



The Understanding and Impact of COVID-19 and Pandemic Policies on Syrian and Other Arabic-Speaking Refugees in Tampa, Florida

Ahmad M. Harb¹ Brennan Ninesling¹ Alfredo Ortega Cotte¹ Asa Oxner¹ Lynette J. Menezes²
Dillon Mahoney³ Roberta D. Baer³

¹Department of Internal Medicine, Morsani College of Medicine, University of South Florida, Tampa, Florida, United States

²Division of Infectious Disease and International Medicine, Morsani College of Medicine, University of South Florida, Tampa, Florida, United States

³Department of Anthropology, University of South Florida, Tampa, Florida, United States

Address for correspondence Ahmad M. Harb, BS, Morsani College of Medicine Class of 2023, University of South Florida, 560 Channelside Drive Tampa, FL 33604, United States (e-mail: ahmadharb@usf.edu).

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Abstract

Background Vulnerable communities around the world, such as Syrian refugees, faced increased social and financial strain due to coronavirus disease 2019 (COVID-19). We evaluated the underlying issues and inequities of Arabic-speaking refugees during the pandemic.

Methods Data were collected from Arabic-speaking refugees ($N=20$) in July 2020, using an online 97-item questionnaire, in short response and multiple-choice formats.

Results Participants' reports indicate adequate knowledge about COVID-19 symptoms and preventative measures, but experienced linguistic, financial, and cultural challenges during the pandemic. "Essential" low-paying occupations put the population at risk for COVID-19. Local mosques and nonprofits have provided essential social support and food.

Conclusion Syrian and Arabic-speaking refugees reported several problems suggesting the need for increased understanding of this understudied, marginalized, and vulnerable population. Making resources and governmental programs more accessible is critical, so refugees can better access information regarding jobs, housing, and education. Organizations central to community support, including mosques, should be assisted.

Keywords

- ▶ Arabic
- ▶ coronavirus disease 2019
- ▶ immigrant
- ▶ pandemic
- ▶ refugees
- ▶ Syrian

Introduction

The coronavirus disease 2019 (COVID-19) pandemic upended the lives of vulnerable individuals, families, and communities. There is need for greater appreciation of how vulnerable communities such as Syrian and Arabic-speaking refugees

understand COVID-19 and recommendations related to workplace disruptions, food assistance, education, and other essential issues for refugees.^{1–8} Understanding social and cultural factors when evaluating public health policies and supporting vulnerable populations is crucial, for which limited data on Arabic-speaking refugees exists.⁹ This evaluation focused on

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issues faced by Syrian and Arabic-speaking refugees in Tampa, Florida during the COVID-19 pandemic.

Methods

We developed a 97-item questionnaire in short response/multiple-choice format that was translated into Arabic. The questionnaire was distributed to participants recruited from a nonprofit organization supporting Arabic-speaking refugees. Twenty respondents completed the questionnaire using a computer or smartphone by July 17, 2020. Quantitative responses were analyzed using frequencies and open-ended responses were thematically coded and analyzed. As an evaluation, this project was deemed not to require institutional review board (IRB) approval after communication with the respective IRB manager.

Results

Respondents were mostly Syrian refugees. Most participants rated their ability to read/write English as poor or fair (18/20, 90%). While 80% had Internet access, only half owned home computers, and three had no access to either computer or Internet.

When asked which symptoms associated with COVID-19, most reported typical cold symptoms. Most reported taking careful precautions during the pandemic—19 (95%) wore masks, 18 (90%) washed hands, and 17 (85%) social distanced.

Fifteen participants (75%) had a job when the pandemic began, most (12/20, 60%) in the service industry: tailor/clothing, janitors, and cooks. Most (17/20, 85%) reported a 2019 household income below \$30,000 USD. Over half (11/20, 55%) reported someone in the household had lost a job as of July 2020 *due to the pandemic*. Fourteen (70%) knew how to apply for unemployment benefits. The six who did not know how to do this were all Syrian. Mosques (13/20, 65%) and food banks (7/20, 35%) were essential for their food security.

Fifteen respondents (75%) had children. Nine (60%) said their children needed computers to successfully continue with remote learning, and five (33%) noted lack of home Internet as a primary issue for their children's education.

For details regarding sample demographics, please see ▶ **Table 1**.

Table 1 Sociodemographic characteristics of Arabic-speaking refugee participants

	Refugee participants (N = 20) No. (%)
Household information	
Number of households	20
Total people in all households combined	83
Household head mean age ^a	43.1 y
Average number of people per household	4

(Continued)

Table 1 (Continued)

	Refugee participants (N = 20) No. (%)
Annual household income	
Under \$30,000	17 (85)
Over \$30,000	3 (15)
Home computer	
Yes	10 (50)
No	10 (50)
Home Internet	
Yes	16 (80)
No	4 (20)
Country of origin ^a	
Syria	14 (70)
Iraq	3 (15)
South Sudan	1 (5)
North Sudan	1 (5)
Lebanon	1 (5)
Age range (y) ^a	
20–39	10 (50)
40–59	7 (35)
> 60	3 (15)
Education by ages groups (y) ^a	
20–39	9
40–59	6
> 60	8
Gender ^a	
Male	8 (40)
Female	12 (60)
Children ^a	
Yes	15 (75)
No	5 (25)
English literacy ^a	
Good	2 (10)
Fair	5 (25)
Poor	13 (65)
Ability completing online forms ^a	
Good	2 (10)
Fair	5 (25)
Poor	13 (65)
Resettlement year ^a	
Before 2016	3 (15)
2016 to 2020 (time of response)	17 (85)

^aPertains specifically to the individual completing the questionnaire, and not to the other members of the household.

Discussion

A previous report identified general knowledge gaps among minorities,¹⁰ but our respondents had good knowledge of COVID-19 and public health recommendations. Given the lockdowns and unavailability of in-person services, language skills, and technology, both essential to access help, were challenges for our participants who reported lower English proficiency and limited access to computers/Internet, especially for older participants. Being incapable of accessing crucial pandemic recommendations can increase exposure risk. All participants agreed that having information in Arabic would be beneficial.

Most families earned below the poverty line prior to COVID-19, and the pandemic took a toll on financial stability with half of households in our sample reporting someone losing their job. Despite concerns about acquiring COVID-19 infection, many participants were still willing to return to work out of necessity, as risk of losing income outweighed infection risk. Homeschooling policies for children passed more financial burdens onto families, who had to provide Internet service. This lack of Internet suggests a need for greater assistance connecting households to affordable Internet services.¹¹

We also identified nationality differences within our sample. Importantly, our Syrian participants tended to have less knowledge of how to access available governmental benefits compared to the non-Syrian participants—possibly from this Syrian samples' fewer years lived in the United States or fewer educational years compared to others in the sample.

Social outreach from mosques and a local organization were essential for helping families, especially with food. The local refugee and Islamic organizations distributed food packages, groceries, laptops, school supplies, clothes, and hygiene kits to many families. These vulnerable refugee populations relied on these community support networks to survive the pandemic.

Limitations

This information is limited due to a small sample size and that most participants were reached through an organization which they rely on for support, all of which limit the generalizability of findings. Selection bias is also of concern as the nonprofit organization disseminated the questionnaire and specific response rates are unknown. Furthermore, the sample received an online questionnaire, which is a weak means of obtaining information, especially with their potential difficulties using technology and literacy.

Conclusion

Despite demonstrating understanding of COVID-19 recommendations, the Syrian and Arabic-speaking refugee households in our evaluation still dealt with cultural and linguistic barriers to resource access. Tampa refugees need specific materials in Arabic to navigate challenges with jobs, housing, transportation, and education. These “essential” workers,

because of poverty and linguistic barriers, are forced to work in high-risk underpaid jobs, and need additional relief including employer-provided health insurance, sick leave benefits, and workplace environmental modifications. Given the support provided by nonprofits and local institutions (mosques), they must be assisted and included in future public planning and response efforts.

Prior Presentations

This study was previously presented at the UCF Global Health Conference on January 15, 2022; at the Refugee Task Force Meeting on February 6, 2021; at the USF Research Day on February 26, 2021; and at the USF Symposium on October 30, 2022.

Authors' Contributions

A.M.H., B.N., and A.O.C. collected data, coded data, wrote the paper, and edited drafts. A.O., L.M., D.M., and R.D.B. all assisted in review of drafts, editing, and reworking the paper.

Ethical Approval

As an evaluation, this project was deemed not to require IRB approval from the University of South Florida Institutional Review Board after communication with university IRB manager.

Funding

None.

Conflict of Interest

R.B. reports receiving honoraria for workshop from Tampa General Hospital. Rest authors declare no conflict of interest.

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