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# Assessing the Quality of Life of Palestinian Young Adult Refugees in Jordan: An Exploratory Study

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ABSTRACT: Quality of life (QoL), as measured by the World Health Organization, includes physical, psychological, social, and environmental domains, and is particularly threatened among vulnerable populations such as young adult refugees. This study assessed QoL among Palestinian refugee young adults (ages 18–25) residing in Al Husn Camp, Jordan, using the WHOQOL-BREF survey. Palestinian young adult refugees face unique circumstances, such as displacement stress and challenges of developing their identity as they navigate adulthood. Twenty-one participants were recruited with the support of a local NGO, and they completed a culturally adapted version of the WHOQOL-BREF, with one sensitive item removed for cultural relevance. Given the small sample and reliance on self-reported data, results are exploratory and should be interpreted with caution. Descriptive statistics showed lower domain scores compared to normative populations: physical health averaged 48.1, psychological health 51.6, social relationships 55.6, and environment 36.8 (on a 0–100 scale). By contrast, general populations in Australia and Mongolia reported higher scores in all domains, ranging from 61.5 to 79.7. These results show low QoL among young adult refugees, particularly in environmental and psychological domains. Findings highlight the need for interventions and future research expanding survey methods and sample diversity to address young adult refugee QoL disparities in Jordan.

KEYWORDS: Social and Behavioral Science, Sociology and Social Psychology, Mental Health, Quality of Life, Palestinian Refugees.

## Introduction

According to the World Health Organization, Quality of Life (QoL), "is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".[1] Quality of Life, encompassing four main domains: physical, psychological, social and environmental, is a measure of global health.[1] QoL outcomes are disproportionately unequal for vulnerable populations, where socioeconomic factors play a part in both the prevalence of well-being issues and access to care.[2, 3] Among youth, disruptions to Qol are visible. In the psychological category, there were sharp increases in reported depressive symptoms over the last decade.[4] For refugee populations, there is a strong prevalence of poor quality of life indicators because their lives are shaped by conflict, displacement, and post-migration uncertainty.[5] Refugee groups face challenges resulting from exposure to conflict and displacement affecting education, employment, housing, and social belonging, all factors that are correlated to well-being.[5]

Jordan hosts approximately 2.3 million registered Palestinian refugees, with about 30% being under the age of 25.[6] These refugees are in Jordan in an attempt to escape a series of wars in Palestine.[7] In Jordan, there are around 13 camps, 3 of which are unofficial.[8] Many Palestinian refugees live in host communities, camps, or informal, tented settlements, often for indefinite periods of time.[7] Across these settings, opportunities for education, employment, and healthcare remain limited, reducing overall quality of life.[8] Social factors, including limited educational and employment opportunities, contribute to distress in this population.[9]

Refugees face challenges, including financial barriers and limited awareness of available services.[10] Those in informal settlements often experience the most severe access limitations, with geographical isolation and lack of transportation infrastructure creating additional barriers.[10] These environmental issues all lead to a lower quality of life amongst refugee populations. This lack of comprehensive support highlights why refugee quality of life is fragile.

This study will assess quality of life among Palestinian youth refugees in Jordan, paying particular attention to the intersection of health, social well-being, and access to resources. Despite research on QoL, knowledge gaps remain regarding Palestinian young adults in Jordan. Current research lacks age-specific data, with very few studies focusing on the challenges faced by the young adult population. The importance of this research is emphasized by demographic factors, as approximately 30% of Palestinian refugees in Jordan are under 25 years old.[11] This makes youth QoL important for the population's future stability. The findings from this study can aid in the development of youth-specific solutions to increase quality of life, as well as a broader study to see how this compares to a different population. Overall, this work hopes to bridge these gaps, given the ongoing challenges faced by Palestinian refugees and the increasing significance of QoL.

### *Overview of the Current Study:*

This study aims to assess the quality of life of Palestinian young adult refugee populations in Jordan across all four quality of life domains: psychological, environmental, social, and physical. It is predicted that the quality of life will be lower



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than expected across all four domains due to structural and circumstantial barriers that this population faces. The current literature presents this as most prevalent in the psychological domain, as it was determined that 31.46% of refugees experienced PTSD compared to 3.9% in the general population.[12] Conditions such as PTSD take a severe toll on the psychological well-being of refugees, and facing this condition at a much higher rate than the general population will, in turn, reduce their quality of life. A meta-analysis examining physical health-related quality of life using the SF-36 Health Survey among 18,418 refugees found that refugee quality of life is generally poorer than that of the general population in a number of host countries.[13] However, these two studies relate more to the physical and psychological domain, whereas the social and environmental domain has not been explored to the same extent. A study following refugees in Australia over five years found that rates of psychological stress increased over the 5-year follow-up period, partially due to social integration issues such as discrimination, a lower sense of belonging, loneliness, and lower English proficiency.[14] These persisting social issues lead to a sense of isolation, impacting an individual's perception of their quality of life. This relates to a lower quality of life in the environmental category, where lack of access to resources reduces a refugee's quality of life.

## Methods

***Study Population:***

This study was approved by the WCG Clinical Institutional Review Board (IRB) and conducted in collaboration with non-governmental organizations (NGOs) that support Palestinian refugees in Jordan. Recruitment for the study was conducted by NGO coordinators working at the Al Husn refugee camp in Jordan, one of the largest Palestinian refugee camps in the country. According to the United Nations Relief and Works Agency (UNRWA), there are "more than 28,000 Palestinian refugees residing in the Al Husn camp, making it the seventh largest refugee camp in Jordan."[15] The camp, originally established in 1968 for those who were displaced during the Arab-Israeli conflict, has grown from a temporary settlement into a semi-permanent urban area with concrete housing, healthcare infrastructures, and schools.[15] However, it is worth noting that these resources are severely underfunded.[15]

The reason this camp was selected was due to its location, which makes it accessible through trusted nonprofit partners, as well as its large number of young adult refugees. The nonprofit MENA mental health organization allowed for ethical recruitment of participants. This NGO could offer ease, familiarity, and trust for these participants, given the challenges that complicate studies in refugee research. By working with a nonprofit, it was ensured that participants were aware of the purpose and directions of this survey.

The study focused on Palestinian young adult refugees aged 18 to 25 currently residing in Jordan as a result of displacement due to political and military conflict in Palestine. This demographic was selected based on UNRWA reports indicating that young adults under the age of 25 represent approximately 30% of the Palestinian refugee population in Jordan.[15] Their age, developmental stage, and unique experiences of displacement position them at heightened risk for challenges, making them a critical group for research.

Participants were recruited through community centers and NGO-run health and education programs. Fieldwork was conducted from June to August 2025. Individuals who agreed to participate were screened for eligibility, including age and refugee status. Individuals who migrated for non-displacement reasons, who were outside the age range, or who were not residing in a camp or informal settlement were excluded. A total of 21 young adults responded to the call for participation. Participants completed the survey on smartphones or tablets provided by the NGOs, with support from trained facilitators as needed. Consent was obtained from participants aged 18 and above. Participants were assured that their involvement was voluntary and that their responses would remain confidential and anonymous. Additionally, all participants completed a consent form, ensuring they understood the survey's outcomes and provided their consent.

***Measures:***

The primary instrument used for this study was the World Health Organization Quality of Life - BREF (WHOQOL-BREF) survey. This tool was selected because it is a validated instrument used globally for assessing perceived quality of life across different cultural and social settings. Additionally, the WHOQOL-BREF is consistently used in refugee studies, such as those by Al-Solieiti *et al*. Unlike narrower diagnostic tools such as the PHQ-9 or HSCL-25, the WHOQOL-BREF offers a more comprehensive understanding of well-being due to its broad domains. Using the WHOOL-BREF also makes this study's method easy to replicate for future studies.

The WHOQOL-BREF includes 26 items covering four core domains of quality of life[1]:

- Physical Health (7 items)
- Psychological Health (6 items)
- Social Relationships (3 items)
- Environment (8 items)

Additionally, two general items assess overall perception of mental health and satisfaction with one's health. However, for the sake of cultural relevance, question 23, which asked about sexual activity, was removed. More specifically, question 23 asked about the individual's sexual relations and sexual activity. Sexual topics tend to be more stigmatized and frowned upon in Middle Eastern Society, which is why they were removed from the survey. The removal will be taken into account when doing the data analysis. Removing one out of the three questions in the Social domain may render results as unreliable, meaning, accurate representation of this domain may require another study.

Each item is scored on a 5-point Likert scale, with higher scores representing more favorable conditions. The WHOQOL-BREF includes three negatively worded items: physical pain (B3), need for medical treatment (B4), and frequency of negative feelings (B26). These items were reverse-scored to ensure that higher values consistently reflected a higher qual-

ity of life. The survey questions were in Arabic and English, ensuring that anyone who met the participant criteria could partake, regardless of their spoken language. Completion time for this survey averaged 12–15 minutes.

## Results and Discussion

***Results:***

***Descriptive Analysis:***

Raw domain scores were calculated by summing the individual item scores for each domain. The scoring system uses the following possible raw score ranges: Physical Health: 7 to 35, Psychological Health: 6 to 30, Social Relationships: 3 to 15, Environment: 8 to 40

Domain scores were transformed to a 0–100 scale using the WHO-recommended formula:

Physical domain= ((6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18)x4.

Psychological domain= (Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26))x4.

Social Relationships domain= (Q20 + Q21 + Q22)x4.

Environment domain= (Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25)x4.

(Domain-4)(100/16)= transformed score

This standardization enables interpretation and comparison across various domains and populations. Based on these guidelines, a higher score shows a higher quality of life in each domain. By using the WHOQOL-BREF, this study can leverage standard results for comparison to other studies and norms. The four scores were calculated for each participant for each domain, using the domain formula listed above. Then each score was transformed by subtracting four and multiplying by 100/16. After that, the total means and standard deviations were calculated for each category. The mean for the physical domain was 48.1, and the standard deviation was 13.9. The mean for the psychological domain was 51.6, and the standard deviation was 17.1. The mean for the social domain was 55.6, and the standard deviation was 23.3. The mean for the environmental domain was 36.8, and the standard deviation was 16.8.

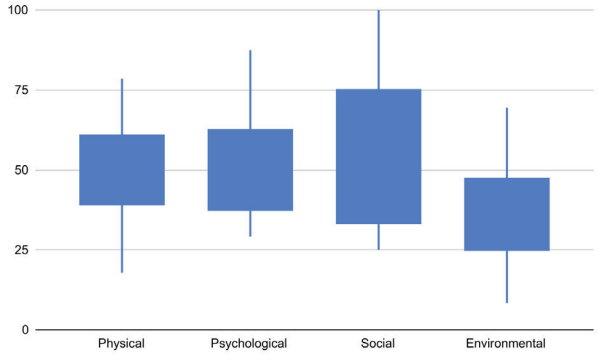


**Figure 1:** Means and standard deviations for domains of the WHOQOL-BREF survey conducted on Palestinian Young adult refugees in Jordan (Physical, Psychological, Social, Environmental). Overall, Social scores were the highest and Environmental scores were the lowest, which suggests that even when people feel some sense of connection, the day-to-day conditions in refugee camps are still major barriers to QoL. The Social domain also had the biggest spread, showing that participants' social experiences weren't consistent, meaning some had strong support systems, while others didn't.

***Discussion:***

This study reveals that Palestinian young adult refugees in Jordan experience significantly lower quality of life in all WHOQOL-BREF domains compared to the general population. As seen in Figure 1, mean scores were approximately 48.1 for physical health, 51.6 for psychological health, 55.6 for social relationships, and 36.8 for environment were calculated for Palestinian young adult refugees in Jordan. By contrast, healthy populations in countries such as Australia and Mongolia report much higher WHOQOL-BREF scores across every domain, as seen in Figure 2: physical health averages 74.5 in Australia and 61.5 in Mongolia; psychological health 72.1 in Australia and 73.5 in Mongolia; social relationships 72.9 in Australia and 70.1 in Mongolia; and environment 79.7 in Australia and 67.2 in Mongolia.[14, 16] In a Syrian Refugee population in Jordan, it was determined that physical health averaged 50.7 the Psychological health averaged 49.4 the social relations domain averaged 49.8, and the environmental domain averaged 47.4. Therefore, Palestinian refugee young adults in Jordan scored 26 to 43 points lower than Australians and 9 to 30 points lower than Mongolians depending on the domain, showcasing the disparities in quality of life outcomes between refugees and general populations.[14,16] When compared to the Syrian refugee population, however, the numbers were much closer together, pointing towards a trend in overall decreased quality of life for refugees. However, it is important to acknowledge that there is a vast difference in sample size between the current study (n=21) and the Australian (n=929) and Mongolian population studies(n=714) and Syrian Refugee study (n=655).

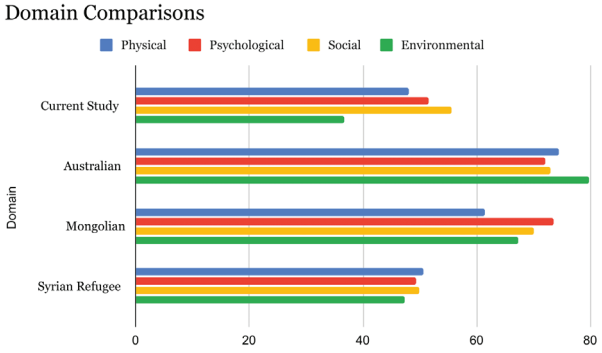


**Figure 2:** Means for physical, psychological, social, and environmental domains for the current study population, normative Australian,[14] normative Mongolian,[16] and Syrian refugee.[17] Across all four domains, the current study's mean scores are lower than the Australian and Mongolian normative samples, with the biggest difference showing up in the Environmental domain. Compared with the Syrian refugee sample, scores look closer overall, but the Environmental domain still stands out as one of the lowest areas for this group.

***Physical Health Domain:***

The average physical health score was 48.3, indicating ongoing challenges such as poor nutrition and limited access to healthcare, which are common in long-term displacement. Scores ranged from 17.86 to 60.71, indicating significant variability among participants. The median score of 42.86 also supports a slightly left-skewed distribution, with a minority reporting lower than average outcomes. A study from Johns Hopkins found that many Syrian refugees in Jordan suffer from chronic illnesses like diabetes and high blood pressure,


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often due to limited access to preventive care and financial barriers to treatment.[18] This broader pattern highlights how even though refugees report low physical health conditions, this is attributed to systematic issues. The low physical health scores found in the current study may be impacted by the fact that medical centers in Jordan lack sufficient funding, making it harder for them to serve the uninsured refugee populations.[17] Similar findings were reported by Anwar *et al*., who showed that among long-term residents in a refugee camp, physical health domain outcomes deteriorated over time due to prolonged exposure to crowded environments and limited access to medical care.[19] Another study, looking at the health-related quality of life of Palestinian refugees in Jordan, found major disparities in refugees who specifically live inside camps.[20] In the physical health domain, the low mean score may align with studies showing that refugee communities face chronic illness burdens due to systemic healthcare inaccessibility. Underfunded clinics, medication shortages, and limited preventive care reflect structural neglect. The longer individuals stay in these settings, the more likely they are to develop preventable or manageable conditions. In summary, the physical health results underscore how structural barriers in healthcare funding and accessibility perpetuate chronic illness and poor well-being among long-term refugees.

***Psychological Domain:***

The average psychological health score was 51.6, indicating widespread mental health challenges. This likely reflects ongoing stress, insecurity, and lack of concentration in daily life. Some participants scored as low as 29 to 17, suggesting severe distress in parts of the group. This low score may be attributed to several factors. A study by Researchers Kiselev *et al*. of Qatar University found that mental health challenges amongst refugees are typically attributed to stress in numerous areas of life.[23] Additionally, a study by Al-Soleiti *et al*. found that underfunding, stigma, and cultural barriers limit access to mental health care in camps in Jordan.[10] Also, structural issues, such as legislation, restrict Palestinians from public-sector jobs, adding to feelings of hopelessness.[21] The UNHCR Global Trends Report also supports these findings, noting that refugee young adults report nearly double the global average rates of anxiety and depression, particularly in under-resourced host countries.[22] Psychological health findings also show that the mental strain may be a result of displacement, legal barriers, financial insecurity, and lack of mental health services. Invisibility within host societies may exacerbate distress, potentially resulting in lower psychological scores.[24] This may be significant for young adults, who experience an identity crisis due to constant marginalization; it was found that prolonged young adult displacement led to high levels of suicidal ideation and loss of future orientation.[25] The psychological burden that refugee young adults face cannot be separated from chronic exposure to structural ambiguity. Their daily existence is characterized by chronic instability from uncertain living arrangements to irregular access to primary services. The scarcity of available mental health facilities exacerbates these psychological hazards. Despite some of the psychological services delivered by organizations such as UNRWA, the demand is great, and the stigma of mental illness and lack of culturally competent professionals imply that most young refugees go untreated.[18] The unavailability of safe, confidential, and welcoming mental health facilities discourages use even among those who perceive a need to be supported. Culturally tailored and locally situated models being pivotal in addressing the refugee mental health outcomes, especially among young adults who do not trust formal institutions, is laid out by Kirmayer *et al*.[26] Overall, the psychological domain reveals that young refugees' mental health is undermined by chronic instability, systemic neglect, and cultural stigma, emphasizing the need for inclusive and trauma-informed care frameworks.

Social Domain

The average score for social relationships was 55.6, the highest among all measured areas, pointing towards strong family and community ties. However, scores ranged from 25 to 100, suggesting that not everyone has equal access to these support networks. Additionally, as mentioned earlier, the results from this domain must be approached with caution due to the missing question. The median score of 50 confirms this distribution's slight left skew, with most respondents reporting moderate to strong ties, but some experiencing isolation. Strong social bonds are a cultural strength, but systemic barriers can weaken their impact. For example, a study found that political oppression in Gaza led to a decrease in trust in relationships, despite strong family connections.[27] However, this appears to be a more variable issue from individual to individual, and the current research indicates that there are no consistent trends in this category for the population surveyed. During the COVID-19 pandemic, social ties among displaced communities further deteriorated due to restrictions on movement and interaction. Studies show that isolation measures disproportionately affected refugee young adults, increasing emotional distancing even within households.[28] However, this same study mentions how some young refugee adults reported feeling closer to their families post-pandemic. For young adults who spent much of their youth in refugee camps, even familial networks may be stressed by resource scarcity and intergenerational trauma. In conclusion, the social domain findings suggest that while community and family connections serve as protective factors, structural and situational pressures can strain these relationships, leading to uneven social well-being across the refugee population.

***Environmental Domain (Surrounding Conditions):***

The environmental domain had the lowest mean score at 36.8, reflecting widespread dissatisfaction with conditions such as safety, healthcare, and financial stability. Scores ranged widely (8.3–58.3), with over 57% of participants scoring below 40, indicating acute environmental stress. The median score of 33.3 supports a slightly left-skewed distribution. Comparable patterns also appear in refugee camps among the Rohingya, where a study reported increased overcrowding and lack of sanitation and dependency on aid, serving to reinforce poverty and insecurity patterns.[28] UN reports also suggest that refugee camps in Jordan run at or near capacity, which otherwise in-

creases health and security threats.[22] Ruhnke *et al*. also found that the longer a refugee is in a camp environment, the worse their perception of environmental stability becomes, and in alignment with less access to employment, leisure, and education.[29] These findings demonstrate that inadequate living conditions, combined with restrictive governmental policies, form structural barriers that significantly impair the quality of life for Palestinian young adult refugees. The environmental domain's low scores may demonstrate the ongoing lack of access to resources that refugees face. Overcrowded housing, unsafe environments, and financial deprivation may reinforce cycles of poverty and insecurity, worsening overall well-being. Ultimately, the environmental domain highlights how systemic neglect, overcrowding, and financial hardship create persistent conditions of instability that severely undermine refugees' quality of life.

***Limitations:***

Several limitations affected this research. First, the sample size (n = 21) limits generalizability. Although sufficient for identifying trends within Al Husn Camp, it does not fully represent the diversity of experiences among Palestinian refugee young adults across Jordan. Participants were drawn exclusively from one camp, excluding voices from urban refugees or those in other settlements such as Baqa'a or Jerash. Future research should intentionally incorporate multiple sites for comparative analysis.

Secondly, the research was based completely on self-report data from a standardized measure. Although the WHOQOL-BREF is a validated measure, it is likely to underrepresent culturally unique mental health stressors like intergenerational trauma, acculturative pressure, and religious identity crises. Social bias may also have caused some participants to underreport. Also, since individuals volunteered to take part in the study, there will be a self-selection bias, so the data is more likely to be less extreme, as those suffering the most may not have the capacity to respond to a survey.

Third, while efforts were made to maintain cultural relevance by removing sensitive items (e.g., the question on sexual activity), this adjustment may have slightly reduced reliability in the social domain. Public discussions on sexual topics tend to be stigmatized, especially in the Middle East. In the collection of the data, it was intended to make individuals feel comfortable enough to be vulnerable during the survey, which is why the sexual activity question was removed.

***Future Implications:***

Future research should focus on a larger sampling group involving both camp and urban refugee groups in Jordan. Mixed methods that involve quantitative tools, such as the use of the WHOQOL-BREF, blended with semi-structured interviews, will allow researchers to place mental health scores in context and investigate more in-depth and nuanced themes such as identity, belonging, and resilience. In turn, long-term studies may be used to monitor and measure the way mental health and quality of life change following particular policy events or global interruptions, such as the COVID-19 crisis.

At the level of practical application, there are multiple directions for potential solutions in the future. Host government and NGO investment in long-term mental health systems that extend beyond emergency arrangements is required. Culturally specific and young adult-friendly interventions such as mobile mental health clinics, school-based, trauma-informed interventions, and peer-support groups can be tailored into existing community systems to improve accessibility. Training sessions to educate counselors with skills to meet the unique needs of displaced children who do not respond to traditional Western models of mental health should be increased.

## ■ Conclusion

This paper draws attention to the prevalence of mental health and quality of life problems among young Palestinian refugee young adults living in Al Husn Camp in Jordan. By the use of the WHOQOL-BREF survey, participants consistently reported lower scores in the psychological, physical, social, and environmental domains, as predicted in the hypothesis. These findings attest to the long-term effects of displacement on refugees. In contrast to discrete health outcomes, the findings illustrate a more general social trajectory of prolonged displacement, legal exclusion, and political marginalization that together give rise to and maintain adverse mental health outcomes. This is particularly important in the case of young adults whose development is susceptible to protracted instability, eroded agency, and unfulfillment of opportunity.

The average physical health score was 48.3, ranging from 17.9 to 60.7, reflecting health challenges and variability among participants. Structural issues, including underfunded clinics, medication shortages, and limited services for uninsured refugees, could contribute to these outcomes.18 The average psychological health score was 51.6, with some scoring as low as 17 to 29, indicating widespread distress and challenges for parts of the group. The average social relationships score was 55.6, which was the highest across all domains, showing strong family and community ties that help refugees deal with hardship. However, scores ranged widely from 25 to 100, with 32% scoring below 50, showing that many lack adequate support networks. This shows no consistent trend in this domain. 27,28 The environmental domain had the lowest mean score at 36.8, with a range of 8.3 to 58.3, showing dissatisfaction with safety, healthcare, and financial stability. Similar findings have been reported in other refugee studies, such as one with the Rohingya, where overcrowding, poor sanitation, and aid dependency reinforce cycles of poverty and insecurity.28 For young adult Palestinian refugees, these challenges contribute to a low QoL.

The findings reveal a pattern of low quality of life among Palestinian refugee young adults in Al Husn Camp. Each domain, physical, psychological, social, and environmental, illustrates how long-term displacement systematically affects well-being.


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