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Public Health Policy on the COVID-19 Pandemic and its Impact on the Behavior Patterns of Families

By Fakir Al Gharaibeh¹, Laura Gibson²

Abstract

This study examined the public health measures adopted by the Jordanian government that contributed to stemming the spread of the pandemic and the impact of these measures on the behavior patterns of families. Content analysis was used with 117 news briefs, and interviews were conducted with 20 families identified through snowball sampling. Ecological systems theory and a public health model are used to frame our understanding of the results. We found themes from interviews that included a shift to online education, use of social media, changes in consumer behavior, and social initiatives.

Keywords: COVID-19, Public Health, Health Policy, Social Policy, Child, Family

Introduction

The Jordanian health measures to counter the spread of the COVID-19 virus were implemented on March 17, 2020. Jordan adopted an approach that complied with the World Health Organization's (WHO) recommendations, while encouraging social involvement and responsibility (Al Gharaibeh 2020). These strict measures were in place for nearly three months, after which period the restrictions were eased, paving the way to the resumption of normal life and activity.

Jordan is located in the northern part of the Arabian Peninsula. It has an approximate population of 10,661,544 in addition to nearly four million refugees, mainly from Syria, Iraq, and the Palestinian Territories (Jordanian Department of Statistics 2020).

It is evident that the low R number (the number of people who get the virus from one infected person) and the increasing number of recovered cases of COVID-19 in Jordan can be attributed to the early response, the readiness of hospitals, and the effective cooperation between the public and private sectors to successfully test, treat, and prevent future infections (Ministry of Health [MoH] 2020a). This made Jordan an ideal location in which to learn more about families' responses.

Jordan realized early on that the global community was largely unable to stop the spread of the virus and that its health system would not be able to cope with a pandemic. Therefore, one of the first decrees issued by His Majesty King Abdullah II of Jordan was to implement National Defense Law, which gave the government wide-ranging powers, enabling it to respond swiftly and effectively to the crisis. Immediately after, the government imposed a number of measures including the closure of the country's borders, lockdown, compulsory isolation of exposed and confirmed cases, use of electronic surveillance bracelets, and

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adherence to social distancing. In addition, several hospitals and clinics, both in the interior and border points, were dedicated to receiving COVID-19 cases. Flights were also arranged to repatriate thousands of Jordanians stranded abroad. Health measures included offering free COVID-19 testing, providing hospitals with the equipment necessary to deal with any surge in cases, and involving the security forces and the military in the delivery of medication and food supplies. This was in addition to their role of keeping the peace and imposing a lockdown and social distancing in cooperation with the local councils.

Four factors contributed to Jordan's successful response to the COVID-19 pandemic (Al Gharaibeh 2020). The first was a centralized response plan characterized by transparency communication, which created an atmosphere of trust and reassurance. This approach fostered confidence in the government's ability to manage the situation. The second factor was the government's reliance on the recommendations of the WHO. The government required strict adherence to those recommendations, such as maintaining social distancing, wearing masks, and engaging in personal hygiene. Thirdly, the community supported the government's requirements by holding each other responsible for following them. The community also took an active role in providing social support to vulnerable individuals. Finally, the private sector provided financial and material aid to those in need. As of October 21, 2021, the total of cumulative positive cases was 1243, 090; more than 4 million people have been vaccinated with a second dose.

Aims of the Study

This study attempts to answer the following research questions:

1. What were the health measures and implementation mechanisms adopted by the Jordanian government that contributed to stemming the spread of the pandemic?
2. What was the impact of these measures on the behavior patterns of Jordanians?
3. What are the optimal policy responses to COVID-19 in light of available capabilities?

Examples of Global Response to COVID-19 Pandemic

The Eurasia Group evaluated the healthcare management, political response, and economic policy response of countries with low infection rates (Bremmer 2020). They examined the key practices that set those countries apart. For example, Taiwan (443 cases, 7 deaths) closed its borders early and banned the export of face masks. It did not close its economy for an extended period, but instead, implemented contact tracing and tracking of sim-cards in mobile phones to enforce stay-at-home orders (Bremmer 2020).

South Korea (11,902 cases, 276 deaths) developed testing early in the pandemic and was able to produce enough tests to export to other countries. It did broad testing, contact tracing, and isolated people who tested positive without causing extreme adverse effects to its economy. South Korea's citizens received cash payments to help them weather the worst of the pandemic (Bremmer 2020). Some of the things that these countries' responses seem to share: early response; widespread testing; free testing and treatment; surveillance and contact tracing; enforcement of public measures; economic stimulus.

Public Health Policy and Resilience

The mission of public health is to provide "the maximum benefit for the largest number of people." (WHO, as cited in Centers for Disease Control [CDC] 2014). A public health model focuses on the physical and mental health of the community or population, in contrast with a

medical model, which focuses on the health of individuals. Public health is interdisciplinary and uses traditional and nontraditional partnerships to promote health and resilience (CDC 2014).

Schools have shifted as quickly as they can to online learning, but not all schools have this capability. There is a very real worry about educational erosion, with weaker students falling behind. If this continues, we may be creating a permanent “underclass” of people who will not have the education and skills to fulfill their civic duties and contribute to a national economy (Gewertz 2020).

While there has been a need to shelter in place for many employees, the need for productivity does not stop. Often, employees who were able to work from home did so. In fact, 67% of employers enabled their employees to work from home (Semuels 2020a). However, Semuels (2020a) reminded that several companies who in the past experimented with working-from-home-plans found that it just wasn't the same. Companies like Aetna, Best Buy, and Yahoo found that meeting from home did not meet the essential need for people to connect with each other and develop a sense of community. (Semuels 2020a), and workers living alone are particularly vulnerable to loneliness and isolation.

DaSilva et al. (2020) asserted that in this pandemic, there is a tendency to focus on services that will save lives; however, good mental health is necessary to handle the day-to-day behavioral choices that are potentially life threatening. Therefore, mental health care helps the population to change beliefs and behaviors necessary to maintain public health. Liang et al. (2020) found that 40.4% of youth were vulnerable to psychological problems, and 14.4% had PTSD symptoms. Gao et al. (2020) found that social media exposure was positively correlated with anxiety. The WHO identified an infodemic in which there is such a barrage of misinformation posted to social media that users have great difficulty distinguishing fact from fake news (Guterrez 2020). There is a need to combat the infodemic by promoting accurate information and filtering out false information.

Several countries paid workers affected by COVID-19. For example, the United States paid an additional \$600 per week to those who filed for unemployment benefits, in addition to a one-time \$1,200 stimulus check that was sent to most Americans. Denmark subsidized up to 75% of workers' salaries if employers would not lay them off; Great Britain paid up to 80% of salaries to the same end (Semuels 2020b).

Public Health Policy in Jordan

Public health policy applies to policies, strategies, and activities performed within a community to achieve health care objectives. An explicit public health policy can achieve several things: It defines a vision for the future which in turn helps to set short- and medium-term targets and reference points, and it outlines goals and planned functions of various classes and builds up disadvantages (WHO 2020).

The Jordanian public health system includes health service entities from the public and private sectors, international organizations, non-governmental organizations, public charities, and institutions and councils concerned with improving the public health policies of the country. In 2020, there were a total of 118 hospitals in the country with the capacity of 14,700 beds. Of these hospitals, 32 were public, two were university hospitals, 69 were private, and 15 were royal medical service or military (MoH 2020b). In addition, there are 676 comprehensive health and primary care centers, 506 mother and child centers, and 429 dental clinics (MoH 2020b). However, more than 25% of the population do not have any medical insurance, although the country boasts one of the most advanced healthcare infrastructures in the Middle East.

These measures and the availability of a robust healthcare system enabled the government to implement a clear public health policy to counter the spread of the virus in the

country. Part of this policy was the shift from a model that promoted therapeutics and precision medical technology to a public health model, which focuses on prevention, health protection, and epidemic control (Al Qutob et al. 2020).

In implementing a public-health-policy based model, the Jordanian Ministry of Health took a number of measures that included the following actions: strict adherence to WHO recommendations; reliance on the Epidemiology Committee responsible for monitoring the spread of the virus; transparency; provision of the Crisis Control Centre with up-to-date reports on the health situation in the country; all Jordanian government decisions in relation to this crisis were based on the recommendations of the National Committee for Epidemics.

Ecological Systems Theory & Public Health Policy

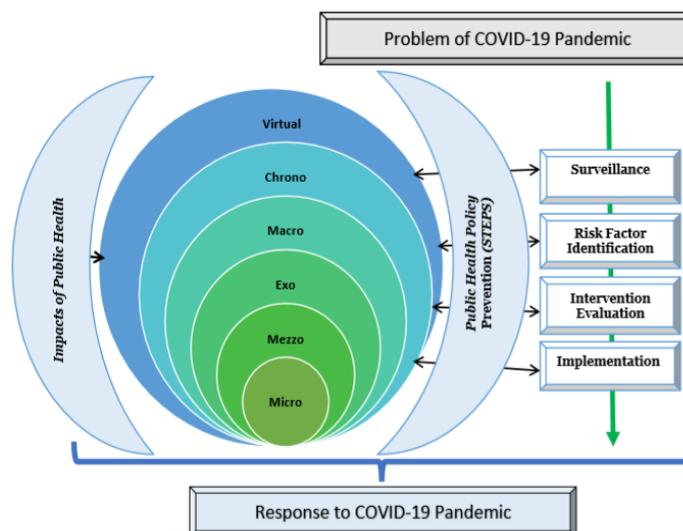
We used an adaptation of Bronfenbrenner's ecological systems theory to explain the varied systems (micro, mezzo, exo, macro, chrono, and virtual) and how they are interrelated. We also used the framework of the WHO's public health policy model to show how it can be integrated with these systems (see Figure 1).

Ecological theory provides a theoretical lens with which to understand the interrelatedness between families and their environment. Ecological theory views the system as a dynamic entity consisting of levels of the environment, which are interdependent and mutually influential. The family cannot be accurately assessed outside of the context of the larger system (Al Gharaibeh and Gibson 2019).

Ecological theory explains that a micro level includes the influences of the individual, family, peers, and teachers. The mezzo level includes the influences of interactions of the person's microsystem connections: schools, neighborhoods, communities. The exo system includes the influences of the indirect environment. This includes things that affect the individual, but do not have direct influence, such as a parent's workplace. The macro system includes the influences of social and cultural values. The chrono system includes the influences of time and history.

Bronfenbrenner's understanding of ecological theory is often illustrated as nested circles that begin with the micro level at the center, which is surrounded by concentric circles consisting of the mezzo, exo, macro, and chrono levels (Figure 1). In addition to the traditional concentric circles, we have added the wrap-around services of the public health model, which affect all levels of the environment.

A public health policy consists of four steps (WHO 2017). First, surveillance involves identification of the problem. The problem is defined by systematically gathering information about all aspects of the problem. Second, risk factors are identified to determine the cause of the problem, why it occurs, and who is affected by it. Third, interventions are evaluated to determine what is effective. Interventions are designed in such a way that their effectiveness and efficacy can be determined. Fourth, policy development occurs, which delineates how the interventions will be implemented. It involves scaling up effective pilot programs and promising interventions. The expansion of interventions requires evaluation of their impact and cost effectiveness (WHO 2017).). The four steps of this framework intersect with all levels of systems in some way.

Figure 1: Model of COVID-19 Pandemic Response in Jordan Designed by the Authors

Significance of Research

Little research has been done based on the content analyses of the policies of the government. This research used both official daily news briefs and announcements and interviews of Jordanian families. It will show the importance of nongovernmental efforts in education, work, digital initiatives, and social initiatives and how this experience should inform all sectors' abilities for the future.

Materials and Methods

This study adopts a qualitative approach. It analyzes the contents of government news briefs and official announcements made through the National Center for Security and Crises Management (NCSCM) and the in-depth interviews with Jordanian families.

All of the 117 official daily news briefs and announcements made between March 5, 2020 and October 6, 2020 were analyzed to determine the health policies adopted during the lockdown and the measures imposed to ensure the implementation of these policies.

Families were interviewed using digital media apps (Skype, Botim, and Messenger). These interviews were conducted to evaluate the impacts of public health measures on the daily lives of Jordanian families. Each interview took between 60 and 75 minutes.

For the in-depth interviews, a snowball sampling procedure was used. Snowball sampling is a way of recruiting participants in which each participant is asked to identify other potential participants. Saturation is achieved when no new themes are noted. For this study, before reaching the saturation point of 20 families, 15 individuals were referred to the researcher but did not agree to participate.

Participants

Data was gathered from 20 participants (8 women and 12 men). The participants were adult members of 20 separate families. Families were defined as including at least one adult and at least one child living in the household, although most had more than one child. Families were comprised of both boys and girls, whose ages ranged from three to eight years. Although some families had young children, all had at least one school-aged child.

Method

The data were analyzed using the framework of content analysis for identifying important themes (Bengtsson 2016). Transcripts were coded in the early stages of the study to classify preliminary themes and to group a range of themes by problem. Particular attention has been given to rich and enthusiastic responses, as opposed to those that consist of only a few words. Themes and definitions were identified and co-identified.

Participants provided oral (recorded) informed consent prior to the interview (with voice call; a video call was not used out of respect for the privacy of participants and confidentiality). All procedures were approved by the Ethics Committee of the University. The language of the interviews was Arabic, translated into English by a professional translator.

Results

In this section, we present the findings of the study. First, an analysis of the official daily news briefs and announcements on the health measures implemented during the crisis is presented (National Center for Security and Crises Management [NCSCM] 2020). Second, an analysis of 20 interviewees' responses to questions related to the impact of these health measures on the behavior patterns is presented.

Firstly: Public Health Policy and Government Measures

The public health policy adopted by Jordan to counter the spread of COVID-19 was based on the recommendations of the National Committee for Epidemics, which worked closely with a number of securities, and political, health, economic, and social agencies. The committee recommended several measures, including the immediate implementation of the following: lockdown, quarantine, and medical preparations; remote education and work; banning of public events, religious gatherings, and tourist activities; government's delivery of basic supplies during lockdown; digital platforms and applications; and a crisis unit.

Lockdown, Quarantine, and Medical Preparations

During the period covered in this study, many official announcements and news briefs alerted the public to the various health measures and services initiated by the government in relation to public lockdown, quarantine, and medical services.

According to the NCSCM's news brief of March 10, 2020, the Ministry of Health launched a number of phone and online medical and health awareness services. For example, "Ask about Corona" is an initiative that aimed to increase the public's awareness of the disease. Another is Telemedicine, a virtual medical consultation service.

In the March 14, 2020 news brief, the NCSCM announced the immediate suspension of all flights to and from Jordan and the closure of all ports and border crossings, except to commercial cargo. In addition, six hospitals which conducted COVID-19 testing were identified.

In another news brief, it was announced that up until March 24, 2020, the number of individuals quarantined in 34 hotels specially commissioned by the government for that purpose reached 5050: 23 hotels in the capital, Amman, 10 in the Dead Sea area, and 1 in Aqaba (NCSCM news brief March 24, 2020).

Remote Education and Work

The NCSCM announced the closure of all educational institutions starting from the morning of Sunday, March 15th and the shift to remote education via the Ministry of Education's education platforms and T.V. channels (MoH 2020a). To ensure the efficiency and continuity of remote education, the MoH collaborated with the Ministry of Digital Economy

to launch its platform (www.darsak.gov.jo) and made it available to all students from 07:00 and till 16:00 (MoH 2020c).

The government also launched 13 digital platforms that focused on informing workers of the nature and procedures of remote work. For example, it identified the correct procedures to deliver food and medication, online teaching skills, and health and safety procedures in construction.

Banning of Public Events, Religious Gatherings, and Tourist Activities

In its news brief dated March 14, 2020, NCSCM announced that the government had imposed an immediate and complete ban on all public events and gatherings, prayers in mosques and churches (in consultation with the Fatwa and Churches Councils), sports competitions, and hospital and prison visits. In addition, it announced the closure of all tourist attractions, cinemas, theaters, swimming pools, sports clubs, fitness centers and restaurants.

Meeting Needs of Citizens

It was announced on March 23rd (MoH 2020c) that the government would ensure the delivery of goods and services to meet the basic needs of all people through municipal councils and major water and food delivery companies. Deliveries would be limited to water, bread, baby formula, and medicine.

As it became clear there was a need for the private sector, civil society and volunteers assumed a greater role during the lockdown. As a result, a number of community initiatives were launched to support the government's efforts (NCSCM news brief March 24, 2020).

Digital Platforms and Applications

The National Security Center (NSC) devised plans for the implementation of social distancing and remote work and education in a manner that would cause minimal disruption to the daily lives of the public. In cooperation with private sector entities and the Ministry of Digital Economy, the NSC launched a number of digital platforms that offer health, education, food and medicine delivery, and ambulance services (NCSCM news brief March 17, 2020).

Psychological Support Initiative

The Jordanian Psychiatric Association, in cooperation with the International Medical Association and the Jordanian National Mental Health Centre, launched a new initiative to offer free social and psychological support and consultations to members of the public experiencing mental health problems as a result of the pandemic (NCSCM news brief March 20, 2020).

Elek Wa-Feed (Pass it on) Initiative

Elek Wa-Feed is the result of close cooperation between UNICEF, WHO, the Jordanian Ministry of Health, the Jordanian Royal Health Awareness Society, and the National Council for Family Affairs. These campaigns aimed to raise the health awareness of all family members, especially in relation to the prevention of infection and the spread of COVID-19. Currently, the campaign is limited to the digital media platforms of the participating organizations such as Facebook, Instagram, Twitter, and WhatsApp (CMC news brief, 3/30/2020). To add, the government launched a special online account (L'enak Qadaha or Because You're Willing and Able) to receive public donations and initiatives using the website www.corona.moh.gov.jo.

Watan (Home Country) Initiative

The Watan Initiative is a cooperative effort by the Ministry of Health, the Civil Defence Administration, and the Jordan Medical, Dentists', and Pharmacists' Associations. The initiative aims to provide support to medical and healthcare staff, reduce their exposure to the public, and shield the elderly from exposure.

Under this plan, volunteer physicians can register for voluntary work and receive the MoH's approval and assignments through a dedicated website (www.corona.jo). Volunteers can be then affiliated to the Civil Defence Administration, where they support the ambulance service for 12 hour shifts in the initial stage. These ambulances can then serve as mobile clinics to treat people with mild cases and who do not need hospitalization. Moreover, The Medical Association established a field hospital in the Trade Unions Complex, which includes a medical clinic that provides supervised biological therapy in cooperation with Al-Basher Hospital, a dental clinic for emergency cases. In addition, fifteen teams of volunteer health practitioners were formed in cooperation with the union municipal branches to offer the same services across the country. Teams of volunteer physicians were drawn to provide medical care to the quarantined, conduct virus swab tests, compile data of the quarantined, and investigate and report confirmed and suspected cases (CMC news brief, March 30, 2020).

Aman (Security) Application

Aman is a smart digital application that provides protection to individuals, their families, and communities from infection by informing them of the possibility of their exposure to the COVID-19 virus. It uses geographical positioning system technology to not only assist with contact tracing, but alert users that they have come into contact with a person with a confirmed infection and provide them with steps to take. The application also enables the authorities and the community to initiate rapid response to any incidents of infection, which slows the spread of the pandemic.

Cradar (or C-radar)

The Crisis Unit of the National Security and Crisis Management Centre launched a digital application (Cradar) with advanced location capabilities to report illegal social gatherings and suspected cases of Covid-19. The same news brief (May 8, 2020) announced the implementation of Defense Decree No. 8, which imposes a prison sentence of three years and/or a 3,000 JOD fine to any person convicted of exposing others to infection or conducting any behavior that exposes others to infection.

Crisis Unit

The Crisis Unit monitors all developments related to the spread of COVID-19 in the country. It comprises a number of teams concerned with medical care; border control; social care; and a national strategic stockpile, especially of food and medicine (NCSCM news brief March 14, 2020).

Secondly: The Impact of these Health Measures on the Behavior Patterns of Families

The next section presents the findings of the in-depth interviews the first author conducted with Jordanian families to explore their experiences of the total and partial lockdown imposed by the Jordanian government since March 17, 2020. The responses of the interviewees described varied and new experiences. These responses can be categorized into the following main themes: the shift to online work; the shift to online education, the use of social media; changes in consumer behavior; and social initiatives and neighborhood committees.

The Shift to Online Work

As a result of the precautionary measures implemented to counter the COVID-19 pandemic, digital media has become more integrated into the everyday life of every Jordanian. While remote working was optional and limited before the pandemic, it has become the de facto modus operandi of most establishments and institutions in the country. No longer is the use of the Internet limited to entertainment and gaming. It has become an indispensable tool in Jordanians' lives, especially in work and education.

“To work remotely, you need a certain set of skills, which we lack. This means that you need constant professional training and guidance. You need to acquire a whole new set of skills at record time. This is like living in a permanent state of emergency. It’s very stressful. Also, it’s hard to judge whether I’m performing my duties adequately. My place of work never issued us with any guidance, but our performance is still evaluated by management.” (Interview 2)

Another issue that the respondents faced was the need for a suitable home environment to fulfill their duties. Many lived with their extended families in small houses, which is not conducive to remote work as expressed in the following statement:

“I’m a mother of five and work remotely. How can I look after the kids and help them with their studies and work at the same time? There are no regulations or guidance, which has caused me a lot of stress in addition to other issues like the lockdown and family responsibilities.” (Interview 12)

The Shift to Online Education

In Jordan, there are more than two million students enrolled in 3,865 government and 3,211 private schools, all of which started providing online education as a result of the precautionary measures imposed by the government. One major issue that these students faced was the fact that Jordanian families are typically large, often consisting of five or more members. This made televised school lessons virtually ineffective. In addition, most parents lacked the digital skills to fulfill their work duties or help their children with schoolwork.

“Online education deprives kids of the opportunity to play, socialize and make friends. Our home environment isn’t suitable for learning online; the house is small; we don’t have digital devices; we don’t know how to use them.” (Interview 4)

Moreover, parents believed that televised lessons were insufficient and lacked such essential elements as student-teacher and student-student interactions. Also, it was difficult to monitor the children while watching their lessons on T.V., which parents found unconducive to learning.

“I believe this system doesn’t meet students’ needs. There’s no evaluation or assessment. Students don’t get feedback on their school work. Televised lessons are short, fast and insufficient. Students need to see more examples of whatever is being taught to better understand the topic, the need to do homework, and receive direct and detailed feedback from the teacher on their work.” (Interview 1)

In spite of all these difficulties, a number of Jordanian families believed that remote learning is the most suitable option available to them under the circumstances and that it suits their children's learning performance and styles as expressed in the following statement:

"I have one son and he's at university so he's quite independent. Things are much easier for him and his lecturers are more understanding and flexible. Of course, this isn't the same for schoolchildren." (Interview 6)

The Use of Social Media

Social distancing has caused families a number of serious issues. It altered their lifestyle and denied them normal human contact.

"People have started to increasingly rely on social media apps like WhatsApp to contact family and friends because of the lockdown and the physical distance." (Interview 1)

In spite of this shift to digital modes of communication, many Jordanians, as a result of ingrained cultural traditions, felt ashamed of not being able to participate in social occasions such as weddings. However, recent developments have changed people's perspectives and their views of these traditions as evident in the following statement:

"I do feel ashamed for not attending social occasions like wedding and graduation parties. But this might have a positive impact too as now I can save on travel and gift expenses. The current situation has made many Jordanians malleable to receiving good wishes or condolences through social media apps." (Interview 2)

Changes in Consumer Behavior

It was evident from the responses of the interviewees that Jordanian consumer behavior has undergone significant changes due to the lockdown, salary cuts, and the scarcity of certain shopping items. Depending on their place of work, Jordanians viewed the lockdown differently. Unlike those employed in the private sector, those working for the government tended to view the lockdown positively. They were not affected by salary cuts and managed to decrease their spending, especially for fuel (petrol) and childcare.

"The lockdown has had a very positive financial effect. For example, I can now save the cost of petrol, personal expenses, the kids' school lunches, daily allowance, clothes, books and stationery and so on. In fact, this lockdown has saved at least 10 dollars a day." (Interview 4)

Most of those who have been negatively affected by the crisis work in the private sector work part-time or have their own businesses. The emergency law passed by the government at the start of the lockdown allowed employers to impose pay cuts, furloughs, or contract termination. In addition, this sector of society found it very difficult to cope with the added expenses of purchasing sanitizers, cleaning products, and other essentials in preparation for shortages. This has had a negative financial impact on many as expressed in the following statement:

“We simply cannot ration or reduce spending at present. We consume more as we’re all stuck at home and then there’s the extra cost of buying more cleaning products and sanitizers which are quite expensive.”
(Interview 12)

Social Initiatives and Neighborhood Committees

A number of individual and collective social initiatives were launched during the lockdown.

Individual Initiatives

These included such individual efforts as providing food boxes and doing the shopping for older adults or providing caregiver services.

“Whenever I went to the market to do the shopping for my family, I would offer to do the shopping for our elderly neighbors or those who needed the help. I did this almost daily, but I don’t think I was the only one doing this. Many people in Jordan do this too.” (Interview 20)

Social Initiatives

This was another type of voluntary initiative and focused primarily on providing different neighborhoods with their basic needs like water, food, and natural gas.

“My neighbors and I started an initiative to supply the families in our area with their basic needs. Each group would be responsible for the purchase of certain items like gas, drinking water, bread or fruit and vegetables. I directly supervised this effort.” (Interview 8)

Discussion

The findings showed that the health policy in Jordan made a positive difference to the families of Jordan, especially in comparison with many countries similar to Jordan around the world. However, despite the achievements made on the Jordanian ecological system due to the health policy in Jordan during COVID-19, there are many lessons that can be used in improving the performance of social policy to be cross-sectoral and to include health, education, work, mental health, volunteer work, social initiatives and other sectors that have emerged more clearly during the crisis.

Surveillance: What is the Problem?

Through surveillance, it is the role of public health officials to diagnose, investigate, monitor, and stop the spread of COVID-19. Early in March, the NCSCM identified six hospitals that would engage in testing and identifying positive individuals, who were subsequently quarantined in 34 hotels. Epidemiological investigation teams were formed to engage in contact tracing and track the progression of the disease. Public health officials, supported by the government, took responsibility for investigating areas of infection, identifying areas of concern, and continuously monitoring. At the micro and mezzo levels, we saw interactions between individuals, families, and the services available to them. At the exosystem level, we saw the quarantine of individuals, even though it had no direct effect on COVID-19-negative individuals. At the macro level, the NCSCM coordinated the assessment response, reflecting the government’s sense of responsibility for its citizens. At the chronosystem level was the course of the virus.

Risk Factor Identification: What is the Cause?

Because this was a new virus, little was initially known about it. Researchers learned that it was transmitted primarily from person-to-person through respiratory droplets.

Intervention Evaluation: What Works?

Through intervention evaluation, it is the role of public health officials to evaluate the effectiveness of services (CDC, 2020). Before the end of March, the National Committee for Epidemics authorized clinical trials for treatment of the disease. Telemedicine was implemented to provide care from qualified health professionals while protecting vulnerable populations and older adults. Basic necessities such as food and water were distributed to families.

Implementation: How do you do it?

Through policy development, it is the role of public health officials to inform, educate, and empower people to improve and cope with the hazards of COVID-19. A number of public awareness campaigns were developed to facilitate health awareness, education, and ambulance/mobile clinic services. The government views health as a human right and takes responsibility for meeting the basic needs of its people. It seemed as if the policy responses related to education were only partially successful. We uncovered a need for individuals to have televisions, laptops, and reloadable, prepaid debit cards for internet access. This would have helped people take better advantage of the educational services offered. Policy development clearly reflected the macro level environment as the beliefs and values of the government influenced the development of their policy response.

Moving toward a Virtual Ecosystem

Virtual communication was used in many contexts. For example, the government launched 13 digital platforms to educate the public and empower people to take responsibility for their health and safety. Facebook was used to assist with the delivery of public awareness campaigns. Social and psychological support was offered through telehealth. The government launched an online account to accept public donations to support the public health response. Volunteer physicians registered at a website that then assigned them to an ambulance service. This lack of person-to-person contact was not without cost, however.

The ability to socially engage with others in person was curtailed by the government due to the virus. However, Jordanians found other ways to communicate and relate to friends and family. They used applications like WhatsApp and more traditional methods such as the telephone. This had an unintended effect of saving money on travel and gift expenses. Many Jordanians seemed to have a practical outlook about quarantine. They found other ways to maintain relationships.

It was an urgent need to direct television and social media programs to offer educational content that correlated well with children's level of cognitive thinking. Distance education and work have increased the psychological pressure on parents and children together, especially since remote work is a new experience in Jordan that needs better rules and instructions. For example, it is suggested that remote work doesn't mean the employees have to be available and responsive to work at all times.

The effect of the government's order of a lockdown and provision of online options for productivity was to make a shift toward remote education and work and changes in consumer behavior. The COVID-19 pandemic showed that the procedures for the transition to e-learning was a smart step, but there was a need to assess the extent of Internet coverage of all remote villages and the availability of smart devices and laptops in families to be able to receive education. This situation has enabled children with Internet access and smart devices to receive

interactive education through smart platforms provided by the Ministry of Education, although this was not available to students from poorer families who only monitored the registered shares through TV channels. This is consistent with what Durgun (2021) found, noting that poor children in Turkey who were quarantined were also unable to participate in distance education, highlighting structural inequalities. However, Kund and Bej (2021) found that in India, when teachers had more self-efficacy, they had less concern for infrastructure. The researchers found that having a moderate amount of online teaching efficacy led to an attitude of 'doing what you can with what you have' rather than a deficit perspective that focused on what they did not have. Although this attitude is commendable, it does not compensate adequately for a lack of student resources.

Conclusions

The main themes of our qualitative study were the shift to online work, the shift to online education, the use of social media, changes in consumer behaviors, and social initiatives. Clearly, these changes reflected families' efforts to adapt to the changed circumstances within the context of the other systems. As a result, there were both positive and negative effects. For example, in the shift to online work, many people were able to be productive citizens, thus helping to contain the virus. However, it became apparent that there was inadequate preparation or training, and the lack of policies and procedures was an additional source of stress. The shift to online education was accepted as the most practical option for coping with lockdowns. However, the lack of computers, internet access, and adequate feedback from teachers revealed a weakness in this approach. The government was able to use digital media to communicate with the population in a variety of creative ways, but reliance upon social media tended to interfere with cultural traditions and gatherings which were also a source of comfort. Families handled consumer buying in different ways, with some able to save money on transportation costs, but leaving others spending more on sanitizing products. Effects on consumer buying were possibly influenced by socioeconomic status. Finally, families felt a new-found inspiration to help their neighbors, which revealed a potentially untapped resource.

There can be no denying that the measures taken by the Jordanian government have been effective in slowing the spread of COVID-19 in comparison to other jurisdictions of similar size and population. Applying ecological theory reveals a mesosystem that includes schools, workplaces, places of quarantine, and delivery of goods. It also includes identifying and monitoring the public health environment and investigating public health risks. The exosystem includes clinical trials, fines/prison, awareness campaigns, and crisis response. It also includes the public health strategies of assuring a competent workforce and evaluating the effectiveness of health services. The macro system includes the country's adherence to WHO recommendations, suspension of flights in and out of the country, and closure of ports and border crossings. It also includes the implementation of public health policy. All of these systems are influenced by the historical sociopolitical context.

Since the systems interact in a way that makes them interdependent, it should be noted that any successes in addressing the COVID-19 virus are attributable not only to the micro system but to larger systems' interventions as well. Viral infection was related to the behaviors of individuals, but also to the closure of schools and implementation of remote education. The closure of schools and remote education, in turn, greatly influenced the daily behaviors of individuals.

Respondents indicated that remote work was difficult. Many people felt unprepared to do work remotely and/or did not have the devices necessary to do so. The logistics of using televisions to administer education was well-intended; however, large families that have several school-aged children found that one television was inadequate. There were also

concerns about the expense of having multiple families online simultaneously. Respondents did express appreciation for the government.

There is a great need to activate the role of volunteering to meet the needs of poor and needy families, elder adults, people with disabilities, and students (Al Gharaibeh 2020; Peer, 2021). This is also consistent with findings from Mao et al (2021) in the United Kingdom, Shelby et al. (2021) in the United States, and Miao et al. (2021) in China. The government's efforts have been excellent but would have been better if civil and voluntary organizations had organized social initiatives rather than the individual and collective effort that was done solely by institutional sectors.

Jordan needs a comprehensive plan that benefits from the synergy of a qualified and adequate health system, an advanced educational system, electronic government, and a remote work system according to rules and foundations that qualify workers in all different sectors. Moreover, it would be helpful to engage young people in building future plans and increase awareness among families of the dangers of psychological and social pressures on them and their children. The current circumstances may not encourage the disclosure of family problems, marital harmony, and violence against children, but it is possible to spread awareness and educate families about future risks to health.

The school was the only outlet for many children before quarantine was initiated, especially kindergarten, primary, and adolescent students, and thus those children ended up without a plan of action to meet their recreational and psychological requirements. The investment of social capital requires the reorganization of these sectors in schools, neighborhoods, and villages to be ready in any upcoming crisis and disaster situations in an organized, specific, and planned response rather than a default quick response. Ahmed et al. (2020) similarly concluded that the pandemic showed the need for the Bangladesh, India, and Pakistan governments to make financial commitments to expand technology and infrastructure as well as capacity building of teachers.

The long-term effects of the conditions of the lockdown and the quarantine on families whose family members work in private and part-time work have not been confirmed. In such situations, the risks of parental absence are unknown, despite enabling children to become more self-reliant. This study was limited by the small sample size associated with qualitative research. It cannot be generalized to the larger population.

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