

PalArch's Journal of Archaeology of Egypt / Egyptology

DEMOGRAPHIC PREDICTORS OF MENTAL HEALTH PROBLEMS AMONG INTERNALLY DISPLACED PEOPLE

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Muhammad Ali, Fatima Naeem, Gulzar Ahmed. Demographic Predictors of Mental Health Problems Among Internally Displaced People -- Palarch's Journal of Archaeology of Egypt/Egyptology 19(1), 1719-1740. ISSN 1567-214x

Keywords: Depression, Stress, Anxiety, Internally Displaced Persons, Mental Health Problems

ABSTRACT

This study was conducted to find out the demographic predictors of mental health problems of Internally Displaced People (IDP) of tribal areas of Pakistan. Data was collected from a sample of 124 participants (Men= 99, Women = 25) with age range 15 to 68 years ($M=31$, $SD=10.69$) displaced due to terrorism and military operations. Questionnaires used to gather information comprised of demographic questionnaire and depression, anxiety, stress scale (Lovibond & Lovibond, 1995). Results revealed that among IDPs nuclear family system and not receiving of monetary benefits during displacement correlates with depression, anxiety and stress; nuclear family system and lack of monetary aid during displacement predict depression, anxiety and stress in IDPs; Additionally, IDPs who were married, living in joint family system and have received monetary benefits during displacement experienced more depression, anxiety and stress as compared to IDPs who were unmarried, living in nuclear family system and haven't received any monetary benefits during displacement. It was revealed that drastic changes not only effect physical health but also put mental health of the individuals at risk. Therefore, assessment and intervention programs are needed to implement global mental health policies for IDPs in war torn countries.

INTRODUCTION

Migration

Migration has emerged as an important phenomenon from the economic, political and health point of view (Duncan, 2005). Given that, various push and

pull factors serve as a precursor for refugees to leave their country of settlement and migrate to another country to save their lives from natural catastrophes, terrorism, violence, human rights violations or military operations (Boski, 2013). Asylum seekers who migrate from their country of settlement to another country in order to flee from possible risk of human rights violations or political victimisation are called as migrants with an international issue (Carswell, et al., 2013). Similarly, the issue of internal displacement was recognized as national and international concern. Since that, awareness of global crises of IDPs and plight of affected population has grown. Internal displacement has become term of art in international lexicon and is defined as people uprooted by conflict, violence, persecution, natural disaster and project development (Mooney, 2005). Surprisingly, the largest type of migrants are internally displaced persons, the migrants who had to flee from their native lands to another area of temporary settlement in order to escape from possible risks to life in terms of human rights violations, terrorism, violence or military operations (Thompson, 1996).

Beside natural catastrophe reason for displacements can be militancy which disrupts social life to the extent that one fears for his own life and life of his family (Agence France-Presse [AFP], 2009). Another popular reason for displacement is the military operation against terrorists which obviously requires the specific area to be cleared from civilian population (Amnesty International, 2009). Therefore, in both scenarios native people are left with no choice but to leave their houses, belongings, lands, businesses and jobs to flee for their lives. In addition, human rights violations, disappearances of people, political victimization, violence and genocide of ethnic or sectarian groups can also lead to displacement (UNHRC, 2019).

Internally Displaced People also known as Internally Displaced Persons (IDPs) are the migrants who because of any natural (earthquake, flood, draught, etc) or man-made catastrophe (ethnic violence, war, political rivalries, etc) involuntary flee from their area of settlement to another city or village within the same country. Thus, IDPs are the migrants of same country (Moore & Shellman, 2006). It is very important to distinguish between IDPs, refugees and asylum seekers. IDPs are the migrants who do not cross the international border or enter into another country, whereas, both refugees and asylum seekers are the migrants who cross the international border and enter into another country (Roberts, et al., 2006).

According to Internal Displaced Monitoring Cell (IDMC, 2019) the number of IDPs is raised to the highest in the history of mankind. In the year 2019 a total of 45.7 million people were still displaced from their area of habitual settlement because of violence, terrorism and militancy in only 61 countries including Syria, Yemen, Afghanistan, Congo and Colombia. Additionally, 5.1 million were dislocated due to natural catastrophe including earthquake, flood, monsoon rains and drought in Haiti, Afghanistan and India respectively (International Committee of the Red Cross [ICRC], 2009).

IDPs in Pakistan

Pakistan being a frontline state has conducted number of military operations resulting in thousands of people fleeing for safer place within their national boundaries. This influx of displaced people has created protracted national refugee crisis (Human Rights Watch [HRW], 2006). In Pakistan, displacement due to militancy started in early 1990s with a record-breaking displacement in 2009 due to military operations against terrorists in Federally Administered Tribal Areas of Pakistan (Najam, 2010). According to Internally Displaced Monitoring Cell in 2019, more than one hundred thousand people were still displaced from their homes while government was in its final stages to rehabilitate them in their native areas. These IDPs were among millions in Pakistan who were displaced with their entire families from their lands due to militancy and military operations against terrorists (Mujeeb, 2015).

In conclusion, IDPs constitute a population that has special needs related to their experience of displacement. Their needs must be addressed to alleviate their sufferings and make them productive members of the society. In addition, the agencies should work for the swift repatriation of IDPs that might be beneficial for both government and displaced persons.

LITERATURE REVIEW

This literature review will cover the history of internally displaced people in Pakistan, their socio-cultural background, family system, gender roles, plight of IDPs in relation to age, gender, education, duration of displacement and type of loss and prevalence of mental health concerns. With this, being mapped the history of internal displacement goes back to disputes started immediately after Indo-Pak partition in 1947.

General Background of Internal Displacement in Pakistan

Pakistan is witnessing continuous military operations against terrorists in Federally Administered Tribal Areas commencing 2000 onwards. Since then, Pakistan has been facing severe crises of IDPs. Operations in Bajur and Muhmand Agency led to 750,000 people to be displaced from their native lands. Afterwards, series of operations in Khyber Agency resulted in 100,000 people being dragged from their homes into the camps. From South Waziristan, nearly half a million natives left their homes to seek shelter when military operations were conducted there. Similarly, operations in Swat district and interior Baluchistan against terrorist organisations displaced thousands to nearby safe and secure places. Alone from Baluchistan 60,000 natives were displaced till May 2008 and the numbers were drastically increased till November 2009 due to massive increase in military operations. A major 3 million figure of Displacement was derived from a much smaller district Swat till 2009 (International Committee of the Red Cross [ICRC], 2009). These heavily armed movements against terrorists have far more implications on physical and mental health of the millions of IDPs so far, while many of them have returned to the shabby remains of their native homes.

Native Lands of IDPs

These IDPs came from terrain of mountainous regions with barren hills at one end, in middle green valleys with pine, cherry blossom, walnut and pinus gerardiana trees and snow-capped mountains on the other end. Just like the remote terrains were difficult to reach for outsiders, the weather there was also extreme and harsh; people bear extreme drought causing summers and freezing winters. Main source of income for these people were poultry and dairy farming, crops and guns manufacturing; beside this, marijuana growing is also a popular source of earning. Schools and other educational institutions were usually distant and located in government control areas. The remoteness of these areas can be understood from the fact that even Government was unable to establish her hold before military operations. (Tainter, 2011).

Socio Cultural Background of IDPs

IDPs were ethnically *pashtuns* situated on the belt of Pakistan border along with Afghanistan. Pashtuns have a very segment lineage system where a hierarchical group of social networks ranging from local groups to regional groups and ending up to the ultimate ethnic group. With highly atomized society, a Pashtun family revolves around one authoritarian figure that is responsible for the security, bread and development of the entire family and thus, rival to all other such atomized figures. Therefore, each man and each group at any level consider themselves independent, honourable, self-sufficient and rival to each other. In summary, being a Pashtun means loyal to one's own kinship, family, cast, tribe, ethnic group and village. This loyalty influences their approach to social relations, economics, politics, trade and relation with outsiders (Tainter, 2011). This is also applicable to the relationship in household of a pashtun family.

At Family level, men remain responsible no matter what, for earning a livelihood for the entire family and women no matter what remain responsible for households. There is no questioning on decisions of a man who because of greater exposure remains the most experienced person. Education for the children and youth comprises majorly religious content and in addition they learn how to defend themselves and how to earn a living. Marriages of young adults can only be done within the extended family while following strict customs and rituals. Laws and rules of every Pashtuns' group has few things common in them that is, punishment and compensation were to be made immediately and ruling to be implemented with immediate effect (Tainter, 2011). Still there is a vast diversity within the pashtun belt which again leads to cultural clash before cultural amalgamation.

IDPs observe different cultural practices and traditions. For instance, women observe veil and are bound to be at home. Hospitality, social support, religious practices such as observing fast and prayers are obligatory and these deep-rooted values are inculcated since childhood.

Plight of IDPs

Displacement has never been a happy choice; people leave their homes with which they have a lot of emotional connections and feelings of security/comfort, to become homeless (Shah, 2015). They have to leave their jobs/business to become unemployed and face extreme poverty (Yousuf & Mberia, 2016). They need to leave their breadbaskets to face extreme shortage of food supplies (Dershem, 2002). They have to leave schools/colleges to become illiterate (Ferris and Winthrop, 2010). Some are displaced after losing their loved one, some after losing their house, some after losing their money and some after losing their land. Men, women, children, old people, pregnant ladies, disabled and sick all may become displaced at once (UNHCR, 2019). Seeking refuge in host community causes dilemma and conflict, giving rise to cultural bereavement and subsequent mental health problems (Tainter, 2011). But the real challenges come after displacement!

After displacement the displaced people faces new and even more long-lasting challenges to their survival, health and development (UNHCR, 2008). First comes the life in tents in harsh weather may it be drought bringing summers or extreme winters with heavy rainfall and snowfall (Getanda et al., 2009). Huge families living in small tents have to share filthy dirty toilets with waiting in long lines and thus leading to sanitation related diseases (Cavil et al., 2017). Then they face long lines of IDPs rushing to get food aid from the authorities which rarely end without any chaos. Limited amount of water left children thirsty for days in camps. Adding to the difficulties, they encounter lack of medical facilities in the settlements. All these problems linger for years for the IDPs living in overly crowded camps (UNICEF, 2020). The security and protection is shattered into insecurity and vulnerability of IDPs life with uncertainty.

With tremendous levels of life insecurity, IDPs become vulnerable to various risks factors ranging from physical illnesses (diarrhoea, malaria, scabies, gastrointestinal infections etc.) to ethnic and racial attacks (physical assault, deliberate food supply disruption etc.) to unemployment or underemployment to food insecurity or poverty to mental illnesses (posttraumatic stress disorder, depression, personality disorders etc.) (Burns et al., 2018). Many researches have shown the widespread of various physical illnesses in IDPs camps which become out of control (Owoage et al., 2016). In addition, lack of food and disrupt supplies results in malnourishment, stunted growth and even amateur deaths of foetus (Fayemi, et al., 2018). Under these circumstances, elements from local or host population deliberately or non-deliberately become competitors for available resources of survival and thus, this leads towards clashes between IDPs and host population (George, et al., 2020). These demographic characteristics prominently depict how much vulnerable IDPs become in the new area of settlement.

Demographic determinants have always been a major factor in mental health outcomes of general public (Kim and Kim, 2017). Similarly, research has shown that socio-demographic factors also play a role in the relapse of mental illness (Adebisi, et al., 2018). Starting with age, researchers found negative

relationship with mental illness and self-reported health that is, with increasing age there will be a decline in mental illness and perceived self-reported health (Lorem et al., 2020). Secondly, unemployment, specifically in Refugee Muslim communities, was found to be a leading factor towards collective mental illness not only in the unemployed but in the entire family and thus affecting entire community (Hebbani, 2014). Thirdly, poverty or low socio-economic status was found to be correlating in with 7 different mental health problems including on top posttraumatic stress disorder, generalized anxiety, self-isolation and social identity conflict (Ingemar, et al, 2016). Fourthly, researchers have also discovered that loss of job or business and even risk of loss of job or business effects mental health, surprisingly greater among women (Olesen, et al., 2013).

Some concerns of IDPs displaced due to militancy or foreign military interventions in Syria, Yemen, Afghanistan and other countries have been a matter of attention specifically about the providence of aid. The greatest amounts of IDPs were observed by Sub Saharan African countries with scarce resources and harsh weathers. With these circumstances, children were among the most vulnerable population affected from both physical and mental illnesses followed by women who were in addition to all these faced gender based violence and biases (Debarre, 2018). In addition, old age and sick people also face systematic crises during displacement in terms of deprivation of medical assistance to violation of basic human rights (Debaree, 2018). Multifaceted dimensions of vulnerabilities in IDPs include gender, education, age, types of loss, duration of displacement etc.

Gender and IDPs

One of the most important needs which must be addressed with immediate effect is the protection for all genders. Women make up the greater proportion of IDP population than men and they face more acute crises than men during and after displacement. Women not only face the previously mentioned problems (related to health, social life and life necessities) as faced by men but also suffer from gender discrimination, gender-based biases, gender suppression, domestic violence, living under threat of violence, drastic change on gender role, drastic change in protective measures, deteriorating physical health, sexual exploitation, greater number of rapes and many related problems. These-are the-impacts women face immediately after displacement, however, there are some long-term impacts specific to women only. These includes permanent loss to social or cultural connections, an end to employment and career, greater rate of divorce, greater rates of immature delivery, greater rates of anaemia and distortion and loss of education opportunities. Additionally, physical attacks, abduction and forced prostitution of displaced women by culprits in government and other intruders are far more dangerous (Benjamin et al., 1998).

Education and IDPs

Another extremely important need of the IDPs population all over the world is education. We have witnessed non-profit organizations implementing various educational or vocational training programs in highly concentrated IDPs camps

but, these cannot match the regular process of education those IDPs were getting from their displaced areas. 17 million children and 5 million youth were forced to IDPs camps in 2018 instead of getting education in schools and colleges worldwide. Out of these 6.2 million girls and 6.4 million boys were at the age of going to primary and secondary schools. Education is practically impossible in IDPs camps because of limited funds and professionals, already overloaded education system and bad governance. Thus, these circumstances definitely lead to discontinuation of education for IDP children and youth (UNICEF, 2018).

Age and IDPs

By the end of year 2019 in total 98 countries, there were 45.7 million people displaced due to violence and terrorism. Over 28 million were only in Sub Saharan African countries, 17 million in Middle East and North African countries, around 7 million in America, over 8 million in South Asia, around 3 million in Europe and Central Asia and around 1 million in Pacific and East Asia. Out these 6.5 million ages between 0-4 years of age, 11.6 million ages between 5-14 years, 3.1 million ages between 15-17 years, 6.5 million ages between 18-24 years, 19 million ages between 25-59 years and 3.6 million were of 60 and 60 plus years. Thus, IDP population includes infants who need special nutritional support, children who need schooling, youth who need access to ventures, adults who need employment opportunities and old age people who need special medical assistance (IDMC, 2019).

Types of Loss and IDPs

Loss is a very vast term when it comes to categorizing the dimensions of damage but all categories have one thing in common and that is damage and resulting consequences (Harvey, 2001). The first loss IDPs bare is the compromise on basic human rights among them the most important one and the most violated one is right to freedom, may it be freedom of speech, freedom to move, freedom of decision and other liberties. After scratching off basic human rights, IDPs face many losses. Lucky are those who only suffer monetary loss in terms of damage to house, decline in business or death of livestock. On the other hand, many faces loss of life, that is, at the hands of terrorists or violent crimes many IDPs lose their entire families, many loses their parents and many women loses their husbands. These loses becomes the final nail to the coffin of displacement (Asplet, 2012).

Duration of Displacement and IDPs

Internal Displacement Monitoring Cell in a report in 2019 discussed the duration of displacement and its impact on displaced people. The most prominent effect is the duration of displacement places on the physical health and mental health of IDPs. IDPs displaced due to natural catastrophes returns to their native lands as late as a year and face short lasting diseases such as diarrhoea and gastrointestinal problems similarly, mental challenges prevalent in these IDPs included generalized anxiety majorly emerging from humiliation and disrespect of displacement. On the other hand, IDPs displaced due to violence remain displaced usually more than a year and thus face acute diseases

such as liver malfunction, pollution related problems with lungs and eyes; similarly, psychosis and personality disorders protrude among these populations. Beside all this, IDPs displaced for a longer period find it more difficult and challenging to return their native area and restore lives and thus, many become dependent on government aid and assistance (IOM, 2020).

In summary, the vulnerabilities engendered by IDPs don't diminish over time. The heightened needs and vulnerabilities of IDPs require special attention and a durable solution. The role of government, society, welfare organizations, influencers and emerging leaders—are very crucial. Mental health problems linger on with IDPs even after rehabilitation and run in generations, therefore prevention plans must be implemented in concentrated camps.

Prevalence of Mental Health Problems

Researchers have been investigating the effects of displacement on the mental health problems of displaced people. From in depth analysis of fifteen researches, posttraumatic stress disorder, depression, anxiety disorders, mood disorders, personality disorders, psychosis and substance abuse were found to be the most prevalent psychological problems among IDPs (Internal Displacement Monitoring Cell, 2011). Among these PTSD, depression and anxiety disorders were the most common among IDPs and out of these, PTSD was the number one psychological problem followed by depression and then anxiety disorders. In addition, a study in central Sudan on more than a thousand IDPs showed prevalence of social phobia and generalized anxiety disorder and obsessive-compulsive disorder. More alarming was the fact that only 21 % of the respondent's care to get any sort of mental health facility (Kuznetsova, et al., 2019).

Similarly, Mujeeb (2015) conducted research on IDPs in Jalozei Camp, Pakistan after they were displaced due to violence in their native area. The results of his study showed decline in mental wellbeing of women compared to men and those who had lost their loved one also faced decline of psychological well-being as compared to those who haven't faced loss of their loved one. Aleemi (2018) conducted a study to explore the impacts of psychological problem faced by IDPs on the host community and findings revealed increase in crimes, drug abuse and violence. The interesting finding from this study was that those IDPs population where psychological problems prevalence results in an increase in crime rate of the host area.

Rationale

The above-mentioned writing makes it very clear that internal displacement has become a human phenomenon which makes the victims vulnerable and incompetent to fulfil their needs and protect themselves at least during the period of displacement. Illness, injury, emotional distress, dependency, economic dependency and loss livelihood are their major sufferings. These sufferings of IDPs require the attention of national and international community. This study aimed to identify the demographic predictors of mental health problems among IDPs in Pakistan.

METHOD

Sample

The study was conducted with internally displaced people (Men= 99,-Women= 25) who were directly affected by the series of military operations against terrorists in Waziristan, Pakistan. Only those IDPs were included who have been displaced for at least a month and have left their native areas, homes, jobs, businesses and land in order to flee from danger of militancy, military operations or consequences of natural disasters. Afghan and Rohingya refugees and asylum seekers were not included in this study. Mentally challenged IDPs and IDPs who were migrated from other countries were also excluded.

Eighty Six IDPs included in this study sample were temporarily settled in a camp in Baka Khel and remaining 38 in three major metropolitan cities of Pakistan as Lahore, Rawalpindi and Peshawar with age range of 15 to 68 years having ($M= 31$, $SD=10.69$). Among respondents, 74 were married (60%), 50 unmarried (40 %). 69 IDPs belonged to a joint family system (56%) whereas 55 were living in a nuclear family system (44 %). 44 respondents were literate (44.8%) and 56 were illiterate (44.3%). Parents of 30 respondents were dead (24.2 %), parents of 65 responders were alive (52.4 %) and of 29 respondents, only one parent (23.4 %) was alive. 80 respondents received monetary aid (64 %), whereas, 44 didn't receive any monetary aid (36 %), while on the other hand, 76 respondents reported monetary, physical and psychological loss (61.3 %), 17 only monetary (13.7 %), 6 only physical (4.8 %) and 25 only psychological (20.2 %). 65 respondents were residing in camp (53 %), 59 resided in their own house (47%). Duration of displacement ranges from 1 to 3 years (45%), and 4 to 9 years (55%). Average family monthly income of these respondents was 26,274 Pakistani rupees before displacement.

Sampling Strategy

Non-probability sampling strategies were employed to gather sample for this research study. Firstly, sample was operationally defined that is, internally displaced people who were forced to or had to leave their native land, house, business, jobs and villages as a result of terrorism or military operations against terrorist and have been displaced for at least a month. Non-probability sampling strategies allow researchers to identify and induct respondents in the sample by their choice and requirements. Therefore, initially purposive sampling was used by which keeping in mind the inclusion and exclusion criteria only those IDPs were included in the sample who strictly matched to the operational definition. In addition, snowball sampling was used later in a way that those IDPs who were selected using purposive sampling referred researchers to other similar respondents.

Instruments

Demographic Performa

The demographic questionnaire included questions about age, gender, family system, qualification, family monthly income, marital status, parents' living status, reason of displacement, date of displacement, residence type during displacement, monetary benefits offered and type of loss. These questions were also in Urdu language so the IDPs can respond to them easily. Some of the demographic questions were like multiple choice questions while others were categorical (for example gender, received monetary benefits etc.).

Depression Anxiety and Stress Scale

To measure psychological distress among IDPs, Urdu version of Depression Anxiety Stress Scale, a 42-item scale with four-point Likert range, was used. The Likert scale ranges from 0 (did not apply to me), 1 (applied to me to some degree or to sometime), 2 (applied to me to a considerable degree or for a good part of time) and 3 (applied to me very much or most of the time). This scale is a self-reporting scale which describes a person's emotional imbalances causing dysfunctionality in various domains of life. This scale has three sub-scales namely Depression, Anxiety and Stress, each of which is used to assess whether the respondent is depressed, anxious or stressed respectively. The reliability of scale was found to be 0.91, 0.84 and 0.9 respectively. This scale is used for both, clinical purposes and for academic and research purpose (Lovibond and Lovibond, 1995).

Procedure

IDPs were therefore, identified and incorporated into sample for this study by using non-probability sampling strategies. First of all list of camps and cities were made where IDPs were settled by government or by themselves. A permission letter from university was issued with the signatures of Supervisors, Head of Department and Registrar. The permission letter was sent to relevant Division of Pakistan Army in order to get no-objection certificate and security clearance for data collection from Baka Khel Camp. Similarly, permission letter for data collection was sent to local government representatives for approval and permission. After the approval and security clearance from local government and relevant division of Pakistan Army, researchers went to Baka Khel Camp for data collection. Considering the operational definition of IDPs and inclusion exclusion criteria, a list of IDPs was made who were to be included in sample. After identifying the respondents, researchers individually approached them and informed them about the purpose of study that was, to gain knowledge about psychological distress among IDPs. After that they were informed about the rights and research ethics for example, they were informed about confidentiality of their identity, their right to withdraw whenever they want and other rights and ethics. Finally, respondents were informed about the procedure that is, they were first informed to fill the informed consent form and sign it, after which they were informed to fill the demographic questionnaire which included personal information and then they were explained how to

answer the questionnaire regarding psychological distress that is, to choose and circle the most suitable option in answer to the question. Those IDPs who had any queries or difficulties while responding on questions were addressed. In addition to camps, some respondents were settled in cities living on rent or in their relative's house as referred by respondents living in camps. Researchers reached these IDPs living in Lahore, Rawalpindi and Peshawar and made a list of those IDPs who met the inclusion criteria. Similarly, these IDPs were informed about the purpose of study, research rights and ethics and procedure to respond.

RESULTS

The first analysis was carried out to examine the distribution of duration and type of displacement. Next analysis was carried out to find out the predictors of mental health problems using regression analysis. Finally, t-test was applied to find difference in experience of mental health problems among demographics such as marital status, duration displacement, family system and monetary benefits.

Distribution of Demographics Characteristic of IDPs

To analyze the distribution of demographics characteristics of participants' frequencies and percentages were calculated. Frequencies and percentages are beneficial for summarizing, organizing and drawing comparisons among data.

Table 1. Demographic Characteristics of IDPS

Variables	<i>F</i>	%
Reason for Displacement		
Natural Disaster	0	0
Military Operation	124	(100)
Duration of Displacement (Years)		
1 to 3 years	56	45.16
4 to 9 years	68	55
Residence Type		
Camp	65	53
House	59	47
Monetary Facilitation		
Yes	80	64
No	44	36
Type of Loss due to Migration		
Monetary	17	13.70

Physical	6	4.80
Psychological	25	20.20
All of the above	76	61.30

The results of the Table 1 showed that most common reason reported of displacement was military operation (100 %). Similarly, most of the sample had been living as IDPs from one to nine years (55%). Majority of the participants were residing in camps (65%) and had obtained monetary benefits (80%). Most of the IDPs had experienced all types of loss i.e. monetary, physical and psychological (76%).

Correlation Analysis of Demographic characteristics and DASS

The correlation analysis was carried out to find out the degree of relationship between demographic characteristics and depression, stress and anxiety.

Table 2. Correlation of Demographic Characteristics with Depression, Anxiety and Stress among IDPs

V	1	2	3	4	5	6	7
Family System	-	.213*	.157	-.358**	.459**	.528**	.531**
Marital Status		-	.151	-.229*	-.131	-.147	-.113
Monitory Facility			-	-.001	.354**	.356**	.344**
Displacement Duration				-	.152	.132	.178*
Depression					-	.839**	.881**
Anxiety						-	.882**
Stress							-

* $p < .1$, ** $p < .01$, *** $p < .001$

The correlation analysis shows joint family system significantly correlates with marital status and nuclear family system significantly correlates with acquiring monetary benefits during displacement, duration of displacement, depression, anxiety and stress. Marital status significantly correlates with duration of displacement. Receiving any monetary aid during displacement negatively correlates with depression, anxiety and stress. Displacement duration significantly correlates with stress.

Regression Analysis

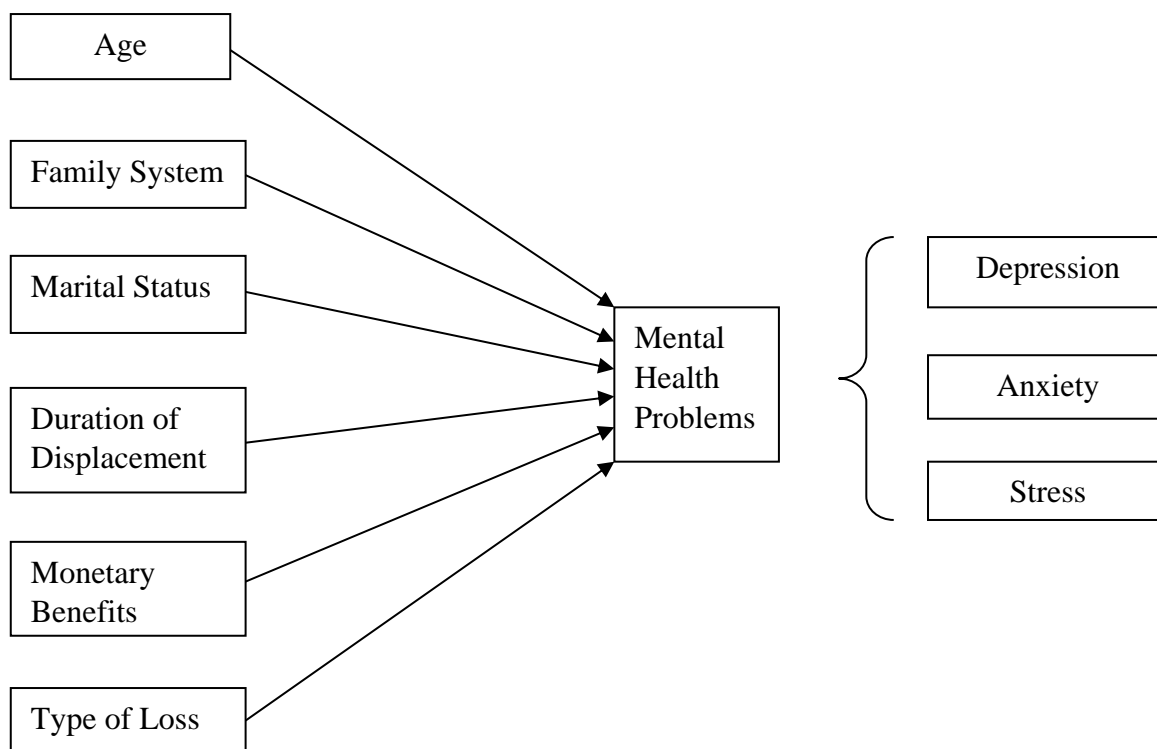
Table 3. Demographic Characteristics as Predictor of Depression, Anxiety and Stress N= 124

Variable	Depression		Anxiety		Stress	
	B	SE	B	SE	B	SE
Ages	-.001	.054	.013	.057	-.051	.055
Family System	-.413***	1.410	-.513***	1.464	-.501***	1.424
Marital Status	.000	.959	-.022	.995	.016	.968
Duration of Displacement	.007	.758	-.035	.786	.020	.765
Monitory Benefits	-.289***	1.483	-.266**	1.539	-.269**	1.498
Type of Loss	-.010	.573	-.100	.594	-.041	.578
R	.541		.605		.598	
R ²	.292		.366		.358	
ΔR	.256		.333		.325	
F	8.055***		11.235***		10.866***	

p* < .01, *p* < .001

The above Table indicates that nuclear family system is a positive predictor of mental health problem (depression, anxiety and stress). Similarly, lack of any monetary aid during displacement is also positively predicting mental health problem (depression, anxiety and stress). It can be concluded that living in a nuclear family system and not receiving any monetary aid during displacement can be a leading factor to mental health problem.

Regression model



An analysis of t-test was used to determine the significant difference between means of two groups to test the hypothesis. In the current research, t-test was applied to find out mean differences for the demographics of marital status, duration of displacement, family system and monetary benefits.

T-test for marital status of IDPs

It was hypothesized that married IDPS experience more psychological distress as compared to unmarried IDPS.

Table 4. Means, Standard Deviations t & p values of Marital Status of IDPS on DASS

Variables	Married (n=74)		Un married (n=50)			
	M	SD	M	SD	T	p<
Depression	14.52	6.63	11.28	7.08	2.60	.01
Anxiety	15.81	7.05	11.32	7.77	3.33	.001
Stress	15.31	7.10	10.74	7.02	3.53	.001

Df = 123, **p< .01, ***p<.001

The results revealed that married IDPS experienced more depression, anxiety and stress as compared to unmarried IDPs.

T-test for Duration of displacement of IDPs

It is hypothesized that IDPS displaced for 5-9 years’ experience more psychological distress as compared to IDPS displaced for 1 to 4 years.

Table 5. Means, Standard Deviations t & p values of Duration of Displacement of IDPS on DASS

Variables	Duration of Displacement (1-4 years)		Duration of Displacement (5-9 years)			
	M	SD	M	SD	T	p<
Depression	12.13	7.20	14.82	6.35	2.13	.01
Anxiety	13.27	8.23	15.08	6.62	2.21	.01

Stress	12.55	7.61	14.82	6.92	1.68	.098
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$Df = 123, **p < .01$

The results showed that IDPs displaced for more than five years experienced more depression and anxiety whereas, no significant difference was found in experiencing stress between both groups.

T-test for family system of IDPs

It is hypothesized that IDPs living in joint family system experience more psychological distress as compared to IDPs living in nuclear family system.

Table 6. Means, Standard Deviations t & p values of family system on DASS

Variables	Joint Family System (n=69)		Nuclear Family System (n=55)			
	M	SD	M	SD	T	p<
Depression	14.97	6.71	7.44	4.20	5.70	.001
Anxiety	16.22	7.07	6.72	4.16	6.86	.001
Stress	15.63	6.89	6.37	3.56	6.93	.001

$Df = 123, **p < .001$

The results showed that IDPs living in joint family system experience more depression, anxiety and stress as compared to IDPs living in nuclear family system.

T-test for Monetary Benefits

It is hypothesized that IDPS who have not obtained monetary benefits would experience more psychological distress as compared to those who have received it.

Table 7. Means, Standard Deviations t & p values of monetary benefits obtained on DAS

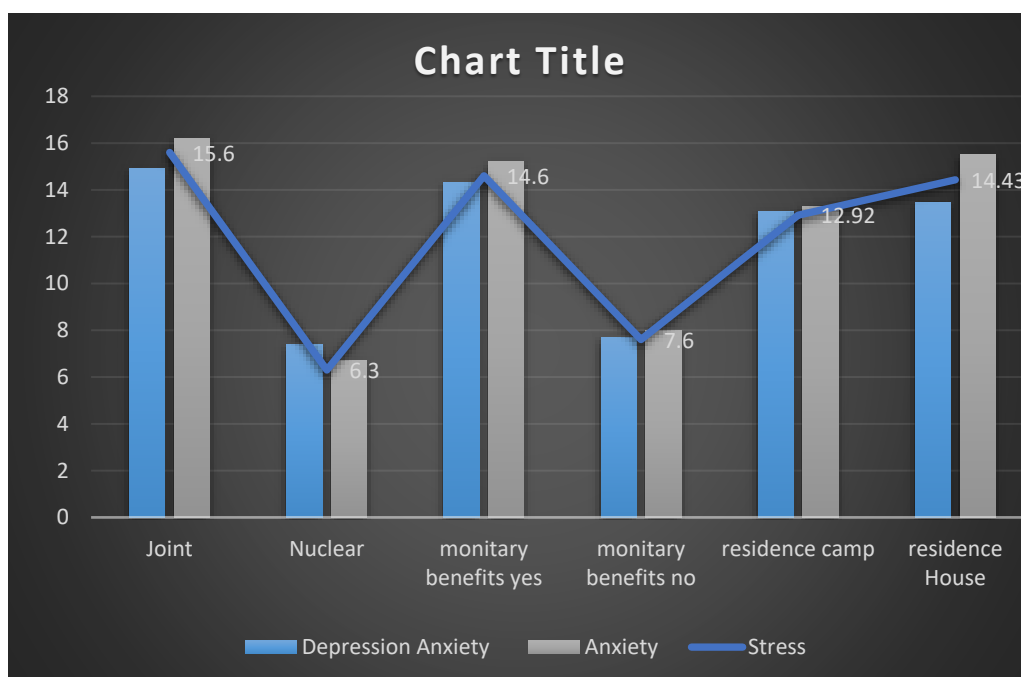
Variables	Monetary Benefits Obtained					
	Yes		No		T	p<
M	SD	M	SD			
Depression	14.33	7.02	7.76	3.22	4.18	.001

Anxiety	15.22	7.73	8.00	2.98	4.20	.001
Stress	14.61	7.50	7.85	3.07	4.04	.001

$D f= 123, **p < .001$

The results indicated that the IDPs who have not obtained monetary benefit experienced more depression, anxiety and stress as compared to IDPs who have received such benefit.

Figure. 1



Graphical representation of demographics attributes and psychological distress

DISCUSSION

Internally displaced people (IDPs) have been a hot topic in international research amid worldwide wars and conflicts (Cohen and Deng, 2010). Most of the international researches majorly focus on the consequences of displacement. One of the definite and most ignored consequences of displacement is mental health problem (Baron, et al., 2004). Mental health problem of internally displaced people ranges from generalized anxiety disorder to self-isolation during displacement (Stepputat and Sorensen, 2001). This particular study also focuses on the mental health problems of internally displaced people more specifically the demographics predictors of mental health problems.

The results shows that nuclear family system positively correlates with as well as predicts mental health problems (depression, anxiety and stress) among internally displaced people. This is better explained by concept of family structure, availability of supportive figure and nature of relationship among

members (Behere et al., 2017). Family structure is comprised of number of family members, relationship with them and their role in the family. In nuclear family system there is a structure of members made of parents/guardian and children. Variation comes with single or double parents, biological or secondary parent, parent or guardian, occupation of parent and number of children. With single and working parent comes less attention, less quality family time, less interaction and thus, weak family bond, weak communication and weak expression (Turner and Llyod 1995). Availability of supportive figure in nuclear family system is rare and majorly depends on the bond between parents only because there is a deficiency of supportive members in nuclear family system namely grandparents and/or paternal or maternal uncle and aunt (Oliver et al., 2006). Role of family members defined by the society is again a very decisive factor as a little variation can bring huge and irreversible consequences for entire family. All these factors over a course of development make way for mental health problem (Clark, 1967).

Similarly, results of this study reveal that lack of monetary aid or facility during displacement also positively correlates as well as predict mental health problems (depression, anxiety and stress). Displacement is something which bring hunger, disease, homelessness, poverty, and bankruptcy and all these consequences requires money to fix them or a job or source of income (Ljungqvist et al., 2015). Relative poverty has always been found in relation to mental health problems (Read, 2010). It may both be a cause and predictor of mental health problem (social causation hypothesis) and it may also be seen as one of the consequences of mental health problems (social drift hypothesis) (Read, 2004). Few studies have gone into investigating the relationship between poverty and social isolation and find out that relative poverty prevents them from visiting or inviting other, or go out to restaurant or cinemas and thus, spend most time at their own in isolation thus leading to other mental health issues (Davidson and Stanner, 1997). The Swedish Welfare model, a welfare taxation system of Swedish government to facilitate its general public has shown a positive effect on nation's mental health (Wilkinson and Pickett, 2009). Thus, providence of financial aid results in end or at least alleviate hunger, inability to get treatment for disease and avoid homelessness. With these improvements, daily stress and strain decreases, therefore, decreasing the chances to mental health problems (Akher, 2019).

Displacement is something which deprives a person from both opportunities and safety (Jay, 1975). Opportunity includes excess to family, excess to society, excess to education, excess to job, excess to market, excess to business, excess to travel and similar rights, whereas, safety involve security to life, security to belongings and security to rights. A person surveys and seeks a place to live while confirming the maximum availability of opportunities and safety. The safety and opportunity decrease while the person is displaced from the area of origin and thus, makes way for problems including mental health problems. Next, all needs of a person are interconnected with the needs of other people may they be members of family, community, society, or world in the context of global village (Tay and Diener, 2011). These needs are at risk while the person is left with few or none family members. Further, the culture has always played

an important role in the mental health problem may it be the culture of area of origin or the culture of the area of settlement (Morina et al., 2018).

Family is an opportunity which provides a person multiple chances to excel and secure self from harm (Dosen and Ostwald, 2016). Where an increase in family member poses more responsibilities and duties it also provides a man with more opportunities. These opportunities come in the shape of manpower, shared responsibilities, and collective effort and combine loss bearing. However, all these opportunities differ with the type of family system (Vincent, 1967). Nuclear family system comes with lesser opportunities and greater number of risk for single or two heads of family and therefore, posing increase in problems including mental health problems (Niaz, 2004).

Financial issues have always been found correlating with mental health problems in literature. Non-profit organizations and governments have been providing monetary aid to refugees, IDPs, disabled and similar as a stipend for relief (Vohs et al., 2006). On shortage or lack of money, suspension of monetary relief and even risk of suspension makes the beneficiary uncertain and this makes way for mental health problems.

The Pushtoon culture stands upon the concept of tribalism and collective dominancy (Shah, 2012). Here, the family as a unit operates with gender role divided among men and women and the whole unit obeys and is loyal to the superior male. This unit is the primary caregiver for the entire family and is responsible for the bread and spending (Shah, 2012). Above this unit is the bond of a larger family which combines many families in it mostly, on the basis of blood relations. This larger unit namely lineage is primarily responsible for the security and growth of all the families in it. In the end comes the tribe and/or nation which is primarily responsible to maintain order and prosperity for all (Shah, 2012). With war, terrorism and displacement, these units get damage and the needs associated with them becomes problems.

The family structure, availability of supportive figure and nature of relationship among members, social causation hypothesis, social drift hypothesis, Pushtoon culture and opportunity and safety theory explains how and why nuclear family system, and lack of monetary aid predicts and correlates with mental health problems among internally displaced people.

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