

Physical Health Problems of Internally Displaced Families in Rania City

المشاكل الصحية الجسمية للعوائل النازحة داخليا في مدينة رانية

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الخلاصة:

الهدف: التعرف على المشاكل الصحية الجسمية التي تواجهها العوائل النازحة الى منطقة رانية.
المنهجية: دراسة وصفية مسحية، بتصميم نوعي، اجريت في قضاء رانية من الفترة الاولى من تشرين الثاني 2015 ولغاية الحادي والثلاثون من كانون الأول 2015. اخذت عينة غرضية (غير احتمالية) من (110) عائلة من الذين وافقوا على المشاركة في هذه الدراسة. تم جمع المعلومات من خلال اسلوب المقابلة لملى استمارة الاستبانة. وتم تحليل البيانات بواسطة الاحصاء الوصفي للبيانات المستقاة من عينة البحث.
النتائج: اظهرت الدراسة ان اكثر حالات الاصابة قد اصيبت بالفطريات الجلدية (27.2%) ومشاكل الحساسية (31.8%) وبصورة جلدية بعد النزوح بالاضافة الى ازدياد امراض السكر وارتفاع الضغط وبنسبة (3.7%) و (2.7%) بحسب الاسبقية.
الاستنتاج: استنتجت الدراسة ارتفاع نسبة حدوث الحالات المزمنة مثل الحساسية والفطريات الجلدية وكانت من المشكلات الجسمية الرئيسية التي واجهت العوائل النازحة.
التوصيات: اوصت الدراسة بالكشف المبكر للتعرف على الامراض المزمنة وادارتها للعوائل النازحة واعتبارها من الاولويات، بالاضافة الى تزويدهم بقسائم شراء الادوية والتي لها قيمة عالية لديهم.

Abstract:

Objective: To identify the physical health problems that face the displaced families in Rania District.

Methodology: A descriptive (survey) study, quantitative design, was carried out in Rania District from 1st Nov-31st Dec, 2015. It included a purposive sample (non-probability) of (110) families who agreed to be part of this study. Data is collected through interviews by using formal questionnaire. The data are analyzed by application of descriptive statistical method.

Results: The result of the study indicates that skin fungus (27.2%) and allergy (31.8%) are more common problems that happen after being displaced. In addition, after displacement hypertension and diabetes mellitus increased by 3.6%, and 2.7% respectively.

Conclusion: The study concludes high prevalence rate of the chronic cases, allergy, and skin fungal infection are the main physical difficulties faced to the displaced people.

Recommendation: Early screening, identification and management of chronic diseases among displaced people will be considered as priority step. In addition, providing health care vouchers to purchase the mediation is highly valuable for them.

Keyword: Physical, Health, Internal displaced, families

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INTRODUCTION:

Internally displaced people make up a significant portion of Iraq's population. The main cause of displacement is the Islamic states of Iraq and the Levant (ISIS), a group of extremists that caused catastrophic events in the country. They become the cause of close to 2 – 3 millions of Iraqi peoples to flee their homes and go to safer areas inside and outside of Iraq. These events became the reason for problems and burdens on this portion of Iraqi population, such as social, economical, and health problems. The concept of displacement is defined by UN secretary as "Persons or groups who have been forced to flee their homes suddenly or unexpectedly in large numbers, as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disaster, and who are within the territory of their own country" (1).

The forced displacement of civilians remains one of the most pressing humanitarian problems in developing countries. The displaced lose their social, legal and economic ties and thus suffer considerable physical and psychological hardship. They often face special difficulties not shared with other conflict-affected groups that make their livelihoods insecure. Specifically these are difficulties related to re-establishing livelihoods in areas of temporary settlement or reintegration in unstable areas when traditional means of livelihoods are no longer viable(2).

World Health Organization definition of health "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity"(3). Which is mean that the physical status is come in the first prorates in health states, and most of displace people safer from one or more type of physical health problems or diseases.

Kurdistan region one place area that many internal displaces people came to it because of safety and nearest area, and Rania distract area one of it, which located Ranya is located 130 kilometers northwest of Sulaymaniyah with more than 200,000 populating and known as a gate of Insurrection in 1991. And there are near 10000 internal displacing peoples from deferent area of Iraq with deferent ethnicity.

The study aimed to identify the physical health problems that face the displaced families in Rania District.

MATERIALS AND METHODS

The study objectives are to identify the physical health problems that face the people whom are displaced in Rania District from south and middle Iraqi cities, and to find out the relationship sociodemographic characteristics of the sample such as (family numbers, economic status before and after displaced) and some health problems that they had before and after displaced.

A descriptive (survey) study, quantitative design was carried out in Rania District from November 1st -31st 2015. It included a purposive sample (non-probability) of (110) families who agreed to be part of this study.

Data is collected through interviews by using formal questionnaire. It was created based on the review of literature, the validity of the tool was obtained based on the expert review. Pilot study was undertaken to test the reliability of the questionnaire. Then, the data are analyzed by using Social Science Statistical Package for Social Science (SPSS V21).

RESULTS:

Table (1): number of family members of the sample

No	Family members group	F	%
1	3≤ Family members	10	9.09
2	4 -5 Family members	35	31.81
3	6-7 Family members	40	36.36
4	8 -9 Family members	5	4.54
5	10≥ Family members	20	18.18
	Total	110	99.98

Table 1 shows that the highest percentage (36.36%) among family members group was between (6 -7) members.

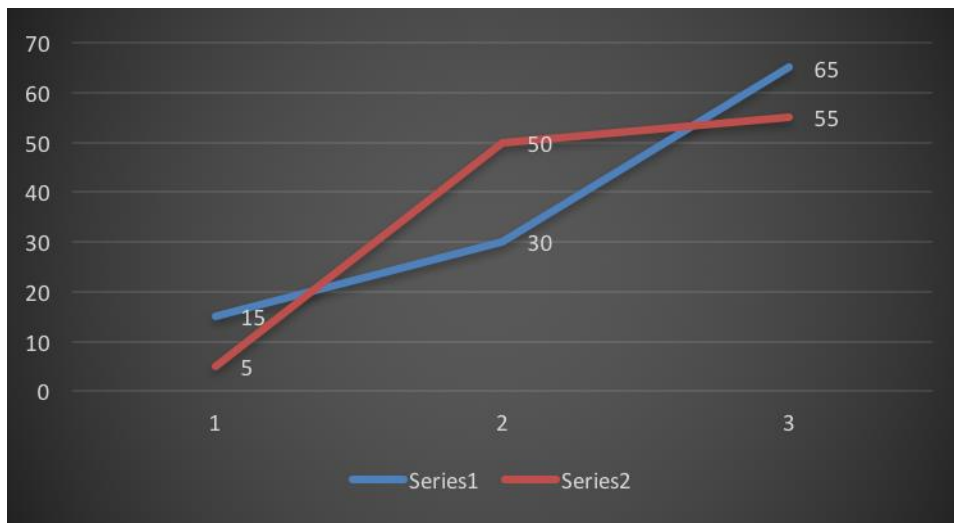


Figure (1)

This figure shows the series (1) the family’s income before displaced while the series (2) show the monthly income after displacement of the families

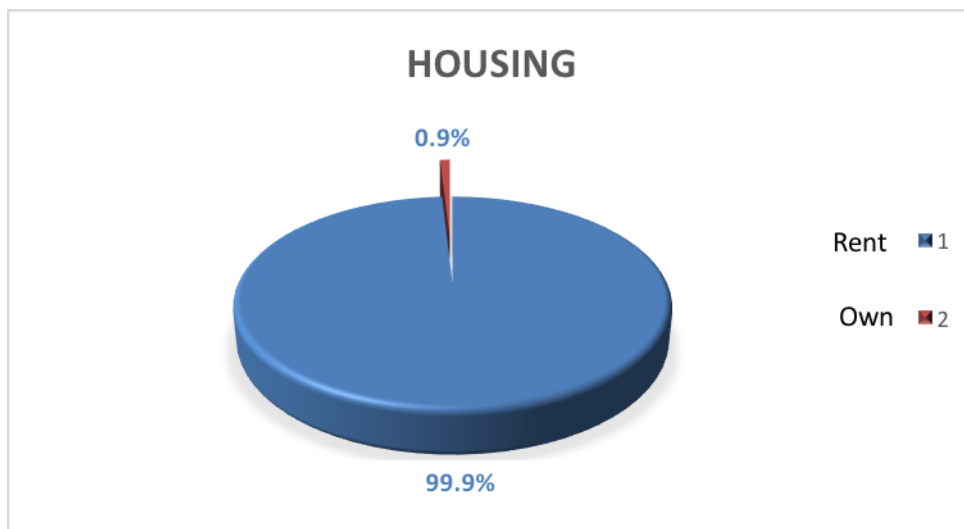


Figure (2)

This figure show the living place of the families which are (99.1%) have rent house while only (0.9%) have his own house

Table (2): Physical health problems for the families before displacement

No	items	Before displaced			
		Yes		No	
		F	%	F	%
1	Are any one of the family members have chronic disease before displacement	60	54.54	50	45.46
2	Are the disease has been wrest	30	27.27	80	72.73
3	Chronic disease that may happen for one or more for families member	15	13.63	95	86.37
4	Sectional disease that may happen	35	31.82	75	68.18
5	Wounds, trauma, burn, and other problems after displacement	20	18.19	90	81.81
6	Skin problems	35	31.82	75	68.18
7	Deformity or disabilities	1	0.9	109	99.1

This table shows that (54.54%) of the families have one or more chronic diseases before they displaced, and the majority of families (99.1) have no deformities or disables

Table (3) of type disease and problems that affected families after displacement

No	Items	Yes		No	
		F	%	F	%
1	Diabetic	3	2.72	107	97.28
2	Hypertension	4	3.63	106	96.37
3	Allergy	30	27.27	80	72.73
4	Skin fungus	35	31.81	75	68.19
5	General wounds	2	1.81	108	98.19
6	Burn	3	2.72	107	97.28
7	Falls trauma	1	0.9	109	99.1

This table shows that they most of families have skin fungus problem (31.81%), and allergies (27.27%), while the falls and general wounds are very low.

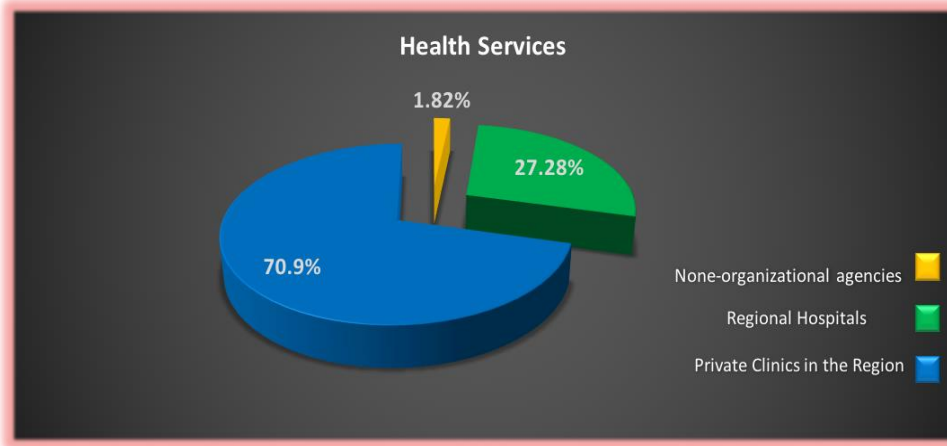


Figure (3)

Figure of health services that families get it after displacement (70.9%) from private clinics, 27.28% from region hospitals, and (1.82%) none- organizational agencies

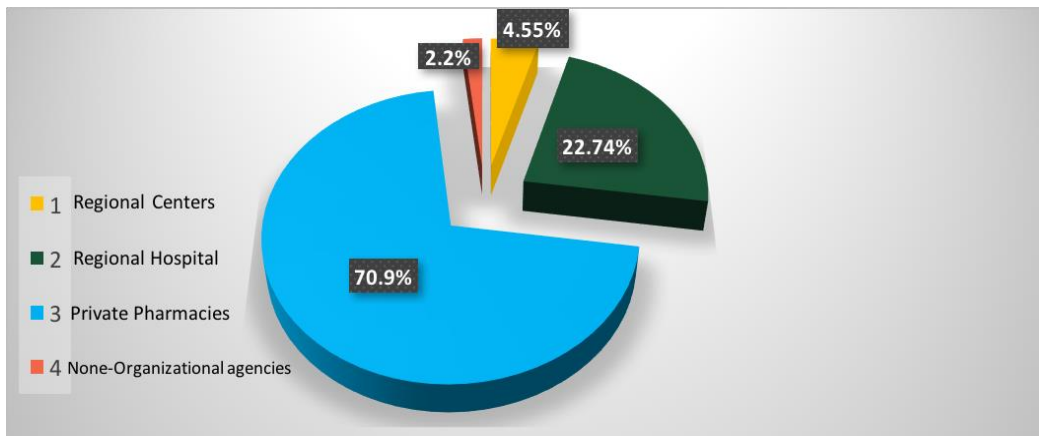


Figure (4)

Figure of how the families get their treatment (70.9%) from private pharmacy, (22.74%) from supported region hospital, (4.55%) by free from region hospitals, and (1.81) from non organization agencies.

DISCUSSION:

The present study is described the physical health problems associated with internal displacement in those people who migrate from middle, south part of Iraq to Kurdistan region (KR) north of Iraq as a result of (ISIS) war, and political instability. The major

findings among 110 participants in this study are; monthly income of the displaced people is insufficient, and majority of them lived in the let houses. The prevalence of the chronic conditions such hypertension and diabetes are seen among displaced people. Infectious diseases were recorded high prevalence rate. Lacks of medication were also the major difficulties that faced displaced people.

Table (1) shows most of the sample 36.3% were big family with 6 – 7 family members which known about meddle and south citizen inIraq and about 9.09% of the sample have 3 or less member because they are still young and new marred.

Figure (1) shows that minority of the families have sufficient monthly income before and after displaced 15% before and 5% after, while the majority of them are in insufficient after displaced which indicate of declining of their monthly income as a cause of displaced, and it should be noted that the little sufficient curve for before displaced 30%, while after displaced 50% which refer to this district is cheaper than their original area in addition they get extra jobs. Also in figure (2) show that the majority (99.1%) of the sample rent their house unless (0.9%) that mean only one family owned their house which refer to insufficient of their income and economic status of them.

Regarding physical problems, the morbidity of chronic diseases among displacement people prior migration were 54.54%, after displacement condition of those people have been worsen were 27.27% as illuminated in the table (2). In addition, after displacement the people who have newly diagnosed with a chronic disease were 13.63%, in which diabetic and hypertension were common chronic diseases among displacement people as shown in the table (3). The result of this study is comparable with studies that have been undertaken among Iraqi and Syrian displaced who migrated to the Jordan in which the prevalence of hypertension, and diabetes were the commonest chronic diseases among them (4, 5). In addition, in a study of burdns of displaced people in USA hypertetion, and diabetes are most prevalent condtions among them (6). Furthermore, in a study which was in India chronic disease such diabetes, and hyperteion were the more prevalent diseases among those people who displaced, and have a history of migration (7).

In the present study allergy is recorded high percentage 27% among displacement people, this might be due to type foods, and the environment in settled place. Skin fungal was the main problem as infectious disease which recorded high prevalent rate 31.8%. Likewise, finding of the study is consistent with study that undertaken in Erbil city, the prevalence of the infectious diseases was (27.04%)⁽⁸⁾. Physical problems such as Burn, minor wound injury, and trauma were recorded minor problems among displaced people which is 2.72%, 1.81% and 0.9% respectively as illuminated in the table (3), this might be due to Rania is district area, and not crowded as some big cities in (KR). Accessing of using health care services by displaced people is considered as a main challenge which faced them. In the present study as denoted in the figure (3), majority of them 70.9% visited private clinic to acquire medical and health services, and 27.28 % use public regional hospitals, this might be due to financial crises that faced of the KR government, which cannot provide enough medications in the public hospitals. This is consistent with the study that done, illuminated most of Iraqi displaced people 60.6% in Jordan and 19.1% in Syria use private sector as a provider of health care services, and 5% of them use other sources (4). Likewise, in a study that done among displaced Syrian women in Lebanon, in which

most of them (64.6%) were not seeking medical health services as a result of insufficient funds ⁽⁹⁾.

Lack of medication is one of those difficulties that encountered the displaced people, who seek medical services. Moreover, majority of the displaced families 70.9% get their medicine, and / or treatment prescription from private pharmacy and 4.55% from the Public regional hospitals, and health Centers. Least of them 1.18% obtained their treatment from the non-organizational charities and agencies. Similarly, in study that undertook among Syrian refugees in Jordan 79.1% of refugees were not having enough medications⁽¹⁰⁾.

CONCLUSION:

Health services demand, and high utilization rate may attribute to poor health status; high prevalence rate of the chronic conditions, allergy, and skin fungal infection are the main physical difficulties faced to the displaced people. In addition, accessing to the health care services and lack of medications are main challenges which the present study noted among displaced people.

RECOMMENDATIONS:

Based on the findings of this study, the researcher's recommend:

1. Early screening and identification and management of chronic diseases among displaced people will be considered as priority step.
2. Using a mobile or portable vehicle with specialist health care team should take a more active role in providing health services, medication and patient education.
3. Additional support to displaced people such cash, grants, health care vouchers, and opening a suitable campus should be taken into consideration.
4. Furthermore, visiting a healthcare team to provide health care services on a regular schedule weekly.

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