts (55%). While there are no gender differences among the younger cohort, older female adolescents are much more likely to report fear than older males (62% vs 47%), with rates among married older girls even higher (69%). Similarly, 56% of adolescents are worried/anxious about covid-19, with similar trends by age, gender and marital status as those for fear.

Notably, 15% of adolescents surveyed scored 10 or higher on the Primary Health Questionnaire-8, indicating moderate to severe depression; with only 55% showing minimal to no depression. Rates of moderate/severe depression are significantly higher among older adolescents than younger (19% vs 11%).

Compounding the impact of covid-19, 20% of adolescents are experiencing decreased support from their households, with 32% indicating that they themselves are providing more support to other household members. There is an interesting dichotomy here, as 24% of adolescents report they are getting more support than normal from the household. Understanding these varied experiences with household support, and how they are associated with socioeconomic characteristics and other outcomes of interest, will be a topic of future research.

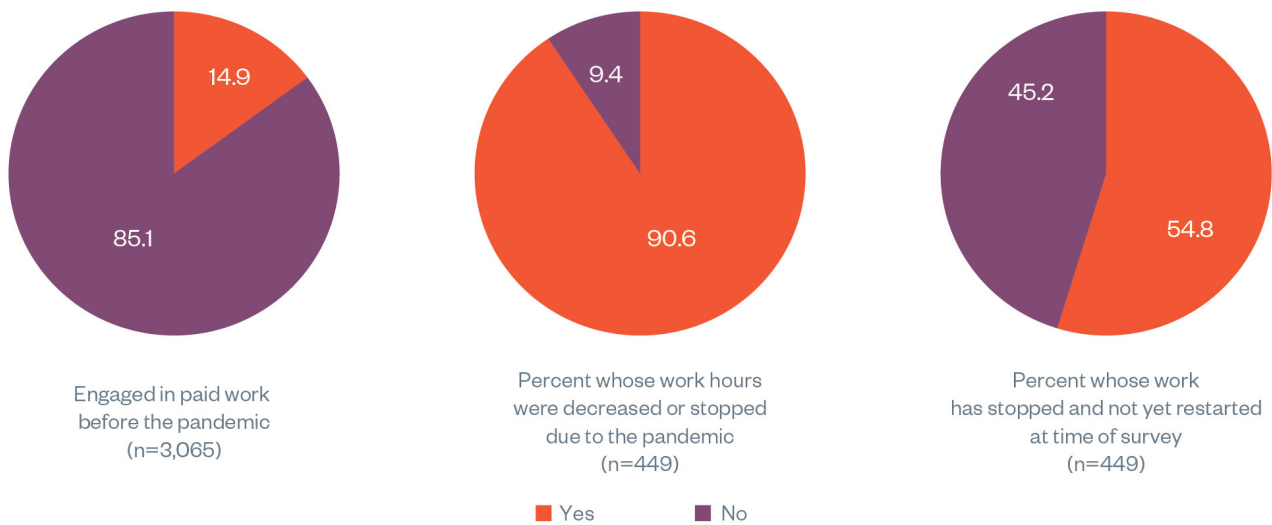
## Economic empowerment

The economic impacts of the lockdown appear severe with 65% of households reporting that someone in the household lost employment, with higher rates among non-Jordanians (66%) compared to Jordanian households (57%). In addition, 70% of households report that the household lost at least some income. Not surprisingly, given this loss in income, 82% of households are worried they will not be able to meet daily household needs.

Turning to the adolescents, approximately 15% had a job prior to the pandemic (23% of older adolescents and 8% of younger adolescents). These jobs were mostly held by males, with 41% of older males having a job compared to 6% of older females, and rates halved for both genders for the younger cohort. Almost all adolescents (91%) report that their work stopped for some time or that they lost hours, with more than half of employed adolescents' reporting that their jobs had stopped entirely and had not restarted by the time of the survey (55%). This rate was as high as 65% in camps. Among adolescents who were able to continue working in their original job, 74% of adolescents said their job implemented safety measures to prevent covid transmission and 62% reported that they felt safe all the time in the original job.

While overall 18% of adolescents had money that they could control in the 12 months prior to the pandemic, there is variation by gender; older males were more likely to have money they could control (28%) than older females (17%). Further, Jordanian adolescents were more likely to have money they control (29%) than non-Jordanians (16%). When asked about how this money has been used since the pandemic began, 29% reported that the money was primarily given to family members. Jordanian adolescents were more likely to still have the money (28%) compared to non-Jordanian adolescents (18%).

**Figure 5: Statistics on adolescents in paid work**

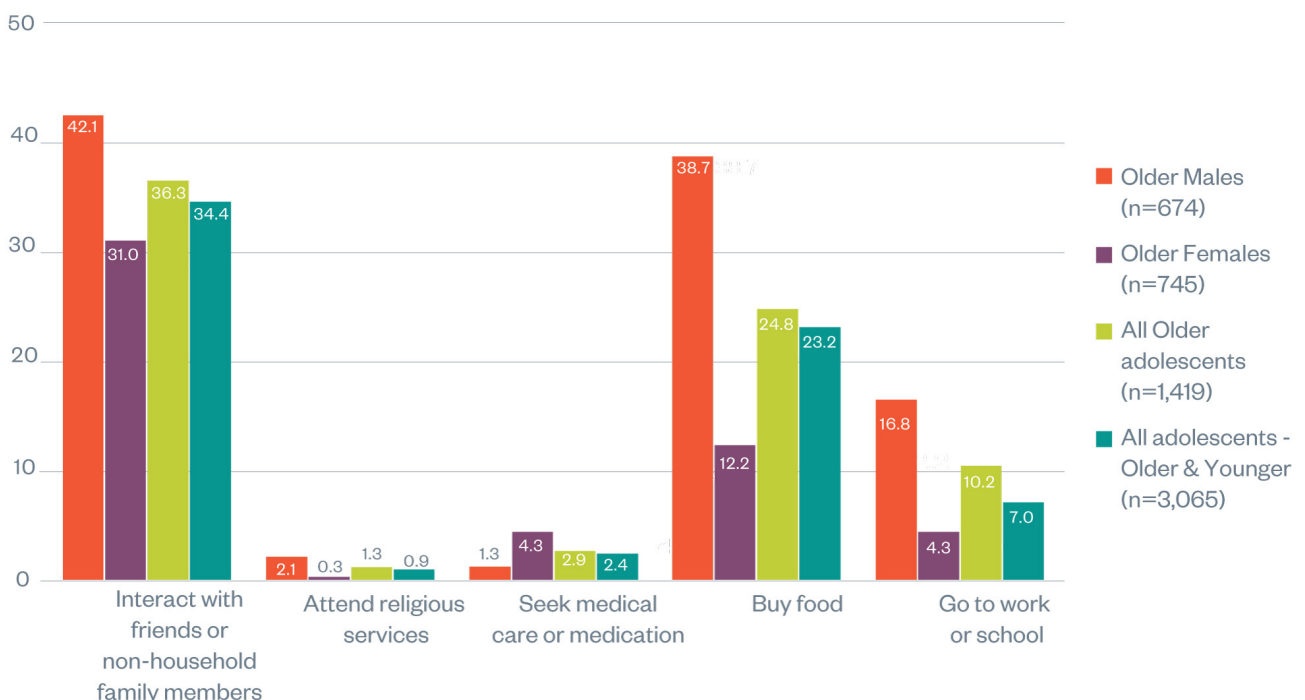


The majority of adolescents think their household will be better off next year than they are now (59%), but 6% think they will be worse off. Overall, 38% of adolescents said they were satisfied with their household's current financial situation, with significantly higher rates among Jordanian adolescents compared to non-Jordanians (52% vs 35%).

## Voice and agency

While both older adolescent males and females report restricted mobility (73%) and privacy (46%), older males have a lot more access to the outside world. They have higher levels of access to technology (68% vs 63%), are more likely to have interacted with a friend in the last week (42% vs 31%) and are more likely to be volunteering (6% vs 3%). They are also much less likely to have stayed at home for the last 7 days without leaving (19% vs 54%). On average, older females stayed at home all day with no visitors for an average of 5.6 days in the last 7 days, showing massive restrictions on movement. The same gendered trends are observed among younger adolescents. We also see differences across nationality, with Jordanians more likely than non-Jordanians to have access to technology (69% vs 60%), to have interacted with friends (38% vs 32%), and to have left the house in the past 7 days (67% vs 57%).

**Figure 6: Percentage of adolescents leaving the house (or receiving visitors) in the last week and their reasons for doing so**



It is important to note that most older adolescents (89%), regardless of nationality or location, agree or partially agree with the statement: *'People in my community, regardless of nationality, ethnicity and religion, are coming together to help each other during the current health crisis.'*



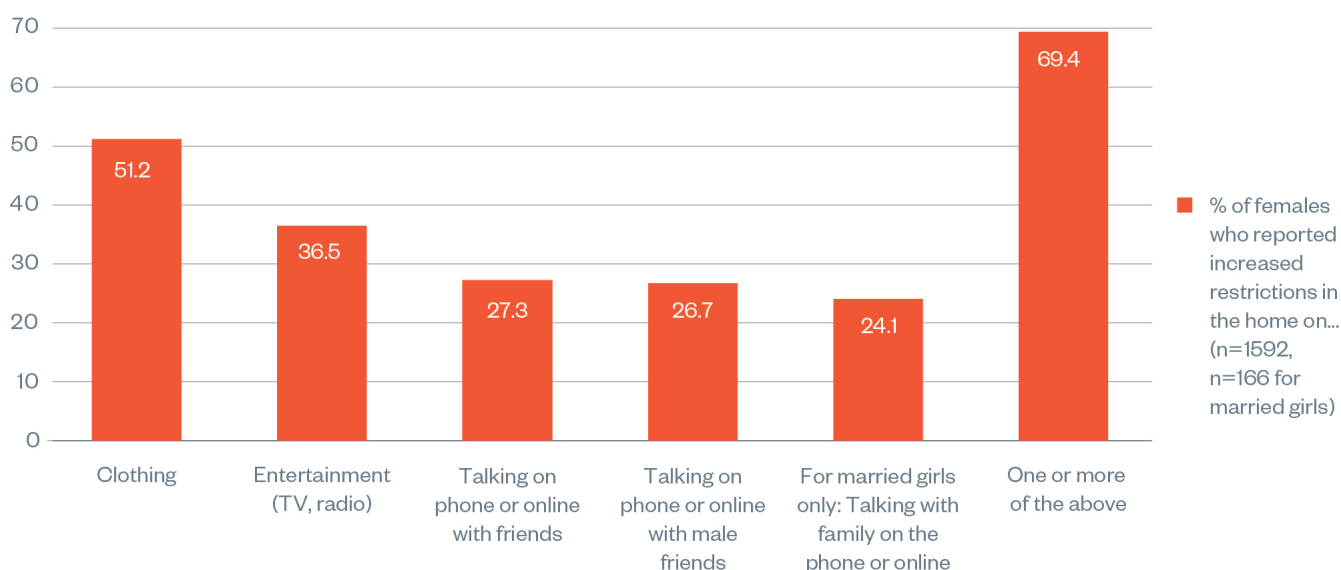
## Bodily integrity and freedom from violence

More than half (53%) of adolescents agree that the pandemic has increased household stress and 49% report that members of the household are getting angry more quickly and/or arguing more often than before the pandemic. While reported household stress is similar across genders, older female adolescents are more likely to report that household members are angry/arguing than older male adolescents (59% vs 42%).

Overall, 12% of adolescents reported higher levels of physical violence against adolescents of their gender in the community (including in general and from military/law enforcement). Notably, older and younger male adolescents reported higher levels of violence against adolescent boys from military/law enforcement sources (17% and 19%) than older and younger female adolescents (8% and 7%).

We ask female adolescents whether they have had to alter their behaviour at home in any way due to the increased presence of men in the household because of various social containment measures. Almost 70% of adolescent females report experiencing an increase in gender-based constraints on their behaviour in the household, which may include limitations on the clothing they wear (51%), entertainment they watch or listen to (37%) and how often they can speak with friends and family on the phone (24–27%).

**Figure 6: Gender-based restrictions on behaviour in the home due to the increased presence of male family members reported by female adolescents**



For never-married adolescents, there is some concern that the pandemic will expedite their marriage, with 9% of all adolescents expressing this worry. While there are similar rates by gender, concern is higher for older adolescents (13%) than younger adolescents (7%). It is worth noting that among older adolescent males, 26% reported that the pressure to marry actually decreased in the pandemic compared to just 15% of older adolescent females. The fact that some adolescents report possible delays in marriage suggests there may be some protective effects of the pandemic for certain households, a finding worth exploring further in the future.

## Conclusion

The covid-19 pandemic and subsequent policy response in Jordan is having multidimensional effects on adolescents in Jordan in the short term, with likely long-run consequences. This brief factsheet highlights some of the disruptions to adolescents' lives across all of GAGE's capability domains: education and learning; health, nutrition and sexual and reproductive health; psychosocial well-being; economic empowerment; voice and agency; and bodily integrity. It highlights similarities and differences in the impact of covid-19 by age, gender, nationality, location in Jordan (host, camp or ITS) and marital status. Our findings point to particular challenges around food insecurity and loss of paid work, and severe restrictions on privacy and mobility – particularly for older females. Education is a bright spot, with most formal schools providing learning support, but there is concern that existing inequalities may be exacerbated, as illustrated by lower rates of access to learning support for adolescents in ITS. Adolescents report high levels of fear and anxiety about covid-19, which is likely both a response to and cause of increased stress and anger in the household. Future research will dive deeper into these findings to further support the policy response in Jordan, and subsequent survey rounds planned by the GAGE team in 2020 and beyond will explore the dynamic impacts of the covid-19 pandemic on the lives of adolescents in Jordan.

---

## Endnotes

- 1 Please see Małachowska, A., Al Abbadi, T., Al Amaireh, W., Banioweda, K., Al Heiwidi, S. and Jones, N. (2020) 'Listening to young people's voices under covid-19. Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities.' Policy brief. London: Gender and Adolescence: Global Evidence.
- 2 WHO Dashboard – <https://covid19.who.int/region/emro/country/jo>.
- 3 Figures taken from Johns Hopkins University Coronavirus Dashboard: <https://coronavirus.jhu.edu/map.html>.

Suggested citation: Baird, S., Jones, N., Małachowska, A., Masannat, M., Qaryouti, M. and Oakley, E. (2020) 'Adolescent realities during covid-19. Factsheet series. Adolescents' experiences of covid-19 and the public health response in Jordan.' London: Gender and Adolescence: Global Evidence.