

Socio-demographic Predictors of Perceived Health among Syrian Refugees in Jordan

Hamza Alduraidi¹, Ziyad Saleh², Ayman Hamdan-Mansour³

¹RN, MPH, PhD. Director, Accreditation Department, Accreditation and Quality Assurance Center; Assistant Professor, Community Health Nursing Department, School of Nursing, The University of Jordan, Amman, 11942, Jordan, ²RN, PhD. Associate Professor, Clinical Nursing Department, School of Nursing, The University of Jordan, Amman, 11942, Jordan, ³Professor, Community Health Nursing Department, School of Nursing, The University of Jordan, Amman, 11942, Jordan

Abstract

The purpose of this study is to investigate the association between socio-demographic characteristics and perceived health among Syrian refugees in Jordan.

Method: A cross-sectional quantitative descriptive design was adopted, where a sample of 151 Syrian refugees living inside and outside camps in Amman, Jordan was surveyed for physical, psychological, social and environmental perceived health using a 12-item questionnaire.

Results: Each domain's score was computed out of 60. The mean perceived physical health was 27.6 ± 11.5 ; perceived psychological health 27.1 ± 10.1 ; perceived social health 32.6 ± 10.3 ; and perceived environmental health 30 ± 9.1 . Predictors of perceived physical health included age group $F_{(2)} = 3.12$, $p = .012$, marital status $F_{(3)} = 4.71$, $p = .004$, and income level $F_{(2)} = 1.75$, $p = .047$. Predictors of perceived psychological health included income level $F_{(2)} = 2.79$, $p = .005$, place of living $t = 3.32$, $p = .007$, and marital status $F_{(3)} = 4.09$, $p = .034$. Predictors of perceived social health included gender $t = 2.04$, $p = .026$, age group $F_{(2)} = 3.64$, $p = .000$, living place $t = -3.61$, $p = .031$, and household size $r = .61$, $p = .048$. And the only predictor of perceived environmental health included was place of living $t = 5.64$, $p = .000$.

Conclusion: Living inside refugee camp, large household, poverty, older age, and being divorced or widow are associated with lower perceived health. Modifying some factors may help improve perceived health among Syrian refugees in Jordan and beyond.

Keywords: Perceived health, Socio-demographic predictors, Syrian refugees.

Introduction

As a result of political turmoil, destruction, and armed conflict, millions of Syrians have become refugees, faced with the reality of fleeing their previous lives, their homes, and sometimes, even members of their families. They have headed to other regions in Syria, or other countries in search of safety and protection^[1]. Since the fighting in Syria began in 2011, more than 470, 000 people have been killed, 1 million injured, and several millions forced to flee their homes for fear of persecution and seek asylum elsewhere^[1]. Syrian refugees fled to neighboring nations such as Lebanon,

Correspondence Author:

Hamza Alduraidi, RN, MPH, PhD

Director, Accreditation Department, Accreditation and Quality Assurance Center; Assistant Professor, Community Health Nursing Department, School of Nursing, The University of Jordan, Amman, 11942, Jordan

e-mail: h.alduraidi@ju.edu.jo

Phone: +962 6 5355000 Ext. 23169

Cell Phone: +962 7 7272 4079

Jordan, and Turkey in order to stay safe and salvage their lives and their family's lives^[2].

Jordan historically hosted several waves of refugees from neighboring countries, such as Palestine and Iraq^[3]. Today, Jordan alone hosts over 680 thousand registered Syrian refugees, but this only represents a fraction of the total number of Syrian refugees in country, which is estimated to be 1.4 million, or 20% of Jordan's population^[2]. The vast majority of Syrian refugee communities in Jordan (approximately 80%) are located in non-camp settings, specifically in cities close to the Northern border between Jordan and Syria, including Mafraq and Irbid, and in the capital, Amman^[4]. Over 85% of Syrian refugee population live under poverty line^[4].

The aforementioned circumstances make the daily life of Syrian refugees filled with hardships and stressors on the physical and social levels. Syrian refugees often live with limited means to provide shelter and food to their children and families, representing basic necessities of survival^[5]. There is no question that Syrian refugees residing in Jordan face grave and often insurmountable financial barriers towards accessing basic health services, which leads to poor health^[3]. Therefore, this paper investigates the socio-demographic predictors of Syrian refugees' perceived physical, psychological, social and environmental health.

Materials and Method

Design: A cross-sectional quantitative descriptive design was utilized to identify association between socio-demographic characteristics (such as gender, age group, place of living, family size, marital status, educational level, employment status and income level) as independent variables, and perceived physical, psychological, social and environmental health as dependent variables.

Settings: Sample was recruited from Syrian refugee communities inside Zaatari refugee camp, and in non-camp settings in greater Amman and Zarqaa.

Sample and Population: A sample of 151 registered Syrian refugees aged 18 years and above, willing to participate were included in this study. Those with terminal illnesses or severe disabilities were excluded.

Data collection Procedures: Data collection started after acquiring ethical approval from the Institutional

Review Board (IRB) Committee of the School of Nursing, The University of Jordan. Potential participants were approached in their communities between September and November 2019, merit of the study and its benefits were explained, informed consent was signed, and then the Arabic questionnaire was completed.

Instrument: The data was collected using a two-part questionnaire:

1. Socio-demographic data that include gender, age group, place of living, family size, marital status, educational level, employment status and income level.
2. A 12-item, Arabic, self-reported, perceived health questionnaire with four domains; perceived physical, psychological, social and environmental health. This questionnaire was developed by the authors in light of reviewing several international instruments. Face validity was confirmed by three experts.

Pilot Study: A pilot study on 22 subjects prior to the main study. Result showed satisfactory reliability with a Cronbach's alpha of .82.

Findings:

Sample Characteristics: As presented in table (1), the sample consisted of 151 adult Syrian refugees whose ages ranged between 18 and 69 years, with a mean of 31.3 years (SD = 10 years). Age was recoded into three age groups for statistical purposes, as shown in the table. Majority (73.5%) were males, and married (54.3%), 31.8% were single, and those a few reported being widowed (7.3%) or divorced (6.6%). Ninety-one participants (60.3%) resided outside camp in Amman or Zarqaa', and 60 participants (39.7%) resided in Al-Azraq refugee camp. In terms of educational level, 38 participants (25.2%) reported receiving education lower than middle school, 20 participants (13.2%) had middle school education, 70 participants (46.4%) had high school education, and only 23 participants (15.2%) had some college or university degree. Those who reported a monthly family income below absolute poverty line (at about JD200 per month per household) were only 7 (7.3%), those who reported a family monthly income between absolute poverty line and poverty line (at about JD400 per month per household) were 36 (37.5%), and those who reported a family monthly income above poverty line were 53 (55.2%) (DOS, 2019). It is important to report that out of the 151 participants,

55 decided not to answer the income question, so the numbers in the table add up to 96 participants.

Table 1. Sample Characteristics (N = 151)

Characteristic	Count (%)
Gender Male	111 (73.5)
Female	40 (26.5)
Age Group 18-29 years	73 (48.3)
30-39 years	54 (35.8)
40 years or older	24 (15.9)
Marital Status Single	48 (31.8)
Married	82 (54.3)
Widowed	11 (7.3)
Divorced	10 (6.6)
Living Place Inside Camp	60 (39.7)
Outside Camp	91 (60.3)
Educational Level Below Middle School	38 (25.2)
Middle School	20 (13.2)
High School	70 (46.4)
College or Higher	23 (15.2)
Employment Status Unemployed	75 (49.7)
Employed	76 (50.3)
Family Monthly Income Level* Below JD199	7 (7.3)
JD200-299	36 (37.5)
JD300 or Higher	53 (55.2)

*55 participants (36.4%) chose not to answer this question

Perceived Health Scores

A 12-item, Arabic language questionnaire was used to test the perceived health score for each of the four domains; physical, psychological, social and environmental. Items of the questionnaire were Likert-scale type ranging from extremely poor to extremely satisfying. Each domain's score was computed out of 60.

The score for perceived physical health ranged between 4.5 and 56.9, with a mean of 27.6 ± 11.5 out of 60; perceived psychological health scores ranged between 4 and 52.7 with a mean of 27.1 ± 10.1 out of 60; perceived social health scores ranged between 6.8 and 60, with a mean of 32.6 ± 10.3 out of 60; and perceived environmental health scores ranged between 5.8 and 58.8, with a mean of 30 ± 9.1 out of 60.

Socio-demographic Predictors: The scores of each of the four domains of perceived health was tested for its association with socio-demographic characteristics. These characteristics included gender, age group, marital status, employment status, household size, educational level, income status, as well as living place (inside vs. outside camp). This association was tested using a series of independent-sample t tests, one-way ANOVA tests, and Pearson's r correlation tests according to each variable type. A number of socio-demographic characteristics were found to be significantly associated with each of the four domains' scores, and are therefore considered predictors.

Socio-demographic predictors of perceived physical health included age group, where participants aged 18-29 scored 31.3, those aged 30-39 scored 27.8, and those aged 40 or older scored only 24.4 ($F_{(2)}=3.12$, $p=.012$); marital status, where single participants scored 28.8, married scored 26.9, divorced scored 22.9, and widow/er scored only 22 ($F_{(3)}=4.71$, $p=.004$); and income level, where participants whose families receive a monthly income below JD199 scored only 25.8, those between JD200-299 scored 27, and those above JD300 scored 30.1 ($F_{(2)}=1.75$, $p=.047$).

Socio-demographic predictors of perceived psychological health also included monthly income level, where participants whose families receive a monthly income below JD199 scored only 28, those between JD200-299 scored 29.2, and those above JD300 scored 31.4 ($F_{(2)}=2.79$, $p=.005$); place of living, where refugees inside camps scored 26.9, and those outside camps scored 29.6 ($t=3.32$, $p=.007$); and marital status, where single participants scored 27.8, married scored 27.1, divorced scored 23.5, and widow/er scored only 22.9 ($F_{(3)}=4.09$, $p=.034$).

Socio-demographic predictors of perceived social health included gender, where males scored 32.6, and females scored 29.9 ($t=2.04$, $p=.026$); age group, where participants aged 18-29 scored 33, those aged 30-39 scored 29.7, and those aged 40 or older scored only 26.2 ($F_{(2)}=3.64$, $p=.000$); living place, where refugees living inside camps scored 32.6, and those living outside camps scored 27.3 ($t=-3.61$, $p=.031$), and household size, where a statistically-significant correlation was found between number of household members and perceived social health score (Pearson's $r=.61$, $p=.048$).

Finally, the only socio-demographic predictor of perceived environmental health was place of living, where refugees living inside camps scored 29.6, and those living outside camps scored 33.7 ($t=5.64$, $p=.000$). All other socio-demographic characteristics were not significantly associated with the score of environmental health domain.

Discussion

Numerous research found a strong association between health and socio-demographic factors in several populations, namely among refugees^[3]. Regarding living inside refugee camps, the findings of this study came in line with the results of a 2017 study by Alduraidi & Waters, where Palestinian refugees inside refugee camps fared worse in terms of both physical and environmental health, but fared better in terms of social relationships^[5]. The explanation of these findings may be the strong connections between refugee families inside the camp, and the shared concerns, hopes and stressors between these families.

Regarding the association between poverty and inferior physical health, a 2015 study by Hamdan-Mansour and colleagues suggested that poverty predicted worse health and life satisfaction among Jordanian patients^[6]. This association was also evident in a 2020 study by Alduraidi and colleagues, where Syrian refugees with lower financial resources demonstrated lower resilience than their younger counterparts^[7].

In terms of the association between age and perceived physical and psychological health, the findings of this study came in line with those of a 2017 study by Hamdan-Mansour and colleagues and a 2020 study by Khatib and colleagues, as well as a 2020 study by Alduraidi and colleagues^[8-9-7]. It is worth mentioning that another 2017 study by Hamdan-Mansour and colleagues, and a 2019 study by Saleh and colleagues have revealed that the older the person, the more likely he/she is to express inferior physical health problems both subjectively and objectively^[10-11].

Furthermore, relatively-high numbers of divorced and widow individuals, and relatively large family size are characteristics of refugee communities as revealed in a 2018 study by Alduraidi & Waters, where these socio-demographic characteristics were found to be significantly associated with distress, sadness, and poor perceived psychological health^[3].

Conclusion

The findings of this study provide an evidence that some modifiable socio-demographic characteristics are associated with inferior perceived health scores among Syrian refugees in Jordan. Poverty and large household size were associated with inferior perceived physical, psychological and social health. It is, therefore, recommended that policy makers should target resolving the problem of limited financial resources and large family size among Syrian refugees in Jordan.

Living inside refugee camp was associated with inferior perceived psychological and environmental health on one hand. On the other hand, perceived social health inside the camp was superior. Policy makers should, therefore, establish psychological/mental health services, and work on improving physical environmental conditions inside the camp. Meanwhile, policy makers should implement solutions for promoting social support networks among refugees outside the camp. Finally, older refugees, divorced and widow individuals expressed low scores in several domains. Thus, policy makers are invited to implement programs to help promote health in these special demographics.

Conflict of Interest: The authors declare no conflict of interest related to publication of this article.

Financial Disclosure: There is no financial disclosure.

Ethical Clearance: The study has been approved by the ethics and research committee at The school of Nursing, The University of Jordan.

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