

Assessment of Health Problems for Internal Displaced Family and their Quality of life in Baghdad City

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Abstract- Iraq is the largest internal displacement wave in its history, after the invasion of terrorists to the north and west of the country and that the current places inhabited by IDPs, which was held hastily lacking mostly basic services and because of the lack of fit between the amount of space and number of families, the possibility of the emergence of health problems is significant, as the congestion Basically, contribute and easily in transition and the spread of communicable diseases

Objectives of the study: The present study aims to assess the health problems faced by displaced families and their quality of life

The study methodology: descriptive study of displaced families in camps for displaced people on the outskirts of the city of Baghdad and within the period of the second from January 2015 until 20 in February 2016, The 5 camps for displaced people of both sides of the Rusafa and Karkh and the number of households in the study were 374 displaced families in camps (university and Al-Dorrea camps in the Karkh district and the Prophet Yunus, appeal and Zayouna camp in Rusafa district) The researchers used A questionnaire form to achieving the objectives of the study which consisted of three domains (the first consist of two items related camp and second included the health problems suffered by the displaced families after displacement the third domain was used SF-36 to assess the quality of life a (-the researchers used version 23 of spss to enter data and using descriptive and inferential statistical analysis.

Results: The results of present study indicated the provision of a health center and an ambulance in four camps and free Zayouna camp of the health center and an ambulance, and the health problems suffered by the displaced families after the displacement was high blood pressure 71% and 47% in the camps of the university and the Prophet Yunus respectively and diabetes was 59% in the university camp and 57% and 41% was displaced families suffering from heart problems at the university and Prophet Yunus camp respectively, and 61% of respiratory problems at the university camp and proportion of 58 % of families suffering from skin problems and 62%, 47% of the displaced are suffering from joints problems in university and the Prophet Yunus camps respectively, the quality of life of the displaced families was low at role physical role and emotional in a quality of life in Zayouna, Prophet Yunus and appeal camps

Conclusions: The study concluded that most of the health problems suffered by the heads of families displaced in the five camps under study are high blood pressure, diabetes and heart disease and digestive system problems, and the quality of life of the displaced medium in general and low to the domain of physical and emotional role.

Recommendations: The researchers recommended that healthy visits to conduct laboratory tests within the complexes to investigate for all people at risk of chronic diseases and the emphasis on psychological support for the displaced

Index Terms- health problems, displacement, internal displacement, burden of displacement

I. INTRODUCTION

Every second there one person exposed to homelessness, leaves his home and leave the area where they live. There are more than 19.3 million people have been forced to leave their homes in 100 countries, an average of 26.4 million people a year, due to natural disasters, according to the report by the Internal Displacement Monitoring Centre. Those who have been displaced by conflict and violence, according to another report of the center itself, the year 2014 saw a record with the accession of 11 million newly displaced people to the list, which is equivalent to 30 thousand people a day. They are concentrated in the Middle East. While he is a displaced people in this region between 2001 and 2011, a rate of 7% to 14% of the global total, the ratio was at 31% this year. It's not even in the past four years have fled more than 7.8 million people from their homes as a result of violence, to join the 4.1 million people living in displacement prolonged (Bakhit,2016)

With the outbreak of violence in some of Iraq's provinces forced hundreds of thousands to flee, as the attack caused sweeping extremist organization, additional waves of displacement.

In areas of displacement begins again the suffering of displaced people, the first being: their abode; Some of the camps housing, and some of them housing an ancient ruin, others housing buildings under construction, including schools housing, while others got the best to put an end to that; that places of worship housing, The buildings processions places of worship. Despite the many displaced form of housing, but they share common features are all covered; in the harsh climatic conditions where extreme heat; housing, these do not meet the minimum requirements for protection from the heat. He also may not be available in some no adequate health services or appropriate. The current places inhabited by displaced people, and because of the lack of fit between the amount of space and number of families, the possibility of the emergence of health problems is significant, as the congestion Basically, contribute and easily in the transmission and the spread of communicable diseases. (Al-Jubouri , .2014)

Objectives of the study: The present study aims to

- 1- Assess the health problems suffered by the displaced families after the displacement in displacement camps
- 2- Assessment the quality of life for displaced families after displacement

II. RESEARCH METHODOLOGY

Study design: descriptive study was conducted in the city of Baghdad, for the period from 2 January 2015 until 20 February 2016.

Sample and place of study: the researchers selected five camps of both sides of Karkh and Rusafa in the parties and within the city of Baghdad, and they (the university , and Al-dora

camp in a part of Karkh and the number sample of two camps (105 and 110), respectively (and Zayouna and Prophet Yunus and the appeal camp) party Rusafa and the number (52,91,1nd 50) respectively. The study conducted on 374 displaced families in the five camps

The study Instrument: the researchers used questionnaire form o achieving the objectives of the study which consisted of three parts (part I deals the information about the camp; second parts included the health problems suffered by the displaced families after displacement third parts was used evaluate the quality consisting of 36 items (SF-36)

Statistical methods: the researchers used statistical system version 23 to enter data. Data were analyzed using descriptive statistics.

III. RESULTS

Table 1: Camps Information

Items	University Camp 105 families	Al-dora Camp 110 families	Prophet Yunus Camp 91 families	Zayouna Camp 52 families	appeal Camp 50 families
presence of a health center in the camp	presence	presence	presence	Not presence	presence
having an ambulance	presence	presence	presence	Not presence	presence

Table 1 shows that four camps of present study was available of health center in a camps, and there were an ambulance near the camps unless the Zayona camp it was not availability.

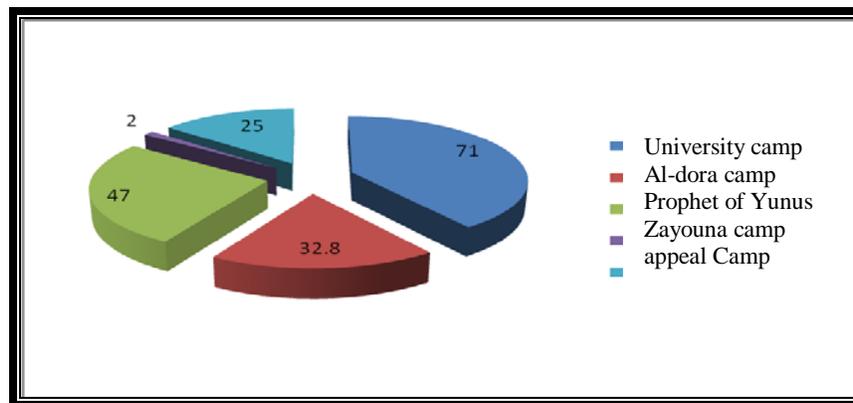


Figure 1: Incidence of Hypertension among families of study camps

This figure shows that the incidence of hypertension was high percent in camps of university, and Prophet of Yunus

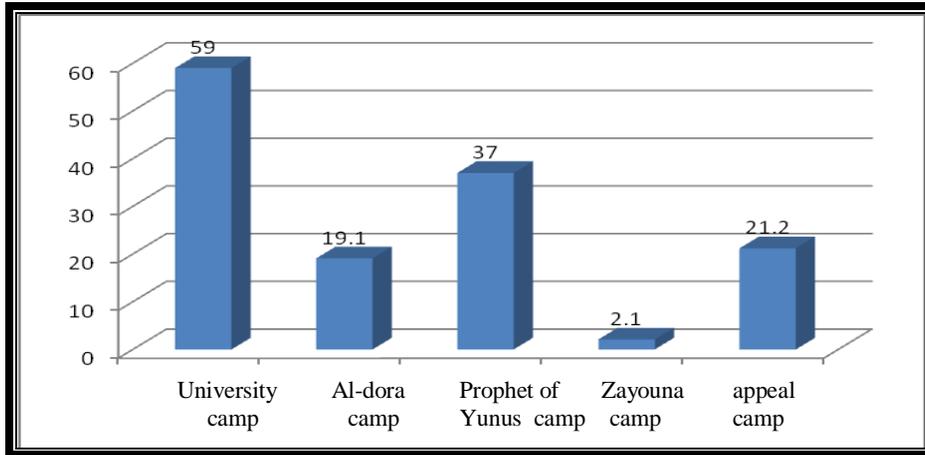


Figure 2: Incidence of Diabetes Mellitus among families of study camps

Figure 2 shows that the incidence of Diabetes Mellitus was high percent in camps of university, and Prophet of Yunus

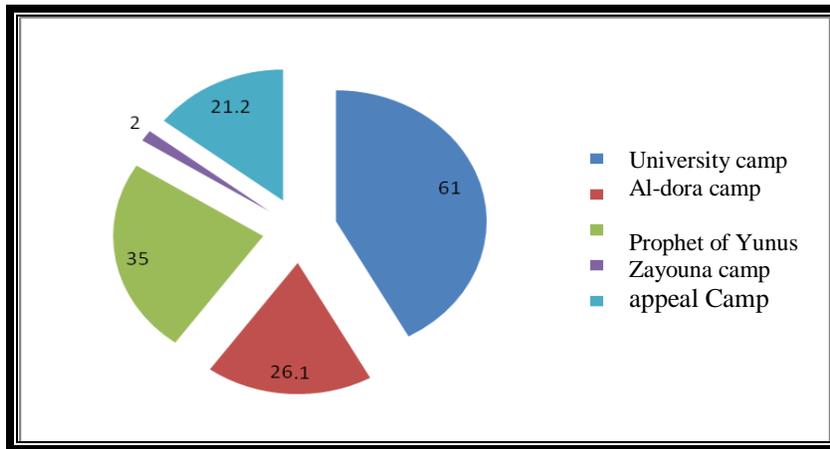


Figure 3: Incidence of respiratory problems among families of study camps

The high incidence of respiratory problems was clear in university camp (figure 3)

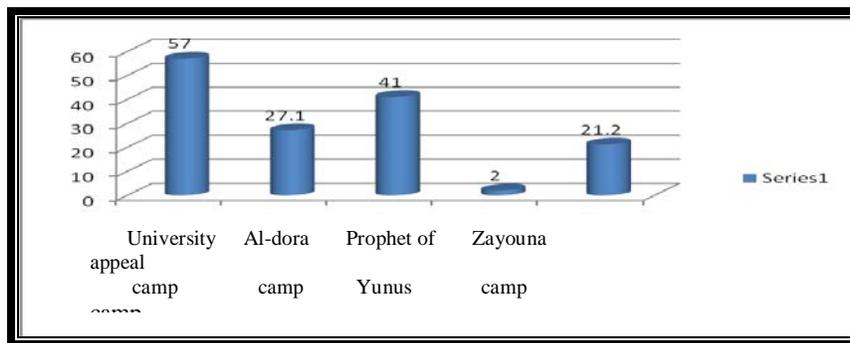


Figure 4: Incidence of heart disease among families of study camps

Figure 4 shows that the incidence of heart disease was high percent in camps of university, and Prophet of Yunus

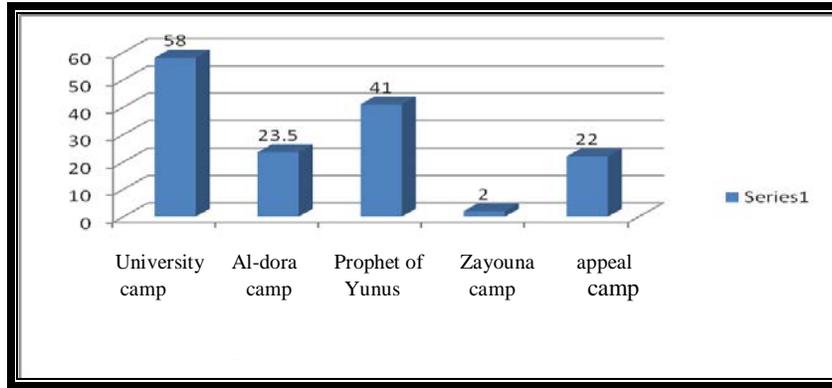


Figure 5: The Incidence of Digestive Problems in the Camps

High percent of digestive problems was clear in university and prophet of Yuns camps (figure 5)

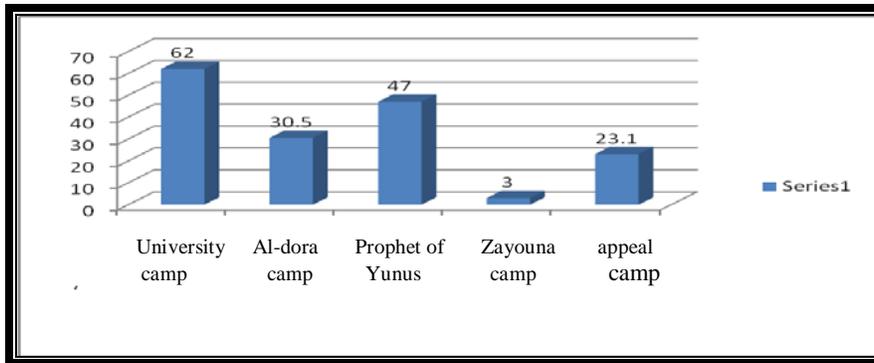


Figure 6: The Incidence of musculoskeletal Problems

Figure 6 shows that the high incidence of musculoskeletal problems in university and prophet of Yuns camps

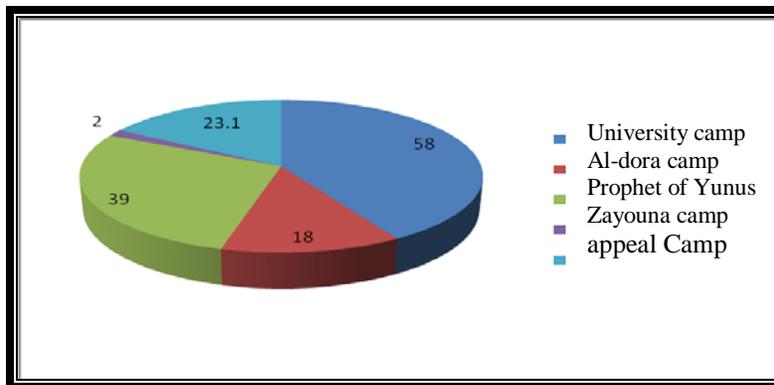


Figure 7: Skin Problems in study Camps

Figure 7 shows that the high incidence of skin problems in university and prophet of Yuns camps

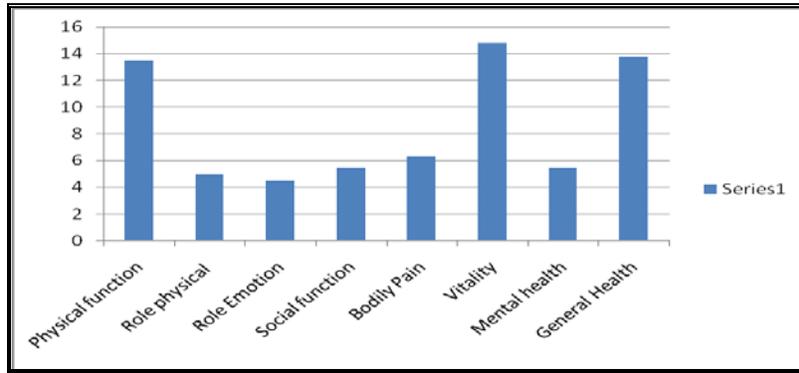


Figure 8: Quality of Life for university families camp

Figure 8 shows that the role physical, role emotion, social function, bodily pain, and mental health domains was low in a quality of life among the families of university camp

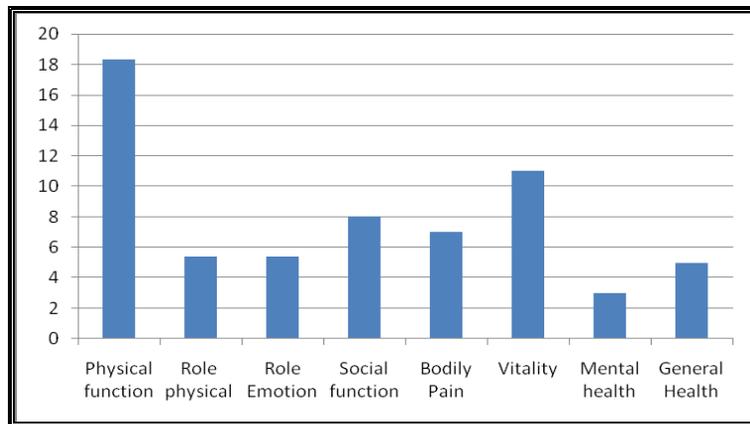


Figure 9: Quality of Life for Al-dora families camp

Figure 8 shows that the mental health, and general health domains was low in a quality of life among the families of Al-dora camp

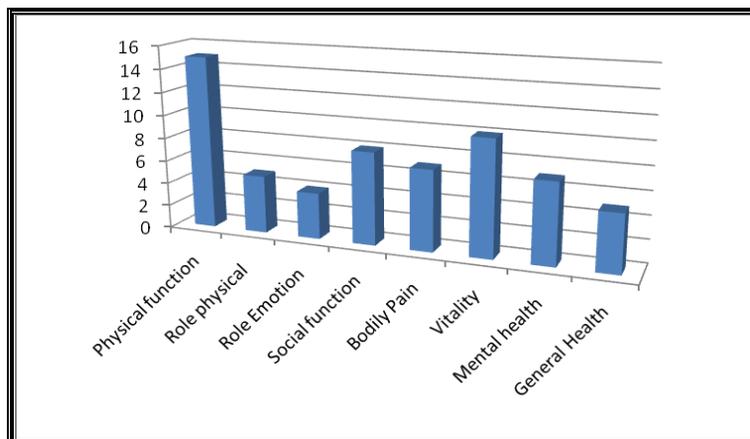


Figure 10: Quality of Life for Prophet of Yunus families camp

Low role physical, and role emotion was clear low in quality of life among Prophet of Yunus camp families (figure 10)

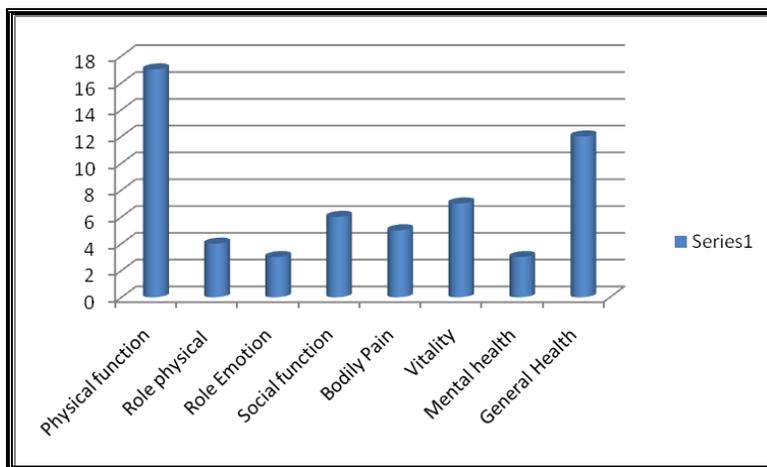


Figure 11: Quality of Life for Prophet of Zayouna families camp

Role emotion, and mental health was clear low in quality of life for Zayouna families camp (figure 11)

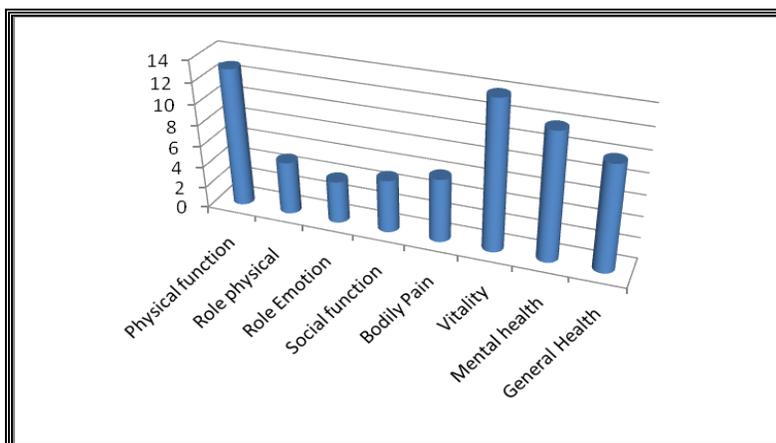


Figure 12: Quality of Life for Prophet of appeal families camp

Figure 12 shows that quality of life was low in domains role physical, role emotion, and social function among appeal families camp

IV. DISCUSSION

a health center and an ambulance was presence in the four camps of the study and is not available in Zayouna camp (Table 1) where the United Nations Office, (2015) the need to provide immediate assistance to the displaced and some cases need emergency care for women, children and the elderly, the disabled and survivors of torture and sexual violence through the provision of direct services by health centers and ambulances rushed from inside the camps.

Palepu, et al., (2012) in his revealed in their study that the people in the camps need to be their camps close to the hospital or clinic, as well as the presence of a doctor or nurse to call and the presence of a doctor or nurse about 24 hours a day in the camps is very necessary.

It emerged from the results of the current study that the health problems suffered by the displaced people after the

displacement from their home areas are developing high blood pressure, diabetes and respiratory, heart, gastrointestinal, joints and skin problems was highest rates in the university camp and Prophet Yunus.

Acharo Roberta and Den, (1995) in their study presented that the displacement effect more severe for children, women and the elderly, the disabled and moving the family to feelings of isolation and confusion, fear and pain and symptoms of mental illness, and morbidity of chronic and that the lack of a plan for their lives.

The current study found that the quality of life of families in the five study camps was low in domain of physical, emotional, social, mental and social health is clearly.

Giuliani, et al. (2015) presented in their results on 571 participants from the two conscripts who the earthquake city of L'Aquila, where they became displaced in other places and found that elderly people living in new cities and temporary housing have to imagine the worst of the quality of life of others and they feel a certain social isolation and want to live anywhere else.

In a study said Palepu, et al., (2012), which was conducted on 140 participants in the two Kinda of anhydrous them and their

answers were that health and access to health care is very important for many of the participants. Commented both youth and adult participants on the importance of being physically fit and mentally. While participants noted that they are suffering from health problems and these problems have a strong negative impact on their lives, and that "it is hard to be happy if you are not healthy".

Mannert, et al., (2014) in their study presented that the quality of life (QOL) tend to be lower among the homeless than the general population, and the painful events of these individuals have a negative impact on their quality of life. The results of his study that 83% of young people had been displaced into painful positions and 25% of them were post-traumatic disorder

Conclusions: The study concluded that most of the health problems suffered by the displaced families in the five camps are high blood pressure; diabetes mellitus, heart disease, digestive problems and the quality of life were low for displaced families at physical, emotional, and mental health domains.

V. RECOMMENDATIONS

1. Conducted continuous visits to conduct laboratory tests for risky people in the camps and emphasis on psychological support for the displaced families.

2. The importance of developing training programs that focus on improving the quality of life for the displaced in terms of physical, psychological and social coping.

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