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of COVID-19 on Palestinian Refugees and  
Bedouins in the West Bank**

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**Well-Being in the Post-COVID-19 Era:**  
**The Impact of COVID-19 on Palestinian Refugees and Bedouins in the West Bank**

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## ***Abstract***

The COVID-19 pandemic has exerted greater pressure on vulnerable minorities who are on average in a more disadvantaged socio-economic situation. Therefore, this project had the main aim to capture the transition to a post-COVID era for three groups: Bedouins, internally displaced Palestinian refugees and majority-group members (non-Bedouin, non-refugee). How did COVID-19 affect individuals' well-being? As the rates of COVID-19 were very high in Palestine, what kind of long-term effects of COVID do we see? To answer these questions, we collected novel data among Palestinian refugees, Bedouins and majority-group members. Overall, respondents trusted public institutions and science, and felt that they have done a good job during the pandemic. Yet, subgroups of the population have lost trust into public institutions. Major challenges arose with regard to the physical and mental health during the pandemic. Not all groups were equally affected by this. For mental well-being, we see that a substantial share of respondents reports feeling more sad. Bedouins reported a perceived worsening of their mental health, as well as greater concerns about their access to food, medication and health care. This situation has not entirely improved since the return to "normal". Overall, we see that the pandemic has affected outcomes differently, and varied by group: they were not all in the same boat.

***Keywords:*** West Bank; well-being; health; refugees; Bedouins

## 1. Introduction

The present study aims to study minorities in Palestine in the West Bank (the territory under the rule of the Palestinian Government). The West Bank is important to study, as it depends on international aid, which has been cut over the years (Women's Centre for Legal Aid and Counselling 2021: 5). The overall social situation in Palestine is inadequate for many people: In 2020, 1.5 million Palestinians in the occupied territories lived below the poverty line, and 2.45 million people are in need of humanitarian assistance. This is nearly 50% of the total Palestinian population in the occupied Palestinian territory (OCHA et al. 2020:4, 7). We focus on Bedouins and Palestinian refugees (internally displaced within Palestine). Bedouins and internally displaced Palestinian refugees belong to the biggest native minorities in the West Bank; they are one of the most vulnerable populations in Palestine, often in area B and C (UNDP 2013; OCHA et al. 2020). The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) (n.d.) defines "persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict" as Palestinian refugees. While traditionally nomadic, Bedouins are oftentimes semi-nomadic by engaging in seasonal agriculture (I. Abu-Saad 2006). The increased settlement and access to water, electricity and groceries was accompanied by an increase in chronic diseases, yet the use of preventive care is low (K. Abu-Saad et al. 2001).

The ultimate goal is to assess the well-being of minorities in the West Bank in terms of health and equality in comparison to the majority group (non-Bedouin/non-refugee) to ensure more sustainable and healthier societies. Our working hypothesis is that the health of minorities is lower compared to the majority group. Moreover, their discrimination is expected to be higher, which should result in a lower physical and mental well-being in comparison. Such experiences can erode minorities' trust into public institutions. The pandemic is expected to have exacerbated these inequalities. Palestinian refugees oftentimes live in more cramped spaces, which allows the virus to spread more quickly. Bedouins, on the other hand, are at risk of forced displacement potentially threatening their existence and increasing food insecurity, as they rely on agriculture (OCHA et al. 2020). However, existing research has not tackled the role of the pandemic.

We will study the consequences of the COVID-19 pandemic holistically by focusing on the socio-political well-being (social ties, trust, solidarity) and physical long-term consequences of COVID-19 (physical and mental health). In which ways has the governments' way of dealing with the pandemic eroded trust and alienated minorities at the margins of society by failing to attend to their needs in terms of food, housing and health care? As the shift to the post-COVID era is on the horizon, we would like to know if the difficult situations minorities have encountered during the pandemic are alleviated and what the long-term consequences are. We would like to investigate if socio-economic disadvantages propelled by the pandemic have reversed to the same degree as for majority-group. A major shortcoming in existing COVID-19 surveys is the high selectivity in respondents, leaving the voices of minorities in existing data collections underrepresented (e.g., Palestinian Central Bureau of Statistics 2021). We can fill this gap by employing novel data collected in face-to-face interviews and by

involving community members to include hard-to-reach populations. In the following sections, we briefly outline the history of the minorities, the COVID-19 pandemic and its physical as well as socio-political consequences in Palestine.

The **objectives** of our project were to assess the long-term consequences of COVID-19 with regard to:

- Physical well-being,
- Mental well-being,
- Socio-economic well-being (unemployment, income), and
- Socio-political well-being (political trust, satisfaction with the healthcare system, inclusion).

## **2. The COVID-19 pandemic in the West Bank**

Soon after the pandemic hit Palestine, schools and places of worship were closed in the West Bank and social gatherings prohibited (A3M Global Monitoring GmbH 2024). Nevertheless, the rate of COVID-19 deaths was severe (Our World in Data 2024). The partition of the West Bank into three areas complicated the arrangement of health care before and during the pandemic (Abed, Shaheen, and Abedrabbo 2021). People in area A live under the Palestinian Authority (PA), people, often Bedouin and refugees, in area B and C effectively live under Israeli military. Palestinians in Area C are often at risk of forced eviction and have inadequate health care (UNDP 2013). Access to health care and medication has worsened throughout the pandemic for all groups in the West Bank, but particularly for Bedouins and Palestinian refugees (Hejaz 2020). Bedouins, for instance, are at a higher risk of diabetes (Amkraut, Zaina, and Abu-Rabia 2018), which means they are at risk when contracting COVID-19. Overall, Palestinian refugees were more exposed to COVID-19 (United Nations 2020). Living in overcrowded camps, the housing quality is poor and goes along with higher rates of respiratory tract diseases (Al-Khatib et al. 2003). Health care for Palestinian refugees in the 19 camps within the West Bank is primarily provided by the UNWRA (UNRWA 2024).

However, the West Bank has only about 255 ICU beds for about three million inhabitants (Tartir and Hawari 2020). There was also a shortage of necessary medical supplies, such as ventilators and equipment for hospitals, as well as daily medical supplies such as masks and disinfectants, especially at the beginning of the pandemic in the West Bank (Abed, Shaheen, and Abedrabbo 2021, 4). Non-representative online surveys indicate a relatively high willingness to get vaccinated (Zawahrah et al. 2021), yet the actual numbers are low (Dahdal et al. 2021). Besides the health situation, the socio-economic situation worsened in Palestine, leaving more people unemployed due to restrictions (Palestinian Central Bureau of Statistics 2021, 55). This has affected the living circumstances tremendously.

### ***2.1 Long-term consequences of the pandemic***

Studies on the long-term consequences primarily focus on physical consequences. A recent meta-analysis arrived at the conclusion that about 80%

of the people who contracted the virus suffer from long-term consequences such as fatigue and headache (Lopez-Leon et al. 2021). We argue that in addition to investigating physical long-term consequences of COVID-19, it is important to also dedicate attention to mental health, the socio-economic situation, political trust, and social ties. This constitutes a research gap.

### ***2.1.1 Health-implications of the pandemic***

While current research on the physical consequences centers on the above-mentioned symptoms, to the best of our knowledge there is a research gap in the literature that dedicates attention to minorities in the Middle East. COVID-19 is expected to have exacerbated the supply shortage of food and medication to the Bedouin tribes (UNDP 2013). We therefore hypothesize that living in more remote areas with less access to medical services and supermarkets will be reflected in a worse health situation. A pre-pandemic meta-analysis has found that Bedouins display a lack of Iron, vitamin A, vitamin B12, and vitamin E (Haimi and Lerner 2014). A study conducted before the COVID-19 pandemic revealed deficiencies among some residents (Masalha et al. 2002). According to Masalha et al. (2002) this resulted from a change in lifestyle when becoming more settled. This is characterized by an increased consumption of bread, vegetables, and canned foods, and less consumption of dairy foods and eggs. In the abovementioned study, the researchers observed increased levels of neurologic and psychiatric abnormalities. Combined with the lower health literacy and understanding of health-related information among minorities (e.g., Berens et al. 2022), this calls for more routine screenings to prevent nutritional deficiency, as Masalha et al. (2002) also suggest. The food shortage and nutritional deficiencies can have serious consequences; the infant mortality rate indeed tends to be among Bedouins than non-Bedouins (K. Abu-Saad et al. 2001).

Besides physical well-being, mental well-being has been at stake during the pandemic. Based on a non-representative sample in the West Bank (Al Zabadi et al. 2022), we expect minorities to have experienced elevated levels of stress, resulting in a lower mental well-being. Empirical evidence for minorities' double disadvantage in mental health care – first as deprived minorities, and second due to the pandemic – has been compiled for other parts of the world (e.g., Smith, Bhui, and Cipriani 2020). A worsened situation has also been reported for Bedouins in Israel. Bedouins there had increased levels of stress compared to other Arabs in Israel (Satran et al. 2022). Similarly, a larger number of mental health cases among Palestinian refugees were registered in the Gaza strip (Jamal et al. 2022). Overall, research on mental health and well-being in the West Bank is scarce and representative or longitudinal data are missing to track the development throughout the pandemic. However, retrospective interview questions with minorities help us to understand the trajectories of mental health during and since the pandemic. Therefore, this research fills a crucial gap in the literature and generate wide-ranging implications for the improvement of well-being in the West Bank.

### ***2.1.2 Socio-political implications of the pandemic***

Population health strongly depends on the availability of health services but also socio-economic resources. Both have experienced setbacks during the pandemic. In Palestine, the unemployment rates had risen substantially, slightly more among refugees (Palestinian Central Bureau of Statistics 2021, 55) and health services were further restricted (Abed, Shaheen, and Abedrabbo 2021). These pandemic experiences are expected to have eroded minorities' trust into the political system. Worldwide, democracy has declined during the pandemic (Repucci and Slipowitz 2021). While the majority indicates an understanding of the importance of vaccination and introduced measures according to non-representative online surveys in Palestine (Al Zabadi et al. 2021; Al-kafarna et al. 2022), parts of the population were not on board with restrictions and vaccination. Therefore, we consider it to be of vital importance to assess the trust minorities have towards public institutions and science, and if they report changes since the beginning of the pandemic. Existing studies have revealed a loss of trust towards science (Algan et al. 2021).

We argue that the pandemic has left the vulnerable – minorities – in Palestine more vulnerable, as their access to medical services, food, employment, and education has further suffered and might have resulted from increased levels of discrimination. Also in other parts of the world, the solidarity with minorities has suffered during the pandemic (e.g., Haderup Larsen and Schaeffer 2021; Schaeffer and Haderup Larsen 2022), whereas the general helping behavior seems to have increased (Bertogg and Koos 2021). The failure to recognize minorities' needs can threaten the social cohesion in society and is therefore of utmost importance. If segments of a society feel underrepresented and discriminated against, it can erode trust (Satran et al. 2022) and cause social unrest (Cederman, Wimmer, and Min 2010). Therefore, the identification of societal problems and minority needs in a society shaken by conflict is of high importance.

The following figure visualizes our analytical framework:

Figure 1: Analytical framework



### 3. Methodology

#### *Data*

The focus of this data collection lies on Hebron, a city and region located in the Northern part of the West Bank. We distributed questionnaires among: 1. Bedouins (n=50 from Azazmre and Ramadeen tribe), 2. refugees (n=50 from Al-Fawwar camp and Al-Arroub camp), and 3. the majority group (n=50 per group) in Hebron where all groups are present. In an additional data collection, we included all tribes, camps and major cities to achieve a more representative sample. In the following analyses, we combine these data and compare Hebron to the overall sample. The entire dataset therefore contains n=400 majority-group members, n=150 Bedouins and n=250 Palestinian refugees collected between fall 2022 and spring 2023. Research assistants and volunteers stemmed from the groups studied. Research assistants were trained, conducted pretests, and had a Master or a doctoral degree. Students volunteered as interviewers. The interviews were conducted face-to-face. Participants provided written consent. The study was approved by the Research Ethics Committee of Al-Quds University (Ref No: 261/REC/2022).

#### *Questionnaire*

The paper and pencil questionnaire in standard Arabic addressed respondents' contraction of COVID-19, long-term consequences with regard to physical symptoms (e.g., fatigue, headache, chest pain, and shortness of breath), mental health (depression), socio-economic situation (unemployment, income), and lastly socio-political well-being (social support, intergroup contact, perceived medical support, perceived discrimination, inclusion, trust).

#### *Sample*

For the data collection in Palestine, we focus on the native minority of Bedouins and Palestinian refugees. Table 1 provides an overview of all Bedouin tribes and Palestinian refugees in the West Bank, which we included in the data collection.

Table 1: Overview of refugee camps and Bedouin tribes in the West Bank

<b>Palestinian refugee camps</b>	
1	Al-Jalazun camp (Ramallah)
2	Aida camp (Bethlehem)
3	Deir Ammar camp (Ramallah)
4	Al-Arroub camp (Hebron)
5	Qalandia camp (Ramallah)
6	Jenin camp (Jenin)
7	Tulkarm camp (Tulkarm)
8	Nour Shams camp (Tulkarm)
13	Aqabad Jaber camp (Jericho)
14	Al-Fawwar camp (Hebron)
15	Balata camp (Nablus)
<b>Bedouin tribes</b>	
1	Kaabneh
2	Al-Malihah (between Ramallah and Jericho)
3	Rashaydeh



- 4 Jahaleen (Jerusalem Suburbs)
  - 5 Azazmre (Hebron)
  - 6 Ramadeen(Hebron)
- 



*Note: Al-Arroub camp Hebron*



*Note: Jahaleen tribe*

#### **4. Results**

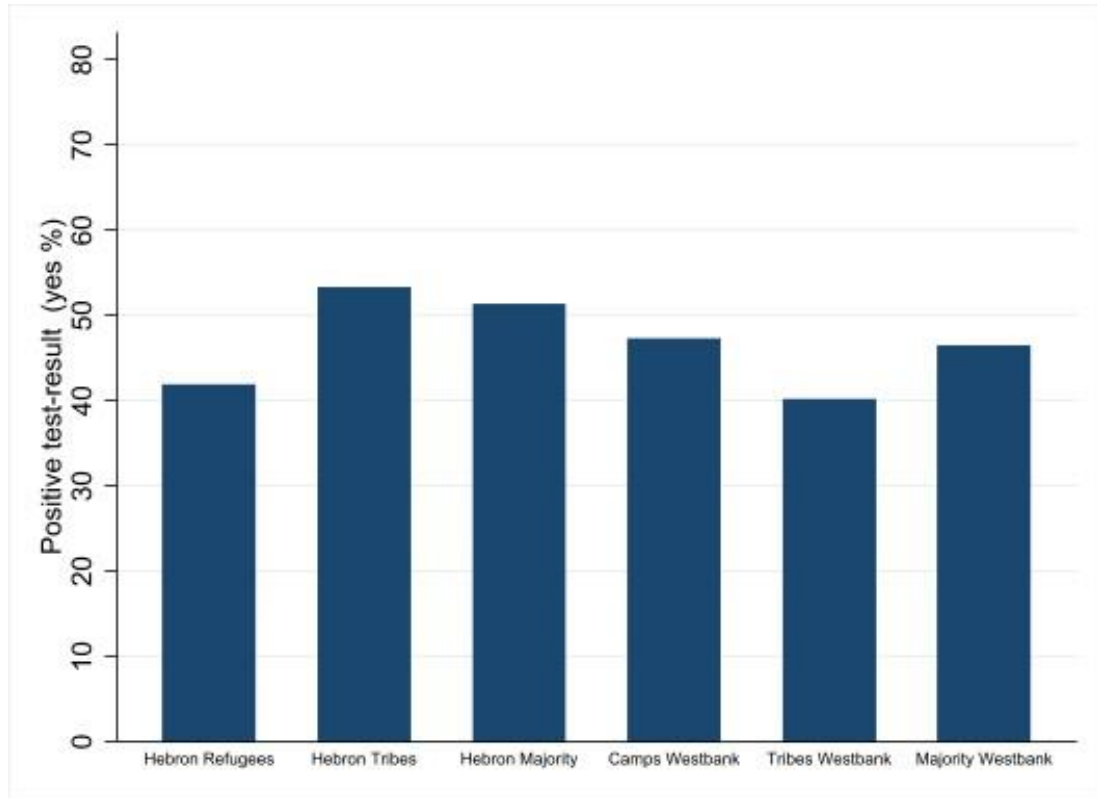
Six categories were used as the basis for the study: Hebron refugees, Hebron Tribes, Hebron Majority, West Bank Refugees, West Bank Tribes, West Bank Majority.

##### **4.1 Physical well-being**

Overall, tribes in and around Hebron had the highest infection rate compared to the other categories. More than every second respondent got tested positive for

COVID-19. The lowest infection rate happened to be in other tribes in the West Bank (see Figure 2).

Figure 2: Positive COVID-test results among respondents per category

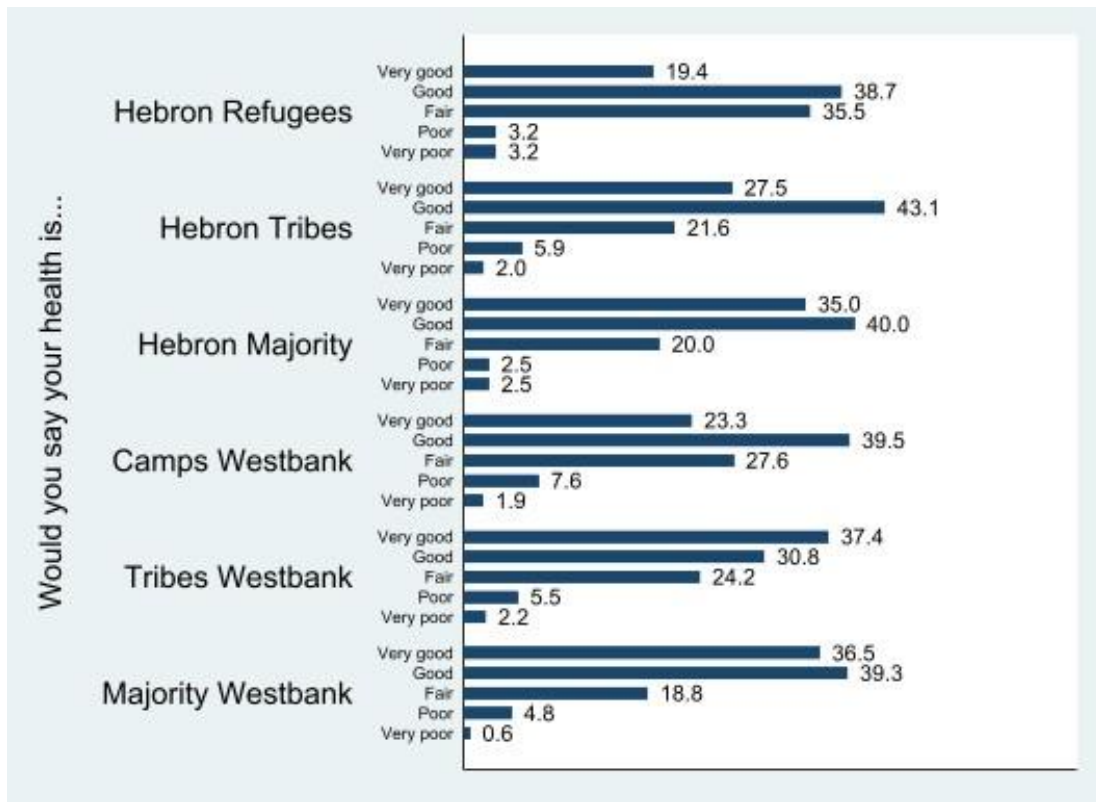


As mentioned before, a recent meta-analysis arrived at the conclusion that about 80% of the people who contracted the virus suffer from long-term consequences such as fatigue and headache (Lopez-Leon et al. 2021). In our study, more than one-third of the respondents reports signs of long-COVID in form of fatigue and headache, except tribes in the West Bank. Given that Bedouins live in a more secluded way, the tribes in the West Bank suffered less than the other groups from long-Covid but refugees in the West Bank as well as the majority in Hebron and the West Bank in general frequently reported signs of long-Covid (Table 2). The most frequently reported symptoms are tiredness and headache. Overall, most respondents estimated their health to be (very) good (Figure 3). A higher proportion of respondents rating their health as fair stemmed from refugee camps.

Table 2: Appearance of Long-Covid Symptoms (column percentages).

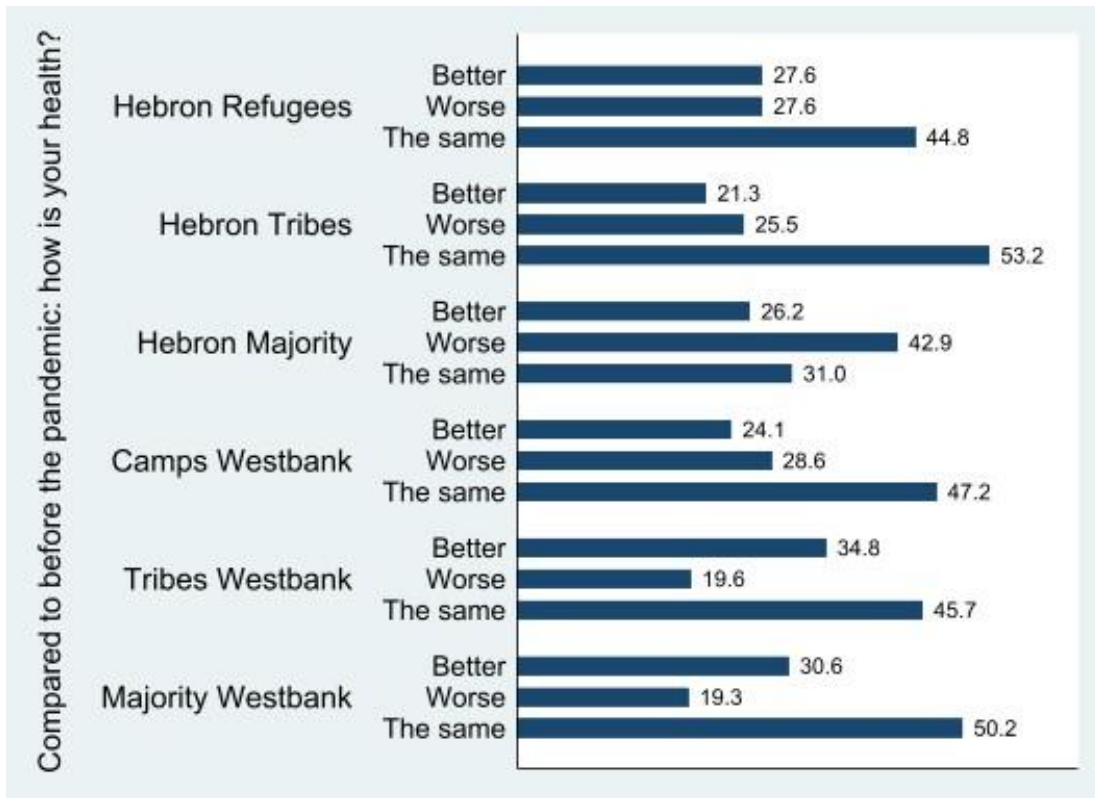
Long-Covid Symptoms	Hebron Refugees	Hebron Tribes	Hebron Majority	Camps West Bank	Tribes West Bank	Majority West Bank
Tiredness or fatigue	33.33	33.33	51.16	37.79	14.58	39.78
Headache	30.30	37.04	34.88	37.79	15.63	40.90
Difficulty concentrating, memory problems	24.24	20.37	30.23	24.42	10.42	19.61
Shortness of breath	27.27	29.63	23.26	27.65	12.50	29.97
Muscle pain	27.27	35.19	25.58	31.80	12.50	31.93
Heart palpitations/chest pain	21.21	11.11	18.60	20.28	13.54	18.49
Dizziness	30.30	25.93	13.95	23.04	9.38	17.93
Menstrual changes	9.09	7.41	9.30	11.52	4.17	19.36
Changes to taste	9.09	11.11	11.63	18.89	6.25	20.17
Changes to smell	6.06	12.96	13.95	20.28	7.29	19.33
Inability to exercise	12.12	14.81	16.28	16.13	4.17	11.76
N	33	54	43	217	96	357

Figure 3: Health satisfaction



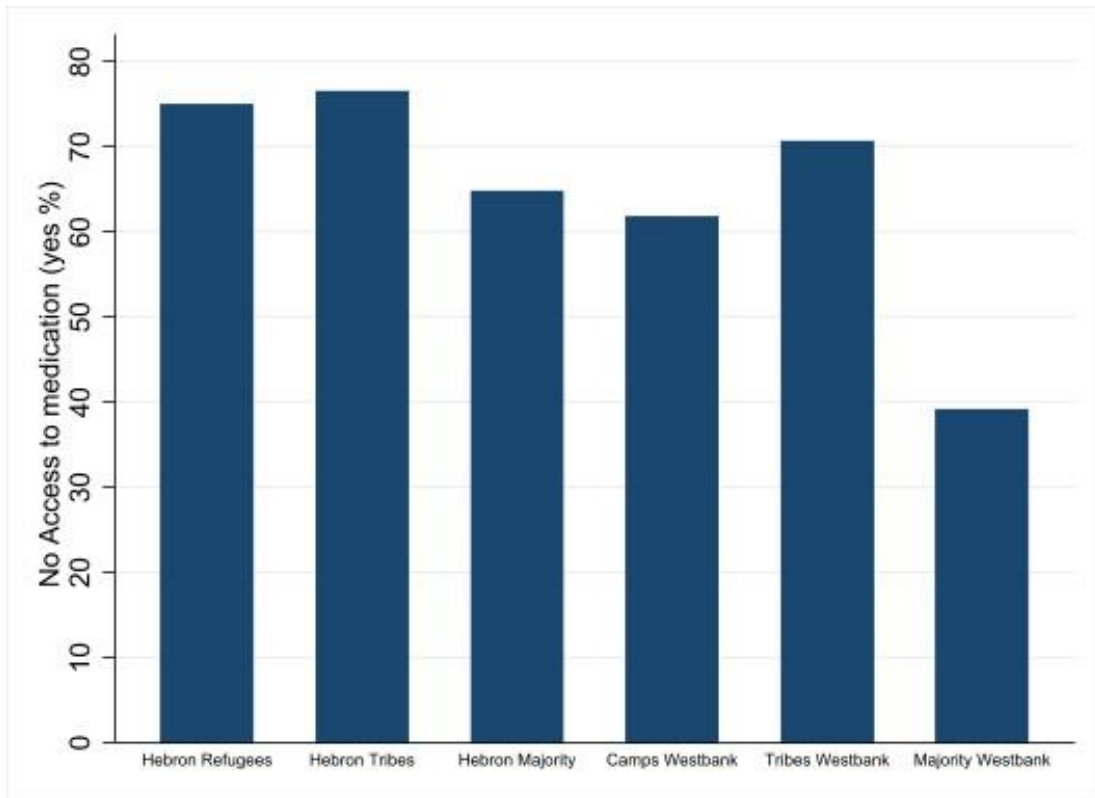
According to our findings, most respondents' health status stayed the same. However, we see a decrease for Hebron majority respondents. This coincides with their perceived health – nearly two out of five reported their health to have deteriorated since the beginning of the pandemic (Figure 4). There is also in other groups a substantial share of respondents reporting worse health. The shares range between approximately one-fifth and a quarter.

Figure 4: Health compared to before the pandemic



Access to medication is key to good health. However, our data show that access to medicine was generally difficult but particularly for minorities living in Hebron (Figure 5). Hebron refugees and most Bedouins (Hebron and West Bank) mentioned a shortage of medication and lacking access to health care during the pandemic. A closer look at Hebron shows that nearly 75 percent of the Bedouins and 73 percent of all refugees living in the West Bank reported a lack of medication. Compared to the West Bank majority, two-third of the majority in Hebron reported no access to medication. All in all, the majority community in the West Bank had the best access, which is in line with our expectations.

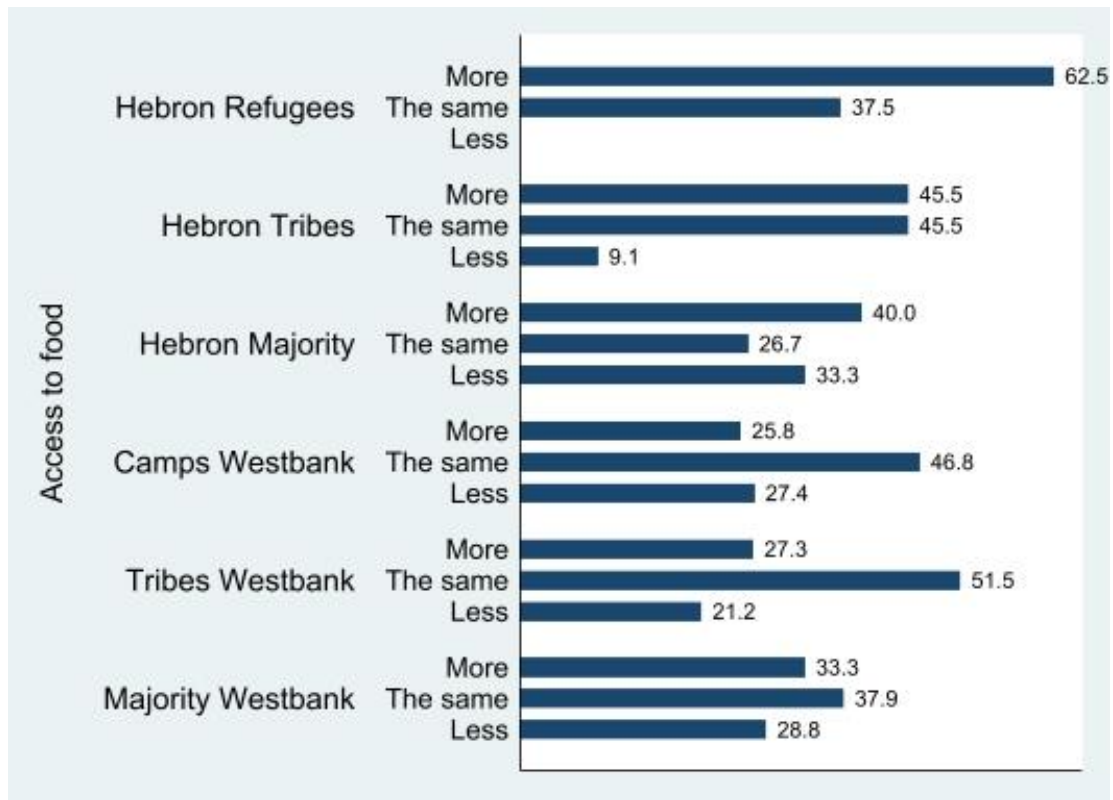
Figure 5: Access to medication



Besides medical shortages, access to food, and thus healthy nutrition were at stake during the pandemic and not guaranteed. Less access to food was reported by most groups including the majority (Figure 6). However, the biggest change was observed for refugees in Hebron where a high share reported a better access to food since the beginning of the pandemic. This indicates potential shortages at the outset of the pandemic.

Figure 6: Access to food





#### 4.3 *Mental well-being (depression) and health*

The feeling of sadness several days a week is common among all groups (Figure 7). The majority in Hebron stands somewhat out with 50% indicating a feeling of sadness several days a week. Almost one out of five respondents experienced feelings of sadness nearly every day. Within the West Bank sample, the share was highest among Bedouins.

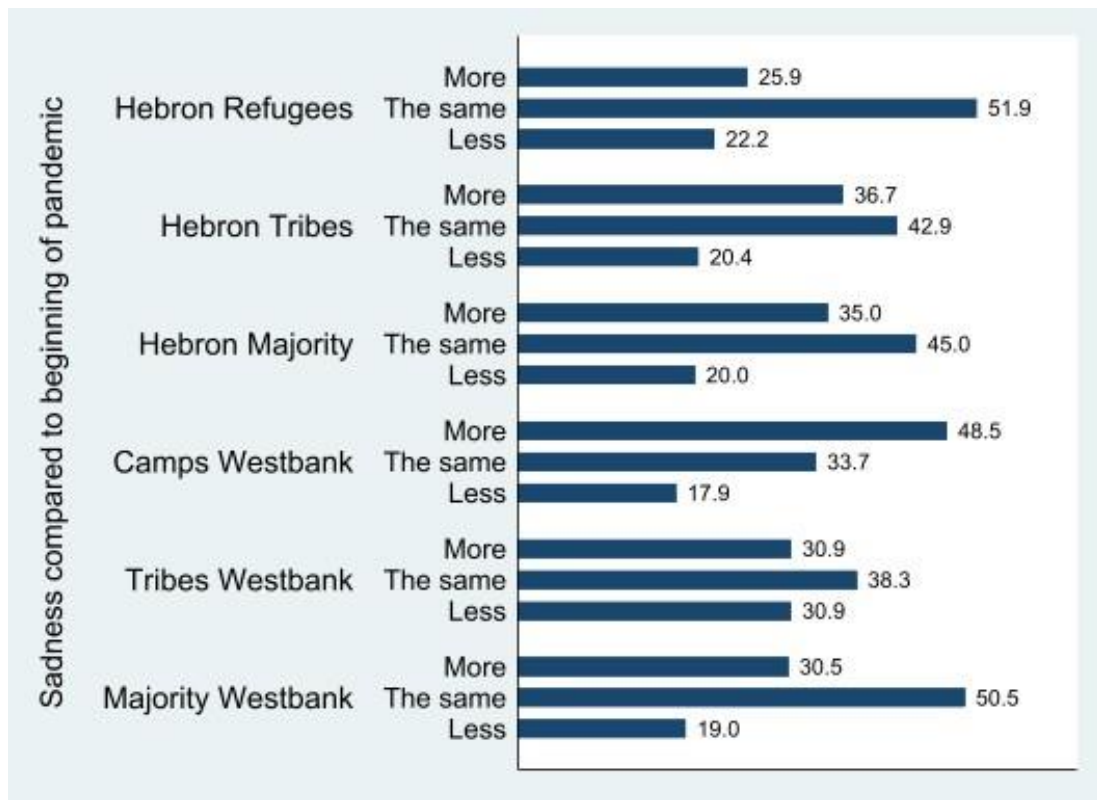
Figure 7: Feeling of sadness at time of survey



However, one-third of the Bedouin tribes in the West Bank describes that this feeling has decreased. The feeling of sadness compared to the beginning of the pandemic remained the same for about half of the participants, while a substantial share of participants reported an increase. Overall, refugee camps seem to be hit the hardest, but this is less pronounced in Hebron.

Figure 8: Feeling of sadness compared to the beginning of the pandemic

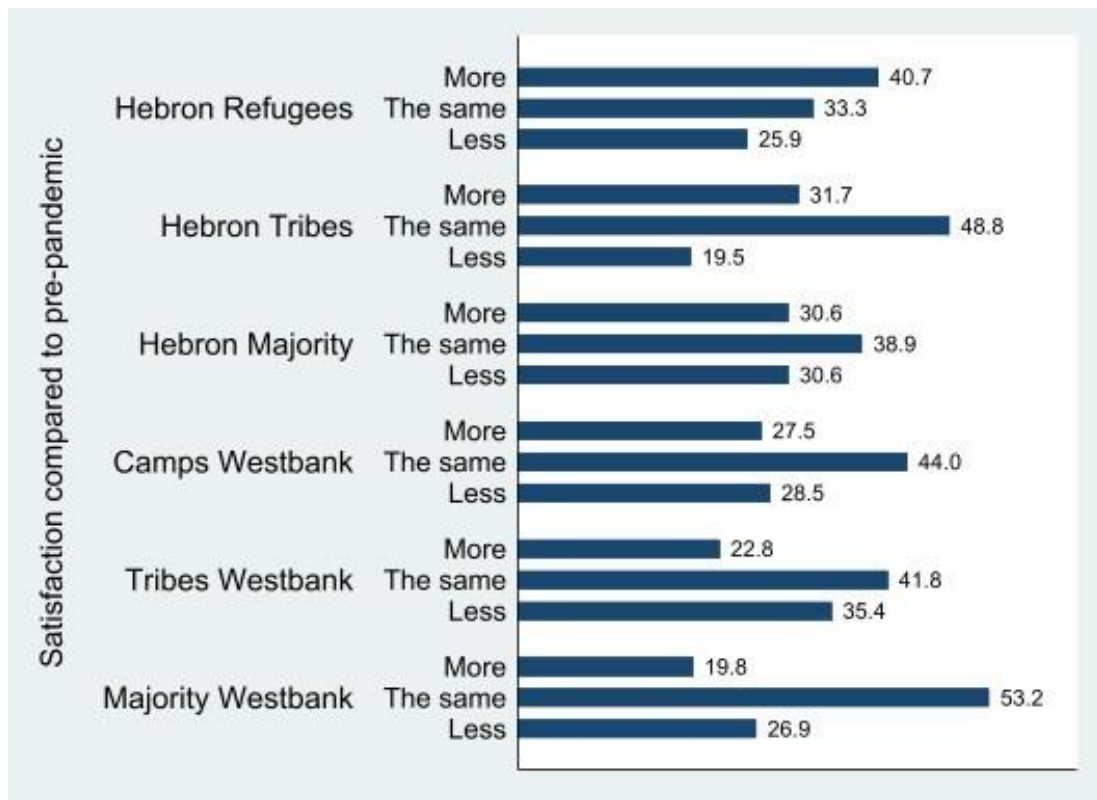




#### 4.4 Social well-being

Across the world, the pandemic has isolated people from each other, but also created new forms of solidarity. A substantial share of respondents stated that their satisfaction with their social relationships stayed the same throughout the pandemic, particularly majority-group members in the West Bank (Figure 9). Bedouin tribes in the West Bank, on the other hand, said more often that the situation has worsened when it comes to social relationships. Interestingly, Hebron refugees were more satisfied than before the pandemic.

Figure 9: Satisfaction throughout the pandemic



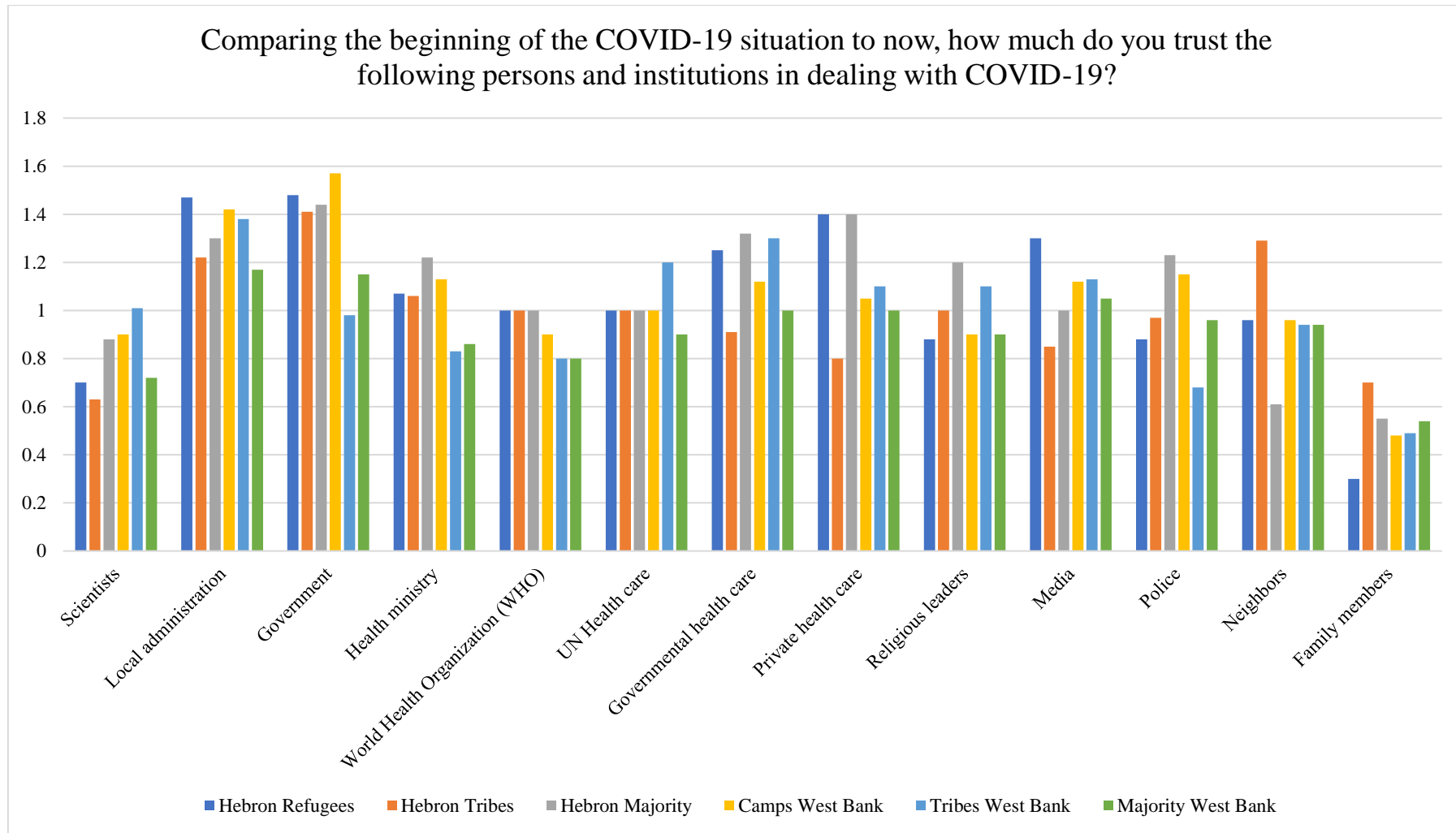
Social inequality between groups also came to the fore with regard to discrimination. Respondents could indicate discrimination in eleven areas (Shops, bank or restaurant; Public areas such as parks and streets; Internet, social media; Work, job market; Public transport or taxis; School; Police; Housing; Courts; Border; Health care). On average, the majority group in Hebron reported discrimination in almost four areas, which is nearly twice as high as the average among majority group members throughout the West Bank. It was highest at the border and at work / on the job market (not shown).

Figure 10: Discrimination



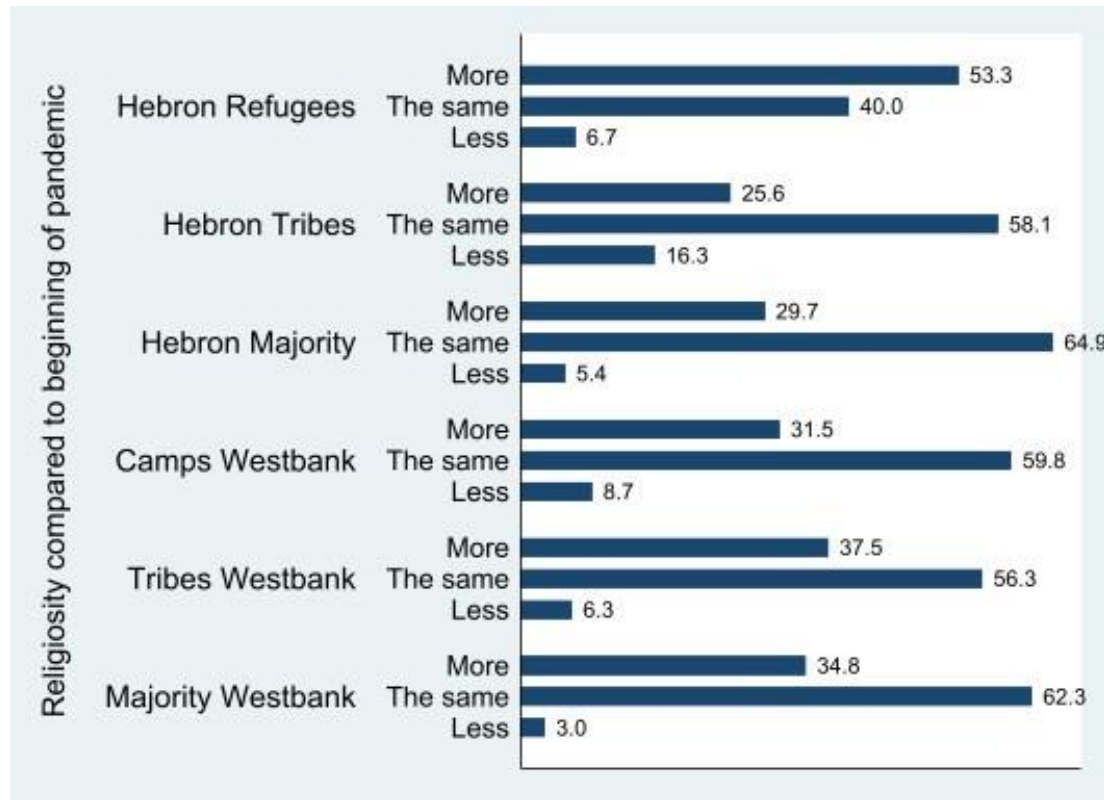
Existing studies have repeatedly pointed out that trust has suffered in many places during the pandemic (e.g., Algan et al. 2021). Along with it grew the prevalence of conspiracy theories. Palestine is no exception to this (Abu-Odah, Su, and Musa 2022). Participants could indicate if they trust the following institutions and groups more (0), the same (1) or less (2) than the beginning of the pandemic (Figure 11). Higher scores indicate less trust. Overall, the pandemic has led to a decline in trust in institutions, especially in local administration and the government itself (Palestinian Authority). Trust in family members and scientists remained relatively high.

Figure 11: Social trust



A coping mechanism during the pandemic was religiosity (e.g., Kanol and Michalowski 2023). In Palestine, most indicate that their religiosity has remained the same (Figure 12). On average, about a third of the respondents has become more religious. We can see the most notable difference for refugees from camps in Hebron.

Figure 12: Religiosity



## 5. Conclusion

A major shortcoming of existing data sets is the underrepresentation of minorities (e.g., Palestinian Central Bureau of Statistics 2021). The existing studies primarily focused on the general population. Our project was rooted in citizen science to study the transformation to the post-COVID era for minority and majority-group members by including members from the various communities at different stages of the research process (questionnaire development, data collection and reflection of findings). We have made excellent experiences with this approach, seeing a benefit for all members involved. The inclusion of community members promises insights that we would have missed as researchers from outside (e.g., the functioning of refugee camps, the complexity of balancing pandemic burdens with daily life in an occupied territory). Community members showed great appreciation for the research and 'listening' to their struggles in a discussion of preliminary research findings. We found that the pandemic has led to a decline in trust in institutions, especially in local administration and the government itself (Palestinian Authority). Trust in family members and scientists remained relatively high.

The project has also helped us to understand the living conditions of vulnerable minorities to increase their health and well-being. While the majority of respondents estimates their health to be very good, more than one-third of the respondents reported signs of long-COVID in form of fatigue and headache. Varying across groups, between one-fifths and two-fifths also reported their health to have deteriorated since the beginning of the pandemic. Along with at least 3 out of 5 refugees, Bedouins reported a shortage of medication. With reported food shortages across the West Bank, healthy nutrition has been at stake during the pandemic, which calls for a better support of minorities in Palestine. Most groups including the majority reported less access to food but some respondents perceived an improvement compared to the beginning of the pandemic. Between one quarter and one-third of the respondents (depending on the group) also perceived their mental health situation to have worsened. This is not limited to minority groups. However, in refugee camps in the West Bank almost half felt sadder. We therefore strongly encourage to improve the mental health support besides the physical health care. The division of health care between UNRWA, the Palestinian Authority and Israel complicates equal access by members of all groups.

Along these lines, perceived discrimination is relatively high around Hebron and extends to the majority group as well. More in-depth analyses on the West Bank showed that exclusion at the boarder ranks among the places where respondents encountered discrimination most frequently, followed by work and the job market. From additional analyses we know that the unemployment was higher among refugees and Bedouins compared to the majority group. The findings underline the double burden that the Palestinian population has encountered over the past years arising from a) the pandemic and b) the worsening political situation. The ongoing exclusion perceived in all areas of life puts the Sustainable Development Goals of peace and justice at stake. Underrepresentation and discrimination can erode trust in public institutions (Satran et al. 2022), and the erosion of trust can in turn cause social unrest as previous studies underline (Cederman, Wimmer, and Min 2010). We hope that insights gained from this project will enable policy makers to address humanitarian needs of Palestinians in general and minorities specifically, and strengthen the ability to respond to humanitarian crises where it is needed.

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