International Journal of Health Sciences and Research
DOI: https://doi.org/10.52403/ijhsr.20211224
Vol.11; Issue: 12; December 2021
Website: www.ijhsr.org
Original Research Article *ISSN: 2249-9571*

Health Issues among Syrian Refugees in Jordan, Field Study: Refugee Camps in Jordan

Khalil Abulamoun[1], Saed Kawader[2]

[1,2]The Princess Sarvath Community College, Jordan

Corresponding Author: Saed Kawader

ABSTRACT

Background: Syrian refugees in Jordan are currently experiencing good access to adequate medical care.
Aims: This study was to look at the health-related issues among Syrian refugees settled in Jordan.
Methods: According to the current study, data were collected qualitatively as a result of a survey and interviews conducted with Syrian refugees. It was designed in a way that enabled the study of ascertaining aspects for a considerable number of populations within a short time period. Additionally, there are publicly available cross-sectional studies in which peer-reviewed articles on the health status of Syrian refugees were used.
Results: This study was carried out to identify Syrian refugees' perceptions of the healthcare facilities available to them and to assess the availability of medication which provided different feedback.
Conclusions: This study concluded that the health care facilities, medication, measures and support are available to Syrian refugees. Overall, it was a satisfactory study.

Keywords: Health Issues, Syrian Refugees, Local Residents, Jordan

INTRODUCTION OF THE STUDY

According to Ismail, et al., (2016) the conflicts have been observed to be growing in the twenty first century in most part of the Globe. In this way, the refugees have also increased with the passage of time in order to seek the shelter and safety in other countries. In this way, the increased number of refugees is not only becoming a great reason of problems for the refugees themselves but also for the host countries in the context of socio-economic, health and political perspectives (Al-Rousan, et al., 2018). In order to protect the refugees, the "United Nations (UN), World Health Organization (WHO)", have initiated a various number of programs and many other international organizations are providing aid and funds for the provision of protection, sustainability and welfare of the refugees around the world. Meanwhile, the conflicts are always remained and considered to be great threat to the human development and evolution (Samari, 2017). In current times, the Middle East is the regions that are widely affected by the conflicts. Therefore, the Middle East is the region from where a higher number of people are not only affected but also still experiencing the displacement. Only Yemen, Iraq and Syria share the 30 percent of the total displacement of the people in the world (Achilli, 2015). Among these displaced people only 2.7 million are only refugees, 13.9 million are the people who are internally displaced, furthermore, it is also estimated that there are 374,200 individuals are living as stateless (Al-Rousan, et al., 2018). Moreover, it is stated Yazgan, Utku, and Sirkeci, (2015) 5.1 million refugees are only registered from the Palestine not only with the United Nations Relief Programs but also with other agencies working in the Near East area for the Palestine Refugees.

On the other hands, since the 2011 the numbers of refugees and displaced people have highly increased only in Syria. Furthermore, there were 4.6 million refugees from only Syria who sought protection and safety from other countries and 6.5 million people in Syria faced internal displacement (Ismail, et al., 2016). The Syrian refugees also moved to Jordan, as stated by Alrawadieh, Karayilan, and Cetin, (2019) Jordan is the only state in the Middle East that has remained the stable in spite of conflict eruptions in its neighboring states and it has played an important role being considered as the alliance of the regional and western powers. Jordan is also suffering from the crisis of the refugees just like other neighboring states of the Syria.

In addition to this, according to the "United Nations High Commissioner for Refugees (UNHCR)" 630,000 refugees only from Syria have got registered in Jordan, however, it is also possible that the actual number of refugees in Jordan can be more than this number. The flow of Syrians escaping the conflict has raised the workforce by at least eight percent, as compared to Finland as a whole shifting to the UK. More than 80 percent of these refugees reside in metropolitan regions, in the frontier governorates of Jordan and the capital, Amman instead of staying in camps (Al-Rousan, et al., 2018). Therefore, they are very noticeable to the local population, especially in the governors with the highest refugee levels. The existence of refugees in metropolitan regions allows them more inclined to contend with local people for funds and possibilities, or at least be competitive to avail the opportunities of availing the funds.

Aims and Objectives of the Study

The main objective of this study is to analyze the health-related issues among Syrian refugees in Jordan. Furthermore, the specific objectives of this study are:

1. To explore the health issues and their basic needs among Syrian refugees in Jordan.
2. To explore the healthcare services provided by the Jordanian government and the impacts to the Syrian refugees.
3. To identify the demographic pattern of Syrian refugees in Jordan.
4. To identify the prevalence of diseases among the Syrian refugees in Jordan.
5. To explore the solution that how Jordan government tackles with this issue and their public.

Research Questions about the study

The research questions of this study are as under:

1. What are the health issues and basic needs of Syrian refugees in Jordan?
2. What healthcare services are provided by the Jordanian government and their impacts to the Syrian refugees?
3. What are the demographic patterns of Syrian refugees in Jordan?
4. What is the prevalence of diseases among the Syrian refugees in Jordan?
5. What is effect of Syrian refugees on Jordan people?
6. How the overall government system of Jordan trying to balance with Syrian refugees?

Study Settings

The Current Study was conducted in the following locations as per the highest distribution of Syrian refugees in following regions: Amman, Mafraq, Ramtha, Irbid.

RESEARCH METHODOLOGY

This study utilized qualitative approach as per the survey and interviews conducted with the refugees as a data collection method. The current study was designed in a manner that it enables the study of Assured aspects among a large number of populations, comparatively in a short time span with maximum results with a high level of generalizability (Flick, 2015).

Sampling of the Data

The population in this study is Syrian Refugees either suffering from

mental impairment, communicable, non-communicable and chronic disease patients or their family members suffering from any disease. It also includes Local health care provider of Jordan assigned for Syrian refugees. The Study Sample include in this study are Refugees either living in Refugee camps. The sampling frame for this study is IRC data 2019, data obtained from UNHCR. The total number of participants was 887 Syrian refugees, which include 62.5 % Women which include 8 key informant interviews and 17 focus group discussions. These discussions were conducted in order to explore the health needs of Syrian refugees and the problems facing them in obtaining health care. It collects a diversity of opinions and perceptions for subsequent by-person factor analysis. The average time period for an interview was about 45 minutes. Key informant interviews involved key officials in the Jordanian Ministry of Health, the UNHCR main and camp-based offices, Jordan University for Science and Technology, School of Medicine and Public Health, and international organizations such as the International Medical Corps.

Data Analysis

The systematic review analysis is also a part of qualitative analysis. In qualitative analysis, initially the themes and codes are generated. After generation of the codes, the feedbacks or collected information is cleaned in the same way to represent the same generated codes. After that, themes are generated and with respect to codes, these themes are identified. The same codes and themes represent the variables and their relationship with other variables. In addition, at the end, the same themes lead the researcher towards the evidence-based results and findings of the study (Creswell & Creswell, 2017). In the same way, all the themes are generated from the above-mentioned table. Based on the same themes, the author generated some results of the study and drew the conclusion, which is also called as the saturated data.

Questioner

The Questioner for the interview of Syrian refugees include the following questions:

- What are the basic health issues that Syrian refugees suffer from? What are the basic requirements that are not provided yet?
- What are the basic sources of health care available for Syrian refugees?
- What is your opinion about health care facilities available for Syrian refugees?
- Can you describe the health care provided to Syrian refugees in comparison to care provided for Jordanians?
- What are the strengths of the current Jordanian health care system in responding to the Syrian refugee crisis?
- What are the obstacles to providing health care to Syrian patients?
- What do you think are the solutions to alleviate the impact of the Syrian refugee crisis?
- What are the priorities in the improvement of health care services provided for Syrian refugees?
- What do you think would be the reaction of the health care community (physicians, nurses, administrators) to health care development? And the response of the public and the government?
- What types of training could be offered for the development of the refugee health care system?
- What can the global community do better to help with the Syrian refugee crisis?
- What strategies do you think are working well and what are not?

REVIEW OF LITERATURE

As per the Protocol of the 1967 from the Refugee Convention of 1951, a refugee is an individual who, "*owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political*

opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country" (Fouad, et al.,2017). In addition to this, the Cartagena Declaration of 1984 quotes those refugees also include those fleeing people from their nation just because of their lives, if their safety or liberty were endangered by the widespread violence, the foreign aggression, internal disputes, a great number of human rights violations or other conditions that have severely troubled the services of the government. Therefore, the refugees are also considered to be a sub-set of the migrants who are specifically characterized by their purposes of displacement and the terrified impacts when they return and are also granted special security and rights through the help of global treaties (Al-Ammouri, & Ayoub, 2016).

According to Öztürk and Ayvaz, et al., (2018) an individual who is seeking security from the persecution or severe damage in a nation other than his own is categorized as an asylum seeker and awaits a ruling on the request for refugee status under appropriate global and national instruments. In the event of an adverse judgment, the individual must abandon the nation and may be deported, as may any non-national in an uneven or illegitimate scenario, unless for humanitarian or other associated reasons authorization to remain is granted.

A refugee is someone who was compelled by oppression, conflict or brutality to escape his or her nation. A refugee has a well-founded fear of persecution within a specific social group for the purposes of ethnicity, religion, nationality, political view or affiliation. They are the most probably unable or scared to move back (Baban, Ilcan, & Rygiel, 2017). The war and racial, religious and cultural abuse are the main factors of escaping refugees from their nations. Two-thirds of all refugees originate from five nations globally: Syria, Afghanistan, South Sudan, Myanmar, and Somalia.

It is mentioned by Yigit and Tatch, (2017) the Jordanian Government is not a signatory of the 1951 Geneva Convention on the Status of Refugees or its Protocol of 1967. The regulations of the country do not provide for the status of the refugees or asylum, and the state required an official security system from the state. However, the 1998 memorandum of understanding between the government and the UNHCR, partially amended in April 2014, contains the definition of a refugee, which confirms the adherence to the principle of non-refoulement and third-country resettlement for the refugees, and allows them for the maximum stay of one year for the recognized refugees, during which time UNHCR needs to find a better solution (Dotevall, Winberg, & Rosengren, 2018). The deadline is unlimited, and the state has usually not compelled refugees from Syria or Iraq to move to their nation of descent. However, refoulement instances have been recorded by the international community. On the other hands, it is stated by Asaf, (2017) the mobility of the refugees is somehow restricted: the withdrawal from settlements can occur through the legal system of the Jordanian government and also financially supported by them. At the same times, the government of the Jordan has also taken some measures for the return of the Syrian refugees, even if some of the refugees merely went out from the camps. The registered refugees from Syria and Iraq do not have connections to the official labour market, which would force them to abandon their safe position as refugees. Therefore, the most of them are working illegally by running their companies in order to earn their livelihoods (Turktan, et al., 2017).

According to Van Loenen, et al., (2017) there are a limited number of Iraqi and Syrian refugees, who have been approved by the Ministry of Labour and they are allowed to work in Jordan. On the other hands, it is required for the foreign and refugees to obtain the permission for residency in Jordan, in order to work, which

also clearly restricts the refugees to obtain the official permission from the government. At the same times, the refugees are qualified for the free primary healthcare in the public health centers of the Jordan, and the children of the Syrian refugees have also official access to the public education either in the camps or being out of the camps, yet there are many elements such as the absence of accessible locations, fee expenses, travel, discrimination, etc. which hamper the enrolment of many refugee children in the education system (Oda, et al., 2017).

According to the study conducted by Alrawadieh, Karayilan, and Cetin, (2019) claims that, as a consequence of the Syrian refugee problem, the important stress on Jordan could have long-term cultural and political consequences. Its results are focused on over 70 meetings with UN and international leaders and multiple layers of Jordanian management, as well as commentators, migrants, reporters and human community in 2014 to 2015. This is the second refugee problem of the Jordan in the previous hundred years. Despite this, the reaction of the country to Syrians was comparatively friendly, supported by significant global donor assistance. Also arriving from neighbouring war-torn countries were the early stages of refugees. In 1991 and 2003 to 2011, Jordan accepted hundreds of thousands of Iraqis and Palestinians who were displaced by the Gulf Wars. It had already absorbed nearly 1 million Palestinian refugees from the Arab-Israeli wars of 1948 and 1967, in those days the Jordan was itself suffering from various issues (Fouad, et al.,2017). Among these refugees, some of these individuals have relocated to fresh residences in the West or returned to their own nations, but with their kids and grandparents, the most of the refugees remained and stayed in the Jordan. Nevertheless, it is impossible to compare the previous situation of the Jordan and the present situation of the Jordan in the context of handling the refugees.

Theoretical framework

According to Francis, (2015) the proximity of the refugees to the nations caused a critical discussion about its positive and negative financial results and the conditions under which exiles became a significant or potential advantage of the economy of the host country. As Asaf, (2017) examined the effects of mass migration of internally displaced people in Kager in northwestern Tanzania.

The Kagera region is considered the lowest per capita in Tanzania. The consequences of internally displaced persons were ambiguous, and their essence gave constructive and opposite results. In fact, there has been an intense increase in spending in Kager due to increased interest from outcasts and employees of charitable associations. Evacuees exchanged money received from the United Nations and other charitable associations, which led to an increase in the value of some goods (Öztürk, & Ayvaz, 2018).

According to Van Loenen, et al., (2017) displaced persons caused lower wages because they worked enthusiastically for lower wages. Be that as it may, talented people have significantly increased their wages. The private sector exploded for two evacuated and receiving networks. Finally, Kagera's foundation, social insurance and sanitation improved because work was completed, such as streets, runways and broadcasting. The positive effect of exiles in the Kager region was associated with the spatial centralization of financial exercises in the camps, which led to a positive overflow through the exchange of information sources and the use of universal assistance (Oda, et al., 2017). Some researchers believe that outcasts pose a political risk to networks, but they also carry money. Neighbouring countries suffer from the effects of a general war, which negatively affects their financial improvement (Turktan, et al., 2017). In the same way, Dotevall, Winberg, and Rosengren, (2018) argues that a general war in neighbouring countries causes a negative

overflow. He draws attention to the fact that displaced persons create various types of adverse external influences. Regardless of global exile guidelines, countries have begun to spend more on supporting and thinking about displaced people. This weight is increasing, while countries are becoming poor and immature in light of the fact that exiles need a compassionate guide and open administrations. Displaced people fight with locals to work and property. Migrants from the appearance of the segment, as they can influence ethnicity. Moreover, the influx of evacuated increases the likelihood of contention in the states (Fouad, et al.,2017). Displaced people may find it difficult to have a network due to sanitation problems and insurmountable diseases.

For example, Dotevall, Winberg, and Rosengren, (2018) broke the flood effect of Burundian and Rwandan outcasts in Western Tanzania in 1993 and 1994 and its impact on Tanzanian youth. It uses Tanzania's Demographic Health Survey (TDHS) to assess the instantaneous impact of a huge stream of evacuated people. The results show that the flow of displaced people generally worsens the health status of young people with networks. In addition, there are health problems in western Tanzania, such as jungle fever, AIDS and other transmitted infections, and the progress of displaced persons aggravates the problem and aggravates the spread of disease (Turktan, et al., 2017).

Furthermore, Baban, Ilcan, and Rygiel, (2017) experimentally tested the effects of the general war on sending and receiving countries. They ensured that the consequences of a general war with the state were related to the loss of human capital, the reduction of neighbouring enterprises, the redirection of remote speculation and the destruction of the structure. The neighbouring peoples did not save the negative influence of the general war.

A joint war blocks the development of monetary policy in neighbouring countries, hinders the exchange and attraction of assets, and leads to significant costs for providing sympathetic guidance for exiles. In monetary terms, Francis, (2015) found that "*civil wars have significant, but modest, negative influences on the steady state level of GDP per capita, both at home and in neighbours*" (p. 92).

The World Monetary Fund and the World Bank (1999) examined the financial implications of the Kosovo emergency for the six most influential European countries. The report includes the respective host countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia and Romania. The report found that the large outflow of refugees associated with the huge share of the direct costs that were expended due to the fact that national spending restrictions were aimed at helping exiles and providing food, housing and clothing was a serious consequence of the emergency in Kosovo (Al-Ammouri, & Ayoub, 2016). The unreliable mass migration of exiles creates violent conditions, especially in the segment and social structure.

The resulting countries are making significant efforts to maintain law and order, and they also lack financial difficulties due to the need to provide assistance to displaced people, for example, due to the blockage of the port in Albania. The combination of these conditions leads to a weakening of administrative capacity (Öztürk&Ayvaz, 2018).

In addition to this, Alrawadieh, Karayilan, and Cetin, (2019) stated the closure of business routes and the organization of transport due to the closure of borders with Serbia and Montenegro led to the loss of Macedonia, which sent 66 percent of its creation to Serbia and Montenegro. Similarly, Bosnia and Herzegovina has lost a significant market in Yugoslavia. Bulgaria and Romania had problems grinding their storage facilities in Bosnia and Herzegovina. In addition to this, the use of travel separation has increased travel times and increased transportation costs for Bulgaria and Romania (Dotevall,

Winberg, & Rosengren, 2018). Unreliable conditions and the flow of displaced persons reduced the trust of clients and speculators, which led to the loss of a remote enterprise, the loss of the tourism industry exchange in Croatia and Bulgaria, the misfortunes of nearby businesses and the high cost of acquisition. world capital market (Öztürk, et al., 2018). The World Monetary Fund and the World Bank (1999) stated that the influx of exiles has reduced supporting changes in various countries in light of the barriers to containment through a compromise to check for changes. For example, privatization enterprises broke up. Albania also found problems in the warehouse. The report indicated that the financial costs of the flood in exile were higher than expected, and although the differences were eliminated, the exchange display was damaged due to the termination of exchange rates and the need for greater opportunities for crowding out displaced persons, including additional costs (International Currency Fund and World Bank, 1999). Finally, despite universal assistance in the event of an emergency in Kosovo, the report revealed a critical, negative impact on state development (Yigit, &Tatch, 2017).

According to Asaf, (2017) because of Jordan, there were many outcasts at different times in the country, recalling that Palestinians were evacuated in 1948, Iraqi displaced people in 1990 and 2003, and Syrians were expelled in 2011. Several studies have been conducted to examine the impact of harsh conditions in the country Middle East on the financial development of Jordan. Öztürk, and Ayvaz, (2018) studied the impact of rapprochement between evacuated Iraqi people after the invasion of Iraq in 2003 and their impact on financial development.They found that during rapprochement of Iraqi outcasts, spending on food, oil and property increased; in any case, they condemned the work of Iraqi displaced persons in connection with the growth of edema. At the moment when they shared the swelling in the governors, the pace of expansion of Amman, where most Iraqi evacuees lived, was not exactly the same as the expansion of the country (Dotevall, Winberg, & Rosengren, 2018).

In a current report on the financial impact of internally displaced people in Jordan, Baban, Ilcan, and Rygiel, (2017) assessed the impact of outcasts on the Jordanian economy based on key macroeconomic indicators, including unemployment, remote direct business, and nutritional assessment. He demonstrated that the increase in edema in 2010-2012 was associated with an increase in the cost of food.

The large number flow of displaced people has generated a growing interest in food, leading to an 11 percent increase in food imports (Yigit &Tatch, 2017). Prior to the flood of Syrian exiles, Jordan tried to control spending on food, but after an unstable flow of displaced people, Jordan could not control spending, and allocations were cut. In addition, the influx of Syrian exiles, despite the evacuation of the Iraqis, made a more noteworthy emphasis on the open government of Jordan and its spending plan.

The growing interest in open administrations has led to increased use of government. Regarding the high unemployment rate in Jordan, Jordanians claim that displaced people in Syria work illegally without a work permit (Baban, Ilcan, &Rygiel, 2017). Meanwhile, Francis, (2015) confirmed that the precarious situation in the region worsened the financial situation in Jordan, reducing the risks to business and the tourism industry. In the end, most Jordanians admit that Syrian outcasts have a political and social influence on Jordan (Alrawadieh, Karayilan, & Cetin, 2019).

The conversation with higher Jordan officials and government representatives were suggested that Syrian refugees are one of the factors for the decline in Jordan economy but the economy was not flourished before their presence. It was already declining before the Syrian crisis, there are already other destabilizing

elements which play critical role in worsening the economic situation. In spite of that, the presence of these refugees supports internal circumstances and provide benefit to Jordan in the form of Consumer product demand due to increase in number of consumers, increase foreign funds to facilitate those refugees and also creates a lot of job opportunities. The positive effect after the arrival of Syrian refugees also admitted by the Jordanian but the economy has declined since 2012 which increase their suffering (CBJ,2020). However, the catastrophes over refugees worsen the situation and decline the economy in three possible ways which include; Public and social services consumed by refugees and government has no funds for citizens, increased the price of finite goods include housing, competition on wages, availability of jobs in the private sector which ultimately depress poor Jordan citizens for wages and the poor economic situation. The poor economic situation which establishes after hosting refugees also seems to play a role of the margin line between poor and elite Jordan citizens. It divides the population of Jordan which badly affect them and major cause of depression in Jordanian population. It was observed that the refugee crisis in Jordan is exaggerated as they share the economic burden with financial aids. The Jordan economy was already suffering as it is a poor economy and it relies on foreign aid for their economic stability and due to this dependency of Jordan economy on foreign grant makes it more vulnerable against exogenous economic shocks. The two major jolts for Jordan economy just before the arrival of Syrian refugees include the fall in direct investment and capital flow to Amman was observed in 2008 during the global finance crisis. The second major crisis was observed when Arab initiated revolutions in the region as a result, they downturn the economy of Jordan as destabilized key trading partners. Therefore, Jordan gross domestic product (GDP) growth rate shrank from 7.9% to 2.3% in 2008 to 2010. This decline badly affects the working opportunity, increase unemployment and increase the price of goods (DOS, 2010). The arrival of refugees and decline in the economy was so much simultaneous that Jordan was blamed Syrian refugees for all the economic mess while in actual regional instability is the main culprit. The Jordan citizens blamed Syrian refugees for their unemployment, but according to International Labour Organization report that the unemployment rate in Jordan citizen was increased from 14.5% to 22% in 2011 to 2014. Although Syrians were legally unable to work in Jordan but despite of that 160,000 Syrians were hired in agriculture, construction and service-based jobs. The survey suggested that 96% Jordan citizen believed that Syrian were the reason of their unemployment, but the actual reason is the economic crisis by region, along with the world economic crisis are the root cause of unemployment. According to Jordan government conducted survey that the uneven increase in population rate from 2004 to 2013 was a major reason of unemployment because as per government requirement the population growth should be in the range of 7 to 8 % so the unemployment was adjusted. The other reason was decrease in government fiscal consolidation program decline, the number of public-sector jobs which results in unemployment of young Jordan citizens (Stave and Hillesund, 2015, IBID).

RESULT AND DISCUSSION

In this study, different responses of refugees were recorded about the health care facilities and medication available to them and the different measures assessed ability to access medical care was perceived the replies were as: 44% families were given agreement on the availability of drugs or medication whenever it is required. While, 22% were unbiased and 33% were distressed. The Access to the medical specialists was seen as more challenging, as nearly half (49%) of households was conflicting with the statement that “my

family has access to the medical specialists we need;" 24% were unbiased and 27% approved. Opinions about the affordability of health services and medications were seems to be more negative. A large number of families (62%) thought health services were not reasonable and disagreed with the statement "my family can always afford medical care;" 25% were unbiased and 14% agreed. Opinions about the affordability of medications were same as 57% of families discordant with the statement "my household can always afford medication;" 27% were unbiased and 16% agreed. Opinions about the access to health information was more varied with 47% discordant with the statement "my family receives enough information to stay healthy" with 26% being unbiased and 26% agreeing with the statement.

Table (1): Family Health Facilities

Facilities	Agree	Disagree	Unbiased
Access Medical Care	44	33	22
Medical Specialist	27	49	24
Reasonability of Health Care	14	62	25
Affordability of Medicine	16	57	27
Knowledge about Diseases	26	47	26

Source: Done by researchers

Family Health Facility and utilization of the Family health facility in both the public and private sectors can be summarized as the majority of Syrian families, 84.5% believed that and reported too that they only seek healthcare at municipal sector facilities since their arrival in Jordan. The data per family visit shown in Table (1). Among families that ever-required care at a government health facility with a mean of 6.0 (median=4, range 0-90) visits were reported per family in the six months prior this study and a mean of 1.1 (median=0.75, range 0-18) visits per person which suggested that either they don't want to visit private health care facilities over public health care facility or either they are unable to afford it.

Table (2): Healthcare Facilities

Health Facility	Family Visited Health Facility	Person Visited Health Facility
Municipal Sector	74.7	6.0
Private Sector	45.2	4.0

Source: Done by researchers

As it was mentioned earlier that healthcare facilities are quite far from the living areas of refugees, in order to that they need to use some kind of transportation, see table (2). Over half of the families were interviewed about the access of public transport for going public health care facilities (58.2%, CI: 53.5-62.7), while, 38.1% (CI: 33.9-42.4) went by walking, and a group of few people visit in car 3.7% (CI: 2.5-5.4).

The mean transportation time to management services was about 24 minutes. There was no major variation in the ratio of families that ever consumed a government health capacity by region; still, there were important alterations in occurrence of use within the six months prior the study and transportation time. Families in the South visited management accommodations an average of 7.8 times in the six months prior to the survey as compared to families in the Northern and Central regions, which visited management, health amenities an average of 6.2 and 5.6 times, respectively (p=0.062). Families in the South reported a shorter mean transportation time of 18 (CI: 16-20) minutes to a government health facility as compared to those in the Central and North regions, both of which reported mean transportation times on 24 (CI: 22-26) minutes.

Table (3): Private Healthcare Facilities

Means of Transportation	Consumption by Person	Region of Arrival	Time Required
Public Transport	58.2	South	18
Walk	38.1	Central	24
Car	3.7	North	24

Source: Done by researchers

Approximately half of Syrian families, 45.2% were reported for seeking healthcare at private sector facilities since after the arrival in Jordan. Among families that ever-required care at a private health facility, a mean of 4 times visited in a private hospital were reported each family in the six months prior the survey and a mean of 0.7 times visited were reported per person. A considerable percentage of families, 77.1%, which gain access to private health amenities using community

transportation While, the 18.0% families arrived by walking, and a very little group of people 4.9% reached by car. Mean transportation time to the private health amenities was 33.1 minutes. While, the mean traveling time to reach the private health facilities was shortest in Central Jordan at 31 minutes as compared to 35 minutes in the North and 43 minutes in the South. There were no significant differences by region neither in the proportion of families that ever visited a private healthcare capacity, nor in frequency of use within the six months scheduled the survey and transportation time.

A Family Expenditure on Health

In the month prior the survey an average a family spending on health care was 57.0 Jordan Dinar Family spending on consultation fees of a consultant and diagnostic fees in an average 32.1 Jordan Dinar and the expenditure on medications was 24.9 Jordan Dinar.

No major differences were observed by region for total spending on health (p=0.247) or for spending on medications (p=0.038). Major differences by region were observed for spending on consultations and diagnostic fees with the highest normal spending in Central Jordan (3.64 Jordan Dinar, CI: 23.3-43.9) as compared 1.92 Jordan Dinar (CI: 16.5-47.3) in the North and 19.0 Jordan Dinar (CI: 12.4-25.5) in the South. Families in the South reported significantly higher occurrence of use of government facilities, which may be one potential explanation for lower expenditures on consultations and diagnostic fees as compared to other regions. When assessed by socioeconomic status (household expenditure quartile), spending on health varied significantly (p< 0.001). Households in the top quartile spent an average of 123.0 Jordan Dinar on health (CI: 84.8-161.2, median=50) in the month preceding the survey as compared to 22.0 Jordan Dinar (CI: 18.2, 25.9, median=12) in the lowest quartile.

Spending on Adult Health

Among the adult care seekers, 60.4% (CI: 56.9-63.8) reported accessing medical care without an out-of-pocket payment. The proportion of adult care seekers that had out-of-pocket payments at their most recent visit varied significantly both by region and sector. Out-of-pocket payments were more common among Syrian households in Central Jordan and were reported by 46.8% (CI: 41.3- 52.4) of households as compared to 32.7% (CI: 29.0-36.7) in the North and 31.0% (CI: 23.6-39.6) in the South (p=0.001). When compared with provider sector, 74.4% (CI: 69.2-79.0) of those seeking care in the private sector had out-of-pocket payments as compared to 16.4% (CI: 13.2-20.1) in the public sector and 20.6% (CI: 12.5-32.1) that sought care at charity/NGO facilities. Household expenditures for the most recent adult health visit are summarized in Figure 10 and presented in detail in Annex Table 12. The average out-of-pocket cost to the household for the most recent adult care seeking visit was 24.4 JD (CI: 11.8-36.9, median=0, range 0-5000).7 No significant differences in the amount of out-of-pocket payments were observed by region (p=0.113 for all care-seeking households and p=0.369 for only households with an out-of-pocket payment). Significant differences in payment amount were observed by sector. Mean out out-of-pocket payments for the most recent adult health visit by provider sector for all households were as follows: private sector, 46.8 JD (CI: 18.1-75.6, median=10); public sector, 11.5 JD (CI: 0-23.3, median=0), and charity/NGO 3.4 JD (CI: 0- 8.3, median=0) (p=0.008). Among households with out-of-pocket payments only, the mean was 62.9 JD (CI: 24.7-101.1, median=12) in the private sector, 70.3 JD (CI: 1.5-139.2, median=13) in the public sector, and 16.4 JD (CI: 0-39.6, median=2) at charity/NGO facilities (p=0.001).

Children's Health

The illnesses for which most children under 18 years old were reported to

need medical care were respiratory problems (30.6%, CI: 27.6-33.8), fever (18.8%, CI: 16.5-21.4), and diarrhea (7.8%, CI: 6.2-9.7). No significant differences in reasons for needing medical care were observed by region (p=0.652). A large percentage of households with children reported needing medical care for a child within the month preceding the survey (68.5%). The distribution among households for the last time medical care was needed for a child was as follows: <2 weeks ago, 41.9% (CI: 38.8-45.1); between 2 weeks and 1 month ago, 26.6% (CI: 24.0-29.3); 1 to less than 3 months ago, 19.6% (CI: 17.3-22.2); 3 to less than 6 months ago, 7.2% (CI: 5.8-8.9); 6 months to less than one year ago, 3.7% (CI: 2.7-5.0) and more than one year ago, 1.1% (CI: 0.6-2.0). Overall, 90.9% (CI: 88.9-92.6) of households reported that medical attention was sought the last time a child needed medical care. No significant differences were observed by region for the last time medical care was needed (p=0.259) or whether or not care was sought (p=0.52). Among the 9.0% (CI: 7.3-11.0) of households that did not seek care the last time care was needed for a child, the primary reason was cost: 68.0% (CI: 56.9-77.3) of households reported they could not afford to seek medical services for the child. Other reasons included not being sick enough to seek care (7.8%, CI: 3.6-15.9), provider having inadequate medications or equipment (5.8%, CI: 2.6-12.5), not knowing where to go (3.9%, CI: 1.4-10.3), and lack of transportation (2.9%, CI: 0.9-8.7).No significant differences in reasons for not seeking care were observed by region (p=0.849).

Among households for which care was sought for a sick child, approximately half (54.6%) sought care in public sector facilities, including primary health care centers (25.2%, CI: 21.5-29.2), public hospitals (21.0%, CI: 18.3-24.0), and comprehensive health centers (8.4%, CI: 6.6-10.6). Another 24.6% of households sought care in private sector facilities, including private clinics (18.4%, CI: 15.7-21.5), private hospitals (6.2%, CI:4.6-8.2), shops or other informal providers (1.2%, CI: 0.6- 2.1), pharmacies (9.2%, CI: 7.3-11.4), and Syrian doctors (1.7%, CI: 1.1-2.7). Charity/NGO facilities including non-religious charity facilities (6.8%, CI: 4.9-9.2) and Islamic charity facilities (2.1%, CI: 1.3-3.3) were the most recently used source of care for the remaining 8.9% of children receiving care. Differences in sources of child health care by region were statistically significant (p=0.021) and are presented in detail in Annex Table 26. In general, a higher proportion of households in the South (67.3%) sought care at public facilities compared to households in the North (56.4%) and Central (51.0%) regions. The most common reasons reported for the most recent visit to a health facility among children for whom care was sought included respiratory problems (30.5%, CI: 27.4-33.7), fever (18.9%, CI:16.5-21.6), diarrhea (7.5%, CI: 6.0-9.4), skin problems (6.4%, CI: 4.9-8.2), and injury (6.1%, CI: 4.8-7.7). Differences in the reason for care-seeking were not statistically significant by region (p=0.524) but were statistically significant by provider sector (p<0.001) construction (40 percent),43 wholesale and retail commerce (23 percent), manufacturing (12 percent), and accommodation and food service (8 percent).

CONCLUSIONS

In conclusion, based on the study outcomes, Syrian refugees have access to health care facilities, medication, measures and support. Overall, it's a satisfactory outcome. Finally, it is recommended to undertake a future study & also publish the studies in peer-reviewed Journals such as PubMed, CINAHL and Google Scholar.

Conflict of Interest: None

Source of Funding: None

Ethical Approval: Approved

REFERENCES

1. Achilli, L. (2015). Syrian refugees in Jordan: a reality check.
2. Al-Ammouri, I., & Ayoub, F. (2016). Heart disease in Syrian refugee children: experience at Jordan University Hospital. Annals of global health, 82(2), 300-306.
3. Alrawadieh, Z., Karayilan, E., & Cetin, G. (2019). Understanding the challenges of refugee entrepreneurship in tourism and hospitality. The Service Industries Journal, 39(9-10), 717-740.
4. Al-Rousan, T., Schwabkey, Z., Jirmanus, L., & Nelson, B. D. (2018). Health needs and priorities of Syrian refugees in camps and urban settings in Jordan: perspectives of refugees and health care providers. Eastern Mediterranean Health Journal, 24(3).
5. Asaf, Y. (2017). Syrian women and the refugee crisis: surviving the conflict, building peace, and taking new gender roles. Social Sciences, 6(3), 110.
6. Baban, F., Ilcan, S., &Rygiel, K. (2017). Syrian refugees in Turkey: Pathways to precarity, differential inclusion, and negotiated citizenship rights. Journal of Ethnic and Migration Studies, 43(1), 41-57.
7. Central Bank of Jordan, Yearly issues, 2020.
8. Creswell, J.W. and Creswell, J.D., 2017. Research design: Qualitative, quantitative, and mixed methods approaches. Sage publications.
9. Department of Statistics (DOS), Yearly issues, 2010.
10. Dotevall, C., Winberg, E., & Rosengren, K. (2018). Nursing students' experiences with refugees with mental health problems in Jordan: A qualitative content analysis. Nurse education today, 61, 155-161.
11. Flick, U., 2015. Introducing research methodology: A beginner's guide to doing a research project. Sage.
12. Fouad, F. M., Sparrow, A., Tarakji, A., Alameddine, M., El-Jardali, F., Coutts, A. P., ... &Abbara, A. (2017). Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet–American University of Beirut Commission on Syria. The Lancet, 390(10111), 2516-2526.
13. Francis, A. (2015). Jordan's refugee crisis (Vol. 21). Washington, DC: carnegie endowment for international peace.
14. Ismail, S. A., Abbara, A., Collin, S. M., Orcutt, M., Coutts, A. P., Maziak, W., ... & Fouad, F. M. (2016). Communicable disease surveillance and control in the context of conflict and mass displacement in Syria. International Journal of Infectious Diseases, 47, 15-22.
15. Oda, A., Tuck, A., Agic, B., Hynie, M., Roche, B., & McKenzie, K. (2017). Health care needs and use of health care services among newly arrived Syrian refugees: a cross-sectional study. CMAJ open, 5(2), E354.
16. Samari, G. (2017). Syrian refugee women's health in Lebanon, Turkey, and Jordan and recommendations for improved practice. World medical & health policy, 9(2), 255-274.
17. Turktan, M., Ak, O., Erdem, H., Ozcengiz, D., Hargreaves, S., Kaya, S., ... &Birbicer, H. (2017). Community acquired infections among refugees leading to Intensive Care Unit admissions in Turkey. International Journal of Infectious Diseases, 58, 111-114.
18. Van Loenen, T., Van Den Muijsenbergh, M., Hofmeester, M., Dowrick, C., Van Ginneken, N., Mechili, E. A., ... &Zelko, E. (2017). Primary care for refugees and newly arrived migrants in Europe: a qualitative study on health needs, barriers and wishes. The European Journal of Public Health, 28(1), 82-87.
19. Yazgan, P., Utku, D. E., &Sirkeci, I. (2015). Syrian crisis and migration. Migration Letters, 12(3), 181-192.
20. Stave SE, Hillesund S. Impact of Syrian refugees on the Jordanian labour market. Geneva: International Labour Organization; 2015.

How to cite this article: Khalil Abulamoun, Saed Kawader. Health Issues among Syrian refugees in Jordan, field study: refugee camps in Jordan. *Int J Health Sci Res.* 2021; 11(12): 176-187. DOI: *https://doi.org/10. 52403/ijhsr.20211224*

******