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The Effect of War on the Mental Health of Afghan Refugees, Quetta, Baluchistan

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ABSTRACT

This study explores the mental health conditions, specifically depression, anxiety, and stress, among Afghan refugees residing in Quetta, Baluchistan. Using the Depression, Anxiety, and Stress Scale (DASS-21), the study assesses the prevalence and severity of these conditions in a sample of 100 refugees. The results indicate that a significant number of respondents experience moderate to severe levels of stress, anxiety, and depression, with higher concentrations of moderate and extremely severe conditions. The correlation analysis reveals strong positive relationships between stress, anxiety, and depression, suggesting that these conditions are interlinked. Reliability tests of the DASS-21 scale show acceptable levels of internal consistency, ensuring the validity of the findings. These findings highlight the urgent need for mental health interventions to address the growing mental health concerns among Afghan refugees in Baluchistan.

Introduction

Depression is one of the most prevalent psychological conditions among those who have been exposed to trauma, and its effects on mental health have been well documented. Depression is a common mental health problem that can manifest in a variety of ways, such as sadness, lack of interest or pleasure in activities, fluctuating feelings of guilt or low self-worth, sleep or appetite disturbances, fatigue, and impaired concentration. The severity and duration of these symptoms

vary depending on the type of depression, which is often classified according to its type, such as major depressive disorder, persistent depressive disorder, or seasonal affective disorder. Depression is often categorized based on the type of disorder, which may include major depressive disorder, persistent depressive disorder, or seasonal affective disorder. Central to depression is an overwhelming sense of hopelessness and helplessness, which can severely affect an individual's daily functioning and quality of life. Depression is a serious emotional condition that not only impacts a person's mental state but also manifests in physical symptoms. People suffering from severe depression may experience agitation, psychomotor impairment, and significant somatic symptoms, including physical exhaustion and an inability to carry out simple daily activities. These somatic effects of depression are especially dangerous because they can further isolate the individual from their environment, exacerbating feelings of worthlessness and hopelessness. Depression often coexists with other mental health conditions, including anxiety and post-traumatic stress disorder (PTSD), leading to a more complex and challenging mental health landscape that requires holistic care. The mental health consequences of war are profound, especially for those who experience displacement, loss, and trauma. Afghanistan, a country that has experienced decades of conflict, serves as a powerful example of the enduring effects of war on mental health. The Soviet-Afghan war (1979-1989) marked a turning point for the Afghan people, initiating mass displacement and creating a refugee crisis of unprecedented scale. The war, which was a brutal intervention by the Soviet Union aimed at subjugating the Afghan population, led to widespread destruction of villages, infrastructure, and the disintegration of social structures. The Soviet forces, backed by the ideology of totalitarianism, pursued a policy of extermination through military force, which resulted in the loss of tens of thousands of lives, widespread injury, and the displacement of millions of civilians. Reports suggest that up to six million Afghans were forced to leave their homeland, with over three million of them finding refuge in neighboring Pakistan, particularly in the province of Baluchistan. The trauma of war was not confined to the physical destruction of the country but also left deep psychological scars on the survivors. Families were torn apart, communities were displaced, and the social fabric of Afghan society was severely weakened. The devastation caused by the war led to long-lasting mental health issues for those who survived, particularly women and children, who were disproportionately affected by the violence and displacement. In addition to physical injuries and the loss of loved ones, Afghan refugees also faced new challenges in their host countries. The psychological distress caused by the trauma of war was compounded by the challenges of life in exile. Refugees, already suffering from the psychological aftermath of war, had to navigate life in a foreign land,

Literature Review

Mghir and Raskin (2016) studied the psychological impacts on Afghan refugees living in the United States (US). They further examined differences between two groups of young Afghan refugees with Pashtun parents and Tajik parents. The study found that Pashtun parents were psychologically more affected than Tajik parents. Furthermore, the study pointed out that one of the reasons was that Tajik parents were more financially stable than Pashtun parents. The researchers also found out that Pashtun parents and their kids were in Afghanistan for extended periods throughout the conflict. They were exposed to or experienced more traumatic experiences than Tajik parents.

Murthy and Lakshminaryana (2006) assert that war has an impact on civilians' mental health. The incidence and prevalence of mental illnesses have gone up, according to general population studies. Compared to women, men are less vulnerable. Other vulnerable groups include children,

the elderly, and people with disabilities. Prevalence rates are correlated with the degree of the trauma and the availability of both emotional and physical support.

Methodology

The approach adapted for the current study is the quantitative research design. Remaining within the paradigm of quantitative approach, survey method was used in cross-sectional survey design best suits the present study. The study is conducted primarily to examine the relationship between war and depression, anxiety, and stress. Second to assess who is more affected by men and women.

Hypothesis

- H1: There is a relationship between war and mental health among Afghan refugees.
- H2: war has a significant difference in the mental health of men as compared to women.

Instruments

The following tools were employed to gather data. The DASS-Scale 21 measures stress, anxiety, and depression.

Inform consent form

Participants were given the option to withdraw their information at any point during the study, and the informed consent form was created to obtain their consent. They sing this song against their will.

Demographic form

A variety of factors, including age, gender, birth order, marriage status, number of children, divorced status, separation, current accident, number of family members, family, income, and education, are included in demographic forms.

Depression, Anxiety and Stress Scale (Adapted version)

DASS-21 is the abbreviated form of the Depression, Anxiety and Stress Scale (DASS-42), which was first created by Lovibond and Lovibond in 1995. Aslam and Kamal (2017) established the Urdu version of the Depression, Anxiety, and Stress Scale (DASS-21) to assess depression, anxiety, and stress. The DASS-21 comprises 21 measures, with seven items measuring each of the three disorders (stress, anxiety, and depression). Afghan refugees were asked to score on a scale of never (zero) to always (three). The DASS-21 assesses stress, anxiety, and depression symptoms.

Variables

Depression

The American Psychological Association (APA) defines depression as a prolonged period of intense sadness or despair that lasts more than a few days. In addition to interfering with day-to-day tasks, it might result in bodily symptoms including discomfort, weight loss or increase, irregular sleep patterns, or low energy. Other symptoms of depression include difficulty focusing, feelings of excessive guilt or worthlessness, and frequent suicidal or death-related thoughts. In line

with DSM5, a diminution in physical movement and a slowing down of thought (not just subjective sensations of restlessness or slowness, but also noticeable to others) energy loss or fatigue almost daily and experiences of excessive or inappropriate guilt or feelings of worthlessness.

Anxiety

Anxiety is regarded as a long-term, future-focused reaction that is primarily focused on a diffuse threat. On the other hand, fear is a legitimate, in-the-moment, and transient reaction to a distinct and recognizable threat. taken from the APA Dictionary of Psychology and the Encyclopedia of Psychology. Anxiety is defined as an uncontrollable, diffuse, unpleasant, and chronic state of negative affect that is accompanied by physiological signs of tension and a persistent state of heightened attention. It is characterized by anxious anticipation of unpredictable and unavoidable future threat (Barlow, 2002).

Stress

B1 [U or C] extreme anxiety brought on by a difficult circumstance or something that contributes to this condition: Stressed-out people may have headaches, minor aches, and trouble sleeping. One of the best methods for reducing stress is yoga. the strains and stressors of the workplace. (The Cambridge Dictionary) the body's or mind's reaction to pressures, whether internal or external. Changes brought on by stress impact almost every bodily system, changing people's emotions and behaviors. Stress is the body's response to a change that requires regulation, response, and/or emotional, psychological, and/or physical adaptation. Stress just needs to induce annoyance, anger, uneasiness, and/or anxiety. It can originate from any circumstance, condition, thinking, or state. (18) Serafino (2002)

Independent variable war

An act of violence planned to make our enemies achieve our will is how von Clausewitz (1911) described war. He also emphasized the link between violence and other political strategies, saying that "War is nothing but an extension of political interaction, with a mixture of other means." As stated in On War (1943), pages. 280, Clausewitz believed that "war is not just a political act but a real political tool, a maintenance of political interaction, a carrying out of the same by other means." In other words, using military force to accomplish political goals is one way that conflict is used for political interaction.March 26, 2021

Sampling

The sampling was selected through non-probability sampling (purposive sampling), and the participant was selected from different areas of Quetta city. Study consent of 100 participants. Some of them are men, and some of them is a women.

Result and Discussion

Table 1: Score Distribution of Depression, Anxiety and stress scale (DASS, 21) for afghan refugees (N=100)

No.	Scale	No. of items	M	SD	Median	Range		Skewness	
						Min.	Max.	Skew	Std. error
1.	DASS	21	26.87	9.032	65.00	8	48	.280	.241

Note—Depression, Anxiety and stress scale (DASS,21).

Table 1 shows the score distribution of scales, including mean, standard deviation, median, range (max/min) and skewness of each scale. DASS Scale showed non-significant skew in score distribution.

Table 2: Cronbach's Alpha Reliability Test

S. No	Variables	No of Items	Cronbach's Alpha
1	Depression	7	0.642
2	Anxiety	7	0.719
3	Stress	7	0.575
4	Overall	21	0.835

Table no 2 show that the calculated value of Cronbach's alpha for depression is 0.642. Moreover, the value of Cronbach's alpha for anxiety is 0.719, and the value of Cronbach's alpha for stress is 0.575. The overall value of the scale for depression, anxiety, and stress are 0.835, which is greater than 0.70. so the value items are reliable for analysis. Item total correlation coefficients were calculated for all research instruments used in the study. It aimed to measure the functioning of each item on the scale. Item complete correlation for DASS Scale was calculated as a measure of internal consistency and establishing its validity.

Table 3: Correlation Coefficients for Items and Total score of DASS, scale (N=100)

S.no	No. of item	The total score of the Multidimensional Scale of Perceived Social Support	
		R	***P***
1.	1	.449***	.000
2.	2	.540***	.000
3.	3	.297***	.003
4.	4	.576***	.000
5.	5	.556***	.000
6.	6	.331***	.001
7.	7	.371***	.000
8.	8	.188***	.061
9.	9	.739***	.000
10.	10	.494***	.000
11.	11	.620***	.000
12.	12	.523***	.000
13	13	.554***	.000
14	14	.614***	.000
15	15	.413***	.000

16	16	.551***	.000
17	17	.260***	.009
18	18	.659***	.000
19	19	.539***	.000
20	20	.539***	.000
21	21	.489***	.000

Note. DASS=Depression, anxiety, stress scale; ***=p≤.001; ***=P=.001

Table 3 shows the item correlation coefficient for the Depression, Anxiety, Stress scale (DASS). All items of the scale show a significant positive correlation (as p≤.001, p=.001) with a scale which indicates internal consistency of items which establishes the construct validity of the scale.

Table 4: Distribution of the respondents regarding the total level of stress

Level of Stress	**Frequency**	**Percent**
Normal	15	15.0
Mild	18	18.0
Moderate	40	40.0
Severe	23	23.0
Extremely Severe	4	4.0
Total	100	100.0

Note. DASS=Depression, anxiety, stress scale.

Table no 4 elaborates on the distribution of the Afghan refugees regarding their total level of stress. In this respect, 40.0 % of the respondents were in a moderate level of stress. Moreover, 23.0 %of the respondents were under a severe level of stress. Furthermore, 18.0 % of the respondents were in a mild level of stress. In addition, 15.0 % of the respondents were in the normal level of stress, while only 4.0 % of the respondents were in extremely severe conditions of stress. The result shows that the dominant number of Afghan refugees fell in moderate and severe levels of stress.

Table 5: Distribution of the respondents regarding gender-segregated levels of stress

Men's Level of Stress		
Gender Segregation	**Frequency**	**Percent**
Normal	11	19.6
Mild	12	21.4
Moderate	20	35.7
Severe	11	19.6
Extremely Severe	2	3.6

Total	56	100.0
Women's Level of Stress		
Normal	4	9.1
Mild	6	13.6
Moderate	20	45.5
Severe	12	27.3
Extremely Severe	2	4.5
Total	44	100.0

Note. DASS=Depression, anxiety, stress scale.

Table no 5 says the distribution of the male Afghan refugees regarding their level of stress. In this respect, 20.0 % of the respondents were in a moderate level of stress. Moreover, 12.0 % of the respondents were in a mild level of stress. Furthermore, 11.0 % of the respondents were at the normal level of stress. Similarly, 11.0 % of the respondents were in a severe level of stress, while only 2.0 % of the respondents were in extremely severe conditions of stress. The result shows that the dominant number of Afghan refugees fell in moderate, mild, and severe levels of stress the table further unfolds the distribution of female Afghan refugees regarding their level of stress. In this respect, 20.0 % of the respondents were in a moderate level of stress. Moreover, 12.0 % of the respondents were under a severe level of stress. Furthermore, 6.0 % of the respondents were in a mild level of stress. Similarly, 4.0 % of the respondents were in the normal level of stress, while only 2.0 % of the respondents were in extremely severe conditions of stress. The result shows that the dominant number of Afghan refugees fell in moderate and severe levels of stress.

Table 6: Distribution of the respondents regarding the total level of anxiety

Level of Anxiety	**Frequency**	**Percent**
Normal	17	17.0
Mild	12	12.0
Moderate	25	25.0
Severe	25	25.0
Extremely Severe	21	21.0
Total	100	100.0

Note. DASS=Depression, anxiety, stress scale.

Table no 6 elucidates the distribution of the Afghan refugees regarding their total level of anxiety. In this respect, 25.0 % of the respondents were in a moderate level of anxiety. Moreover, 25.0 %of the respondents were in a severe level of anxiety. Furthermore, 21.0 % of the respondents were in an extremely severe level of anxiety. In the same way, 17.0 % of the respondents were in the normal level of anxiety, while only 12.0 % were in the mild level of anxiety. The result

demonstrates that the maximum number of Afghan refugees fell in moderate, severe, and extremely severe levels of anxiety.

Table 7: Distribution of the respondents regarding gender segregated level of anxiety

Men's Level of Anxiety		
Gender Segregation	**Frequency**	**Percent**
Normal	11	19.6
Mild	9	16.1
Moderate	14	25.0
Severe	16	28.6
Extremely Severe	6	10.7
Total	56	100.0
Women's Level of Anxiety		
Normal	6	13.6
Mild	3	6.8
Moderate	11	25.0
Severe	9	20.5
Extremely Severe	15	34.1
Total	44	100.0

Note. DASS=Depression, anxiety, stress scale.

Table no 8 illustrates the distribution of the male Afghan refugees regarding their total level of anxiety. In this respect, 16.0 % of the respondents were in a severe level of anxiety. Moreover, 14.0 %of the respondents were in a moderate level of anxiety. Furthermore, 11.0 % of the respondents were at the normal level of anxiety. In the same way, 9.0 % of the respondents were in a mild level of anxiety, while only 6.0 % of the respondents were an extremely severe level of anxiety. The result demonstrates that the leading number of Afghan refugees fell in a severe and moderate level of anxiety. The table further expounds on the distribution of female Afghan refugees regarding their total level of anxiety. In this respect, 15.0 % of the respondents were in an extremely severe level of anxiety. Moreover, 11.0 %of the respondents were in a moderate level of anxiety. Furthermore, 9.0 % of the respondents were in a severe level of anxiety. In the same way, 6.0 % of the respondents were in the normal level of anxiety, while only 3.0 % were in the mild level of anxiety. The result demonstrates that the maximum number of Afghan refugees fell in extremely severe and moderate anxiety.

Table 8: Distribution of the respondents regarding the total level of depression

Level of Depression	Frequency	Percent
Normal	8	8.0
Mild	21	21.0
Moderate	34	34.0
Severe	21	21.0
Extremely Severe	16	16.0
Total	100	100.0

Note. DASS=Depression, anxiety, stress scale.

Table no 8 illuminates the distribution of the Afghan refugees regarding their total level of depression. In this respect, 34.0 % of the respondents were in a moderate level of depression. In addition, 21.0 %of the respondents were in a severe level of depression. Likewise, 21.0 % of the respondents were in a mild level of depression. In the same way, 16.0 % of the respondents were in an extremely severe level of depression however, only 8.0 % of the respondents were in a normal level of depression. The result demonstrates that the maximum number of Afghan refugees fell in moderate, severe, and extremely severe levels of depression.

Table 9: Distribution of the respondents regarding gender segregated level of anxiety

Men's Level of Depression		
Gender Segregation	**Frequency**	**Percent**
Normal	7	12.5
Mild	14	25.0
Moderate	20	35.7
Severe	11	19.6
Extremely Severe	4	7.1
Total	56	100.0
Women's Level of Depression		
Normal	1	2.3
Mild	7	15.9
Moderate	14	31.8
Severe	10	22.7
Extremely Severe	12	27.3

Total	44	100.0

Note. DASS=Depression, anxiety, stress scale.

Table 9 lightens the distribution of the male Afghan refugees regarding their total level of depression. In this respect, 20.0 % of the respondents were in a moderate level of depression. In addition, 14.0 %of the respondents were in a mild level of depression. Likewise, 11.0 % of the respondents were in a severe level of depression. In the same way, 7.0 % of the respondents were at the normal level of depression; however, only 4.0 % were at an extremely severe level of depression. The result demonstrates that the maximum number of Afghan refugees fell in moderate, mild, and severe levels of depression. The table further describes the distribution of male Afghan refugees regarding their total level of depression. In this respect, 14.0 % of the respondents had a moderate level of depression. In addition, 12.0 %of the respondents were in an extremely severe level of depression. Likewise, 10.0 % of the respondents were in a severe level of depression. In the same way, 7.0 % of the respondents were in a mild level of depression; however, only 1.0 % were in an average level of depression. The result demonstrates that the maximum number of Afghan refugees fell in moderate and highly severe levels of depression.

Bivariate Analysis

Table 10: Correlation matrix of stress, anxiety, and depression

Correlations Matrix		**Stress**	**Anxiety**	**Depression**
Stress	Pearson Correlation	1	.488**	.642**
	Sig. (2-tailed)		.000	.000
	N	100	100	100
Anxiety	Pearson Correlation	.488**	1	.651**
	Sig. (2-tailed)	.000		.000
	N	100	100	100
Depression	Pearson Correlation	.642**	.651**	1
	Sig. (2-tailed)	.000	.000	
	N	100	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

Note—DASS=Depression anxiety stress scale.

Table 10 explains the correlation matrix of stress, anxiety, and depression. According to the findings that there is a positive relationship among the variables. Stress results show the correlation between two variables. This variable has a significant correlation with anxiety. Table displays that stress has a statistically significant positive ($r = 0.488^{**}$, $p<0.01$) correlation with anxiety. Moreover, stress has a statistically significant and positive ($r = 0.642^{**}$, $p<0.01$) correlation with depression. Table, moreover, enlightens the correlation matrix of stress, anxiety, and depression. According to the findings that there is a positive relationship among the variables. Anxiety results express the correlation between two variables. This variable has a significant correlation with

stress. The table presents that anxiety has a statistically significant positive ($r = 0.488^{**}$, $p<0.01$) correlation with stress. Moreover, anxiety has a statistically significant and positive ($r = 0.651^{**}$, $p<0.01$) correlation with depression. Table furthermore explicates the correlation matrix of stress, anxiety, and depression. According to the findings that there is a positive relationship among the variables. Depression results show a correlation between two variables. This variable has a significant correlation with stress. Table displays that depression has a statistically significant positive ($r = 0.642^{**}$, $p<0.01$) correlation with stress. Moreover, depression has a statistically significant and positive ($r = 0.651^{**}$, $p<0.01$) correlation with anxiety. The results of this study reveal that stress, anxiety, and depression as a form of mental health is an alarming issue among refugees residing in Quetta city of Baluchistan.

Conclusion

The findings of this study shed light on the mental health status of Afghan refugees in Quetta, Baluchistan, particularly concerning depression, anxiety, and stress. The overall results reveal significant levels of stress, anxiety, and depression, with a higher concentration in moderate to severe levels. The data indicates that the majority of respondents face heightened levels of stress and anxiety, and a notable proportion experience moderate to extremely severe depression. Furthermore, the correlation between stress, anxiety, and depression underscores the interconnectedness of these mental health conditions. This suggests that addressing mental health issues among Afghan refugees requires a holistic approach that encompasses stress, anxiety, and depression simultaneously. The study's reliability, backed by Cronbach's alpha coefficients for the DASS-21 scale, ensures the consistency and validity of the results. Interventions for mental health should be a priority in refugee care to reduce the prevalence of these issues and improve the overall well-being of refugees in the region.

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