Assessment of Psychosocial Status of the Displaced Students

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 ABSTRACT
 Objectives: to assess the psychosocial status of displaced students at University of kufa
 Recommendation: other studother health aspect related guidance and psychological need to follow the IDPs stude problem may found with them healthal sessment, psychological internally displaced students. The study conducted at University of Kaper Markov (Kaper Markov)

Kufa . Data was analyzed through the use of descriptive data analysis. **Result:** the result of study show that 51.3% of the sample were between 22-25 years of age, and 62.5% of them live in rent house many students suffer from mental problem, and 33.8 % Feeling very upset when something reminded them of the stressful experience **Conclusion**: Displacement has an influence displaced student's psychosocial status.

INTRODUCTION

Internal conflicts causing forced displacement of noncombatant populations are a common global occurrence, and usually associated with substantial health and social impacts on internally displaced persons (IDPs) including acute and long-term effects on mental health ⁽¹⁾. The nature of the conflict that caused displacement, the ongoing geo-political situation and the choices of the displaced population may define the outcome of the displacement process/post-flight phase ⁽²⁾. Continuation of conflict in the area of origin has been found to be associated with poorer mental health outcomes in those displaced. Most forced and prolonged displacement takes place against a backdrop of resource-poor settings where social vulnerability, lack of adequate infrastructure along with loss of hope for the future can act to compound the already raised risk of mental disorders among IDP populations (3).

IDPs are often neglected when displacement is prolonged, with adverse social, cultural, economic and health impacts^(4,5).

Mental disorders associated with forced internal displacement are varied ⁽⁶⁾. Common Mental Disorders prevalence is seen to vary substantially: 27.2% in Colombia, 27.8% in Ethiopia, 40.3% in Palestine, 57.7% in Cambodia, 62.3% in Algeria ⁽⁷⁾. Epidemiological evidence that the burden on mental health is higher in conflict and post-conflict areas of the world compared to regions with no conflict is compelling (6). This includes areas that have experienced targeted ethnic violence and conflict as a result of civil and political unrest^(9,10) Poor mental health has been argued to be particularly prevalent among IDPs who are exposed to trauma due to political conflict and oppression, and subsequent forced displacement into camps often unequipped to ensure safety and meet basic health and social care needs (11); factors that further perpetuate risk of mental disorders ^(12,13). For example, a recent study of mental disorders among West Papuan

Recommendation: other studies must be conducted to include all other health aspect related to displaced students. The Educational guidance and psychological support committees in these faculties need to follow the IDPs students to know and solve any psychological problem may found with them Keywords: assessment, psychosocial, status, displaced, students Correspondence: Rajha A. Hamza Adult Nursing, College of Nursing University of Kufa E-mail: rajihaa.hamzah@uokufa.edu.iq DOI: 10.5530/srp.2020.2.66

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refugees exposed to political persecution and living in settlements under conditions of extreme poverty and deprivation identified a range of trauma event experiences and ongoing stressors, functional impairment ranging from mild to extreme, and over a quarter of the study sample (n = 230) meeting diagnostic criteria for one or more mental disorders. This included (in order of prevalence) separation anxiety disorder, persistent complex bereavement disorder, panic disorder, post-traumatic stress disorder, generalized anxiety disorder and more ⁽¹⁴⁾. The aim of this study was to add to this evidence base by investigating the mental health, quality of life and life satisfaction of IDPs

METHODOLOGY

Study design

A descriptive analytic study conducted to assess the psychological and mental health status of the internally displaced students from the period from conducted from the period from December 4th 2017 -February 11th 2018.

Administrative Agreements

The researchers obtain an approval from the Faculty of Nursing / University of Kufa. In addition, an official permission is attained from study subjects to participate in the study.

Setting of the Study

The study conducted at University of Kufa faculties of (Nursing, Veterinary, Engineering, Administration and economic, Art, Jurisprudence, Low, Sport, Science, and Education)

Sample of the Study

A Non-Probability (Convenience Sample) of (80) internally displaced students are included in the study.

The Study Instrument

Assessment tool was developed by the researcher to find out the psychosocial health and mental status of displaced students.

The questionnaire consists of the following parts:

- 1- Demographic data.
- 2- Social characteristics
- 3- Psychological status and mental health

Data Collection

The data was collected after development of questionnaire for the period from 9th - 25th January 2018. The data was collected through the use of individual interview technique with the students by using the Arabic version of the questionnaire.

Statistical Analysis

The data was analyzed through the use of application of the statistical package (SPSS) Ver. (16), and the Microsoft excel (2007) including Descriptive Data Analysis (Frequencies, Percentages, Mean of score, and Stander deviation).

RESULTS

Table (1): Demographic Characteristics of the displaced students N=80

Variables		Frequency	Percentage %
Age 18-21		34	42.5
0	22-25	41	51.3
	26-29	5	6.2
Gender	Male	45	56.3
	Female	35	43.7
Stage	1 st	12	15.0
0	2 nd	28	35.0
	3 rd	23	28.8
	4 th	17	21.2
Family Type	Small	48	60.0
5 51	Large	30	37.5
	Separated	2	2.5
Monthly Income	Sufficient	26	32.5
,	Sufficient to some extent	34	42.5
	Insufficient	20	25.0
Accommodation	Rent	50	62.5
	Owner	11	13.5
	Camp	1	1.33
	Mosque	9	11.33
	Other	9	11.34
Faculty	Nursing	47	58.8
	Art	6	7.5
	Science	2	2.5
	Jurisprudence	10	12.2
	Law	4	5.0
	Education	1	1.3
	Sport	4	5.0
	Veterinary	2	2.5
	Engineering	1	1.3
	Administration	3	3.8
Total		80	100

Table (1) shows that the majority of displaced students (51.3 %) their ages group is between 22 - 25 years old, while most of them are males (56.3%), about (25%) of

them without enough monthly income, the majority of them (62.5%) live in rent setting, and most of them study in the faculty of nursing (58.8%).

Table (2): Social Characteristics of the displaced students

	/	1	
Variables	Frequency	Percentage %	
Chronic Disease	Yes	65	81.3
	No	15	18.8
Psychological Problems	Yes	22	27.5
	No	58	72.5
Have a Psychological Consult	Yes	6	7.5
	No	73	91.3

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Events	Relative Death	43	53.8	
	Relative Arrest	10	12.5	
	Relative Injury	11	13.8	
	Other	16	20.0	
Future Vision	Return home	5	6.3	
	Do not return	44	55.0	
	Not decided	31	38.8	
Reasons for not choosing return	Security	67	83.8	
Ŭ	Economic	3	3.8	
	Social	1	1.3	
	Legal	1	1.3	
	Other	8	10.0	

Table (2) shows that the majority of displaced students (81.3 %) have chronic disease, while (72.5 %) are without psychological problem, the majority of the sample (91.3%) had no psychological consult, (53.8 %) of them have a

relative death, only (6.3 %) of them decided to return home, and most of them (83.3 %) consider the security problems as the main obstacles against their home return.

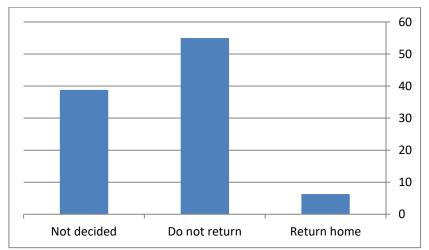


Figure (1): Distribution of displaced Students (percentage) of their Future Vision about home Return

	Table (3): Psychologic				of the students		
No	Variables		Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1	Repeated, disturbing, and unwanted	Freq.	3	4	32	23	18
	memories of the stressful experience?	%	3.8	5.0	40.0	28.8	22.5
2	Repeated, disturbing dreams of the stressful	Freq.	5	17	30	16	12
	experience?	%	6.3	21.3	37.5	20.0	15.0
3	Suddenly feeling or acting as if the stressful	Freq.	5	25	20	18	12
	experience were actually happening again (as if you were actually back there reliving it)?	%	6.3	31.3	25.0	22.5	15.0
4	Feeling very upset when something reminded	Freq.	4	4	25	20	27
	you of the stressful experience?		5.0	5.0	31.3	25.0	33.8
5	Having strong physical reactions when	Freq.	21	38	13	4	4
	something reminded you of the stressful experience (for example, heart pounding,						
	trouble breathing, sweating)?		26.3	47.5	16.3	5.0	5.0
6	Avoiding memories, thoughts, or feelings	Freq.	6	4	32	23	15
	related to the stressful experience?		7.5	5.0	40.0	28.8	18.8
7	Avoiding external reminders of the stressful	Freq.	5	18	23	25	9
	experience (for example, people, places, conversations, activities, objects, or	%					
	conversations, activities, objects, or situations)?		6.3	22.5	28.8	31.3	11.3
8	Trouble remembering important parts of the	Freq.	6	13	30	26	5
	stressful experience?	%	7.5	16.3	37.5	32.5	6.3
9	Having strong negative beliefs about yourself,	Freq.	14	23	22	15	6

	other people, or the world (for example,	%					
	having thoughts such as: I am bad, there is						
	something seriously wrong with me, no one						
	can be trusted, the world is completely dangerous)?		17.5	28.8	27.5	18.8	7.5
10	Blaming yourself or someone else for the	Freq.	8	24	30	9	9
10	stressful experience or what happened after	%	0	27	50	,	,
	it?	70	10.0	30.0	37.5	11.3	11.3
11	Did you feel so afraid that nothing could calm	Freq.	10	22	26	11	11
	you down?	%	12.7	27.8	32.9	13.9	13.9
12	Did you feel so angry that you felt out of	Freq.	4	28	27	10	11
	control?	%	5.0	35.0	33.8	12.5	13.8
13	How often did you feel so uninterested in	Freq.	7	27	25	8	13
	things that you used to like, that you did not want to do anything at all?	%	8.8	33.8	31.3	10.0	16.3
14	How often did you feel so hopeless that you	Freq.	17	28	19	9	7
	did not want to carry on living?	%	21.3	35.0	23.8	11.3	8.8
15	How often did you feel so severely upset	Freq.	7	17	24	20	12
	about the emergency/conflict/war or another	%					
	event in your life that you tried to avoid						
	places, people, conversations or activities that reminded you of such event?		8.8	21.3	30.0	25.0	15.0
16	How often were you unable to carry out	Freq.	16	19	22	11	13.0
10	essential activities for daily living because of	%	10	17	22		12
	these feelings?	70	20.0	23.8	27.5	13.8	15.0
17	Have you (your family member if applicable)	Freq.	12	20	19	23	6
	experienced this problem previously before the conflict? (pick one)	%	15.0	25.0	23.8	28.8	7.5
18	If yes, have you (your family member if	Freq.	19	40	6	13	2
	applicable) received services for this problem	%					
	previously in Najaf?		23.8	50.0	7.5	16.3	2.5
19	Have you received any services to address this	Freq.	13	41	12	7	7
	problem since arriving Najaf?	%	16.3	51.3	15.0	8.8	8.8
20	Loss of interest in activities that you used to	Freq.	14	24	30	7	5
	enjoy?	%	17.5	30.0	37.5	8.8	6.3
21	5 5 5 5	Freq.	25	21	19	8	7
	horror, anger, guilt, or shame?	%	31.3	26.3	23.8	10.0	8.8
22	Do you feel you need additional services or	Freq.	12	15	24	18	11
	support with this problem?	%	15.0	18.8	30.0	22.5	13.8
23	If yes, What kind of services or support would you need for this problem?	Freq.	8	23	26	16	7
24		%	10.0 15	28.8 20	32.5 27	20.0 8	8.8
24	Feeling distant or cut off from other people?	Freq. %	15	20	33.8	8	12.5
25	Trouble experiencing positive feelings (for		7	25.0	27	21	9
20	example, being unable to feel happiness or	Freq. %	/	10	۷ کا	21	7
	have loving feelings for people close to you)?	70	8.8	20.0	33.8	26.3	11.3
26	Irritable behavior, angry outbursts, or acting	Freq.	24	30	20	2	4
	aggressively?	%	30.0	37.5	25.0	2.5	5.0
27	Taking too many risks or doing things that	Freq.	21	28	21	6	4
	could cause you harm?	%	26.3	35.0	26.3	7.5	5.0
28	Doing "super glart" any stabil	Freq.	7	20	30	17	6
	Being "super alert" or watchful or on guard?	%	8.8	25.0	37.5	21.3	7.5
29	Feeling jumpy, or easily startled?	Freq.	7	14	37	12	10
		%	8.8	17.5	46.3	15.0	12.5
30	30 Having difficulty concentrating?	Freq.	6	14	32	10	18
		%	7.5	17.5	40.0	12.5	22.5
31	31 Trouble falling or staying asleep?	Freq.	18	20	20	10	12
	i i odbio ranning of staying asiech:	%	22.5	25.0	25.0	12.5	15.0

Table 3 show that (33.8%) of the sample they strongly agrees about (Feeling very upset when something reminded you of the stressful experience). While (32.5%) of the sample response is agree about (Trouble remembering important parts of the stressful experience). The highest percentage of the sample (46.3%) were somewhat agree about (Feeling jumpy, or easily startled)

The highest percentage of the sample 50.0% were disagree about the item (If yes, have you (your family member if applicable) received services for this problem previously in Najaf). While the highest percentage of the sample 31.3% disagree about the item (Having strong negative feelings such as fear, horror, anger, guilt, or shame)

No.	Questions	MS	SD	RS %	Assess.
1	Repeated, disturbing, and unwanted memories of the stressful experience?	3.61	1.01	72.25	high
2	Repeated, disturbing dreams of the stressful experience?	3.16	1.12	63.25	high
3	Suddenly feeling or acting as if the stressful experience were actually happening	5.10	1.12	03.23	mgn
0	again (as if you were actually back there reliving it)?	3.09	1.18	61.75	high
4	Feeling very upset when something reminded you of the stressful experience?	3.78	1.12	75.5	high
5	Having strong physical reactions when something reminded you of the stressful				0
	experience (for example, heart pounding, trouble breathing)?	2.15	1.03	43	low
6	Avoiding memories, thoughts, or feelings related to the stressful experience?	3.46	1.09	69.25	high
7	Avoiding external reminders of the stressful experience (for example, people,				
	places, conversations, activities, objects, or situations)?	3.19	1.10	63.75	high
8	Trouble remembering important parts of the stressful experience?	3.14	1.02	62.75	high
9	Having strong negative beliefs about yourself, other people, or the world (for				
	example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is dangerous)?	2.70	1.18	54	low
10	Blaming yourself or someone else for the stressful experience or what happened	2.70	1.10	54	1010
10	after it?	2.84	1.12	56.75	low
11	Did you feel so afraid that nothing could calm you down?	3.25	3.58	65	high
12	Did you feel so angry that you felt out of control?	2.95	1.11	59	low
13	How often did you feel so uninterested in things that you used to like, that you did				
	not want to do anything at all?	2.91	1.20	58.25	low
14	How often did you feel hopeless that you did not want to carry on living?	2.51	1.20	50.25	Low
15	How often did you feel so severely upset about the emergency/ conflict/war or				
	another event in your life, that you tried to avoid places, people, conversations or	2.14	1 10	4 2 DE	high
16	activities that reminded you of such event? How often were you unable to carry out essential activities for daily living because	3.16	1.18	63.25	high
10	of these feelings?	2.80	1.33	56	low
17	Have you (your family member if applicable) experienced this problem previously				
	before the conflict? (pick one)	2.89	1.20	57.75	low
18	If yes, have you (your family member if applicable) received services for this				
	problem previously in Najaf?	2.24	1.07	44.75	low
19	Have you received any services to address this problem since arriving Najaf?	2.43	1.13	48.5	low
20	Loss of interest in activities that you used to enjoy?	2.56	1.08	51.25	low
21	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	2.39	1.27	47.75	low
22	Do you feel you need additional services or support with this problem?	3.01	1.26	60.25	high
23	If yes, What kind of services or support would you need for this problem?	2.89	1.11	57.75	low
24	Feeling distant or cut off from other people?	2.73	1.24	54.5	low
25	Trouble experiencing positive feelings (for example, being unable to feel happiness	0.11	1.10	(0.05	
27	or have loving feelings for people close to you)?	3.11	1.13	62.25	high
26	Irritable behavior, angry outbursts, or acting aggressively?	2.15	1.04	43	low
27	Taking too many risks or doing things that could cause you harm?	2.30	1.10	46	low
28	Being "super alert" or watchful or on guard?	2.94	1.06	58.75	low
29	Feeling jumpy, or easily startled?	3.05	1.09	61	high
30	Having difficulty concentrating?	3.25	1.21	65	high
31	Trouble falling or staying asleep?	2.73	1.35	54.5	low

T_{-}	Device le el entre el Marie tel	Health status of the displaced students
	Psychological and Mental	Health status of the displaced students.

The cut-off point for mean of scores = 3 (RS = 60%), any item gets more than the cut-off point will be considered as (pass), the items with scores lower than cut-off point is considered as (fail).

Table 4 shows that many student suffer from mental problem such as (Repeated, disturbing, and unwanted memories of the stressful experience)

Table 4 shows that many student doesn't suffer from mental problem such as (Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing) & (Irritable behavior, angry outbursts, or acting aggressively)

DISCUSSION

This study is related to investigate about the psychosocial problems that may be related to internally displaced students. Displaced people should not feel forced to return; infrastructure, security, employment, land, health care, and housing are important issues that need support. In the end of displacement is invariably a gradual process, requiring continued and sustainable support. This is particularly important for health care. Health professionals work in tandem with many other agencies and specialists in the field and have a vital role in the continuing care, assessment, and treatment of long term displaced populations ⁽¹⁴⁾.

Displaced individuals may be vulnerable to mental health difficulties. They suffered more traumatic events for a longer period of time than refugees and had higher associated levels of psychological morbidity ⁽¹⁵⁾.

Four of the most common psychological reactions found in displaced people groups have included Post Traumatic Syndrome Disease (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). As discussed, perceived psychiatric or psychological distress may be the result of experiences before flight, during flight from their homes, and on arrival in their new homeland ⁽¹⁶⁾.

Ethical consideration

To protect the participant values and dignity, the researcher obtained this permission from the Ethical committee at the Faculty of nursing/ University of Kufa. The researcher promised all the students to keep the participant information confidential, and use these data for this study only.

SOURCE OF FUNDING

Self-funding CONFLICT OF INTEREST Nil

CONCLUSION

From the study result the researcher concluded that displacement influence the psychosocial status of displaced student's status to some extent.

RECOMMENDATION

- 1. The study recommended that other studies must be conducted to include all other health aspect related to displaced students.
- The Educational guidance and psychological support committees in these faculties need to follow the IDPs students to know and solve any psychological problem may found with them

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