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PARTICIPANT-REPORTED EFFECTS OF ARMED CONFLICT AND DISPLACEMENT ON BEHAVIOUR AND ATTITUDES IN MALAKAND DISTRICT OF PAKISTAN

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Abstract

This study was carried out in Malakand District, to identify conflict related loss of family members and effect on livelihood as reported by study participants, to assess participant-reported perceived changes in human behaviour and attitude towards revenge due to armed conflict and displacement. For this cross-sectional study, convenient sampling was done among residents at the time of conflict and thereafter. Four hundred and thirty-five residents of Malakand District were included in the study. Two hundred and sixty-six (61%) of the participants were displaced from their hometown and 23% had one or more of their family members injured during the conflict. One hundred and sixty-five (38%) participants believed that they have the right to take revenge by whatever means necessary and 287 (66%) reported an increase in the incidence of domestic violence and abuse. Increase in abductions and robberies were reported by 292 (67%) and 182 (41.8%) participants, respectively. Those displaced were more likely to report a family member killed ($p = 0.044$) or injured in the conflict ($p < 0.05$), earnings affected ($p < 0.05$), increase in robberies ($p = 0.006$) and increased abductions ($p = 0.003$) compared to those who were not displaced in the conflict. Substantial loss of family members, displacement and loss of livelihood were reported by the participants due to armed conflict as well as an increase in various criminal activities. Health professionals in areas of conflict should consider focusing on domestic violence, mental health and social history.

Keywords: Attitudes, Behaviour, Conflict, Crime, Displacement, War

INTRODUCTION

The stress of war and conflict has complex and long-lasting consequences. It exposes people to damaging psychological, physical and mechanical stressors; thus producing deep social and economic impact on the society (1–4). War causes material and kin losses, physical exhaustion, psychological breakdowns, disrupts family dynamics and makes futile everyday routines. Malakand district is part of Malakand Division in Khyber Pakhtunkhwa, and is a provincially administered tribal area (PATA). There was accumulation of arms after the Afghan War in the 1980s and early 1990s (5). Malakand district has a population of about 600,000 and an area of 952 km² (6, 7). This was among the areas where there was an asymmetric armed conflict between the Pakistani security forces and Taliban from 2007 to 2010 leading to a huge internal displacement of residents of the area (7).

A humanitarian crisis resulted in this region from the resurgence of the Taliban since 2004 onwards and this was augmented by armed conflict and military operations as well as the displacement of a large number of residents of this region (3, 7). The impact on mental health of civilian population is significant during and after a conflict. There is a definite increase in prevalence and incidence of mental disorders in association with armed conflict (3, 8–10). This study is an attempt to collect information regarding the perceptions of the effects of conflict as well as changes in behaviour and attitudes in the residents of Malakand district due armed conflict. Albeit preliminary, this is the first study of its kind in this area among



the residents in a post-conflict setting. This study was designed with the objectives, to identify conflict related loss of family members and effect on livelihood as reported by study participants and to assess participant-reported perceived changes in human behaviour and attitude towards revenge due to armed conflict and displacement in Malakand District of Pakistan.

MATERIALS AND METHODS

This was a cross-sectional survey in Malakand District of Khyber Pakhtunkhwa, Pakistan.

PARTICIPANTS

Investigators collected data via convenient sampling from the residents of Malakand. Recruitment of participants was done at local committee meetings, three general physician practices (GP) and at two pharmacies in the region. Written consent was obtained from all participants.

Participants (18 years or older) who were present in the area during the conflict from 2007 to 2010 (inclusive), and the participants' main residence was in Malakand in the year 2007 were included in the study. Non-residents of Malakand, residents of Malakand who were not in the region at the time of the conflict, those with reported previous mental health history or intellectual disability and residents who personally participated in the conflict were excluded from the study.

SAMPLE SIZE

Sample size was calculated based on an estimated prevalence of exposure to violence during conflict of 48.7% (11). The population of Malakand district is 720295 according to the latest figures (10). At 95% confidence level and a 5% margin of error, a sample size of 384 was calculated. This was adjusted for an estimated 10% dropout rate to aim for a final sample size of at least 423.

INSTRUMENTS

Information was collected with the help of a questionnaire. The questionnaire was purposefully made concise and straight forward to improve recruitment of participants and for ease of administration as all investigators/data collectors were volunteers. The questionnaire was administered in a confidential setting in English language and filled by the participants. In case the participant was unable to understand the English language the investigator was available to verbally translate the questionnaire and record the answers.

STATISTICAL ANALYSIS

Data collected via the questionnaire was entered into Statistical Package for Social Services (SPSS) version 20. Descriptive statistics were done, and frequencies and percentages were calculated. Chi-square test was used to determine significance for categorical (nominal) variables.

RESULTS

A total of 463 participants were recruited. Seventeen participants were excluded as they were not residents in the area at the time of the conflict. Eleven participants were excluded as they did not finish the questionnaire or dropped out. Thus, a total of 435 respondents were included in this study. 63.9% were male and 36.1% were female. 73.1% were married and the remainders were single. 60.9% of the respondents reported being displaced during the conflict while 39.1% didn't move during the conflict from their area of residence. 23% reported injury of their family members (first, second or third-degree family members) during the conflict and 22.1% reported at least one family member killed during the conflict. Participants reported that income was adversely affected in 82.1% cases. Table I details significant differences in responses between males and females.

Single or unmarried respondents were more likely to report a family member injured ($p = 0.001$), an increase in domestic violence ($p = 0.001$) as well as observation of more mistrust among residents of the area ($p < 0.05$). People who were displaced were more likely to report a family member killed ($p = 0.044$) or injured in the conflict ($p < 0.05$), earnings affected ($p < 0.05$), increase in robberies ($p = 0.006$) and increased abductions ($p = 0.003$).



Table I. Reported effects of armed conflict and differences between males and females

Nature of affect or outcome	Total with affirmative answer. N (% of total)	Males with affirmative answer. N (% of males)	Females with affirmative answer. N (% of females)	p value
Family members injured	100(23)	80(29)	20(12.7)	0.000013
Earning/livelihood affected	357(82.1)	220(79)	137(87.2)	0.034
Increase in domestic violence	288(66.2)	224(80.6)	64(40.8)	< 0.00001
Right to revenge	167(38.4)	118(42.4)	49(31.2)	0.021
Increase in robberies	292	147(52.9)	145(92)	< 0.00001
Increase in abductions	182	85(30.6)	97(61.8)	< 0.00001
People becoming mistrustful	348	256(92.1)	92(58.6)	< 0.00001

DISCUSSION

This study identifies the adverse effects of armed conflict on the residents of the Malakand District and their perceptions regarding the crime rate and attitude toward revenge. To our knowledge, this is the first study among residents of Malakand District assessing their perceptions regarding the effects of the conflict although using a succinct and targeted questionnaire. A significant number of the residents of reported displacement, injuries, death of family members as well as adverse effects on their livelihoods due to the conflict.

The violations of the basic rights of residents due to direct or indirect effects of conflict leads to displacement and the resultant influx of internally displaced persons (IDPs) into major cities as well as IDP camps(12,13). According to the United Nations Commission on Human Rights, IDPs “are persons or groups of people who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border” (14). In the year 2009, there were at least 2.5 million persons displaced in the Khyber Pakhtunkhwa province of Pakistan (15, 16). In this survey, more than one third of participants were displaced during the conflict. Displacement alone places a significant burden on the whole family; financially, socially, and psychologically as well as adversely affects mental and physical health (12). All this is further made worse by the loss of or injury to a family member.

Almost a quarter of the study participants reported the death of a family member because of the conflict and almost the same proportion reported a family member being injured. Most of this was reported by the people who were displaced. Life-stressors including the loss of loved ones and acquaintances can strongly affect the behaviour of people. Increasing poverty, ongoing unfavorable social circumstances and feelings of injustice are known contributing factors to mental disorders. In addition to displacement, the loss of a family member can significantly affect family dynamics (17). The natural and expected process of grief and its resolution due to the loss of a family member is affected by additional factors in conflict zones such as adverse effects on livelihood, food security, limited access to healthcare and mental stressors associated with armed conflict. An injured family member also puts a significant burden on a family, especially the immediate caregivers (18, 19). This is compounded in a situation where a conflict is on-going, and access and affordability of health-care services are severely limited.

A substantial number of participants reported their livelihoods were adversely affected by this conflict. Loss of livelihood can have a significant impact on the mental health of a person and can be one of the factors leading to violence and illegal means of earning (20-22). With the return of IDPs once the conflict is back to manageable levels, the feeble community system is further worsened due to amplified pressure on the delicate socioeconomic situation with inadequate civic services (4, 23, 24).

More than two thirds of the participants reported an increase in domestic violence. The justification of the right of taking revenge was advocated by a significant number of people. Victims in armed conflict can have significant mental stressors and be vengeful which can lead to violence against others as well as self-harm (2, 25, 26). A significant number of adolescents in post-war Lebanon were involved in physical altercations as well as carrying weapons (27). It is known that people in Kosovo had

strong feelings of detestation towards the Serbs and wanted to seek revenge due to the Yugoslav Wars (24). Increase in domestic violence and family members killed during the conflict was reported more by single participants in this study compared to those who were married, widowed or in a relationship. This could be perpetuated by altered family dynamics, mental stressors, displacement, and socioeconomic insecurity in the region of armed conflict (28, 29).

Females reported their livelihoods adversely affected as well as an increase in robberies and abductions more than males. While an increase in domestic violence was reported by females, however this was lower than that reported by males. These differences could be due to sampling, but it is also pertinent to note the differences in environmental exposure and social activities between males and females in this region. Women in the region are mostly involved in domestic chores and stay indoors (30,31). Females in the region are more deprived in terms of monetary resources, mobility and decision making compared to males (30). This can result in different responses between males and females however this study was not designed to explore these effects in detail. Non-response bias can play a role in such a setting where victims of domestic violence may be less engaging in surveys.

An increase in criminal activity was reported by a high proportion of participants. War and conflict lead to an increase in crime rates and this increase is observed even after the conflict ends as the socioeconomic repercussions continue (32–35). Miscreants take advantage of the breakdown in law and order and the reduced ability of the local law enforcement personnel to act as needed in a conflict. This psychological cost of war is most readily observable at individual level (36, 37). However, in this age of mass media, it also has a considerable effect nationally on the mental health of the general population as well as having adverse national economic and social penalties (38–40).

This study provides essential insights into the participant-reported suffering during and after an armed conflict as well as their attitudes and behaviour in a post-conflict scenario. Our findings in Malakand District strengthen existing evidence of the effects of armed conflict on residents of the region. The significant differences in responses observed between males and females cannot be effectively explained based on the information available and the design of this study; thus further research in this area would be valuable. Health professionals in areas of current or previous conflict should consider screening for domestic violence and mental health disorders as well as ensure that a thorough social history is acquired. Large-scale surveys and screening programs should be initiated in this and other regions of previous conflict in Pakistan to study the effects of armed conflict on residents of the area. This will help inform identification of resources needed as well as their allocation to areas of need.

Limitations of this study include possible recall bias, Neyman bias and non-response bias as with almost all studies of cross-sectional design. Since participants were recruited at GP practices and pharmacies, this may have influenced the results as people seeking healthcare services for them or others are likely to represent a major proportion of the sample. This is a preliminary study of the first kind in this region and provides valuable information to inform further large-scale surveys.

CONCLUSION

Substantial loss and injuries of loved ones, displacement and loss of livelihood due to the conflict were reported by the participants. An increase in various criminal and violent activities was reported in the region during and after the conflict. A considerable number of participants justified taking revenge for actions committed during the conflict. Health professionals in areas of current and previous conflict should consider focusing on domestic violence, mental health and social history. Large-scale surveys should be initiated in post-conflict regions in Pakistan to study the effects of armed conflict on residents of the area.

Conflict of interest:

The authors declare that there is no conflict of interests with regarding the publication of this article.

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