The Status of Parents and Caregivers During Crises in Six Arab Countries: The Case of COVID-19 Pandemic

Jordan, Lebanon, Palestine, Egypt,Tunisia, and Morocco

First Strategic Research Model Brief

2022

Contents

The strategic research model:

In 2020, the Arab Network for Early Childhood (ANECD) developed its strategic plan for three years in which five intervention areas were identified to work upon:

Child Rights	Early childhood, environmental hazards, and climate deterioration
Workforce of early childhood development, care, and education	Early childhood, digital empowerment, and security.
Early childhood in crises	

The plan also identified three working approaches:

- Knowledge production
- Advocacy and partnerships
- Influential policy interventions

Accordingly, ANECD has developed a working plan for the coming years comprised of a "strategic research model" that targets the strategic areas of intervention one at a time. The aim is to produce and promote evidence-based knowledge about this area in order to influence relevant policies in the Arab countries participating in the research.

The strategic research model includes a set of activities that are implemented each time and serve the objectives of the intervention areas. It also includes the three working approaches as follows:

- ◯ ANECD members participate in choosing the intervention area.
- ◯ ANECD members participate in developing a digital questionnaire.
- ◯ The questionnaire is shared online with target groups in the countries.
- ◯ ANECD members and partners contribute to the promotion of filling out the questionnaire.
- ◯ The research team in each country analyzes the data and writes a national report and a national policy paper.
- ◯ The regional research team writes a regional report and a regional policy paper.
- ◯ An advocacy and communication campaign is developed based on the reports and policy papers.
- ◯ National and regional webinars are held for this purpose.

The researchers and the working team:

The regional research team:

Dr. Mohamed Matar (Palestine), lead researcher
Dr. Amur Alaysri (Oman)
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The researchers from the participating countries:

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M. Mohamad AlBekaai, Ms. Zahra Shams El-Din, Ms. Pia Saade, Ms. Naila Chemali, Ms. Grace Boutros, Ms. Lara Aoudeh,
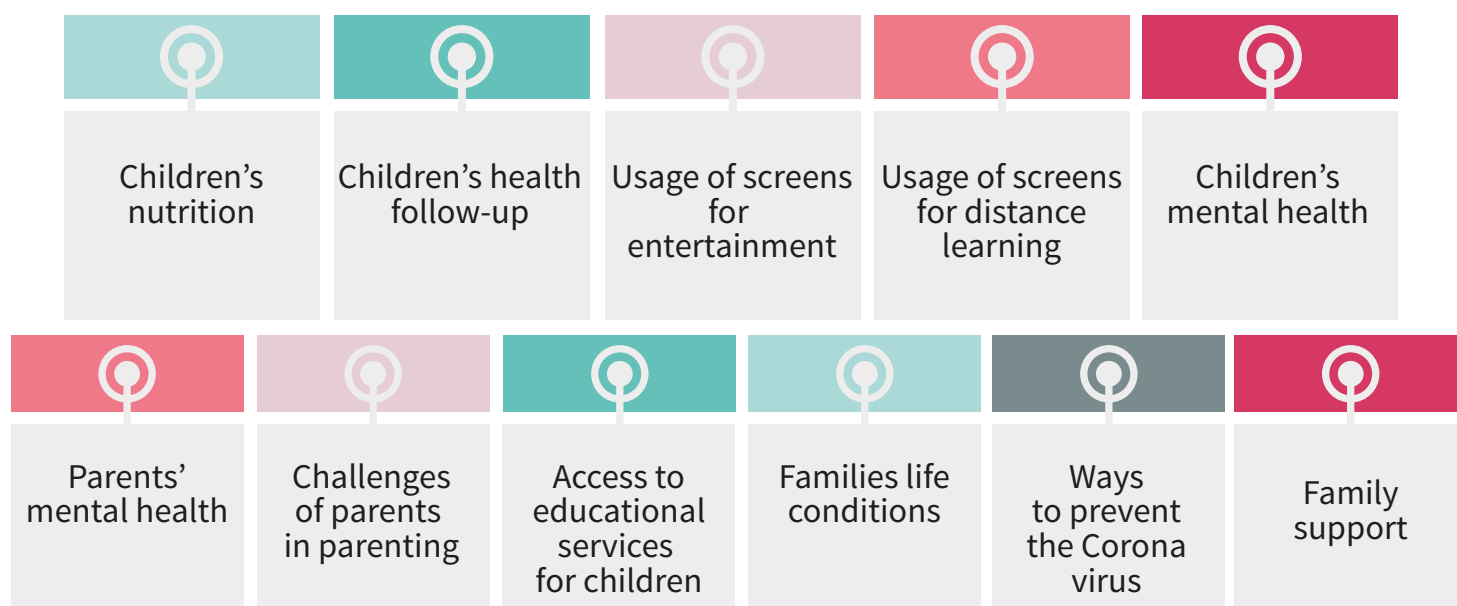ANECD General Coordinator: Dr. Ghassan Issa.

Introduction

In the context of strengthening ANECD component of policy-oriented research and assessment studies, comes the implementation of this first strategic research model that aims at studying the aspects of the early childhood situation in emergencies and crises in Arab countries.

This research takes the Corona pandemic as a model for the situation of parents and caregivers during the multi-dimensional crises experienced by the Arab countries. The results of the research will be promoted in the participating countries and at the regional level. Eventually, it would contribute to the dissemination of knowledge related to the EC field and constitute a communication tool with relevant entities including ministries, associations, donors, and decision-makers. It also aims at developing new policies that meet the needs and suggestions that have come out of ANECD reports.

About the study

The study adopted a mixed method in collecting data. The quantitative approach was manifested in a questionnaire for parents and caregivers distributed and promoted by ANECD members and partners via Internet to be filled by target groups in the participating countries, and the qualitative approach in the analysis of available documents and data about the situation of children in the pandemic period.

Quantitative data was collected through a computerized questionnaire developed by the research team. The questionnaire included 34 questions distributed over **11 themes** related to children from birth to five years, parents, and caregivers during and after the pandemic period. The themes of the study are:

Children's nutrition	Children's health follow-up	Usage of screens for entertainment	Usage of screens for distance learning	Children's mental health

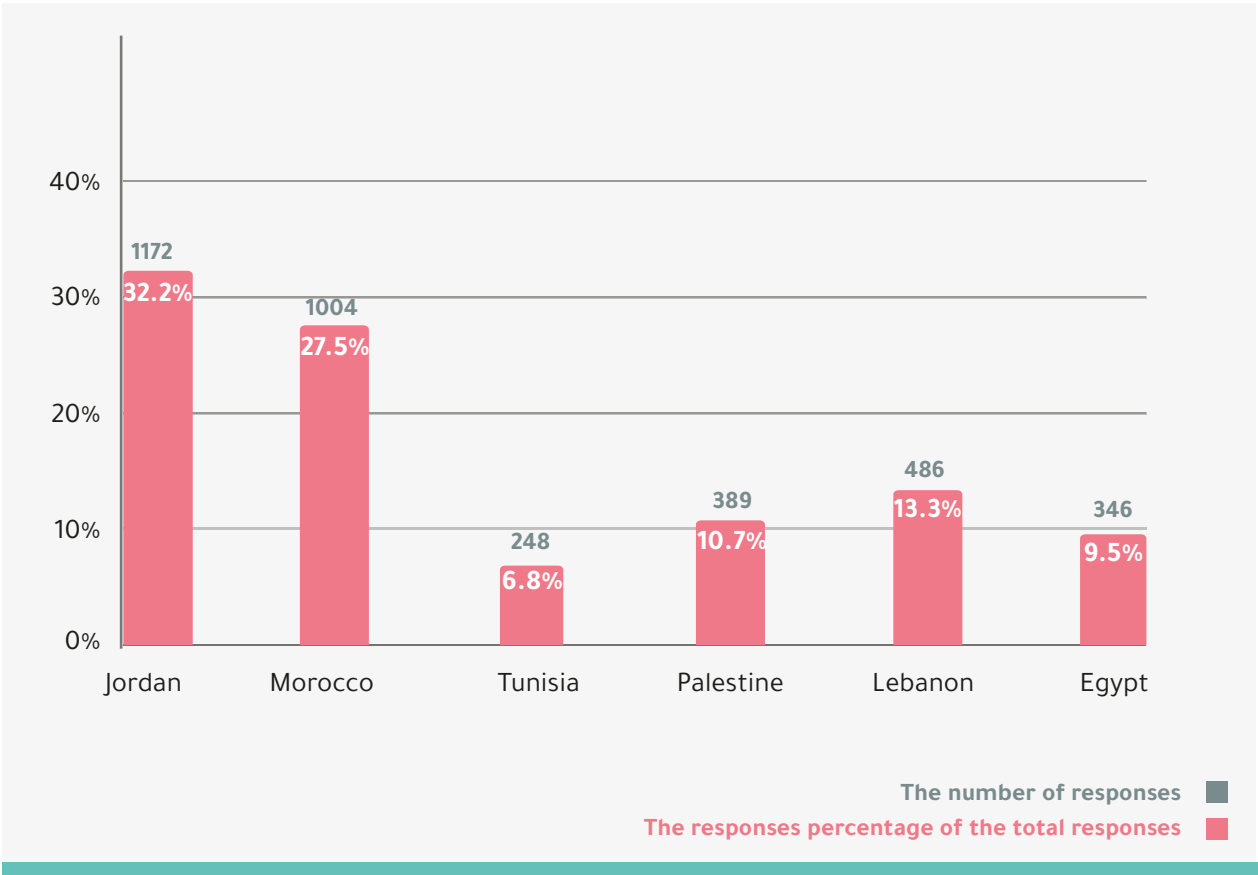| Parents' mental health	Challenges of parents in parenting	Access to educational services for children	Families life conditions	Ways to prevent the Corona virus	Family support

The strategic research model includes a set of activities that are implemented each time and serve the objectives of the intervention areas. It also includes the three working approaches as follows:

- ANECD members participate in choosing the intervention area.
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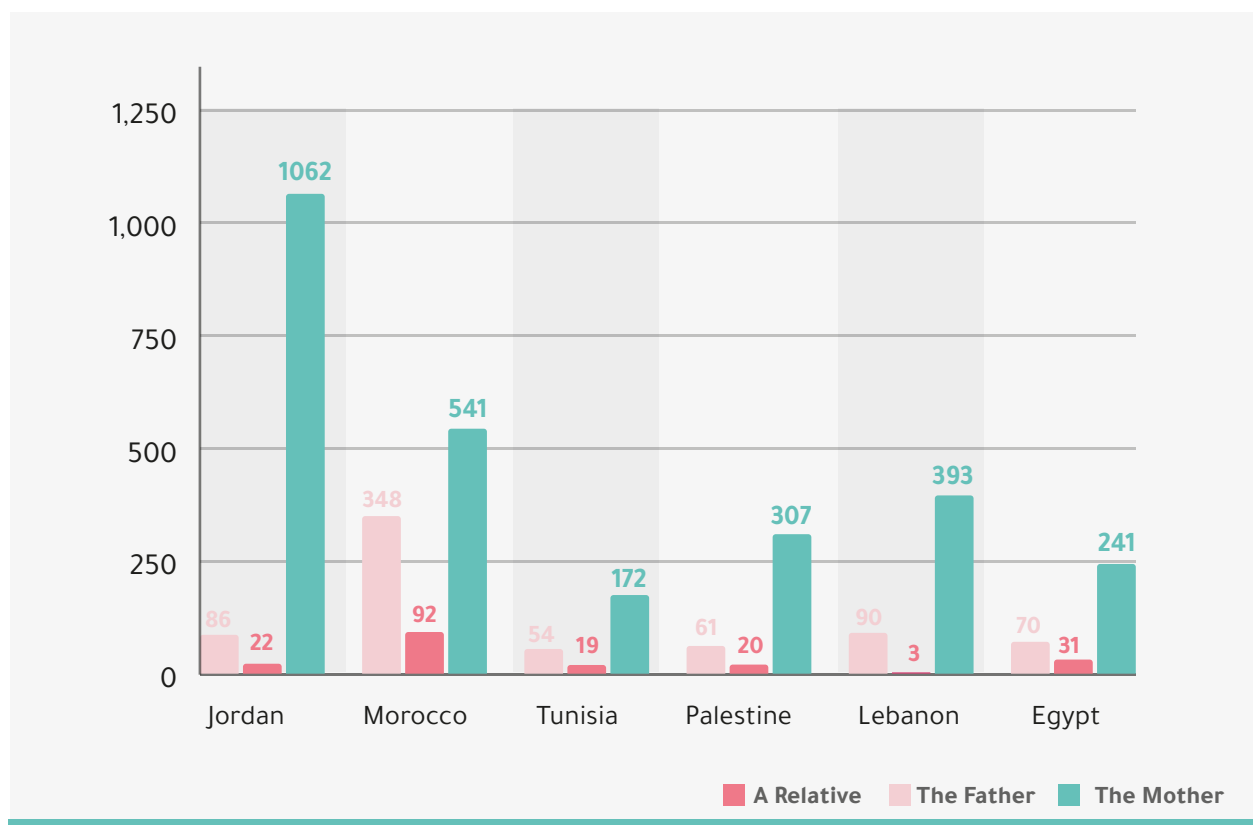- National and regional webinars are held for this purpose.

Due to the pandemic conditions and the inability to collect data using paper questionnaires, the questionnaire was computerized, and its link was disseminated to available samples of respondents using the non-probability survey method. Six Arab countries were identified to represent the study sample, namely

Palestine

Lebanon

Jordan

Tunisia

Egypt

Morocco
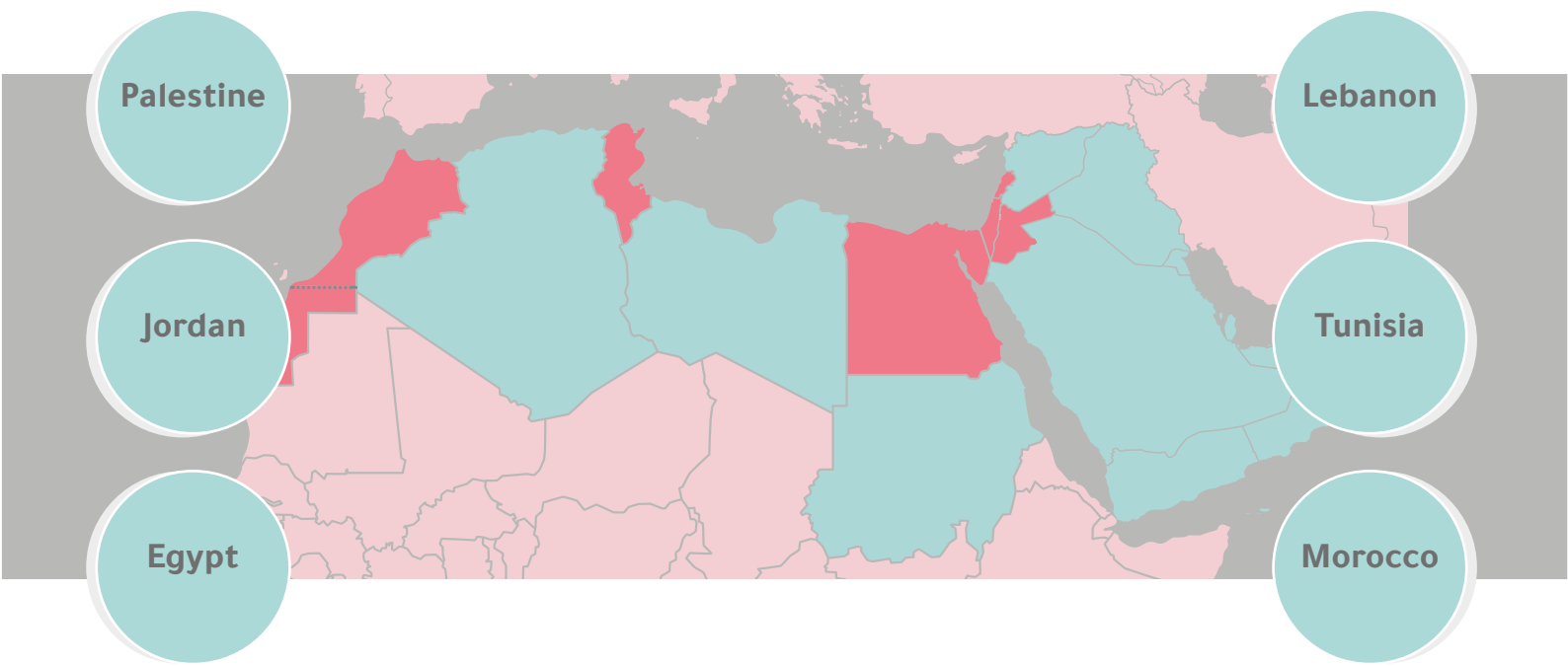
3645 questionnaires were filled, and the number of participants per country was distributed as follows:

Chart data:

Country	Number of responses	Percentage
Jordan	1172	32.2%
Morocco	1004	27.5%
Tunisia	248	6.8%
Palestine	389	10.7%
Lebanon	486	13.3%
Egypt	346	9.5%

The number of responses ■
The responses percentage of the total responses ■

Concerning the relationship between the caregiver and the child, the participants varied between the father, the mother, and one of the relatives as follows:

	Jordan	Morocco	Tunisia	Palestine	Lebanon	Egypt
A Relative	22	92	19	20	3	31
The Father	86	348	54	61	90	70
The Mother	1062	541	172	307	393	241

Results and recommendations from the countries

1. Jordan

Results

577 Jordanians and 527 Syrian refugees in Jordan participated in the research.

The results showed that early childhood-related problems facing parents and caregivers during crises in Jordan appeared with higher rates among Syrian refugees.

Nutrition:

Half of the respondents faced nutrition problems for children

30% of Jordanians   **63%** of Syrian refugees

and the most compelling of these problems were insufficient food at home due to the lack of sufficient money, especially among Syrian refugees

22% of Jordanians   **53%** of Syrian refugees

Mental health:

40% of the participants, Jordanians and Syrian refugees, noticed changes in the children's mood and mental health through some problems that appeared during the crisis, such as:

25% sleeping problems

20% frequent crying

12% involuntary bed-wetting

This contributed to the emergence of cases of violence towards children:

10% physical violence   **38%** verbal violence

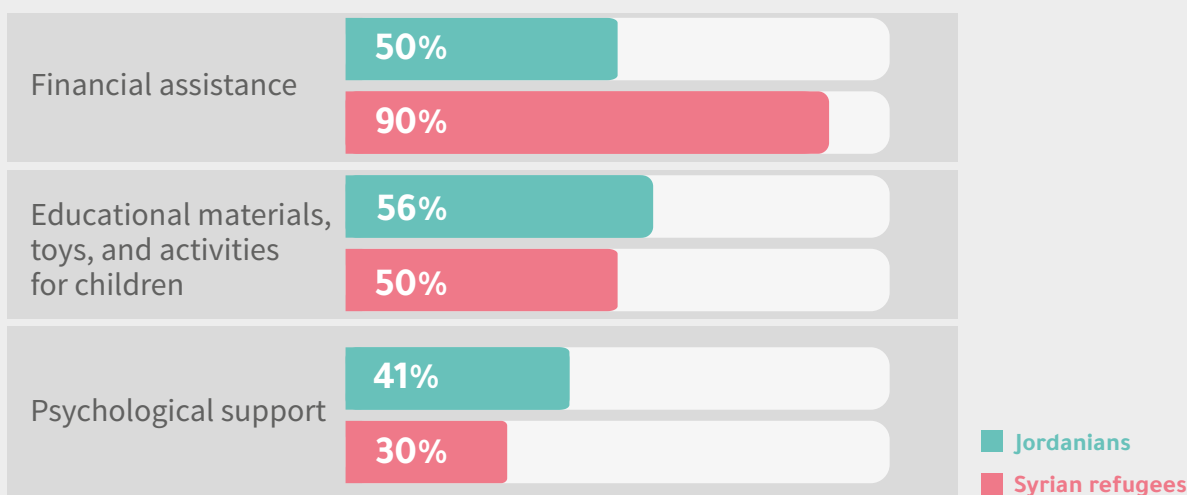**Education:**

62% of the children

Jordanians and Syrian refugees, did not have access to educational activities and programs.
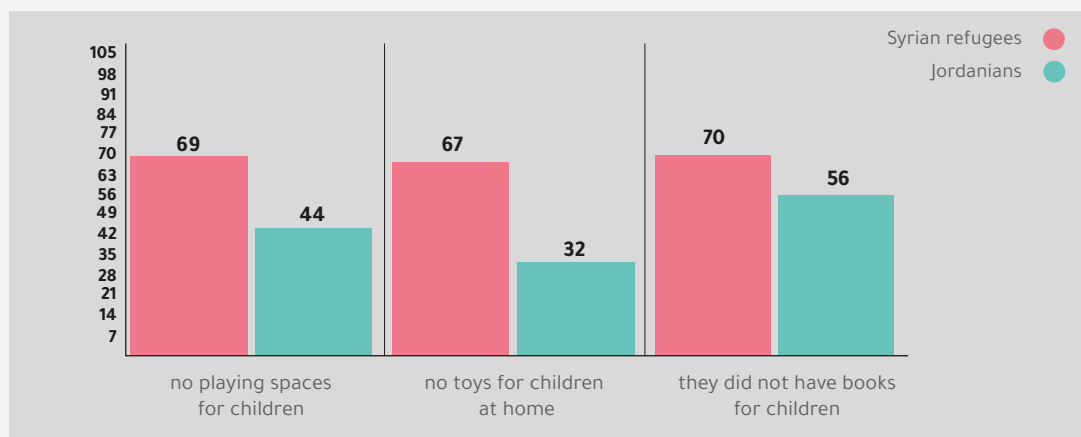
70%

70% of caregivers had difficulty dealing with their children's distance learning during the pandemic, due to the lack or weakness of the Internet, the absence of appropriate technological tools, and/or the child's non-cooperation with the distance learning model.

Parents' needs:

94.9% of caregivers needed support to deal with the child. Such support would consist of

	Jordanians	Syrian refugees
Financial assistance	50%	90%
Educational materials, toys, and activities for children	56%	50%
Psychological support	41%	30%

■ Jordanians
■ Syrian refugees

Play and children books:

Syrian refugees ●
Jordanians ●

- no playing spaces for children: 69, 44
- no toys for children at home: 67, 32
- they did not have books for children: 70, 56

- **69%** of Syrian refugees and **44%** of Jordanians indicated that there were no playing spaces for children.
- **67%** of Syrian refugees and **32%** of Jordanians indicated that there were no toys for children at home.
- **70%** of Syrian refugees and **56%** of Jordanians indicated that they did not have books for children.

Recommendations

In emergencies and crises, programs and projects should give priority to the groups that are most affected by the crisis, namely the Syrian refugees in the case of Jordan.

Nutrition: Food security and compensation of families for the loss of part of their income are considered highest priorities in crises.

The need to design and implement programs of awareness and psychological support in a sustainable manner that ensures a minimum level of readiness to deal or cope with crises for both children and caregivers.

Designing simplified checklists on children's mental health that enable families to keep track of their children and providing a range of activities that contribute to support mental health and allow children to be psychologically discharged.

Developing educational curricula and programs for children under five years to implement them remotely in emergency situations.

Providing nursery and kindergarten services in affordable prices for the poorest families, and ensuring that early education is mandatory given that the enrollment rates are very low.

Raising awareness of the importance of play and supporting families with activities that enable them to design home toys using simple and less expensive materials.

Promoting the current available electronic programs for children stories and making them available for free for the families that need them most.

2. Lebanon

Results

251 Lebanese and 199 Syrian refugees participated in the research in Lebanon.

The results of the study revealed the suffering of the residents in Lebanon in all domains due to the economic crisis and the pandemic, and the Syrian refugees in Lebanon were the most affected by the crisis.

Nutrition:

The results showed that

80% of Syrian refugees

37% of Lebanese parents and caregivers

suffered from nutrition-related problems, compared to other countries. The most prominent problem was the lack of sufficient food at home.

Child's mental health:

Mental health problems emerged in high rates among Lebanese and refugee children, such as

45% Irritability

31% Frequent crying

22% Sleeping problems

Mental health of the parents:

75% of parents and caregivers

Lebanese and Syrian refugees, became more irritable during the crisis due to the presence of the child at home. Half of this sample confirmed that they could control their mood in a way that does not impact the children.
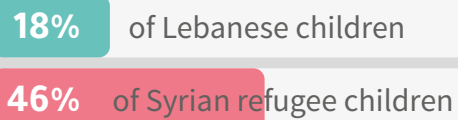
In other cases, problems appeared in dealing with children through verbal violence, such as screaming (45%), and physical violence, such as hitting, in a lesser rate (5%).

45% screaming

5% hitting

Education:

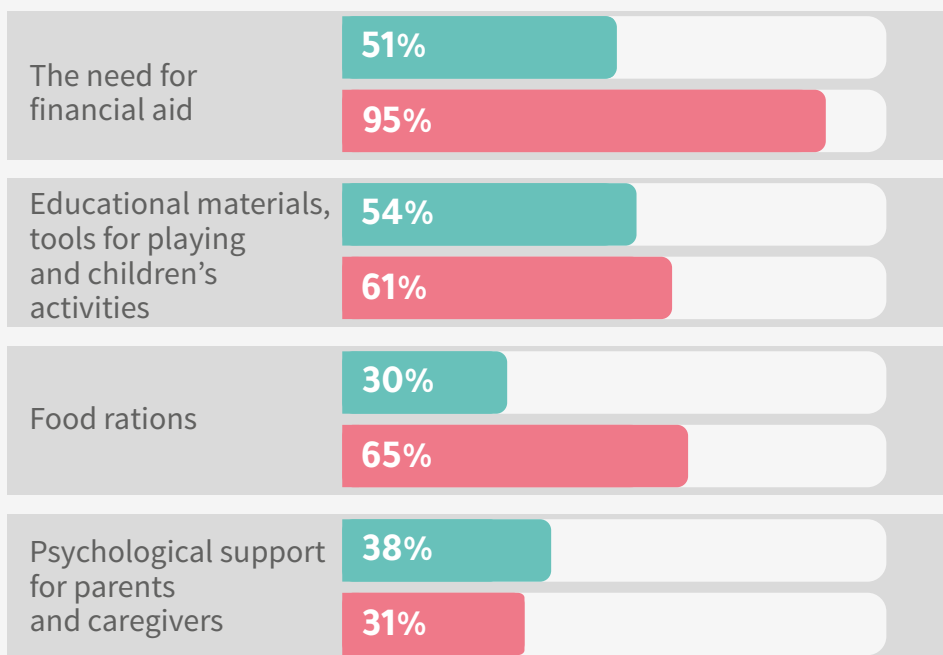Before the crisis, the percentage of children who did not attend any educational institution was:

18% of Lebanese children

46% of Syrian refugee children

This rate increased during the crisis

75% of Lebanese children

85% of Syrian refugee children

Parents' needs:

A large percentage of participants expressed a lack of basic living needs, such as:

The need for financial aid
51%
95%

Educational materials, tools for playing and children's activities
54%
61%

Food rations
30%
65%

Psychological support for parents and caregivers
38%
31%

Lebanese

Syrian refugees

Play and children's books:

- There were also the problems of lack of playing spaces for children (42% of Lebanese and 63% of Syrian refugees),

- lack of toys (35% of Lebanese and 78% of Syrian refugees),

- And the absence of children's books (42% of Lebanese and 89% of Syrian refugees).

	Lebanese	Syrian refugees
3	42	89
2	35	78
1	42	63
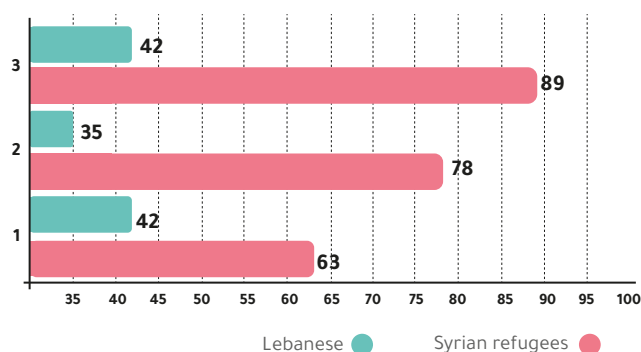
Recommendations

Working to pass the Child's Rights Act in Lebanon, and to amend the Child Protection Laws.

Developing a national strategy for early childhood development, care, and education in light of the economic, social, and health updates.

Reconsidering the order of priorities that puts the refugees first being the most affected by the crisis so that this does not lead to disagreements with the host communities.

Establishing a social protection system for children that secures material assistance and foodstuffs and creates job opportunities for affected families, especially Syrian refugees and the poorest and most marginalized families.

Improving the conditions for learning and enabling the education sector to be ready during crises by providing the required equipment and resources, creating a flexible curriculum for kindergartens and nurseries adapted to the crisis, developing activities and a training guide that helps parents to adapt to the educational requirements during crises, and providing free educational resources and books for families.

Developing and providing free psychological support programs for parents and caregivers, and developing intervention programs in cases of domestic violence.
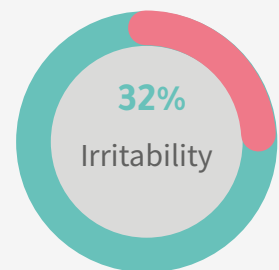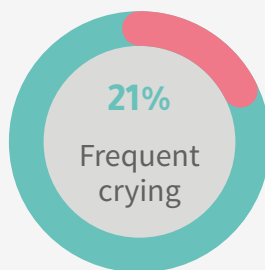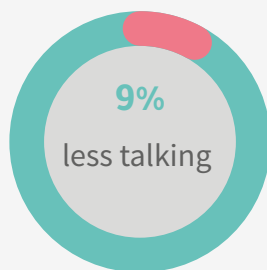
3. Palestine

Results

389 persons participated in the research.

Child's mental health:

The children's psychological problems that manifested were

9%
less talking

21%
Frequent crying

22%
Sleeping problems

32%
Irritability

Parents' mental health:

65% of parents and caregivers became more irritable during the crisis as a result of the child's presence at home.

40% confirmed that they could control their mood in a way that did not impact the children.

This led to problems in dealing with children through verbal violence, such as screaming (**50%**), and physical violence, such as hitting, at a lesser rate (**9%**).

50% screaming   **9%** hitting

These results confirm the psychological impact of the crisis on children, parents, and caregivers, noting that data was collected during war and confrontations with the Israeli occupation forces in all Palestinian areas, especially the war on the Gaza Strip.

Play and children's books:

Another problem emerged being the absence of playing spaces for children

37%

and lack of children's books for a large percentage of families.

46%

Parents' needs:

Educational requirements constituted the highest rates of parents' needs, such as:

The need for educational materials, toys, and activities for children

37%

The need for care and psychological support for parents and caregivers

33%

Recommendations

Due to the ongoing crisis of occupation and the accompanying psychological pressures on children, parents, and caregivers, it is necessary to develop and implement multi-modal psychological intervention programs and services that work sustainably over the short and long terms.

Developing a strategy that aims at facilitating and providing educational materials, toys, and children books for a higher proportion of families.

4. Egypt

Results

346 persons participated in the research.

Nutrition:

74% of children did not have any nutrition problems.

The nutritional problems were related to

children's illness, anxiety, or unwillingness to eat — **26%**

in addition to the lack of financial resources — **12%**

Use of screens:

The results showed that **42%** of children

spent more than two hours on screens for entertainment, which is the highest percentage compared to the rest of the participating countries.

Child's mental health:

60% of children showed negative mood and behavioral changes,

32% including irritability   **22%** frequent crying   **19%** sleeping problems

Parents' mental health:

67% of parents and caregivers

expressed nervous temper problems.

This led to resorting sometimes to verbal violence such as screaming (43%) or physical violence like hitting (13%).

43% screaming or **13%** hitting

Parents' needs:

The need for educational materials, toys, and activities for children came first

57%

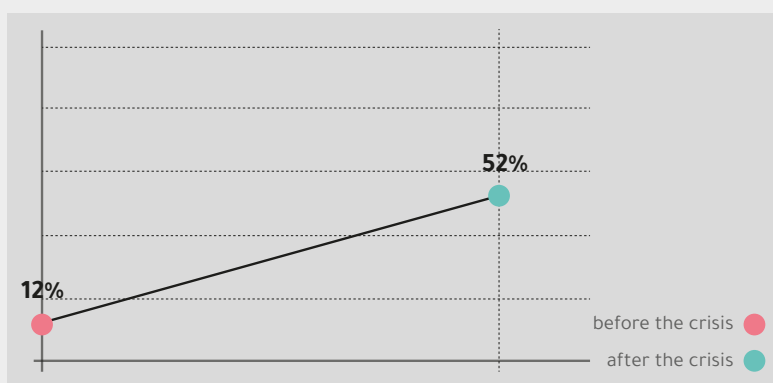followed by the need for care and psychological support for parents and caregivers

42%

and then the need for instructions about distances learning

31%

Education:

The rate of children who did not attend any educational institution (nursery, kindergarten, school) increased from 12% before the crisis to 51% after the crisis.

52%

12%

before the crisis ●
after the crisis ●

Play and children's books:

The highest rates, compared to the rest of the participating countries, in the problem of the absence of children's playing spaces

54%

and the lack of children's books

43%

Recommendations

Working to provide access and ensure the continued presence of children in nurseries by continuing the state's efforts in expanding the establishment of nurseries and kindergartens to provide more opportunities to include these age groups in the different educational facilities, in parallel with working to include those who are unable to enroll their children in the various educational facilities in the available support programs.

Qualification and training of staff working with children on how to communicate with parents and support them in crises.

Working to continue to include families that are economically affected by the pandemic in programs related to providing direct and indirect economic support at the state level.

Providing programs supporting the interaction of parents and families with children through health centers and various educational facilities that have programs fostering the integrated approach to the growth and development of the child
Increasing targeted awareness messages and methods of their dissemination (media and social media channels) to provide families and parents with sufficient information on how to deal with their children, especially in crises.

5. Tunisia

Results

248 persons participated in the research.

Child's mental health:

61% suffered from one psychological symptom and **27%** suffered from two.

The most prominent psychological problems among children were:

15%
Frequent crying

23%
Sleeping problems

40%
Irritability

Parents' mental health:

83% of caregivers changed their temper and became more irritable, and **66.7%** of them admitted that they were tired and irritable, which affected their interaction with their children, as they resorted to violent methods with their children such as yelling and hitting.

57% yelling   and   **14%** hitting

Education:

The rate of children who do not attend any educational institution (nursery, kindergarten, school) increased from 13% before the crisis to 70% after the crisis.

70%

13%

before the crisis ●
after the crisis ●
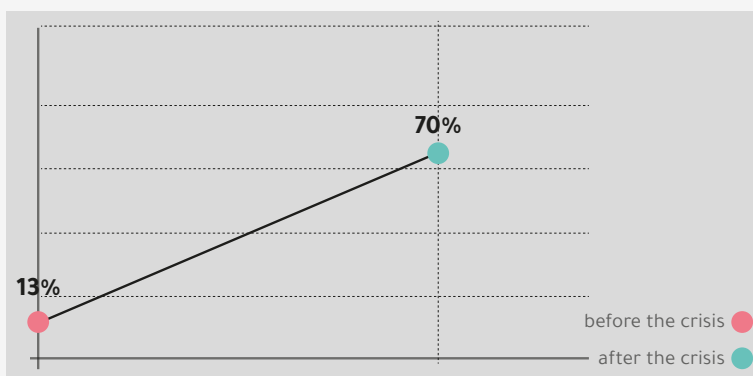
Playing spaces for children:

There were no playing spaces for children for **31%** of the participants and there were tight spaces for **18%** of the participants

Parents' needs:

The need for educational materials, toys, and children's activities came first

43%

followed by the need of parents and caregivers for psychological support

42%

Recommendations

Prioritizing the mental health of the most vulnerable children in development plans by providing psychological guidance and counseling services to all and working to develop educational curricula in a holistic manner.

Investing in the mental health of parents and caregivers by empowering them through training programs and awareness campaigns that use different platforms in addition to working proactively and in a multi-sectoral manner that supports their readiness and develops their resilience in the face of difficulties.

Planning to avoid the repercussions of the loss of children education and health, to reduce class differences, and to improve readiness to benefit from quality early education and comprehensive and sustainable health without any discrimination or exclusion

Reviewing educational curricula in general and incorporating mixed education (in person and virtual) in various subjects so that children and parents are enabled to use modern technologies and educators adapt their methods to the needs of the users.

6. Morocco

Results

1004 persons participated in the research.

Nutrition:

67% of the children did not suffer from any nutrition problems,

21% of the participants found the lack of financial resources to be the most important problem they faced in securing food for their children.

Child's mental health:

60% of the children showed negative changes in moods and behaviors, including

11% Sleeping problems

12% Frequent crying

17% Involuntary urination

24% Irritability
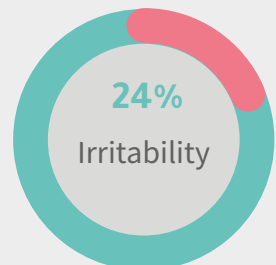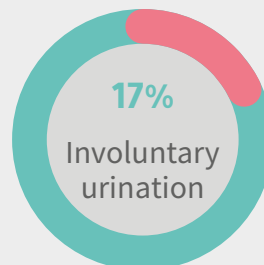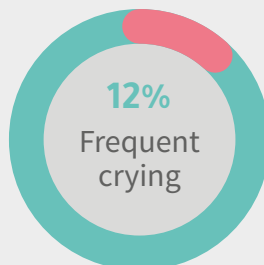
Parents' mental health:

84% of parents and caregivers

struggle with irritable moods and fatigue problems.

This led sometimes to resorting to verbal violence such as screaming (40%) or physical violence such as hitting (15%) to deal with children.

40% screaming or **15%** hitting

Parents' Needs:

The need for financial aid came first

55%

followed by the need for educational materials, toys, and children's activities
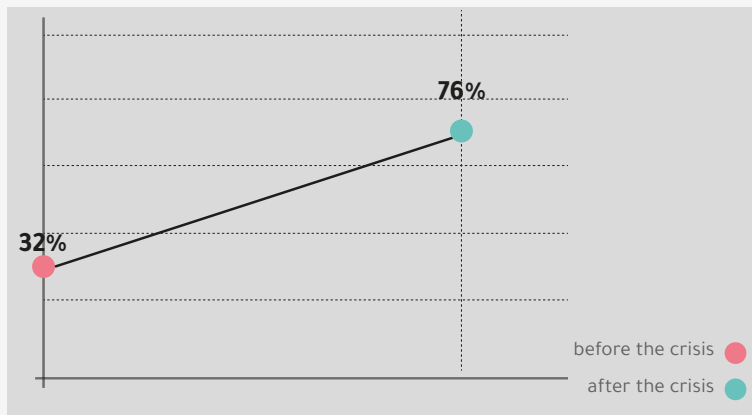
42%

`
and then the need for psychological support

18%

Education:

The rate of children who did not attend any educational institution (nurseries, kindergartens, and schools) increased from 32% before the crisis to 76% after the crisis.

76%

32%

before the crisis ●
after the crisis ●

Play and children's books:

There was aggravation of the problem of the absence of

30%   Play spaces for children

43%   Toys

59%   Children's books

Recommendations

Strengthening the social welfare system and providing financial assistance to families, especially the most vulnerable groups, and ensuring through a system of social security the rights of workers and employees who lost their jobs and incomes due to the crisis.

Supporting education in government institutions (including free access, subsidizing supplies, textbooks, etc...) to ensure that the economic situation of the family does not prevent children from enrolling in educational institutions and completing their education.

Preparing intervention programs and studies that address the issues of educational gains and losses to diagnose the situation and work to compensate and remedy the losses.

Creating recreational spaces available to all, equipped, and close to residential neighborhoods in a way that allows families and children to access them.

Focusing on the social, health, and emotional care for children within educational institutions through educational programs that help them overcome health and psychological crises and support their social relations and openness to the other.

General results:

Looking at the results of all the participating countries in the different areas, some general results emerged regarding the situation of parents, caregivers, and children in crises. Here are the most important ones:

Refugees from Syria	Syrian refugees in Lebanon and Jordan are the groups that are most vulnerable and affected by the risks of the crises, especially in terms of food insecurity and material destitution.
Nutritional needs	With regard to the needs of parents and caregivers in crises, nutritional and material needs emerged as a priority, followed by needs related to health and education.
Mental health	At the level of mental health, children frequently showed some problems (such as sleep problems, irritability, involuntary urination, etc...), and so did parents and caregivers (more irritability). This reflects the psychological pressure they face during crises, which negatively affects the relationship of parents with their children and causes the emergence of verbal and physical violence problems.
Education	The results showed major problems affecting the field of early childhood education, either due to the lack of facilities and educational activities - especially distance education during the pandemic - or to the lack of enrollment rates in nurseries and kindergartens.
Children books and toys	Problems of lack of games, activities, books, and playing spaces for children have recurrently emerged in all the participating countries. This reflects the loss of the element of play and reading as a major stimulus in the development of the child during this sensitive age stage.
Planning and readiness	In general, the results indicated weakness in planning and readiness during crises in the participating Arab countries, especially those experiencing a multidimensional crisis.

General recommendations:

The results of the study showed that there are several steps to be implemented and considered during crises in guiding future early childhood programs and projects, including the following:

Refugees' needs

The necessity of prioritizing the needs of refugees in the development and implementation of early childhood programs, as they are most affected by crises at all levels.

Basic living needs

With regard to the targeted areas, early childhood stakeholders in the Arab countries must prioritize basic livelihood needs such as food security for children and families during crises.

Psychological support

There is a need to develop psychological support programs and centers that work in a sustainable manner with both parents and children in the areas that are most marginalized during crises.

National strategies

It is necessary to develop sustainable national strategies centered around empowering sectors related to early childhood such as education, children's health, and mental health, and to increase their readiness for crises.

Laws related to Children's Rights

There is a need to develop and amend Child Rights laws in Arab countries in a way that guarantees the right of the most affected children and the most marginalized areas to access essential services for development such as food, education, and health.

Children's books and play

There is a need to focus on the issue of playing spaces and providing books for children within national and regional action strategies.