

Depression Among Internally Displaced People After February 22,2006 In Al-Diwaniya Governorate

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الخلاصة:

خلفية الدراسة: النزوح الداخلي يعرف بأنه الاخراج الاجباري لشخص ما من منزله في الغالب يكون نتيجة لنزاع مسلح او كوارث طبيعية ويحدث ضمن حدود البلد. يعتبر الاكتئاب احد المضاعفات النفسية الشائعة المصاحبة للنازحين، وقد تصل نسبة انتشاره الى (80%) في بعض الدراسات، في حين يجدها البعض اقل من ذلك

الأهداف: تهدف هذه الدراسة الى بيان نسبة انتشار الاكتئاب وشدته بين الاشخاص النازحين الى مدينة الديوانية الذين تركوا منازلهم عقب التفجيرات التي استهدفت مزار العسكري في 22 شباط 2006. كما يهدف البحث ايضا الى دراسة علاقة نسبة انتشار الاكتئاب بالمتغيرات الاجتماعية والديموغرافية لهؤلاء النازحين (العمر، الجنس، الحالة الزوجية، التحصيل الدراسي، المهنة).

الطرق: بلغ عدد الاشخاص النازحين الذين شملتهم الدراسة 110 شخصا، تم اختيارهم عشوائيا من احد التجمعات السكنية المخصصة للنازحين (قرية انصاف) ضمن حدود محافظة الديوانية. امتدت فترة البحث من الثاني من اب 2012 الى الثاني من كانون الثاني 2013. تم تشخيص الاكتئاب لدى المرضى بواسطة مقابلة شبيهة منظمة مستندة على النظام العالمي لتصنيف الامراض-العاشر، وتم تحديد شدة الاكتئاب بواسطة مقياس بك للاكتئاب (الطبعة العربية المختصرة)، وللحصول على المقارنة مع مجموعة المرضى، تم اختيار 110 شخصا من غير النازحين.

النتائج: اظهرت النتائج ان نسبة انتشار الاكتئاب بين الاشخاص النازحين في مدينة الديوانية بلغت 34.5% مع ملاحظة ارتفاع هذه النسبة بين الاناث عنها في الذكور، بالإضافة الى وجود بعض الاختلافات في هذه النسبة فيما يتعلق بالمتغيرات الاجتماعية والديموغرافية لدى هؤلاء النازحين.

الاستنتاجات: اظهرت الدراسة شيوع الاكتئاب بين الاشخاص النازحين في مدينة الديوانية.

Abstract

Background

Internally displaced persons (IDPs) are those who have been forced from their home but, unlike refugees, remain within the borders of their own countries. Mental health is recognized as a key public health issue for conflict-affected populations. Studies revealed high levels of depression among IDPs

Aims of the study

This study aims to identify the prevalence rate of depression among IDPs who left their homes after the bombing of the Al-Askari Shrine in Samara and now are resettled in AL-Diwaniyah governorate.

Also to study the prevalence rate of depression in relation with some socio- demographic variables (such as age, sex, marital status, occupation, and education). Also measuring the severity of depression among those people.

Methods

One hundred ten IDPs have been randomly selected in one area of Al-Diwaniya governorate (Insaf village) from a period of august 2nd, 2012 to January 2nd, 2013. The presence of depression was diagnosed by using a semi –structured interview schedule based on ICD-10, diagnostic criteria for depression, and its severity was rated by Beck depression inventory. The patients group was matched for age and sex with control group to achieve comparability.

Results

The result showed that the prevalence rate of depression in IDPs was 34.5% compared with 16.4% among their matched control group and this result was statistically significant. The rate of depression was higher for females than males, with some differences in depression rate among socio-demographic variable. And According to the Beck Depression Inventory (BDI), the majority of our depressive patients (60%) were of moderate severity of depression

Conclusions

Depression is common in IDPs .

Key words:

Internal displaced people, Depression

Introduction

Depression is a common psychiatric disorder, characterized by a persistent lowering of mood, loss of interest in usual activities and diminished ability to experience pleasure¹.

It is often a disabling disease that affects a person's work, family and his study, sleeping and eating habits, general health and ability to enjoy life².

Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may also be present.³ Depression affects about 7–18% of the population on at least one occasion in their lives, before the age of 40⁴.

The United Nations High Commission for Refugees (UNHCR) defines IDPs as: “people who are forced to flee . . . but they either cannot or do not wish to cross an international border”

IDPs, are often wrongly called refugees. Unlike refugees, IDPs have not crossed an international border to find sanctuary but have remained inside their home countries. Even if they have fled for similar reasons as refugees (armed conflict, generalized violence, human rights violations), IDPs legally remain under the protection of their

own government - even though that government might be the cause of their flight. As citizens, they retain all of their rights and protection under both human rights and international humanitarian law⁵.

The psychosocial factors that might be influenced by migration, and thereby pose a negative effect on mental health, are social support, social participation and feeling of powerlessness⁶.

This might be the reason that studies dealing with acculturation have reported higher distress and depressive symptoms for those immigrants who migrate to culturally and socially distinct societies and try to adapt to the new social circumstances after migration⁷.

The specifics of immigrant's status indicate a particular vulnerability to psychological distress. The literature on migration is clear in noting that movement between cultures is a source of risk for psychological difficulty in any case. However, immigrants, frequently characterized by a history of exposure to trauma, are suspended between a frightening past and an uncertain future⁸.

Four of the most common psychological reactions found in refugee and displaced people groups have included PTSD (as a reaction to violence and/or torture), depression (for example as a reaction to loss), somatization, and existential dilemmas (where belief patterns have been challenged)^{9,10}.

محافظة الديوانية

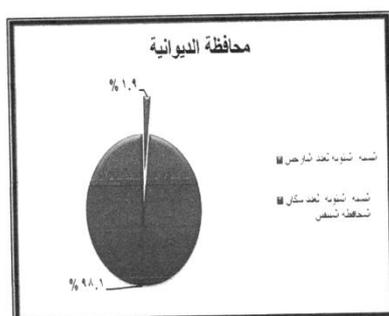
خارطة (14) توضح توزيع النازحين داخليا بحسب القضاء في محافظة الديوانية



جدول(35) يوضح عدد العوائل النازحة داخليا بحسب القضاء في محافظة الديوانية

الاقضية	النازحة العوائل عدد
الحزمة قضاء	670
قضاء الديوانية	1811
الشمالية قضاء	410
عفك قضاء	448
المجموع	3339

شكل (15) يوضح التمثيل النسبي للنازحين داخليا الى سكان محافظة الديوانية



جدول(36) يوضح عدد النازحين داخليا ونسبتهم الى عدد سكان المحافظة

عدد سكان المحافظة	عدد النازحين
1134469	21664
النسبة المئوية لعدد سكان المحافظة المتبقين	النسبة المئوية لعدد النازحين
%98.1	%1.9

●شهد قضاء الديوانية اعلى نسبة لاستقطاب العوائل النازحة للمحافظة وذلك لانها المحور الذي تتركز عليه المحافظة كونه حضري ونسبة الخدمات فيه عالية.

Aims of the study

1-To estimate the prevalence rate of depression among IDPs in

Al Diwaniya governorate after 22nd February-2006.

2-Measuring the severity of depression in those patients.

3-To estimate the rate of depression among IDPs in relation to some socio-demographic variable.

PATIENTS AND METHOD

This study was conducted in one area of Al Diwaniya governorate (Insaf village which composed from same design houses built by UNHCR) from a period of august 2nd, 2012 to January 2nd, 2013.

One hundred ten participants agreed to participate in the study and to the questionnaire.

The IDPs have been randomly selected by taking every third house in the village mentioned above

Of these participants, 58 were male and 52 were female, they were of different age

groups (from 18-more than 57) and of different marital ,educational, occupational status (table 1).

Apparatus:

Each patient was assessed for the presence of depression by using a semi – structured interview schedule based on ICD-10, diagnostic criteria for depression (the Arabic version which translated and used previously by other researchers). (Appendix 1)

The patients were given a concise version of Beck Depression Inventory (13 items) to assess the severity of depression .The assessment is a self-rating one and fall into three categories;

i- Mild = 5-7 , ii-Moderate=8-15, iii-sever \geq 16 (Appendix2)

In order to achieve comparability with IDPs group, one hundred ten normal controls (52 females and 58 males) were selected and matched for age and sex with the patients group (they were selected

mainly from area which didn't have immigrants).

Statistical analysis:

Data were subjected to statistical analysis using the Statistical Package for the Social

Science (SPSS-version 11.5) program, and chi square association test was used .P value of ≤ 0.05 was considered statistically significant.

Results

Table -1: socio-demographic characteristics of respondents

Characteristic	Total		Male		Female	
	No.	%	No.	%	No.	%
Sex	110	100	58	52.7	52	47.3
Age groups						
18-27	38	34.5	22	37.9	16	30.7
28-37	29	26.3	15	25.8	14	26.9
38-47	21	19.0	11	18.9	10	19.2
48-57	14	12.7	6	10.3	8	15.3
More than 57	8	7.2	4	6.8	4	7.7
Marital state						
Single	40	36.3	18	31.0	22	42.3
Married	50	45.5	26	44.8	24	46.1
Widows, widowers	12	11.0	8	13.7	4	7.6
Divorced	8	7.2	6	10.3	2	3.8
Education						
Illiterate	8	7.2	4	6.8	4	7.6
Primary	18	16.3	10	17.2	8	15.3
Secondary	46	41.8	24	41.3	22	42.3
University	38	34.5	20	34.4	18	34.6
Job						
Unemployed	26	23.6	6	10.3	20	38.4
Private sector	22	20.0	16	27.5	6	11.5
Students	16	14.5	8	13.7	8	15.3
Employee	40	36.3	24	41.3	16	30.7
Retired	6	5.4	4	6.8	2	3.8

Table-2: Rate of depression in patients and control groups.

Rate of depression	Patient group		Control group	
	No.	%	No.	%
Depressed	38	34.5	18	16.4
Not depressed	72	65.5	92	84
Total	110	100	110	100

$\chi^2=9.582$, $df=1$, $p\text{-value} = 0.001$

Table 2, demonstrates that (34.5%) of IDPs had depression compared with only (16%) among the control, this differences is statistically highly- significant .

Table-3: Distribution of depressed patients and control according to age .

Age (years)	Patients group						Control group					
	D e p r e s s e d		N o t - d e p r e s s e d		T o t a l		D e p r e s s e d		N o t - d e p r e s s e d		T o t a l	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
18-27	6	15.7	28	38.8	34	31	3	17	23	25	26	24
28-37	8	21	22	30.5	28	25	6	33	22	24	28	25
38-47	10	26.3	12	16.6	24	22	4	22	21	22.8	25	22
48-57	8	21	6	8.3	14	13	3	17	13	14.1	16	15
>57	6	15.7	4	5.5	10	9	2	11	13	14.1	15	14
Total	38	34.5	72	65.5	110	100	18	16	92	84	110	100

$\chi^2 = 1.47$, $df = 4$, $p = 0.83$ (statistically insignificant)

Age groups are presented in table 4, the majority of IDPs depressed patients (26.3%) fall into age group (38-47) years , while (33%) of the depressed control subjects fall into age groups (28-37) years.

Table-4: numbers and percentage of depressed patients and control according to marital status

Marital status	Depressed Patients group						Depressed control group					
	F e m a l e		M a l e		T o t a l		F e m a l e		M a l e		T o t a l	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Single	6	27.2	3	18.7	9	24	1	10	1	12.5	2	11.1
Married	10	45.5	8	50	18	47	5	50	4	50	9	50
Divorced	2	9.1	2	12.5	4	11	3	30	2	25	5	27.8
Widows, widowers	4	18.2	3	18.7	7	18	1	10	1	12.5	2	11.1
Total	22	57	16	43	38	100	10	56	8	44	18	100

$\chi^2 = 11.47$, $df = 3$, $p = 0.009$

Married persons constituted a large number of depressive cases 18 of 38 (47%) 10 females and 8 male (statistically significant),this is followed by singles and widow; 9 (24%) and 7 (18%) respectively. Majority of singles were females 6 in comparison with males 3 .Also married persons constituted the large number of control patients 9 of 18 (50%).

Table- 5: sex distribution in patients and control group

Sex	Patients group						Control group					
	D e p r e s s e d		N o t - d e p r e s s e d		T o t a l		D e p r e s s e d		N o t - d e p r e s s e d		T o t a l	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	16	42.1	42	58.3	58	52.7	8	44	50	54	58	53
Female	22	57.9	30	41.7	52	47.3	10	56	42	46	52	47
Total	38	35	72	65	110	100	18	16	92	84	110	100

$$\chi^2 = 0.95, df = 1, p = 0.33$$

Table 5, the number of depressive cases of IDPs in the study was 38 (34.5%) out of 110 participants ,the results were slightly higher in female 22(57.9%) than in male 16(42.1%). The P value for gender was more than 0.05, it was statistically not significant .Also the results in control cases were slightly higher in female(56%) than in male (44%).

Table-6: Number and percentage of depressed patients and control according to the educational level

education	Depressed Patients group						Depressed control group					
	F e m a l e		M a l e		T o t a l		F e m a l e		M a l e		T o t a l	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Illiterate	2	9	1	6.2	3	8	1	10	1	12.5	2	11
Primary	4	18	2	12.5	6	16	2	20	1	12.5	3	16.6
Secondary	4	18	7	43.8	11	29	3	30	2	25	5	27.7
University	12	55	6	37.5	18	47	4	40	4	50	8	44.4
Total	22	57	16	43	38	100	10	55	8	45	18	100

$$\chi^2 = 13.75, df = 3, p = 0.003$$

Higher education level of IDP constituted the majority of depressive cases 18 (47%) . The remaining cases were nearly equally distributed between secondary and primary school educational group. There is significant statistical differences in the rate of depression among higher level of education compared with other.

Regarding control group ,patients with higher level of education also constituted the majority of depressive cases(44.4%)

Table-7: Number and percentage of depressed patient and control according to occupation

Occupation	Depressed Patients group						Depressed control group					
	F e m a l e		M a l e		T o t a l		F e m a l e		M a l e		T o t a l	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Unemployed	11	50	8	50	19	50	4	40	3	37.5	7	39
Private sector	1	4	1	6.2	2	5.2	0	0	1	12.5	1	5
Employee	2	9	1	6.2	3	7.8	2	20	1	12.5	3	17
Retired	5	23	4	25	9	23.6	3	30	2	25	5	28
Students	3	14	2	12.5	5	13.1	1	10	1	12.5	2	11
Total	22	57	16	43	38	100	10	56	8	44	18	100

$$\chi^2 = 14.3, df = 4, p = 0.006$$

The depressive cases of IDPs have been distributed from high to low percentage among different occupations as follow unemployed (50%), retired (23.6%), students (13.1%), employee (7.8%) , private sector (5.2%) .

There is significant difference statistically in the rate of depression among unemployed cases compared with others.

Regarding control group unemployed patients (39%) constituted the large number followed by retired patients(28%).

Table-8: Severity of depression among patient group defined by Beck Depression Inventory (BDI).

Severity of depression	Depressed patients		Depressed control	
	No.	%	NO.	%
Mild (5-7)	11	29	10	55.5
Moderate (8-15)	23	60	6	33.3
Sever (≥ 16)	4	11	2	11.2
Total	38	100	18	100

$$\chi^2=14.5, \text{ df}=2, \text{ p}=0.0006$$

According to the Beck Depression Inventory (BDI) for measuring the severity of depression, the majority of our depressive patients(60%) were of moderate severity of depression (i. e. ,BDI=8-15) ,and this is statistically significant differences in relation to mild and sever type , while the majority of the depressed control group were of mild depression(55.5%) ,as shown in table 9.

Discussions

The present study revealed that the rate of depression in IDP was 34.5% compared with 16.4% among their matched control and this result was statistically significant. This result is concomitant with many other studies throughout the world inspite of different methodology and different diagnostic tools as shown:

-Rates of PTSD and depression amongst Guatemalan refugees in Mexico were recorded at 11.8% and 38% respectively¹¹

-A survey of Bosnian refugees in Croatia diagnosed PTSD and depression in 5.6% and 18.6% of respondents¹² .

-In Afghanistan, rates of PTSD have varied between 20.4% to 42% and rates for depression from 38.5% to 68%¹³ .

More than one third of participants (34.5%) were aged 18-27 years, because a large number of them were student and they have willingness to participate in the study ,this result is consistent with many studies which supported this finding:

- Noori and Janet (2007) stated that the immigrants were young persons (15 to 24 years old)¹⁴ .

-Joseph and Cristina (2000) also support this study, they found that (24%) of their sample of immigrants in the Midwest United States aged between (16-25) years and (33%) were (26-35) years¹⁵ .

The prevalence of depression was higher in IDP females (57.9%) than males (42.1%) ,this because women are more likely than men to 'internalise' stress, thereby putting them at greater risk of

developing depression ,also women with unsatisfactory marriages or who are caring for a number of young children. This result was consistent with other studies:

-Richard (1999) who stated that females are twice as likely to become depressed as men and the level of psychological distress was significantly higher for women than for men¹⁶ .

- It has been previously suggested that women may be at higher risk of mental distress because of the psychological consequences of rape, the violent loss of partner and children, and of becoming a single parent or widow¹⁷ .

The prevalence was higher among married than other groups, this could be interpreted by the fact that responsibilities and social stressors are higher among married people (especially for IDPs who may face many problems regarding housing, accommodation, and other aspects of social life in their new settle place)¹⁸ .

Conclusion

1-The prevalence rate of depression among the IDPs who are living in AL-Diwaniyah governorate after february 22nd , 2006 found to be 34.5%.

2-The rate of depression is higher among female IDPs than male IDPs .

3-The rate of depression was affected by differences in age and other socio-demographic variables, and some of these differences were of statistical significant.

4 -The majority of depressed patients are in age group (38-47) years ,and of moderate severity .

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- Gurak ,(1987),found there was a relationship between marital status among immigrant Mexican women and depression¹⁹ .

The results of this study in table 7 indicate that the majority of depressive patients were of high educational level 47%. This result may be attributed to the fact that this group of people was target for terror and experiencing more losing events.

Unemployed people are at high risk of social and psychological problems, first because of financial problems that they have, and second because job is a good way of communication with others and it helps them to be busy with working rather than thinking about their traumas and re-experiencing the stressor events²⁰ .

This result is supported by: -Lipson and Omidion (1992)who found in their study that the problems related to unemployment were reported in(42%) of the study's population²¹ .

Recommendation

1- Further study should include screening of other psychiatric co morbidities which might occur concomitantly with depression.

2-The public health interventions should deal with both economic conditions and social support system of immigrant simultaneously.

3-Early attention to the immigrants with psychological problems especially to those forced or is exposed to many stressors during the immigration.

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