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The Long-Term Psychological Consequences of the Displacement of Feyli Kurds–Iraq

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***I was displaced as an Feyli Kurd in Iraq when I was newborn, and now Iran is my homeland**

ABSTRACT

Aim:We investigated the association between sleep quality, general health, and depression of displacement of Feyli Kurds -Iraq.

Materials and methods: This was a descriptive study on Feyli Kurds civilians. Participants (N=270) selected based on inclusion criteria in three age groups (N=90 in each group). The final sample included 218 cases in the groups i.e.18-25 years old (N=76), 26-40 years old (N=75) and above 40 years old (N=67).

Results:The age range of 26-40years old demonstrated significantly higher PTSD and mental health difficulties in compare to the age groups 18-25 years and above 40 years old. While people with age above 40 years old had the worse sleep quality between age groups.

Conclusion: This study provides pilot evidence on the association of exposure to displacement with long-term mental and physical conditions in Iraq.

Keywords: Feyli Kurds -Iraq, war, psychiatric conditions

1. Background

Faili Kurds are an ethnic group historically inhabiting both sides of the Zagros mountain range along the Iraq-Iran border. Today, the estimated 1.5 million Feyli Kurds in Iraq live mainly in Baghdad, as well as the eastern parts of Diyala, Wasit, Missan and Basra governorates(Moradi Moghadam & Basirat Manesh, 2019). Feyli Kurds faced withmany Discrimination because of their minority Saddam expelled this people by force and only in the clothes they were wearing without any identity card or nationality(Al-feyli Al-alave, 2010). Today thousands of survivors are suffering mentally and physically because of long-term living without identity and they lost their education and job conditions because of unknown nationality(Yaseen 2021).This is resulted to variety of complications such asdepression, stress, anxiety and many social problems(Tan 2008)

According to the Iraqi Ministry of Displacement and Migration (MODM), since 2003 about 20,000 families (or roughly 100,000 individuals) have had their citizenship reinstated. This is an important and positive first step. The challenge now is to help facilitate the reinstatement of citizenship for those who lack the necessary documents to prove they originate from Iraq. In order to reacquire Iraqi citizenship, Faili Kurds need to show that they were registered during the 1957 Iraqi national census. Many are unable to provide this proof of registration. During the war civil records were destroyed or lost and in some cases, people were simply not included in the census(Campbell, 2010).

In the last two decades, a number of Fili Kurds have been able to regain their identities and nationalities after years of displacement, but the painful effects of displacement and anonymity have long led to social backwardness and significant psychological and economic problems(van der Boor & White, 2020). Despite these issues, the mental health problems of this group have not been addressed. However, various studies show that displacement has negative effects on mental health. In addition to displacement and confiscation of their property, the group had also lost their identity and nationality, which made their situation very complicated.

On the other hand psychiatric conditions and war experiences results to considerable negative outcomes such as sleep disturbance(Moradi et al., 2019). Sleep disturbances have been associated with increased risk of depression(Fang, Tu, Sheng, & Shao, 2019), anxiety(Oh, Kim, Na, Cho, & Chu, 2019), fatigue(Engle-Friedman, Mathew, Martinova, Armstrong, & Konstantinov, 2018), reduced psychomotor performance(Suppiah, Low, & Chia, 2016), and quality of life(Stepnowsky et al., 2019). Patients with sleep disturbance show higher difficulties in psychiatric conditions therapy such as late recovery, low mood, and motivation(Hartwig et al., 2019). Yet, there is no knowledge regarding health quality of feyli Kurd displaced people

From the beginning, the feyli kurds, who were considered to be from their homeland only because they were Kurds. They were called foreign nationals and rejected from everywhere. When they were forcibly relocated to Iran, they were not provided with basic facilities and necessities. Over the years, these peoples blind population multiplied and they became frustrated and had serious problems due to the lack of basic facilities. Many of these Kurds

could never see their families again (like my father). After years and international collaborations, these group of people is still under a lot of pressure, and a significant number of them still do not even have an identity card.Today, the survivors live with multiple mental and physical health complaints. Almost three generation remember these painful memories as author is belong to second generation although no study conducted to find out difference of psychological experiences of survivors in different age levels. This study conducted to investigate the sleep quality, general health, and depression among survivors of three generation of Filli Kurds -Iraq

2. Methods

The study was performed inFilli Kurds -Iraq.

2.1 Participants

Two-hundred seventy participants, with a mean age of 33.63 years (SD = 13.46 years) were selected based on inclusion criteria. The participants in the study included three groups (figure 1). The response rate was 82%, and 52 invalid questionnaires were excluded. Finally, 218 participants (mean age=±) were included.

Figure-1- procedure of the study

All participants were literate, residence Iraq, displaced by Sadam, were free from current (past three months) substance abuse. This information was obtained through interviews conducted by the primary investigator.

Due to cultural considerations, the participants gave their informed consent verbally. In the local context, signing documents is associated with the bureaucracy of authoritarian states and therefor written consent was viewed with distrust. Verbal informed consent was obtained by standardized questions about voluntary participation, the right to withdraw without any consequence and confidentiality and ensuring anonymity.

2-2.Measurement

Data were collected using these questionnaires:

The Demographic Data Questionnaire covered basic demographic variables (age, marital status, education).

Piterzburg Sleep Quality Index(PSQI) used to measure sleep quality. This inventory includes 19 questions with seven component i.e. subjective sleep quality, sleep latency, sleep duration, sleep efficiency, sleep disturbance, hypnotic medication use, and daytime dysfunction. All questions weighted equally on a 0–3 point scale. Global PSQI score calculate from combined seven component scores. A cutoff score has been recommended > 5 indicating subjective insomnia(Buysse, Reynolds III, Monk, Berman, & Kupfer, 1989). Seidi et al translated and validated this scale in Kurdistan-Iraq.

The results indicated confirmed construct validity and good reliability (α=70)(Seidi, Mohammadi, Khazaie, Abas, & Jaff, 2019).

GHQ-28 used to measure the mental health. This questionnaire included 28 item self-rated questions with four components of somatic symptoms (items 1–7); anxiety/insomnia (items 8–14); social dysfunction (items 15–21), and depression (items 22–28). Each item is scored from 0 to 3. The total score of 23/24 was the threshold for the presence of distress. The K-GHQ-28 is a valid and reliable tool for screening mental Health in Kurdish communities(seidi, 2019). Seidi reported the reliability of the tool using the test-retest (0.88), split-half (0.89) and Cronbach's alpha (0.82).

Post-traumatic Stress Disorder (PTSD) measured by IES-R. This scale is a self-report questionnaire including 22 items measuring subjective distress after a traumatic event (Weiss et al, 2007). It is an appropriate instrument to measure the subjective response to a specific traumatic event in the adult population. This instrument has three components: 1) intrusion, 2) avoidance, and 3) hyperarousal. The participants answered how much they experienced a specific symptom in the past seven days. Its items are rated on a five-point Likert scale, from 0 ("not at all") to 4 ("extremely"). The total score is 88 points (range 0–88). The kappa coefficients for sensitivity for the cut-off of 34 were confirmed (Morina, Ehring, & Priebe, 2013).Internal consistency is high with alpha = 0.96 according to Creamer, Bell.[i] The Kurdish version is translated and used in another study in the Kurdistan Region of Iraq (KRI)(El Sount et al, 2020) . Cronbach Alpha showed appropriate internal consistency for this study (0.70)

2.3. Statistical analysis

The mean and standard deviation of quantitative variables were calculated in three age groups for all variables i.e. mental health, PTSD and sleep quality. The normal distribution of quantitative data was investigated by the Kolmogorov-Smirnov test. The results revealed the distribution of data's were normal in all variables(P>0.05).The variables score were compared between groups by ANOVA followed by the Tukey post-hoc test. These analyses were done using SPSS version 20. The level of statistical significance was set at a P-value < 0.05.

2.4. Ethical considerations

The current study followed the ethical principles for medical research involving human subjects presented in the declaration of Helsinki.Written informed consent was obtained from all participants. Participants were given the right to decline to complete the questionnaire.

3. RESULTS

The response rate was 80.1 percent. Of the 270 approached participants76 cases with 18-25 years old (84.44%); 75 cases with 26-40years old (83.33%) and 67 cases above 40 years old (74.44%) participated in the study(see fig1). The majority of samples were married (73%). Demographic characters of participants compared in the Table 1.

Eighty four percent (N=184) of the sample reported mental health score above cut point of GHQ (>23)which indicate threshold for the presence of distress. The prevalence rate that is significantly higher in sampled age above 40 (95.6%) than in sampled 18-25 years old (69%).

Of 67 cases aged above 40 years old 46 cases (68.7%) reported low sleep quality (<5) which indicates sleep disturbance. In age group of 26-40years old 46.7 percent (N=35) have scored above cut point and the lowest prevalence of sleep disturbance seen in 18-25 years old cases (38.2%).

Totally, 49.54 percent of participants were suffering from PTSD symptoms based (scored above 34). The highest rate of prevalence reported in age 26-40years old (66.7%), above 40 years old (52.2%) and 31.6 percent in age group of 18-25 years old respectively. See figure 2.

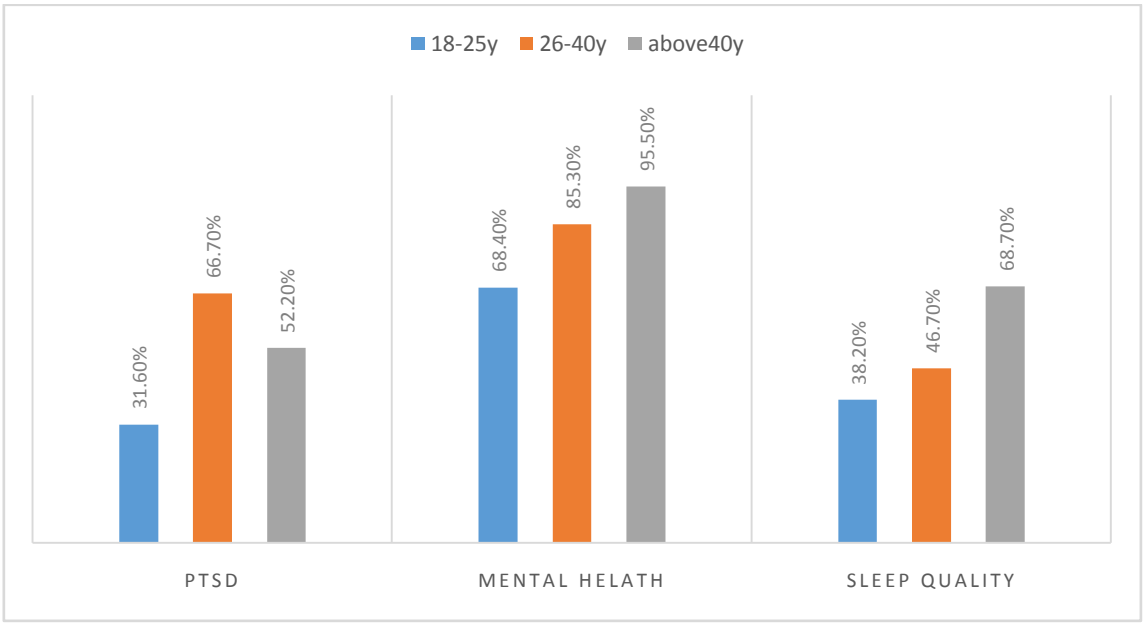

Figure-2- percentage of cases scored PTSD, Sleep Quality and Mental health above cut of scores

Table-1- comparison of PTSD in three age groups

variable	18-25y		26-40y		Above40y		Results of comparison	
	Mean	SD	Mean	SD	Mean	SD	F	P
PTSD	31.13	6.68	38.54	7.55	32.86	6.10	24.29	0.001*
intrusion	10.90	3.33	13.04	3.49	12.14	2.83	8.20	0.001*
avoidance	10.09	2.49	13.28	3.21	10.10	2.86	30.22	0.001*
hyperarousal	10.13	3.15	12.22	3.38	10.61	2.75	9.25	0.001*

*P>0.001

Table-2- comparison of Mental health in three age groups

variable	18-25y		26-40y		Above40y		Results of comparison	
	Mean	SD	Mean	SD	Mean	SD	F	P
Mental health	26.39	7.61	31.50	6.65	32.14	5.42	34.42	0.001*
anxiety/insomnia	7.08	3.41	11.16	2.72	9.58	2.94	10.42	0.001*
Depression	8.78	3.66	10.83	3.37	10.97	2.60	33.02	0.001*
Somatic syndrome	7.25	3.48	11.33	3.00	9.66	2.72	8.24	0.001*
Social dysfunction	10.36	3.18	9.77	2.07	11.52	2.35	16.46	0.001*

*P>0.001

Table-3- comparison of sleep quality in three age groups

variable	18-25y		26-40y		Above40y		Results of comparison	
	Mean	SD	Mean	SD	Mean	SD	F	P
Total sleep quality	4.97	1.94	5.49	2.25	8.35	4.40	25.67	0.001*
Daily malfunction	2.36	1.15	2.94	1.56	4.47	2.37	27.47	0.001*
Sleep quality	2.67	1.23	3.26	1.31	4.25	2.35	15.95	0.001*
Sleep disturbance	1.36	0.70	1.17	0.60	2.92	1.65	56.31	0.001*

*P>0.001

In term of PTSD (F=24.29, P<0.001), and its components, avoidance (F=8.20, P<0.001), hyperarousal (F=30.22, P<0.01), intrusion (t=5.06, P<0.001) significant difference observed (Table 1).

Mental health (F=34.42, P<0.001) and its components, anxiety /insomnia (F=10.42, P<0.05), somatic syndrome (F=33.02, P<0.001), social dysfunction (F=8.24, P<0.001) revealed significantly higher scores in age 26-40years in compare to age 18-25 and above 40 years old groups (P<0.001)(Table2).

Total score of sleep quality(F=25.67, P<0.001) and its components, daily malfunction (F=27.42, P<0.05), sleep quality (F=15.95, P<0.001), sleep disturbance (F=56.31, P<0.001) revealed significantly higher scores in age 40years old in compare to age 18-25 and 25-40 years old groups (P<0.001) (Table3).

4.Discussion and Conclusion

Several displaced people suffer from a mental and physical consequences from more than last 30 years. Not surprisingly, they are not the only involved cases. Their relative, family, and children also affected from their disabilities. As several studies also confirmed the caregiver and family members of veteran experience high mental burden. Rare studies conducted to find out mental and medical consequences of displaced people. This is not known how mental health outcomes is different in age groups. In previous studies conducted in other countries showed low mental health in displaced cases. The author investigated long-term psychological consequences of displacing without nationality including PTDS, sleep quality, and mental health. The results indicated high prevalence of mental health difficulties. This implies that participants experienced considerable anxiety/insomnia, depression, physical symptom and social dysfunction. The highest prevalence seen in age group of 26-40 age years old participants. Previous study in this region showed the high prevalence of depression(Al-Hamzawi, Bruffaerts, Bromet, AlKhafaji, & Kessler, 2015). According to a WHO report, the suicide mortality rate in Iraq in 2016 was 3.0 per 100 000(Organization., 2018).Thus, one might argue that the higher rate of mental health problems in patients might be due to the higher rate of morbidities among this community. This disability was higher in age 26-40 years old as they were vulnerable child during displacement and following they experienced other conflicts with Islamic state group during last years. People in this age involved with recent war directly and indirectly. They were responsible of younger and older members of family and relatives in last decades. It seems this burden make them more vulnerable than people with age over 40. The cases over 40 also had reported worse mental health condition and high rate of PTSD as they also experienced several painfulevents. Although it seems they could adapt and manage their problems slightly better than age group 26-40 years old. Participants in age group 18-25 although had better health condition the mental health problem prevalence was still high (66%). Economic, social, educational issue and low facilities decreased the availability of mental health service in this country.

The majority of the participants suffered from sleep disturbances and PTSD. These were due to their medical conditions, untreated PTSD, high anxiety and depression. Inadequate sleep can adversely affect somatic and psychological wellbeing, and reduce the ability to function throughout the day. In a recent qualitative study. Moradi et al also found the presence of mental disorders amongst all the survivors of displacement(Moradi et al., 2019).

Another reason was limited access to basic, adequate health care, and had difficulty affording the necessary medications or visits to specialist care.|The financial crisis and unstable political situation in the Iraq. The lack of a coordinated and functioning health care service remains an urgent concern of

the war survivors. On the other hand somatic and mental symptoms have been a plausible contributor to a particular form of physical and psychosocial conditions. High rate of PTSD, fatigue because of low sleep quality

Depression, anxiety, stress and PTSD limits engagement in family, social life, and work, and results in poor general health and quality of life. Many also remain unemployed and live a vulnerable life, in regards to social and financial circumstances. In this country, some psychiatric health care is available, although access to specialized care is very limited. The validated psychological questionnaire is very limited in Kurdish language. Therefore, rare studies conducted in this area to find out the long-term effect of displacement with validated material.

One limitation may be that some participants had medical symptoms. This could limit this study's generalizability to all survivors. Another limitation is that the participants came from a war-ravaged environment, meaning that the cumulative trauma may have affected the outcome. The results are based on self-reporting and it may be impossible to overcome bias. This study did not differentiate between the psychological symptoms induced by sulfur mustard itself and the symptoms induced by the horror and the fears in the city from heavy explosions. Thus the results should be interpreted with some cautions.

List of abbreviations

PSQI: Pittsburgh Sleep Quality Index

GHQ28: General Health Questionnaire-28

KRI: Kurdistan Region of Iraq

Competing interests

The author declare that they have no competing interests.

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Availability of data and materials

The datasets supporting the findings of this article are available from the corresponding author.

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