

Psychological Disorders among Babylon Refugees at ISIS Era

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Abstract

A displaced and emigration by the refugees is a big problem in the world, especially in Iraq because the continuous wars. The most Iraqi people become refugees or displaced to other governors. The study aims to Psychological Disorders among Babylon Refugees at ISIS Era and determine the relationship between symptoms of them with the demographic characteristic's refugees.

A descriptive-analytic study was conducted with refugees who residence in Babylon from different Iraqi governorates. A purposive (Non-probability) sample of (100) refugees.

The study results revealed highly anxiety and depression symptoms among refugees about (53% & 72% respected) and there is a significant relationship between psychological symptoms to depression and anxiety with age and gender of refugees. The study concluded most of the immigrants are having severe symptoms of psychological problems and increased may due to the shortage in the needs of life and income and changes in social life so, the study recommended for early detection about psychological problems and support them.

Keyword : Psychological Disorders, Refugees, ISIS Era

Introduction

Iraq experienced a varied pattern of population emigration and displaced in the last fifteen years and approximately three million refugees (Jabbar et al., 2017), but actually the story of emigration extends for more that.

A refugee, according to the United Nations Convention relating to the Status of Refugees, is a person who is outside their country of citizenship because they have well-founded grounds for fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion, and is unable to obtain

sanctuary from their home country or, owing to such fear, is unwilling to avail themselves of the protection of that country (Mowafi & Spiegel,2008).

Refugees of Iraq are who have fled Iraq due to war or persecution. Throughout the past 30 years, there have been a growing number of refugees fleeing Iraq and settling throughout the world, peaking recently with the latest Iraq War (Riyadh, 2015). Precipitated by a series of conflicts, including the Kurdish rebellions during the Iran–Iraq War (1980 to 1988), Iraq's Invasion of Kuwait (1990) and the Gulf War (1991), the subsequent sanctions against Iraq, and culminating in the violence during and after the American-led invasion and occupation of Iraq, millions have been forced by insecurity to flee their homes in Iraq. Unlike most refugees. In April 2007, there was an estimate of over 4 million Iraqi refugees around the world, including 1.9 million in Iraq, 2 million in neighboring Middle East countries, and around 200,000 in countries outside the Middle East. The Iraqi displacement of several million is the largest in the Middle East (IRC, 2017).

After the invasion by coalition forces in 2003, Iraq began fracturing along sectarian lines, ushering in a period of violence and displacement. After war broke out in neighboring Syria in 2011, ISIS took advantage of societal tensions and grievances in the region. ISIS captured parts of Anbar in 2013, then swept through Sinjar and Mosul in a brutal 2014 triggering large scale displacement (Jabbar, & Zaza, (2017)

In 2014, the militant group ISIS overran great swathes of Iraq and gained control of key cities including Mosul, the country's second largest with a population of 2 million. Hundreds were killed and 860,000 fled their homes (Tay et al., 2017). By the end of 2015, an estimated 3.2 million people were displaced and over 8.6 million in need of humanitarian assistance. Women, children, and minorities have been disproportionately affected by the most severe atrocities, including sexual violence and severe violations of children's rights. Campaign that forced scores to flee their homes. Over 3 million Iraqis now live-in harsh conditions in camps and unfamiliar towns, with limited access to schools or jobs (IRC, 2017).

Refugees suffer from a higher rate of mental health symptoms such as anxiety and depression than the general population since they have experienced extreme suffering and the accumulated effects of trauma (Hocking et al., 2015) & (Korostiy, 2016).

The Psychological adaptation has considered an important issue for refugee's health most refugees suffer from higher levels of emotional distress and poorer mental health. Moreover, Poor adaptation patterns among refugees relate to increased levels of depression, anxiety, low self-esteem, and other psychological problems (Riyadh, 2015). Refugees and resettlement stressful challenges negatively influence the psychological well-being of the refugees. Furthermore, despite the potential magnitude of the problem, the psychosocial health of refugees' remains poorly addressed and little is known about the dynamics involved or about what should be done to prevent or manage mental health problems related to refugees (Sundram & Ventevogel, 2017).

The study aims to assess the symptoms of anxiety and depression disorder among Babylon refugees and determine the relationship between symptoms of them with the demographic characteristic's refugees.

METHODOLOGY:

A descriptive-analytic study was conducted with refugees from September 2nd, 2019 to May 2nd, 2020 to achieve the early stated objectives. Refugees were selected from refugee's which located in Babylon from different Iraqi cities. A purposive (Non-probability) sample of (100) refugees were selected according to the following criteria: Both sexes, male and female aged from 12 years to over, refugees were free from any psychiatric disorders.

The researcher depended also on Taylor Anxiety Scale, the Arabic version, with reliability ($\alpha = 0.86$) (Al-Haj, 1997) and ($\alpha = 0.84$) (Mikhail, 2003) and Beck depression Scale, the Arabic version, with reliability ($\alpha = 0.89$) (Radwan, 2003). The following details of each Scale was used. It was comprised three parts as follow:

Part 1.A. A covering letter to obtain the respondents agreements to participants in the study.

Part 1.B. Sociodemographic characteristics of the sample include age, gender, marital status, level of education, residence, occupation and occupation type.

Part 2. Anxiety scale

Anxiety scale assesses emotional responses and feeling at the Beginning of the disease. It consists of 50 items, answering by yes or no (no = zero and yes=one), the final degrees of scale ware between 0-50 degrees, the levels of anxiety, were divided to four levels according to this scale and as follow.

0 - 16: normal anxiety, 17 - 24: mild anxiety, 25 - 35: moderate anxiety, 36 - 50: severe anxiety.

Part 3 Depression Scale

Depression Scale consists of 21 items of statements, each item presented one symptom of depression (sadness, pessimism, sense of failure, loss of pleasure, guilty feelings, punishment feelings, self-dislike, self-criticalness, suicidal thoughts or wishes, crying, agitation, social withdrawal, indecisiveness, change body image and shape, tiredness or fatigue, changes in sleeping pattern, loss of energy, changes in appetite, decreased weight, loss of interest in sex and preoccupation with health) responses to each item were (not at all = 0, a little = 1, some = 2, a lot = 3) the degrees of scale were ranging between 0-63 degrees, and divided the levels of depression, according to this scale to four levels. Zero -11 no depression, 12 -19 mild depression, 20 - 27 moderate depression, 28 - 63 severe depression.

The scale accepted by 13 experts as contain validity.

Statistical Analysis:

The data of the present study were analyzed through the descriptive statistical analysis (Percentage and frequencies) and the inferential statistical analysis (Chi-Square) by using statistical software in a Pc.

RESULTS:

Table 1: Demographic characteristics of the study sample.

List	Demographic characteristics		No.	%	List	Demographic characteristics		No.	%		
1.	Gender	Male	55	55.0	4.	Level of Education	read and write primary	10	10.0		
		Female	45	45.0			secondary	35	35.0		
2.	Age	10-20	31	31.0			5.	Before refugee	urban	80	80.0
		21-30	23	23.0					rural	20	20.0
		31-40	19	19.0	6.	After refugee	family groups	34	34.0		
		41-50	14	14.0			employee	12	12.0		
		51-60	8	8.0			gainer	11	11.0		
		61-70	3	3.0			not work	21	21.0		
3.	Marital Status	single	42	42.0	7.	Occupation	housewife	33	33.0		
		married	56	56.0			student	23	23.0		
		widower	2	2.0							
Total sample =100											

Table (1) Shows that majority of the sample males (55%), (31%) of the sample at age group (10- 20) years, (56%) of the study sample were married. In regards to educational levels (42%) were on a secondary level, (80%) live in an urban area before refugee and (66%) life in groups after refugee and (33%) of the study sample were housewife.

Table 2- Distribution of the sample according to the psychological problems.

List	Psychological problems.	No problem		Problem		Total
		No.	%	No.	%	
1.	Anxiety	47	47.0	53	53.0	100
2.	Depression	28	28.0	72	72.0	100
3.	Anxiety and Depression	36	36.0	64	64.0	100

Table (2) shows the distribution of psychological problems among refugees; the highest percent of the sample (72%) has depression; (64%) of the sample has anxiety and depression and (53%) of the sample has anxiety.

Table (3): Relationship between for psychological problem (Anxiety) and Demographic Characteristics.

Demographic characteristics		Psychological problem		Chi-Square tests		
		No Anxiety	Anxiety	Value	df	Sig.
Gender	Male	29	26	1.609	1	.205
	female	18	27			
Age groups	10-20	13	18	7.495	6	.277
	21-30	14	9			
	31-40	7	12			
	41-50	6	8			
	51-60	6	2			
	61-70	1	2			
Marital status	Single	21	21	2.793	2	.247
	Married	24	32			
	widower	2	0			
Education level	read and write	1	9	11.175	3	.011
	primary	13	22			
	secondary	24	18			
	academic	9	4			
residence before refugee	urban	36	44	.642	1	.423
	rural	11	9			
residence after refugee	family	25	9	14.555	1	.000
	groups	22	44			
Occupation	employee	8	4	7.768	4	.100
	gainer	4	7			
	not work	14	7			
	housewife	13	20			
	student	8	15			

It appears from this table that there was significant difference in psychological problem (anxiety) with respect to their education level and residence (after refugee) at $p \leq 0.05$ and it appears from this table that there was no significant difference in

psychological problem (anxiety) with respect to their gender, age, marital status, residence (before refugee) and occupation at $p > 0.05$.

Table (4): Relationship between for psychological problem (Depression) and Demographic Characteristics.

List	Demographic characteristics	Psychological problem		Chi-Square tests		
		No Depression	Depression	Value	df	Sig.
Gender						
1.	Male	17	38	.513	1	.474
2.	Female	11	34			
Age						
1.	10-20	8	23	2.670	6	.849
2.	21-30	9	14			
3.	31-40	5	14			
4.	41-50	3	11			
5.	51-60	2	6			
6.	61-70	1	2			
7.	71-80	0	2			
Marital status						
1.	Single	13	29	5.961	2	.050
2.	Married	13	43			
3.	Widower	2	0			
Education level						
1.	read and write	0	10	4.537	3	.209
2.	Primary	10	25			
3.	Secondary	14	28			
4.	Academic	4	9			
residence before refugee						
1.	Urban	17	63	9.040	1	.003
2.	Rural	11	9			
residence after refugee						
1.	Family	24	10	46.347	1	.000
2.	Groups	4	62			
Occupation						
1.	Employee	4	8	10.847	4	.028
2.	Gainer	3	8			
3.	not work	11	10			
4.	Housewife	8	25			
5.	Student	2	21			

It appears from this table that there was significant difference in psychological problem (depression) with respect to their marital status, residence (before refugee) residence (after refugee) and occupation at $p \leq 0.05$ and it appears from this table that there was no significant difference in psychological problem (depression) with respect to their gender, age and education level at $p > 0.05$.

Table (5): Relationship between psychological problem (anxiety and depression) and Demographic Characteristics.

List	Demographic characteristics	Psychological problem		Chi-Square tests		
		no anxiety and no depression	anxiety and depression	Value	df	Sig.
Gender						
1.	Male	21	34	.253	1	.615
2.	Female	15	30			
Age						
1.	10-20	10	21	4.438	6	.618
2.	21-30	12	11			
3.	31-40	6	13			
4.	41-50	4	10			
5.	51-60	3	5			
6.	61-70	1	2			
7.	71-80	0	2			
Marital status						
1.	Single	16	26	3.997	2	.136
2.	Married	18	38			
3.	Widower	2	0			
Education level						
1.	read and write	1	9	4.841	3	.184
2.	Primary	11	24			
3.	Secondary	19	23			
4.	Academic	5	8			
Residence before refugee						
1.	Urban	25	55	3.917	1	.048
2.	Rural	11	9			
Residence after refugee						
1.	Family	24	10	26.749	1	.000
2.	Groups	12	54			
Occupation						
1.	Employee	5	7	6.737	4	.150
2.	Gainer	3	8			
3.	not work	12	9			

4.	Housewife	11	22			
5.	Student	5	18			

It appears from this table that there was significant difference in psychological problem (anxiety and depression) with respect to their residence (before refugee) and residence (after refugee) at $p \leq 0.05$ and it appears from this table that there was no significant difference in psychological problem (anxiety and depression) with respect to their gender, age, marital status, education level and occupation at $p > 0.05$.

DISCUSSION:

The study revealed highly depression symptoms among refugees and about (72%) from them had severe symptoms, this result consent with Brian and colleagues (2016) Hunt, & Gakenyi, (2005), they mentioned that immigrants usually demonstrate higher level with mental symptoms, especially depression than those of host societies. Also, this result consent with Mowafi, & Spiegel, (2008) when they studied the rate of depression disorder among Ethiopian immigrants and refugees in Toronto, but Moreover, Hocking et al., (2015) & Bogic et al., (2015) stated that any changes in a family environment, especially the persons who have an interpersonal relationship with the surrounding and the people around them increase the risk of developing a mood disorder. Another hand, about (53%) of refugees had severe symptoms of anxiety, and this result consent with Coryell, (2010) & Solangi et al., (2012) who studied the symptoms of self-reported anxiety, sleeping problems, and severe pain among Turkish-born immigrants to Sweden. Finally, there is a significant relationship between psychological symptoms (depression and anxiety) and age group. It represents that (20%) of immigrants aged (28-37) years old with severe psychological symptoms as same results with Hinton et al., (2013) & Altan, (2014) when they are compared with other age groups, middle-aged immigrants are more likely to have severe level of psychological distress.

Researchers' believe the first year of displacement and it's relatively incongruent increased the psychological problems' score, it can be explained that temporary relief experienced by immigrants is among them and with overtime, immigrants increased their psychological problems and needs to support from the challenges of life and circumstances.

Conclusion and recommendations:

Most of the immigrants are having severe symptoms of psychological problems (depression and anxiety). The refugees lived in poverty and shortage in the needs of life and income and changes in social life that may be increased the severity of psychological symptoms. Also, there is the difference between male and female in severity of symptoms.

The study recommends to early detection is very important to decrease the severity of psychological problems and support them, and create a safe environment for them and follow up with involved them in visitor health program and evaluate their psychological state and reinforce their adaptive abilities during the migration period.

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