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Original Article

The impact of displacement on the social, economic and health situation on a sample of internally displaced families in Al-Anbar Province, Iraq

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Abstract

Background: Internally displaced people (IDPs) in Iraq are still suffering because the solutions were not radical. This study aims to assess the impact of displacement on the socio-economic, wellbeing and mental health status of internally displaced (ID) families in Anbar province, Iraq.

Methods: A descriptive cross-sectional study conducted from 3rd to 17th April 2017. Data was collected using a universal sampling technique. A total of 355 heads of households interviewed with a modified questionnaire consisting of 26 close-ended questions related to the socio-economic, demographic, wellbeing and the mental health characteristics.

Results: At the time of the study, about 55.5% of the surveyed displaced families have not returned home yet. Prominent families of more than seven members (59.4%) and residency in renting houses (82.8%) are two variables that may contribute to an economic burden. Mental health disorders such as anxiety and depression spread among 62.3% of surveyed families. Significant rise in chronic diseases from 64 (18.0%) cases before displacement to 102 cases (28.7%) after displacement. Few of them (21.6%) were able to access public health services. People who experienced violence had verbally abused at 52.1%. Lack of the services (50.3%), the inability to repair the destroyed houses (26.4%) and the loss of house due to destruction (23.3%) were the significant factors inhibited families from returning home back

Conclusion: Our findings indicate the need for urgent and strategic plans to improve the quality of logistics, health and infrastructure services to motivate the displaced families to return to their homes.

Keywords: Internal Displacement, Families, Household, Conflict, Mental Health, Anbar, Iraq

Background

The Islamic State of Iraq and Syria (ISIS)-led invasion of the west and central regions of Iraq in mid of 2014 was the biggest challenge plagued the country since the US-led invasion in 2003 [1]. Al- Anbar governorate (province) was the first target of the ISIS gangs because of its vast area and strategic location. The province was the most affected region because of long-lasting occupation and the subsequent destructions of all the private and public facilities, as well as killing many of its youth and displacement of tens of thousands of families. The internally displaced people (IDPs) have resorted to unqualified camps or semi-structured and invalid houses [1,2]. The economic, social and health conditions were deteriorated significantly for almost all IDPs. Furthermore, as a military process going on to liberate the province, a new wave of displaced people began to accelerate and gather on the outskirts of Baghdad city (capital of Iraq) and neighboring provinces, forcing the central government to open new camps. It is estimated that from April to the end of 2015; over 120000 civilian individuals from Anbar province were internally displaced, 60.0% of them moved to Baghdad, 18.0% were resident in camps, or rented houses in the safe areas within their province and the remaining moved toward the northern provinces [3].

Unfortunately, the period of displacement continued longer than expected and accompanied by a severe deterioration in the

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standards of general services and mainly health care services. Most of the vulnerable groups (children, women, students, the elderly and people with special needs) experienced a significantly negative impact [4]. Based on the preceding, the humanitarian, scientific and moral duty requires all those involved in this regard to make utmost efforts to alleviate the suffering of these families and help them to overcome this ordeal. This study aimed to assess the impact of displacement on the socio-economic, wellbeing and the mental health status of the displaced families in Anbar province, Iraq.

Methods

Study setting

Al Anbar Governorate is encompassing most of the western territory of Iraq. It shares borders with three countries; Saudi Arabia, Syria, and Jordan. The estimated total population was about one and a half million in 2011. At the end of 2014, Al Anbar province with its main cities such as Al-Ramadi (the capital) and Fallujah have been in the grip of ISIS.

Study design and the Sampling technique

An initiative project (cross-sectional study) designed by the Anbar University to explore the post-conflict socio-economic and health status of internally displaced families in Anbar province, Iraq. All the graduate students belonging to a displaced family were invited to participate in this study. Each eligible student received a copy of a self-administered questionnaire manually via a well-trained team of data collectors. Students who are willing to participate and are available at time of study asked to bring back the questionnaire to data collector within one week after filling in by the head of the household. For further inquiries, telephone number and e-mail of data collector given to each respondent. Data collected in the first two weeks of April 2017.

Study tool

The modified questionnaire included questions about the socio-economic status, demographic factors, wellbeing and mental health status presented in Arabic language and pre-piloted among a sample of 15 heads of households not included in the study.

Statistical analysis

Descriptive data presented as the mean and standard deviation (SD).

Results

Demographic and socio-economic features of IDPs

In this study, three hundred and fifty-five questionnaires underwent to descriptive analysis. The average number of family's member was 8.2 (±2.8), (range of 1-35). More than half (211, 59.4%) were families of more than seven members. In most families, the father was employed (173, 48.7%), compared to 282, 79.4% housewife or unemployed mothers. The vast majority (294, 82.8%) of families accommodated in a rental house with a fixed income (221, 62.2%); however, 66.8% did not receive assistance. At time of the study, about 55.5% of displaced families have not returned home yet, because of either lack of services (50.3%), inability to repair the affected home (26.4%) or the home was destroyed (23.3%), (Table 1).

Table 1: Economic status of Internal displaced families (n=355)

No.	The economic status of Iraqi Families	N	%
1.a	Families with more than seven members	211	59.4
1.b	Families with seven or fewer members	144	40.6
2.a	Father Employee	173	48.7
2.b	Father self-Employee	91	25.7
2.c	Father is unemployed	21	5.9
2.d	Father is retired or deceased	70	19.7
3.a	Mother employee	73	20.6
3.b	Mothers housewife	282	79.4
4-a	Family accommodation in a camp	23	6.5
4.b	Family accommodation in a rented house	294	82.8
4.c	Family accommodation with others	38	10.7
5.a	Family income-fixed	221	62.2
5.b	Family income-temporary	84	23.7
5.c	Family income-none	50	14.1
6.a	Families that received material or food aid	118	33.2
6-a-1	From government	30	25.4
6-a-2	From NGO	81	68.6
6-a-3	From Charity	7	6.0
6.b	Families that did not receive assistance	237	66.8
7.a	Families returning from displacement	158	44.5
7.b	Families not returning from displacement:	197	55.5
7-b-1	The house is destroyed	46	23.3
7-b-2	The inability to repair	52	26.4
7-b-3	The lack of services	99	50.3

Health status of displaced families

Cases of chronic disease among parents raised from 64 (18.0%) cases before displacement to 102 cases (28.7%) after displacement. Half of the cases were hypertensive blood pressure (HT), and 38.2% treated in private clinics. About two-thirds (62.3%) of surveyed families reported a case of mental health disorder among their members, which almost equally distributed between the family members. Anxiety and depression reported in about 36.3% and 25.3 respectively. The reported events of death and birth during the displacement period are almost similar. About 69, 19.2% of families have experienced some violence (table 2).

Discussion

In this study, most of the surveyed families were of more than seven members, and the highest percentage of them (82.8%) stayed at a rented house. Although the phenomenon of large families seems normal in Iraqi society [5], however it may create an economic and social burden on the head of the household and all members of his family, especially when they are forced to move out of their home in an unplanned way.

Although most (221) of the displaced families succeeded in securing a fixed source of income, the highest percentages were living in rented houses. However, this was not the case with others, about 20.6% of mothers forced to work to help to cover the household expenses either because of the loss of the family supporter or because of increased expenditures.

Table 2: Health status of internally displaced families (n=355)

Variables	Categories	N	%
Have any of your family members suffering a chronic disease before displacement?			
	Yes	64	18.0
	No	291	82.0
Have any of your family members developed chronic diseases during the period of displacement?			
	Yes	102	28.7
	No	253	71.3
Type of chronic diseases happened during the period of displacement (n=102)			
	HT	52	51.0
	DM	29	28.4
	Arthritis	25	24.5
	Heart diseases	12	11.8
	Asthma	5	4.9
	Other	8	7.8
How you got your medication?			
	Public Hospital	22	21.6
	Policlinic	16	15.7
	Private sector	39	38.2
	Pharmacy	20	19.6
	Self-treatment	4	3.9
	Herbal medicine	1	1.0
Have any of your family members are mentally ill?			
	No	134	37.7
	Yes	221	62.3
	Father	67	30.3
	Mother	78	35.3
	Brother & sisters	76	34.4
What kind of psychological disorders? (N=221)			
	Depression	61	25.3
	Anxiety and tension	87	36.3
	Fear and hesitation	63	26.3
	Insomnia	29	12.1
Any event of birth occurred during displacement?			
	Yes	27	7.6
	No	328	92.4
Any event of death occurred during displacement?			
	Yes	30	8.5
	No	315	91.5
Has a member of the family been subjected to violence?			
	No	286	80.5
	Yes	69	19.5
What is the type of violence? (n=69)			
	Physical	19	27.5
	Verbal	36	52.1
	Psychological	32	46.4

There was an apparent lack of both governmental and non-governmental support during the crisis. The majority (66.8%) of displaced families declared that they did not receive any form of aids, whether it was in the form of material or food supplements. Even those who received aid, the government's contribution was only one-quarter as compared to non-governmental organizations. The inability to secure a stable source of livelihood has made some families live with their relatives or staying in an invalid camp.

Higel (2016) said that as the conflict continues in Iraq, the mass exodus continues, leading to further deterioration in the situation of IDPs. In considering the poor public services and unqualified infrastructure, most of the host areas were not ready to receive such vast numbers of the IDPs in a short time. Moreover, jobs opportunities were very limited in areas of displacement. Low-income families experienced a dire financial situation because they consumed what they were saved quickly to meet the daily living needs [2].

For most of the displaced families, the decision to return home after the liberation of the cities from the ISIS had become as severe as the decision to leave when ISIS controlled their regions. Many of the liberated areas were a battlefield that resulted in great and often intended destruction for most civilian's homes and the public administration and service institutions. The finding of this study showed that 197 families were unable to return, either due to the demolition of homes in about 44 families or the inability of 55 families to rehabilitate their homes. However, the lack of services was the big challenge in about half of those who did not return yet. The IDPs did not expect to find another obstacle preventing them from returning homes. However, Saieh et al. (2018) reported that security accountability prevented about 16.0% of IDPs from returning home at all completely [6].

The health situation of displaced families was among the concerns of most related government institutions and informal organizations. Results of this study showed a significant increase in the number of chronic disease (non-communicable diseases) and the mental health disorders among the parents after the displacement compares to the situation before. Moreover, during the period of displacement, only 21.6% of IDPs were able to access the public hospitals while 38.2% were receiving treatment in private clinics. Indeed, medical services for IDPs were lacked human, infrastructure and financial resources, with poor planning to receive the IDPs. Many healthcare providers especially the doctors are threatened, kidnaped or killed, and more than half of them are either migrated or have an intention to leave [4]. Ali Jadoo et al. found “that 67.3% of Iraqi doctors experienced unsafe medical practice” [7]. The strict security measures and sometimes the far distance from city centers prohibited many of IDPs to access medical services at the host's place. Considering the mental health status, the impact of displacement on the psychological situation did not exclude any member of the displaced family. The high prevalence rates of anxiety and depression among the IDPs highlights the magnitude of suffering experienced by them during the displacement period. Different cases of panic, fear, insomnia have also reported among the IDPs.

Participants in our study reported about 69 events of violence. The violence in Iraq took different forms and practiced by various parties, and its victims were of all religions, sects, and races with different position and place [7,8]. Sexual and gender violence, physical, verbal and psychological violence widely practiced against IDPs in different parts of conflict zones [8]. Al-Samarrai and Ali Jadoo (2018) found that about 22.0% of the surveyed medical students at Anbar province have at least one member of their family exposed to violence [9].

This study has some limitations. First, despite Anbar province is the largest in terms of area and displacement was huge there, but the study of displacement in other areas such as Mosul, Tikrit, and Diyala will reflect the reality of what is happening in the central and western provinces of Iraq. Second, this study may complain from sampling bias, because the information was collected only from the displaced student’s

family; however, thousands of other displaced families ignored inadvertently. Third, because this study was descriptive and cross-sectional design, it was difficult to establish a causal relationship.

Conclusion

In conclusion, displacement has a direct negative impact on the economic, social and health situation of IDPs. The prevalence of mental health disorders was high. A significant difference in the prevalence of chronic diseases as compared before and after displacement.

Moreover, this study confirms that the problem of IDPs in Iraq continues despite stopping of fighting for more than a year. Moreover, half of the displaced families are unable to return to their homes for many reasons including the inability to repair the destructed homes because of lack of government subsidies or because of significant deficiency of the general services. The need to speed up the local government to compensate families affected by displacement and give priority to families with limited income. Provision of essential services related to public health such as clean drinking water, provision of cleaning materials for people and places, sewage, and waste disposal.

Abbreviations

IDPs: Internally Displaced People ISIS: the Islamic State of Iraq and Syria HT: Hypertensive Blood Pressure DM: Diabetes mellitus

Declarations

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Availability of data and materials

Data will be available by emailing yalethawi@yahoo.com

Authors' contributions

SAAJ is the principal investigator of the study who designed the study and coordinated all aspects of the research including all steps of the manuscript preparation. He is responsible for the study concept, design, writing, reviewing, editing and approving the manuscript in its final form. YTS, MAA, MAA, BNA, AKS, BTY, and RAA contributed in the study design, data collecting, analysis, and interpretation of data, drafting the work, writing the manuscript and reviewed and approved the manuscript. All authors read and approved the final manuscript.

Ethics approval and consent to participate

We conducted the research following the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of the Scientific Issues and Postgraduate Studies Unit (PSU), College of Medicine, University of Anbar (Ref: SR/2841 at 05-December -2016). Moreover, written informed consent obtained from each participant after explanation of the study objectives and the guarantee of secrecy.

Consent for publication

Not applicable

Competing interest

The authors declare that they have no competing interests.

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