



Psychological Distress among Syrian Refugee Women and a Control Group in an Urban Settlement in Beirut—a Pilot Study

Basem Roberto Saab¹  · Kerrie Stevenson² · Mario Chahrouri¹ · Ghaith Rukbi¹ · Jinan Usta¹ · Rebecca M Reynolds³ · Reina Alameddine¹

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Abstract

The Syrian conflict has created approximately five million refugees. Of these, more than one million have settled in Lebanon. This project aimed to determine the prevalence of psychological distress (PD) amongst Syrian refugee mothers compared to a control group of local mothers living in the same informal urban settlement in Beirut. A convenient sample was selected from a primary care center. The General Health Questionnaire-12 items (GHQ-12) was administered to determine PD amongst women who were pregnant within 2 years of the study. Data was analyzed using SPSS. Sixty women were enrolled; 35 were Syrian refugees. All women had PD. The mean GHQ-12 scores were 7.5 and 7.2 for the control and Syrian refugee mothers, respectively. When asked about stressors, 91.7% of the women stated poverty. Syrian refugee women had similar PD as women who were not displaced and did not experience direct war related hostilities.

Keywords Refugee · Psychological distress · Urban community · Poverty

Introduction

The Levant area is highly affected by hostilities. The Syrian conflict resulted in the displacement of more than one million refugees into Lebanon, the highest proportion of displaced refugees per capita worldwide (1, 2). This has resulted in a significant economic burden. In

✉ Basem Roberto Saab
brsaab@aub.edu.lb

¹ Department of Family Medicine, American University of Beirut Medical Center, P.O.Box: 11-0236, Riad El Solh street, Beirut, Lebanon

² Imperial College London, Institute of Reproductive and Developmental Biology, London, UK

³ Centre for Cardiovascular Science, University of Edinburgh, Edinburgh, UK

2015, the Lebanese government estimated that 2.14 billion USD is needed to provide direct humanitarian assistance to refugees and invest in host services and economies (3).

Exposure to war related violence and being a refugee increase psychological distress (PD) (4–6). PD leads to unpleasant feeling, which affects coping with life, and performing daily activities. PD decreases subjective life expectancy and productivity; among productive women it has a negative effect on the family as a whole (7, 8).

In this pilot study, we compared the psychological health of Syrian refugee women and that of a control group of low-income women permanently residing in the same informal urban community in Beirut. It was hypothesized that Syrian refugees would have more PD due to the traumatic experience of the war and refugee status.

Methods

This paper is part of a larger project investigating physical and mental health of Syrian refugee mothers in Lebanon conducted between January and March 2018 in a primary care center in an informal urban settlement in Sabra-Beirut. The center has 2500 registered patients and serves around 10,000 people. A convenient sample of Syrian refugee women and permanent residents were interviewed. Non-medical staff recruited women, provided them with written and oral information about the study, and enabled them to choose to participate voluntarily. Women were excluded if they had given birth more than two years or were unable to provide informed consent. Informed consent was obtained and each woman was given an anonymous subject identifier.

Socio-demographic and psychological trauma data were collected via an Arabic peer-reviewed questionnaire. PD was assessed using the Arabic translation of the General Health Questionnaire-12 items (GHQ-12) that is often used in primary care. The bimodal form of the GHQ-12 (score of zero or one) has a minimum score of zero and a maximum of 12. The sensitivity and specificity of the GHQ-12 Arabic version at a cut-off point of 3 was found to be 0.83 and 0.80, respectively with a total discriminatory power of the GHQ-12 of 86% (9). In keeping with the author's guidance, a woman scoring three or more was considered to be psychologically distressed. Due to the high illiteracy rate, a research assistant administered the GHQ-12. Women were able to choose to access extra psychological support via a trained provider if participation in the study caused excess PD. Both the Institutional Research Board at the American University of Beirut and the Research Ethics Committee at the University of Edinburgh approved the study.

Results

Sixty women were recruited, of whom 35 were Syrian refugees. The women were poor as determined by their literacy level (30% illiterate, 60% attended elementary level only, and 10% attended high school or university). Ninety percent of the women were unemployed. No significant difference was found between the two groups with respect to age, weight, education, employability, husband's employment status, and number of people in the household. History of acute and chronic illness including mental health, intake of medications and history of surgeries were comparable in both groups. There was no difference in the obstetrical and gynecological history in both groups. Permanent residents in Sabra were more likely to get married at an age less than 18, and get pregnant at a younger age compared to Syrians ($P < 0.05$ for both). Four Syrian women were divorced and none was single in either groups.

All women were psychologically distressed. The mean GHQ-12 score for the control group was 7.5 (SD 1.8). The mean GHQ-12 for the Syrian refugee women was 7.2 (SD 1.9). There was no statistically significant difference between both groups ($p = 0.522$). When asked about possible reason for stress 91.7% attributed it to poverty.

Discussion

The GHQ-12 revealed that all mothers living in this informal urban settlement in Beirut were psychologically distressed. This is higher than that reported earlier in nearby low socioeconomic communities in Beirut (10). This study did not show a significant difference in psychological distress between the control group and Syrian refugee women. Both groups scored high on the GHQ 12, reflecting elevated level of PD irrespective of the nationality of women in question or exposure to war-related trauma. Possible explanations for this include: (i) Syrian women received more financial and emotional support by various humanitarian organizations; (ii) Syrian women are more resilient; (iii) economic factors are the major determinant of PD. Communities living in this informal urban settlement already endure very challenging living conditions including poor sanitation, limited access to healthcare, high rates of unemployment and very low income. The Syrian war and the recent influx of refugees has exacerbated these challenges. It is also possible that humanitarian aid has relieved some of the psychological stressors for refugees, but aid for vulnerable host communities has been deprioritized.

The bigger number of Syrian women involved in this pilot study reflects the ratio of patients in the clinic after the Syrian crisis. Sixty percent of those seeking help are Syrian refugees while 38% are permanent residents in the community.

This study is limited by its small sample size, its focus on one urban location within Lebanon, the use of self-reported data and the inclusion of a single population of mothers. However, it is one of a few primary pieces of research investigating PD amongst women living in an informal urban settlement population in Lebanon in the aftermath of the Syrian conflict.

Conclusions

Despite the fact that war and refugee status constitute major stressors, the GHQ12 did not demonstrate differences in the level of PD between refugees and a very low-income host community. It maybe that war develops resilience among its victims or that drivers of emotional suffering are primarily determined by the social determinants of health; mainly poverty.

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GR contributed to the data collection.

RR contributed to drafting the manuscript.

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RA contributed to the data collection and analysis, and drafting the manuscript.
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Data Availability The data sets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Compliance with Ethical Standards

Conflict of Interest the authors declare they have no conflict of interest.

Ethics Approval Approval was obtained from the Institutional Research Board at the American University of Beirut and the Research Ethics Committee at the University of Edinburgh. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

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Basem Saab : Professor & Program Director, Family Medicine Department, American University of Beirut Medical Center

Kerrie Stevenson : Public Health Physician & NIHR Academic Clinical Fellow

Mario Chahrouri : Senior Resident, Family Medicine Department, American University of Beirut Medical Center

Ghaith Rukbi : Senior Resident, Family Medicine Department, American University of Beirut Medical Center

Jinan Usta : Professor of Clinical Medicine, Family Medicine Department, American University of Beirut Medical Center

Rebecca Reynolds : Professor of Metabolic Medicine, University of Edinburgh

Reina Alameddine : Senior Resident, Family Medicine Department, American University of Beirut Medical Center