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ΘΕΜΑ: ΠΟΙΟΤΗΤΑ ΖΩΗΣ ΑΡΑΒΟΦΩΝΩΝ ΠΡΟΣΦΥΓΩΝ ΣΤΗΝ ΕΛΛΑΔΑ.

Η ΠΕΡΙΠΤΩΣΗ ΤΗΣ ΚΑΤΑΛΗΨΗΣ CITY PLAZA.

ΜΕΤΑΠΤΥΧΙΑΚΗ ΦΟΙΤΗΤΡΙΑ: ΕΥΑΓΓΕΛΙΑ ΠΑΠΑΖΗΣΗ

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«INTERNATIONAL MEDICINE – HEALTH CRISIS MANAGEMENT»

ACADEMIC DISSERTATION

SUBJECT: QUALITY OF LIFE OF ARABIC-SPEAKING REFUGEES

IN GREECE. THE CASE OF CITY PLAZA SQUAT.

POSTGRADUATE STUDENT: EYANGELIA PAPAZISSI

A.M. 20160155

ATHENS, SEPTEMBER 2018

ΠΡΑΚΤΙΚΟ ΚΡΙΣΕΩΣ

ΤΗΣ ΣΥΝΕΔΡΙΑΣΗΣ ΤΗΣ ΤΡΙΜΕΛΟΥΣ ΕΞΕΤΑΣΤΙΚΗΣ ΕΠΙΤΡΟΠΗΣ ΓΙΑ ΤΗΝ ΑΞΙΟΛΟΓΗΣΗ ΤΗΣ ΔΙΠΛΩΜΑΤΙΚΗΣ ΕΡΓΑΣΙΑΣ

Της Μεταπτυχιακής Φοιτήτριας **Ευαγγελίας Παπαζήση**

Εξεταστική Επιτροπή

....., Επιβλέπων

....., Μέλος

.....,Μέλος

Η Τριμελής Εξεταστική Επιτροπή η οποία ορίσθηκε από την ΓΣΕΣ της Ιατρικής Σχολής του Παν. Αθηνών Συνεδρίαση της .....ης ..... 20... για την αξιολόγηση και εξέταση της υποψήφιας κας. Ευαγγελίας Παπαζήση, συνεδρίασε σήμερα .../.../....

Η Επιτροπή διαπίστωσε ότι η Διπλωματική Εργασία της κας Ευαγγελίας Παπαζήση με τίτλο «ΠΟΙΟΤΗΤΑ ΖΩΗΣ ΑΡΑΒΟΦΩΝΩΝ ΠΡΟΣΦΥΓΩΝ ΣΤΗΝ ΕΛΛΑΔΑ. Η ΠΕΡΙΠΤΩΣΗ ΤΗΣ ΚΑΤΑΛΗΨΗΣ CITY PLAZA» είναι πρωτότυπη, επιστημονικά και τεχνικά άρτια και η βιβλιογραφική πληροφορία ολοκληρωμένη και εμπεριστατωμένη.

Η εξεταστική επιτροπή αφού έλαβε υπ' όψιν το περιεχόμενο της εργασίας και τη συμβολή της στην επιστήμη, με ψήφους ..... προτείνει την απονομή στον παραπάνω Μεταπτυχιακό Φοιτητή την απονομή του Μεταπτυχιακού Διπλώματος Ειδίκευσης (Master's).

Στην ψηφοφορία για την βαθμολογία ο υποψήφιος έλαβε για τον βαθμό «ΑΡΙΣΤΑ» ψήφους ....., για τον βαθμό «ΛΙΑΝ ΚΑΛΩΣ» ψήφους ....., και για τον βαθμό «ΚΑΛΩΣ» ψήφους ..... Κατά συνέπεια, απονέμεται ο βαθμός «(Άριστα/Λίαν Καλώς/Καλώς)& (Βαθμός).....».

Τα Μέλη της Εξεταστικής Επιτροπής

....., Επιβλέπων (Υπογραφή)

....., Μέλος (Υπογραφή)

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Εισαγωγή: Οι πρόσφατες αυξημένες μεταναστευτικές ροές προς την Ελλάδα, αποτέλεσμα κυρίως συγκρούσεων στη Μέση Ανατολή, σε συνδυασμό με το κλείσιμο των συνόρων των Ευρωπαϊκών κρατών, παγίδευσαν σημαντικό αριθμό προσφύγων στην Ελλάδα. Οι συνθήκες διαβίωσης τους στους καταυλισμούς επηρεάζουν αρνητικά την ποιότητα της ζωής τους και την υγεία τους. Η χρήση του αυτοαναφερόμενου δείκτη της ποιότητας της ζωής έχει αποδειχθεί εξαιρετικά χρήσιμο εργαλείο για την εκτίμηση της υγείας του ατόμου. Σκοπός αυτής της μελέτης είναι η εκτίμηση της ποιότητας ζωής των αραβόφωνων προσφύγων που διαμένουν στην Ελλάδα.

Μέθοδοι: Η έρευνα αυτή επικεντρώνεται σε μία κατάληψη της Αττικής όπου διαμένουν 400 πρόσφυγες. Τα δεδομένα συλλέχθηκαν με το ερωτηματολόγιο Ποιότητας Ζωής του WHO (WHOQOL-Bref) και συγκρίνονται με αντίστοιχα από καταυλισμούς της Αττικής και συγκεκριμένα από τους καταυλισμούς του Ελαιώνα και του Σκαραμαγκά, προκειμένου να συγκριθεί η ποιότητα ζωής μεταξύ αυτών των ομάδων.

Αποτελέσματα: Διαπιστώθηκε πως η ποιότητα ζωής των κατοίκων που διαμένουν στην κατάληψη City Plaza δεν είναι υψηλότερη από αυτή εκείνων που διαμένουν στους καταυλισμούς, όπως αρχικά είχε υποτεθεί. Μόνο στην ενότητα περιβάλλον, η βαθμολογία που έδωσαν οι κάτοικοι του City Plaza ήταν υψηλότερη από αυτή των κατοίκων του Σκαραμαγκά.

Συμπεράσματα: Στην παρούσα μελέτη έγινε προσπάθεια σύγκρισης της ποιότητας ζωής των προσφύγων που διαμένουν σε καταυλισμούς με αυτή των κατοίκων μιας κατάληψης, με σκοπό να εξετάσει την πιθανή συγκριτική υπεροχή της ποιότητας ζωής των κατοίκων της κατάληψης. Αντίθετα με τις προβλέψεις μας οι κάτοικοι της κατάληψης σημείωσαν μικρότερη βαθμολογία στις περισσότερες από τις ενότητες του ερωτηματολογίου WHOQOL-BREF. Ωστόσο θα έπρεπε να γίνει πιο εκτεταμένη έρευνα καθώς τα άτομα που κατοικούν σε χώρους αυτοοργανωμένους και αλληλέγγυους έχουν την τάση να ενσωματώνονται περισσότερο στην κοινωνία, γεγονός που βελτιώνει την ποιότητα της ζωής τους.

Λέξεις κλειδιά: ποιότητα ζωής, αραβόφωνοι πρόσφυγες, προσφυγική κρίση, WHOQOL-BREF ερωτηματολόγιο.

ABSTRACT

Introduction: The recent increased refugee flows towards Greece, which are mainly a result of Middle East conflicts, along with the sealing of the borders of European countries, trapped a sound number of refugees in Greece. Their living conditions in camps influence negatively their quality of life and their health. The use of self-reported quality of life indicator has been proved to be a very useful tool in evaluation of a person's health. Scope of this study is the evaluation of quality of life of Arabic-speaking refugees who live in Greece.

Methods: The present study focuses on a squat in Attica, where 400 refugees live. Data were collected with the use of WHO Quality of Life questionnaire and were compared to corresponding data collected in camps and namely in the camps of Eleonas and Skaramagas, in order to compare the quality of life among these groups.

Results: Quality of life of the refugees living in City Plaza squat was not found to be higher than the one of those living in camps, as was initially supposed. The ratings of City Plaza residents were higher than the ones of Skaramagas residents only in the environmental unit.

Conclusion: In the present study there was an attempt of comparison between the quality of life of refugees living in camps and the one of the residents of a squat, in order to examine the potential superiority of the quality of life of those who live in the squat. Contrary to our assumptions, the ratings of the squat residents were inferior in most of the units of WHOQOL-BREF

questionnaire. However, a more thorough research is needed, as it seems that people who dwell in self-organized and solidarity areas tend to become more incorporated in the society, a fact that improves their quality of life.

Keywords: Quality of Life, Arabic-speaking refugees, refugee crisis, WHOQOL-BREF questionnaire.

INTRODUCTION

Intensifying conflicts in countries of Syria, Yemen, Afghanistan, Iraq and Libya have caused an unprecedented movement of people, resulting to one of the worst humanitarian crises of the 21st century. According to the United Nations Refugee Agency (UNHCR) figures, almost 5.5 million people have fled the Syrian conflict (1) seeking refuge in neighbouring countries. Along with the wave of people travelling for safety, there are also people travelling for complex reasons seeking a better life (2).

A significant number of them reached the Greek shores and mainland on their way to the European North. The vast majority arrived by boats crossing the Aegean from the Turkish coast. In March 2016, the European states sealed their borders and signed the EU-Turkey Statement (3), a so-called temporary measure to stop “irregular migration” to Europe. Choosing a policy of containment, a lot of countries intensified border controls, placed fences, made violent push-backs and amplified sea guarding forces (4,5). This border control agenda taken by the EU leaders, intending to fight illegal routes to Europe, has actually increased the number of smugglers and led to alternative, more dangerous routes as the only option for those seeking protection (2,6). Consequently, more than 16,000 people are dead or missing since 2014, trying to reach the Greek shores (7).

Currently there are 51,000 refugees and migrants registered in Greece, 39,500 of whom are located in the mainland, and 11,500 stranded on the islands (8).

Amongst them 3.400 separated and unaccompanied minors (9). The majority of the refugees are accommodated in camps while almost 21,000 in apartments or buildings in different cities under the UNHCR accommodation project (10). The mass influx of people compelled the formation of 54 temporary camps across Greece, that are now reduced to 37. According to the latest data from UNHCR since April 2018 (11), the numbers are distributed as follows: In Central Greece, there are currently 2 camps operating, one in Ritsona and another one in Thermopiles, both hosting 1.240 people. In Thessalia, the Koutsochero camp accommodates 682 people. Northern Greece has 4 camps hosting 814 people. In Central Macedonia there are 7 camps hosting 2.934 people and 3 more camps in Eastern Macedonia & Thrace, hosting 1.006 people. Western Greece, in Andravida, is hosting 216 people. The situation on the greek islands is devastating, as the number of people hosted is exceeding the available infrastructure. The Island of Lesvos is hosting 6.612 people accommodated in 2 camps Moria and Kara Tepe. At Vial camp, in Chios, 1.272 people are hosted. The island of Samos accommodates 1.937 refugees at Vathy camp, while in Leros there are 537 people at Lepida camp and PIKPA building. The Kos camp is hosting 930 refugees and migrants. Their countries of origin are mainly The Syrian Arab Republic, Iraq and Afghanistan.

At present, there are five camps in the region of Attica (12). Eleonas is the most central one located five minutes' walk from a metro station, hosting 1500 persons. Skaramagas camp is hosting the largest number of people (2500) in Attica which is located in an

industrial area, 30 minutes from city centre. Schisto camp and Malakasa camp are accommodating 746 and 700 people respectively. It is estimated that almost 1000 unregistered refugees and migrants are scattered in squats in abandoned hotels and buildings of Athens.

These numbers are expected to rise dramatically by the end of 2018. Although arrivals are significantly lower compared to the mass flow of 2015, there were 7,343 new arrivals by sea and land during the first 4 months of 2018, a 67% increase compared to the same period of 2017 (13). At the same time, relocation procedures to the EU countries are advancing slowly (14). From the 66,400 places that have been allocated for relocation from Greece, only 22,000 have been granted so far (15). Eventually, this situation has left tens of thousands of people stranded in Greece expecting asylum approvals, relocation or repatriation decisions.

Why the Arabic-speaking population?

The global refugee crisis has disproportionately affected people in the Middle East, which for many decades has been a place of conflicts, tension and murky situations. Since the end of World War II, after the establishment of Israel in 1948 and the US-Iraq War in 2003, the Middle East has produced the majority of world's refugees. Recently, the Syrian civil war that started in 2011 after the Arab Spring, has had a profound impact to the country itself, the Middle East and the international system.

The violence of the war has left thousands of casualties, a shattered health care system (16) and

deterioration of immunisation programs. It has also allowed the re-emergence of communicable diseases in Syria and the hosting countries (17–19). Conditions prevalent during the journey and at the refugee camps are deteriorating physical and mental health. Concerns about health consequences of living in camps as a model of interception are raised, and their limitations as long-term solutions are evident (20,21). Chronic disease management is hindered: health system alienation and discrepancies occur, as well as overcrowding and other detrimental factors lead to increased prevalence of health problems (18,22,23). Doocey et al, from the neighboring countries of Lebanon and Jordan, report a high prevalence of chronic diseases, in studies among Syrian refugees (24). Implications for each country's health system are immense and the burden on refugees for out of pockets expenses is troublesome (25,26).

In an emergency department in Switzerland the most common presentations of Syrian outpatients were surgical due to trauma, and medical due to acute infectious diseases (27). A research undergone in Brussels, amongst asylum seekers, mainly from Iraq and Syria, showed that one out of seven patients suffered from injuries (28). Almost 9% of the study population were unaccompanied minors seeking asylum in Brussels. Another study in Turkey, amongst Arabic speaking parents studying their perceptions of their children's dental health, has revealed that dental pain was the largest concern of the parents and that despite being aware of the linchpin of oral hygiene, they declared to be unable to take proper care of their children(29).

Although research under the unstable environment of humanitarian emergencies might seem as a luxury, there has been a significant amount of studies focusing on Middle East' s refugees' psychological status (21,30–33). A high prevalence of post-traumatic stress disorder, major depressive syndromes and generalized anxiety are evident. Accumulated exposure to severely traumatic events in the place of origin, during the journey and on resettlement, can serve as explanations to these findings. Furthermore, the loss a loved one was reported by 87,6% of Iraqi asylum seekers in Netherlands, and found to be an independent predictor of psychopathology (32). Long asylum procedures, bureaucracy and lack of information, also have a significant effect on psychopathology (32,34). A recent report from MSF, documented the violence endured by refugees in their country of origin, during their journey, entering Turkey and tragically in Greece, as well (34).

Quality of Life and refugees

The health of individuals and communities does not have a single dominant aspect but it is determined by a number of different factors combined together. A person's individual characteristics and behaviour, the physical environment and the social and economic environment are some of the main aforementioned factors. In addition, genetics, gender, education, income, social status, health services and so many others can be included in this list. Consequently, it is more appropriate to say that people's health is a result of their context of life (35).

In a societal framework the conditions in which people are born, grow, work, live, and age, shape the Social Determinants of Health (SDOH) (36). These conditions affect a wide range of health, functioning, and Quality of Life outcomes and risks. It is well known that differences in health are more dramatic in communities with poor SDOH such as low income, substandard education, inappropriate housing, or unsafe neighbourhoods.

According to the WHO, Quality of Life is defined as “the individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships and their relationship to salient features of the environment.” (37)

As early as in the 1970s impressively consistent findings showed that self-rating measures are the best predictors of health status and mortality, independently of other factors (38,39). Additionally, a plethora of research in public health is using self-reported QOL indicators to assess the impact of SDOH on health (40,41). Recently, QOL measures have proved useful in exploring societies and cultures in conflict-affected zones or in populations fleeing those situations, such as refugees and migrants (41–43).

It is evident that migration can exacerbate the factors shaping the SDOH and eventually can be regarded as an additional layer of those factors (44). Various studies have shown how refugees are at

increased risk of suffering from numerous somatic and psychiatric disorders as compared to non-forced displaced immigrants. Pre-displacement stressors such as exposure to severe traumatic events can explain the high prevalence of mental disorders among refugee adults and children (31,45). Although some conflicts are short-lived, some others are endemic for decades, namely the examples of Palestine, Afghanistan, Kenya and Sierra Leone. In these cases the general societal conditions, exposing generations to higher cumulative environmental stressors may have a greater impact on self-rated health (46). However, studies measuring mental distress for decades after the resettlement, point out that exposure to the new environment is also significant for the refugee's mental health(33).

Finally there have been some discussions to include the political domain in QOL frameworks. Research focusing specifically on Palestinians has tried to shed light on perceptions of "a holistic appreciation of life under occupation" (47). Findings show that political conditions that influence the senses of safety, stability and security, or question self-determination, involvement in decision-making and political freedom, are considered as substantial determinants of people's QOL (42,43,48).

Aim and objectives of study

Currently, there is no data, at least to our knowledge, on the quality of life of Arabic-speaking refugees residing in Greece. Arabic speakers are a rather homogeneous population in terms of culture and refugee experiences. They arrived in large numbers seeking refuge, experiencing sharp changes in their

livelihoods. It is of utmost importance to collect and record data concerning the current status of this population in order to improve conditions and facilitate integration in the immediate future. This research addresses this gap and provides some valuable information on the health and well-being of refugees and migrants that are settled in Attica. Consequently the aim of this study is to assess the quality of life of Arabic-speaking refugees residing in Greece and examine whether there are any differences in their QOL compared with refugees in other settings.

The present study is part of a bigger project that has collected data from two camps of Attica and a squat hotel. It is focusing on a squat based on City Plaza hotel, which had been occupied in order to become a shelter for almost 400 refugees.

Data are collected with WHO Quality of Life (WHOQOL-BREF) questionnaire and compared to existing reports of WHOQOL-BREF scores of other refugee populations, in order to provide context to our findings. Specific research question is: Do refugees residing in City Plaza squat report higher levels of QOL than refugees residing in refugee camps in Attica?

Null hypothesis H0: The QOL of refugees residing in City Plaza squat is higher than the one of residents of refugee camps.

Description of setting

Apart from the general context of the setting, it is more practical to describe the circumstances from a

Social Determinant's point of view. For the purpose of this research, it will be helpful to organize the SDOH around five key domains as developed by the Healthy People 2020 initiative:

Economic Stability

Education

Health and Health Care

Neighbourhood and Built Environment

Social and Community Context. (49)

City Plaza squat

The recent massive flow of refugees towards Europe, both from Africa and….Asia, particularly from the Middle East due to the Syria crisis, highlighted the multiple existing social movements and solidarity groups fighting to protect human rights, equality, the right for freedom in movements, education, the right for sufficient food and clean water, for safe and adequate sheltering and protesting against social, ethnical, religious, sex and other forms of discrimination worldwide. Although the roots of such movements are found far in the past, they are currently increasing considerably, mainly due to the resistance of Europe to accept the refugees (50).

Such movements tend to act in alternative ways in comparison to the usual governmental strategies. Sometimes they also act in different ways from the NGOs. Among the usual ways of their action are advocacy, development of social clinics, social pharmacies, social kitchen and shelters, which are most commonly squats.

Squats first rose in Athens in the late 80s and they have almost become a kind of tradition. They are self-organized, self-administrated and self-funded. Among the various benefits of this type of operation is the increased involvement of the squat's residents, which enhances their process of socialization, skill-development and autonomy(51).

They usually have a political character depending on the solidarity group members' ideology. This political character may sometimes be reflected on the type of the squat's administration and operation. They are mostly antifascist, sometimes socialistic or anarchist.

Squatting is especially enhanced during the recent economic collapse, which left many buildings abandoned in the big cities, simultaneously with the increase of demand for safe shelters.

In the year 2016, 800 refugees resorted to Pedion Areos park in the center of Athens. It was a non-organized, inadequate, insecure and unhealthy area for accommodation of these people. This situation, in combination with the agreement between EU and Turkey, which trapped thousands of refugees within the Greek borders, forced activists and solidarity groups to proceed to the occupation of several closed buildings in the center of Athens, so as to create adequate squats for the refugees' safe accommodation.

One of these buildings, which has already attracted a lot of national and international attention, is City Plaza. It is a 7-storey hotel in the center of Athens. It was on lease from the very beginning. In 2010 the renter stopped paying the personnel, the suppliers and

the owner of the building, resulting to the hotel closing down due to economic collapse and it remained closed for sale.

On 22nd April 2016, activists, civilians and solidarity groups took it over and transformed it into a refugee accommodation and solidarity space.

Almost 400 people of 17 miscellaneous nationalities (mainly from Syria, Iraq, Pakistan, Iran and Afghanistan) are housed in there for the time being, approximately one third of whom are children. Arabic is the mother tongue of 25% of them. The owner says that the hotel has 126 rooms and it used to have 236 beds when it was normally and legally operating as a hotel.

Activists claim that neither the state, the EU nor non-governmental organizations got ever involved in financing or in the management of this squat. It is a purely voluntary effort. However, “Medico International” is the organization which runs the international campaign “Donate for the best hotel in Europe” (52). Donations are to be handled through the “Plateia Allileggyis e.V. Initiative of Solidarity to Refugees” in Munich (53).

Volunteers, solidarity groups and residents cooperate under the principle of unity in order to organize, manage all the daily activities for primary needs and for their integration into society. Every family has its own room. There are also a café, a kitchen, a dining room, a surgery and a play room. Both residents and volunteers manage the reception, cleaning, security and interpretation. Their motto is “We live together – solidarity will win”. For all these reasons, City plaza is

regarded by both the refugees and the volunteers, as one of the best places to stay at.

Closure of the squat for any reason is not presently a visible threat although it always depends on the continuation of donations. Many other residencies in the center of Athens have closed due to lack of financing. Moreover, there is continuous pressure applied by the owner or the authorities, to protect her property and forcibly evacuate the building. Although it continues to stay open due to tolerance of the government, it is unpredictable if or when this tolerance will be suspended and the police will be ordered to take action.

Squats are by default illegal, as their taking over is absolutely arbitrary. There is never consensus on behalf of the ownership, regardless of whether the owner is a physical person, an organization or the state itself. Needless to say that a rent is never paid for the squat. However, there is a considerable degree of tolerance on behalf of the Greek government, as the number of refugees has been dramatically increased lately and any assistance in the management of this crisis is silently welcome by the government(51).

Due to the fear of reaction on behalf of the police or attack of people who oppose to the whole project, the hotel's entrance is guarded during the whole 24 hours, and locked during the night.

“To me this is the most efficient and proper way to integrate refugees in the society. You see that people here are happy” said a Scottish man, who came to Greece as a volunteer to teach the English language to

refugee children. He stressed the advantageous character of the City Plaza model, in comparison to other types of residence.

“As soon as I came to City Plaza, I realized what solidarity means and I feel that Greece is a place that I can live for life with pleasure” said a 22-year old Iranian refugee.

"Our stay at City Plaza is very good. We have been able to live together as a family, although we come from different countries” said Malik from Pakistan.

Economic stability

In contrast to the vast majority of camp residents who are fully registered and therefore entitled to a monthly grant, squat residents do not share this privilege. Unemployment rates are very high (only ten adults have some type of employment).

Education

Unlike what happens in the camps, all children living in City Plaza go to school, either to the nearest public school together with all the other pupils, or to the ngo metadrasi school, which is also in the vicinity. The children also attend supplementary classes on mathematics, Greek and English language.

Health and health-care

All refugees have access to health care services of the national health system. There is a small clinic in the hotel, run absolutely by volunteer doctors and nurses. There are no standard opening hours, as it depends on the volunteers’ availability. By and large it is

open for 3 to 4 times per week, for almost 5 hours. Additionally, there is always one doctor and one nurse available for emergencies.

Neighborhood and built environment

City Plaza hotel is located in Acharnon Street, in the center of Athens. It has excellent access to the subway network (very close to Victoria station) and to other means of public transportation. The area is very densely inhabited, mainly by refugees and immigrants of low income. As many people from the Middle East, Eastern Europe and Africa stay there, there are many shops and small restaurants run by people of various nationalities. The area is regarded to be associated with relatively high rates of criminality.

Social and community concept

There is special care for the children, including activities such as playing in theatric performances, painting, athletic activities, or visits to museums. Additional attention is paid to encouraging women to join activities such as yoga, knitting, reading and so on. There is also a group therapy for women, giving them the opportunity to discuss, and express their worries as well as search out solutions to various problems with confidentiality.

Women living there, issue their own magazine in which they write about all the difficulties they face, particularly due to the fact that they are women. Fests, excursions, picnics in the open often help them to escape from the everyday routine. For people living there it is much easier to get gradually incorporated in

the society, in comparison to those who live in camp based areas. The latter are completely isolated and have but little chance to do so.

The residents are generally politicized in considerable degree. They stay quite informed of international occurring and they frequently participate in demonstrations.

Although violence of various forms, mainly due to cultural diversity is quite common in camps, City Plaza is a quiet place where people of miscellaneous nationalities, cultures and religions live peacefully together.

METHODS

Sample

By design, this is a cross-sectional study. Study population is comprised of Arabic-speaking men and women aged 18 years old and above, seeking international protection and having arrived in Greece since 2011, living in the same residence/camp for the last three months. Participants were drawn from the camp sites of Eleonas (n=204), Skaramangas (n=301) and the squat hotel City Plaza (n=50). All three of these residences are located in the Prefecture of Attica. To collect demographic data as well as information on perceived quality of life, we used the translated in Arabic and validated version of WHOQOL-BREF questionnaire(54). Magpi application on tablets and smartphones was used for filling-in the questionnaires. Apart from being a quick and convenient tool, the use of

Magpi application helps in preventing errors both during data collection as well as during data analysis.

Only adult inhabitants were asked to participate in the study. Initially the scope of the research was clearly and comprehensively described to each one of the respondents. It was made clear to them that all the information collected via the questionnaires is anonymous and strictly confidential and any referral to the results will be general and by no means recognizable. Subsequently, after their consent which they were asked for, they were requested to fill-in the questionnaire

Fieldwork

Pilot phase

Initially, a pilot collection of data was conducted in the Welcommon structure, in which 20 refugees who met the eligibility criteria participated.

Skaramagas and Eleonas camp.

Sample collection was conducted within the period from February 2018 to March 2018. We visited all the caravans of each camp, one by one, following the camp's maps with the purpose to locate all the persons that were inside at that time and met the study's eligibility criteria. An interpreter assisted those who were illiterate.

Eventually, certain limitations were imposed on the study. Since it was unlikely that they would accept to

come to a private room, where privacy would be ensured, the data collection was inevitably performed inside the caravans in the presence of other people; One factor might have influenced their replies. Particularly while interviewing women a male individual most usually oversaw the replies. Another significant limitation is the potential influence of the male gender of the interpreters on the replies of illiterate women. Moreover, there was some difficulty in finding the optimal time to visit containers, as inhabitants were usually sleeping up to early afternoon (13:00). Even later in the afternoon, it was difficult to find all the inhabitants of a caravan present at the time of the visit.

City Plaza

Samples were collected in City Plaza in March 2018, after permission from the coordination committee of the volunteers was given. A volunteer interpreter was present in all the interviews.

Limitations were imposed here too. Access to the rooms was not permitted. The interviews took place in a common area of the hotel that had no privacy. It was near the staircase, a passage to the café, the dining room and the main entrance. Therefore, passing-by residents were asked for their willing participation in the study, provided they met the study's criteria. All of them accepted. The interpreter read the questions loudly for those who were illiterate.

In addition, although the most convenient time to find people for the interviews was sharply before lunch, it was difficult to find an interpreter at that time. Consequently, the conduction of the interviews depended upon the availability of the interpreters. This

caused a sound delay of the data collection in that squat.

Last but not least, the inevitable presence of others during the filling-in of the questionnaires by the responders, as well as the male-interpreter interference in the cases of illiteracy, might have affected the reliability of the responses.

Measures

To collect demographic data as well as information on perceived quality of life, we used the adapted version of the World Health Organization's (WHO) brief version(54).

The definition of health as being not merely the absence of disease or infirmity, raised the need of QoL measurements in clinical trials and epidemiological studies to assess the impact of miscellaneous procedures and other conditions on the subject's general feeling of well being(55). Psychometric measurements of QOL should particularly be addressed to special groups of people like heavily ill or disabled patients, caregivers of the elderly, immigrants, homeless, refugees and generally individuals who live in highly stressful conditions(56).

World Health Organization Quality of Life Group has defined quality of life as "individual's' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"(57). The word "perceptions" leads to a concept of quality of life that is far beyond the conventional understanding of

health, related to reduction of morbidity and mortality alone.

WHOQOL Group has developed WHOQOL, as a psychometric quality of life assessment tool to be used explicitly globally and cross-culturally. It was developed in 15 international field centers simultaneously, involving patients, community members and health professionals. It originally included 236 items in the pilot study. After an initial assessment, 100 of those items were included in a revised version, the WHOQOL-100. All these 15 international field centers agreed that this questionnaire includes 24 facets that are regarded as important to assess quality of life, which can be further divided into four domains: Physical, psychological, social relationships and environment(54,58,59).

WHOQOL-100 was regarded as too lengthy for some research projects. Hence, the need of an abbreviated version was erased. WHOQOL Group agreed that, to maintain comprehensiveness, any abbreviated version of the WHOQOL-100 should include at least one item from each of the above mentioned 24 facets. Therefore, 20 field centers based on 18 countries were used to select the items to be included in a brief version. They had to select one item from each of the 24 facets of the WHOQOL-100 and another two from the Overall Quality of Life and General Health facet. WHOQOL-BREF was developed(55).

WHOQOL-BREF came to address the needs of studies that need a reliable and accurate but also brief and convenient to use questionnaire on quality of life assessment. It has been initially assessed in 23 countries (n=11,830). One of its beneficial

characteristics is that it can be easily used in cross-cultural studies, as it was simultaneously developed in diverse cultures and the terms included in it are culture-neutral(59).

It contains totally 26 items. Comparison of the results of application of the WHOQOL-100 and the WHOQOL-BREF questionnaires, gave very similar results. It has been shown that WHOQOL-BREF is quite adequate to assess domains relevant to quality of life in miscellaneous cultures worldwide(55,56).

Later the tool was cross-validated in an international study on the natural history of depression, named Longitudinal Investigation in Depression Outcomes (LIDO) (n=2,359). It was proved that WHOQOL-BREF is a valid and reliable psychometric instrument appropriate for use in multicultural settings (Amir et al. 2003) (Skevington 2004). A recent meta-analysis which examined the WHOQOL-BREF responsiveness, including 117 papers (n=2,084), regarding 11 different cultures showed that interventions, treatments and major changes in life significantly affect the instrument's domain scores (SVG) regardless of the age of the individuals and the time between the initial interview and the follow-up.

WHOQOL-BREF is now being available in almost 50 different languages and it is currently the most commonly used psychometric instrument for QoL worldwide. It is reported to have been used on 60,000 individuals who live in 100 countries (SDG). It permits the conduction of multi-center quality of life research, and the comparison of results obtained in different centers(60).

Limitations such as failing to measure QoL patients, who are not able to communicate, are a challenge for further development of measures. WHOQOL-Old and Children's WHOQOL are being developed to meet the needs of both the elderly and the children. Similarly, disease-specific modules such as for patients suffering from cancer, like the one having been created for HIV positive patients, are currently under development, as well as modules adapted to special population groups, as the elderly, the refugees etc(61).

The process for any of these modules to be developed is identical to the process followed for the development of the initial WHOQOL.

The questionnaire contains 26 questions, which measure the following broad domains: Physical health (7 items), psychological health(6 items),social relationships(3 items) and environment(8 items)

Domain 1-Physical Health

Physical health is assessed with 7 items, evaluating among others the ability to perform activities of daily living, the degree of energy, fatigue or mobility. Examples of questions are "Do you have energy for everyday life?", "How much do you need any medical treatment to function in your daily life?"

Domain 2-Psychological

Psychological status includes 6 items. Questions aim at evaluating negative-positive feelings and degree of self-esteem. Thinking, learning, memory and concentration are also assessed. Other questions examine personal beliefs and matters of spirituality and

religion. For example: “how often do you have negative feelings such as blue mood, despair, anxiety, depression?”

Domain3-Social relationships

Facets explored in Social relationships are, social support, sexual activity, personal relationships. For example “How satisfied are you with your sex life”. This specific question is often omitted in other studies that used the same instrument, due to fear of possible prejudice in different cultures.

Domain4-Environment

Environmental domain has 8 items that assess satisfaction from home and physical environment (pollution / noise / traffic / climate), as well as satisfaction from transport and financial resources. Feelings of freedom, physical safety and security are also reported here. The respondent is rating his opportunities for acquiring new information and skills or participation in leisure activities. e.g. “How satisfied are you with the conditions of your living space?”

The above questions are on a scale of 1-5, with 5 being the strongest in the majority of them (very satisfied/very good), apart from three questions, where 5 is the weakest (very dissatisfied/very poor).

The WHOQOL-BREF can be scored in three ways; through raw scores and two transformation methods; the first that creates domain scores within the range of 4–20, and the second that creates domain scores within the range of 0–100.

The measure has good internal consistency, ranging from 1⁄40.60–0.90

Apart from the questions included in the WHOQOL-BREF, we also collected demographic information such as gender, age, education, marital status and income.

A reply to all of the questions was required, except the one related to sexual activity, which was kept as non-required out of respect for potential culture-related timidity of the respondents.

As the study-population consisted of Arabic speakers, we used the Arabic version of WHOQOL-BREF, which has been proved to be a valid cross-cultural instrument, with psychometric properties very similar to the WHO 23 country report. It was developed by Ohaeri and Awadalla in 2009 and evaluated by them in Kuwait(62). Apart from culture-related limitations that for example prevented them from collecting their sample house-to-house, this Arabic translation was found to have high reliability and validity indices. Both the intra-class correlation for the test-retest statistic and the internal consistency values for the full questionnaire, as well as the domains had a Cronbach's alpha≥0.7. The results of this validation provided additional evidence that WHOQOL-BREF is a cross-culturally valid tool. Seven years later, in order to conduct a study on the burden of mental illness stigmatization in Jordan, Heyam F. Dalky et althey decided to proceed to a new evaluation of the psychometric properties of the Arabic version of WHOQOL-BREF to advance their main study. They also found a significant similarity of the psychometric properties, compared to those reported by

Ohaeri and Awadalla in 2009. Alpha coefficients were all above the minimum 0.70, apart from the social domain, in which Cronbach's alpha was 0.69, sharply inferior to the cutoff score 0.70(63).

Analysis

Data were analyzed using SPSS software, Version 23.

To evaluate the internal consistency values for both the questionnaire and the domains we estimated Cronbach's alpha value. We also used independent samples t-test to demonstrate the differences between City Plaza squat and refugee camps. We proceeded in the evaluation of the four domains in altogether the samples collected in all three of the settings involved in our study.

Cohen's d was subsequently used to interpret the effect size of the difference between means.

Null hypothesis H_0:

The QOL of refugees residing in City Plaza squat is higher than the one of residents of refugee camps.

RESULTS

Demographic characteristics

Nationality

Out of the 50 samples collected in City Plaza squat 19 of the individuals were females (38%) and 31 males (62%). Regarding their nationality 29 were Syrians (58%), 9 Iraquis(18%), 2 Jordanians (4%), 6

Palestinians (12%), 2 Lebanese (4%) and 2 Moroccans (4%).

Date of birth (Age)

12 of them were aged 18-24 years (24%), 17 were aged 25-34 years (34%), 15 were aged 34-55 years (30%), 5 were aged 45-54 years (10%) and 1 was aged 55-64 years (2%).

Education

Regarding education, 7 of them had never been to school (14%), 7 had only been in primary school (14%), the majority, that is 20 individuals, had received secondary education (40%), 6 of them higher secondary education (20%), and 10 had received tertiary education (20%).

Marital status

The majority of them (22 persons) were married (44%), 18 were single (36%), 5 were widowed (10%) and 5 were divorced (10%).

Income

Only 10 of them had some source of income (20%). Out of the rest, 37 reported that they had no income (74%).

Health status

60% of them (30 persons) reported that they had some type of health impairment, replying “yes” to the question “are you currently ill?”.

Reliability evidence

The Cronbach's alpha value requirement was found to be A=0.915, demonstrating a good internal consistency for WHOQOL-BREF and its four domains, as it is clearly above the 0.7 criterion.

To compare the QoL of the CP residents to those who stay in other settings in Greece, we performed comparison of WHOQOL-BREF results acquired in CP (n=50) to the ones derived from SK (n=301) and EL (n=204) samplings.

Domain scores

Mean scores (SD) of refugees residing in City Plaza squat are presented in the following table 1. The scores have been transformed in 4-20 scale.

Table 1. City Plaza WHOQOL-BREF mean scores

	N	Minimum	Maximum	Mean	SD
PHYSICAL	50	4.00	17.14	11.5771	3.03430
PSYCHOLOGICAL	50	4.00	16.67	10.5867	3.06436
SOCIAL	50	4.00	22.00	12.8667	3.61717
ENVIRONMENTAL	50	6.00	15.00	10.8500	2.10017

Comparison with Skaramangas camp

We compared the mean scores between refugees in City Plaza and Skaramagas camp (Table 2).

To examine potential statistically significant differences between the two settings, regarding each domain, we performed an independent t-test (Table 3).The independent sample t-test was associated with a statistically significant effect for the Environmental domain. City Plaza refugees (M=10.85, SD=2,1) were associated with statistically significant higher mean scores for the Environmental domain than the Skaramagas refugees (M=9,23, SD=2.81); t(81)=-4,7, p=0.00. The Cohen's effect size value (d=0.653) indicated medium practical significance.

On the contrary, for the Q2 question the residents of City Plaza showed a statistically significant lower mean score (M=2.4, SD=1.81) than the score of this domain at Skaramagas (M=2.84, SD=1.31); t(349)=2,1 , p=0,03. Cohen's effect size value (d=0.27) indicated small practical significance.

All the other domains had no statistically significant difference between the two settings.

Table 2. Comparison of mean scores (SD) for WHOQOL-BREF between refugees residing in City Plasa squat and those residing in Skaramangas camp

Transformed scores (4-20)

	Refugees in City Plaza n=50		Refugees in Skaramagas camp n=301		
	mean	SD	Mean	SD	Cohen's d
PHYSICAL	11.5771	3.03430	12.1860	3.19355	
PSYCHOLOGICAL	10.5867	3.06436	10.4563	3.09959	
SOCIAL	12.8667	3.61717	12.2924	4.34001	
ENVIRONMENTAL	10.8500	2.10017	9.2375	2.81322	0.653
Q1	2.5400	0.99400	2.3700	1.03700	
Q2	2.4200	1.18000	2.8400	1.31200	0.27

Table 3. Independent t-test for WHOQOL-BREFbetween refugees residing in City Plaza squat and those residing in Skaramangas camp

		Levene's Test for Equality of Variances		t-test for Equality of Means						
	Equal variances	F	Sig.	t	dF	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
PHYSICAL	Assumed	0.809	0.369	1.257	349.000	0.210	0.60809	0.48437	-0.34374	1.56155
	Not Assumed			1.304	68.314	0.197	0.60809	0.46693	-0.32376	1.54057
PSYCHOLOGICAL	Assumed	0.355	0.552	-0.276	349.000	0.783	-0.13041	0.47261	-1.05992	0.79910
	Not Assumed			-0.278	66.756	0.782	-0.13041	0.46875	-1.06610	0.80528
SOCIAL	Assumed	3.003	0.084	-0.886	349.000	0.376	-0.57431	0.64843	-1.84962	0.70101
	Not Assumed			-1.009	74.541	0.316	-0.57431	0.56943	-1.70879	0.56018
ENVIRONMENTAL	Assumed	8.391	0.004	-3.876	349.000	0.000	-1.61246	0.41606	-2.43076	-0.79416
	Not Assumed			-4.765	81.382	0.000	-1.61246	0.33839	-2.28570	-093922
Q1	Assumed	0.427	0.514	-1.067	349.000	0.287	-0.16800	0.15700	-0.47700	0.14200
	Not Assumed			-1.099	67.397	0.276	-0.16800	0.15300	-0.47300	0.13700
Q2	Assumed	2.477	0.116	2.128	349.000	0.134	0.42100	0.19800	0.03200	0.80900
	Not Assumed			2.296	70.718	0.025	0.42100	0.18300	0.05500	0.78600

Comparison with Eleonas camp

Regarding the physical domain City Plaza refugees (M=11.57, SD=3.03), were found to have statistically significant difference of mean scores, compared to the residents of Eleonas camp (M=13.1, SD=3.35); t(252)= 2.94, p=0.004. The mean scores of Eleonas camp were higher. The Cohen's effect size value (d=0.47) was of medium practical significance.

The mean score of the Physiological domain was found to be higher in Eleonas camp (M=12.01, SD=3.15) than in City Plaza squat (M=10,58, SD=3,06); t(252)=2,88, p=0.004. The Cohen's effect size value (d=0,47) was of medium practical significance.

Similarly the mean score of the question Q2 was higher in Eleonas camp (M=3,22, sd=1,29) than in City Plaza (M=2.42, SD=1.18); T(252)=3,95, p=0.00. The

Cohen's effect size value (d=0.47) showed medium practical significance.

Table 4. Comparison of mean scores (SD) for WHOQOL-BREF between refugees residing in City Plasa squat and those residing in Eleonas camp

Transformed scores (4-20)

	Refugees in City Plaza n=50		Refugees in Eleonas camp n=204		
	mean	SD	Mean	SD	Cohen's d
PHYSICAL	11.5771	3.03430	13.1064	3.35654	0.47
PSYCHOLOGICAL	10.5867	3.06436	12.0131	3.15619	0.46
SOCIAL	12.8667	3.61717	12.9608	4.26652	
ENVIRONMENTAL	10.8500	2.10017	10.5637	2.96130	
Q1	2.5400	0.99400	2.7900	1.06400	
Q2	2.4200	1.18000	3.2200	1.29500	0.27

Table 5. Independent t-test for WHOQOL-BREFbetween refugees residing in City Plaza squat and those residing in Eleonas camp

		Levene's Test for Equality of Variances		t-test for Equality of Means						
	Equal variances	F	Sig.	t	dF	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
PHYSICAL	Assumed	1.388	0.24	2.94	252.000	0.004	1.52930	0.52018	0.50485	2.55375
	Not Assumed			3.126	81.040	0.002	1.52930	0.48925	0.55585	2.50275
PSYCHOLOGICAL	Assumed	0.751	0.387	2.88	252.000	0.004	1.42641	0.49527	0.45100	2.40181
	Not Assumed			2.932	76.544	0.004	1.42641	0.48645	0.45766	2.39515
SOCIAL	Assumed	1.371	0.243	0.144	252.000	0.886	0.09412	0.65440	-1.19507	1.38331
	Not Assumed			0.159	85.710	0.874	0.09412	0.59238	-1.08354	1.27178
ENVIRONMENTAL	Assumed	5.44	0.02	-0.645	252.000	0.520	-0.28627	0.44415	-1.16099	0.58844
	Not Assumed			-0.79	102.515	0.431	-0.28627	0.36222	-1.00469	0.43214
Q1	Assumed	0.013	0.908	1.503	252.000	0.134	0.24900	0.16600	-0.07700	0.57600
	Not Assumed			1.566	78.897	0.121	0.24900	0.15900	-0.06700	0.56600
Q2	Assumed	0.728	0.394	3.959	252.000	0.000	0.79600	0.20100	0.40000	1.19100
	Not Assumed			4.191	80.537	0.000	0.79600	0.19000	0.41800	1.17400

DISCUSSION

Our null hypothesis that the QOL of refugees residing in City Plaza squat was superior to the QOL of those living in the two camps, proved to be false, by the results of this study.

In all of the domains that showed statistically significant difference regarding Eleonas camp, the results were higher than the ones of City Plaza.

Similarly, the residents of the two camps evaluate their health status superior to what the refugees staying in the squat do, as derived from the comparison of mean scores of Q2 question (how satisfied are you with your health?).

The absence of statistically significant difference in most of the domains may be related to the small sample size of the squat, compared to the much larger samples of the two camps, particularly of Skaramagas camp (N=301).

The failure of our intention to demonstrate superiority of QOL of the squat's residents, compared to the one of those who live in camps, can be partially explained by the fact that Eleonas is far more ideally organized and located than an average camp. It has the fame of a model camp and may be the best one throughout Greece. It is located very close to the city center and at a walking distance from many public transport stations. It is much like a small village, far from being like a military camp. Health care and psychological support services are sufficiently available in the camp.

This entire image is completed by multiple opportunities for participation in miscellaneous activities.

Regarding their self-evaluation of health status, as it is reflected in the results of the question Q2, which showed a statistically significant inferiority in the residents of the squat we can note the following:

It seems that the support system fails to make these individuals sufficiently independent, regarding their referral to health services. Thus, the camp residents are reasonably dependent to a great extent, to health services provided in the camp. This may be reflected in their good ratings regarding self-estimation of their health status.

One major difference between the camps and the squat is the presence of NGOs and Government Agencies in the camps, which has to be substituted solely by solidarity in the squat. The latter, despite the outstanding altruism of the volunteers, may fail to counterbalance the effect of the organizations on health care provision. Furthermore, psychological support in City Plaza squat is insufficient, whereas the majority of health issues among refugee populations are psychological.

One most essential issue is the financial, which can significantly affect almost any aspect of life. Consequently, the fact that the camp residents are mostly registered and entitled to regularly receive small monthly subsidy, whereas the residents of the squat lack this opportunity, may contribute to the inferior perception of their quality of life. In detail, almost all the residents of Eleonas regularly receive their subsidy, whereas in

Skaramagas camp there are quite a few who are not entitled to economic support due to absence of governmental services.

Contrariwise in the comparison of City Plaza with Skaramagas camp, only the Environmental domain presented statistically significant difference and its score was higher in City Plaza. Environmental domain reflects the degree of security and safety that each one feels in their living area, the access to information, the easiness to get around, the satisfaction of living conditions and the degree of freedom that they experience.

Thus, the low scores noted in Skaramagas camp, which is based in a vast industrial and relatively isolated area, quite far from Athens, reflect their dissatisfaction with their difficulty to travel to and from the center of the city and consequently their diminished degree of freedom and their limited independency.

Moreover, in Skaramagas camp, like almost all other refugee camps, crime and violence are unfortunately quite common phenomena, usually due to ethnic, religious or other disparities. The use and abuse of alcohol and other psychotropic substances greatly deteriorate this situation.

People, who we contacted during data collection, were telling us that they were experiencing a quite high degree of insecurity, particularly after sunset, when many drunken people were getting about in the camp. We can report the witness of a resident who retained a small grocery in the camp. As soon as we arrived in his shop, we noted the burned roof. It had been set on fire

the previous night. “It is the third time that I have found my shop destroyed” he said with sorrow.

It is also of great interest that, despite the large number of NGOs which operate in the camp, people were setting a lot of questions to us, demanding information especially on subjects related to health services. This may reflect a problematic transmission of information.

It has been shown that people who are not isolated and they regularly participate in social activities are much more self-confident, feeling safe, satisfied with their way of living and they can more easily manage the difficulties they face in their lives(64). Participation in social activities also contributes to a better psychological condition of the individuals and helps young people to develop their identity and specify their role in the society. Besides, social integration has proved to improve the quality of life also among people with impaired psychological or mental condition (64,65).

On the contrary, social isolation, discrimination and lack of participation in social activities may seriously impair health status(66).

Solidarity contributes to the exploitation of miscellaneous opportunities towards development, productivity and both personal and social prosperity.

We are in the midst of an era of massive movement of populations from poor countries to developed ones, which is not expected to end soon. Counter wise it may tremendously increase. The future of this evolution is vague and unpredictable. As funding

of the NGOs may be not unlimited, solidarity movements may play an important role in this ongoing refugee crisis.

Limitations

An important element that may have negatively influenced the City Plaza resident's responses is the great uncertainty about the continuation of their residency. Almost simultaneously with the data collection, it had been announced to them that soon the squat was about to cease. Although they had been assured that there would be care for safe dwelling places for each one of them prior to the evacuation of the building, this situation caused a reasonably high degree of insecurity.

As the life-threatening adventure they have experienced and the following short period of living under adverse conditions, are very recent, it is likely that some of them used the questionnaire as a means of protest.

CONCLUSION

The present study attempted to compare the quality of life of refugees residing in camps to the one of those who were residents of a squat, with the scope to examine the possible superiority of a squat. Unlike our hypothesis, the squat's residents reported lower scores in most of the domains of the WHOQOL-BREF questionnaire, reflecting lower degree of self-estimation of their quality of life, compared to the one of those who live in camps.

As it seems that persons who dwell self-organized and solidarity areas tend to become more incorporated in the society, a fact that improves their quality of life, further research on the subject is required, taking into consideration the limitations, the difficulties and the peculiarities that have been described in detail above.

The next survey has to be conducted after a reasonable period, so that the subjects can be sufficiently accustomed to their new way of living.

A new study should involve more squats and refugee camps in order to neutralize peculiar characteristics that some of them inevitably have. In addition, larger samples may reveal statistically significant differences in topics that our study failed to demonstrate.

ETHICS

Ethical approval was sought from the University of Athens, as well as from the Hellenic Centre for Disease Control and Prevention (KEELPNO). KEELPNO also provided Arabic interpreters for the camp settings.

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APPENDIX: Extended Greek Abstract

Εισαγωγή

Οι αλλεπάλληλες συγκρούσεις που διαδραματίζονται τα τελευταία χρόνια στη Συρία, την Υεμένη, το Αφγανιστάν, το Ιράκ και τη Λιβύη έχουν προκαλέσει τεράστια κύματα μεταναστευτικών ροών προς την Ευρώπη και μία από τις χειρότερες ανθρωπιστικές κρίσεις του 21ου αιώνα. Ένας μεγάλος αριθμός αυτών των προσφύγων καταφθάνουν στην Ελλάδα, έχοντας διαπλεύσει το Αιγαίο Πέλαγος μέσα σε μικρές υπερπλήρεις φουσκωτές βάρκες. Πολλές από αυτές ανατρέπονται εν μέσω θαλασσοταραχής. Περισσότεροι από 16.000 άνθρωποι έχουν χαθεί ή αγνοούνται από το έτος 2014, λόγω της προσπάθειάς τους να φθάσουν τις Ελληνικές ακτές. Μέχρι τη στιγμή της συγγραφής της παρούσας μελέτης 51.000 πρόσφυγες έχουν καταγραφεί στην Ελλάδα, ενώ σύμφωνα με υπολογισμούς υπάρχουν ακόμη περίπου 1000 μη καταγεγραμμένοι που διαμένουν σε κατειλημμένα εγκαταλελειμμένα κτήρια στην Αθήνα. Ο ρυθμός αφίξεων νέων προσφύγων στην Ελλάδα συνεχίζεται, αν και μειωμένος σε σχέση με το 2015 και σε συνδυασμό με την άρνηση των Ευρωπαϊκών χωρών να τους φιλοξενήσουν στα εδάφη τους, προκαλεί ασφυκτικό φαινόμενο στην Ελλάδα, όπου δεκάδες χιλιάδες πρόσφυγες βρίσκονται παγιδευμένοι, αναμένοντας αποφάσεις χορήγησης ασύλου, διάβασής τους σε άλλη χώρα ή επαναπατρισμού.

Γιατί Αραβόφωνο πληθυσμό;

Η παγκόσμια προσφυγική κρίση έχει δυσανάλογα επηρεάσει τους λαούς της Μέσης Ανατολής, που για

πολλές δεκαετίες έχει γίνει θέατρο συγκρούσεων και αποτελεί την κυριότερη πηγή προσφύγων παγκοσμίως μετά το Β΄ Παγκόσμιο Πόλεμο.

Ποιότητα ζωής και πρόσφυγες.

Η ανθρώπινη υγεία είναι πολυπαραγοντική έννοια. Εκτός από το γονιδιακό υπόστρωμα και τον τρόπο ζωής, οι παράγοντες που συντελούν στη διαμόρφωσή της είναι πάρα πολλοί και περιλαμβάνουν το φυσικό, το κοινωνικό και το οικονομικό περιβάλλον.

Σκοπός της μελέτης

Καθώς δεν υπάρχουν δημοσιευμένα στοιχεία σχετικά με την ποιότητα ζωής (QOL) των Αραβόφωνων προσφύγων που διαμένουν στην Ελλάδα

Η παρούσα μελέτη αποτελεί μέρος μιας μεγαλύτερης έρευνας που συνέλεξε δεδομένα από δύο καταυλισμούς προσφύγων στην Αττική και ένα κατειλημμένο ξενοδοχείο (squat). Εστιάζεται στην κατάληψη που έχει πραγματοποιηθεί στο ξενοδοχείο City Plaza, για να παράσχει άσυλο σε περίπου 400 πρόσφυγες.

Τα δεδομένα συλλέχθηκαν με το ερωτηματολόγιο WHO Quality of Life (WHOQOL-BREF) και έγινε σύγκριση με αποτελέσματα ερευνών που διεξήχθηκαν με χρήση του WHOQOL-BREF σε άλλους πληθυσμούς προσφύγων.

Τα ειδικά ερωτήματα της έρευνας είναι: Αναφέρουν οι πρόσφυγες που διαμένουν στο City Plaza squat ότι έχουν υψηλότερα επίπεδα QOL από ότι οι

πρόσφυγες που διαμένουν στους άλλους δύο καταυλισμούς της Αττικής;

Μηδενική υπόθεση H_0: Η ποιότητα ζωής QOL των προσφύγων που διαμένουν στο City Plaza squat είναι καλύτερη από αυτή των προσφύγων που διαμένουν στους καταυλισμούς.

City Plaza squat

Η πρόσφατη μαζική μετακίνηση προσφύγων προς την Ευρώπη, τόσο από την Αφρική όσο και από την Ασία, ιδιαίτερα από τη Μέση Ανατολή λόγω της κρίσης στη Συρία, έριξε φως στις από μακρού υπάρχουσες κοινωνικές δράσεις και εθελοντικές ομάδες, που μάχονται για τα ανθρώπινα δικαιώματα, την ισότητα, το δικαίωμα για μετακινήσεις, εκπαίδευση το δικαίωμα για επαρκές και καθαρό νερό και πολεμούν κάθε είδος εθνικιστικής θρησκευτικής, φυλετικής και κάθε άλλου είδος διάκρισης σε όλο τον κόσμο. Τέτοιου είδους δραστηριότητες έχουν αυξηθεί ιδιαίτερα στη χώρα μας τελευταία, κυρίως λόγω της αντίστασης της Ευρώπης να δεχθεί πρόσφυγες.

Τέτοιες ομάδες τείνουν να δρουν με διαφορετικούς τρόπους από τις κυβερνητικές δομές και καμιά φορά από τις ΜΚΟ. Μεταξύ των μεθόδων που χρησιμοποιούν είναι η υπεράσπιση αδυνάτων, κοινωνικά ιατρεία, κοινωνικά φαρμακεία, κοινωνική κουζίνα και καταλύματα, που ως επί το πλείστον είναι squats.

Τα squats κάνανε την εμφάνισή τους στην Αθήνα περί τα τέλη της δεκαετίας του 80 και σήμερα τείνουν να γίνουν ένα είδος παράδοσης. Είναι αυτοδιοικούμενα και

αυτοχρηματοδοτούμενα. Μεταξύ των πλεονεκτημάτων τους μπορούμε να αναφέρουμε την αυξημένη συμμετοχή των κατοίκων τους, η οποία ενισχύει τη διαδικασία ένταξης τους στην κοινωνία, την ανάπτυξη ικανοτήτων και την αυτονομία τους.

Συνήθως έχουν πολιτικό χαρακτήρα που εξαρτάται από την ιδεολογία των μελών κάθε εθελοντικής ομάδας. Αυτός ο πολιτικός χαρακτήρας μπορεί καμιά φορά να αντανακλά στον τρόπο λειτουργίας και διοίκησης του squat. Συνήθως ο χαρακτήρας τους είναι αντιφασιστικός, μερικές φορές σοσιαλιστικός ή αναρχικός.

Τα squats αυξήθηκαν κυρίως κατά τη διάρκεια της πρόσφατης οικονομικής κρίσης, η οποία οδήγησε στην εγκατάλειψη μεγάλου αριθμού κτηρίων στις μεγάλες πόλεις, ενώ ταυτόχρονα αυξήθηκε η ανάγκη για ασφαλή καταλύματα.

Ένα από αυτά τα κτήρια είναι το City Plaza, ένα 7όροφο ξενοδοχείο στο κέντρο της Αθήνας που έκλεισε το 2010, καθώς ο ενοικιαστής του αδυνατούσε να πληρώνει τα ενοίκια στην ιδιοκτήτρια. Τον Απρίλιο 2016 ακτιβιστές το κατέλαβαν και το μετέτρεψαν σε χώρο φιλοξενίας προσφύγων και χώρο εθελοντικής δράσης.

Εκεί φιλοξενούνται σχεδόν 400 άτομα από 17 διαφορετικές χώρες, το 1/3 περίπου των οποίων είναι παιδιά. Τα Αραβικά είναι η μητρική γλώσσα του 25% των ενοίκων. Σύμφωνα με τους ακτιβιστές, δεν έχει δοθεί ποτέ χρηματοδότηση ούτε από την κυβέρνηση ούτε από την Ευρωπαϊκή Ένωση. Βασίζεται αποκλειστικά στην εθελοντική προσφορά και εργασία.

Εθελοντές, ομάδες αλληλεγγύης και ένοικοι συνεργάζονται κάτω από την αρχή της ενότητας, με σκοπό την οργάνωση, τη διαχείριση των καθημερινών προβλημάτων, τη διεξαγωγή δραστηριοτήτων, την κάλυψη των βασικών αναγκών και την ενσωμάτωση των ενοίκων στην κοινωνία. Κάθε οικογένεια έχει το δωμάτιό της. Λειτουργεί καφετέρια, κουζίνα, τραπεζαρία, ιατρείο και χώρος διασκέδασης. Τόσο οι ένοικοι όσο και οι εθελοντές επανδρώνουν το χώρο υποδοχής, φροντίζουν την καθαριότητα, την ασφάλεια και τις υπηρεσίες διερμηνείας.

Ιδιαίτερη μέριμνα δίδεται για τη δραστηριότητα των γυναικών, όπου τους προσφέρονται δυνατότητες ψυχαγωγίας και ανάπτυξης δεξιοτήτων. Οι γυναίκες αυτές εκδίδουν επίσης το δικό τους περιοδικό. Ομοίως φροντίδα δίδεται για τα παιδιά. Τα παιδιά των κατοίκων στην πλειονότητά τους πηγαίνουν σχολείο, άλλα στο πλησιέστερο δημόσιο και άλλα στο σχολείο που λειτουργεί η ΜΚΟ «Μετάδραση».

Αντίθετα με την πλειονότητα όσων προσφύγων κατοικούν σε καταυλισμούς, οι κάτοικοι του City Plaza δεν είναι πλήρως εγγεγραμμένοι και για το λόγο αυτό δεν λαμβάνουν επίδομα

Όλοι έχουν πρόσβαση στις υπηρεσίες του Εθνικού Συστήματος Υγείας. Μέσα στο ξενοδοχείο λειτουργεί ιατρείο που επανδρώνεται αποκλειστικά από εθελοντές γιατρούς και νοσηλευτές και υπάρχει πάντα γιατρός και νοσηλευτής σε ετοιμότητα «on call».

Καθώς οι καταλήψεις είναι παράνομες και λειτουργούν μόνο με την ανοχή της κυβέρνησης και τη

χρηματοδότηση από εθελοντές, ο κίνδυνος κλεισίματος του City Plaza είναι υπαρκτός και διαρκής.

Μεθοδολογία

Ο πληθυσμός μελέτης ήταν αραβόφωνοι άνδρες και γυναίκες ηλικίας μεγαλύτερης ή ίσης των 18 ετών, που ζητούσαν άσυλο, έχουν φθάσει στην Ελλάδα μετά το 2011 και διαμένουν στο ίδιο κατάλυμα κατά τους τελευταίους τρεις μήνες. Οι συμμετέχοντες επιλέχθηκαν από τους καταυλισμούς Ελαιώνας (n=204), Σκαραμαγκάς (n=301) και την κατάληψη City Plaza (n=50). Χρησιμοποιήθηκε το μεταφρασμένο και σταθμισμένο στην αραβική γλώσσα ερωτηματολόγιο WHOQOL-BREF. Για τη συμπλήρωση του ερωτηματολογίου χρησιμοποιήσαμε την εφαρμογή Magpi σε smartphones και tablets.

Έρευνα πεδίου

Μετά την πιλοτική φάση που έγινε με συμμετοχή 20 προσφύγων στη δομή Welcomon, ακολούθησε η κύρια δειγματοληψία στον Ελαιώνα, το Σκαραμαγκά και το City Plaza. Στους καταυλισμούς επισκεφθήκαμε όλα τα containers με στόχο να πάρουμε δείγματα από το σύνολο των κατοίκων, κάτι που δεν κατέστη δυνατόν, καθώς ήταν αδύνατον να συναντήσουμε παρόντες ταυτόχρονα όλους τους ενοίκους τη στιγμή της επίσκεψής μας και να είναι σε θέση να μας μιλήσουν.

Αρκετοί ήταν οι περιορισμοί της μελέτης, καθώς η δειγματοληψία από τους αναλφάβητους γινόταν μέσω του μεταφραστή και πολύ συχνά κατά τις συνεντεύξεις από γυναίκες υπήρχε κάποιος άνδρας παρών που κοίταζε τις απαντήσεις της.

Στο City Plaza η πρόσβαση στα δωμάτια δεν μας επιτρεπόταν και έτσι οι συνεντεύξεις έγιναν σε κάποιο πέρασμα κοινόχρηστου χώρου, χωρίς επαρκή απομόνωση από περαστικούς. Και εδώ υπήρχε το πρόβλημα της παρουσίας τρίτων κατά τη συμπλήρωση του ερωτηματολογίου, γεγονός που μπορεί να επηρεάζει την αξιοπιστία των αποτελεσμάτων.

Το WHOQOL-BREF ψυχομετρικό εργαλείο που χρησιμοποιήθηκε, προέρχεται από σύμπτυξη του κατά πολύ αναλυτικότερου και δύσχρηστου WHOQOL-100. Έχει αξιολογηθεί σε 23 χώρες (n=11.830). Ένα από τα πλεονεκτήματά του είναι ότι μπορεί να χρησιμοποιηθεί ταυτόχρονα σε δια-πολιτισμικές μελέτες, καθώς έχει αναπτυχθεί ταυτόχρονα σε διαφορετικές κουλτούρες, είναι διαθέσιμο σε 50 γλώσσες και οι όροι που περιέχει είναι ουδέτεροι (culture-neutral). Περιλαμβάνει 4 ενότητες (Domains): Φυσικής υγείας, ψυχολογικό, κοινωνικών σχέσεων και περιβάλλοντος. Εκτός από τις ερωτήσεις που περιλαμβάνονται στο ερωτηματολόγιο, συλλέξαμε και δημογραφικές πληροφορίες, όπως ηλικία, εκπαίδευση, οικογενειακή κατάσταση και εισόδημα.

Ανάλυση

Η ανάλυση έγινε με την 23^{η} έκδοση του λογισμικού SPSS. Για την εκτίμηση της εσωτερικής συνοχής, χρησιμοποιήσαμε την Cronbach’s alpha value και για να αναδείξουμε τις πιθανές διαφορές ανάμεσα στο City Plaza και τους καταυλισμούς, χρησιμοποιήσαμε το ανεξάρτητο samples t-test. Στη συνέχεια υπολογίσαμε την τιμή Cohen’s d.

Μηδενική υπόθεση H_0:

Η ποιότητα ζωής των κατοίκων του City Plaza είναι καλύτερη από αυτή των κατοίκων των δύο καταυλισμών.

Αποτελέσματα

Από τους 50 ερωτηθέντες κατοίκους του City Plaza 19 ήταν γυναίκες (38%) και 31 ήταν άνδρες (62%). 29 ήταν Σύριοι (58%), 9 Ιρακινοί (18%), 2 Ιορδανοί (4%), 6 Παλαιστίνιοι (12%), 2 Λιβανέζοι (4%) και 2 Μαροκινοί (4%).

7 δεν είχαν πάει ποτέ στο σχολείο (14%), 7 είχαν μόνο στοιχειώδη εκπαίδευση (14%), 20 είχαν δευτεροβάθμια εκπαίδευση (40%), 6 είχαν δεχθεί υψηλότερη δευτεροβάθμια εκπαίδευση (20%), και 10 είχαν πανεπιστημιακή μόρφωση (20%).

Οι περισσότεροι (22 άτομα) ήταν παντρεμένοι (44%), 18 ήταν ανύπαντροι (36%), 5 βρίσκονταν σε κατάσταση χηρείας (10%) και 5 ήταν χωρισμένοι (10%). Μόνο 10 από τους 50 ερωτηθέντες ανέφεραν κάποια πηγή εισοδήματος (20%).

Όσον αφορά την κατάσταση φυσικής υγείας, το 60% (30 άτομα) ανέφεραν κάποια μορφή διαταραχή της υγείας τους, απαντώντας καταφατικά στην ερώτηση: «είστε τώρα ασθενείς;».

Συζήτηση

Η μηδενική μας υπόθεση ότι η ποιότητα ζωής των προσφύγων που δειαμένουν στο City Plaza ήταν ανώτερη από αυτήν των κατοίκων των δύο

καταυλισμών, αποδείχθηκε εσφαλμένη από τα αποτελέσματα αυτής της μελέτης.

Σε όλες τις ενότητες στις οποίες φάνηκε στατιστικά σημαντική διαφορά με τον καταυλισμό του Ελαιώνα, τα αποτελέσματα ήταν υψηλότερα από εκείνα του City Plaza.

Ομοίως οι κάτοικοι των δύο καταυλισμών αξιολογούν την κατάσταση της υγείας τους καλύτερη από αυτή των πρ5οσφύγων που μένουν στο City Plaza, όπως προκύπτει από τη σύγκριση των μέσων τιμών της ερώτησης Q2 (Πόσο ικανοποιημένος είστε με την υγεία σας;)

Η έλλειψη στατιστικής σημαντικότητας στις περισσότερες από τις ενότητες μπορεί να σχετίζεται με το μικρό μέγεθος του δείγματος στο City Plaza, σε σύγκριση με τα πολύ μεγαλύτερα δείγματα στους δύο καταυλισμούς, ειδικά αυτόν του Σκαραμαγκά (n=301).

Η αδυναμία μας να δείξουμε ανωτερότητα στην ποιότητα ζωής των κατοίκων του City Plaza σε σύγκριση με τους καταυλισμούς, μπορεί εν μέρει να εξηγηθεί από το γεγονός πως ο Ελαιώνας δεν είναι ένας τυπικός μέσος καταυλισμός. Είναι εξαιρετικά πιο ιδεωδώς οργανωμένος και ευρισκόμενος σε πολύ καλύτερη τοποθεσία από τους περισσότερους άλλους καταυλισμούς. Έχει τη φήμη ενός πρότυπου καταυλισμού και μπορεί να είναι ο καλύτερος που λειτουργεί αυτή τη στιγμή στην Ελλάδα. Βρίσκεται πολύ κοντά στο κέντρο της πόλης και οι περισσότεροι σταθμοί μέσων μαζικής μεταφοράς βρίσκονται σε πολύ κοντινή απόσταση. Μοιάζει πολύ περισσότερο με μικρό χωριό και απέχει πολύ από το να θυμίζει στρατόπεδο.

Υπηρεσίες υγείας και ψυχολογικής υποστήριξης είναι επαρκώς διαθέσιμες στον καταυλισμό. Όλη αυτή η εικόνα συμπληρώνεται από πολλαπλές δυνατότητες συμμετοχής σε διάφορες δραστηριότητες.

Σχετικά με την αυτό-εκτίμηση της κατάστασης της υγείας τους, όπως αυτή αποτυπώνεται στα αποτελέσματα της ερώτησης Q2, που έδειξε στατιστικά σημαντική υπεροχή στους κατοίκους τους City Plaza, μπορούμε να παρατηρήσουμε τα ακόλουθα:

Φαίνεται πως τα συστήματα υποστήριξης αποτυγχάνουν να κάνουν αυτά τα άτομα επαρκώς ανεξάρτητα, ως προς την ικανότητά τους να απευθύνονται σε υπηρεσίες υγείας. Έτσι οι κάτοικοι των καταυλισμών είναι όπως αναμένεται εξαρτημένοι σε μεγάλο βαθμό από τις υπηρεσίες υγείας που τους προσφέρονται μέσα σε αυτούς. Αυτό μπορεί να αντανακλάται στις καλές βαθμολογίες που βάζουν σχετικά με την αυτοεκτίμηση της κατάστασης της υγείας τους.

Μια κύρια διαφορά ανάμεσα στους καταυλισμούς και το City Plaza είναι η ισχυρή παρουσία κυβερνητικών δομών και ΜΚΟ στους καταυλισμούς. Αυτές οι παρουσίες υποκαθίστανται απόλυτα με την παρουσία εθελοντών στο City Plaza. Ανεξάρτητα από την καλή διάθεση και τον αλτρουισμό των εθελοντών, η δράση τους ίσως δεν καταφέρνει να αντισταθμίσει το αποτέλεσμα των οργανώσεων, κυβερνητικών και μη, στην παροχή υπηρεσιών υγείας. Επί πλέον, η ψυχολογική υποστήριξη στο City Plaza είναι ανεπαρκής, σε στιγμή που η πλειονότητα των προβλημάτων υγείας που αντιμετωπίζονται στους πληθυσμούς των προσφύγων είναι ψυχολογικής φύσης.

Ένα επίσης πολύ σημαντικό θέμα είναι το οικονομικό, το οποίο μπορεί σημαντικά να επηρεάσει σχεδόν κάθε πλευρά της ζωής. Συνεπώς, το γεγονός ότι οι κάτοικοι των καταυλισμών είναι στην πλειονότητά τους πλήρως εγγεγραμμένοι και τους έχει δοθεί το δικαίωμα να λαμβάνουν τακτικά ένα μικρό επίδομα, ενώ οι κάτοικοι του City Plaza στερούνται αυτής της δυνατότητας, μπορεί να έχει συμβάλει στην πτωχότερη εκτίμηση που έχουν οι τελευταίοι για την ποιότητα της ζωής τους. Συγκεκριμένα σχεδόν όλοι οι κάτοικοι του Ελαιώνα λαμβάνουν τακτικά επίδομα, ενώ στο Σκαραμαγκά υπάρχουν λίγοι στους οποίους δεν έχει δοθεί ακόμη αυτό το δικαίωμα, λόγω της εκεί ανεπάρκειας κυβερνητικών κλιμακίων.

Αντίθετα στη σύγκριση του City Plaza με τον καταυλισμό του Σκαραμαγκά, μόνο η περιβαλλοντική ενότητα έδειξε στατιστικά σημαντική διαφορά και η βαθμολογία ήταν υψηλότερη στο City Plaza. Η περιβαλλοντική ενότητα του ερωτηματολογίου αντανακλά το βαθμό ασφάλειας που καθένας αισθάνεται στο χώρο διαβίωσής του, την πρόσβαση σε πληροφόρηση, την ευκολία με την οποία μπορεί να κυκλοφορήσει την ικανοποίησή του από τις συνθήκες διαβίωσης και το βαθμό ελευθερίας τον οποίο βιώνει.

Έτσι, οι χαμηλές βαθμολογίες που σημειώθηκαν στον καταυλισμό του Σκαραμαγκά, ο οποίος βρίσκεται σε μια αχανή βιομηχανική και σχετικά απομονωμένη περιοχή αρκετά μακριά από την Αθήνα, μπορεί να υποδηλώνουν τη δυσαρέσκειά τους για τη δυσκολία των μετακινήσεων τους από και προς το κέντρο της Αθήνας και συνεπώς το μειωμένο βαθμό ελευθερίας και την περιορισμένη ανεξαρτησία τους.

Επί πλέον στον καταυλισμό του Σκαραμαγκά όπως συμβαίνει σχεδόν σε όλους τους άλλους καταυλισμούς προσφύγων, η βία και η εγκληματικότητα αποτελούν δυστυχώς ένα αρκετά συχνό φαινόμενο, συνήθως λόγω εθνικιστικών, θρησκευτικών και άλλων διαφορετικοτήτων. Η χρήση και η κατάχρηση αλκοόλης και άλλων ψυχοτρόπων ουσιών επιδεινώνει σημαντικά αυτή την κατάσταση.

Οι άνθρωποι τους οποίους συναντήσαμε κατά τη διάρκεια της δειγματοληψίας, μας έλεγαν πως βίωναν αρκετά μεγάλη ανασφάλεια, ιδιαίτερα μετά τη δύση του ήλιου, ώρα κατά την οποία κυκλοφορούσαν αρκετοί μεθυσμένοι στον καταυλισμό.

Έχει επίσης πολύ ενδιαφέρον ότι, παρά το μεγάλο αριθμό των ΜΚΟ που δραστηριοποιούνται στον καταυλισμό, οι άνθρωποι μας υπέβαλλαν πολλές ερωτήσεις κυρίως για θέματα υπηρεσιών υγείας, κάτι που πιθανώς φανερώνει την προβληματική μετάδοση πληροφοριών.

Έχει αποδειχθεί ότι άτομα που δεν είναι απομονωμένα ή περιθωριοποιημένα και συμμετέχουν τακτικά σε κοινωνικές δραστηριότητες, διαθέτουν πολύ μεγαλύτερο βαθμό αυτοπεποίθησης, αισθάνονται ασφαλείς και είναι ικανοποιημένοι με τον τρόπο ζωής τους και αντεπεξέρχονται με μεγαλύτερη ευκολία τις δυσκολίες που συναντούν στη ζωή τους. Αντίθετα, η κοινωνική απομόνωση, η διάκριση και η περιορισμένη συμμετοχή στα κοινά μπορεί να επηρεάσει σοβαρά την κατάσταση της υγείας.

Οι δράσεις των κινημάτων αλληλεγγύης συμβάλουν στην εκμετάλλευση ευκαιριών για ανάπτυξη, παραγωγικότητα κι προσωπική και κοινωνική ευμάρεια.

Βρισκόμαστε εν μέσω εποχής μαζικών μετακινήσεων πληθυσμών από φτωχές περιοχές του πλανήτη που πλήττονται από πολέμους και φυσικές καταστροφές, μαστίζονται από επιδημίες και στερούνται στοιχειωδών αγαθών, προς την Ευρώπη και τις χώρες του ονομαζόμενου ανεπτυγμένου κόσμου. Ο ρυθμός αυτών των μετακινήσεων, όχι μόνο δεν προβλέπεται να σταματήσει σύντομα, αλλά τουναντίον είναι πολύ πιθανόν να αυξηθεί στο προσεχές μέλλον, το οποίο είναι θολό και απρόβλεπτο. Καθώς οι χρηματοδοτήσεις των ΜΚΟ ίσως δεν θα συνεχίζονται επ' άπειρο, οι δραστηριότητες των κινημάτων αλληλεγγύης και εθελοντισμού, ενδέχεται να παίξουν σημαντικό ρόλο στο μέλλον, σε αυτή τη συνεχιζόμενη προσφυγική κρίση.

Περιορισμοί

Ένα σημαντικό στοιχείο που μπορεί να έχει αρνητικά επηρεάσει τις απαντήσεις των κατοίκων του City Plaza, είναι ο μεγάλος βαθμός της ανασφάλειας που βιώνουν, σε σχέση με τη συνέχιση ή όχι της κατάληψης του ξενοδοχείου. Σχεδόν ταυτόχρονα με τη συλλογή των δεδομένων ανακοινώθηκε στους κατοίκους η είδηση πως σύντομα επρόκειτο να λάβει τέλος η κατάληψη του ξενοδοχείου. Παρ' όλο που τους δόθηκε η διαβεβαίωση πως θα υπήρχε πρόνοια και φροντίδα για να μεταφερθούν σε ασφαλείς χώρους ενδιαίτησης πριν διαταχθεί η εκκένωση του ξενοδοχείου, η όλη κατάσταση τους προκάλεσε, όπως ήταν αναμενόμενο, μεγάλο βαθμό ανασφάλειας.

Καθώς η απειλητική για τη ζωή τους περιπέτεια που σχετικά πρόσφατα έζησαν και η μικρή χρονική περίοδος που ακολούθησε, κατά την οποία ζουν κάτω από αντίξοες συνθήκες, είναι πιθανόν μερικοί από αυτούς να χρησιμοποίησαν τις απαντήσεις του ερωτηματολογίου ως ένα μέσον διαμαρτυρίας.

Συμπέρασμα

Στην παρούσα μελέτη έγινε προσπάθεια σύγκρισης της ποιότητας ζωής των προσφύγων που διαμένουν σε καταυλισμούς με αυτή των κατοίκων μιας κατάληψης, με σκοπό να εξετάσει την πιθανή συγκριτική υπεροχή της ποιότητας ζωής των κατοίκων της κατάληψης. Αντίθετα με τις προβλέψεις μας οι κάτοικοι της κατάληψης έδωσαν μικρότερη βαθμολογία στις περισσότερες από τις ενότητες του ερωτηματολογίου WHOQOL-BREF, εκφράζοντας έτσι χαμηλότερο βαθμό αυτοεκτίμησης για την ποιότητα της ζωής τους, σε σύγκριση με αυτήν των κατοίκων των καταυλισμών.

Καθώς φαίνεται πως τα άτομα που κατοικούν σε χώρους αυτοοργανωμένους και αλληλέγγυους έχουν την τάση να ενσωματώνονται περισσότερο στην κοινωνία, γεγονός που βελτιώνει την ποιότητα της ζωής τους, περεταίρω έρευνα απαιτείται με ιδιαίτερη προσοχή στους αναφερθέντες περιορισμούς, τις δυσκολίες και τις ιδιαιτερότητες που διεξοδικά αναφέρθηκαν παραπάνω.

Η επόμενη δημοσκόπηση ίσως είναι καλό να διεξαχθεί μετά από κάποιο λογικό χρονικό διάστημα, που θα δώσει χρόνο στους κατοίκους να έχουν προσαρμοστεί επαρκώς στο νέο τρόπο ζωής τους.

Μια νέα μελέτη πρέπει να περιλάβει περισσότερες καταλήψεις και καταυλισμούς προσφύγων, έτσι ώστε να εξουδετερώσει την επίπτωση ιδιαίτερων χαρακτηριστικών που, αναπόφευκτα μερικά από αυτά διαθέτουν.