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RESEARCH ARTICLE

PERCEIVED PSYCHOPHYSIOLOGICAL EFFECTS OF MARAWI SIEGE AMONG INTERNALLY DISPLACED PERSONS (IDP'S) IN THE EVACUATION CENTERS.

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Abstract

Marawi siege yielded dramatic horrible changes in the lives of Meranao in the Philippines. Their greatest struggles were not only during the run for their lives but has extended when they become displaced in unfamiliar area. The study lensed on the perceived psychophysiological effects of Marawi siege among Meranaos who have been displaced. It descriptively employed to densely populated nearby municipalities of Marawi City among three-hundred sixty-six (366) mid-to-late adult Internally Displaced Persons (IDP's). Study participants were mostly 36 to 55 years old, female, married housewives with meagre monthly income. They claimed to have an issue in the ventilation, source of water, and garbage disposal in the set-up of evacuation center. Psychophysiological problems reported includes joint pain, stiffness, depression, anxiety, trauma, difficulty of sleeping, and financial problems.IDPs in the evacuation were struggling, problems they have were evidences of atrocious changes in their life. Psychosocial analysis, financial assistance, health services, and other basic needs provided by the government and organizations are crucial in their survival.

Introduction:-

The historical Marawi City siege in the Philippines happened on the 23rd of May year of 2017 was the longest situational crisis induced by local terrorist inspired by international Islamic State in Iraq and Syria (ISIS) terrorist [1]. It resulted to displacement of thousands Meranaos - natives and residents of Marawi City, to the evacuation centers of the nearby municipalities of city [2]. Studies show that social conflict as human-induced crisis is always associated with an overwhelming negative impact in the health of affected victims, including sever disability [3], emerging and re-emerging of disease, physical injury and even death [4].

Most of the IDPs affected in post-conflict were vulnerable groups, the children and elderly. Based on record of United Nations International Children Emergency Funds (UNICEF), there were about 50,000 to 70,000 children affected which represents most of the number of IDPs affected [5]. This figure is outstanding but, could be one of the reasons why most of the programs both locally and internationally for IDPs focused is on children [5] - [6], and somehow, elderly [7] undermining the condition and status of the mid-adults. The mid-adult age group have immense responsibilities expected to fulfill being parents and grandparents of their families complemented with psychophysiological health problems aggravated by multiple factors being an IDP such as improper shelter, inadequate food supply, altered activities of daily living, and lack of source of income to name few. Accordingly,

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they are so vulnerable to acquire disease(s), risk of malnourishment, being abandoned, abused [4], stressful, and becoming depressed [7] associated withmajor challenges such as inadequate or absence of care and lack of financial means [8].

Literature shows that assistance from the government agencies and non-government organizations are essential and significantly important in addressing the multitude problems of these IDPs particularly among mid-to-late adults [8]. According to United Nations High Commissioner for Refugees (UNHCR) [14], assistance provided to the IDPs of Marawi conflict reduces the risk of economic hardship, violence, and other health state problems.

Thus, this study centers on examining the perceived psychophysiological health effects of Marawi City siege among mid-to-late adult IDPs in the different evacuation centers they have been displaced to. Findings and information generated in this research may serve as baseline for understanding the situation of IDPs which may open for an opportunity for addressing their concerns particularly in the aspect of health.

Methodology:-

This inquiry is a descriptive quantitative research in which mid-to-late adults were selected as respondents who have been displaced in the evacuation centers of the Municipality of Saguiaran Lanao del Sur, and Municipality of Pantar and Balo-i Lanao del Norte where most of IDP's from Marawi City are situated. It is because these three Municipalities were the nearest and the most accessible geographically with available social work and health personnel. The number of IDPs were also up-to-date in their records.

Researchers chosen mid-to-late adults as respondents of the study because they carry most of the burden of the family as mostly Meranao tribe do culturally uphold extended type of family. They also have the most at risk and complains of health problems due to advancing age. The long end population were taken based on the records available provided by camp managers of the respective evacuation centers of the said selected municipalities. A total of 7,389 total mid-to-late adult IDP's yielded 366 sample respondents using Raosoft sample size calculator on-line set at 5 percent margin of error and 95 percent confidence level [9]. The sample respondents were equally stratified and randomly selected in each evacuation centers of the selected municipalities to avoid bias in the selection.

The research questionnaire of this study was researchers made type. It has two parts – sociodemographic profile and the psychophysiological health problems measured through 5-point-scale format. The research questionnaire has been validated with five (5) content validity experts to assess the validity of the items of each questionnaire using the method of Yaghmaei [10] which measures each item for simplicity, ambiguity, clarity, and relevance through 4-point scale. Items that were not simple, ambiguous, unclear, and irrelevant has been deleted or excluded. Construct validity measures laid down as part of the scope and limitation, thus, the grouping domain of psychophysiological effects of siege to health were based on secondary data from literature. The ramification of the absence of empirical primary data in this context would be indirect implication of their current situation. But it does not totally implicate to have no bearing in the respondents status quo. However, construct of the questionnaire went pilot testing of 30 respondents [11] through Cronbach alpha which yielded high reliability result (α=0.915). Questionnaire is deemed valid and reliable.

Prior to data gathering, researchers secured ethical clearance in the ethics committee of the Mindanao State University complemented with the requested released ethics clearance from the Local Government Unit (LGU) ethics office in the Municipality of Saguiran, Lanao del Sur. Data has gathered through the assistance of camp manager personnel of each evacuation centers especially in identifying qualified respondents who were given a questionnaire with consent form patterned from WHO (2018) format [12].

Data gathered has been tabulated, analyzed, and interpreted through frequency, percentage distribution, mean, and standard deviation.

Results and Discussion:-

Table 1 shows the respondents demographic profile in terms of age, gender, civil status, monthly income, ventilation, surroundings, and management of garbage in the evacuation centers. In the findings, majority were mid-adults (73.77%) than late-adult or elderly (24.59%), female (73.8%), married (78.1%), have meager monthly income

of less than 5,000 pesos a month (61.5%), and claimed that there is a poor ventilation (71.6%), dirty surroundings (63.1%), but somehow the garbage has been well managed (66.93%) in the evacuation centers.

It reflected in the findings that most of the displaced adults were mid-adults whose role in the family is very challenging because of being both responsible to take care of the young and older member of the families as well as to provide their needs. They are considered sandwich generation because of being squeezed between generation in task with taking care of family member(s) under 30 or their children and above 50 years of age or their parents or possibly grandparents [13] since most of them are married. Seemingly, most of them were mothers which accord to the data in the profiling of IDPs of the Marawi conflict by United Nations High Commissioner for Refugees (UNHCR) [14]. Having meager income might be hard for each family to cope with their daily needs, opting them to rely on relief goods and assistance being provided in the evacuation centers. Assistance provided by government and non-government agencies helps the IDPs to cope up with their daily problems and needs.

However, there were issues cited in the ventilation, surroundings, and management of garbage disposal in the evacuation centers despite of having available hospitals, rural health units, and barangay health stations in the area [15]. This condition could be due to the limited capacity offered by the facilities and the overwhelming number of IDPs accommodated. But realistically, this issue poses health problems such as the sudden spread and risk of uncontrollable communicable diseases since each IDPs tent-house are very closer yet overcrowded. In a study of Pirani 2016 [16] in the observation of Nightingale's theory in the context of manipulation of ventilation, light, noise, and cleanliness of the surroundings found to have three times higher of being at risk of multiple health problems.

Table 1:-Respondents Demographic Profile

Profile	Frequency	%
Age		
36-55 years	270	73.77
55 years & older	96	24.59
Gender		
Male	26	26.2
Female	270	73.8
Civil Status		
Single	40	10.9
Married	286	78.1
Widowed	36	9.8
Separated	4	1.1
Monthly Income		
Less than P5,000	225	61.5
P5,001 – P10,000	90	24.6
P10,001 – P15,000	38	10.4
P15,001 – P20,000	13	3.6
Ventilation	104	28.4
Good		
Poor	262	71.6
Surroundings	135	36.9
Clean		
Dirty	231	63.1
Garbage	245	66.93
Well-managed		
Not well-managed	121	33.0
Total:	366	100.0

In the table 2 shows the physical health problems of the respondents. In most cases, the health condition of mid-adult is being undermined as evidenced by various programs which focus mainly are children and elderly. The table shows that most of mid-adults and some late-adults IDPs are suffering from physical health problems. They reported to have been experiencing headache on a regular basis probably due to overthinking of their situation,

responsibilities, and the future that lies behind for themselves and their family. They have been also experiencing physical pain, feeling of tension or stiffness, inflexibility of spine, fatigue, flu, menstrual discomfort (for women), allergies, and dizziness occasionally which are relevantly true in the literature [7] – [8]. This could be attributed to the condition of their shelter, mostly in a form of tents which cannot protect them from extreme temperature. With the limited clothes they have and the scarcity of the source of water, skin problems are expected to be common. They also reported that rarely, they experienced incidence of vomiting and constipation. Collectively, the averaged mean (2.512) shows that physical aspect was a rare health problem.

It implies that some of the physical health problems has manifested primarily because of challenges and constraints of being an IDP. The challenge to physically adjust and cope with dealing scant resources in an unfamiliar and unfavorable living condition. With this, health providers has to be empowered and shall keep monitor of current and recurring physical health problems to provide immediate health intervention and prevent possible outbreak of communicable diseases.

Table 2:-Physical Health Problems

Statement Indicators	Mean	SD	Descriptive Rating
1. Presence of physical pain (neck/ back ache, sore arms, and legs etc.).	2.99	1.103	Occasionally
2. Feeling of tension or stiffness.	3.03	1.332	Occasionally
3. Lack of flexibility in your spine.	3.10	1.572	Occasionally
4. Incidence of fatigue or low energy	2.92	1.212	Occasionally
5. Incidence of cold or flu.	2.37	1.222	Occasionally
6. Incidence of headache.	3.44	1.205	Regular
7. Incidence of nausea/vomiting.	2.32	1.513	Rare
8. Incidence of constipation.	2.28	1.169	Rare
9. Incidence of menstrual discomfort. If, female.	3.39	1.561	Occasionally
10. Incidence of allergies or eczema or skin rash.	2.79	1.358	Occasionally
11. Incidence of dizziness.	2.72	1.350	Occasionally
12. Incidence of accidents (falling or tripping)	1.79	1.074	Never
Average Mean:	2.512		Rare

SD = Standard Deviation Scaling: 1.00-1.80 = Never 2.61-3.40 = Occasionally 4.21-5.00 = Constant
1.81-2.60 = Rare 3.41-4.20 = Regular

Furthermore, Table 3 shows that psychological health problems are more alarming than physical aspect of IDPs because the perceived incidence level is higher than the latter (average mean=3.10 vs average mean=2.51). On regular basis, mid-adult IDPs expressed that the pain they felt makes them stressful; becoming moody, hot-tempered or angry; and suffers from difficulty of falling asleep. Occasionally then, they experience negative feelings of themselves, been depressed and disinterested, preoccupied, inattentive, anxious, and seemingly hallucination and delusion are evident by recurring thoughts and dreams. It relates to the traumatic events they had experienced when they were running for their lives for survival and fear of the unknown [7]. Difficulty sitting still then was a rare psychological health problem.

Findings in table 3 infer that psychological health problems expressed by mid-adults were very alarming as it may predispose to psychological disorder particularly Post-Traumatic Stress Disorder (PTSD) [17] – [18]. Accordingly, the incidence of PTSD is five (5) times higher among IDPs [17]. In a review of literature [18], it was also reported that PTSD (88%) have higher prevalence than depression (80%) and anxiety disorders (81%). With this confounding health concerns, psychosocial intervention is relevant and significant.

Table 3:-Psychological Health Problems

Statement Indicators	Mean	SD	Descriptive Rating
1. If pain is present, are you stressed about it?	3.43	1.309	Regular
2. Presence of negative feelings about yourself.	3.04	1.160	Occasionally
3. Experience of moodiness/temper/angry outburst.	3.61	1.311	Regular
4. Experience of depression or lack of interest.	3.12	1.277	Occasionally
5. Being overly worried over small things.	3.19	1.294	Occasionally

6. Difficulty of thinking or concentrating.	2.90	1.226	Occasionally
7. Experience of vague fears or anxiety.	3.02	1.280	Occasionally
8. Difficulty sitting still.	2.58	1.305	Rare
9. Difficulty falling or staying sleep.	3.52	1.277	Regular
10. Experience recurring thoughts or dreams.	3.36	1.201	Occasionally
Average Mean:	3.177		Occasionally

SD = Standard Deviation Scaling: 1.00-1.80 = Never 2.61-3.40 = Occasionally 4.21-5.00 = Constant
1.81-2.60 = Rare 3.41-4.20 = Regular

Conclusion:-

IDPs particularly among mid-adults has found to be struggling because of the atrocious changes in their lives. In most cases, the direction and focus of health programs and other interventions are more aligned with children and elderly undermining the condition of them mid-adult age group. The scope of their responsibilities has widened and heavy on their part. To look after of the lower and upper generation (children and parents or grandparents) of a mid-adult IDP is very challenging and exhausting indicated by expressed physical and psychological health problems. Indeed, psychophysiological health effects of Marawi siege is unconceivable. Addressing health needs and concerns of this age group is parallel with addressing to that of the children and elderly.

Recommendations:-

The study recommends that health care providers situated in each evacuation centers must be empowered and be capacitated to employ psychosocial analysis and intervention particularly among mid-adults at risk of PTSD. Financial assistance or income generating jobs must be made possible amongst them. Health services in different health units and stations in the area must be always made available and accessible. Further study is also highly recommended particularly lensed on the social and spiritual health needs and problems of IDPs.

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