PREDICTIVE VARIABLES OF DEPRESSION AMONG SYRIAN REFUGEES IN JORDAN

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ABSTRACT

The study aimed to identify predictive variables of depression among Syrian refugees in Jordan. The general population of the study consisted of all the Syrian adult refugees in Jordan. A selected sample of (315) Syrian refugees who were volunteered to participate in the study. The study found that the level of depression among refugees was high, and the most factors affecting the level of depression among refugees were going through bitter experiences, lack of financial support, social situation, lack of work, being a female, place of residence, relative reside with you in the same house, receiving health care, and higher educational level, in order, females, and refugees with a higher educational experience more depression level. The experiences of war, violence, and being exposed to death, killing, torture and the loss of friends or family members place additional pressure on the refugees when arriving to the host country. Refugees suffer from several social, psychological and physical issues (malnutrition, complicated diseases, physical traumas and sexual abuse). The experiences of war, violence, and being exposed to death, killing, torture and the loss of friends or family members place additional pressure on the refugees when arriving to the host country. Based on the result of the study, it is recommended to provide healthcare, and increase financial supports from the international organizations to improve their living conditions.

Keywords: Predictive Variables of depression, Depression

Introduction

War is evil, especially civil war among people whom they live in peace and harmony for many years. Friends become enemies for no reason, the psychological war affect all citizens of Syria. As a result of the experiences of war, violence, many were killed, injured, torture, lost their life savings, and the most important of all, they lost their love one, which can caused many psychological and sociological problems especially among adults refugees whom they were forced out of their homeland. Syrian refugees can be one of the most vulnerable groups of people that came to Jordan in 2011, with many basic needs for survival and well-being of refugees.

The Arab world today is witnessing many armed conflicts in various regions resulting of many human sufferings such as displacement, murder, abduction, rape, loss of family members, houses damages and other forms of loses (Dhumra and Nassar, 2014).

Since March 2011, internal armed conflict in Syria has forced migration of more than four million people from within Syria, has forced 1.5 million to seek refuge in the neighbouring countries. As of May 2010, Jordan has hosted more than(470,000) Syrian refugees. Two-thirds of the Syrian refugees in Jordan are outside the international camps and are distributed in urban and rural communities throughout Jordanian cities (UNHCR, 2014).

Kazour and others (2017) stated that the Syrian refugees were subjected to various hardships in their countries of origin such as being prisoners, tortured or raped; all of the previous reasons lead to suffering from a variety of psychological problems for many years after being resettled in the new countries.

History proved that wars have serious effects and consequences, not only on the dead, wounded and disabled but also on the psychological and behavioural effects for the refugees whom were left behind. This is due to the fact that wars are the factors that invoke disorder and depression in addition to refugee, displacement and deprivation of the right of return to home resulting from such wars (Al-Momani and Al-Hawamdeh, 2018). Depression includes symptoms Such as lack of enjoyments of life interests, sleeping and loss of appetite, which lead to weight loss, fatigues, and incompetence feelings, Feelings of despair and helplessness, and suicidal thoughts, (Ngo, Zulkifli. & Suresh, 2015).

The American Psychiatric Association (DSM-V, 2013, p:155) defines depression as "a Mental disorder that causes the individual a low mood, loss of pleasure, attention to life and personal affairs, observed changes in weight, sleep, loss of effort and energy, psychomotor retardation, feeling a loss of self-esteem, difficulty of concentration, mixing ideas, repetition of guilt, hesitation, and thinking of death and suicide".

According to (Maliqi et al., 2015; Beck, 1988), Psychological symptoms including:
- Sad mood: sorrow and crying are amongst the symptoms of the mood of the depressed in spite of the fact that in most times, the depressed are unable to cry, which makes them suffer from an inner vacuum, called the feeling of loss of sentiments.
-Lack of motivation: cannot make the slightest job and he suffers from a difficulty in making decisions. In severe cases of depression, the depressed stays in bed unable to do anything.
-loss of usual interests: loses interests in the professional, personal and family fields.
-Self-accusations: They include feelings of guilt the depressed attributes to himself indicating that he is the cause of the traumatic events he is subjected to; these accusations develop to a degree in which the depressed person indicates that he has only made mistakes in his

life; such accusations can evolve to a depressive delirium, which is known to be a delirium about a sin that the depressed feels he made and that it is necessary to punish him for it.

-Pessimism: it is represented in the black view of life with a strong conviction that there is no hope for him, meditating the harsh living conditions and inability to enjoy its joys.

-self-destruction suicidal ideations: the depressed describes life through the view that the past takes views of large mistakes, the present is terrifying, and the future refers to fear. This description by the depressed person leads him to the conclusion that life is meaningless and that all people will live without peace, so he prefers to commit suicide.

-Anxiety: Anxiety can last for months, and it sometimes exceeds mere sad mood that some of the depressed people remain permanently suffering from depression; anxiety is always linked to the speed of rage and aggressive behaviour, which makes communicating with him very difficult.

-Cognitive symptoms: such symptoms are related to the inability to focus permanently as a result of the ideas and suspicions of thinking.

Eruyar, Maltby & Vostenis, (2018) conducted a study aimed at identifying the relationship between the educational factors and the psychiatric illnesses like depression on the Syrian refugee children. The study was conducted on a sample of (263) children in Turkey. The study concluded the important of psychological health needs of parents so that they do not affect the depression and the mental health, of Syrians' children.

Georgiadou and others (2018) examines the mental health of Syrian refugees, taking into account the circumstances in their country of origin and host country, as well as their escape conditions. A sample of (518) adult Syrian refugees in Erlangen, Germany, who have residence permission, was identified. Moderate to severe depression was confirmed in 14.5% and moderate to severe generalized anxiety in 13.5% of the sample. Also Depression symptoms were associated with younger age, shorter duration of escape journey, and higher generalized anxiety symptoms.

Ceri & Nasiroglu (2018) examine the prevalence of emotional and behavioral problems and associated risk factors among Syrian refugee minors in Turkey. The research involved 85 students from 2 to 8 the grades. The sample consisted of 49 (63.6%) girls, and 28 (36.4%) boys (total 77) from age (7 to 17). Results indicated high prevalence rates of severe traumatic experiences and possible psychiatric disorders among survivors.

Poole et al,. (2018) examine prevalence of major depressive disorder and the risk factors among Syrian refugee seekers in Greece. The study conducted a cross-sectional survey in a Syrian refugee camp in the Attica region of Greece. The result indicated a significant risk factors for depression, and a significant association were found between depression and marital status in favor of being married, which mean single refugees experience less depression.

Alzoubi et al,. (2017) examined the coping strategies used by Syrian refugees in Jordan in relation to their demographics variables. A cross-sectional correlation was conducted with a convenient sample of 550 Syrian refugees. Out of all the study participants, 88% reported seeking social support, 64.5% reported using avoidance, and 39.5% reported using problem-solving. Participants who were male, single, and younger, and who had a higher education and a higher total income were employed and satisfied and free of chronic illnesses, and had higher problem-solving scores. However, higher social support-seeking scores were associated with being female, older, and widowed; having a lower education and lower total income; being dissatisfied with their income; being unemployed, and having chronic illnesses.

Kazour et al,. (2017) conducted a study aimed to identify the prevalence degree of the (PTSD) as well as its initial patients among a sample of the Syrian refugees living in the camps in Lebanon. The researchers surveyed the families living around Syrian refugees with an age range of 18 - 65 years in 6 camps in the central Bekaa region . The study sample consisted of 452 refugees. The study found that 35.4% of the sample suffered from depression and the post-traumatic stress disorder.

Al-Tameemi, (2017) the study investigated migration trauma includes witnessing deaths and injuries resulting from armed conflict, threats, and destruction of infrastructure, leading to significant stress. The sample consisted of (42) Iraqi and Syrian refugees responded to the survey we designed. Both quantitative and qualitative methods were used to analyses the data. The study showed that all refugees were not involved in any paid jobs or volunteering activities; well-being scores were low in this study. Participants described a variety of reasons behind leaving their home countries; the most significant reason was receiving death threats, younger females had better well-being scores than others.

Dennis, et al., (2017) the study aimed to examine and compare the depression factors among women in Canada between those immigrants and Canadians and between immigrants and those applying for refugee. The study was applied to a sample of 1536 women by (1024) immigrants and 512 Canadians in 12 hospitals. The results showed that the recently migrated women have higher rates of depression symptoms than women with newborn of Canadian citizenship. Regarding women applying for refugee, they have a higher rate of depression more than the previous groups of refugees. Immigrant women were worried about their family members left behind and they suffered from lack of food security and little access to health care.

Doocy et al,. (2016) study was undertaken to assess the utilization of health services for chronic health conditions among Syrian refugees in non-camp settings. Methods A survey methods was used for Syrian refugees in Jordan with a sampling size of (1550) non-camp Syrian refugee households. The result revealed that individuals with non-communicable diseases and with arthritis had the lowest rates of care-seeking when compared to other conditions. Overall, 31.6% of care-seekers had an out-of-pocket payment for the most recent care-seeking event.

The study by Naja et al,. (2016) in b Lebanon aimed to assess the onset of depressive disorders following the Syrian war, and to investigate the correlation of religiosity with depression. Religiosity was assessed in a cross-sectional design using a reliable, recently developed and tested tool. The result regarding depression indicated no prevalence difference across all socio demographic factors, including gender, and no substantial correlation was found between religiosity and prevalence of depression.

Basheti et al,. (2015) conducted study to investigate the types and prevalence of psychological distress endured by Syrian refugees at Alzatary Camp in Jordan.. The sample of the study consisted of (73) Syrian refugees .The result of study showed that the majority of refugees (63.3 %) lived in tents, and the rest in caravans. Some of the respondents (56 %) suffered from psychological distresses; 46 % believed that psychological therapy and support is needed, out of which 14.5 % reported receiving such therapy. Refugees staying in tents reported low satisfaction with the medical care services provided (54.2 % vs. 23.8 %) and the great need for psychological support (66.7 % vs. 31.3 %) when compared to refugees staying in caravans.

Gammouh and others (2015) prepared a study identify the rate and cause of depression as a chronic disease among Syrian refugees in Jordan between (2013-2014) and aimed to identify the causes and results of medications shortage for Syrian refugees. To achieve the objectives of the study, the researchers applied the study tool which was a questionnaire, for data collection from the Syrian refugees who lived in 6 Jordanian cities. The sample was divided according to the demographic environment of those diagnosed with chronic depression; the logistics correlation coefficient tool was applied to check those who might be susceptible to this chronic disease. The study was applied to a sample of (765) refugees. It concluded that around one third showed a large depression that was measured by Beck depression inventory. The newly diagnosed chronic diseases and the medication shortage contributed significantly to depression.

TREATMENT OF DEPRESSION
 Depression can be treated in the psychiatric clinics by several methods such as Psychotherapy, Environmental Treatment, and Medical Treatment.

According to Bauer and others (2013), skilled therapists of depression and mental health by the following strategies:
- Identify the life problems that contribute to their depression and help them to understand the aspects of such problems that can be solved or improved. The licensed psychiatrist can help patients with depression, determine their options for the future and set realistic targets that will enable them to enhance their mental and emotional well-being. Psychotherapy can also help individuals who previously suffered from depression in identifying the method of success treating with similar emotions.
- Identify negative or distorted thinking patterns that contribute to feeling despair and helplessness that accompanies depression.
-Develop skills to relieve suffering and prevent subsequent depression. Such skills might include the development of social networks, creating new ways of dealing with challenges and developing a plan for the personal self-care that includes positive changes in the lifestyle.

The combinations of psychotherapy and medications are the most effective methods of treating depression since the psychological symptoms are dominant in the depressed patient and they lead to other symptoms. Furthermore, the psychotherapy has a long-term impact when compared to the other treatments. Medicines are considered useful means of reducing the symptoms of depression with some people, especially when depression is severe (Alexander and Tatum, 2014).

STATEMENT OF THE PROBLEM

Through the researcher's job in one of the international organizations working on assisting Syrian refugees in Jordan under the Office of Protection and Mental Health, he noted that the refugees suffer a great deal of depression and anxiety. Depression and stressful life continue to be a major health issue among refugees in Jordan. This study aims to find out the most predictive variables of depression among the Syrian adult refugees in Jordan by answering the following questions:
 Q1. What is the level of depression among Syrian refugees in Jordan?
 Q2. Is there a significant difference regarding the predictive variables of depression among Syrian refugees in Jordan according to the (gender, age group, marital status, educational level, place of residence before being refugees, do you have relatives with you in the refugee area, are you the family breadwinner, does a relative live with you in the same house, the economic level after refugee , do you have a job at the moment, do you receive a financial support from supporting agencies, do you receive a health care, have you experienced bitter experiences through refugee , do you suffer from injuries or illnesses as a result of (amputation, paralysis, or diabetes)?

 OBJECTIVES:
The study aims to identify the level of depression among Syrian refugees in Jordan, also identifying the predictive variables of depression among Syrian refugees in Jordan.

THE SIGNIFICANCE OF THE STUDY:
 The significance of the study appears in its practical and scientific aspects as follows:
-The Scientific significance**:** The study provides some information about the predictive variables of depression among adult Syrian refugees in Jordan. The results of the study would help develop guidance and plans and develop creative programs that can help patients suffering from the distress of being refugees as a result of war and destruction.
-The Practical significance**:** Mental health specialists would benefit from identifying the psychological state of patients suffering from depression, and they can use the expected results in implementation a program that helps patients with depression and reduce the emergence of disorders.

TERMINOLOGY:

 - Depression**: extreme worry, sadness, constriction, and feelings of despair that leads to reduced activity, and increases negative feelings about dealing with surroundings. According to (Beck, 1988), depression is a condition accompanied by mental and physical mood changes in the form of sadness, isolation, apathy, low self-esteem, sleep disturbances, appetite, self-hostility, and decreased activity. Operationally, depression is defined as the degree level obtained by the Syrian adult refugees in Jordan based on the Beck inventory of depression.**

 -Adult Syrian refugees: **adult, male or female Syrian refugees, who left his country, Syria, to another country due to the fear of his life, or fear of imprisonment or torture.**

METHODOLOGY

  This study used a descriptive analytical method in order to determine the predictive variables of depression among Syrian Refugees in Mafraq city in Jordan.. The study sample consisted of (315) Syrian refugees who were voluntary selected from the general population. Tables (1) and (2) show the distribution of the study participants according to the demographic variables, and the Status of war refugee.

Table (1.) Distribution of the study sample according to the demographic variables

Variable	Level	Frequency	Percent
Gender	Male	135	42.9
	Female	180	57.1
Age group	less than 40 years	171	54.3
	More than 40 years	144	45.7
Marital status	Married	243	77.1
	Single	72	22.9
Educational level	Less than high school	216	68.6
	Secondary and above	99	31.4
Place of residence before refugee	Village	279	88.6
	City	36	11.4
N= **315**	Total	315	100.0

Table(2) Distribution of the study sample according to the status of war refugees

Variables	Level	Frequency	Percent
Do you have relatives in the refugee area?	Yes	144	45.7
	No	171	54.3
Are you a family breadwinner?	Yes	189	60.0
	No	126	40.0
Does a relative reside with you in the same house?	Yes	171	54.3
	No	144	45.7
economic level after the refugee	Low	306	97.1
	Average	9	2.9
Do you have a job now?	Yes	54	17.1
	No	261	82.9
Do you receive a financial support from supporting parties?	Yes	72	22.9
	No	243	77.1
Do you receive a healthcare?	Yes	279	88.6
	No	36	11.4
Have you gone through any bitter experiences through refugee?	Yes	297	94.3
	No	18	5.7
Do you suffer from injuries or illnesses as a result of (amputation, paralysis, or diabetes)?	Yes	252	80.0
	No	63	20.0
N= 315	Total	315	100.0

INSTRUMENTATION
To achieve the study objectives, the following tools were used:
1- A questionnaire: The questionnaire consisted of demographic and economic data represented in (gender, age group, marital status, educational level, place of residence before being refugees, do you have relatives with you in the refugee area, are you the family breadwinner, does a relative live with you in the same house, the economic level after refugee , do you have a job at the moment, do you

receive a financial support from supporting agencies, do you receive a health care, have you experienced bitter experiences through refugee , do you suffer from injuries or illnesses as a result of (amputation, paralysis, or diabetes). The study questionnaire contains several questions to which a sign (√) is placed in the appropriate box; through the questionnaire, the basic data which need in the study are recognized.

2- Beck Depression Inventory: The Beck Depression Inventory (BDI; Beck, Steer & Brown, 1996), a 21 item inventory, measures symptoms known to be highly correlated to depression according to the DSM-IV criteria. It is rated on a four point Likert Scale with O=never and 3=severe. It has been frequently used for the assessment of cognitions associated with depression. The inventory is self-administered and takes from (15 to 20) minutes to complete. Within clinical populations, no depression ranges from (0 - 9), mild depression ranges from (10-15), moderate depression from (16-23) , and severe depression from (24-36) , very severe depression from (37) and above. Internal reliability of the inventory was calculated, the alpha coefficient was 0.81, and the reliability coefficient was 0.82 (Beck, 1988). To identify the psychometric characteristics of the inventory, the coefficients of the validity and reliability were calculated.
    Validity Coefficients of Beck Depression Inventory: To verify the validity coefficients of the inventory, the validity of the internal consistency, and content validity were applied . The correlation coefficients between each item of the depression inventory and the total score of the inventory were calculated to identify the extent of the items' correlation with the total score on the inventory to verify the validity of the inventory, correlation coefficients range from (0.22) to (0.91), which indicated a high level of validity.
 Content of validity: to verify the Content validity of the inventory, it was presented in its preliminary form to a panel who gave their feedback about the language and the suitability of the items. The panel were specialization in the fields of measurement, evaluation, and psychological counseling in Jordanian universities and Syrian universities who gave their agreement for the inventory to be used as a measure of depression among refugees.

Inventory's Reliability coefficients**:** To verify the reliability coefficients of the inventory, the researcher calculated the reliability in two ways, namely, the Cronbach Alpha method, as follows:
Reliability coefficients through Cronbach-alpha: The inventory was applied to a sample of (25) refugees from outside the original sample of the study. After applying the inventory, the Cronbach alpha coefficient was calculated to measure the reliability, where the value of the Cronbach alpha of the total tool was (0.81), which indicates that the psychological depression inventory has a high reliability coefficient.

PROCEDURES
All necessary means were taken to insure the confidentiality of the information that was gathered about the refugees. These assessments are used as a diagnostic tool. The data collection process was conducted over the period of nine months through conducting individual sessions to interview and assess the sample. (SPSS) was used to analyze the data.

RESEARCH VARIABLES
 This study includes the following predictive variables: (gender, Age group, Marital status, Educational level, Place of residence before refugee, Do you have relatives in the refugee area? Are you a family breadwinner?, Does a relative reside with you in the same house?, Do you have a job now?, Do you receive a financial support from supporting parties? , Do you receive a healthcare?, Have you gone through any bitter experiences through refugee? , Do you suffer from injuries or illnesses as a result of (amputation, paralysis, or diabetes)? The dependent variable was the level of depression.

STATISTICAL TREATMENT
Demographic characteristics and study variables were analyzed through descriptive statistics using, as frequencies percentages, Means and standard deviation for depression items. Also multiple regression was applied to examine the effect of proposed variables through the impact on the depression level. T- test and ANOVA were applied to determine the differences in the level of depression due to some variables.

RESULTS
Q1: What is the level of depression among the adult Syrian refugees in Jordan?
To answer this question, Means and Standard Deviations for the depression scale items were presented in Table (3):

Table (3). Mean and standard deviation for depression items

N.	Items	Mean	standard deviation
1	Sadness	2.34	0.63
2	Pessimism	2.89	0.32
3	Past Failure	2.71	0.45
4	Loss of Pleasure	2.82	0.38
5	Guilty Feelings	2.97	0.18
6	Punishment Feeling	2.68	0.63
7	Self- Dislike	2.90	0.30
8	Self- criticism	2.96	0.21
9	Suicidal Thoughts or Wishes	2.69	0.67
10	Crying	2.60	0.55
11	Agitation	2.55	0.82
12	Loss of interest	2.80	0.47
13	Indecisiveness	2.71	0.50
14	Worthlessness	2.81	0.41
15	Loss of Energy	2.54	0.69

16	Changes in Sleeping habits	2.76	0.43
17	Irritability	2.56	0.55
18	Changes in Appetite	2.62	0.62
19	Concentration Difficulty	2.54	0.63
20	Tiredness or Fatigue	2.70	0.69
21	Loss of sex interest	2.63	0.72
Total		**38.54**	**13.59**

Table (4) shows that: The total means for "depression" was (38.54) which is an indication of a high level of depression.

Q2: Is there a significant difference regarding the predictive variables of depression among Syrian refugee in Jordan by the variables of (gender, age group, marital status, educational level, place of residence before being refugees, do you have relatives with you in the refugee area, are you the family breadwinner, does a relative live with you in the same house, the economic level after refugee , do you have a job at the moment, do you receive a financial support from supporting agencies, do you receive a health care, have you experienced bitter experiences through refugee , do you suffer from injuries or illnesses as a result of (amputation, paralysis, or diabetes)?

To answer this question, the analyses of variance to determine the sources of differences between variables "t- test" were applied between means.

In order to analyze the sources of differences among variables that contribute to the level of depression) gender, Marital status before refugee, does a relative reside with you in the same house? Do you have a job now? Do you receive a financial support from supporting parties? Do you receive a healthcare? Have you gone through any bitter experiences through refugee?). The results of the analysis of variance (t- test) to determine the sources of differences between means of variables was applied, table (4).

Table (4). The results of the analysis of variance (t- test) to determine the sources of differences between means of variables:

** Statistically significant at the level ($\alpha \leq 0.05$).

Variables		Mean	S.D	T	Sig.
Education level	Less than high school	33.29	13.17	12.33	0.00
	Secondary and above	50.00	4.22		
Gender	Male	30.00	14.06	11.51	0.00
	Female	44.95	8.92		
Do you have a job now?	Yes	24.33	13.51	9.58	0.00
	No	41.48	11.62		
Marital status.	Married	41.81	11.78	8.75	0.00
	Single	27.50	13.53		
Do you receive a financial support from supporting parties?	Yes	27.88	11.75	8.38	0.00
	No	41.70	12.46		
Do you receive a healthcare?	Yes	23.32	14.15	7.95	0.00
	No	40.25	7.93		
Does a relative reside with you in the same house?	Yes	44.25	7.34	7.40	0.00
	No	33.74	15.65		
Have you gone through any bitter experiences through refugee?	Yes	41.14	11.01	5.703	0.02
	No	30.89	14.10		
Place of residence before refugee.	Village	37.45	13.70	4.07	0.00
	City	47.00	9.04		
Economic level after being refugee.	Low	38.18	13.61	-2.82	0.005
	Average	51.00	0.00		
Do you suffer from injuries or illnesses?	Yes	37.89	14.10	-1.70	0.09
	No	41.14	11.01		
Having Relatives in Jordan.	Yes	37.50	14.90	-1.25	0.21
	No	39.42	12.35		
Are you a family breadwinner?	Yes	38.90	12.80	.57	0.56
	No	38.00	14.72		
Age	Less than30	38.89	13.64	0.50	0.61
	More than 30	38.13	13.57		

Table (4) indicated the following results:

1.There are statistically significance differences due to education level in favor of Secondary and above education.
2.There are statistically significance differences between gender in favor of (Female), which mean females refuges are more depressed than male.

3.There are statistically significance differences by variable of have a job now, in favor of refugees who have no job. which mean refugees who have no job now have a higher level of depression.

4.There are statistically significance differences by marital status in favor of married refugees, which mean single refugees are less depress than married refugees.

5.There are statistically significance differences by the variable of (receiving a financial support), in favor of refugees who don't receive financial support from others. Which mean refugees who receive financial support are less depressed than refugees who don't receive any financial supports from others.

6.There are statistically significant differences by the variable of (having healthcare), in favor of refugees who don't have healthcare. Which mean refugees who receive healthcare, are less depressed than refugees who don't receive healthcare.

7.There are statistically significant differences by the variable of (relative reside with you in the same house), in favor of refugees who reside with relatives in comparison with refugees who live alone.

8.There are statistically significant differences by the variable of(having a bitter experience through refugee), where in favor of refugees who had a bitter experience through the process of being a refugee.

9.There are Statistically significant differences by the variable of (Place of residence before being refugee), in favor of people who live in (City)., which means refugees who used to live in cities are more depressed than refugees who used to live in villages.

10.There are statistically significant differences by the variable of (Economic level after being refugee, where in favor of refugees who had an average level. Which means poor refugees experience less depression, than refugees with average level economically.

11.There are no statistically significant differences by the variable of (Age, Are you a family breadwinner? Having Relatives in Jordan, or suffer from injuries or illnesses?).

Discussion and conclusion

The results showed that the level of depression in the study sample was high. This result can be explained by the following reasons: refugees have to face countless losses: loss of their homes, loss of their children's future, loss of their loved ones and loss of livelihood. Also the problems faced by refugees are related to the current living conditions. For example, it is difficult for them to find decent and affordable housing, and it is difficult for most refugees to find jobs therefore, they rely heavily on humanitarian assistance to survive. The Outcome of the study supported by the findings of Gammouh et.al (2015), which indicated that Syrian refugees are new to the social environment which is considered difficult to engage in. Therefore, they suffer from the lack of social acceptance, which increasing the level of depression among them.

The predictive variable of depression level regarding having a job now, came to be in favor of refugees who have no job, which means refugees with no current job are more depressed than refugees with job. This result may be attributed by people who have work, have a source of income that makes them feel safe, stable and financially secure. The study result was supported by other study such as Al-Tameemi's, (2017).

Refugees with higher academic qualifications have significantly higher depression levels in comparison with those with lesser academic qualifications. This result may be explained, by those with higher academic qualifications have higher expectations, while the refugee environment does not provide the right conditions for it; their increased concern about their poor conditions and their lack of sufficient rights to their financial and living conditions is another contributed factor.

Receiving a financial support is another predictive variable of depression , and it came to be , in favor of refugees who does not receive financial support from others. This result may be attributed by failure to receive material and financial support leads to an inability to meet basic needs, and financial support is a very important element in preventing depression among Syrian refugees.

The results showed that females suffer from depression more than males. This result may be attributed by the bad living conditions of refugee, particularly for females. Additionally, female Syrian refugees have lost hope in forming a family or living a decent life in the future. Females refugees may experience the feeling of hopelessness and helplessness due to their feelings of weakness and their inability to provide any help for themselves and their families. It is the responsibility of women to care for family and children. The reversal of gender roles between men and women in displacement is another cause for depression among women. Women find themselves forced to work to support their families at certain times, because their husbands or men are unable to work, killed or wounded in war. This conclusion is consistent with the conclusions of (Eruyar, Maltby & Vostenis, 2018) in light of the nature of the Arab societies.

Marital status plays a role in depression, the results indicated that married people are noted to suffer from depression more than singles. This result may be attributed by the married person who has more obligations to his family. Financial situation is another contributing variable to depression, particularly, among adults. Those who have no financial means to provide for their basic needs are more vulnerable to depression than those who are living in a better financial situation.

Depression levels seems to be higher among refugee whom they live with relatives in comparison with those who live alone. This result may be explained by, those with relatives in the refugee area, should share the basic needs of eating, clothing, shelter and health, which are already limited in the refugee environment, stressing that these individuals have to secure their own needs, in addition to being affected by the circumstances of relatives who live with. Also people with relatives tend to feel responsible toward their relatives. This responsibility combined with their helplessness to change their situation will lead to depression. The presence of family members in the same house take responsibility for family.

The result indicated that, there are statistically significant differences by the variable of having a bad experience through refugee, in favor of refugees who had a bitter experience through the process of being a refugee. This result may be attributed to remembering bitter

experiences create a feeling of helplessness, and a kind of over generalization that mean bitter experiences can be repeated again, and this in turn will create a pattern of thinking that may lead to a feeling of despair and frustration which may lead to depression.

The result revealed that, there are statistically significant differences by the variable of place of residence before refugee, in favor of people who live in (City), which means refugees who used to live in cities are more depressed than refugees who live in villages. This result may be attributed to those who live in villages areas before the refugee suffer from a lack of basic services such as health and education, as well as unemployment, so they did not feel much of the losses that cities people felt.

No significance differences were found regarding the variables of (Do you suffer from injuries or illnesses?, Having Relatives in Jordan, Are you a family breadwinner?, and age). The explanation can be due to, both injured or ill and not ill suffered from the experience of being refugees, and sometime the one how is not injured or ill have to care for relatives who are ill or injured which make them feel the same level of depression. Moreover, wither the refugees are family breadwinners or not both have to face similar responsibility facing the same problems of being refugees. Also wither the refugees young or old they are facing unusual experience of being refugees. The study results' were confirm by the findings of previous studies stipulating that living in displacement as a refugee due to war and armed conflict are sufficient reasons to cause depression among the affected people (Basheti et al,. 2015, Ceren et al, 2018, Kazour et al., 2017, Gammouh, Georgiadou et al,. 2018, Poole et al,. 2018, study Ceri & Nasiroglu, 2018, Doocy et al,. 2016, and Dennis, et al., (2017).

RECOMMENDATIONS

Providing specialized and in-depth support to tackle mental disorders. Organizing and establishing vocational training programs for women empowering them to find a source of livelihood while living in refugee area. , and training for social life changes in their original communities. Providing a number of scholarships for Syrian refugees to allow refugees to complete their education and achieve their aspirations. Creating employment opportunities for refugees and granting work permits for some special cases. The need to increase the basic services, especially health care, for Syrian refugees in the Mafraq governorate, additionally, increasing the number of doctors and nurses, and increasing the stock of needed medications. Urge international organizations to increase financial supports for refugees to improve their living conditions. Conducting similar studies on Syrian refugees to monitor depression and its relationship to other personal variables.

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