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Resilience and quality of life among internally displaced person (POK refugees)

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ABSTRACT

The present research was designed to explore resilience and Quality of life among internally displaced persons (POK Refugees). The sample (160) was taken from Jammu district which included both males (80) and females (80) divided into two age group *i.e.* 50 -65yrs and 65-80yrs of both male and female of POK refugees (40 in each group). Connor–Davidson Resilience Scale and WHOQOL-BREF were used. Results of the study showed a Significant difference in Resilience and Quality of Life across gender as well as a Significant difference in Resilience and Quality of Life across different age groups. *i.e.* (50 -65yrs) and (65-80yrs), respectively, there was a non-significant difference on the dimension of Physical Health and Social relationship across different age groups. Males in both across Gender and across Age group scored better than females.

Key Words : *I*nternal displacement, Resilience, Quality of life, Gender, Age group

INTRODUCTION

Six to seven million Muslims moved from India to Pakistan and nearly eight Million Hindusand Sikhs moved from Pakistan to India. Areas that were ravaged by Pakistan's aggression in 1947 included Mirpur, Poonch, Muzaffrabad and frontier districts of Ladakh and Gilgit and those refugees who were displaced from Mirpur, Poonch, Muzaffrabad are PoK(Pakistan occupied Kashmir) refugees. (Kumar, 2012). As they were fled from their home they are internally displaced and Internally displaced persons are those who have not crossed an internationally recognized state border but are obliged to flee or to leave their homes or places of habitual residence, particularly in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, natural or human made disasters (Cohen, 1998). As being displaced can have severe adverse effects on the physical, social, emotional and spiritual well-being of a person. Exposure to violence or disaster, loss of or separation from family members and friends, deterioration in living conditions, the inability to provide for one's self and family, can all have immediate and long-term consequences for individuals, families and communities they usually have a relatively poor quality of life. The resilience of persons who have suffered severe trauma or disasters is influenced by the nature of the pre-migration trauma experienced by them, but it is also influenced by the post migration psycho-social circumstances and living conditions (Perez-Sales *et al.*, 2005) Recent studies identified prevalent accompanying symptoms, such as depression, anxiety, and anger (Chemtob *et al.*, 1997b; Kessler *et al.*, 1995), which may be pervasive with negative impact on quality of life. (Chemtob *et al.*, 1997b). The two variables that were

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included in the study were Resilience and Quality of life. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress. It means "bouncing back" from difficult experiences (Association,2007). WHO defines Quality of Life as individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.(WHOQoL Group, 1994). Ghazinour (2003) in a study identified some determinants of an individual's resiliency after the experience of traumatic life events among Iranian refugees, and addressed the issue of its relationship to personality characteristics, psychopathology, coping resources and strategies, social support, sense of coherence and quality of life. Personality traits, parental rearing, coping resources, social support and sense of coherence were found to be the strongest predictors of resiliency. A study on displaced women living in the shelters in the Ethiopian capital Addis Ababa were compared with displaced women living in the community setting of Debre Zeit, regarding their quality of life, mental distress, socio demographics, living conditions, perceived social support, and coping strategies. Subjects from Debre Zeit reported significantly higher quality of life and better living conditions. However, mental distress did not differ significantly between the groups. (Araya *et al.*,2011).A cross-sectional survey was conducted on IDP camps in the Gulu and Amuru districts of northern Uganda. The study outcome of physical and mental health were measured. Variables with negative associations with physical or mental health included gender, age, marital status, income, distance of camp from home areas, food security, soap availability, and sense of safety in the camp. A number of individual trauma variables and the frequency of trauma exposure also had negative associations with physical and mental health.(Roberts *et al.*, 2009). A face-to-face household survey were conducted in Germany on German people who were displaced in World War II on a representative sample of the German population aged 61 years or older. Result showed Forced displacement is significantly associated with higher levels of anxiety and lower levels of resilience and life satisfaction 60 years later (Kuwert*et al.*, 2009).

METHODOLOGY

Objectives of the study:

- To assess the effect of internal displacement across genders among PoK refugees.
- To assess the effect of internal displacement in different age groups among PoK refugees.

Hypothesis :

- There will be a significant difference across genders among Pok refugees on Resilience and Quality of life.
- There will be significant differences across different age groups among Pok refugees on Resilience and Quality of Life.

Variables :

Independent variables

- Gender
- Age difference

Dependent variable :

- Resilience
- Quality of life

Sample :

The sample for this study consists of (160) Pok refugees. The sample was selected by using the purposive sampling technique from different areas of Jammu region. Then there will be (80)-male and (80) females belonging to Two age group i.e (50 -65 yrs) and (65-80 yrs) of both male and female of Pok refugees (40 in each group).

Tools :

Connor–Davidson Resilience Scale (CD-RISC; Connor and Davidson, 2003): The CD-RISC is a 25-item scale that measures the ability to cope with stress and adversity. Respondents rate items on a scale from 0 (“not true at all”) to 4 (“true nearly all the time”). Range is 0-100 and high score lead to high resilience. Alpha reliability was observed as for factor 1, α=0.80, factor 2, α= 0.75, factor 3, α= 0.74, factor 4, α=0.69, and overall α=0.89.

WHOQOL-BREF (1996): The WHO-QOL-BREF is a 26 item short version of the 100 items WHOQOL creating a cross cultural quality of life assessment instrument,factorizing into four domains of quality of life, denoted by ‘physical health’ (domain1), ‘psychological’ (domain 2), ‘social relationships’ (domain 3),and ‘environment’ (domain 4). The WHOQOL Group found cronbach’s alpha values ranging from .66 to .84 for the four domains (WHOQOL Group, 1998).

RESULTS AND DISCUSSION

The current study was conducted to assess Resilience and Quality of Life in males and females and among different age groups. After the collection of data and scoring, statistical analysis was done to test -the formulated hypotheses of the study. The results have been discussed below:

Table 1 show the mean, SD, t-values and p- values on the dimension of Resilience, Mean and SD is 62.862 and 14.639 for males. A t-value of 3.028 with p-value .003 (p>0.05) that indicates that the outcome value is significant. Mean and SD in this dimension for females is 57.062 and 8.897 A t-value of 3.028 with p-value .003 (p>0.05) indicating a significant outcome value. This indicates a significant difference in males and females in Resilience. Mean and SD in second dimension *i.e*. Physical health is 21.987 and 2.674 in case of males. A t-value of 2.074 and p- value .040(p>0.05) indicates that the outcome value is a significant. Mean and SD in this dimension for females is 21.050 and 3.031. A t-value of 2.074 and p-value .040(p>0.05) indicates a significant value. Result indicates a significant difference in males and females in Physical health. Mean and SD in third dimension ie. Psychological health is 18.775 and 2.140 in case of males. At-value of 2.654 and p-value .009(p>0.05) indicating a significant value. Mean and SD for females in the same dimension comes out to be 17.900 and 2.028. A t-value of 2.654 and p-value .009(p>0.05) indicates a significant value. Results indicate a significant

Table 1 : Mean, S.D and t-test comparing males and females on dimensions of Resilience and Quality of life

Variable	Age difference				t	P
	50-65Yrs		66-80 Yrs			
	Mean	S.D	Mean	S.D		
Resilience	61.9750	13.11775	57.9500	11.41274	2.070	.040
(QOL) Physical health	21.6500	2.63904	21.3875	3.12804	.574	.567
Psychological health	19.1750	2.30451	17.5000	1.53442	5.411	.000
Social relationship	10.3375	.95392	10.0625	.89079	1.885	.061
Environment	25.7875	3.21269	24.4750	2.80133	2.754	.007
Total	77.2250	6.91719	73.5625	5.38832	3.736	.000

difference in males and females in Third dimension. Mean and SD in fourth dimension ie. Social relationship is 10.425 and 1.003 in case of males. A t-value 3.144 and p-value .002(p>0.05) indicates a significant outcome value. Mean and SD for females in the same dimension comes out to be 9.975 and .795 with t-value 3.144 and p-value .002(p>0.05) indicating a significant outcome value again which indicates a significant difference between males and females in social relationships. Mean and S.D in fifth dimension comes out to be 26.087 and 3.390 with t-value of 4.126 and p- value of .000 for male indicating a significant difference. Mean and S.D for females comes out to be 24.175 and 2.385 with t-value 4.126 and p-value .000 indicating a significant difference between males and females in fourth dimension *i.e.* Environment. The total mean and SD for males is 77.487 and 7.138. A t-value of 4.331 and p-value .000(p>0.05) which indicates a significant outcome value. Total mean and SD for females is 73.300 and 4.881. A t-value of 4.331 and p-value .000(p>0.05) indicates again a significant value. so overall results show that there is a significant difference in males and females in both resilience and quality of life.

Table 2 shows the mean, standard deviation, t-values and p-value on the dimensions of Resilience.Mean and SD is 61.975 and 13.117 for males. A t-value of 2.070 with p-value .040 (p>0.05) that indicates that the outcome value is significant. Mean and SD in this dimension for females is 57.950 and 11.412. A t-value of 2.070 with p-value .040(p>0.05) indicating a significant outcome value. This indicates a significant difference in males and females in Resilience. Mean and SD in second dimension ie. Physical health is 21.650 and 2.639 in case of males. A t-value of .574 and p- value .56(p>0.05) indicates that the outcome value is non significant. Mean and SD in this dimension for females is 21.387 and 3.128. A t-value of .574 and p-value .56(p>0.05) indicates a non- significant value. Result indicates a non-significant difference in males and females in Physical health. Mean and SD in third dimension ie. Psychological health is 19.175 and 2.304 in case of males. At-value of 5.411 and p-value .000(p>0.05) indicating a significant value. Mean and SD for females in the same dimension comes out to be 17.500 and 1.534. A t-value of 5.411 and p-value .000(p>0.05) indicates a significant value. Results indicate a significant difference in males and females in Third dimension. Mean and SD in fourth dimension ie. Social relationship is 10.337 and .953 in case of males. A t-value 1.885 and p-value .061(p>0.05) indicates a non-significant outcome value. Mean and SD for females in the same dimension comes out to be 10.065 and .890 with t-value 1.885 and p-value .061(p>0.05) indicating a non-significant outcome value which indicates a n0n-significant difference between males and females in social relationships. Mean and S.D in fifth dimension comes out to be 25.787 and 3.212 with t-value of 2.754 and p- value of .007 for male indicating a significant difference. Mean and S.D for females comes out to be 24.475 and 2.801 with t-value 2.754 and p-value .007 indicating a significant difference between males and females in fifth dimension *i.e.* Environment. The total mean and SD for males is 77.225 and 6.917. A t-value of 3.736 and p-value .000(p>0.05) which indicates a significant outcome value. Total mean and SD for females is 73.562 and 5.388. A t-value of 3.736 and p-value .000(p>0.05)

Table 2 : Mean, S.D. and t-test comparing age differences on dimensions of Resilience and Quality of life

Dimensions	Gender				t	P
	Male		Female			
	Mean	S.D	Mean	S.D		
Resilience	62.862	14.639	57.062	8.897	3.028	.003
(QOL) Physical health	21.9875	2.67427	21.0500	3.03106	2.074	.040
Psychological health	18.7750	2.14048	17.9000	2.02891	2.654	.009
Social relationship	10.4250	1.00347	9.9750	.79516	3.144	.002
Environment	26.0875	3.39096	24.1750	2.38548	4.126	.000
Total	77.4875	7.13876	73.3000	4.88190	4.331	.000

indicates again a significant value. so overall results show that there is a significant difference in males and females in both resilience and quality of life.

Conclusion:

The Present study found that there was a Significant difference in Resilience and Quality of Life across gender as well as there is Significant difference in Resilience and Quality of Life across different age group. ie. (50 -65yrs) and (65-80yrs), respectively, there was a non-significant difference on the dimension of Physical Health and Social relationship across different age groups.

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