

## Quality of Life among Older Syrian Refugees in Jordan: Quantitative Study

Ayat Nashwan <sup>1\*</sup>, Mohammed Sobh <sup>2</sup>, Iyad Khamaysa<sup>3</sup>, Mohammad Harahsheh<sup>4</sup>, Hussein Salem<sup>5</sup>

<sup>1</sup>Department of Sociology and Social Work, Yarmouk University, Irbid, Jordan.

<sup>2</sup>King Abdullah University Hospital, Jordan University of Science and Technology, Irbid, Jordan.

<sup>3</sup>Migration Studies, School of Humanities and Social and Legal Sciences, Institute of Migration Research, University of Granada, Granada, Spain.

<sup>4</sup>Department of Sociology and Social Work, Yarmouk University, Irbid, Jordan.

<sup>5</sup>Head of Psychosocial department at King Hussein Foundation, Institute for Family Health Amman-Jordan

<https://doi.org/10.35516/hum.v49i4.2102>

Received: 12/11/2020

Revised: 7/4/2021

Accepted: 2/6/2021

Published: 30/7/2022

### Abstract

Quality of life (QOL) is an important measure in the life of older refugees, reflecting health and well-being. Maintaining the QOL is important, especially with increased proportion of older adults in society. Since the beginning of the Syrian crisis, Syrians sought refuge to neighborhood countries. Many aspects of Syrian refugees' lives have been affected, therefore affecting the overall quality of their lives. Even so, the aim of our study were to evaluate the QOL of Syrian refugees residing in Jordan, and tackled topic as a multi-dimensional phenomenon (Life overall, health, social relationships, independence, control over life, freedom, home and neighborhood, psychological and emotional, well-being, financial circumstances, and leisure and activities). This study used quantitative methods using survey design with 150 older Syrian refugees (above 60 years old) the data was analyzed by using descriptive statistics, one-way analysis variance, factor analysis and chi square. The study revealed that there is statistical significant differences in QOL among Syrian refugees according to the level of education in favor of older with higher level of education, the results also indicate that there is medium level of overall quality of life among males and females older, with higher level of QOL among male refugees.

**Keywords:** Refugees; quality of life; elderly, Jordan; quantitative study.

### نوعية الحياة لدى اللاجئين السوريين المسنين في الأردن: دراسة كمية

آيات نشوان<sup>1\*</sup>، محمد صبح<sup>2</sup>، إياد خمائسه<sup>3</sup>، محمد الجراحشة<sup>4</sup>، حسين السالم<sup>5</sup>

<sup>1</sup> قسم علم الاجتماع والخدمة الاجتماعية، جامعة اليرموك، إربد، الأردن.

<sup>2</sup> مستشفى جامعة الملك عبد الله، جامعة العلوم والتكنولوجيا الأردنية، إربد، الأردن.

<sup>3</sup> دراسات الهجرة، كلية العلوم الإنسانية والاجتماعية والقانونية، معهد الهجرة، جامعة غرناطة، غرناطة، إسبانيا.

<sup>4</sup> قسم علم الاجتماع والخدمة الاجتماعية، جامعة اليرموك، إربد، الأردن.

<sup>5</sup> رئيس القسم النفسي والاجتماعي في مؤسسة الملك الحسين، معهد صحة الأسرة عمان-الأردن

\* Corresponding author:

[ayat.n@yu.edu.jo](mailto:ayat.n@yu.edu.jo)

### ملخص

يعتبر مفهوم نوعية الحياة من أهم المفاهيم في حياة اللاجئين السوريين المسنين وخاصة لانعكاساته الهامة فيما يتعلق بالصحة والرفاه الاجتماعي إن الحفاظ على نوعية الحياة أمر مهم خاصة مع ازدياد أعداد المسنين في المجتمع. منذ بداية الأزمة السورية لجأ السوريون إلى البلاد المجاورة وقد تأثرت العديد من مناحي حياتهم مما أثر كنتيجة لذلك على نوعية حياتهم بشكل عام. تهدف هذه الدراسة إلى تقييم نوعية الحياة لدى اللاجئين السوريين المقيمين في الأردن والنظر لهذه الظاهرة من جوانب متعددة تشمل (الحياة بشكل عام، الصحة، العلاقات الاجتماعية، الإستقلالية، السيطرة على الحياة، الحرية، المنزل والجيرة، الرفاه النفسي والعاطفي، الظروف الاقتصادية، الراحة والنشاطات). المنهجية: لقد تم استخدام الطرق الكمية باستخدام استبانة استهدفت 150 لاجئاً مسناً تبلغ أعمارهم 60 عاماً فأكثر وقد تم تحليل البيانات باستخدام الاحصاءات الوصفية والاختبارات الملائمة مثل التحليل العاملي، أنوفا وكاي سكوير النتائج: لقد أظهرت النتائج وجود فروق ذات دلالة إحصائية في نوعية الحياة لدى اللاجئين السوريين المسنين تبعاً لمستوى التعليم ولصالح المسنين اللاجئين الأعلى تعليماً، كما أظهرت النتائج وجود مستوى متوسط من المستوى العام لنوعية الحياة لدى اللاجئين الذكور والإناث وبمستوى أعلى من نوعية الحياة لدى اللاجئين المسنين الذكور.

الكلمات الدالة: المسنين، نوعية الحياة، اللاجئين، الأردن، دراسة كمية.

## **Introduction**

### **Current Status of Elderly Refugees:**

At the end of 2019, the number of refugees worldwide reached 26 million (UNHCR, 2020). Syria has been the top source country of refugees in the last decade. Majority of the Syrians, almost 5 million sought refuge in the immediate neighboring countries such as Turkey, Lebanon, Jordan and Iraq. Policy projects of international and local humanitarian actors in host countries of Syrian refugees, tend to focus more on children, youth and female refugees than elderly male refugees. Children, youth, and women are defined as ‘the most vulnerable of vulnerable’ (Salemi et al. 2018; Sözer 2019). Policy makers and service providers often put elderly refugees ‘at the back of the queue’, due to their comparatively low numbers vis-à-vis the total refugee populations and due to the biased assumptions that their needs are of less importance than, those of women and children (Goveas, 2002; Macdonald, 2002). Not only in policy circles, but also scholars pursue the same pattern of prioritizing some groups over others. Scholars give increasing attention to the stories, health situation, aid reception of and violence faced by young Syrian adolescents in the main hosting countries such as in Turkey (Balcioglu 2017; Wringe et al. 2019), Lebanon (DeJong et al. 2017), Jordan (Wagner 2017), Iraq (Dietrich et al. 2019), Greece (Arvanities&Yelland 2019) and others.

### **Lack of Data on Elderly issues**

Both, the research and humanitarian sector rarely pay attention to the older Syrian refugees, specifically those over 60 years old. The lack of attention to elderly refugees as the subject of inquiry or target beneficiaries results in the underestimation of their well-being and experiences. The biggest challenge is not only the lack of attention to elderly Syrian refugees but the lack of data and involvement in areas surrounding their issues. Many humanitarian responders pointed out to the misperception that elderly refugees are being taken care of by their families when in fact many are ignored and left to fend for themselves (Lupieri, 2018). Yet, elderly refugees are still vulnerable and need awareness, capacity building and specific measures in the humanitarian response. Research shows that many elderly individuals face the conditions of frailty, lack of mobility and chronic health problems, that can become acute and life threatening as a result of stressful experiences of displacement (Birditt, et al, 2018; Wong, et al, 2020; Koochek, et al, 2007). Moreover, UNHCR reports that “older refugees make up about 8.5 per cent of the overall population of concern to UNHCR, and by 2050 more of the world will be over 60 than under 12.” Although there is no available statistics on the exact numbers of elderly Syrian refugees, it can be expected that they reflect more or less this 8.5 per cent share. Also, the protracted refugee situations, that means longer than 5 years as in the case of Syrians, indicating that the numbers of elderly refugees has been increasing. The predicated data on the increase of elderly refugees also indicate an increase in their health problems, emergence of chronic diseases, double precarious situations during pandemics as well as the loss of some refugees’ psychical capabilities that previously enable them to access employment in labor intensive sectors (such as in construction or service sectors) and lack of pension opportunities. These conditions create longer term challenges in meeting the needs of elderly refugees with regards to health services, social services and livelihoods.

### **Need for Elderly-Focused Research**

Using this background, this paper aims to understand the position of elderly Syrian refugees as a demographic in Jordan. The study questions the quality of life dynamics in elderly refugees and to what extent their age, length of stay in Jordan, gender and having chronic diseases are correlated with the quality of life. An emphasis on Jordan may provide insights on the dynamics of quality of life of elderly Syrian refugees living in the region. Since the outbreak of the Syrian crisis in 2011, Jordan has come to host large numbers of Syrian refugees seeking protection from devastation and violence. As of June 2020, Jordan hosted 657,287 registered Syrian refugees, which is the second highest share of refugees compared to its population in the world (89 refugees per 1,000 inhabitants). (UNHCR 2020) .

According to unofficial estimates, there are nearly 3 million non-Jordanians living in Jordan, of which 1.3 million are Syrian refugees. However, estimations are higher than the UNHCR’s figures because some refugees are unregistered or are unable to register due to several reasons including the lack of identifying documentation. The majority of refugees are from Syria, but Jordan also hosts tens of thousands of refugees from other countries, including Iraq, Yemen and Sudan. Most Syrian refugees

in Jordan live in urban areas and over 85 per cent live below the poverty line (UNICEF, 2018). Life for refugees in Jordan is difficult and, in some ways, worsening. Underfunded United Nations agencies have reduced financial and food assistance, refugees are struggling to make ends meet, given the high cost of living, and few have access to adequate healthcare, social services, decent work and social protection. (Refugees International, 2018). Given this information and since the quality of life of Syrian refugees in general continues to worsen, elderly Syrian refugees face a much worse outcome since their presence and needs are generally ignored.

This research also aims to make a methodological contribution to the refugee research in Jordan, particularly the research pertaining to elderly refugees. To examine the situation of the elderly, the 35-item Older People's Quality of Life Questionnaire of Anna Bowling (2013) were translated into Arabic and validated this assessment tool for QoL in Jordanian context. Its adoption can provide insights for researchers in Arab countries who conduct surveys on the elderly and those researchers working specifically on the issues pertaining to elderly refugees.

This paper consists of five sections. The first reviews how existing scholarship explains elderly refugees' needs and quality of life. The second offers scope and a more detailed purpose with a focus on methodology. The third discusses measurements and the results. The final sections conclude with a discussion of the study implications.

### **Literature Review**

While data exists on the stressors experienced by refugees and the resiliency factors that protect refugees against psychological distress, experts note the importance of understanding the lives of specific refugee populations rather than relying on generalizations about refugee groups of varying ethnicity and age (Kira et al., 2013; Kuo and Torres-Gil, 2001). Generalized assumptions gleaned from studies of refugees from multiple countries and life stages may lead to incorrect assumptions about specific subgroups. A call has also been made for qualitative studies to provide more in-depth insight into the lived experiences, struggles and strengths of specific refugee subgroups (Salari, 2002). Among refugee groups, elderly can be differentiated as a specific sub-group.

UNHCR's Emergency Handbook defines an elderly individual as "who is over 60 years of age" by adding that "families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance, or age-related health conditions". UNHCR recognizes that "the psychological and psychosocial toll of traumatic experiences, combined with poor nutrition and exposure to disease, can cause refugees and IDPs to 'age' faster than settled populations" (UNHCR). More specifically, the UNHCR lists problems faced by elderly refugees including being less mobile, less capable to hear and see, having chronic health problems and specific nutritional needs, facing risk of violence, exploitation, exclusion and discrimination, unable to find adequate accommodation and protecting their belongings, losing traditional forms of family support due to the separation and deaths, and being main caregivers for grandchildren (UNHCR Emergency Handbook, 2020). All of the mentioned problems label elderly refugees as at more risk of experiencing negative outcomes due to displacement.

In addition, more recent data indicated that the population of elderly immigrants and refugees is expanding at a consistent rate (Mui & Kang, 2006). However, the research pertaining to elderly refugees and immigrants is still scarce and at bare-minimum (Mhlanga, 2008; Gigantesco, Giuliani, and M. (2011; Commission, 2018). Elderly refugees encounter health related to age as well as challenges due to their precarious socio-economic conditions in the host country and the loss of their family members and relatives during the conflict. All of the mentioned struggles translate to daily stressors that further worsens elderly refugees quality of life not to mention the culture and gender that may create additional challenges.

In the humanitarian outreach programs for Syrians in hosting countries like in Jordan, the elderly are overlooked in refugee needs assessments and reports. Rather than recognizing the uniqueness of the elderly and their experiences, they are often grouped together with vulnerable groups but with less attention than to children and youth. This masks the unique risks for the elderly and limits the understanding of their specific needs. It is reported that elderly refugees in Jordan suffer from high prevalence of chronic diseases and physical impairments, difficulty accessing health services and medications, and psychological distress, as well as protection concerns (Help age international, 2018). Moreover, the lack of governmental or

societal attention to elderly refugees also implies overlooking any potential skills or contributions that they may wish to make in their community, e.g. through participation in activities. Lack of awareness on elderly refugees and their needs negatively impacts how programs and services are developed and implemented, and means response programs are not inclusive of elderly refugees including both men and women .

### **Purpose and Scope**

The purpose of this study is to explore the quality of life among Elderly Syrian refugees living in Jordan specifically in Amman and Irbid. In basic terms, quality of life (QoL) refers to “the degree to which an individual is healthy, comfortable and able to participate in or enjoy life events” (Britannica, 2020). This concept is both ambiguous and subjective because it indicates both the experience of an individual and their living conditions. There are too many categorizes that aims to measure the quality of life, but for the purpose of this study, the two general categories include generic measures to examine health related QoL of in population sample and disease-specific QoL measures. Refugees are one of the population samples which receive academic and research attention on quality of life, particularly the quality of life in relation to health and wellbeing. As expected, refugee-related research show the evidence of low QoL than native populations in addition to the low quality of life that refugees perceive and rate themselves (Ekblad et al. 1999; Leiler et al. 2019). Several studies pointed out the social relations, unemployment, lack of permanent refugee status as the reason of low QoL among refugees (Carlsson et al. 2006a; Leiler et al. 2019). Some studies examined the relationship with the low QoL and mental health problems of refugees focusing on the traumatized refugees (Carlsson et al. 2006b; Huijts et al. 1999) as well as the coping mechanisms (Ghazinour&Eisemann 2004). The studies of the QoL among refugees design research to analyze different experiences of male and female refugees, ((Carlsson et al. 2006b). the studies also overwhelmingly focused on the experiences of refugees in the developed Western countries, except a few that focused on other host countries (Akinyemi et al. 2012). There has been a growing research on QoL of Syrians refugees living in Iraq (Aziz et al. 2014), in Turkey (Tufan et al. 2013) and in Jordan (Abu-Awwad 2020). The specigic study on Jordan and QoL of Syrian refugees examine the relationship between oral-dental health and the QoL in the case of Syrian refugees. None of the mentioned studies on Syrian refugees that examine QoL differentiate the QoL of elderly Syrian refugees (Abu-Awwad 2020; Abdo et al. 2019;). The comprehensive study of Abdo et al. (2019) examines the QOL of Syrian refugees residing outside camps in Jordan and compare it to the QOL of Jordanians and to other refugees and populations around the globe. They use the World Health Organization Quality of Life instrument questionnaire the QoL assessment tool. It finds no significant difference between Syrian refugees and Jordanians in the physical health domain, but Syrian refugees scores’ in psychological health and social relationship are found significantly lower than Jordanians. Interestingly, Syrian refugees scored significantly higher than low socio-economic status Jordanians in the environmental domain. Average socio-economic status Jordanians have higher scores than the other two groups in all domains. Although this study is not about the Elderly Syrian refugees, it provides insights about the differences between Syrians and Jordanians QoL by taking socio-economic status as a reference point.

Building on the previous studies, a research on Elderly Syrian refugees may provide insights and additional empirical data for QoL in a certain age group of refugees. The purpose of this research is to also add to the level of specificity to the data and research needed to address the needs of elderly refugees in Jordan. Further, it is important to note that the scope of this research in Jordan might be different than in other refugee hosting countries. As mentioned earlier, the results of this research should not be generalized to other countries as other countries have their own government and system of handling refugee related issues .

The Jordanian population is growing quickly, and, under current growth rates, would double in size every 29 years. The annual growth rate of the total population during the period 2004 - 2015 was about 5.3 per cent, which been driven by relatively high-growth rates amongst the Jordanian population but especially the significant influxes of migrants and refugees over the last years. About half of registered refugees are children, and around 4 per cent are older persons (Help Age International, 2016).

In the context of Jordan, Amman and Irbid can be exemplary sites. Both Amman and Irbid governorates host the largest number of elderly refugees in the country (60 +). The participants were asked to give responses to the questions in the designed survey to include different aspects of their lives and to indicate the QoL across these aspects. The knowledge gained through this study can help researchers better understand the needs and strengths of elderly refugees in Jordan. In addition, it offers

insights for policy makers and brings their attention to this understudied group, further it is expected that this study would provide a guide to service providers in designing their interventions to meet elderly refugee needs. The overall aim of this study is to focus on QoL among Syrian refugees, because QoL studies are abundant but are mostly conducted in non-conflict settings.

The current study is considered as one of the starting descriptive study that examines QoL in the Syrian community with an emphasis on the elderly. It provides a novel dimension to the growing research on QoL of Syrian refugees (Aziz et al. 2014; Tufan et al. 2013; Abu-Awwad 2020; Abdo et al. 2019). Little is known about the QoL of Syrian refugees in Jordan and this study will allow us to determine some of the socio-demographic dimensions of QoL.

### Survey Methodology

This study adopts quantitative methodology by using a survey data. The questionnaire, which constitutes the basis of survey, is used to enquire QoL among elderly Syrian refugees. The questionnaire includes a set of demographic and subjective questions that allow us to measure the dependent variable of the QoL of elderly Syrian refugees in Jordan. The questionnaire addresses overall life satisfaction, health, social relationships, independence, control over life, freedom, home and neighborhood, psychological and emotional, well-being, financial circumstances, and leisure and activities. Some questions to capture these dimensions include the following: (1) to what extent do you feel being accepted? (2) to what extent do you feel being appreciated? (3) Do you feel lonely? (4) Can you tell us both the good and bad things that make up your quality of life? (5) how would you rate the quality of your life as a whole?

The study independent variables include age, gender, educational level, period of stay in Jordan and health level. The Health status is measured by asking to whether the person has hypertension (HTN), diabetes mellitus (DM), high cholesterol (Hyperlipidemia). If the respondent has three of these chronic diseases together, his/her health is scored as 'poor'. If s/he has one or two of them, it is scored as 'average'. In the case of having none of them, it is scored 'good'. The education level is scored with self-rated standard items ranging from illiteracy to elementary, middle, high school, bachelor degree (considering the education system in Syria and Jordan).

The sample of this study was limited to Syrian refugees, male and female, over sixty years of age in Jordan during 2020. Non probability sampling was used to recruit the participants from these target groups through a snowball sampling method. Participants of the research were approached in Jordan by trained researchers, and were asked to complete the questionnaire. The interview was conducted with the person in the household who was older than sixty years of age.

The overall sample consists of 150 Syrians, including 78 men and 72 women who are older than 60 and live in urban communities in both Amman and Irbid governorate. Of the participants, more than half were between the ages of 60 to 65, whilst only two refugees were at the ages of 86 and above. More than half (64.7%) of participants had lived in Jordan for more than 7 years. Participants' demographic characteristics are presented in Table (1)

**Table1. Demographic characteristics of the sample (N=150)**

Characteristics	Frequency	Percentage
<b>Age</b>		
60-65	79	52.7
66-70	45	30.0
71-75	15	10.0
76-80	6	4.0
81-85	3	2.0
86-90	1	0.7
91+	1	0.7
<b>Gender</b>		
Female	72	48.0
Male	78	52.0

<b>How long have you been in Jordan?</b>		
Less than 3 years	10	6.7
3 to 6 years	43	28.7
7 years and above	97	64.7
<b>Health status</b>		
Poor (HTN, DM, Hyperlipidemia)	58	38.7
Intermediate( one or two of them)	66	44.0
Good (none of them)	26	17.3
<b>Level of Education</b>		
Elementary	57	38.0
Middle School	61	40.7
High School	16	10.7
Bachelor's degree	12	8.0
Illiterate( can't read and write)	4	2.7

### Discussion

The data present in this report gives just one dimension of the many dimensions of the struggle facing elderly Syrian refugees in Jordan. From the characteristic analysis of the sample, it is important to note that most of the refugees interviewed have not made it past middle school which provides insight into the intellectual capability of the refugees and their ability to interpret and find resources around them and offered to them (if any). In addition, the health condition of most of the refugees showed to be poor which is an added layer to the possible reasons why many elderly refugees feel a poor quality of life .

Beyond the reported sample characteristics, it is also important to realize that many of these refugees encountered a sudden change in life style. The traumatic and sudden change of lifestyle came with added financial, social, and physical burdens to many refugee family. The lives of elderly people in Syria prior to their escape and refuge to neighboring countries can be seen as below average and or just acceptable, and many of the elderly refugees relied on the social aspects of their lives with other elderly individuals in their area to simply survive. Even before the Syrian revolution, the general quality of life of Syrian was not that acceptable, and thus this translates to the quality of life experienced by the elderly as well. So when elderly people and their families escaped the war and in some cases the family separated to different regions, the elderly were ignored and were stripped of their social life. When comparing the results of this report, the prior life of elderly refugees in Syria was already unacceptable, and the current poor quality of life experienced in Jordan is just an added layer to an already poor quality of life. Additionally, culture and religion play an important role in the continued acceptance of the current quality of life. When many of the elderly refugees respond with hopeful and a slight optimistic tone to their perceived poor quality of life, their attachment to the hope provided by their religion is what contributes to their strength .

### Measurement

QoL was measured with an Arabic translation of the 35-item quality of life Survey, Older People's Quality of Life Questionnaire Anna Bowling 2013.(Bowling et al., 2013)., This questionnaire is very comprehensive and tested in several cases, including multicultural cases. It is also claimed that the survey is "of potential value in the outcome assessment of health and social interventions, which can have a multidimensional impact on people's lives", and show better coherency than other similar questionnaires(Bowling & Stenner 2011). The survey was also previously translated in Arabic and used into the Middle East, as for the case of Iran (Nikkhah et al 2018) and Turkey (Calikan et al. 2019) .

This questionnaire encompasses several aspects ranging from health to financial circumstances, control over life and freedom, social relationships, and participation, independence, home and neighborhood, psychological and emotional well-being, leisure, activities and religion (Bilotta et al., 2011).

The resulting scale included four items about life overall and four Health levels, five social relationships, four control over

life, freedom, four Home and neighborhood, four psychological and emotional well-being, four financial circumstances, and six leisure and activities. Respondents indicated the extent to which they agreed with each item on a 5-point Likert scale that ranged from strongly agree to strongly disagree. The questionnaire items were rated on a 1-5 Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5=strongly agree). The sampling questionnaire instrument seeks background information about participants' age, gender, educational level, period of stay in Jordan, health level, the level of acceptance, the ideas about appreciation, feelings about being lonely, and self-perception about the QoL.

To adopt the questionnaire in Elderly Syrian s in Jordanian context, the research team proceeded in two distinct phases. The initial phase involved a group of referees and expert arbitrators which provided some comments on the tool. The second phase involved the implementation of exploratory study (N=40) to validate the tool using factor analysis of QoL. Factor loading for all items exceeded 0.60 (0.62 to 0.78), which means that those items are suitable in measuring every item of QoL among older Syrian refugees. The reliability was tested using Cronbach's Alpha to ascertain reliability and consistency of the questionnaire. The questionnaire instrument was 0.77 indicating good reliability and consistency.

### Data Analysis and Findings

Descriptive statistics gauged QoL among the sampled population. Additionally, the following statistical techniques were measured: Regression, chi square test, Independent-Samples T-Test One way analysis of variance, Tukey test, Cronbach's Alpha, and Factor Analysis.

The most important findings is that the mean score of QoL among Elderly Syrian refugees for the sample 150 participants had moderate quality of life (M 2.88 Sd 0.39).

**Table 2. Findings**

<b>To What extent you feel Accepted?</b>		
Very good	42	28.0
Good	72	48.0
Intermediate	36	24.0
<b>To What extent you Feel Appreciated?</b>		
Good	58	38.7
Intermediate	76	50.7
Low	16	10.7
<b>To What extent you feel lonely?</b>		
High	36	24.0
Intermediate	72	48.0
Low	42	28.0
<b>Thinking about both the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?</b>		
Very good	12	8.0
Good	50	33.3
Bad	69	46.0
Very bad	19	12.7

Findings can be evaluated with references to the four dimensions of QoL: social relations, health, financial situation and psychological-emotional well-being. In terms of the role of social relations in QoL among Elderly Syrian refugees in Jordan, findings revealed that this is related to the meetings of their needs by family, friends or neighbors (M 3.25 SD 1.24). Overall, social relations took higher value than financial and related scores. Many of elderly had someone who gives them love

and affection (M3.13 SD 1.27) mainly their children for which they assigned high importance towards (M 3.08 SD 1.29). In addition to the close social relations, elderly refugees give importance to the cultural/religious events/ festivals for assessing their quality of life (M 3.16 SD 1.29). While some find their neighborhood friendly (M 3.04 SD 1.20), some would like more companionship or contact with other people (M 3.02 SD 1.14) and to enjoy live with them (M 3.01 SD 1.17). Some also reported to have social or leisure activities/hobbies that they enjoy doing (M 3.01 SD 1.15). Religion, belief or philosophy seems less important than family when it comes to the quality of life (M 2.65 SD 1.40);

Regarding the health related issues of QoL, many face limitations, particularly related to self-care and living in a caring home (M 3.14 SD 1.29). Many of them also consider that pain affects their wellbeing (3.06 SD 1.30), feel that life gets them down (M 2.99 SD 1.24) and lack of physical energy (2.75 SD 1.12). Similar scores are recorded for feeling healthy enough to get out (M 2.92 SD 1.03) and afford to do things they would enjoy (M 2.85 SD 1.18). Accordingly, they do not feel healthy enough to have their independence (M 2.79 SD 1.28).

In terms of financial dimension of QoL, elderly refugees reported that they can afford to buy what they want (M 3.11 SD 1.13). But, the number of who is able to do paid or unpaid work or activities that give that a role in life is low (M 2.94 SD 1.23). This leads to the similar scores for perceiving control over the important things in their life (M 2.92 SD 1.12) where few reported that they have enough money to pay for household repairs or help needed in the house (M2.69 SD 1.42) and few also said they have enough money to pay for household bills (M2.41 SD 1.37). The financial issues seem as the important barriers as the cost of things compared to their pension/income restricts their life (M 2.31 SD 1.38).

In terms of psychological and emotional well-being dimension, it is found that some feel lucky compared to most people (M 2.92 SD 1.09) and get pleasure from their home (M 2.77 SD 0.92) and take life as it comes and make the best of things (M 2.73 SD 1.12). Very few reported feeling safe where they live (M 2.72 SD 1.30). Interestingly the overall score of the QoL (M 2.88 SD 0.39) is lower than those that reported feeling happy much of the time (M 3.16 SD 1.29) and enjoying their life (M 3.01 SD 1.07), considering that there are environmental factors reducing their QoL. This finding shows similarities with the findings on Syrians refugees living in the camps in the Kurdistan region of Iraq.

Furthermore, the study explored demographic variables over QoL among Elderly Syrian refugees with the aim of identifying any differences. Findings show that there are statistically significant differences in the degrees of dimensions of QoL among Elderly Syrian Refugees in Jordan according to the length of stay in Jordan. To understand effect of duration over QoL, we used the Tukey Test, examining the characteristics of those who stayed less than 3 years and those who stayed 3-6 years or more. Results show that there are differences between those who stayed from 3-6 years and those who stayed 7 years and above. QoL was the highest among those who stayed 7 years and above. Furthermore, there are statistically significant differences in the degrees of all dimensions of QoL among Elderly Syrian Refugees in Jordan according to stay in Jordan as follows (health levels  $P=0.011$ ; Social relationships  $P=0.009$ ; Psychological and emotional well-being  $P=0.032$ ; Financial circumstances  $P=0.002$ ).

In terms of the impact of education level, it seems that the degree of QoL is the highest for those having bachelor's degree ( $P=0.003$ ). Between primary and intermediate education, those in the later are doing better. Refugees with higher education reports better QoL than those have middle ground education.

Moreover, the differences in the degree of quality of life of the elderly Syrian refugees are attributable to the extent refugees feel acceptance. Refugees who answered well and very well for the benefit of those who answered feel well accepted, and the differences were also between very good and average in favor of those who answered that they feel acceptable medium as is evident from the mean with ( $P=0.000$ ).

There are differences between the health level of the Elderly Syrian refugees by gender. While female of 52.8% or male of 39.7%, compared to that of the health level of good of 42.3% for males, 23.6% for females. The degree of health level was very poor at 13.9% for females compared to 9.7%, answered that it is very good, for males by 11.5%, they indicated the degree of health level is very bad compared to 6.4% indicated that it is very good. Additionally, Chi square test shows differences in terms of ideas on life by gender. Both male and female Elderly Syrian refugees approve the statement yet 11.1% of female

refugees disagree with this statement compared with 16.7% of male refugees. The results also indicate that the degree of health quality of elderly Syrian refugees of different sexes was with a good degree where 38.5% for males stated that they have a lot of physical energy, but only 18.1% of women agreed to this statement. 57.7% of males indicated with a degree of approval that pain affects their well-being, compared to 38.9% of females. In addition, there seems to be difference for the value attached to children. About 62.5% female Elderly Syrian refugees answered "I have my children around" which is important compared 44.9% of males.

The standardized Regression provides insights for relationship between the variables of age, length of stay in Jordan, and the degree of QoL among Older Syrian Refugees in Jordan. It indicates the presence of a statistically significant (effect) relationship at level 0.05 between the variables of age and duration of stay in Jordan and the degree of quality of life among elderly Syrian refugees. Results show an inverse relationship between the variable of age and the degree of quality of life, so that the older the age, the lower the quality of life among the Elderly Syrian refugees, and vice versa. Results also show a direct relationship between the length of stay in Jordan and the degree of quality of life, so that the longer the period of stay in Jordan, the higher the quality of life among older Syrian refugees, and vice versa. Noting that the age variable had a greater impact on the quality of life than the variable duration of stay in Jordan, by reading the value of Beta regardless of the negative value, as follow age ( $V.Beta=0.200$ -,  $P=0.015$ ); How long have you been in Jordan ( $V.Beta=0.182$ ,  $0.027$ ) with  $R\ Square= 0.046$  ( $0.045*100$ ) = 4.5%.

Finally, Independent-Samples T-Test indicated differences in the degree of quality of life in its various dimensions and the overall degree among elderly Syrian refugees by the gender variable. There are statistically significant differences at level 0.05 in the degree of quality of life in its various dimensions and the overall degree among the elderly Syrian refugees, associated with the gender variable. The differences were in favor of men in determining the study and the total degree, the higher degree of their QoL seems to be driven by the social relations dimension, because there are no differences in the other different dimensions between the sexes ( $2.96\ P=0.05$ )

### Conclusions

In conclusion, this study provides insights about factors associated with good QoL among elderly Syrian refugees. Understanding QOL and its predictors is becoming crucial in order to deal with the problems of the aging generation of refugees from multiple stakeholders including service providers, caregivers, and policy makers.

The familiarity with these determinants would contribute to initiate QoL improvement programs. Responding to the needs of elderly refugees and migrants, must be integrated into all dimensions of ageing policies and practices across the Middle East, specifically in Jordan which received the second largest number of refugees per capita after Lebanon. Relevant areas for policy-making include healthy ageing over the life-course, supportive relationships and networks, people-centered health and long-term care services, and strengthening the evidence base and research. Generalized assumptions gleaned from studies of refugees from multiple countries and life stages may lead to incorrect assumptions about specific groups. A call has also been made for qualitative studies or mixed methods studies to provide more in-depth insight into the lived experiences, struggles and strengths of specific refugee groups.

### References

- Abdo, N., Sweidan, F., Batieha, A. (2019). Quality-of-life among Syrian refugees residing outside camps in Jordan relative to Jordanians and other countries. *PeerJ* 7:e6454.
- Abu-Awwad, M., Salah, A. O., Shqaidef, A., Hilal, N., & Hassona, Y. (2020). Oral health-related quality of life among Syrian refugees in Jordan: a cross-sectional study. *International dental journal*, 70(1), 45-52.
- Akinyemi, O. O., Owoaje, E. T., Ige, O. K., & Popoola, O. A. (2012). Comparative study of mental health and quality of life in long-term refugees and host populations in Oru-Ijebu, Southwest Nigeria. *BMC research notes*, 5(1), 1-9.
- Al-Makhamreh, S. (2019). Ethical Considerations for Health Care in Social Work in Jordan: What Could Bring Joy to Elderly Refugees in Times of Despair?. *Ethics and Social Welfare*, 13(4), 409-423.

- Arvanitis, E., & Yelland, N. (2019). 'Home Means Everything to Me': A Study of Young Syrian Refugees' Narratives Constructing Home in Greece. *Journal of Refugee Studies*.
- Aziz, I. A., Hutchinson, C. V., & Maltby, J. (2014). Quality of life of Syrian refugees living in camps in the Kurdistan Region of Iraq. *PeerJ*, 2, e670.
- Balcioglu, Z. (2017). Agency, forced migration and social capital: The case of young Syrian refugee women in Turkey. In *Youth, Gender and the Capabilities Approach to Development* (pp. 163-176). Routledge.
- Bilotta, C., Bowling, A., Nicolini, P., Casè, A., Pina, G., Rossi, S. V., & Vergani, C. (2011). Older People's Quality of Life (OPQOL) scores and adverse health outcomes at a one-year follow-up. A prospective cohort study on older outpatients living in the community in Italy. *Health and quality of life outcomes*, 9(1), 1-10.
- Birditt, K. S., Sherman, C. W., Polenick, C. A., Becker, L., Webster, N. J., Ajrouch, K. J., & Antonucci, T. C. (2018). So Close and Yet So Irritating: Negative Relations and Implications for Well-being by Age and Closeness. *The Journals of Gerontology: Series B*, 75(2), 327-337.
- Bowling, A., & Stenner, P. (2011). Which measure of quality of life performs best in older age? A comparison of the OPQOL, CASP-19 and WHOQOL-OLD. *Journal of Epidemiology & Community Health*, 65(3), 273-280.
- Bowling, A., Hankins, M., Windle, G., Bilotta, C., & Grant, R. (2013). A short measure of quality of life in older age: The performance of the brief Older People's Quality of Life questionnaire (OPQOL-brief). *Archives of gerontology and geriatrics*, 56(1), 181-187.
- Caliskan, H., Aycicek, G. S., Ozsurekci, C., Dogrul, R. T., Balci, C., Sumer, F., ... & Yavuz, B. B. (2019). Turkish validation of a new scale from older people's perspectives: older people's quality of life-brief (OPQOL-brief). *Archives of gerontology and geriatrics*, 83, 91-95.
- Carlsson, J. M., Mortensen, E. L., & Kastrup, M. (2006b). Predictors of mental health and quality of life in male tortured refugees. *Nordic journal of psychiatry*, 60(1), 51-57.
- Carlsson, J. M., Olsen, D. R., Mortensen, E. L., & Kastrup, M. (2006a). Mental health and health-related quality of life: a 10-year follow-up of tortured refugees. *The Journal of nervous and mental disease*, 194(10), 725-731.
- DeJong, J., Sbeity, F., Schlecht, J., Harfouche, M., Yamout, R., Fouad, F. M. & Robinson, C. (2017). Young lives disrupted: gender and well-being among adolescent Syrian refugees in Lebanon. *Conflict and Health*, 11(1), 25-34.
- Dietrich, H., Al Ali, R., Tagay, S., Hebebrand, J., & Reissner, V. (2019). Screening for posttraumatic stress disorder in young adult refugees from Syria and Iraq. *Comprehensive psychiatry*, 90, 73-81.
- Eklblad, S., Abazari, A., & Eriksson, N. G. (1999). Migration stress-related challenges associated with perceived quality of life: A qualitative analysis of Iranian refugees and Swedish patients. *Transcultural Psychiatry*, 36(3), 329-345.
- Eljedi, A., Mikolajczyk, R. T., Kraemer, A., & Laaser, U. (2006). Health-related quality of life in diabetic patients and controls without diabetes in refugee camps in the Gaza strip: a cross-sectional study. *BMC public health*, 6(1), 1-7.
- Elsous, A. M., Radwan, M. M., Askari, E. A. & Mustafa, A. M. A. (2019). Quality of life among elderly residents in the Gaza Strip: a community-based study. *Annals of Saudi medicine*, 39(1), 1-7.
- Farajzadeh, M., Gheshlagh, R. G., & Sayehmiri, K. (2017). Health related quality of life in Iranian elderly citizens: A systematic review and meta-analysis. *International Journal of Community Based Nursing and Midwifery*, 5(2), 100-111.
- Ghazinour, M., Richter, J., & Eisemann, M. (2004). Quality of life among Iranian refugees resettled in Sweden. *Journal of immigrant health*, 6(2), 71-81.
- Gigantesco, A., & Giuliani, M. (2011). Quality of life in mental health services with a focus on psychiatric rehabilitation practice. *Ann Ist Super Sanità*, 47(4), 363-372.
- Help Age International. (2016). A profile of older people in Jordan: The experiences and inclusion risks of older Syrian refugees and older Jordanians. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/69610.pdf>
- <https://reliefweb.int/sites/reliefweb.int/files/resources/Jordan%2BReport%2B2018%2B-%2B9.10.2018%2B-%2B647%2Bpm.pdf>
- Huijts, I., Kleijn, W. C., Van Emmerik, A. A., Noordhof, A., & Smith, A. J. (2012). Dealing with man-made trauma: The relationship between coping style, posttraumatic stress, and quality of life in resettled, traumatized refugees in the Netherlands. *Journal of traumatic stress*, 25(1), 71-78.

- Hussein, S., & Ismail, M. (2017). Ageing and elderly care in the Arab region: policy challenges and opportunities. *Ageing International*, 42(3), 274-289.
- Jenkinson, C. (2020). Quality of life. Encyclopedia Britannica. Retrieved from <https://www.britannica.com/topic/quality-of-life>.
- Kakoti, S. A. (2012). Arab American women, mental health, and feminism. *Affilia: Journal of women and Social Work*, 27(1), 60-70.
- Kira, I. A., Amer, M. M., & Wrobel, N. H. (2014). Arab refugees: Trauma, resilience, and recovery. *Biopsychosocial perspectives on ArabAmericans* (pp. 175-195).
- Koochek, A., Montazeri, A., Johansson, S. E., & Sundquist, J. (2007). Health-related quality of life and migration: A cross-sectional study on elderly Iranians in Sweden. *Health and Quality of Life Outcomes*, 5(1), 1-8.
- Leiler, A., Bjärtå, A., Ekdahl, J., & Wasteson, E. (2019). Mental health and quality of life among asylum seekers and refugees living in refugee housing facilities in Sweden. *Social psychiatry and psychiatric epidemiology*, 54(5), 543-551.
- Mhlanga, F. (2008). Elderly refugees and migrants: Health needs and recommendations. New Zealand: Hamilton Multicultural Services Trust. Retrieved from <https://www.ecald.com/assets/Resources/Assets/Elderly-Refugees-Migrants.pdf>
- Miranda, L. C. V., Soares, S. M., & Silva, P. A. B. (2016). Quality of life and associated factors in elderly people at a Reference Center. *Ciencia & saude coletiva*, 21, 3533-3544.
- Mui, A. C., & Kang, S. Y. (2006). Acculturation stress and depression among Asian immigrant elders. *Social work*, 51(3), 243-255.
- Nikkhah, M., Heravi-Karimooi, M., Montazeri, A., Rejeh, N., & Nia, H. S. (2018). Psychometric properties the Iranian version of older People's quality of life questionnaire (OPQOL). *Health and quality of life outcomes*, 16(1), 174.
- Pampati, S., Alattar, Z., Cordoba, E., Tariq, M., & de Leon, C. M. (2018). Mental health outcomes among Arab refugees, immigrants, and US born Arab Americans in Southeast Michigan: a cross-sectional study. *BMC psychiatry*, 18(1), 1-8.
- Refugees International (2018). Out of reach: legal work still inaccessible to refugees in Jordan. Retrieved from
- Salari, S. (2002). Invisible in aging research: Arab Americans, Middle Eastern immigrants, and Muslims in the United States. *The Gerontologist*, 42(5), 580-588.
- Salemi, C., Bowman, J., & Compton, J. (2018). Services for Syrian Refugee Children and Youth in Jordan: Forced Displacement, Foreign Aid, and Vulnerability. *Economic Research Forum Working Paper Series* (No. 1188).
- Sözer, H. (2019). Categories that blind us, categories that bind them: The deployment of vulnerability notion for Syrian refugees in Turkey. *Journal of Refugee Studies*.
- Strong, J., Varady, C., Chahda, N., Doocy, S., & Burnham, G. (2015). Health status and health needs of older refugees from Syria in Lebanon. *Conflict and health*, 9(1), 12.
- Tufan, A. E., Alkin, M., & Bosgelmez, S. (2013). Post-traumatic stress disorder among asylum seekers and refugees in Istanbul may be predicted by torture and loss due to violence. *Nordic journal of psychiatry*, 67(3), 219-224.
- UNHCR Emergency Handbook. (2020). "Older persons. Retrieved from <https://emergency.unhcr.org/entry/113765/older-persons>.
- UNHCR. (2021). Syria Regional Refugee Response: Registered Syrian Refugees. Retrieved from [https://data2.unhcr.org/en/situations/syria/location/36#\\_ga=2.216621393.672039824.1593978224-632830094.1551950563&\\_gac=1.49165012.1591466023.Cj0KCQjw\\_ez2BRCyARIsAJfg-ksXVvxXxhJh-kr42auahI3fusxI4N8bNWNxkCZ-wNntkIb7LVdDGOsaAjIXEALw\\_wcB](https://data2.unhcr.org/en/situations/syria/location/36#_ga=2.216621393.672039824.1593978224-632830094.1551950563&_gac=1.49165012.1591466023.Cj0KCQjw_ez2BRCyARIsAJfg-ksXVvxXxhJh-kr42auahI3fusxI4N8bNWNxkCZ-wNntkIb7LVdDGOsaAjIXEALw_wcB)
- UNICEF (2018). 85 per cent of Syrian children in host communities in Jordan live in poverty - UNICEF. Retrieved from <https://www.unicef.org/press-releases/syrian-children-jordan-poverty-unicef>.
- Wagner, A. C. (2017). Frantic Waiting: NGO Anti-Politics and "Timepass" for Young Syrian Refugees in Jordan. *Middle East-Topics & Arguments*, 9, 107-121.
- Webster, N. J., Antonucci, T. C., Ajrouch, K. J., & Abdulrahim, S. (2015). Social networks and health among older adults in Lebanon: The mediating role of support and trust. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(1), 155-166.
- Wong, C. K., White, C., Thay, B., & Lassemillante, A. C. M. (2020). Living a Healthy Life in Australia: Exploring Influences on Health for Refugees from Myanmar. *International Journal of Environmental Research and Public Health*, 17(1), 121.
- World Health Organization. (2018). Health of older refugees and migrants: technical guidance. Copenhagen: WHO Regional Office

for Europe; (Technical Guidance on Refugee and Migrant Health). Retrieved from [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/386562/elderly-eng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/386562/elderly-eng.pdf)

Wringe, A., Yankah, E., Parks, T., Mohamed, O., Saleh, M., Speed, O. & Scott, J. (2019). Altered social trajectories and risks of violence among young Syrian women seeking refuge in Turkey: a qualitative study. *BMC Women's Health*, 19(1), 1-8.

Ye, L., & Zhang, X. (2019). Social network types and health among older adults in rural China: The mediating role of social support. *International Journal of Environmental Research and Public Health*, 16(3), 410.