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## Syrian Refugees' Access to Education and Healthcare in Jordan

### Abstract

This article examines the practices of social exclusion faced by Syrian refugees in Jordan, specifically with access to education and healthcare services. A qualitative study methodology was employed, involving in-depth interviews with 13 Syrian refugees residing in Mafraq Governorate. The study aims to understand how refugees perceive and navigate barriers to public services, as well as the resistance tactics they utilize to address these barriers. The results indicate that financial difficulties, geographic separation, and absence of legal paperwork are the primary obstacles to obtaining essential services. While several participants conveyed satisfaction with the services offered, others described experiences of exclusion, including school dropouts attributable to poverty and restricted access to healthcare resulting from insufficient insurance or financial assistance. Cultural attitudes and structural barriers further influence the persistence of exclusion. Refugees commonly rely on personal networks, informal assistance, and adaptive methods, like silence, disengagement, or selective involvement, to navigate these challenges. The article improves the comprehension of how structural and cultural forces converge to influence refugee experiences in host communities.

**Keywords:** *Syrian refugees, social exclusion, education, healthcare, Jordan, public services, qualitative research, Mafraq Governorate, refugee integration, resistance strategies*

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## Suriyalı qaçqınların İordaniyada təhsil və səhiyyə xidmətlərinə çıxışı

### Xülasə

Bu məqalə İordaniyada yaşayan suriyalı qaçqınların təhsil və səhiyyə xidmətlərinə çıxış sahəsində üzləşdikləri sosial xaricətmə təcrübələrini araşdırır. Keyfiyyət əsaslı tədqiqat metodologiyası tətbiq olunmuş və Mafraq bölgəsində yaşayan 13 suriyalı qaçqınla dərinlən müsahibələr aparılmışdır. Tədqiqatın məqsədi qaçqınların ictimai xidmətlərə çıxışda qarşılaşdıqları maneələri necə qavradıqlarını və bu maneələri aşmaq üçün istifadə etdikləri müqavimət taktikalərini anlamaqdır. Nəticələr göstərir ki, əsas maneələr maliyyə çətinlikləri, coğrafi uzaqlıq və hüquqi sənədlərin olmamasıdır. Bəzi iştirakçılar təqdim olunan xidmətlərdən məmnunluq ifadə etsələr də, digərləri yoxsulluq səbəbindən məktəbdən ayrılma və kifayət qədər sığorta və ya maliyyə dəstəyi olmadığı üçün səhiyyə xidmətlərinə məhdud çıxış kimi xaricətmə təcrübələrini təsvir etmişlər. Mədəni yanaşmalar və struktur baryerlər xaricətmənin davamlılığını daha da gücləndirir. Qaçqınlar bu çətinliklərin öhdəsindən gəlmək üçün adətən şəxsi əlaqələr, qeyri-rəsmi yardım və səssizlik, uzaqlaşma və ya seçici iştirak kimi uyğunlaşma üsullarına arxalanırlar. Məqalə, struktur və mədəni qüvvələrin birgə təsirinin qəbul edən cəmiyyətlərdə qaçqın təcrübələrinə necə təsir etdiyini anlamağa töhfə verir.

**Açar sözlər:** *Suriyalı qaçqınlar, sosial xaricətmə, təhsil, səhiyyə, İordaniya, ictimai xidmətlər, keyfiyyət əsaslı tədqiqat, Mafraq bölgəsi, qaçqınların inteqrasiyası, müqavimət strategiyaları*

## Introduction

The Syrian civil war, commencing in 2011, has led to considerable displacement of Syrians into neighboring countries. The Jordanian nation has had significant repercussions as a result of the onset of the crisis in 2011. Being in close proximity to the conflict, Jordan has become a destination for a substantial number of Syrian individuals seeking asylum, with the total number of refugees surpassing 666,000. This influx of refugees has had a dramatic impact on the demographic composition of Jordan, as almost one out of every 15 individuals in the country is now a refugee. The resettlement of Syrian refugees in Jordan has commenced, with a significant proportion (81.5%) choosing to establish themselves in prominent urban centers throughout the nation. Meanwhile, the United Nations and the Jordanian government have provided housing for the remaining 18.5% of refugees in two key camps (Moayerian & Stephenson Jr, 2023).

### Research

Recent estimates indicate that the country hosts around 135,000 Syrian refugee children enrolled in its public schools (Khawaldah & Alzboun, 2022), demonstrating the country's dedication to integrating refugees into its educational services. Moreover, Registered refugees have access to healthcare services at public health centers and government hospitals, usually at the non-insured Jordanian cost (Khawaldah & Alzboun, 2022).

Nevertheless, Syrian refugees in Jordan still face significant obstacles in accessing basic public services, especially in education and healthcare (Moayerian & Stephenson Jr, 2023). Financial restrictions, regional problems, and experiences of exclusion hinder their capacity to fully use offered resources. In spite of the Jordanian government's initiatives to address the educational needs of refugees through the establishment of schools in camps and educative programs, challenges such as poverty child labor, early marriages, have resulted in elevated dropout rates among Syrian children (Krafft et al., 2022).

In the healthcare sector, despite hypothetical accessibility, real obstacles such as the absence of health insurance, high service fees, and a separate healthcare system provide significant challenges for refugees. The difficulties are worsened by the necessity for right documentation, including valid UNHCR Asylum Seeker Documentations and service cards issued by the Ministry of Interior, which are required for getting subsidized healthcare treatments (Akik et al., 2022).

This study aims to shed light on the diverse experiences of exclusion experienced by Syrian refugees in Jordan regarding accessing educational and healthcare public services; by analyzing personal testimonies of Syrian refugees and current research, it also aims to investigate the resistance techniques utilized by refugees to overcome these challenges. Understanding these dynamics is essential for guiding policies and initiatives that encourage more inclusive access to essential services for refugee populations.

### Literature Review

Refugees' access to essential public services, particularly education and healthcare, has become a considerable issue in host countries. Even though international frameworks like the 1951 Refugee Convention emphasize refugees' right to basic services, the actual circumstances repeatedly uncover a gap between theory and implementation. Scholars and humanitarian entities have steadily highlighted that institutional weaknesses, socioeconomic instability, and legal restrictions hinder refugees' access to education and healthcare services (UNHCR, 2022; REACH, 2021). The refugee crisis in Jordan has put a considerable strain on public services. Nevertheless the generous and admirable initiatives of the Jordanian government, such as the establishment of double-shift schools, hiring extra teachers, and subsidized healthcare programs, numerous studies indicate that a number of refugees encounter discriminatory practices (Human Rights Watch, 2020; Norwegian Refugee Council, 2019). The barriers involve poverty, missing documents, substantial distances to services, limited educational capacity, and complicated registration procedures (Human Rights Watch, 2020).

### Exclusion from Education and Healthcare

Access to school becomes a significant issue for Syrian refugee children, financial hardship is the main reason of school dropouts; as many families rely on their children to increase their household income, and in some cases to be the main breadwinners, resulting in early school dropout. Additionally, educational obstacles encompass inadequate academic assistance, linguistic barriers, and cases of harassment (Salem, 2021).

Bourdieu's (Bourdieu, 1986) cultural capital theory is useful in examining educational disparities. Refugee children are disadvantaged relative to their peers in the host society, because they often lack the cultural capital congruent with the principal educational system, such as linguistic fluency, understanding of academic standards, and family engagement.

When it comes to healthcare, Syrian refugees living in Jordan benefit from subsidized public healthcare; however, the cost of services is an obstacle. According to UNHCR (2022) Only the most disadvantaged refugees get comprehensive coverage or financial aid for health-related costs. The Jordanian healthcare system requires refugees to provide particular documents, including a valid asylum seeker certificate and a Ministry of Interior service card, to obtain the healthcare service, and that can potentially result in delays and denials (CARE International, 2019).

Some studies indicate satisfaction with healthcare quality, while others show that expense, insufficient information, and discrimination towards refugees hinders them from pursuing timely medical treatment (Akik et al., 2022). This unequal access maintains a cycle of vulnerability and exclusion, especially for refugees with chronic diseases or injuries.

### **Methodology**

This study explores social exclusion experiences faced by Syrian refugees in Jordan and the techniques they employ to navigate these challenges. The article specifically examines exclusion experiences in education and healthcare, investigating the underlying causes and the strategies taken in response.

A qualitative research methodology was used to provide comprehensive insights into refugees' daily experiences. Data collection was conducted using semi-structured, in-depth interviews, allowing participants to express their opinions and experiences autonomously and in their own language. This method was used to provide a thorough and authentic comprehension of the perception, experience, and resistance to exclusion in daily life.

The fieldwork occurred in Mafraq Governorate in October 2024. Mafraq was chosen because of its large population of Syrian refugees. The sample comprised of 13 Syrian refugees, 10 males involved in self-employment (mostly in industry, agriculture, and commerce) and 3 women who identified as homemakers. The sampling technique employed was snowball sampling, launched via community mediators to seek interested participants. All interviews were performed in person, at participants' residences or workplaces. Interviews ranged from 15 to 25 minutes in duration. Before each interview, participants were apprised of the research's objective, the voluntary aspect of their involvement, and the protocols established to guarantee confidentiality and anonymity. No personal information was gathered, and participants were assigned number codes for the sake of data processing and reporting.

The gathered data underwent descriptive qualitative analysis. The study concentrated on participants' subjective experiences, articulating their viewpoints and highlighting the socio-cultural background of these encounters.

The participants' demographic features are summarised as follows:

- Age: Five individuals were aged 26–35, five were aged 36–45, and three were aged 46–55.
- Marital status: All participants, except for two males, were married and had children.
- Schooling: One participant attained just elementary schooling, two possessed secondary-level degrees, and nine were university graduates or held similar credentials.
- Legal status: All participants possessed temporary protection certificates obtained in Jordan, except for one individual who entered the country using a passport.
- Employment: All male participants were engaged in self-employment within sectors including agriculture, industry, or commerce. Female participants said that they were not involved in paid jobs.

• Duration of residency in Mafraq: 8 individuals had lived in Mafraq for 2 to 5 years, whilst 5 had been there for 6 to 8 years.

### **Exclusion from Social Services.**

The problems and experiences of exclusion faced by Syrian refugees in accessing public services and the resistance tactics they employ will be analyzed in this section. As known, migrants face various challenges in accessing public services after migration, and the key problems they encounter lie in the areas of education and healthcare. In this context, the research aims to identify whether participants face difficulties in accessing essential services such as education and healthcare and to determine the measures they take to overcome these challenges if they exist. In this context, participants were asked questions about their experience in accessing education services for their school-aged children

**Participant (2 male) k (2):** *Registering in Jordanian schools was a challenging experience due to the financial pressures we faced. I had to prioritize providing for daily expenses first.*

**Participant (5 male) k (5):** *I had to give up my dream of providing a good education for my children and focus on their work to provide a livelihood for my family.*

**Participant (10 male) k (10):** *"Poverty and the children's need to work to bear the financial responsibility for the family were the main reasons behind leaving education and joining the workforce.*

**Participant (6 male) k (6):** *"There are no difficulties in learning "*

It appears that the majority of participants indicated that education for children was one of the areas greatly affected by the war and the movement of migration in Syria. Many participants mentioned that they had to suspend their children's education due to the war. Syrian children's education in Jordan faces numerous problems, as hundreds of refugee children drop out of Jordanian schools for various reasons, including poverty, the need for children to work to support their families, and learning difficulties that intensify as they reach secondary school. According to the United Nations agency 19% of Syrian children are classified as highly vulnerable to dropping out of school (Kraffet, 2022). Regarding geographical disparities, children in the "Mafraq" governorate and the central region of Jordan are the most susceptible to factors hindering school attendance. The study found that 25% of them faced difficulties in schools, such as financial constraints, distance, violence, and insufficient facilities for children with disabilities (Kraffet, 2022).

In this study, After posing questions to the participants, it became clear that the reasons for this exclusion can be divided into difficulties in living and poverty, as well as the distance between their homes and schools, Some participants also mentioned facing discrimination, verbal and physical violence, "When discussing the problems they faced in education, we asked the participants if their children had been subjected to discriminatory behavior at school participants expressed that they had not experienced or heard about experiences of violence or discrimination (REACH Initiative, 2021).

**Participant (13 female) k (13):** *We have not received any reports of any incidents of violence or discrimination within the school premises.*

**Participant (11 female) k (11):** *We haven't heard of any cases of verbal or physical violence or discrimination among children at school.*

**Participant (8 female) k (8):** *One of our children was subjected to verbal violence at school, and we contacted the administration and teachers to ensure the protection of the child and prevent the recurrence of the incident.*

When discussing the problems they encountered in education, some participants mentioned that their children experienced discriminatory behavior at school. Despite raising the issue with school management and teachers, no action was taken to address it.

When it comes to healthcare, It is important to provide healthcare services to refugees, and they are required to present their asylum seeker documents issued by the commission, in addition to the service card issued by the Ministry of Interior (security card). However, they do not receive full support regarding healthcare services. Primary and secondary healthcare services, as well as some

advanced tertiary services, are available to registered refugees of various nationalities at the health centers and government hospitals at reduced prices based on the non-insured Jordanian rate (Akik, 2022). Government healthcare services are also available at healthcare centers and government hospitals in all provinces of the Kingdom for therapeutic services at the non-insured Jordanian rate. Supported healthcare services by the commission are available for all the most vulnerable categories of Syrian refugees, and the degree of vulnerability is determined based on the results of the home study assessment using the Vulnerability Assessment Framework (VAF) developed by the commission (Akik, 2022). The commission covers the cost of treating patients through clinics affiliated with Caritas in cases where patients are unable to access the reduced non-insured Jordanian rate for treatment in government hospitals and healthcare centers.

Therefore, participants were asked about their satisfaction with the healthcare services provided and whether they faced difficulties in receiving treatment. Most participants expressed their satisfaction with the Jordanian government hospitals, and we will present their answers:

**Participant (Male,3) k (3):** *"I did not face any difficulties in receiving necessary treatment in Jordanian hospitals, and the healthcare services were satisfactory.*

**Participant (Male8) k (8):** *My experience with healthcare services in Jordanian hospitals was positive, and I did not encounter any difficulties in obtaining the treatment I needed.*

**Participant (Female12) k (12):** *Despite some challenges, I did not find significant difficulties in accessing treatment in Jordanian hospitals.*

To determine whether participants faced difficulties in paying for medical treatment or had insurance coverage, participants expressed that some had insurance and did not face difficulties in treatment costs, while others faced challenges and did not receive any financial assistance, making it difficult for them to afford medical expenses. Here are their responses:

**Participant (Male1) k (1):** *"Thanks to God, I receive financial assistance and health coverage, which greatly helps me bear the costs of treatment"*

**Participant (Male3) k (3):** *"Fortunately, I receive financial assistance and health insurance that covers the costs of treatment, making healthcare affordable for me"*

**Participant (Male4) k (4):** *"Yes, I benefit from some assistance provided by charitable organizations and humanitarian agencies to cover the costs of treatment"*

**Participant (Male7) k (7):** *"I do not have health coverage or assistance, which makes it difficult for me to afford treatment, especially in emergency cases.*

**Participant (Male9) k (9):** *"I have difficulty covering the costs of treatment as I do not have health insurance, and I do not receive any financial assistance to help with that.*

**Participant (Female13) k (13):** *"I face direct expenses for medical treatment due to the lack of health insurance, and I do not receive any financial assistance to help with that.*

The participants generally did not encounter problems accessing the services provided in Jordanian hospitals regarding education, healthcare, and basic needs, and they expressed satisfaction with these services. It appears that they benefit from their social networks, friends, or relatives to obtain information on how to access these services, and they effectively use communication technologies and modern media. Notably, the striking aspects of the access problems are that they arise due to negative cultural attitudes and positions of individuals providing or participating in these services, rather than the quality or delivery of the services themselves. This situation highlights how mechanisms of social exclusion feed off each other and are closely interconnected. It is important to demonstrate how dimensions of social exclusion are interrelated and intertwined.

## Conclusion

This study's findings reveal the complex nature of social exclusion faced by Syrian refugees in Jordan, especially in the areas of education and healthcare. Despite Jordan's admirable initiatives to deliver critical services via governmental institutions and international assistance, problems like

poverty, absence of documents, geographical location and insufficient knowledge has impacted fair access to services for numerous refugees.

In schooling, the bad financial situation and child labour were among the most mentioned reasons for school dropout. While some families expressed satisfaction with the educational system, others emphasized experiences of exclusion, encompassing logistical challenges and occurrences of discrimination. Access to healthcare services is marked by inequity. Although some participants recognized the quality of treatment at public hospitals, others had significant financial hardships and were unable to access health care because of insufficient health coverage or help.

The study has shown that refugees significantly depend on social networks and community-based organizations to manage discriminatory contexts. Resistance strategies like seeking assistance from NGOs, maintaining silence to evade conflict, or changing behaviors to achieve acceptance demonstrate resilience while at the same time underscoring the deficiencies of existing institutions in providing dignified access to services.

The article highlights that exclusion from education and healthcare is not only a service provision problem, but it is linked to wider cultural and structural issues. Discrimination, public opinions, and ideas of "otherness" extend these exclusions.

To achieve a genuine inclusion, humanitarian organizations and host governments shall tackle these dimensions of exclusion. This incorporates enhancing circumstances of service access and improving the inclusive social environment through awareness campaigns, anti-discrimination regulations, and community engagement.

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