

PSYCHO-SOCIAL
EFFECTS OF
COVID-19 IN THE
FRAMEWORK OF
MHPSS NEEDS OF
SYRIAN
REFUGEES IN
TURKEY

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1. Executive Summary

This situation analysis report aims to provide qualitative information about the psycho-social effects of the COVID-19 on the framework of mental health and psycho-social support (MHPSS) needs and capacities of the Syrian population. The data collection took 3 weeks to complete (from 4th of May 2020 till 28th of May 2020). The study focuses on qualitative analysis of narrative feedbacks given by Syrian refugees residing in three provinces of Turkey: İstanbul, İzmir, and Hatay with respect to the way they are affected by pandemic conditions.

In the effort of exploring the psycho-social effects of the COVID-19 crisis on the Syrian refugee population, this study aspires to understand the MHPSS needs of the Syrian communities in order to frame efficient, fruitful and tailored interventions – aiming first to alleviate the effect of both pandemic and protracted displacement, then build as much as possible the psycho-social capacities of the affected communities.

Furthermore, this qualitative assessment pursues to provide evidence regarding two fundamental aspects of COVID-19 pandemic that looks at the *perception to enquire about 'How Syrian refugees perceived the COVID-19'* and at the way of *coping: 'what types of coping mechanisms prevalent in refugee communities at all levels (individual, family, and social) to cope with the psychological and social challenges that stem from both the pandemic and being in a state of long-period displacement'*.

2. Main Findings

- The ability to access basic services got negatively affected by the COVID – 19 pandemics.
 - Regarding access to health services, 25% (29 out of 123) reported avoiding going to hospitals due to the risk of getting affected and 10% (12 out of 123) reported being declined by the hospitals.
 - 89% (109 out of 123) reported the negative effect on income generation opportunities as either loss of jobs, closure of business or slowed down business performance
 - 27% (24 out of 88) of those having school-aged children, reported not being able to access remote education provided by the Government of Turkey (GoT). The main barrier that is reported by 92% (22 out of 24) is the lack of equipment (TV, laptop, etc.) and/or limited utilities (like internet connection)
- A considerable extent of narrative statements reported by interviewed Syrian refugees regarding how they perceive the causes of the pandemic are based on negative stereotyping that might be argued as having the potential of generalization of particular way of perception against all possible/relevant social actors within a future emergency or non – emergency conditions.
- According to the narrative statements reported by participants regarding the way their certain life domains (physical and mental health, social life, relations between family members and daily routine) got affected by COVID – 19 pandemics, underline that the causes affected these life domains are interlinked; especially the economic effect of the pandemics act as a catalyst/trigger for the negative effect on all other life domains
- *“The feeling of physical fatigue”* is the most frequently reported type of effect on physical health resulted due to COVID – 19 pandemics conditions. The narratives indicate that such an effect is interlinked with the increased distress of both adults and child aged family members.
- *“Feeling of suffocation”* and *“exhausted children”* are the two most frequently reported types of effects on mental health. The reported narratives show that the effects of quarantine measures on children and economic hardship are mainly the source of distress that leads intolerance against family members.

- The narratives indicate that social life is almost ended due to the relevant measures taken due to the pandemic. Continued remote socialisation through technological means is still reported.
- Narratives indicate that relations between family members got negatively affected. However, depending on the capacities of family members, both resolution of quarrels and management of the increased distress through constructive communication and increased intolerance are reported. Nevertheless, disputes leading to domestic violence has been reported.
- The effects on a daily routine are mainly perceived as the changes occurred in daily routine due to the economic effect of the pandemics. Adaptation into decreased household income is the most frequently reported theme after the changes in daily routine due to limited mobility.

3. Introduction and Background

According to the last update of UNHCR as of the 26th of June 2020, almost 3,6 million¹ Syrian nationals live across Turkey in 81 provinces. Besides such a significant refugee population, there is a wide range of diversity in terms of the social, ethnic, economic, religious, and psychological backgrounds among the Syrian population, that varies in parallel with age, gender, in-group and inter-group relations, resilience, strengths, help-seeking behaviours, and coping mechanisms². Although COVID-19 has caused and continue to cause destructive effects across the world without any discrimination, MHPSS practitioners must be aware of and take into consideration the above-mentioned diversities and many others among their target populations and their entrenched vulnerabilities for being able to provide quality and effective interventions.

Before COVID-19, Syrians in Turkey are subject to various stressors which can be caused by adversity based experiences and being witnesses of conflict-related situations before or during the journey to Turkey or the daily stressors because of being a refugee such as lack or limited access to social services, perceived discrimination, the uncertainty about the future, lack of livelihood options and disruption of the social networks. As Hassan and Mekki- Berrada (2015)³ assert all of those negative experiences and ongoing stressors can turn out the sense of hopelessness and trigger psychological distress, violence among the family, and community members and would cause a tendency to ingrain negative coping strategies. On the other hand, language barrier, culturally inappropriateness of the MHPSS services and the limited accessibility of the MH services (such as exclusion of MH services in health care packages or the weak referral system) can be defined as the main challenges that Syrians have been facing in accessing the MH Services in Turkey (IMC, 2017).⁴

Considering the COVID-19 crisis it can be said that the isolation, quarantine, and the physical distancing brought a burden for those pre-existing mental health conditions, and the daily stressors to be exacerbated or to become worse.

As outlined by ASAM (2020)⁵, refugees' economic conditions have been deteriorating since the first declaration of the Covid-19 case and the following restrictions taken against the pandemic in Turkey. Because of the dramatic increase in the loss of jobs, slowed down or closure of businesses, they have been facing several types of constraints on covering the essential payments (utilities and rent), access to food,

¹ <https://data2.unhcr.org/en/situations/syria/location/113>

² United Nations High Commissioner for Refugees (2011). Age, gender, and diversity policy. Geneva: UNHCR.

³ Hassan, G., Kirmayer, L. J., & Mekki-Berrada, A. (2015). Culture, context and the mental health and psychosocial wellbeing of Syrians: a review for mental health and psychosocial support staff working with Syrians affected by armed conflict.

⁴ Cherisse Davis & Amy Wanninger (2017). Mental Health and Psychosocial Support Considerations for Syrian Refugees in Turkey: Sources of Distress, Coping Mechanisms, & Access to Support, Washington DC: IMC.

⁵ Association for Solidarity with Asylum Seekers and Migrants (2020). Sectoral Analysis of the Effects of COVID-19 Pandemic on Refugees Living in Turkey.

and hygiene. Thus, as briefed by the UN (2020)⁶, there is widespread psychological distress within the communities resulted by the pandemic conditions. Because of the physical health effects of the virus and the psycho-social effects of the isolation, quarantine and physical distancing measures adopted, many people have been facing various type of fear (fear to die, to lose the loved ones or to lose the income), many of them struggling with the harsh economic conditions and many people have to survive without the support of their common social networks. Moreover, the current uncertainty in terms of the course of the pandemic can lead to triggering the dysphoric moods. Those challenges also can be elaborated regarding the specific group and their vulnerabilities. In virtue of social isolation, interrupted education, economic stressors of family life, children and adolescents have been facing exacerbated psychological problems and affecting their emotional and mental development. For women and children are facing a vast number of stressors at home, and additionally, increased risk of abuse. Men, on the other hand, are experiencing the deterioration of livelihood opportunities and having the feeling of uncertainty towards the future.

In line with the challenges, numerous efforts have been performed both from local and international NGOs and the relevant Turkish State Institutions to support the mental and physical health of the refugees in Turkey. Considering the idea to provide more culturally and contextually appropriate MHPSS implementations this study aims to dive deep into the perception, community capacity, and the coping mechanisms of the Syrian refugees in Turkey during the COVID-19 crisis.

4. Objectives of the situation analysis

The situation analysis study mainly aims to provide in-depth and enriched evidence regarding the psycho-social capacities of Syrian refugees concerning their skills and strategies to cope with psychological, economic, and physical distress caused by the COVID – 19 pandemic conditions. In virtue of this aim, the methodology of the study is adopted through scrutinising the perception of the individuals about the pandemic-imposed conditions, their strengths, and their coping skills referring below-presented 4 main themes.

1. **Understanding of the causes of the COVID-19 pandemic** (the way how the Syrian refugee communities perceive the causes of the pandemic)
2. **Exploration of the effects of the pandemic related conditions through 5 different life domains** (physical & mental health, social life, family relations, daily routine are identified to approach the individuals by linking them with the gradually varying social relations. According to those life domains, the COVID-19 effects are explored)
3. **Comparative analysis of existing psycho-social wellbeing and mental health capacities based on normal (pre-pandemic) and pandemic conditions** (culture-specific coping skills/mechanisms, attitudes towards women, men, and children)
4. **Identification of the vulnerable groups and subgroups** (indicative findings regarding the extent of being affected by pandemic conditions disaggregated by gender and age group to inform the targeting consideration of future MH and/or PSS responses)

5. Data Collection Methodology

A semi-structured questionnaire form that includes open and close-ended questions are developed to capture better the differences between unique experiences and perceptions of COVID – 19 pandemic and its effects. The questionnaire form contains several subtopics to gain both preliminary and in-depth

⁶ United Nations Policy Brief (2020), Recommended Actions: COVID-19 and The Need for Action on Mental Health.

information. These sub-themes of the questions are presented according to the sequence of placement in the questionnaire form.

- Socio-demographic questions (e.g. gender, age group, household composition)
- Ability to access information about COVID-19 (e.g. means of receiving information about the COVID – 19 pandemic and the perceived sufficiency of information obtained through those channels)
- Effects of the COVID-19 on different life domains and self-reported levels of these effects (ordinal scale for gradation of the effect level) and supportive open-ended questions to capture the effects of COVID-19 on individuals, families, and their daily routines
- Lastly, suggestions and expectations regarding the MHPSS services to be provided by relevant actors are also asked to each of the participants.

The interview questionnaire has been reviewed by Akademidem (Center for and Behavioral and Community Sciences, Education and Research)⁷, who is one of the well-known researchers in the domain of trauma and mental health studies in Turkey.

The cluster sampling method is adapted to reach out to the equal number of individuals according to age, gender, and province cross-cutting clusters. The universe of the study was limited with the beneficiaries who have already registered and have received at least one service, which is not only MHPSS related services but also case management, health promotion sessions, from the DDD's MHPSS Centres placed in 3 provinces. The DDD service history of selected participants is taken into consideration towards having a sample as much as possibly representing the displaced Syrian population in each DDD operational province with respect to their MHPSS related conditions. Thus, participants are selected randomly (each 100th considering gender and age group) based on a list of beneficiaries sorted by their DDD codes. The sample size is kept low as reaching out to 35 individuals from each of the provinces (Antakya, İzmir, İstanbul) to be compatible with in-depth interviews.

Descriptive data analysis has been conducted for both close-ended and open-ended questions which are coded for the thematic analysis⁸(TA). The reason for choosing the TA is that this methodology offers a fruitful qualitative approach for those doing more relevant research belonging to the practice areas outside of academia. The TA team consisted of DDD's MHPSS and MEAL technical team members. All the open-ended questions first reviewed separately by MHPSS technical team to develop the descriptive themes. Once the themes were developed, then each answer was coded into the data system according, to either multiple or single themes, embedded in the statements. Thus, a double-check system deployed by two different respects to reach out to the best possible identifications of the themes.

6. Limitations

A qualitative data collection approach is adopted to capture enriched data about the MHPSS capacities and needs of Syrian refugees within the conditions of COVID-19 pandemic to inform future PSS activities of DDD and other I/NGOs. The limitation that the adopted qualitative approach brings is that the interviews take longer time which limits the sample size. Thus, the descriptive findings based on quantitative statistics (e.g. gender, age group disaggregation of the reported effect of COVID – 19 Pandemic conditions on physical health) are only indicative but not representative at the province level and should be interpreted in a cautious way. Limited sample size also led the exclusion of quantitative comparative analysis between the

⁷ Akademidem (Davranış ve Toplum Bilimleri Eğitim ve Araştırma Merkezi) by Prof. Tamer Aker.

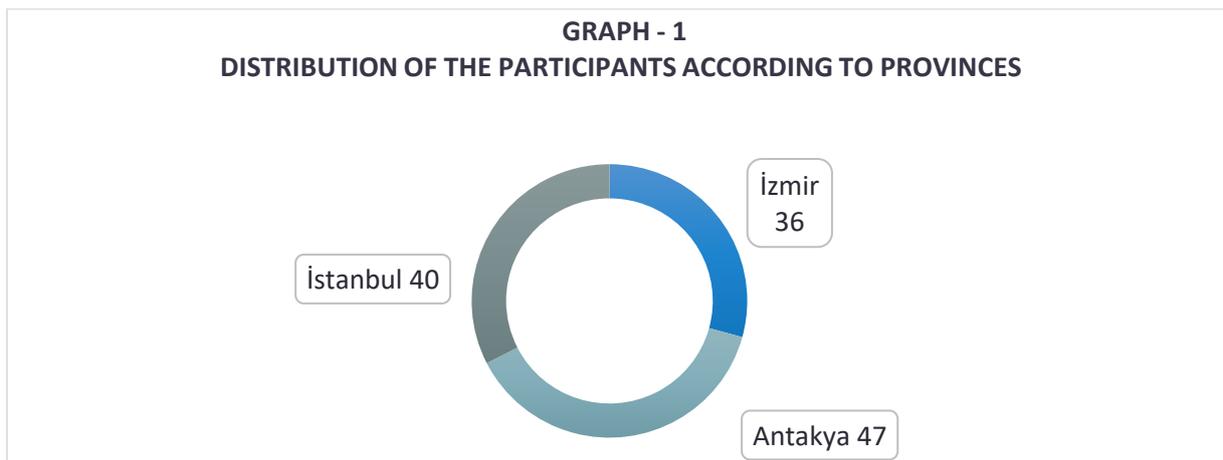
⁸ Braun, V. & Clarke, V. (2014). "What can "thematic analysis" offer health and wellbeing researchers?", International Journal of Qualitative Studies in Health and Well-Being, 9(1): pp 1-3.

three DDD operational provinces. Thus, the report does not give a provincial breakdown of the findings but rather a broader picture regarding coping capacities of Syrian refugees and the way they get affected from the pandemic conditions.

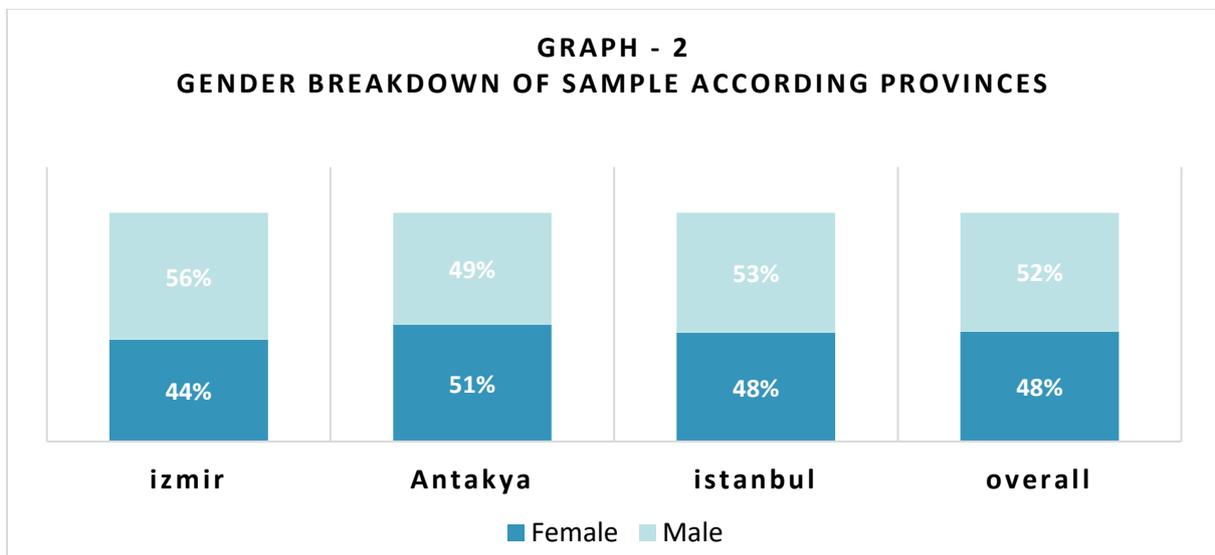
7. Demographics of the sample reached

A total of 123 individuals, out of which 40 reside in Istanbul, 36 in İzmir, and 47 in Hatay / Antakya, are interviewed within the situation analysis study.

All participants reside in urban settings of the respective provinces.

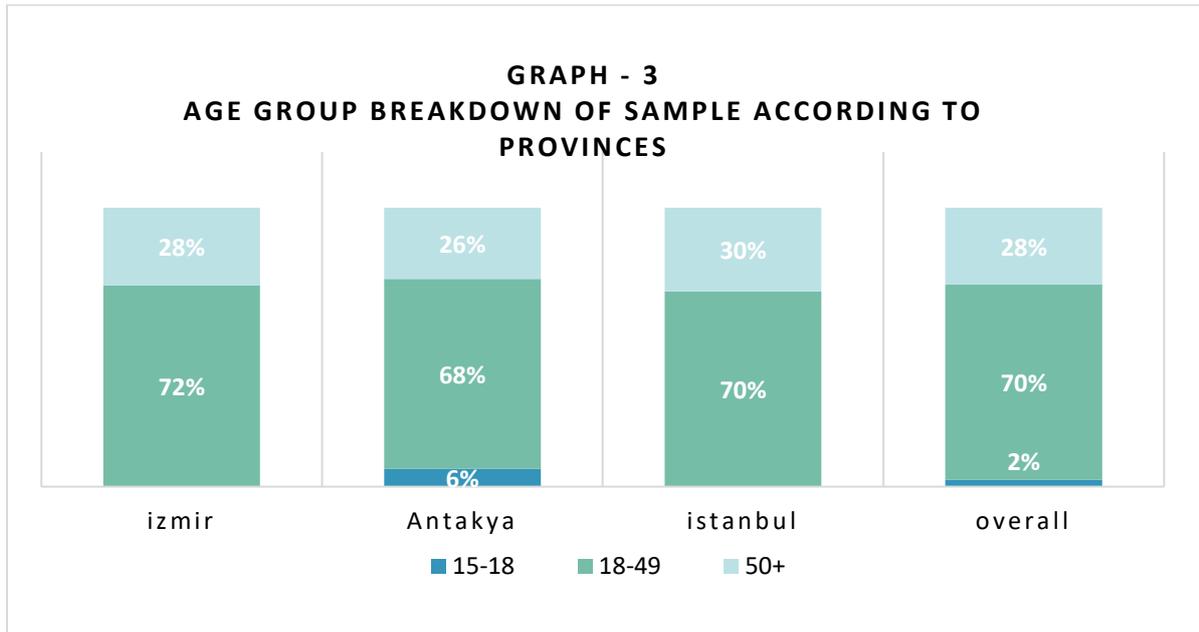


Overall, 52% of participants are male, and 48% are female. Gender equality is controlled in case of randomly selected individuals could not be reached during the data collection to ensure the gender breakdown of participants is equal among gender types and, to each other within three provinces (see Graph – 2)



In overall, 70% of participants are adults, who age between 18 and 49, 28% are elderly aging at least 50 years old, and 2% are adolescent, who age between 15 and 17.

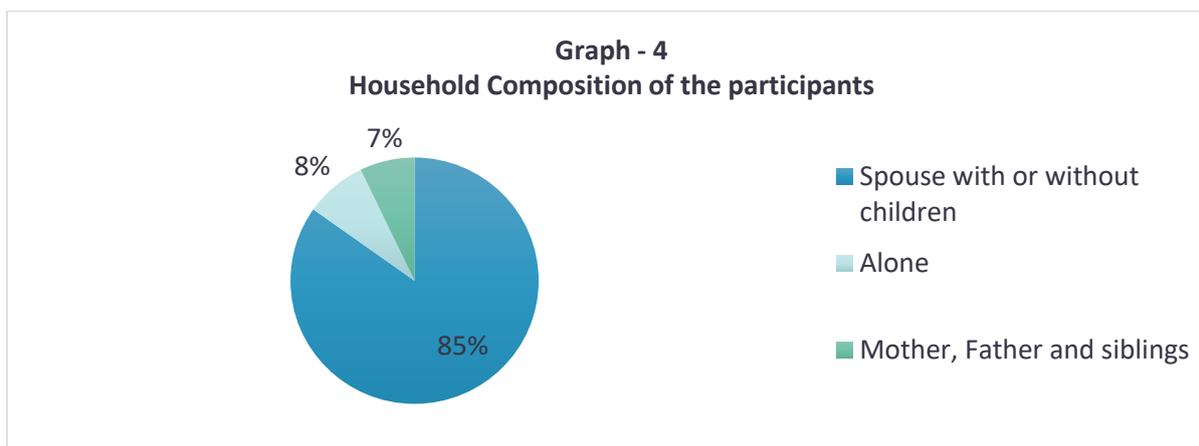
Similar to gender, distribution of participants' age group within the sample is controlled to have the 70% of the sample are adults and 30% are elderly in each province and ensure elderly are included to generate evidence the MHPSS related capacities and needs of elder individuals.



7.1. Household Composition

Participants were asked about their household composition meaning with whom they share the house. The economic relation between household members in the case of households includes members in addition to the nucleus family was not probed. The question about household composition is included in the interview to ensure that the sample includes enough families having children towards representing the main demographic characteristic of the displaced Syrian population in Turkey.

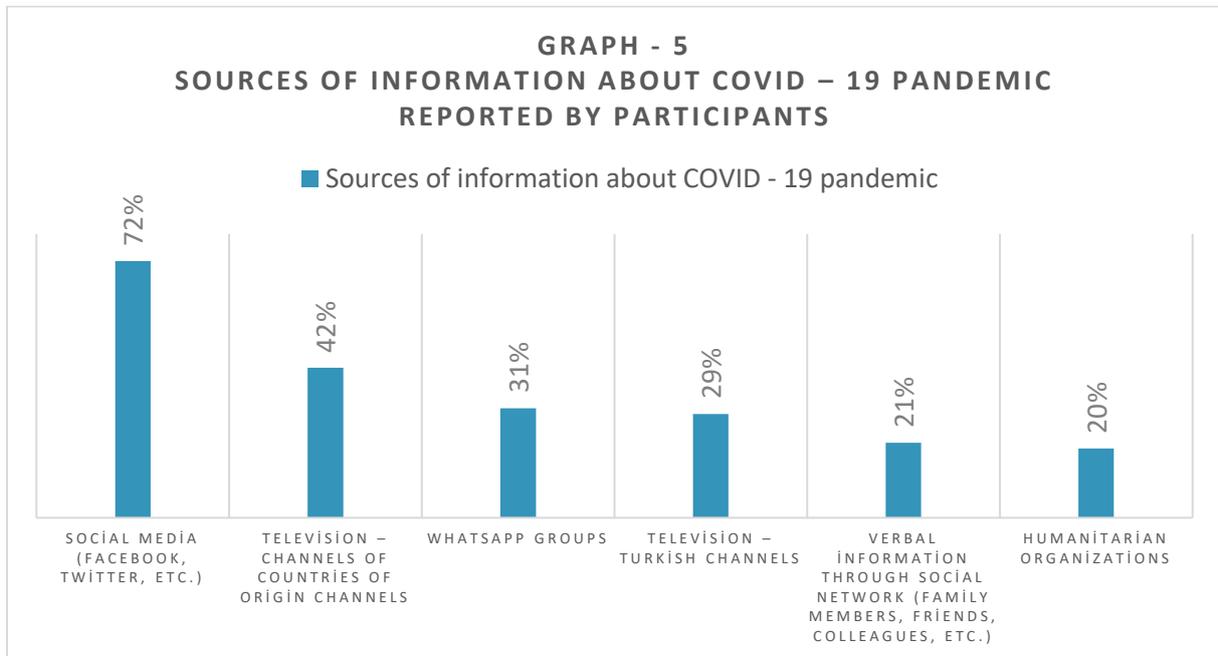
Majority of the participants (83%, 95 out of 114) interviewed within the data collection lives with their spouses with or without having children. Eight of those who are married host mother and/or father of either of the spouses. Graph – 4 below can be seen the percentage of each type of household composition that participants of the study live within.



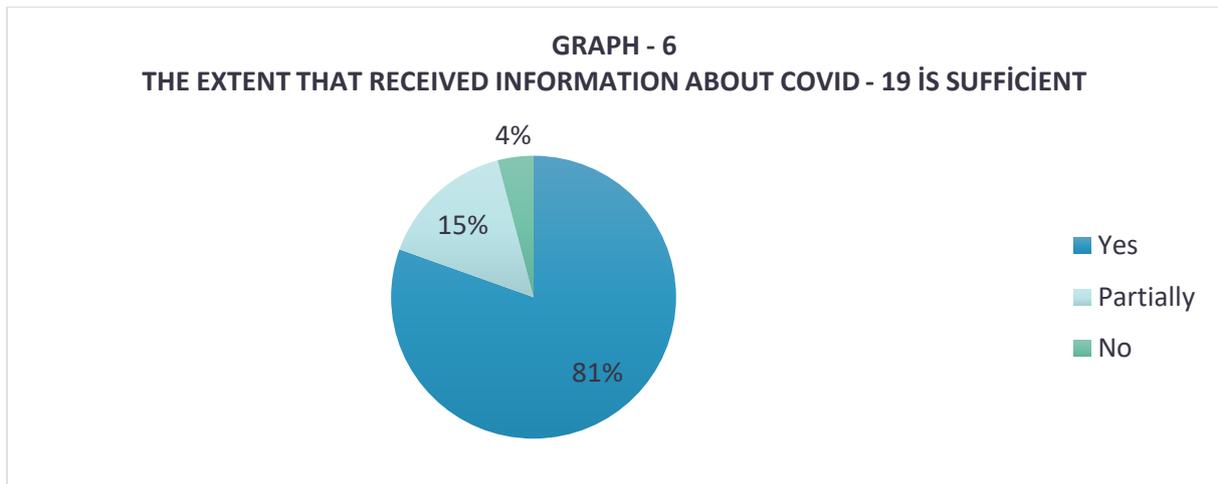
7.2. Ability to access information about COVID – 19 Pandemic

The sources of information that refugee communities utilise to be informed about COVID – 19 are also asked within the interviews. As the graph – 5 below presents, social media and internet is the most frequently stated (72%) type of information sources, followed by Television channels broadcasting in Arabic (42%), then third most frequently reported type of source is communication through WhatsApp groups (31%). The extent of that refugee communities report that they utilise as a source of information is low (21%), which can be interpreted as a strength considering the ongoing updates about the preventive

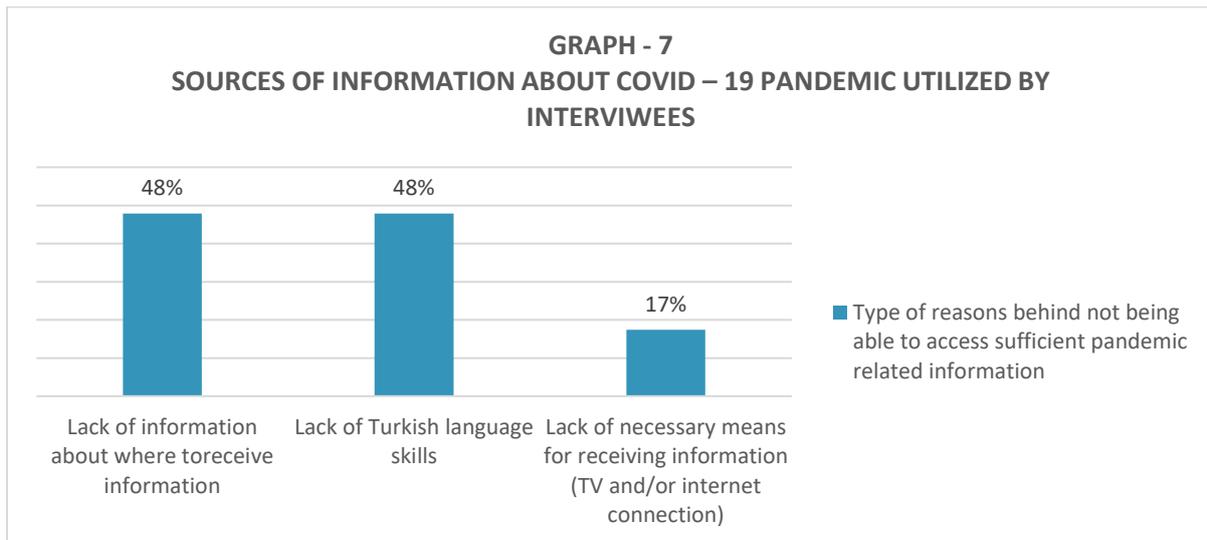
methods, insights from ongoing research initiatives are preferred to be followed. However, the low ratio of those reported utilising Turkish television channels indicates the existence of a language barrier preventing refugee communities’ ability to access information about country policies measures regarding COVID – 19 pandemics.



Participants are also asked to what extent they think they access to sufficient information about COVID – 19 pandemic and related aspects. According to 20% of participants, the information they received is either partially enough or not sufficient at all.



Regarding the reasons behind not being able to receive sufficient information, as graph – 7 illustrates below, lack of information about where to receive information and lack of Turkish language skills are reported by 11 out of 24 participants, and lack of necessary means to access information such as TV and/or internet connection is reported by 4 out of 24.



7.3. Effect of COVID – 19 Pandemic on the ability of Syrian refugees to access to basic services

7.3.1. Access to health care services

The feedback reported by interviewed Syrian refugees confirms the findings⁹ reported by other international and national NGOs operating in Turkey that the ability of refugees accessing basic health care services is negatively affected by COVID – 19 pandemics. 25% (30 out of 123) of interviewed refugees reported that they did not attempt to access health care services due to fear of getting infected. 15% (18 out of 123) reported that they were declined by state hospitals due to the pandemic and could not access the required service. 40% (49 out of 123) stated that no one within their family needed to access health care service, and 10% reported having been able to access to only private hospitals.

7.3.2. Access to education services

Like access to health care services, the ability of Syrian refugees to access education services got significantly affected. 71% (88 out of 123) of participants stated having children at school age, of which 27% reported not being able to access remote education platforms that Turkish state schools utilise within its remote education policy.

In parallel with the other needs assessment studies¹⁰, lack of technical devices (TV, Computer, Smartphone) and scarcity of technical guidance is reported as the main reason of not being able to access remote education services that 92% (22 out of 31) of those reported that reason.

7.3.3. Access to income generation opportunities as a source of livelihoods

Participants were asked whether the COVID pandemic conditions resulted in losing jobs and/or closure of businesses and/or a significant level of decrease in business. 89% (109 out of 113) reported their livelihoods had negatively affected. 48% (52 out of 109) of them receive economic support from either state or non-state actors. 79% (41 out of 52) stated receiving ESSN assistance,

⁹ For instance, according to IFRC ‘Assessment Report, Impact of COVID – 19 refugee populations benefitting from the emergency social safety net (ESSN) programme’, 61% of households reported that their access to health services ability got negatively affected by COVID – 19 pandemics.

¹⁰ E.g. ASAM, (2020). Sectoral Analysis of the Impacts of COVID-19 Pandemic on Refugees Living in Turkey, Association for Solidarity with Asylum-Seekers and Migrants

3% (7 out of 52) receive voucher assistance from TZU CHI association in Istanbul, 2 participants stated that their neighbours support them and another 2 stated receiving disability allowance from the Turkish state. Reported feedback confirms the gap as the exclusion of refugee communities from the initiated financial support of Government of Turkey (GoT) for COVID – 19 pandemics that was reported by IFRC¹¹

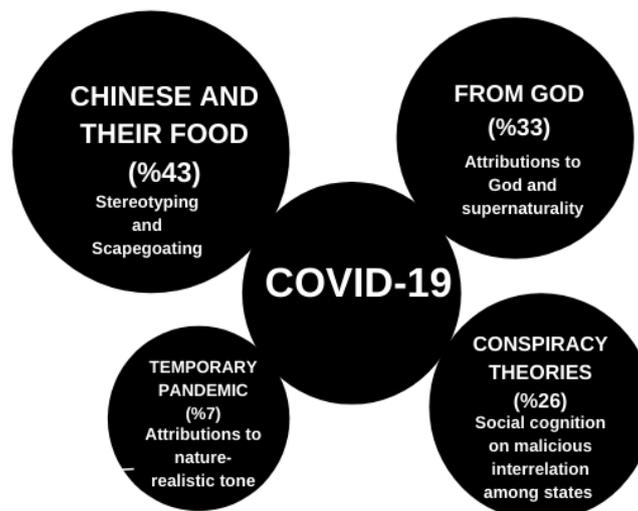
7.4. Perception about how and why COVID – 19 Pandemic Happens

The Syrian community members understanding of COVID-19 pandemic and its causes are described through the perspectives shared by participants. When the related statements are analysed, it can be said that four main themes tended to be used as an explanatory model by the participants. The following paragraphs are about those thematic explorations underline the present and the pandemic related ways of understanding the social world.

Figure 1: Main themes about the Community Perception on COVID-19

COMMUNITY PERCEPTION ON COVID-19

What do people in your community believe / think has caused the current pandemic - please mention?



As illustrated in Figure 1 above, it can be said that most of the participants believe that “Chinese and their food” (44%, 43 out of 98¹²) have caused the COVID-19. When the related statements qualitatively analysed, a common negative discourse towards Chinese society and their culture attracted a considerable level of attention.

“Because of the food and the cuisine of the Chinese, they are eating bats. That is why they are dirty people, and they are causing such pandemics” (Female, Izmir, 18-49).

“It is coming from the dirty streets of China and Chinese people; they generated this virus” (Male, Istanbul. 18-49).

¹¹ Effect of covid-19 on refugee populations benefitting from the emergency social safety net (esn) programme - Assessment report, pg. 10

¹² Out of 123 participants, 98 of them provided responses that were appropriate to be coded for thematic analysis.

Moreover, the tone of this common negative speech consists of a clearly defined out-group description as “Chinese” whereby differentiating from the in-group with the attributions of a derogative core or essence to all members of the identified out-group. From the point of the assertion and the related statements, it can be said that during the COVID-19, there is newly shaping a discriminative speech among Syrians towards Chinese society. The example statements can be seen within the boxes on the right side.

The second commonly used explanatory model indicates the theme “*From God*” (34%, 33 out of 98) which refers to the sentences that are somehow functioning as fulfilling mechanisms for the sense of justice by again attributing negative characteristics towards out-groups who are not Syrians. The negative meaning which could lead another discriminative speech is stemming from the judgments and the negative essence attributions towards the out-groups by stereotyping them as the “*passive watchers*” while Syrians were facing adversities. Regarding the psychological function of this theme, it might be said that the way of this explanation works for the satisfaction of the feeling of the injustice of the Syrians. On the other hand, considering the psycho-social functioning of the theme that might deteriorate the intergroup relations between Syrians and the other nationalities or the specific out-groups who are labelled as the “*silent ones*” whereby carrying the potential of leading more discriminative speech (which indicates the atrocities for other groups) among Syrian population towards others. Two of the sample sentences are placed below.

“This is not a natural thing; America did this. This is a game of the united states” (M, 18-49, Istanbul)

“This virus is made by European countries, China, Russia, and America. I believe it was made planned” (F, 18-49, Izmir).

“Some think it is a microbe, and some think it is transmitted quickly. We are getting into summer soon; we will be fine I think” (M, 50+, Izmir)

“It is biological and temporary and will end soon. These pandemics are on biological bases” (F,18-49, Antakya).

“Corona is a soldier of God’s revenge because of the injustice that we suffered nine years ago, and we are suffering from murder and homelessness, and everyone is just watching” (F, 18-49, Antakya)

“Allah punishes us to turn our face and follow what is preached by him. So many people died in Syria, and everyone was silent at that time” (M, 50+, Izmir)

Another revealed theme among the statements refers to “*Conspiracy theories*” (26%, 25 out of 98) around the causes of the COVID-19, which is less mentioned compared with the above-mentioned two themes. Some of the participants preferred to explain the causes of the COVID-19 by attributing negative beliefs to the political interests of the other nations. Examples can be seen on the left.

The last theme “*temporary crisis as a pandemic*” (7%, 7 out of 98) consists of the neutral statements that refer to the temporary and biological nature of the COVID-19 pandemic without containing any discriminative or negative meanings. Instead of negativity capitalized on the temporary nature of the pandemic related conditions, this theme functions as a positive explanation model that

might enable people to face and cope with the conditions and the effects of the pandemic. Representing statements of this theme can be seen within the box on the right.

The negative stereotypes mentioned above are embedded in the themes that can function towards the acceptance of a definite strict distinction and differentiation between in-group (“Us”/ refers to Syrians) and out-groups (“Them” / Chinese, Americans, United Nations, etc.). This way of thinking and perceiving the entire social world homogeneously also carries the potential to lead an exaggeration of the perceived differentiation between in-group and out-groups. Lastly, this way of negative stereotyping can easily be generalised against all other possible social actors within a future emergency or non-emergency scenarios (Haslam, et., al, 2000)¹³.

8. COVID – 19 effect on the certain life domains of Syrian Refugee Communities

To scrutinise more the effect of the COVID-19 in different dimensions of the life (mental health, physical health, family life, social life, and daily life), participants were first asked to indicate whether or not they were affected with respect to particular life domains and to specify the level of the effect on three levels; minor, moderate and major. This section describes the overall extent each life domain is affected by COVID – 19 pandemics and the level of the effects through frequency analysis. The most frequently reported types of effects are analysed through TA are described with providing representative examples of narrative statements of each coded type of effect.

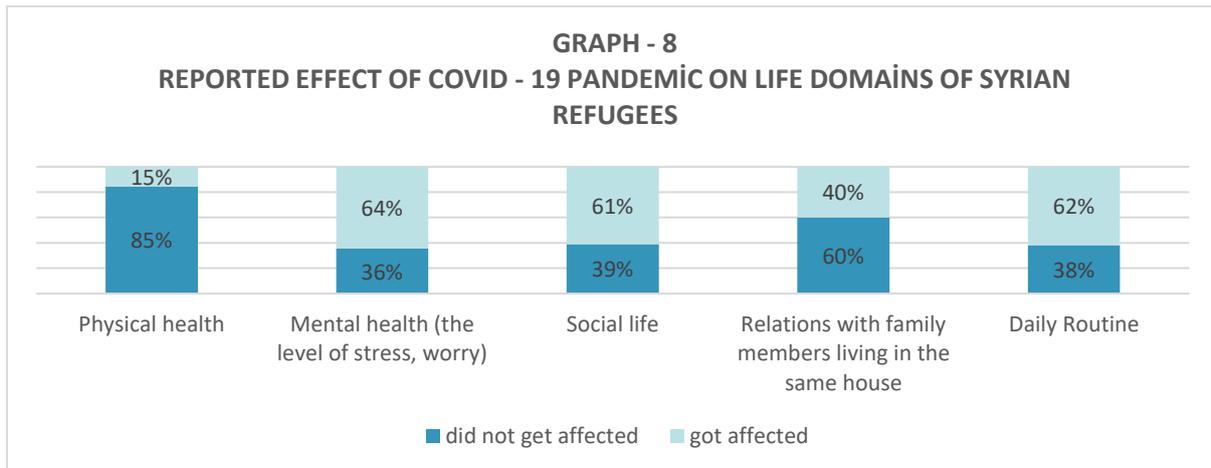
Graph – 4 below illustrates the percentage of participants reporting that COVID – 19 affected each type of life domains in some way. Accordingly, the highest ratio of reporting a negative effect is observed for mental health reported 64%, followed by daily routine reported by 62%, then social life with 61% share and as the last one physical health with 15%.

“The financial income of the house is shrinking, and we are trying to survive”
(F, 18-49, Izmir)

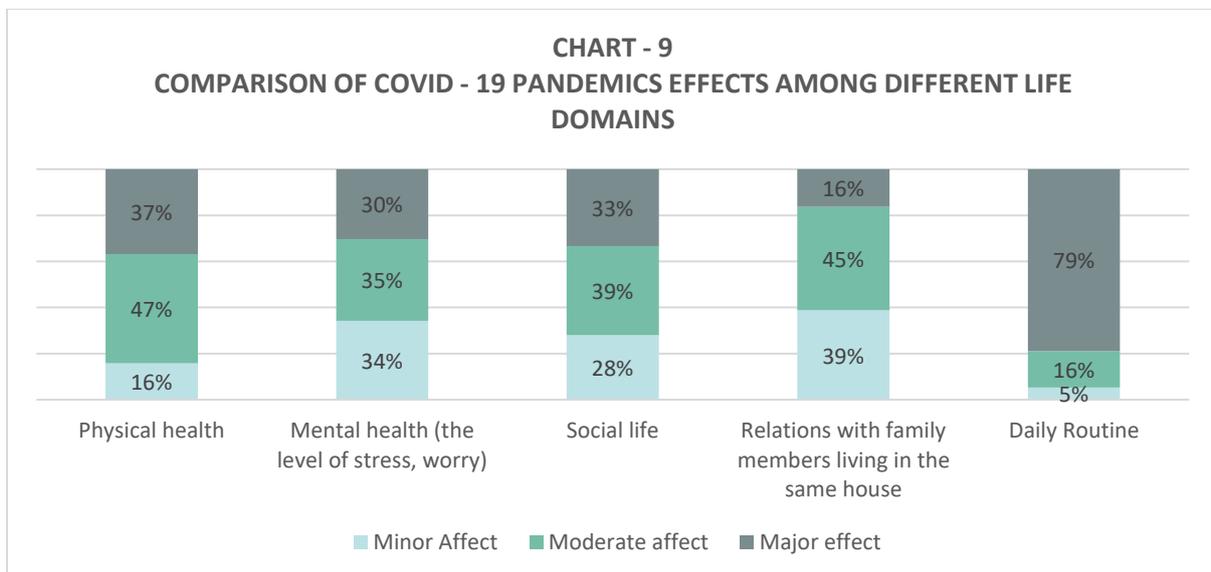
“Nobody comes to us, we have difficulties in shopping in the markets, because of the price rises and the curfew, our economic situation was already bad, but it got worse. We have almost no income”
(M, 50+, Istanbul)

“I have been unemployed since the outbreak started. I cannot pay the rent and bills. We are writing debt to the market constantly; the debt is constantly growing. I have not been able to get into people. I am most afraid of the landlord and said that he would take us out of the house if we cannot pay the rent for another month” (M, 18-49, Antakya)

¹³ Haslam, N., Rothschild, L., & Ernst, D. (2000). Essentialist beliefs about social categories. *British Journal of Social Psychology*, 39, 113–127.



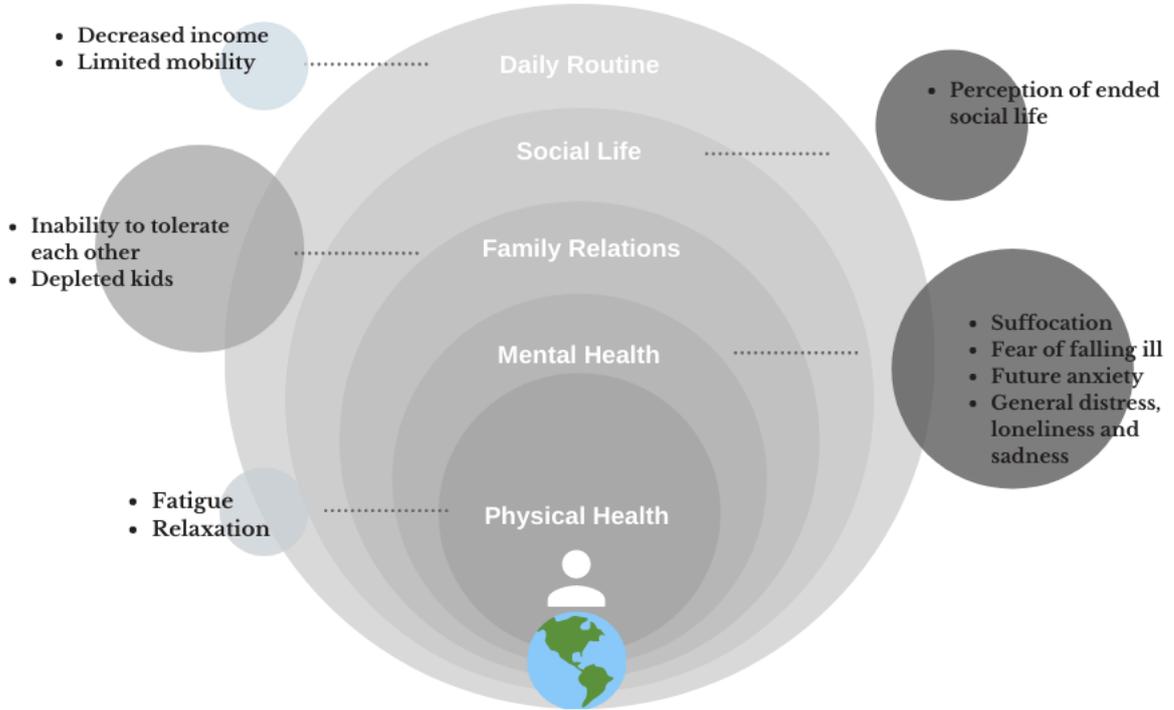
Participants are asked to rate the effect of COVID – 19 pandemics with three levels: minor, moderate, and major effect. The following graph - 5 presents the comparison of the reported levels of effect according to different life domains. As it can be seen in the Graph - 5, daily routine has the highest ratio (79%, 60 out of 76) of reporting major effects out of those reported being negatively affected. Combining with the TA results that are mentioned in the related section below, it might be argued that the COVID-19 majorly affected the participants’ daily routines with regards to their economic conditions. As reported by most of the participants, their household income, financial capability, or specifically, their purchasing power drastically reduced while the degree of financial hardship is gradually increasing due to the pandemic related conditions. Besides, many of them stated that they have already lost, or they are at risk to lose their current income generation opportunities. Recently escalated economic turmoil also led a gradually spreading fears such as fear from the house owners or fear of losing their income among the Syrian community members.



Second highest ratio (37%, 7 out of 19) of major effect is observed within physical life, then social life with 33% (25 out of 75), then mental health reported by 30% (24 out of 79%) and family relations is the last as 16% (8 out of 49) of interviewed Syrian refugees reported the effect at a major level. To gain a better understanding regarding the ways of each life domain got affected that are coded based on narrative statements, a figure below presents the coded themes that are most frequently reported within the interviews.

Figure 2: The themes regarding the effect of COVID – 19 Pandemic on different life domains

IMPACT OF COVID-19 PANDEMIC TO DIFFERENT LIFE DOMAINS OF REFUGEE COMMUNITIES



Before getting into specifics, as it is mentioned before each of the life domains separately analysed to capture the domain-related effects. Still, it does not mean that these life domain-based effects are not connected. On the contrary, all the life domain effects are interconnected with each other; that is why, during the analyses, multiple coding was adapted.

Most of the participants who have been facing the physical health-wise effects of the COVID-19 mentioned mainly about the physical fatigue and pain-related symptoms such as chronic tiredness, sleepiness, headache, sore or aching muscles, muscle weakness. It is worth saying here that most of the statements articulate not only the physical health-related symptoms but also the mental health-related symptoms as well. In other words, even the participants were asked to describe their physical health solely; they also mentioned the psychological distress. This finding will be recalled in detail in the following parts. Still, for now, the COVID-19 effects of physical health are not directly caused by the virus but more rooted within the perception of the

“I got rusted due to sitting at home for days. Various parts of my body, like my joints started to ache, I am not used to doing nothing at home.” (M, 50+)

“I feel exhausted and lack of energy, I got bored and feel suffocated” (F, 18-49, Izmir)

“I feel like my whole-body aches, even my muscles” (F, 50+, Antakya)

pandemic related conditions (e.g. social isolation, quarantine, etc.). Some of the sample statements are presented within the boxes on the right.

Considering the social life, which is the 3rd majorly affected life domain, most of the reported negative effects are about the limited or restricted socialisation and the withdrawal from social life due to the fear of being contaminated. These statements are clearly describing the consequences of the pandemic related conditions required to be socially isolated and physically distanced from the others in the public spaces. Few of the statements expressed that despite the traditional emphasis of Ramadan that brings individuals and families together, socialisation is abstained due to either raised awareness or the fear of contamination. Some representative statements are placed on the left.

“From time to time, all of us, I and my husband and the kids, lose our temper and shout each other” (F, 18-49, Istanbul)

“We don’t have major quarrels. However, economic hardship, the fact that we cannot follow our old daily routine affected our relations between each other, made us intolerant to each other and it is hard to go on like this” (F, 18-49, Izmir)

“Arguments between family members do happen because of spending a lot of time together without going out in a time of stress.” (M, 18-49, Antakya)

“We don’t go out anywhere at all by being scared of spreading the virus to each other” (M, 18-49, Izmir)

“Things are not like they are used to be, we don’t see anyone, no more visiting friends and relatives even during Ramadan” (F,18-49, Istanbul)

“No more social life I just put on my mask and go shopping sometimes and also sometimes the staff of the shops brings my needs to my house” (F, 18-49, Antakya)

The most prominent categories that describe the major negative effects of COVID-19 on the mental health of the participants are coded as “*the feeling of suffocation*” and the “*excessive fear of going outside*”. It could be said the main trigger point of the feeling of suffocation is conditions imposed by quarantine measures in the base of staying at home for a longer period than ever before. The excessive fear of going outside is also connected with the social life and physical health-related effects both as cause and a result. For instance, within some of the statements of participants, social and behavioural aggression is reported with the feeling of suffocation. Representative sentences related to these two categories are shared below.

“*The inability to tolerate each other & excessive anger towards family members*” is the theme that was frequently reported by the participants with respect to the negative effects on family life. It can be argued that the negative effects on family life are linked with the effects of a pandemic on mental health and daily life.

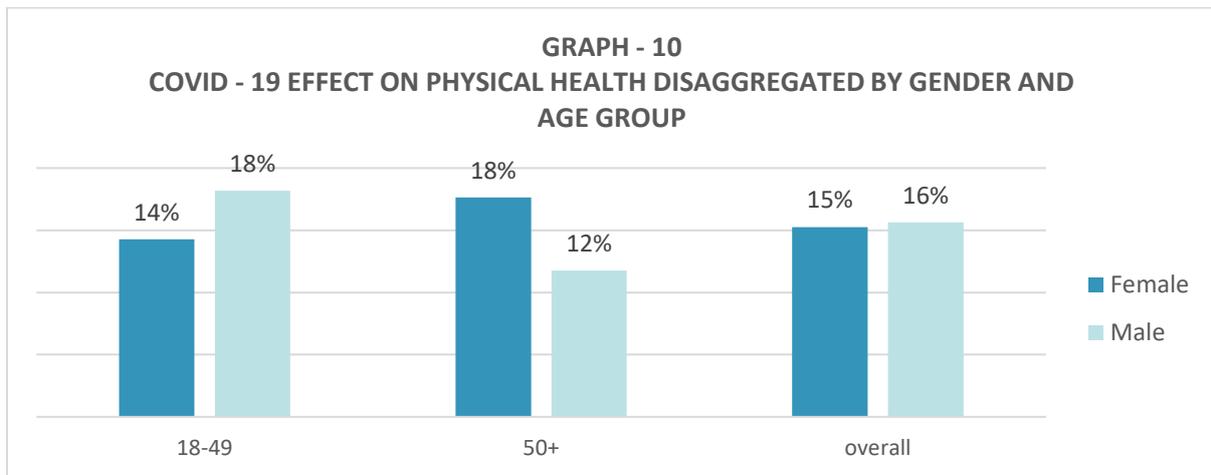
8.1. Disaggregation of reporting COVID - 19 effects on life domains by gender and age group of participants

Within this section, the reported feedback by participants with respect to the effect of COVID - 19 pandemic conditions on each type of life domains are analysed by considering gender and age group of the

participants. Comparative analysis between three provinces that DDD is operational is excluded since interpretation of differences would be misleading due to the small. Type of effects that are coded as themes through TA, within each type of life domains, are also mentioned by providing their frequencies. Interpretation of age group disaggregation of the reported level of effect within each gender is avoided for certain life domains, for which the number of participants reported being affected is not sufficiently high for a robust analysis.

8.2. Effect of COVID – 19 Pandemic Conditions on physical health

The gender breakdown of those who reported being affected is illustrated within the below graph – 6. Overall, there is no gender difference with respect to reporting a negative effect on physical health. While elderly females compared to female at adult age are more likely to report a negative effect, opposite of this relation is observed within males.



To note that due to the low number of reported negative effects on physical health, gender and age group analysis within this report should be interpreted with caution.

Four different types of effect on physical health are revealed in the TA process based on the narrative statements of the participants. Table – 5 below presents the type of effect reported and the level of the effect. Most frequently reported type of effect is about the feeling of physical fatigue that the participants reported they feel physically depleted mostly due to the lockdown measures. Second, the most frequently reported type of effect is about gaining weight due to limited mobility. Other two types are reported by only one interviewee each that is about getting infected to COVID – 19 and reporting worsening physical health due to having a chronic disease.

Table – 5 Types of reported pandemics effect on physical health	Minor Effect		Moderate Effect		Major Effect		Overall	
	#	%	#	%	#	%	#	%
Feeling of physical fatigue	1	9%	6	55%	4	36%	11	58%
Having a chronic disease	1	100%	0	0%	0	0%	1	5%
Gaining weight due to limited mobility	1	17%	2	33%	3	50%	6	32%
Being infected to COVID - 19	0	0%	1	100%	0	0%	1	5%

Considering the frequently cited theme “physical fatigue”, it can be argued that because of the relatively ambiguous split between the mental and physical health in the perception of the participants, this physical symptom also points out the mental health related problems stemming from the ambiguous and uncertain conditions as well. In line with the literature as cited by Hassan et al. (2015)¹⁴, this kind of physical health problems such as fatigue, sleeping problems or physical complaints that could be considered as possible consequences of major sources of distress among Syrians. The overlapping between mental and physical health-related effects also can be seen within the citations of the participants.

“The only physical effect is the tiredness, and I feel so much tired” (F, 50+, Izmir)

“Uncertainties tire us. It happens more frequently for me to have a headache” (F, 18-49, Hatay)

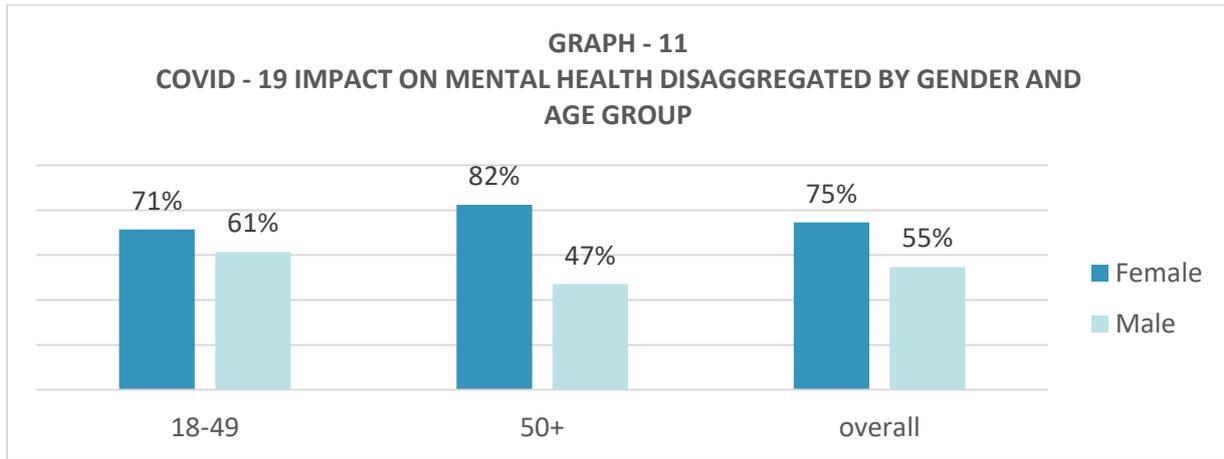
“Since we are at home all the time, we gained weight, and we feel like our bodies deteriorate and regress” (M, 18-49, Hatay)

8.3. Effect of COVID – 19 Pandemic Conditions on mental health

When the psychological effects of the COVID-19 are examined quantitatively, some major and minor differences were found according to gender and age variables. Regarding major differentiations below placed graph – 7 illustrates the determinant role of the gender variable. It shows the gender breakdown of reporting negatively affected with respect to mental health that women are comparably more likely to report that their mental health has been negatively affected by COVID – 19 pandemic conditions. While 55% of men report being affected, the same ratio increases to 75% for women. When the same ratio is disaggregated by age group according to gender, the share of elderly (50+) reporting negative effect is higher than adults (18 – 49) within females but not for males. In other words, elderly females compared to adults are more likely to report negative effects on mental health, and the opposite of this relation is observed within males.

The gender-based difference in the tendency to report the negative effects on MH can be understood with the traditionally constructed gender-based stereotypes. As argued within the literature within Syrian culture the clinical labels that refer to psychological distress leading “shame, fear, or embarrassment” represent a stigmatised perception due to the dominant masculinity (Hassan, et al.,2015). This perception would also prevent help-seeking behaviour from mental health professionals. Besides when the reported statements by males are examined within TA, it can be said that all the psychological effects on the males’ MH are caused by the economic turmoil faced during the pandemic. Again, the reason behind that can be asserted as the traditional gender roles attribute that the males are the one and the only head of household. That is the limited or lack of access to livelihood opportunities during the pandemic adding more burden to the Syrian males. Two representative narrative statements can be seen within the box underneath the graph-11

¹⁴ Hassan, G, Kirmayer, LJ, Mekki- Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefe-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. Culture, Context and the Mental Health and Psychosocial Wellbeing of SyriaA Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR, 2015



A total of 11 different types of psychological effects are coded based on narrative statements reported by the interviewees. Table – 6 below presents the frequency of each type of the reported pandemic effect on mental health. The feeling of suffocation is the most frequently reported type of negative effect on mental health, followed by the exhaustion of children, then the fear of being infected to COVID – 19.

“Men are having a hard time in this crisis; it is terrible. Think your son wants a thing from you and you cannot buy it, only financial aid could help them.” (F, 50+, Izmir)

“Support them financially because most of their stress is from not having a job or money. If he is relieved mentally and financially, then he is a happy man.” (F, 18-49, Antakya),

Table – 6	#	%
Types of effect on mental health		
Feeling of suffocation	24	30%
Exhausted children	19	24%
Fear of falling ill (infection of COVID)	15	19%
Future anxiety	12	15%
General distress	11	14%
Feeling of loneliness and sadness	7	9%
Intolerance towards family members	5	6%
No difference	5	6%
Tendency to adopt extreme cleaning practices	3	4%
Feeling of extreme tiredness, lack of energy	3	4%
Enhanced PSS wellbeing	2	3%

Regarding the interaction of themes with each other, the themes “the feeling of suffocation” and “the exhausted children” are mentioned together by the caregivers or parents. This shows that in normal circumstances families are able to provide a buffer zone to support their members but especially under such emergency conditions (quarantine, interrupted education, economic challenges etc.) leading caretakers struggle to cope with the distress, they may feel overwhelmed and suffocated by burden of the responsibility of family and children care. The narratives of the themes reported together can be seen below.

The graph - 12 below illustrates the gender breakdown of the top four most frequently reported types of effect in terms of the share of individuals reporting each type of the mental health effect among those, who reported their mental health affected. Considering the comparison of gender would not be robust for the themes that are not reported by a

“Kids got bored a lot, and they want to go outside. My daughter does not even follow the remote education. I feel exhausted and have no energy at all”. (F, 18-49, Istanbul - Feeling of suffocation & Exhausted children)

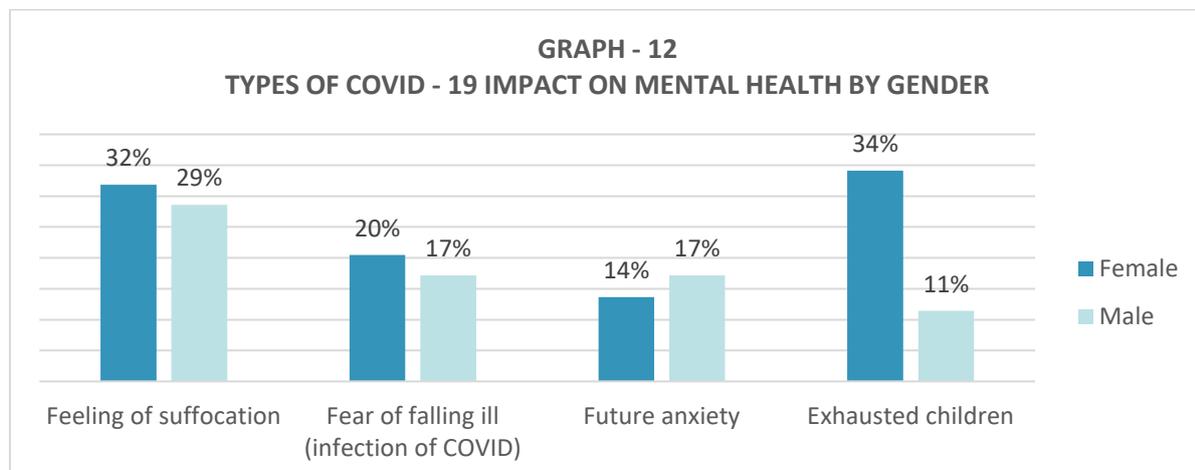
“We can’t tolerate these conditions anymore. Everyone got tired of it. We get angry with each other quickly, and time to time I feel like drowning” (M, 18-49, Izmir - Feeling of suffocation & Intolerance towards family members)

“We lose our temper easily due to being stuck at home. We hardly / barely tolerate our children” (M, 18-49, Hatay - Feeling of suffocation & Intolerance towards family members)

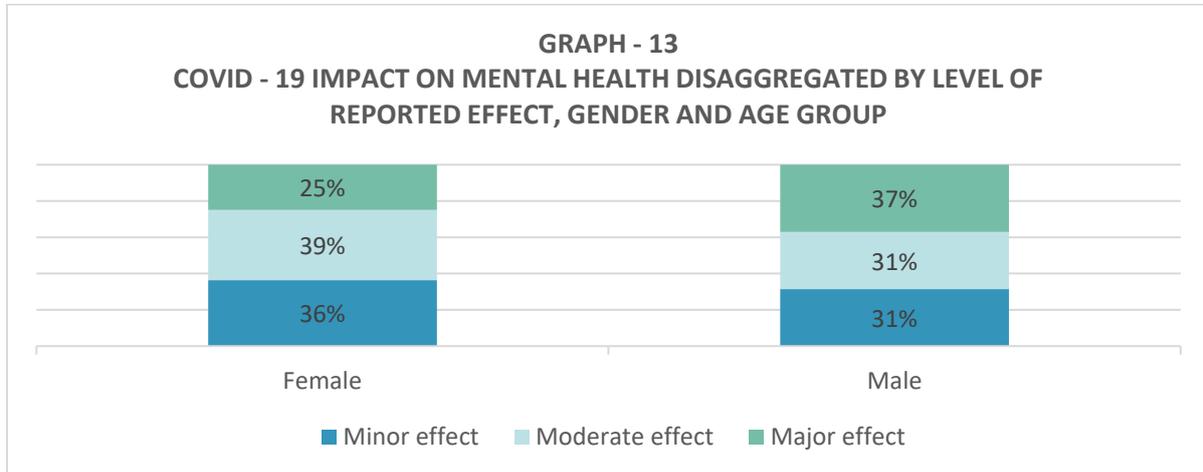
“We got extremely bored due to being at home all the time, especially the kids. We feel more distressed and feel the tendency to lose our temper than usual” (M, 50+, Izmir - Feeling of suffocation & Exhausted children)

sufficient number of individuals, only the top four most frequently reported type of effects is broken down by gender and illustrated within the below graph.

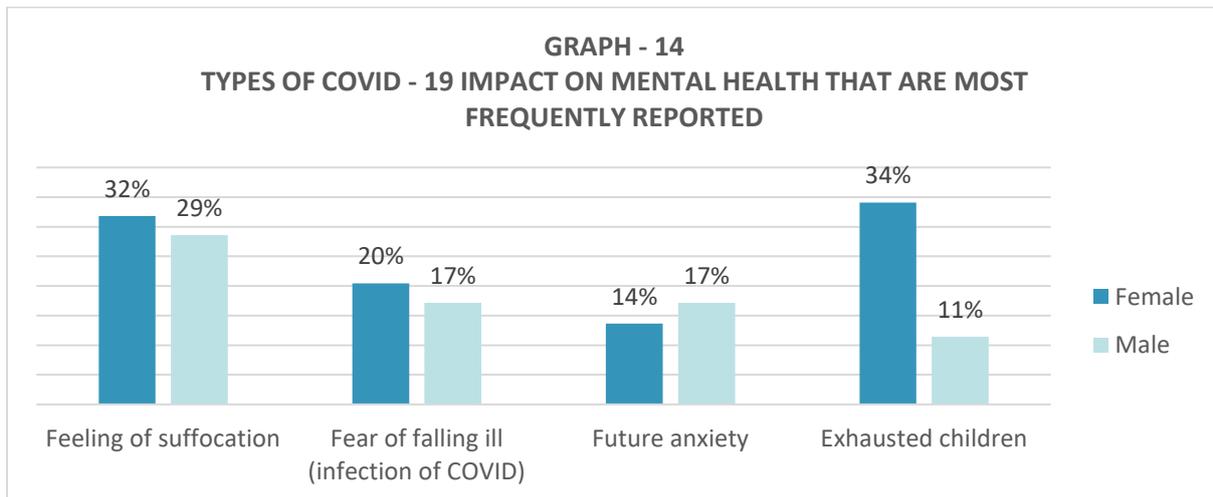
The only significant difference observed between females and males is about the reported effect of ‘exhausted children’. While 34% of females report that the children got exhausted due to the pandemic conditions, the same ratio is only 11% for men.



Graph – 13 below illustrates the level of self-reported effect of pandemic conditions on mental health by gender. Interestingly, although females are more likely to report the effect of the pandemic on their mental health (see graph – 12 above), when the ratio of each reported level of the effect is compared to each other, it can be seen that males are more likely to perceive and report effect in a higher level.

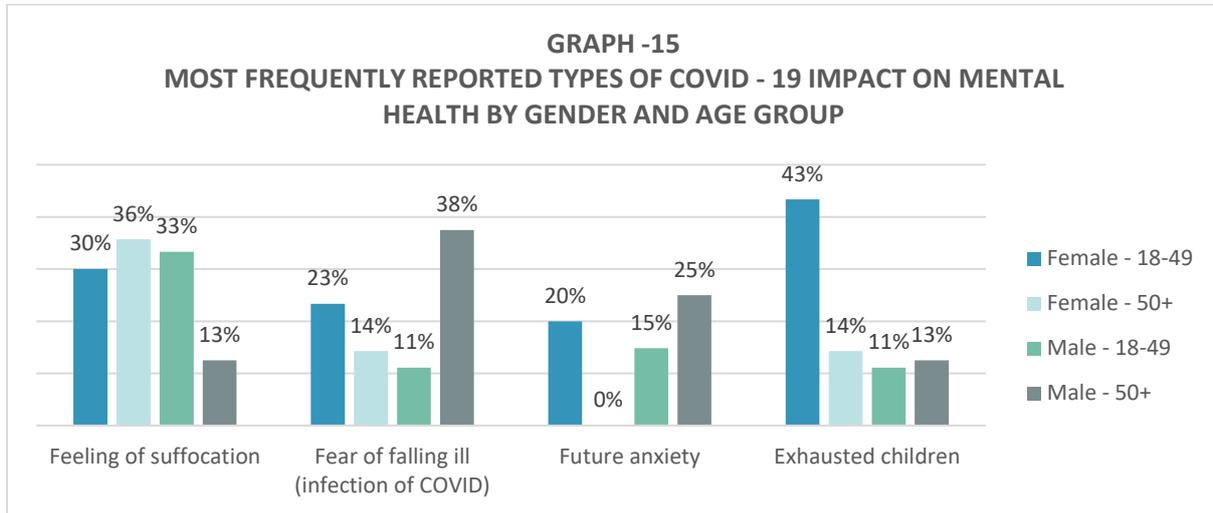


Graph – 14 below illustrates the gender breakdown of those, who reported the top four most frequently reported types of pandemics effect on their mental health. The only considerably large difference observed between females and males is about the tendency to report the effect coded as ‘exhausted children’. While 34% of females report that the children got exhausted due to the pandemic conditions, the same ratio is only 11% for men.



Graph – 15 below visualises the further breakdown of again the top four most frequently reported types of the mental health effect of the pandemic into the age groups within each gender.

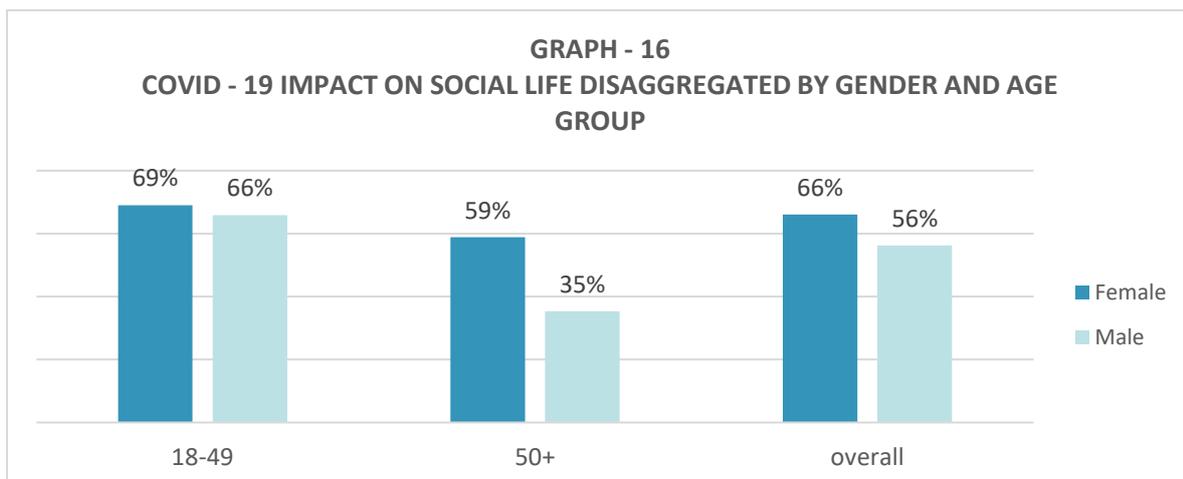
Accordingly, elderly females have the highest ratio of reporting the feeling of suffocation, and the lowest ratio within males is observed for men in the same age group. Elderly men are observed with having far the highest ratio of reporting the fear of falling ill (being infected to COVID), and the same tendency is not observed within the same age group of females.



8.4. Effects of COVID – 19 Pandemic Conditions on social life

As graph – 16 below illustrates, females are again overall more likely to report COVID – 19 effect on their social life that the ratio is observed as 56% within men and 66% for women.

Regarding age group disaggregation of the reported COVID – 19 effects on social life, elderly individuals within both genders are less likely to report being affected compared to those aged between 18 and 49. While age group difference within the tendency to report being affected is larger within males compared to females.



The level of self-reported effect of pandemic conditions on social life by gender is visualised within the graph – 17 below. Accordingly, males overall perceive the effect denser compared to females that the ratio of reporting the effect at a minor level is 33% for females but 22% for males.

“in the past, our children used to visit our neighbours or us. Now there is no one around, unfortunately” (50+, F, Istanbul)

“We don’t go out of the house anymore, and we don’t meet up with anyone, but we talk with them on the phone” (18-49, F, Izmir)

“social life in these days only happens through technology” (18-49, M, Istanbul)

“We meet up with our relatives only at the doorstep” (18-49, M, Izmir)

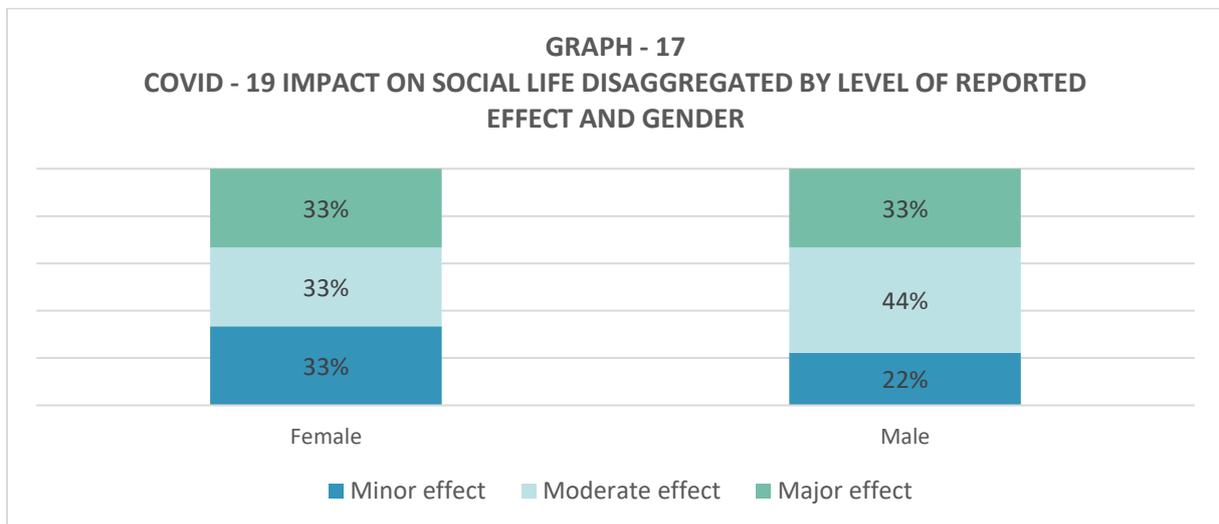


Table – 7 below presents the types of effects on social life that are coded based on narrative answers. Majority of participants (60 out of 75) reported statements emphasizing that their social life is ended.

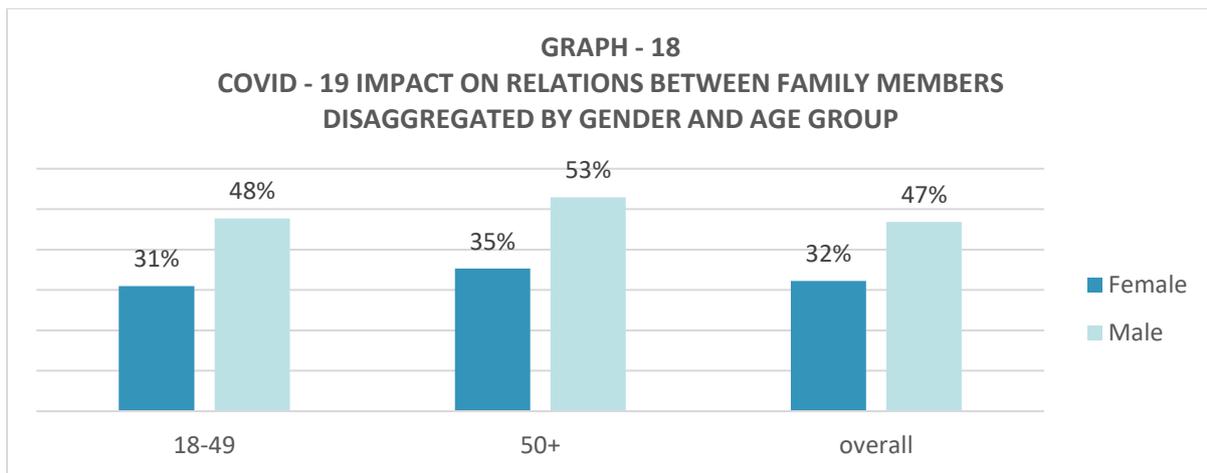
Only 12% (9 out of 75) reported their social life continued but remotely, and 9% (7 out of 75) reported their social life got limited due to the pandemic conditions.

Table – 7 Types of effect on social life	Minor Affect		Moderate affect		Major effect		Overall	
	#	%	#	%	#	%	#	%
Ended social life	11	18%	26	43%	23	38%	60	80%
Continuing remote socialization	5	56%	2	22%	2	22%	9	12%
Limited socialization	5	71%	1	14%	1	14%	7	9%
No difference	0	0%	0	0%	0	0%	6	8%

8.5. Effect of COVID – 19 Pandemic Conditions on family relations

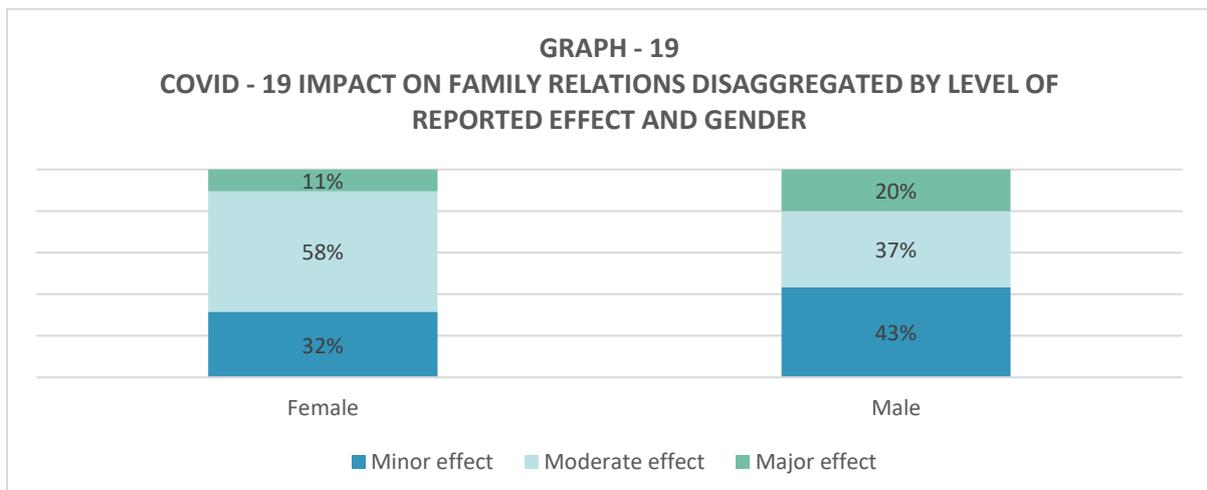
Graph - 18 below visualises the gender breakdown of the reported effect of COVID – 19 pandemic conditions on relations between family members. Accordingly, a significant difference is observed in the tendency of males and females to report being affected is that the ratio for males is 47% and 32% for females.

Regarding the age group breakdown difference, elder individuals for both genders are more likely to report such effect of the pandemic compared to those aged between 18 and 49 but with a minor difference up to 5%.



The levels of reported pandemic effect on relations between family members are broken down by gender and are visualised within the graph – 19 below.

Interestingly as it is mentioned above while males are more likely to report the effect of the pandemic on family relations (see graph – 18 above), females, on the other hand, are comparably more likely to report the effect in a denser way as the ratio of reporting the effect at the minor level is 32% for females and 43% for males. The ratio of those reported major effects is still higher with men, though (17% vs 8%).

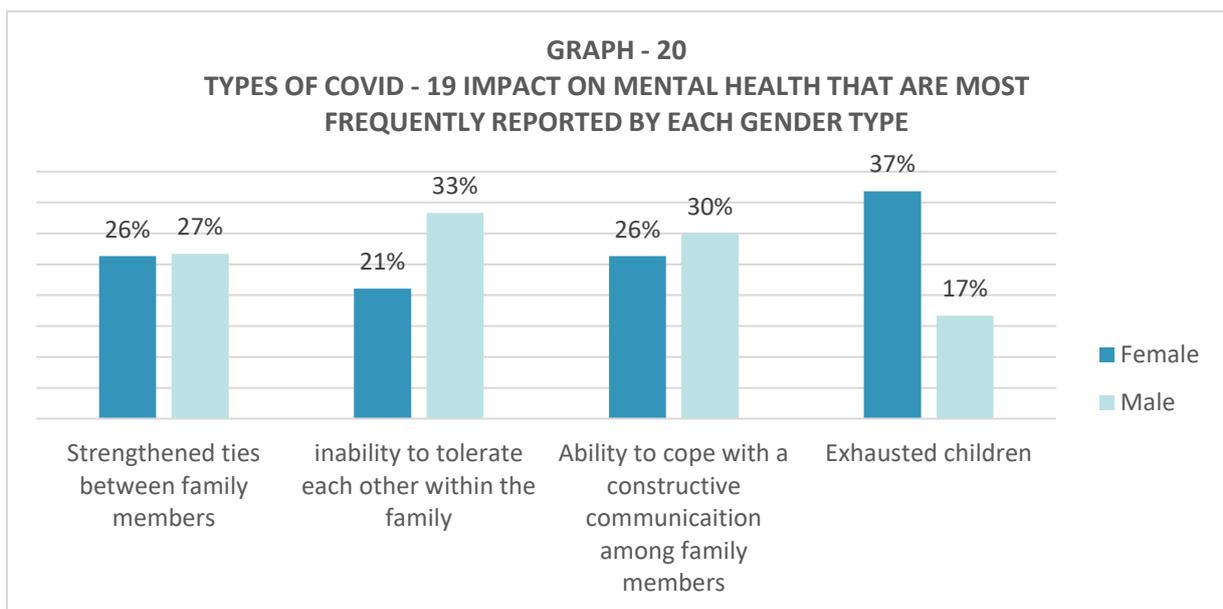


A total of 6 different types of pandemic effect on family relations due to COVID – 19 pandemics. Table – 8 below presents the types of effect and the share of each effect level. Interestingly, statements about the

intolerance of each other within the family and the ability to cope with distress through constructive communication are the most frequently reported type of effect.

Table – 8 Types of pandemic effect on relations between family members	Minor Affect		Moderate affect		Major effect		Overall	
	#	%	#	%	#	%	#	%
inability to tolerate each other within the family	3	21%	8	57%	3	21%	14	29%
Ability to cope with a constructive communication among family members	7	50%	4	29%	3	21%	14	29%
Strengthened ties between family members	8	62%	5	38%	0	0%	13	27%
Exhausted children	2	17%	7	58%	3	25%	12	24%
Hardship of meeting the needs of children with special needs	0	0%	0	0%	1	100%	1	2%
No effect	0	0%	0	0%	0	0%	1	2%

Graph – 20 below visualises the gender breakdown of top four most frequently types of pandemic effect on family relations. Accordingly, the narrative statements emphasising the extent that children are exhausted due to the pandemic conditions are more likely to be reported by females (37%) compared to males (17%) with a considerable size of a difference. Another type of pandemic effect where a significant difference is observed between gender types is the inability to tolerate each other within the family that while 33% of males reported such effect, the same ratio is 21% for females.



8.6. Effects of COVID – 19 Pandemic Conditions on daily routine

Graph - 18 below visualises the gender and age group breakdown of those reported effects of COVID – 19 pandemic conditions on family relations. Accordingly, a minor difference is observed in the tendency of males and females to report daily routine effect with a 2% difference. Such finding is not surprising as mentioned that the effect of the pandemic on a daily routine is interpreted as losses of jobs, closures of businesses and/or slowed down of business performance. Minor differences are observed regarding the age groups within both genders that while adult age females are more likely to report the effect on daily routine, opposite of such relation is observed within males.

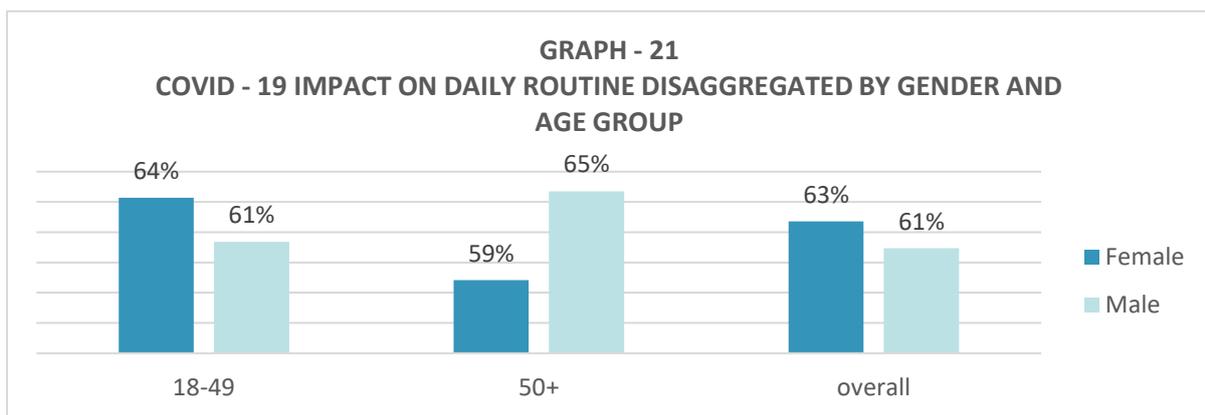
“Relations with family members got affected mainly with respect to dealing with the children. It was so hard in the beginning. Since what happened was so sudden, we did not know what to do, how to behave and had a lot of quarrels with children. Now, it is better” (F, 18-49, Izmir - Ability to cope with constructive communication among family members & Exhausted children)

“I lose my temper so easily towards my grandchildren, and there are times that I slap them” (F, 50+, Izmir - the inability to tolerate each other within the family)

“We are ten individuals at the same house, which is too small. The kids used to go to school but now they fight each other a lot, and I cannot bear with it anymore” (M, 18-49, Izmir - the inability to tolerate each other within the family)

“Due to the distress, slowly we started to react to each other more aggressively” (M, 18-49, Istanbul - the inability to tolerate each other within the family)

“it didn’t affect our relations; on the contrary, I can spend more time with my kids now” (M, 18-49, Izmir - Strengthened ties between familv members)



	Minor Affect		Moderate affect		Major effect		Overall	
	#	%	#	%	#	%	#	%
Adapted strategies to cope with decreased household income	1	2%	8	15%	45	83%	54	71%
increased frequency of hygiene practices	0	0%	1	25%	3	75%	4	5%
Change of daily routine due to limited mobility	3	13%	6	25%	13	54%	24	32%
Reduced access to basic services	0	0%	1	33%	2	67%	3	4%

“Due to the lack of sources of income, we changed the way we meet our basic needs” (F, 50+, Istanbul - Adapted strategies to cope with decreased household income)

“Since I have not been working for the last three months, we have financial problems. I even thought of returning to Syria. No organization or institution has ever supported [me financially] for 8 years” (M, 18-49, Izmir - Adapted strategies to cope with decreased household income)

“It had a lot of financial effects. I cannot pay my rent and do not receive support from any institution, including ESSN. My brother supports me in meeting the needs of our infant” (M, 18-49, Izmir - Adapted strategies to cope with decreased household income)

“I used to work before the pandemic. Now my 14 years old boy works if they need him, which happens one or two days a week. It is also risky that he works although there is a lockdown for those ages less than 20” (M, 18-49, Istanbul - Adapted strategies to cope with decreased household income)

The changes in the daily routine due to the locked down and limited mobilization mainly stated by the elderly participants.

“Since my wife and I are old, due to the curfew, we do not go out. I used to pray 5 times at mosque but not anymore” (F, 50+, Izmir)

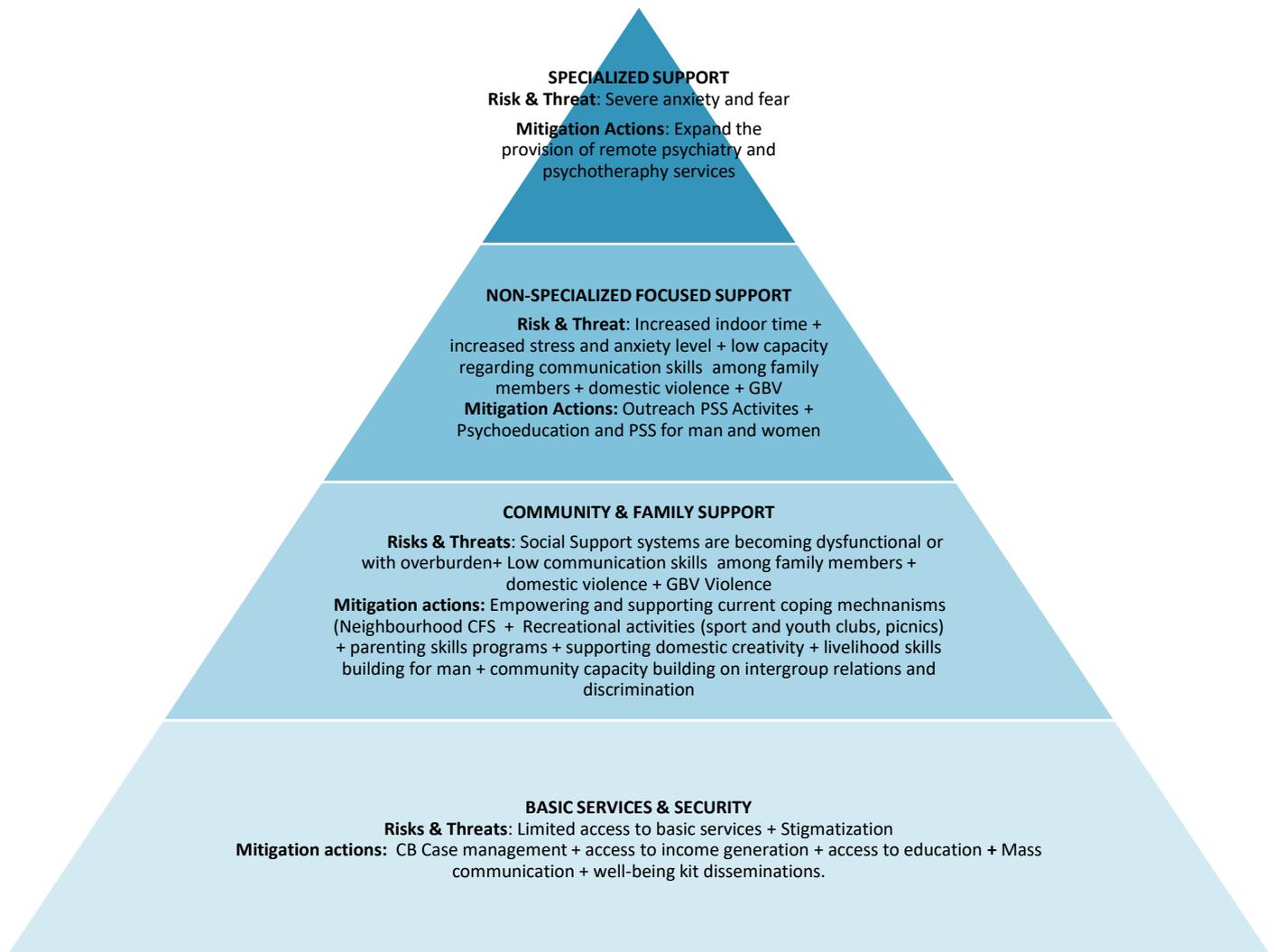
9. Conclusions and recommendations

At the end of the interviews, participants were asked to answer whether they currently would like to receive MHPSS and 19% (23 out of 123) responded positively. While the vast majority (21 out of 23) stated they would like to receive individual psychological counselling, 2 stated their interest in group PSS activities and 1 in psychological counselling for children and parents. In line with the statements in Figure 3, further programmatic suggestions can be seen.

Recommendations for future PSS activities and overall coordination of humanitarian actors also can be seen in the below items.

1. Coordination of I/NGOs through referrals of those in need of basic needs assistance (voucher, e-card, food – kit, hygiene kits, etc.) due to loss of jobs, closure of businesses and so forth.
2. MHPSS related message sharing (informative and awareness-raising) through creating a pool of developed communication materials (posters, videos, sound recordings)
3. Provision of remote PSS group sessions with contents about practices to cope with lockdown measures possibly to be applied in the close future.
4. Conducting PSS wellbeing checks to beneficiaries to inform the targeting of mass communication interventions, PSS group sessions and specialized MH interventions.
5. Coordination of actors regarding providing internet device to those in need for access to education and remote PSS assistance modalities.

Figure 3: Intervention pyramid for mental health and psycho-social support, with risk/threats and mitigation actions.



Annexe

Abbreviations

MHPSS	Mental Health and Psychosocial Support
TA	Thematic Analyses
MEAL	Monitoring, Evaluation, Accountability and Learning
CB	Community-Based

Who are we?

Dünya Doktorları Derneği (DDD) / Médecins du Monde Turkey (MDM-T) is a Turkey-based humanitarian non-governmental organisation that facilitates access to healthcare for populations affected by armed conflict, violence, natural disasters, disease, famine, poverty, and exclusion.

Our organisation collaborates with partners and key stakeholders to implement projects that facilitate access to primary and secondary-level healthcare services and mental health and psychosocial support (MHPSS) services to respond to the medical needs of the displaced population.

DDD is the 16th member of the Doctors of the World International Network that is committed to meeting the health needs of vulnerable people globally.





Our Mission

Since 2015, DDD implements programmes in both Turkey and Syria, offering free access to healthcare services to refugee and internally displaced populations.

DDD works with a range of humanitarian professionals and technical experts to provide Primary Healthcare (PHC), Mental Health and Psychosocial Support (MHPSS) services as well as sexual and reproductive health (SRH) services.

‘We’re wrapping the world’s wounds.’

‘We do it together!’

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