

## Level of Psychosocial Problems among Children in a Refugee Camp in Kirkuk City

### مستوى المشاكل النفسية الاجتماعية بين الاطفال في مخيم للنازحين في مدينة كركوك

Dr. Jenan Akbar Shakoor\*

Dr. Aysin Kamal Mohammed\*\*

Dr. Maan Hameed Ibraheem\*\*\*

#### الخلاصة

**الهدف:** تهدف الدراسة الى معرفة الخصائص الديموغرافية لعينة البحث وكذلك ايجاد مستوى المشاكل النفسية الاجتماعية بين الاطفال النازحين بالإضافة الى ايجاد علاقة بين بعض العوامل الديموغرافية والمشاكل النفسية الاجتماعية للأطفال النازحين في مخيم بحيوة في مدينة كركوك.

**المنهجية:** دراسة وصفية انجزت من 1 ايلول الى 15 تشرين الثاني 2015. عينة البحث كانت غرضية غير احتمالية والتي تكونت من 60 طفل تراوحت اعمارهم من 4-12 سنة والذين يعيشون مع عوائلهم في مخيم يحيوة، ليلان للنازحين في مدينة كركوك شاركوا في الدراسة الحالية. استخدم استبيان خاص وهو نسخة معدلة من (Pediatric Symptoms Checklist) ويتكون من جزأين: الاول يتضمن المعلومات الديموغرافية والثاني مقياس يتكون من 38 فقرة نظمت تحت خمسة تصنيفات. ثلاثة اختيارات لكل فقرة، المجموع الكلي لنتائج المقياس يتراوح من 38 الى 114. تم جمع المعلومات من خلال مقابلة احد الوالدين وتم تحليل البيانات باستخدام اسلوب التحليل الوصفي (التكرارات والنسبة المئوية) وكذلك استخدام التحليل الاستنتاجي.

**النتائج:** اوجدت النتائج ان (53,3%) من عينة البحث كانوا ذكورا و(40%) تراوحت اعمارهم بين 10-12 سنة. تقييم المشاكل النفسية الاجتماعية اظهرت ان من بين 38 فقرة فقط 35 فقرة اظهرت مستوى متدني للمشاكل النفسية الاجتماعية بين الاطفال. علاقة ذات دلالة احصائية كبيرة وجدت بين الدخل الشهري للعائلة والمشاكل النفسية الاجتماعية بين الاطفال النازحين.

**الاستنتاج:** الدخل الشهري للعائلة لها تأثير كبير على الحالة النفسية الاجتماعية للأطفال المقيمين في مخيم النازحين.

**التوصيات:** اوصت الدراسة بضرورة الاشراف المباشر من قبل الحكومة على مخيمات النازحين بالإضافة الى منظمات المجتمع المدني وتجهيزها بالمواد الضرورية والاهتمام بالأطفال كي ينمون بصورة صحية في بيئة سليمة.

#### Abstract

**Objective of the study:** The purpose of this study is to identify the demographic characteristics and to find out the level of psychosocial problems among refugee children as well as, the relationships between some demographical factors and psychosocial problems among children in Yahyawah refugee camp in city of Kirkuk.

**Methodology:** A descriptive study was designed from September 1<sup>st</sup> and up to November 15<sup>th</sup> 2015. A non-probability purposive sample of 60 children with age ranged from four to twelve year, who displaced and lives with their families in Laylan, Yahyawah refugee camp in the city of Kirkuk participated in the current study. A designed questionnaire was used for the study. This questionnaire is a modified version of pediatric symptoms checklist (PSC) and it consists of two parts, a basic demographic characteristics and secondly, a part forms the inventory. The inventory comprised of 38 items organized into five subcategories. Three choices were for each item. The total score of the inventory was ranged from 38 to 114. The data was collected through interview with one of the parents. The data analyzed through the application of descriptive statistical analysis (Frequency, Percentage %) and inferential statistics.

**Result:** The results found that (53.3%) of the study sample were male and (40%) of them aged from (10-12 years) old. The psychosocial assessment showed that from (38) items, there was (35) items reported low level assessment concerning psycho – social aspect for children. A highly significant association ( $p < 0.007$ ) found among child's psychosocial problem and monthly income of the family.

**Conclusion:** the study concluded that socio-economic status has a great effect on the psychological status of the children in refugee camps.

**Recommendation:** Refugee camps need to be observed directly by the government in addition to the civil society organizations and provide these camps with suitable requirements and specific care particularly for children's, so they can grow in healthy environment.

**Key Word:** Psychosocial problems, Children, Refugee Camps

---

\* Lecturer Community Health / Maternal Child Health-Nursing College / University of Kirkuk.

**E-mail: jenanshakoor@ymail.com**

\*\* Lecturer Community Health Nursing-Nursing College / Baghdad University.

**E-mail: aysin\_kamal@yahoo.com**

\*\*\* Lecturer Psychiatric & Mental Health Nursing- Nursing College /University of Baghdad.

**E-mail: hmh\_57@yahoo.co.uk**

## **INTRODUCTION**

There are more than 45 million refugees and displaced people in the world <sup>(1)</sup>. The definition of a refugee according to the 1951 Geneva Convention together with the 1967 Protocol is a person who 'owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country: or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it'<sup>(2)</sup>.

Psychosocial refers to the dynamic relationship between psychological and social effects on the individual each continually reciprocally influencing the other. Social effects pertain to altered relationships, family and community networks, friendships, and social rules of conduct<sup>(3)</sup>. Children constitute almost half of the refugee population. It is an enormous challenge and a complex situation for refugee children and families escaping from their living place, to a new system of society to which they have to adapt and where they have to recapture a sense of coherence <sup>(1)</sup>.

Children's wellbeing and development depend very much on the security of family relationships and a predictable environment. War, especially civil war, destroys homes, splinters communities and breaks down trust among people undermining the very foundation of children's lives<sup>(4)</sup>. Refugee children suffer both from the effects of coming from a warzone and of adjusting to an unfamiliar culture. These stressors also affect their families<sup>(5)</sup>.

Studies have found that children from a variety of cultures who have been affected by war are at increased risk for a range of psychosocial problems<sup>(5), (6)</sup>. Iraq has been at war for numerous time, the last one was in 2014 when the ISIS entered to the many Iraqi province<sup>(7)</sup>. Therefore, more than 380,000 people have displaced in Kirkuk province at the end of 2014, after ISIS entrance, representing 12% of the overall 3.2 million internally displaced people scattered across Iraq. Kirkuk province hosts the largest number of internally displaced Iraqis after Anbar (18%), Baghdad (18%) and Duhok (13%) provinces. of those displaced living in Kirkuk, 34% originate from Anbar, 28% from Salah Al Din, and 26% have had to flee their homes from within the province. Many of the displaced have been living in public or unfinished buildings or staying with the host community<sup>(8)</sup>. 2,600 individuals have been hosted in Laylan, Yahyawah camp which lies 24km to the south of Kirkuk city. This camp supervises by civil society organizations and wealthy people in the city.

The purpose of this study was to identify the socio demographic characteristics of the study sample and to find out the level of psychosocial problems, as well as relationships

between some demographical factors and psychosocial problems among children displaced in Yahyawah refugee camp in the city of Kirkuk.

## METHODOLOGY

A descriptive study was carried out from 1<sup>st</sup> of September up to 15<sup>th</sup> November 2015. A non-probability purposive sample of 60 children with age ranged from four to twelve year, who lives with their families in Laylan, Yahyawah camp in the city of Kirkuk, took part in the present study. A designed questionnaire was applied to meet the study objectives. This questionnaire consists of two parts: a modified version of Pediatric Symptoms Checklist (PSC), which is called "Pediatric Psychosocial Symptoms Inventory" (PEPSI)<sup>(9)</sup> and basic demographic characteristics. The PEPSI inventory comprised of 38 items organized into five subcategories. Three choices were for each item. The total score of the inventory was ranged from 38 to 114.

The 38-item of PEPSI was classified into five categories. They were three scales (always, sometimes, never) and scored from 1-3, with one indicating the absence of the symptom concerned, two indicating that the symptom rarely occurred and 3 indicating frequent occurrence of the symptom. The total score of the inventory ranged from 38-114.

The categories included:

1. Items 5, 13, 20, 23, 27, 28, 35, and 38 represent the Mood symptoms (MS) with a score of 8-24;
2. Items 3, 4, 7, 8, 9, 10, 12, 24, and 32 represent the Behavioral symptoms (BS) with a score of 9-27;
3. Items 11, 19, 21, 22, 30, and 36 represent the Learning problems (LP) with a score of 6-18;
4. Items 6, 14, 17, 26, 29, 33, 34, and 37 represent the Somatic symptoms (SS) with a score of 8-24; and
5. Items 1, 2, 15, 16, 18, 25, and 31 represent the Personality characteristics (PC) with a score of 7-21

Data were collected by interviewing one of the parents of the children. The main target of the study was children from 4 to 12 years of age.

Data were checked for completeness and accuracy. Coded data were computerized, and analyzed using SPSS (version 20). The statistical analysis was achieved by using the descriptive statistics (frequency and percentage) which was used to describe the demographic characteristics of the children participated, and to clarify the distribution of levels of the psychosocial problems to these characteristics. Analysis of Variance was used to determine the significant differences between demographic characteristics and the severity of the problem. ( $P \leq 0.05$ ) was considered statistically significant.

## RESULTS:

**Table (1) Demonstrates Socio-demographic characteristic of the child in whole study samples**

	Items	Frequency (f)	Percentage (%)
<b>Child age</b>	4-6 years	13	21.7
	7-9 years	23	38.3
	10-12 years	24	40
	<b>Total</b>	<b>60</b>	<b>100</b>
<b>Gender</b>	Male	32	53.3
	Female	28	46.7
	<b>Total</b>	<b>60</b>	<b>100</b>
<b>Brothers</b>	1-3	7	11.7
	4-6	32	53.3
	7 & above	21	35
	<b>Total</b>	<b>60</b>	<b>100</b>
<b>Monthly income</b>	insufficient	38	63.3
	Barely sufficient	18	30
	Sufficient	4	6.7
	<b>Total</b>	<b>60</b>	<b>100</b>

Table (1) shows that (40%) of the study sample were in age from (10-12) years. While (53.3%) of the study sample were male and having siblings from (4-6). The current study samples (63.3%) of them were living among families of insufficient monthly income.

**Table (2) Demonstrates Socio-demographic characteristic of the child parents in whole study samples**

Socio-demographical data	Father		Mother		
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)	
<b>Age</b>	20-29 year	9	15	25	
	30-39 year	18	30	43.3	
	40-49 year	26	43.3	18	30
	≥ 50 year	7	11.7	1	1.7
	<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>
<b>Level of Education</b>	Illiterate	2	3.3	7	11.7
	Read & Write	3	5	4	6.7
	Primary School	22	36.7	41	68.3
	Intermediate School	5	8.3	3	5
	Secondary School	5	8.3	0	0
	Institute graduate	14	23.3	3	5
	University & above	9	15	2	3.3
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>	
<b>Occupation</b>	Private job	30	50	3	5
	House wife	-	-	53	88.3
	Government employee	26	43.3	4	6.7

Retired	2	3.3	-	-
Dead	2	3.3	-	-
<b>Total</b>	<b>60</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table (2) shows that the parents of the study children, it was found that (43.3%) of fathers aged between (40-49) years old and mothers aged between (30-39) years old. Both parents (36.7%) of fathers and (68.3%) of mothers were graduated from primary school, with (50%) of fathers had private job and (88.3%) of mothers being a house wife with (63.3%) of them having insufficient monthly income.

**Table (3) Assessment of psycho social problem of the child**

No	Standard items	Always	Sometimes	Never	M S	R S	severity
		F	F	F			
1.	Is your child feel that he is a bit less than others?	9	22	29	1.66	55.5	L
2.	There are no hobbies and interests to my child.	7	34	19	1.80	60	L
3.	Does your child frequently subjected to injuries (fall, cuts, bruises, burns).	7	20	33	1.56	52.2	L
4.	Is your child want many demands	18	33	9	2.15	71.7	P
5.	Is your child a changeable mood?	8	31	21	1.78	59.4	L
6.	Is your child a bed-wetting	8	24	28	1.66	55.5	L
7.	Is your child a lot of movement	23	25	12	2.18	72.8	P
8.	Is your child quarrel with other children?	10	33	17	1.88	62.8	L
9.	Is your child lying?	1	33	26	1.58	52.8	L
10.	Is your child lazy?	2	35	23	1.65	55	L
11.	Is your child not focusing?	8	29	23	1.75	58.3	L
12.	Is your child not playing quietly?	15	27	18	1.95	65	L
13.	Is your child crying frequently and easily?	9	31	20	1.82	60.5	L
14.	Is your child nail-biting and fingers biting?	9	26	25	1.73	57.8	L
15.	Is your child has no friends.	8	27	25	1.72	57.2	L
16.	Is your child love adults.	15	31	14	2.02	67.2	P
17.	Is your child complaining of the frequent pains.	7	31	22	1.75	58.3	L
18.	Is your child spending a lot of time lonely?	8	31	21	1.78	59.4	L
19.	Is your child not wishing to study?	11	21	28	1.72	57.2	L
20.	Is your child look sad all time?	8	39	13	1.92	63.9	L
21.	Is your child absent from school?	9	24	27	1.70	56.7	L
22.	Is your child deterioration in his study?	10	27	23	1.78	59.4	L
23.	Is your child too much worry?	11	30	19	1.87	62.2	L
24.	Is your child does not comply with orders.	9	35	16	1.88	62.8	L
25.	Is your child tends to depend on others.	10	33	17	1.88	62.8	L
26.	Is your child gets tired quickly.	10	34	16	1.90	63.3	L
27.	Is your child nervous mood.	7	31	22	1.75	58.3	L
28.	Is your child a cool feelings?	3	33	24	1.65	55	L
29.	Is your child showing involuntary movements?	5	29	26	1.65	55	L

30.	Is your child suffers from difficulties in learning.	12	23	25	1.78	59.4	L
31.	Is your child shying?	10	38	12	1.97	65.5	L
32.	Is your child steals?	7	18	35	1.53	51.1	L
33.	Is the appetite of your child to eat is not good.	6	34	20	1.77	58.9	L
34.	Is your child suffering from problems during sleeping?	6	32	22	1.73	57.8	L
35.	Is the response of your child is un expected (Impulsive)?	12	31	17	1.92	63.9	L
36.	Is your child suffering from problems in speech and pronunciation?	2	20	38	1.40	46.7	L
37.	Is your child defecated in his clothes?	4	25	31	1.55	51.7	L
38.	Is your child much afraid and has many fears.	9	36	15	1.90	63.3	L
<b>Total</b>		<b>333</b>	<b>1116</b>	<b>831</b>	<b>1.78</b>	<b>59.4</b>	<b>L</b>

MS= Mean of score, Low = Less than (66.66), Pass (66.66- 77.77), moderate (77.78- 88.88), and high (88.89- 100). RS (Relative Sensitivity)

Table (3) demonstrate the assessment of psycho – social aspect of children, which clearly depicted that from (38) items in this table , there are (35) items reported low level assessment concerning psycho – social aspect for children , with respect to the total mean of scores and to the relative sufficiency (RS). Item (4) and item (7) which belongs to behavior symptoms reported pass level, as well as item (16) which belongs to personality characteristics had pass level.

**Table (4) One Way Analysis of variance between psychosocial problems and some demographical data of the study sample**

Psycho-social problem	S.O.V	S.S	df	M S	F. Obs	P≤ 0.05
<b>Age</b>	Between Groups	36.970	2	246.207	2.406	<b>0.099</b>
	Within Groups	1056.021	57	102.337		NS
	Total	1092.991	59			
<b>Gender</b>	Between Groups	28.417	1	28.417	0.262	<b>0.611</b>
	Within Groups	6297.183	58	108.572		NS
	Total	6325.600	59			
<b>Father education</b>	Between Groups	1582.176	6	263.696	2.946	<b>0.015</b>
	Within Groups	4743.424	53	89.499		S
	Total	6325.600	59			
<b>Father occupation</b>	Between Groups	633.862	3	211.287	2.079	<b>0.113</b>
	Within Groups	569.1.738	56	101.638		NS
	Total	6325.600	59			
<b>Mother age</b>	Between Groups	799.374	3	266.458	2.700	<b>0.054</b>
	Within Groups	5526.226	56	98.683		S
	Total	6325.600	59			
<b>Mother education</b>	Between Groups	1443.360	5	288.672	3.193	<b>0.013</b>
	Within Groups	4882.240	54	90.412		S
	Total	6325.600	59			

Psycho-social problem	S.O.V	S.S	df	M S	F. Obs	P≤ 0.05
Monthly income	Between Groups	1005.232	2	502.616	5.385	<b>0.007 HS</b>
	Within Groups	5320.368	57	93.340		
	Total	6325.600	59			

Table (4) shows that there were no significant differences between the psychosocial problem level and age, gender of the child and the father occupation at  $p \leq 0.05$ . While, there was significant differences between both of the father ( $p < 0.015$ ) and the mother education level ( $p < 0.013$ ), as well as the age of mother ( $p < 0.054$ ). Highly significant differences were found between the psychosocial problems level and the monthly income of the child family ( $p < 0.007$ ).

## DISCUSSION

The present study of 60 displaced children who lives with their families in Laylan, Yahyawah refugee camp in the city of Kirkuk was designed to find out the socio-demographic characteristics of the sample and the level of psychosocial problems among refugee children, as well as to find out the relationships between some demographical factors and psychosocial problems among those children. Over the last few decades the attentions has increased over the effect of warfare and political violence on the mental health of children. In many recent armed conflicts the majority of the victims have not been soldiers, but women and children.<sup>(10)</sup>

Our study included 60 children aged between (4-12) years old, which two fifth (40%) of them were aged from (10-12) years. In addition, more than half of the study sample (53.3%) were male and has siblings from (4 to7). While more than two third (63.3%) of the study sample were living in families with insufficient monthly income. In a prospective study of refugee children from Chile and the Middle East in Stockholm, described the mental health in relation to traumatic stress in the home country and time in exile. This study included 63 refugee children aged from (2-15) years old. Two third of those children had personally experienced political violence during war and persecution in their home country.<sup>(11)</sup>

The level of psychosocial assessment showed that from (38) items, there was (35) items reported low level assessment concerning psycho – social aspects for children , while regarding the association between the demographic status and the psychosocial problems, our study showed a highly significant association ( $p < 0.007$ ) for monthly income of the family. In addition, significant relationship was shown between the level of psychosocial problems and the parents education ( $p < 0.01$ ) and the mother age ( $p < 0.05$ ).

The journey of a refuge to another area can also be a time of further stress. It can take many months and expose the refugees to more life threatening dangers. Refugee children at these times can experience separation from parents, either by accident or as a strategy to ensure their safety. Iraq has been at war at numerous times The UN-imposed economic sanctions following the Gulf war have had a profound impact on the health of Iraqis. The human rights abuses have also been recorded.<sup>(7)</sup>

A study on 45 Kurdish families in two camps reported that PTSD was present in 87% of children and 60% of their caregivers<sup>(12)</sup>. Another study on 84 Iraqi male refugees

found that poor social support was a stronger predictor of depressive morbidity than trauma factors<sup>(13)</sup>. The current study showed highly significant differences between psychosocial problems and the monthly income of the children's family.

Social determinants such as poverty, social status and the neighborhood environment have a formative impact on health, both producing illness and impeding care. The effect of social determinants is often most concentrated in the people at the peripheries of society.<sup>(14)</sup>

## **CONCLUSION**

Our study concluded that the level of psychosocial problems is low among refugee children who are living with insufficient monthly income families in Laylan, Yahyawah refugee camp in the city of Kirkuk.

## **RECOMMENDATION:**

The current study recommended for:

1. Necessity of observing the refugee camps directly by the government in addition to the civil society organization.
2. Necessity of visiting these camps by the social and medical staff regularly.
3. Provide these camps with suitable and needed requirements for healthy life
4. Provide specific care in particular to the children, so they can live and grow in healthy environment.

## **REFERENCES:**

1. Gunilla J, B., . Refugee Children and Families. Psychological Health, Brief Family Intervention and Ethical Aspects [Dissertation]. Department of Clinical and Experimental Medicine, Child and Adolescent Psychiatry Linköping, Sweden Linköping University Medical Dissertations 2013.
2. The United Nations of Refugee Agency (UNHCR). Convention Relating to the Status of Refugees. 2015; Available from: <http://www.unhcr.org/pages/49c3646c125.html>.
3. Patricia O, Nina Papadopoulos. Addressing Afghan Children's Psychosocial Needs in the Classroom: A case study of a training for trainers, Based on the experiences of IRC in Pakistan. 2003.
4. MacCormack C. Promoting Psychosocial wellbeing Among Children Affected by Armed Conflict and Displacement: Principles and Approaches. Save the Children Alliance Working Group, on Children in Armed Conflict and Displacement, US, 2010.
5. Theresa SB, Liesbeth S., Grace O., and Paul, B. Psychosocial Problems of War-Affected Youth in Northern Uganda: A Qualitative Study. *Transcult Psychiatry* 2009;46(2):238-56.
6. Laura A M, Karen S. PsychoSocial problems in refugee children exposed to war. *Pediatrics*. 1996;97(3):394-7.
7. Amowitz LL., Kim G., Reis C ea. Human rights abuses and concerns about women's health and human rights in southern Iraq. *JAMA*. 2004;291:1505-6.
8. United Nations Assistance Mission for Iraq (UNAMI), Public Information Office (PIO). UNHCR opens new camp for displaced Iraqis in Kirkuk. Baghdad: 2015.



9. Ibrahim H, Al-Ayed., Al-Haider F. Screening For Psychosocial Problems in Children Attending The Pediatric Clininc At King Khalid University Hospital, in Riyadh (Ksa). *Journal of Family and Community Medicine*. 2008;15(1):21-6.
10. Hjerm A, Jeppsson O. Mental Health Care For Refugee Children in Exile. Stockholm, Sweden: Huddinge University Hospital,; 2005.
11. Hjerm A, Angel, B., and Jeppson, O.,. Political violence, family stress and menatl health of refugee children in exile. *Scandinavian Journal of Social Medicine*, . 1998;26(1):18-25.
12. Ahmad A, Sofi MA, Sundelin, Wahlsten V ea. Posttraumatic stress disorder in children after the military operation “Anfal” in Iraqi Kurdistan. *European Journal of Child Adolescent Psychiatry*. 2000;9:235-43.
13. Gorst-Unsworth C, E. G. Psychological sequelae of torture and organised violence suffered by refugees from Iraq. Trauma-related factors compared with social factors in exile *British Journal of Psychiatry*. 1998;172:90-4.
14. Rima R H., Safa H., and et al. Associations between life conditions and multi-morbidity in marginalized populations: the case of Palestinian refugees *The European Journal of Public Health* 2014; 24(5):727-33.