



**RESEARCH ARTICLE**

## **Corona Pandemic; Palestinian Refugees Experience Life Difficulties**

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<b>ARTICLE INFO</b>	<b>ABSTRACT</b>
Received: May 3, 2024 Accepted: Dec 26, 2024	This study aimed to investigate the difficulties experienced and faced by the residents of the Palestinian refugees during the Corona pandemic. A group of 45 males and females, out of 1000 who participated in the quantitative research with the WHO, within the age group of 18-60, who conducted quantitative field research with the World Health Organization and a group of European universities (WHO, 2020). They were interviewed using a semi-structured interview to provide them with a greater opportunity to speak about their experiences. Four main research questions were discussed; facing and dealing with difficulties, sources of support, and protection methods. The researchers used the Thematic Analysis method to analyze the interviews (Lapadat & Lindsay, 1999). The results of the analysis produced 4 main themes, each of which resulted in a number of subthemes. The main themes were: fears and their derivatives (family fears, financial problems, emotional disturbances and community culture), daily life circumstances and their derivatives (work and obstacles), protection methods and their derivatives (health and preventive advice, public services) and support and their derivatives (e-mails, social support and positive feelings). The researchers highly recommended the necessity of providing health, material and social support to Palestinian refugees in general, and holding professional courses that raise refugees' awareness of health issues and social relations during crises. The researchers also strongly recommended conducting broader studies on the situation of refugees in light of crises, and epidemics.
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### **INTRODUCTION**

The Corona pandemic that struck the world in December (2019) is considered one of the largest and most important pandemics in recorded history due to the enormous effects and losses it caused in lives, businesses, property, transportation...etc. It had a large and wide-ranging impact that affected all sectors, segments, and groups of society and its systems in all countries where the virus spread, especially the family, social, and health system, which received the greatest blow due to the preventive, precautionary, and later therapeutic measures imposed on those who declared their infection with the virus. A study (Sherif et al. 2024) indicated that refugees, whose number is estimated at more than (130) million forcibly displaced people around the world, suffered more than other populations in various countries of the world due to their poor and unstable conditions, and the study documented high levels of distress among them. The pandemic also affected human rights, as my studies (Van Hout et al. 2024) & (Stevens et al. 2024) revealed the lack of equity in receiving health care, as well as discrimination, especially against refugees, immigrants, or asylum seekers in

the United Kingdom and in general health systems. European. The study (Berndsen et al. 2024) reached a similar result regarding the negative effect of glorifying national identity on the provision of collective work, while it was found that support and assistance provided to refugees was positive in the event of similarity of religion between refugees and service providers. A study (Amarasena et al. 2024) showed that this crisis has exacerbated the conditions of refugees and asylum seekers who suffer from difficult living conditions, as they are exposed to negative childhood experiences while trying to regain what resembles their motherland, in addition to their renewed suffering to protect and ensure their safety, health, well-being, education, play environments, and socialization. While the study (Uddin, 2024) revealed that the accumulation of refugees limits their ability to enjoy all human rights and puts pressure on the state's local resources.

Here, the feelings of the members of the same family were mixed between love, concern, and care, and between rejection, fear, and staying away from the infected person, regardless of his relationship to the family members, because the matter became related to the personal and physical safety of the individual. The media, especially the unofficial media, also contributed to the spread of false and misleading news that deepened the community's crisis and fears. Unexplained. All of this had effects that remained inherent in individuals' social relationships even after the official end of the crisis was announced. In addition to the discriminatory policies practiced by some governments, which exacerbated fear, exclusion, and lack of institutional confidence in preventive and remedial measures (Van Hout et al. 2024).

In contrast to the theoretical and scientific literature published about people coming together and getting closer in times of crises, wars, and disasters, and forgetting any internal differences or grudges between them, the Corona crisis imposed a different reality, which is social distancing within one family and one society.

The of this study is to answer the following questions:

- What are the difficulties Palestinian refugees faced during Corona pandemic?
- How do they deal with these difficulties?
- What are the sources of support that these refugees receive?
- What are the protection methods that refugees used through their daily life?

## **METHODOLOGY**

### ***Study context and participants***

- This study is part of a larger research project concerning the daily life of Palestinian refugees experiencing pandemic Corona within ongoing misunderstanding of this disease and less of information about that, while they are still living in refugee camps. The first part of the project was a quantitative study with cooperation World Health Organization and many famous Urbina universities. (1000) questionnaire were filed from refugee people living in refugee camps, half by half from Gaza Strip and West Bank for the first quantitative part (WHO, 2020).
- Four West Bank refugee camps we selected two of the biggest refugee camps called Al Aroub refugee camp and Al Fawwar refugee camp.
- By the cooperation with UNRWA we met 45 of Palestinian refugees, male\female, aged between (18) and (60) years old who gave us the acceptance for the qualitative part of this study.

The quantitative part aimed to investigate the difficulties and problems that faced the refugee people by scale and questionnaire that was prepared in advance by the WHO team. However, we wanted to

go deeper into the experiences of those Palestinian refugee and therefore we asked in one of the questionnaires if they would like to volunteer in a qualitative study that is based on interviews. (45) out of (500) refugees agreed to participate in the current study.

The interview was conducted by a male and a female interviewer. This was for culture reasons. For that reason, interviews took place precisely in each refugee house. The researcher (first author) being a man, and because of the fear of infection was not present during the interviews in line with respect for the cultural traditions and safety reasons. In some parts of the Palestinian culture, it is not preferable to have a strange man come into a woman's house while her husband is absent. The interviewers were qualified and held a BA in social work and had been trained in doing research. I made sure to make myself available and reachable mainly by phone if any of the team had questions. See table (1)

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### **Table.1 socio- demographic characteristics of sample**

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#### **5.2.2 The interview**

It is a semi-structured interview with 20 open-ended questions that give participants more opportunity to speak about their experiences. Questions mostly focused on one's experiences with Corona situation; their needs, relationships with the family members, support from government, food and medical needs, feelings, fears, conditions of daily life, ways they are dealing with the situation and the meaning of life for them (see appendix-1). All recorded interviews were transcribed accurately without editing (Lapadat & Lindsay, 1999).

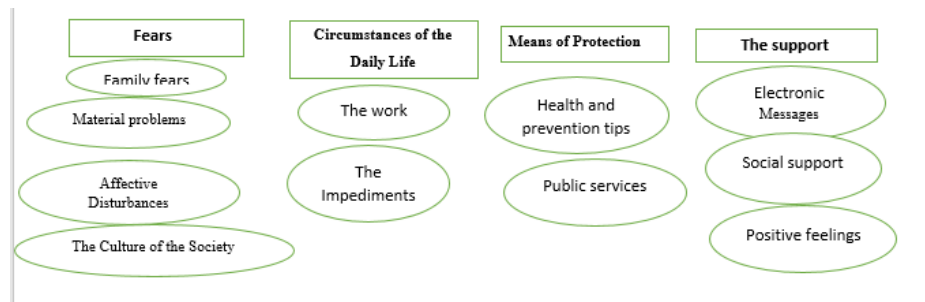
#### **5.2.3 Data analysis**

Interviews were qualitatively and manually analyzed based on (Shehadeh et al. 2016; Braun & Clarke, 2006) qualitative method. It consisted of looking for recurring themes across data while giving whole and equal attention to each issue. Thematic analysis has several advantages. Firstly, flexibility to perform, secondly, large body of data can be easily interpreted and usefully can summarize social and psychological studies and finally, it can improve qualitative analyses and provide for suitable policy development (for more details see (Braun & Clarke, 2006).

Thematic analysis of our study was driven by specific analytic questions. Therefore, the themes that have been identified, coded, and analyzed were a delicate reflection of the content of the entire data set in the interviews. Interviews were done in Arabic; therefore, three Palestinian colleagues read and reread the interviews and the translation to English to try to reach the same intersubjective understanding, one of the colleagues holds a PHD degree in English from the United Kingdom and has permission for legal translating.

A thematic analysis was carried out based on the steps Braun & Clarke (2006). It started with reading and rereading the data set and then we proceeded to search for meanings and patterns within the data set, taking notes and marking ideas, and giving careful attention to all of the data set. All of which facilitated understanding and familiarizing myself with the data and allowed me to generate an initial list of ideas of what looked interesting in the data. After generating a suitable list of ideas, the process of coding was a natural next step. This was based on questions in which I had formulated (essentially the research questions). Manual coding was used for this part of analyses (Braun & Clarke, 2006; Shehadeh et al, 2016) reaching to several highlighted codes of interesting and important suggested themes. Through this coding process we reached a scheme, which describes the relationship between the suggested themes and subthemes, and which are strong enough to qualify for our study aims (Thematic map 1).





**Thematic map 3: Defining and naming themes**

## FINDINGS

Findings will be presented according to the four main research questions. Most participants spoke about their experience of being part of social network living under a risk of infection and about family members within unknown future. The infected people described experiences where they are perceived by the community as suspicious, as kind of stigma, on the other hand some people described a good relationship with their family members and neighbours.

### Fears

Most of the persons who were interviewed talked about and focused on the topic of fears as a main title from which four subtitles emanated.

#### 1. Family Fears

The Corona pandemic included the young and the adults. These critical circumstances also accompanied fear from what is coming, imposing social restrictions which lead to bodily distancing even from nearest persons and changing the form of all relations and life details, whereby one of the participants added that even his relatives were afraid from coming near him at the time of the infection and after it.

*Abu-Ahmad, married (a quarantined family)*

*“Our relatives used to come to us with requests without coming near to us. They used to put the things at the entrance of the house, and then we used to go and take them without touching our relatives”.*

*Salma (a mother) a housewife*

*Salma added about the experience of being afraid from going to the centre of the cities out of fear from infection and restricting on being at home and not getting out except in necessary cases.*

*“We became afraid of going to the places where food and vegetables are sold even the medical services and we tried not to mix with others out of fear of transmission of infection”.*

*Mohammad, a father who works as a nurse*

*Mohammad added about his fear from communicating with his sons whereby he communicates with infected people, and this made his relations with his sons limited and far from intimacy.*

*“I am much afraid for family and my sons and I long for embracing them and playing with them. This is out of the fear of transmitting the infection. This deprived me of much of the enjoyment in playing with my children and it deprived them at the same time from the father’s bosom”.*

*Siham, a mother of a family consisting of six individuals (she is infected)*

Fear for the members of the family was the title of Siham's talk who is infected with Corona Virus.

*"Its effect was so strong that I was quarantined in a room in my house as well as my children and my husband who was also quarantined at home. Neither I nor they could communicate together. Also I cannot communicate with the outside world (a fearful sensation)".*

*Ahmad, a married young man*

Ahmad added about the experience of fear by his children whereby he said:

*"I am much afraid for my children. They feel much bored for the closures and fear from infection made their lives boring".*

*Salem, a man who is 57 years' old*

Listening to the news generated in me fear for myself and for those surrounding me, my grandsons and sons, so I am afraid of their coming near me out of my fear of getting infected and transmitting the infection to me.

*"What I hear in the news about the speed of the spreading of the disease affected me in particular. The news tells about the speed of the transmission of the disease and its effect on the elderly. I am much afraid for myself, and also I keep my grandsons away from me out of fear for them or out of fear that they would carry this Virus and so they transmit the infection to me".*

*Buthaina, a young woman who works at a hospital*

The experience of being at the hospital is a fearful experience whereby there is mixing with infected, and being far from my folks makes me feel lonely and painful.

*-I feel lonely as a result of my being sent from them for long periods.*

*in the hospital with the patients. I feel much longing for my folks whereby I came to absent from them for long periods.*

*Um 'Ali, married and a housewife*

Being within the extended family may create a kind of problems specially in the atmosphere of not mixing and keeping distance and the healthy understanding of this matter.

*"Problems increased at home and in the street. I live in the extended family house. The children do not go to school, and subsequently, friction increases and there are many problems. Also my husband lost his job".*

## **2. Material problems**

The material (economic) factor comes and this results in weakness of material security so it increases fears such as unemployment or losing sources of income. This affects the individuals on the long run and it leads to the appearance of a group of psychological problems.

*Hasan, a married young man who is 45 years old, says:*

Hasan added that destitution and lack of work resulting from the closure and lack of opportunities had led to an uncomfortable situation and a pessimistic outlook.

*"The many closures have curbed the material income for me whereby I work on the day labour system. This has affected the economic situation of the family from the side of fear and disease and from another side the economic situation. So life has become adverse in my viewpoint".*

*Maha, 18 years' old*

Maha added her fear from losing the livelihood source for her father who is the only family provider and the negative effect of this which will be carried on the psychologies of the individuals of the family in a complete way.

*"I am afraid that Corona will continue for long periods and then my father will lose his work. This will affect negatively on the psychologies of the individuals of the family due to the material situation and also staying at home".*

*Salma, a mother and a working widow (she works with the Israelis)*

Salma added on the nature of the not positive relationships resulting from the closures which affect the source of livelihood for the family and the stress and tense nerves which they leave and which cast their negative effects on the family and its relationships.

*"Salma says that the closure of roads and the difficulty of reaching the work place had led to lack of income which led to a change in the life pattern to the negative side and affected all aspects of life including family relationships".*

*Atef, a married man and a father for a family;*

He talked about fear from the future and falling in material problems.

*What worries me most is my falling in material problems and my inability to provide for the needs of my family.*

### **3.Affective Disturbances:**

There are profound effects of the Corona pandemic not only on the bodily aspect but also on the mental health at the present time and the future. He emphasized its effect on the mental health and the psychological pressures which it causes such as loneliness, isolation, fear, depression, feeling of danger, health quarantine, closures, thinking of suicide and other mental disturbances.

*Ahmad, a young man in his twenties.*

He is single, and he says that the feeling of loneliness and remoteness from people is killing and fearful.

*"I feel worried, lonely and afraid of the future and the fear from the spread of the disease in a large way".*

*Hilmy, 18 years old, General Secondary Education, whereby he added that boredom and being away from the society and the usual life is what worries him most.*

*"I feel bored of loneliness"*

*Abu-Salem, ( married) and the father of a family*

*"I am worried and afraid from the future, and have come to see nightmares in my sleep".*

*Abu-Samer, a married man in his forties.*

His fear for his children and keeping them at home without permitting them to go out had led to the rise of the stress level among the individuals of the family.

*"I am very afraid for my children. I have come not to allowing them to go out for playing. This led to boredom and problems inside the family through quarantine for a long period".*

*Um Ahmad who is married and a mother of four children added: "I am very worried for my children, I am afraid for them and I do not allow them to go out. They feel bored and this leads to the existence of problems in the family".*

*Whereas Sawsan, an 18 years old school student talked about the fear from the unknown future:*

*"I always think of the unknown future. I am afraid for my self and for my colleagues at the school and I ask about the impossibility of seeing them another time because of Corona".*

*Mohammad Sami, a man in his thirties ( he is infected) whereby he expressed his great fear of transmitting the infection to his folks.*

*"I am worried and I am afraid for the members of my family in a big way. I am afraid that I transmitted the disease to them because I was infected. After two, the result of my sister appeared positive. I am very much afraid for the members of my family".*

*Muram, a 24 years old single woman added:*

*"I am very afraid and worried for my mother because she is ill and I feel that if she is infected with Corona, this will kill her".*

*Mustafa, a single university youth in his twenties added:*

*"I feel worried because of this cursed sickness and I wish that this pandemic ends so that we feel secure and assured".*

#### **4.The Culture of the Society**

The culture of the society is a double-edged sword. It can play an important role in curbing the spread of this epidemic in how we deal with risks and crises in the case of the Corona epidemic and adhering to instructions which play an effective role in curbing its risks at the time in which it plays the role of the victim. It is considered a stigma on the individual and it prevents him from declaring it. All these are due to the cultural dimensions of the individuals.

*Abu-Ahamd, a married man who is infected talked about his experience in the infection and how people came to view him.*

*"Infection has come to be a kind of stigma, and if your name was put on the social media, it is a kind of defamation. This led to a social isolation of the individual and his family".*

*Ribhy, a driver of a public car, talked about the awareness of the society and their commitment to wearing the mask in the public cars.*

*"Lack of awareness of the society or a class of the society of the danger of the situation which leads to their non-commitment not to wear the mask and taking the protection means lead to the existence of social problems among the riders on the one hand and the driver on the other hand because he is held to account before policemen if one rider does not wear means of protection".*

#### **Circumstances of the Daily Life**

The Corona pandemic has changed people's life in different ways. For individuals usually feel a close connection with work and some places and things which they were accustomed to. With the loss of these ties, it is difficult to deal with what happened and to go ahead. You may also feel that some changes which the epidemic has caused have begun to affect your view of yourself.

##### **1.The Work**

*Shaher, a married young man, was discharged from work. He said:*

*"I was discharged from work because the factory stopped production. The head of the work reduced the number of the workers and I was of those who were discharged".*

*Abu-Isma'eel, a government employee, talked about the problem of salaries in the Palestinian Territories and the delay or partitioning of the salaries according to the potentials of the Palestinian Authority.*



*“Postponing receiving the salaries, the necessity of undertaking all my material commitments including study tuition fees for my sons in the universities, the house expenses and the other material commitments made me in a permanent state of worry and fear from the future and where life takes us. For the salary according to the employee is the nerve of life, and if the salary is cut, it is as if he was sentenced to death”.*

*Salem, a married man in his thirties, demanded that the government offer support specially to the aggrieved families.*

*“The government has to offer financial support for us, to compensate us for our damages and for our loss of our work. It has to address electricity and the Net companies so that they stop cutting the services until the problem is solved”.*

*Um Samir, a married housewife (40 years old), she is afraid from the future and the continuation of the material situation which is becoming worse.*

*“I am afraid for myself and for my family from the continuation of the situation. The stopping of the state of the country will lead to the existence of big material problems because many persons stopped working. Also family and social problems will increase and the pattern of violence will rise”.*

## **2.The Impediments**

*Sundos, a Tawjeehi student cannot learn because of moving to the electronic learning and the non-existence of potentials and preparation for this stage.*

*“The inability to learn facially and being content with electronic learning was an impediment for us in understanding many materials (subjects) and communicating with the teachers and the colleagues”.*

*Abu-Izz, a family head, talked about the love checkpoints which the Palestinian Authority has established in order to prevent the spread of the disease and how they affected reaching the places of work.*

*“The checkpoints which were erected by the Palestinian Authority with the aim of curbing the spread of the infection and not being able to move have contributed to my inability of reaching my place of work which led to losing my job”.*

*Ab-Ali, a married head of a family in his forties talked about the inability of the head of the family to provide for the basic needs of the individuals of his family.*

*“My inability to provide for the basic needs of my sons due to closures, lack of work and the Landlord who needs the rental, this made life unbearable and difficult. The Palestinian Authority would be worthier to provide electricity and economic support and has to provide for activities which would preoccupy the sons so that they forget the teaching curriculum”.*

## **Means of Protection**

This main title dealt with how to prevent the disease and the means of protection whereby many individuals talked about this topic, and it consisted of two sub-titles.

### **1. Health and prevention tips**

The messages and tips are diffuse through the official television and the social media. The broadcasting authority and the television diffuse messages of protection and prevention and how to deal with the infected and those who mix with them. On the other hand, the infected people write about their experiences, how they become infected and how they overcame this disease and all of this is through the social media.

*Salam, a housewife, talked about this topic and she said:*

*"We have become not going out of our houses except when it is necessary while wearing masks. We very often use sterilizers out of fear for ourselves and for the family from transmitting the infection".*

## **2. Public services**

The Palestinian Authority has opened centres to examine the infected and to treat the serious cases as far as possible.

*Saher, a young man in his twenties clarified about these centres whereby he said:*

*"Centres for following up and examine those infected with Corona were opened. These centres offer for all a free examination, but as for the drugs, the patient buys them because they are not available within the system of health insurance".*

*However, Samir, a young man in his thirties who works at a commercial store, added about his experience with the means of prevention:*

*"Sterilizers are offered and they are put at public places and the places where people meet and social dealing. Police and security patrols follow up those who violate the orders of banning and closure, he added; The UNRWA centres offer drugs and sterilizers to the infected or the quarantined".*

## **The Support**

The fourth main title which was extracted through the interviews and the qualitative analysis, and it contained three sub-titles.

### **1. Electronic Messages:**

The participants considered it as being the first sources of support whereby the participants talked about this aspect:

*Um Muhammad, a housewife, said:*

*"The Palestinian Authority offers supportive advice and tips and works on providing anti-biotics and drugs".*

*However, Ni'mah in her twenties added and talked about the medical teams and their role in offering support.*

*"Yes, we can obtain support through the medical teams by means of communication and social media".*

*Sulaiman, a head of a family talked about means of prevention and protection which are diffused by the Palestinian Authority through the mass media sources.*

*"We obtain information about the disease, means of prevention and protection and means of support through the television channels, social media, friends and electronic websites. I trust these news".*

*Salma, a single schoolteacher, in her thirties added:*

*"The internet is the most place for obtaining information, also social media whereby we communicate with friends to offer support".*

## **2. Social Support**

Some considered it among the most important means of support which is offered to the individuals of the family or the infected people.

*Whereby Abu-Muheeb, a married head of a quarantined family, indicated how he used to receive support from the individuals of his extended family.*

*“The individuals of the family, brothers and sisters, communicate with us, be reassured about us and offer support and raise our moral spirit”.*

*Abu-Akram, a working husband* (he sleeps in the place of work), Abu-Akram says that the members of his family and his friends were those who used to offer support for the individuals of his family during his absence.

*“My friends in the work and my relatives communicate with the individuals of my family in the period of my absence, they provide for them material aids and food stuff which they need and send them letters of reassurance”.*

*Ahmad, a young man in his twenties*, added and expressed the need of the society for teams which are specialized in psychological and social support.

*“We need teams of psychological and social support which offer psychological and social support to the individuals of the guaranteed family. Also, we need to reinforce the culture and the concept of volunteer work among the individuals of the society in order to offer psychological and social support for the categories of the society in general.*

### **3. Positive Feelings**

What the individuals of the family, the neighbours and the friends diffuse in the form of warm letters and positive feelings in the form of moral support helped in lessening the effects of the pandemic.

*Um Muhammad, a house wife*, talked about her experience in receiving support whereby she said:

*“I feel that all the neighbours desire to offer moral and affectionate support for each other but fear from infection has limited these matters and lessened the proportion of the visit to a large extent”.*

*Shaher added* about his own experience in receiving support: Shaher is a young man (who was infected):

*“People are afraid for each other and they offer psychological support for each other. When I was infected, I received many contacts from my friends, my family and the medical cadres. All these contacts were supportive and positive letters”.*

*Ali* talked about the feelings of the family and the warmth in being inside his family.

*“My existence inside my family gives me support and I feel support and family warmth through the family”.*

### **Discussion:**

1. Family concerns: Residents of Palestinian camps inside and outside the country live in constantly deteriorating living conditions due to their compelling circumstances and ill-equipped housing, as well as the deterioration of the services provided to them. This agreed with a large-scale German survey on the living conditions, mental health, and well-being of refugees in Germany conducted by (Walther et al, 2020), where it was found that refugees are exposed to an increased risk of developing mental health problems and a low level of subjective well-being, in addition to suffering from psychological distress and low levels of Satisfaction with life.

Therefore, real fear has dominated all members of society, whether they are infected, in contact, or not, from the expectation of infection at any time from any source. This is due to the large and devastating negative effects that the virus can have on individuals who live in exceptional circumstances, especially those who are sick with... The possibility of loss of life and death, and this is what became clear from interviews with members of the study sample of camp residents.

The first and most important measure taken in captivity was complete isolation and quarantine as much as possible from mingling with any individual or touching any object, whatever it may be. In addition to this, an additional home quarantine was imposed on those infected or suspected of being infected, and here the family's sources of support and care changed into feelings of fear and apprehension.

The concerns of the families interviewed also included that the crisis does not seem to have a specific date for its end or end. On the contrary, successive daily news reports that the virus is spreading and expanding, claiming more lives and paralyzing all aspects of life, especially academic ones.

2. Financial problems: By virtue of their places of residence in Palestinian refugee camps, the study sample members suffer from poor living and economic conditions in normal circumstances, as indicated by a study (Thompson, et al. 2024), as the Corona pandemic posed additional risks to low- and even middle-income residents in terms of their monthly income. These fears and suffering have become multiplied and more influential during the outbreak of the Corona pandemic due to the closure of most factories and workplaces and the disruption of life in general, which has led to the loss of the only source of livelihood for citizens, especially those with labor (wage workers). This has had a negative impact on their inability to provide the necessary supplies. Important living needs. This was consistent with a study conducted by (Alnaji et al. 2024) that emphasized the necessity of meeting the necessary needs of refugees, especially female refugees. The study (Romoshaba, 2024) also revealed the double suffering suffered by illegal immigrants in places of asylum in South Africa due to the closure as a result of the outbreak of the virus (COVID-19), as they were exploited by local employers by employing them in hard work that takes long hours for low wages, which leads young migrants to engage in illegal behaviors such as their involvement in criminal activities, sexual acts, and drug use and abuse.

The fears of the families interviewed also increased about their inability to receive appropriate treatment if the virus was contracted, whether in hospitals or even at home, due to the difficult economic conditions and the limited or lack of income in many cases, in addition to the high rates of poverty in the Palestinian camps. This agreed with A study (d'Errico, et al 2024) that showed that the support and assistance provided to refugees helps to manage daily challenges, but does not ultimately help lift them out of poverty. This support was also insufficient to provide a comprehensive response to COVID-19. This was consistent with a study (Chikoko et al. 2024), which revealed a set of challenges facing asylum seekers and residents of some camps in Zimbabwe, including: difficulty in accessing financial and banking facilities, and the lack of programs aimed at discontinuing receiving social assistance.

An extensive report by the World Health Organization, which included (30,000) individual refugees and migrants in all countries of the world, revealed the impact of the Corona virus on refugees (COVID 19). It revealed that the lack of sufficient money was one of the reasons that prevented them from seeking the necessary health service in the event of infection, by a percentage of (35%) of survey participants. (WHO, 2020).

3. Emotional disorders: Negative feelings and emotions dominated most members of the family and society and negatively affected social relations, as they separated relatives, even within the same home, and everyone became afraid of everyone.

There was also a real fear of the possibility of all members of society becoming infected with the disease, and only those who were physically healthy would survive, which means feelings of frustration and anticipation of a calamity coming to oneself and to those around them. These

feelings accompanied most of those interviewed and were towards their families, especially parents with a history of illness.

Most family members suffered from negative feelings as a result of their distance from normal and direct communication with others, especially in the advanced stages of the outbreak of the disease, which was revealed in the World Health Organization report (2020) that about (50%) of the survey participants had increased feelings of depression and anxiety. Loneliness and increased fears. A study (Kisaakye et al. 2024) showed that females had more negative feelings than males in refugee camps, where they were systematically exposed to discrimination in treatment, persecution, and assault compared to males.

4. Society's culture: Based on the testimonies of the study sample members, the prevailing society culture at that period was extremely negative, as the infected were viewed as contaminated and carriers of infection (death), and therefore one must stay away from them and not mix with them, as if a new culture had spread and taken control in Palestinian society, especially with this pandemic and its danger.

It is worth noting that the culture of Palestinian society before that was a positive culture that was supportive, encouraging, and relieving the distressed, and supportive of the weak, fragile, and sick groups. Its theme was solidarity and extending a helping hand. But historically, major and major events have the power to change the general context of society in a relatively short time, which is what actually happened during the pandemic.

The same suffering (shock) was observed in many studies that dealt with similar situations of refugees who lived in a reality different from their original environment from which they came, such that this had a negative impact on the services provided to them in general and health care services in particular, in addition to the difficulty of their integration into the new society. (Verstele et al. 2024). It is worth noting that some countries have had and still have a pioneering and distinguished experience in dealing with refugees on their lands, such as Sweden and New Zealand, as indicated by the 2024 study (Riemsdijk et al. ....), where they have worked since the 1980s to integrate self-sufficiency and individual responsibility for refugees within their integration policy with... Local residents in various daily practices, as did Switzerland and Canada. (Otmani & Bonoli, 2024). But the increasing influx of large numbers of refugees has created a challenge throughout Europe to achieve that integration, as shown by a study (Jonitz et al. 2024). (RIYADH et al. 2024) pointed out in his study economic and social challenges due to the large influx of refugees, which put pressure on the local environment in terms of low wages and lack of arable land, in addition to the depletion of natural and environmental resources. A qualitative study conducted by (Akhavan et al. 2024) that examined the conditions of the Rohingya Muslim genocide survivors in Myanmar stressed the need to hold accountable those responsible for the horrific human rights violations that resulted in the conditions of the displaced and refugees and to have the hand of international justice reach them, even if it is elusive.

#### **Daily living conditions:**

The job: The Corona crisis has exacerbated the suffering of the Palestinians in general and the people of the camps (the sample of the current study) in particular, specifically in the financial aspect due to the interruption of work by many, in addition to the dismissal of a large number of workers from their work without any compensation or continuous wages, as they are private factories and commercial stores with limited scope and budget. The WOH report (2020) stated that refugees and immigrants across the world suffered difficulty in obtaining work due to the impact of (COVID 19) by (60%) of the participants in the survey, which affected (30,000) individuals from various countries of the world.

The same suffering was faced by workers in public government jobs that pay part of their monthly salary due to the financial blockade imposed on the Palestinian Authority. All of this has pushed many Palestinian families to follow an austere diet, forcing them to adapt to this exceptional situation and depriving them of their normal lives.

All of this has caused a state of fear and anticipation about what the population's conditions will be like if the health and financial crisis continues, as some fear rising rates of theft, violence, debt, and assaults, as well as related family and social problems.

Obstacles: Looking at the interviews of the study sample members, we find that there are a number of obstacles and difficulties that they faced during the outbreak of the virus, including that the concerned official authorities imposed e-learning instead of face-to-face education, and this type of education was new to the refugees in the camps and they had no previous knowledge of it, whether teachers or students. This is what was indicated by a study (Mauluya et al. 2024) where it was found that the digital ability of teachers in primary schools is still low and the study based on the need for teachers to have appropriate digital capabilities to successfully integrate technology into the education process. In addition to the high financial cost of e-learning, as it requires a computer connected to the Internet, this means more periodic financial obligations that are not available.

While some of those interviewed reported a decrease in the scientific efficiency of e-learning and an increase in educational loss compared to face-to-face education, in addition to the many students' absences from daily lessons or classes, which constituted a concern among families, specifically for students in the first primary grades, as it is a foundational stage.

The precautionary measures taken by the Palestinian Authority also had a double-edged impact, the first positive, represented by cutting off the chains of spread of the disease in compliance with the instructions of the World Health Organization and the Palestinian Ministry of Health, and the second negative, as it caused many business owners to be unable to reach their workplaces, which led to them being laid off from them and thus losing their source of income. Their only livelihood, which was negatively reflected in their inability to provide the basic needs of their families amid insufficient and sometimes absence of government funding and support provided to them. (Chikoko et al. 2024). While the study (Nissen, 2024) indicated that pressures in the post-migration environment made refugees vulnerable to psychological distress, which undermined their quality of life, hindered daily performance, and negatively affected integration. The same study also showed that resettled refugees suffered from mental ill health, specifically post-immigration stress disorder. Trauma (PTSD) and depression between who they were before displacement and what they became after. This was confirmed by the study (Isik et al. 2024) that dealt with Syrian refugees in Turkey, where these disorders appeared among those who lived in cities compared to those who lived in refugee camps.

It is worth noting that this social group (refugees) suffers from difficult and difficult living, legal and administrative conditions that amount to marginalization, neglect, lack of recognition of their rights, and their suffering from post-traumatic stress disorder and limited official support, and thus the delay and deterioration of the services provided to them, which is what many countries seek to remedy by facilitating their integration and empowerment. Of the necessary resources. (Bonizzoni & Dimitriadis 2024) & (Sahoo et al. 2024) The study (Van Hout et al. 2024) showed that there is a clear difference between written policies and those applied on the ground with regard to human rights and the commitment of states to achieve equality and justice among all citizens in terms of health rights. Hence, the (2024) study (Stevenson et al. 2024) called on the United Nations for Sustainable Development, and in fulfilment of its slogan "Leaving no one behind," to take the necessary measures to ensure the equitable implementation of universal health coverage, regardless of immigration status, whether legal or illegal, away from exclusion

or Marginalization or stigma by the year (2030). It is worth noting that all countries that signed the Refugee Convention of (1951) are legally obligated and required to provide the necessary assistance and support to refugees, and even non-signatory countries bear legal responsibility based on the Universal Declarations of Human Rights, as shown in a study (Gunawan et al. 2024).

#### Health and preventive tips:

There is no doubt that the obsession with contracting the virus has afflicted everyone and made them anxious, given the official and unofficial data published locally and internationally regarding the danger of infection, transmission of infection, and the possibility of death. Each infected person had his own personal experience and individual experience that he narrated about his infection, his suffering, and the symptoms that appeared on him. Etc. All of this and more was sufficient reason for citizens to refrain from leaving their homes unless absolutely necessary and to refrain from interacting with strangers, shaking hands with them, or contacting them in any way unless strict preventive measures are followed. This had a direct negative impact on the movement and mobility of citizens and the irregularity of life in its normal way at the family and social levels, such as visiting, participating in funerals, and some important occasions. The World Health Organization (2020) report revealed that about 20% of refugees found it difficult to avoid public transportation or avoid leaving home.

Public services: The official procedures followed by the United Nations Relief and Works Agency for Refugees in the Palestinian refugee camps, the Palestinian Ministry of Health, and the Palestinian security forces played a major role in besieging disease hotspots and providing necessary medical services for citizens, including conducting daily examinations and providing preventive and quarantine instructions, in addition to providing different methods and methods for sterilizing visitors to public places. Throughout the State of Palestine. However, places of asylum remain less likely than others to receive the necessary services, as was shown in the study (Sahoo et al. 2024) that dealt with refugees in Sri Lanka, where they suffered from marginalization according to their social, demographic and living condition.

#### **1- Emails:**

To reduce the possibility of mixing between citizens, the Palestinian Ministry of Health adopted an electronic platform that was specially developed to provide citizens with the results of their examinations based on their numbers and personal identity cards, which provides respect for the privacy of citizens, whether infected or not, in addition to publishing phone numbers for doctors working in the field who can be contacted to provide advice. And instructions for citizens. Electronic means of communication in general and electronic messages in particular, as reported by members of the study sample, played a large and important role in obtaining the necessary private or general information. This result differed from the findings of the World Health Organization (2020) report that migrants, refugees, and those living on the streets or in unsafe and illegal housing had fewer sources of information about the Coronavirus and were reluctant to seek service or information for fear of deportation.

#### **2- Social support**

There is no doubt that social support, community solidarity, and raising morale are among the basic needs that are no less important than, if not superior to, material support in such exceptional cases, due to the direct effects they have on the moral and psychological state of family members, the injured, and those in contact with them, and this is what was expressed. The study sample members clearly. The fact that those infected or affected by a crisis or catastrophic situation are more vulnerable to psychological disorders, alienation, or social distancing from those around them.

This type of psychological and social support also puts an end to the state of panic, fear, and the prognosis of the disease and those afflicted by it among the general public, increases their psychological resilience, and raises their morale. This is in agreement with the study (Milan, 2024), whose results showed how popular solidarity groups worked with refugee citizens in response to the emergency and unprecedented challenges imposed by the Corona pandemic in the European Union border areas, specifically in the countries of Bosnia and Herzegovina and Croatia (Western Balkans), where these groups provided first aid. Essential field first aid for those on the move during the pandemic. The study (Milan & Martini, 2024) stated that this care must be for humanitarian health purposes in which health rights are granted to everyone, away from any political interference or orientations. With the increase in the flow of refugees from all over the world to the European Union countries, the geographical borders of the Union have become increasingly controversial, which has imposed more border controls and strictness that have become clearly visible, as pointed out by (Pettersson, 2024) in his book.

It is worth noting that several forms of support and assistance, as reported by some of the sample members who were interviewed, were provided by families, friends, members of the same family, and those who had previously been infected with the virus, amid the relative absence of official government teams specialized in providing the required psychological and social support to Palestinian refugees.

### **3- Positive emotions:**

There is no doubt that the state of feelings of Palestinian refugees in refugee camps and diaspora, whether inside or outside Palestine, is surrounded by a lot of ambiguity and contradiction between what they were before asylum and what they became afterward. The outbreak of the Corona virus has had a double negative impact in increasing the intensity of those negative feelings, especially The real danger and state of terror caused by the virus and its rapid spread increased these feelings.

Since the virus did not distinguish between young and old, or refugees and non-refugees, the state of positive feelings prevailed among the citizens in the Palestinian camps and made them all on an equal footing, regardless of their differences in cultural, economic, and social levels... etc., as it dissolved many of the differences between them and increased the space for tolerance, affection, and solidarity. Many of them were encouraged to provide moral and sometimes financial support to those who were injured or whose health condition worsened.

Among these positive feelings that prevailed among citizens in general: warmth, a state of positivity, moral support, encouragement, and an attempt to alleviate the state of fear and panic, which reflected positively on their physical health and enabled them to regain their psychological balance and overcome the state of fear that spread among them. This is what was revealed in the paper (Herslund & Paulgaard, 2024), which showed that social communication among the refugees themselves had a positive impact in strengthening belonging and solidarity among them. He also agreed with one of the results of a qualitative study targeting refugees and asylum seekers in Sydney, Australia, conducted by (Mckeon et al. 2024), which showed the importance of enhancing social communication among refugees.

### **Implications**

The results encourage Palestinian governmental and nongovernmental organizations to take active role in supporting Palestinian refugees and their families in time of crises and pandemics. Furthermore, where needed, specialized mental health interventions should be provided (Ehnholt and Yule 2006), and mental health workers should be trained to address the specific needs and circumstances of these refugees. One particular area for these organizations, health organizations and



mental health and health workers to focus on is implementing training programs, to provide support in all types.

### Conclusion

From the above perspective, we developed a thematic analysis of the lives of Palestinian refugees during COVID-19 pandemic, based on the stories of 45 Palestinian refugees. This type of analysis allowed us to identify and depict the different experiences of Palestinian refugees in the face of health crises, social relations, health risks, and conditions and means of support. When looking at these stories, we identified four main themes (concerns, daily life conditions, means of protection and sources of support, difficult experiences, and sources of support).

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**Table.1socio- demographic characteristics of sample**

Number	Name	Gender	Age	Marital statues
1-	Maha	F	18 years	Single
2-	Salma	F	40	Widow
3-	Hasan	M	40	Married
4-	Atef	M	36	Married
5-	Ahmed	M	26	Single
6-	Helmy	M	18	Single
7-	Abu Salem	M	45	Married
8-	Um Ahmed	F	38	Married
9-	Sawsan	F	18	Single
10-	Mohammad	M	33	Married \infected
11-	Maram	F	22	Single
12-	Salem	M	57	Married
13-	Bothainah	F	28	Single \works at a hospital
14-	Um Ali	F	47	married
15-	Abu Ahmed	M	39	Married\Quaranteed family
16-	Salma	F	42	Married
17-	Mohammed	M	40	Married\works at a hospital
18-	Siham	F	50	Married \infected
19-	Ahmed	M	34	Married
20-	Um Mohammad	F	58	Married
21-	Neamah	F	26	Single
22-	Soliman	m	40	Married
23-	Um Mohammad	F	45	Married
24-	Shaher	M	28	Single
25-	Abu moheeb	M	45	Married \Quaranteed family
26-	Abu Akram	M	52	Married
27-	Ahmed	M	23	Single
28-	Sundos	F	18	Single
29-	Abu Ezz	M	45	Married
30-	Abu obaiy	M	49	Married
31-	Shaher	M	33	Married

32-	Abu Ismaeel	M	54	Married
33-	Salem	M	33	Married
34-	Um Sameer	F	40	Married
35-	Abu Ahmed	M	45	Married \infected
36-	Rebhi	M	40	married
37-	Jamal	M	50	Married
38-	Um Asem	F	53	Married
39-	Sameer	M	30	Single
40-	Sameeh	M	18	Single
41-	Um Adam	F	45	Married
42-	Rabeea	M	43	Married
43-	Hadeel	F	37	Married
44-	Hekmat	F	40	Married
45-	Um Amer	F	33	Married

### APPENDIX -1

What are your fears of Corona?

Who supports you in your life?

How do you think about the response of the authority and civil community?

How was your experience by living in refugee camps?

Where do you get information about Corona from?

How do you take care of yourself and children?

Do you need any additional support?

How do you think about advice and procedures from authority and civil community?

Tell me about the following:

Residence in refugee camps.

Changes you have been through.

Things to feel better.

The impact of Corona pandemic emotionally.

How do people look at you after being infected with Corona Virus?

How have the authorities and society responded to you?

Corona and social distancing – the impact of Corona on life.

Individual and group behavior within Corona situation.

Support from UNRWA.

Ways of protection.

The role of media and social media.

Work and education within Corona situation.