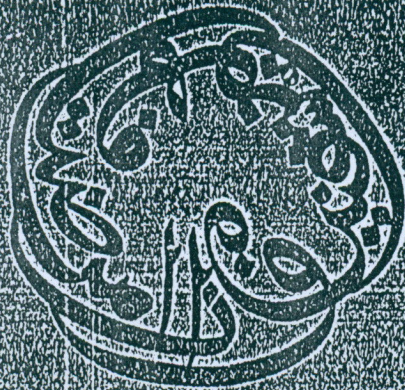


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LEVEL OF ANXIETY AMONG MARRIED AND UNMARRIED AFGHAN REFUGEES

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ABSTRACT

The present research was designed to study anxiety in refugees with reference to marital status. A sample of 200 adult Afghan Refugees residing in different refugee's Villages and urban refugees settlements of NWFP, Pakistan was taken. It was hypothesized that there will be a difference in the level of anxiety between married and unmarried Afghan refugees. IPAT Anxiety Scale (Self Analysis Form; Krug, Scheier and Cattell, 1976) was administered to see their level of anxiety. The results verified the hypothesis and it was found that married Afghan refugees possessed a higher level of anxiety than unmarried Afghan refugees. The research supports previous studies conducted in this regard reflecting the relation of marital status with level of anxiety.

INTRODUCTION

The social costs of two decades of civil war in Afghanistan have been enormous. More than one million civilians are believed to have been killed and countless others injured (Amnesty International, 1999). During the time of the Soviet occupation, over six million people fled the country. Although many returned after the Soviet withdrawal, there are still over two million Afghan refugees in Iran and Pakistan, making Afghans the largest single refugee group in the world. Inside the country, the infrastructure and institutions of state have been largely destroyed by the conflict. According to the United Nations the socio-economic conditions of the population are amongst the worst in the world. Healthcare is rudimentary and many are without access to basic healthcare provision. Thousands of children die from malnutrition and respiratory infections every year. Maternal mortality is one of the highest in the world. Literacy rates are extremely low and are estimated to have dropped to as low as four per cent for women. Afghanistan is ranked bottom of the United Nations' gender development index.

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Today, many Afghan refugees live in a state of anxiety and uncertainty. They see little hope of an early return in safety and in dignity to their homes in Afghanistan, and yet there are findings that their presence in their countries of asylum is increasingly resented. Possessing few rights in their asylum countries and vulnerable to harassment and discrimination, Afghan refugees will continue to suffer abuses, dislocation and poverty whilst they wait for the warring parties in Afghanistan and the international community to ensure respect for humanitarian law and human rights, and effective protection for returnees.

Research shows a significant degree of psychological stress among refugees with relatively high levels of physical and psychological dysfunction (Lipson, 1993; Chung & Kagawa-Singer, 1993).

According to Lisbon (1993) refugees is particularly vulnerable population that is at risk for mental health problems for a variety of reasons like traumatic experiences in and escapes from their countries of origin, difficult camp or transit experiences, cultural conflict, and adjustment problems in the country of resettlement, and multiple losses, family members, country, and way of life. Refugees are vulnerable to psychological distress due to uprooting and adjustment difficulties in the resettlement country, such as language, occupational problems, and cultural conflict. Uprooting creates culture shock, "a stress response to a new situation in which former patterns of behavior are ineffective and basic cues for social intercourse are absent". The culture shock or migration-stress hypothesis suggests that the greater the sociocultural difference between the country of origin and the country of migration, the more pronounced will be the stress and the resulting mental illness (Malzberg, 1955; Parker et al., 1969).

There is a rapidly growing, already considerable body of literature in clinical community, medical and applied psychology regarding the supportive functions of interpersonal relationships. In the main these findings suggest that social support is directly related to increased psychological well-being and to a lower probability of physical and mental illness. Thus the various types of support provided by interpersonal relationships play a crucial role in determining a person's general adaptive functioning and sense of well-being. Many studies have concentrated on the relationship between change (life events) and help (social support) suggesting that the latter buffers or protects against the former (Brown & Harris, 1978; Smith et al., 1978; Williams et al., 1981, & Monroe, 1983). Cobb (1976) defines social support as information telling the person that they are cared for, held in high esteem and a member of communication network with mutual obligations.

A spouse in this sense can be considered as a major source of social support in a person's life. Studies have shown that much of the depression and anxiety of refugees can be alleviated if they can keep family ties somewhat intact and can develop social networks with others from their culture (Beiser et al., 1989; Allden, 1997). However

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other studies have also shown that while family can be a valuable source of emotional support, immigrant families can also be too overwhelmed by their own immigration demands to provide support or can generate additional stress for their members (Aroian, et al., 1996).

Researchers have learned more about the ways in which friendship groups, the quality of friendship and the state of marriage impact on a person's physical and mental health (Gottlieb, 1981, 1985; Cobb & Jones, 1984; Reis, 1984).

Aroian (1998) explained the impact of demographic variables (age, gender, marital status, education, employment, length of time in the United States) and immigration demands (novelty, occupation, language, discrimination, loss and not feeling at home) were predictors of psychological distress in a sample of 1,647 former Soviet immigrants. Findings obtained through multiple regression analysis indicated that the combined model of demographic and demand of immigration variables were highly significant.

The objective of the current study was to explore the difference in the level of Anxiety between married and unmarried Afghan Refugees. The hypothesis formulated for this study was "There will be a significant difference in the level of anxiety between married and unmarried Afghan refugees".

METHOD

Sample

The sample consisted of 200 adult Afghan Refugees. These included both married (N=100) and unmarried (N=100) refugees. The sample was taken from Urban Refugees Settlements and Old Refugees Villages of Peshawar, Hanguo, Kohat, Kurrum and Haripur areas of NWFP, Pakistan. Purposive Sampling Technique was used.

Procedure

Researcher individually approached the participants. They were residing in different Urban Refugee Settlements and Old Refugee Villages of Peshawar, Hanguo, Kohat, Kurrum and Haripur areas of NWFP. Elder refugees facilitated the research procedure. The respondents were usually the teachers of different schools established for refugees in order to meet the requirement of questionnaire and sampling.

Demographic information including ethnicity, gender and marital status was collected after establishing satisfactory level of rapport with them. The IPAT Anxiety Scale (Self Analysis Form; Krug, Scheier & Cattell, 1976) was then administered to assess the level of anxiety. The respondents were told that it was a general mental health

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test. Both the subjects and the elders who facilitate data collection were thanked a lot for their cooperation.

RESULTS

Table 1

Means, standard deviations and t-value of covert scores of married and unmarried Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Married	100	15.86	4.45	6.242
Unmarried	100	12.32	3.51	

P < .000

Table II

Means, standard deviations and t-value of overt scores of married and unmarried Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Married	100	15.95	4.84	5.368
Unmarried	100	12.58	3.51	

P < .000

Table III

Means, standard deviations and t-value of anxiety scores (overall) of married and unmarried Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Married	100	31.81	8.70	6.400
Unmarried	100	24.90	6.40	

P < .000

DISCUSSION

The table I show highly significant difference between Married and Unmarried refugees on IPAT Anxiety Scale by Covert Scores ($t=6.242, p<.000$). The figures show that Married refugees have more anxiety ($M=15.86, SD=4.45$) as compared to Unmarried refugees ($M=12.32, SD=3.51$). Table II shows highly significant difference between married and unmarried refugees on IPAT Anxiety Scale by Overt Scores ($t=5.368, p<.000$). The figures show that Married refugees have more overt anxiety ($M=15.95, SD=4.84$) as compared to Unmarried refugees ($M=12.58, SD=3.51$). Table III shows highly significant difference between Married and Unmarried refugees on IPAT Anxiety Scale by Anxiety Scores ($t=6.400, p<.000$). The figures show that Married refugees have more overall anxiety ($M=31.81, SD=8.70$) as compared to Unmarried refugees ($M=24.90, SD=6.40$).

The difference in anxiety level between Married and Unmarried Refugees can be connected with the greater responsibilities of married persons making them more prone towards anxious tendencies. Further the marital satisfaction would be an important factor related to mental health. As the status of refugees might interfere in marital relationship and might cause some distress. Burgess (1981) found that the variables most associated with life satisfaction are relational variables like marital happiness rather than socioeconomic factor. Thus the nature of relationship is important to study in future research.

As Aorian (1998) pointed out some other demographic variables along with the marital status, as predictors of psychological distress. The most important of them is the gender. Men benefits more in traditional marriage. Marriage or being married tends to be associated in men with decreased rates of suicide and a higher health status (Bernard, 1972). Thus more detailed analysis considering the other demographic variables will be more informative in future research.

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