

Iraqi refugees in Egypt: an exploration of their mental health and psychosocial status

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Thousands of Iraqis have settled in Egypt since 2003, escaping death threats, torture, kidnappings and military attacks to face uncertainty in their lives and increasing strain on the psychosocial challenges in their new lives. This explorative study describes the psychosocial stress faced by these Iraqi refugees in Egypt. Two hundred and four Iraqis in Egypt filled in a checklist focussing on four groups of stress factors. The data provided by this study demonstrate the contribution of violence to Iraqi refugees' life from a number of sources. More than 56% have experienced multiple traumatic situations before immigration and the refugees themselves report major impacts on their health, mental health and socio-economic demands. A motivated desire to return home was preferred by only one third of respondents.

Keywords: distress, Iraqi refugees in Egypt, psychosocial, stress, violence

Background

War has created the largest displacement in the Middle East since 1948, an estimated four million Iraqis, nearly 15% of the total population, have fled their homes, of which 50% are children. In the current Iraq crisis, starting with the war of 2003, approximately 1.9 million people have sought refuge inside Iraq, and 2.2 million have crossed the borders into neighbouring countries (Colville, 2007; UNICEF, 2007). Amongst the refugees are many highly qualified professionals, which leaves many Iraqis who remained

without access to quality education and basic health care (Al Obaidi & Piachaud, 2007). Furthermore, many of these qualified professionals and academics have escaped death threats only to find that their qualifications are obsolete and immigration authorities are unsympathetic (Giles, 2007).

Since 2003, an estimated 100 000 – 150 000 Iraqis have settled in Egypt (Yoshikawa, 2007), forming the second major refugee group (after the Sudanese) hosted by Egypt. However, only a small percentage (approximately 10%) of Iraqis in Egypt have registered with the UN High Commissioner for Refugees (UNHCR). The estimated number that had registered at UNHCR Cairo office by the end of 2007 was approximately 10 000. The reasons behind this discrepancy are: unsatisfactory registrations, delay in UNHCR processing and visa restrictions. Many of the Iraqis in Egypt have obtained temporary residency status through enrolling their children in schools, or have succeeded in opening businesses (Refugees International, 2007; UNHCR, 2008).

Life for many in the refugee population in Egypt offers few, or no, legal rights and extreme economic hardship. With children out of school, and parents unable to find jobs with which to support families, as well as the memories of violence experienced in Iraq remaining powerful, mental health problems are growing. As resources are running out, some families have chosen to return to

Iraq, despite the enormous risks (Amnesty International Report, 2008). Refugees in Egypt are often unable to find any support services. Nearly all of the limited services that refugees do receive are provided by civil society groups and organizations, either funded by UNHCR (such as CARITAS, Catholic Relief Services, AMERA) or by other external international organizations (Refugee Egypt and other nongovernmental organizations) (UNICEF, 2008). However, the local population has generally been positive towards the Iraqi refugees and sympathetic to their plight.

A substantial body of literature on the mental health of refugees and other war-affected populations has been accumulated. Wars, violent conflicts, witnessing atrocities, loss of loved ones, political oppression, torture, forced migration, poverty, family breakdown, unemployment and social inequality are all well documented factors, creating vulnerability to psychosocial distress and mental health problems (Abed, 2005; Murthy, 2007). Recently more attention has been given to the particular ways in which psychological distress is experienced and expressed in specific cultural contexts (Miller, Kulkarni & Kushner, 2006; Yakushko, Watson & Thompson, 2008).

High rates of mental health problems of Iraqi refugees throughout the world have also been well documented. For example, Iraqi refugees in Jordan and Lebanon have been found to show high levels of emotional and psychological distress, half disclosing the manifestations of distress, including: panic attacks, anger, tiredness, sleep problems and fear [International Organization for Migration (IOM), 2008]. Posttraumatic stress disorder (PTSD), anxiety, panic, depression, and dysthymia (chronic, non-severe depression) are all highly prevalent among Iraqi immigrants in Denmark

(Norredam, Garcia-Lopez, Keiding & Krasnik, 2009), the Netherlands (Laban et al., 2004) and the USA (Jamil et al., 2007). In one British study, 65% of Iraqi refugees had a history of systematic torture during detention (Gorst-Unsworth & Goldenburg, 1998).

As far as we are aware, there is no study addressing the mental problems of the Iraqi population in Egypt. Mental health problems are also a growing cause for alarm within this group. There is increasing anecdotal evidence of people with psychological problems due to surviving violence or kidnap for ransom. To date, the mental health of the refugees in Egypt has been a neglected area [Integrated Regional Information Network (IRIN), 2008].

This study aims to explore the psychosocial stress suffered by Iraqi refugees in Egypt and to propose measures to assist them in overcoming the psycho-socio-economic challenges they face. This study was prompted by the lack of existing data and has an explorative character.

Method

We designed a checklist specific to Iraqis in Egypt, in order to explore the psychosocial challenges that are the focus of stress and distress in the life of these refugees. This choice was preferred above the use of existing questionnaires to avoid problems associated with cultural relevance and translation. The checklist was designed by the first author and discussed in several rounds by a group of peer experts consisting of psychiatrists, in Egypt and the UK. A draft version was tested on a small group of Iraqis (n=10) to trial its use in practice and is available upon request from the first author.

The checklist has some items on socio-demographic data like age, marital status, level of education and date of immigration,

and was presented to a convenience sample of Iraqis living in Cairo. The participants were solicited through direct contact in a sample of districts most heavily populated by Iraqis, such as the district of 6th of October, Al-Haram, Nasr City, and Maadi. All participants were given a simple explanation of the purpose of the study and were asked for verbal consent. In consultation with the Iraqi community, we also decided not to include religious background in the questionnaire, as this may be perceived as sensitive or contentious. The respondents had the right to answer all, or part, of the questions. When children were unable to answer, their parents were allowed to help them. Participant forms were given a code number and information that could be used to identify the respondent was not recorded. We collected responses during the period of 1st June - 30th September 2008.

Results and discussion

General characteristics of the sample The respondents ($n=204$) consisted of 107 males (53%) and 97 females (47%). Most of the participants were adults (age 18–75) and 38 (19%) were children and adolescents (6–18 years). Most of the Iraqis in the sample originated from the governorates of

Baghdad (84%) and Diayla 12%, which have been severely affected by violence. Only 4% of the sample came from other parts of Iraq. Four fifths of the sample had fled Iraq during the period of 2005–2007, when violence was at its peak. Only 2% of the respondents had entered Egypt after 2007, which reflects both visa restrictions imposed by the Egyptian authorities and the proportional improvement of the security in Iraq. Approximately half of the participants are married, 5.3% are widowed and the remainder are single. The sample was highly educated: 60% of the adults were university or postgraduate qualified, 29% had completed secondary school, 9% had elementary education, and only 2% had difficulties with writing and reading. About two thirds of the respondents in the age range between 6 and 22 years were still in education. Those who had stopped their education had done so for a variety of reasons (economic hardship, lack of school transcripts, restrictive rules of school enrolment and other restrictions imposed by Egyptian authorities).

Traumatic events in Iraq We asked the participants to report if they had experienced any of nine traumatic experiences when they were in Iraq (Table 1). More than half of

Table 1. Reported homeland history of traumatic experiences

<i>Traumatic event</i>	<i>n (204)</i>	<i>%</i>
Explosions	108	52.9
Witnessed killing one or more of relatives	67	32.8
Witnessed killing one or more of other people	60	29.4
In middle of an exchange of arms/weapons fire	100	49.1
Witnessed corpses	63	30.8
Exposed to torture or interrogation	25	12.2
Injured or lost body part due to violence	8	3.9
Kidnapped	18	8.8
Received direct death threat message	60	29.4

the respondents had experienced explosions, and almost a third had witnessed the killing of relatives and/or of other people. More than half (56.3%) experienced two or more of the nine listed traumatic events.

Health problems An open question was asked on pre-existing health problems in Iraq, and whether this condition had changed after arriving in Egypt: 11% of the respondents reported physical illnesses, and 7% said they developed new health problems during their stay in Egypt. Participants were also asked if they suffered from psychological difficulties. A majority (121 out of 204, 59%) of the respondents indicated they suffered from one or more of the psychological symptoms, mostly anxiety or depressive moods. Of those who reported psychological symptoms about half (51%) said these started in Iraq and about half (49%) said they started in Egypt. Of those with pre-existing psychological symptoms in Iraq most of them (71%) said the symptoms deteriorated while in Egypt. A *t*-test, which compares those with a low number of traumatic events and those with a high number of traumatic events, gave a clear relation between the number of experienced events and the number of reported mental health symptoms ($p < 0.01$).

Socio-economic issues More than two thirds of the respondents (71%) described a lack of social support offered by governmental and nongovernmental organizations in Egypt. Most of these respondents who answered the questions in this section, said they lost properties or jobs in Iraq prior to the migration. Only 22% of the adults succeeded in getting paid work in Egypt. The majority depended on either irregular funding resources (financial assistance from relatives or friends), or on their assets and savings, which are being quickly depleted.

Immigration and settlement Travel was both difficult and risky for 41% of the respondents. Lack of visas and other documents problems were a major concern for 38% who replied. A third mentioned difficulties with their children's education, and a similar figure failed to adapt to the new culture. Dissatisfactory accommodation was reported by 21% of the respondents. Thirty-two percent of the respondents plan to return to Iraq in the future, while 27% are searching for resettlement in another country. Only 17% plan stay in Egypt. The final 23% do not know where they will live in the future.

Limitations

The dominant sense of fear and insecurity among Iraqis in Egypt limited our ability to reach larger number of participants. Therefore, the sample may not constitute a representative sample of Iraqi refugees in Egypt. Also, the research was conducted with a checklist that was not subjected to reliability and validity testing. The results cannot therefore be easily compared with other results conducted with standardized symptom questionnaires. Given the limited funds, and other resources, our aims had to be modest. It was not our intention to perform a comprehensive epidemiological survey, but rather to get a quick overview of how Iraqi refugees viewed their situation and mental health status. It is a further limitation of the research set up that it did not permit reporting the stories of the refugees from their own perspective.

Discussion and conclusions

Wars, violence, terrorism, and ethnic conflicts in Iraq have forced millions to flee their homes and seek asylum inside and outside of the country. Focusing on the Iraqis who have arrived Egypt since 2003, the data in this study demonstrate the contribution of

the violence and displacement in their lives. The majority of refugees in our sample had experienced multiple traumatic situations, including: being witness to killing or assassination of relatives, kidnapping and receiving death threats. The impact on physical and mental health is likely, although cannot be proven in this exploratory study. Several studies in the Middle East have shown a dose-response relation between adverse events and mental problems (Murthy, 2007). However, one should not only focus on the traumatic events, social and economic factors also play a role. Taking into consideration the ongoing conflicts in Iraq, social cohesion has been affected. Family, neighbourhood, and friendship supports have been lost, which also negatively reflect on the new community of asylum seekers. The current situation of severe insecurity (legal, financial and social) is also likely to have a negative impact on the psychosocial wellbeing of the Iraqi population. This has been reported among Iraqi refugees in Jordan as well (Horn & Strang, 2008; Gilbert, 2009; Salem-Pickartz, 2009). In a sample of Iraqi refugees in the Netherlands, the insecurities surrounding a long asylum procedure had direct effects on both psychiatric and physical complaints, as well as the overall wellbeing of the refugees (Laban, et al., 2004; 2008).

Despite a good understanding of the plight facing Iraqis by the Egyptian people, the influx of large numbers of refugees has put heavy strains on the economy. This is occurring in a country facing huge developmental challenges and some political conflict, thereby making access to basic social services, or getting work permits and state school places, more difficult to obtain (UNICEF, 2008).

Iraqi refugees in Egypt are unsatisfied by the meagre assistance from international

agencies. For programmes for refugees to be effective, they must be able to achieve the refugees' *objectives* and should help them to live in dignity, educate their children and protect their families (Loza & Hasan, 2007).

The Iraqi governmental agencies could also do more to improve the plight of the ten thousands of fellow Iraqis who fled their home country against their will. The Iraqi government, together with the government in the host countries and aid organizations, need to join hands to provide access to good quality basic services, including health and education. Our findings show a large number of qualified people and limited work opportunities; therefore utilizing Iraqi professionals to help their own people would be a useful asset in managing these limitations.

Additionally, with the huge number of Iraqi refugees facing complicated issues, it will take a long time to see proper solutions emerging. Nearly 70% of the Iraqi refugees in our sample have no plan in the near future to return to Iraq, neither do they have immediate permanent solutions. They find themselves in what are described as '*protected refugee situations*' (Crisp, 2003). To prepare them for return, programmes of rehabilitation that respect their rights, cultural beliefs and customs needs to be established. The refugees need a proper share in decision making concerning their own lives.

This study provides us with some indicators for the future. More research should be planned to assess mental and psychosocial problems of Iraqis living in the Middle East, particularly among the most vulnerable groups (women and children).

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