Influence of Family Estrangement on Development of Mental Disorders among Refugees: A Case of Hagadera Camp in Daadab, Garissa County

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Abstract

When compared to the normal population, refugees are more prone to psychosocial distress, which leads to the development of mental disorders. The current study sought to examine how family separation impact on the development of mental disorders among refugees. The study's objective was to examine the influence of family separation on the development of mental disorders among refugees living in Hagadera Refugee Camp in the Daadab Complex. It employed descriptive research design, and was guided by the Attachment Theory. Simple random sampling method was used to recruit 200 participants from a population of approximately 600 refugees who visited Hagadera Mental Clinic monthly. Quantitative data were collected using self-administered questionnaires. The study used descriptive statistics, including standard deviation, percentage and mean, to analyze data. Presentation of results was done by use of tables. The findings indicated presence of different mental disorders among participants, where the prevalence of mood disorders (40.5%), anxiety disorders (39%), PTSD (8%), schizo-affective disorders (4.5%), narcolepsy (3.5%), psychosis (1.5%), somatic complaints (1.5%), stress (1%), and affective disorder (0.5%). Other findings indicated that family separation was pronounced, at a mean score of 3.16 (the highest score was 4.02 and the lowest score was 2.68). The regression model (Sig. value = 0.000) predicted that family separation contributed to the development of mental disorders among refugees. Regression analysis indicated a strong and a significant relationship between development of mental disorders and family separation (coefficient value = .417, p-value = .001). This understanding strengthens the relevance of tailor-made psychological intervention to address issues emanating from familial separation among the refugee community. Policy makers like UNHCR should enhance humanitarian services including refugee repatriation and communication. More studies need be conducted to establish if other psychosocial factors correlate with the development of mental disorders among refugees.

Keywords: *Family Separation, Mental Disorders, Refugee Community,*

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1.0 Introduction

Many people have been compelled by internal and external reasons to flee their homes. According to Stone (2018), 20 people are relocated every minute in the modern world. One in every 113 persons is displaced, a refugee, or an asylum seeker; 65.6 million people are displaced globally, and 40.8 million are domestically displaced (Stone, 2018). The United Nations Department of Economics and Social Affairs (UNDESA, 2018) found that there were 363,000 first-time asylum seekers in the U.S. in 2015 and 335,000 in 2016 of whom the majority were Syrian, Iraqi, Afghan and Pakistani applicants.

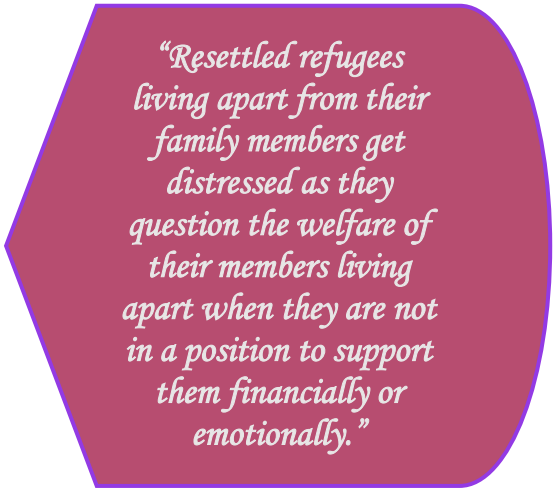
The United Nations High Commissioner for Refugees (UNHCR, 2014) data indicates that by the end of year 2013, 43 million people were displaced. In addition, nearly 14.3 million were in Africa, with 400,000 in North Africa and 13 million in sub-Saharan Africa. Those who were internally displaced were 77 million, and refugees were 3.4 million. Most notably, refugees as of 31 December 2013 were South Sudanese (115,000), Western Sahara (116,000), Eritreans (308,000), Congolese (500,000), Sudanese (650,000), and Somalis (1.1 million) (UNHCR, 2014).

Recent years have witnessed a rise in African refugees. As of June 2019, there were 74.8 million forcibly displaced people globally (UNDESA, 2019). In Africa, there were approximately 26.4 million refugees by the end of 2018. This is 35% of the 74.8 million global refugees. The population comprised refugees, stateless asylum seekers, returnees, and IDPs (UNDESA, 2019). This indicates a surge in refugees in Africa and beyond. In 2014, African countries that accommodated refugees included Uganda (220,000), Egypt (230,000), South Sudan (230,000), Chad (430,000), Ethiopia (434,000), and Kenya (530,000) (UNHCR, 2014).In Africa, Kenya is leading in hosting refugees. Data from UNHCR indicated that in 2019, there were refugees from Somalia (60.9%), South Sudan (24.4%), Congo (8.8%), and Ethiopia (5.9%). Refugees are hosted in Daadab Camp (44%), Kakuma Camp (40%), and cities (16%) (UNHCR, 2019). Hagadera, Dagahaley, and Ifo are Daadab's three refugee camps. Daadab welcomed 211,701 asylum seekers and refugees as of May 2019 (UNHCR, 2019).

Resettlement is a durable option in which refugees get immediate and long-term safety. However, the process of resettlement remains stressful with various challenges including family members' separation. While it is expected that family members, including extended family members, remains united. However, disaster often breaks such bonds (Dwivedi, 2000). Separating family members severs important communication characterized by deep, meaningful, and caring exchanges that keep members intact in good and bad times. When people run from adversity, children get separated from their parents, either accidentally or as a safety measure. Sometimes, children are given to human traffickers who facilitate their escape from their home country.

The study by Ayott and Wiliamson, (2001) indicated that the most vulnerable group of refugees was unaccompanied children (separated from both parents) and those with no legal parents. Resettled refugees living apart from their family members get

distressed as they question the welfare of their members living apart when they are not in a position to support them financially or emotionally (Dwivedi, 2000). Such worries affect the psychological wellness of such refugees making them more vulnerable to mental disorders.



There is hardly enough research on the relationship between family estrangement among refugee communities and the development of mental disorders particularly in Hagadera Refugee Camp in Kenya. Nevertheless, different studies conducted elsewhere have indicated a relationship between family separation and mental disorders. For instance, Keller et al. (2013) studied treatment-seeking urban refugees.

The findings were that 81.1% of the participants reported diagnosable anxiety, 84.5% (depressive symptoms), and 45.7% had PTSD. A similar study indicated different findings in that less than 5% of 63 Sudanese migrants in Australia satisfied PTSD criteria. However, 25% of the same population reported clinical mental discomfort (Schweitzer et al., 2013), an indication that not every refugee develops mental illnesses.A similar study by Dwivedi (2000) reported that unaccompanied children in Western countries were rising and made up 2–5% of any refugee population. Without a family, these children are more likely to be neglected, sexually assaulted, and injured (Dwivedi, 2000). Another study by Savic et al. (2013) examined how family separation impacted mental health among Sudanese refugees in Australia. The study revealed that separation harmed the emotional health of the participants. Poor mental health reflected concern for family members left in their home country and role adjustments. Another finding was that resettled refugees harbored feelings of guilt when they could not send financial support to their family members living elsewhere (Savic et al. 2013).

The study by Luci (2020) evaluated whether changes refugees' lives can be so severe as to create mental health issues. The findings were that traumatic events among immigrants caused inner displacement, reorganizing mental life, and resulted in traumatic complexes (Luci, 2010). A similar study by Lobel and Jacobsen (2020) studied family reunions and refugees' mental health in Germany. The study indicated that reuniting and resettling migrants enhanced their mental health. The findings confirmed that family separation caused mental distress because family union offers affirmation, self-identity, and sustenance. Family helps reduce social isolation during difficult times by providing support, guidance, and understanding as they may have experienced similar circumstances earlier. The study indicated that nuclear family separation affected resettled refugees' mental health (Luci, 2010).

Miller et al. (2018) found that refugees' biggest source of stress was family separation. People were upset in many ways, including concern for their families being in danger, cultural interruption, and a feelings of helplessness. Findings also indicated that alienation from a family member considerably affected mental health indicators. It explained extra variation in all three measures (PTSD, depression/anxiety, quality of life) when participants' overall traumatic experiences were considered (Miller et al., 2018).

Comparable research on refugees from Iraq in Albuquerque, New Mexico, Afghanistan, and the Great Lakes Region of Africa indicated that being separated from family members caused mental distress and was considered a disability (Faze et al. 2012). Weine et al. (2004) found comparable results. The study discovered that separation from family and role shifts were the most common post-migration stressors. There was a need, therefore, to establish if family separation corresponded to mental disorders among refugees in Hagadera Camp in Kenya.

The current study sought to establish if family separation impacted the development of mental disorders among refugees in Hagadera Refugee Camp in Dadaab Complex Kenya. The study's objective was to examine the influence of family separation on the development of mental disorders among refugees living in Hagadera Refugee Camp in the Dadaab Complex. The null hypothesis stated that family separation does not influence the development of mental disorders among refugees living in Hagadera Refugee Camp in Dadaab Complex. However, findings from the reviewed studies indicated that being cut off from family is painful. Attachment theory explains the importance of family unity by stating that people are born into intimate families, and staying with them means a lot to all members (Roscoe, 2009). It is apparent that no one can survive childhood without adult care, affection, and attention. This fundamental need never goes away (Ayott & Williamson, 2001; Roscoe, 2009). Instead, early reliance on family grows into an emotional attachment that makes adults feel their lives depend on their loved ones (Roscoe, 2009). Consequently, family separation has various implications, including distortion in family memories and communication, changes in family roles and obligations, as well as obstructed family interactions (Ayott & Williamson, 2001). Severing family relations cause distress and can, therefore, lead to the development of mental disorders.

As of May 2019, the Daadab Complex of which Hagadera Refugee Camp is part, welcomed 211,701 asylum seekers and refugees. Data from Mental Health Department in Hagadera Mental Clinic indicated that there were 7,481 cases of different mental disorders recorded in 2018 (International Rescue Committee [IRC], 2018). The data indicated that several refugees presented mental disorders, while some refugees managed to live normal lives. The current study sought to examine the role of family separation in the development of mental disorders among refugees visiting mental health facility in Hagdera Refugee Camp. It therefore, endeavored to test null hypothesis; "there is no significant relationship between family separation and the development of mental disorders."

2.0 Materials and methods

The study adopted a descriptive design to collect quantitative data about the influence of family separation on the development of mental disorders among refugees hosted in Northern Kenya's Hagadera Refugee Camp. The study purposed to test the null hypothesis which stated that "There is no significant relationship between family separation and the development of mental disorders." To obtain data, the study targeted approximately 600 refugee patients who attended Hagadera Refugee Camp Psychiatric Clinic monthly (IRC, 2018). The study employed Yamane (1994) formula to compute a sample size of 200 participants. The study population was 200 participants who comprised 93 females and 107 males who managed to successfully fill in the questionnaire. The simple random sampling method was applied to identify the study population.

The researcher relied on data obtained from clinical records to measure mental disorders. The clinicians used DSM-V to diagnose mental disorders (dependent variable) presented by individual clients visiting the mental clinic. The study adopted a self-structured tool to measure family separation (independent variable) and its validity and reliability were tested before collecting actual data. The piloting was done on five respondents, who were not part of the study sample, had a Cronbach's alpha value of α 0.79, hence the researcher considered the tool reliable and valid.

The researcher collected data on family separation where participants self-completed questionnaires that were given to them (160 electronic copies emailed and 40 hard copies). The data collected in the study were purely quantitative and were analyzed by the use of descriptive statistics such as standard deviation, mean, and percentage. Inferential statistics were done by use of ANOVA, model analysis, and simple regression analysis. Findings were presented using tables, frequencies, cross-tabulation, and descriptive ratios. The researcher observed all ethical principles, sought ethical approval from the concerned institutions, and participants were required to consent to study participation.

3.0 Results and Discussions

The response rate was 83.3%; out of the 200 participants, males were 53.5% and females were 46.5%. The findings implied that mental disorders affect both genders, but the proportion of men was higher compared to that of women. The study findings were like the study findings by Schweitzer et al. (2006) which indicated that psychological distress and mental illnesses were common among refugees across the board. The study findings differed from the findings of studies by Piccinelli and Wilkinson (2000) and by Hapke et al. (2006). The two studies focused on two mental disorders pointed out that cases of PTSD and depression were more common among women refugees as compared to men refugees.

Other findings were that 37% of the respondents were in the 21-30 age group, 46.5% (31-40) 10% (41-50), and 6.5% were above 50 years age group. The findings implied that younger people in the age bracket of 21-40 years (83.5%) presented more with mental disorders as compared to those aged 41years and above (16.5%). The possible reasons behind these findings were that young people have a lot to worry about, including how to advance in their lives,

starting and managing a family, as well as taking care of their elderly parents. This finding corresponds to the study findings by Stawski et al., 2008 which indicated that young adults compared to older adults had more stressors and were more reactive to stress. Similarly, the study by Hollander et al. (2011) indicated that refugees below the age of 40 years exhibited a higher prevalence of mental disorders.

The study also indicated 52% of the participants were married, 13% were divorced/separated, and 35% were single. The findings implied that more married people presented mental disorders as compared to non-married. The results correspond with the findings of the study by Mangrio et al. (2021) which demonstrate that the worry about family members' whereabouts was an additional psychological burden among married couples as compared to the unmarried. Similar findings were that across the board, psychological distress and mental illness were common among refugees (Schweitzer et al., 2006).

The study also showed that the highest number of participants, 62.5% had a college level education, 32% (secondary certificate), and 5% had not completed secondary school education. Only 1 (0.5%) participant had a higher diploma/degree. The findings imply that mental disorders were more common among refugees with higher education than among those with lower levels of education. The findings could be explained by high levels of stress related to the inability to secure jobs among refugees with a relatively good education. A study by UNHCR indicated that refugees had a high percentage of joblessness (78%), whereas Turkana hosts had a lower percentage (35%) and Kenyans overall rated at 26% (UNHCR, 2021). Also, a report by Hackl (2021) indicated that despite having a high-skill background, securing a decent job was hard for refugees (Hackl, 2021).

The study also indicated that 1 participant had lived in the camp for less than 1 year, 33.5% (1- 5 years, 50% (6-10 years), and 16% had lived for a period exceeding 10 years. The findings imply that prevalence of mental disorders was high among refugees who had stayed relatively longer in the camp. The findings confirm the results yielded by a study conducted by Fazel & Stein (2002) which showed high levels of mental disorders including anxiety, depression, and PTSD among refugees who had stayed for more than three years in the refugee camp.

Prevalence of Mental Disorders among the Refugees

The study sought to find out the nature of mental disorders the participants were diagnosed at the clinic and the findings presented in table 1.

Table 1

Frequency of Different Mental Disorders

Mental Disorder	Frequency	Percentage
Mood Disorder (Depression, Bipolar)	81	40.5%
Anxiety Disorder	78	39%
Post traumatic stress disorders	18	8%
Schizo -affective disorders	9	4.5%
Narcolepsy	7	3.5%
Psychosis	3	1.5%
Somatic complaints	3	1.5%
Stress disorders	2	1%
Affective disorder	1	0.5%
Totals	**200**	**100%**

The findings on the dependent variable (development of mental disorders) indicated that the respondents presented with diverse forms of mental disorders. 40.5% presented with mood disorders (including depression and bipolar disorders), 39% (anxiety disorder), 8% (PTSD), 4.5 (schizo-affective disorders), 3.5% (narcolepsy), 1.5% (psychosis), 1.5% (somatic complaints), 1% (stress disorders), and 0.5% (affective disorder).

The findings reflected the results from the study done by Birman et al. (2008), Mollica, (2014), Murray et al. (2010), and WHO & UNHCR (2012). The five studies indicated that mental disorders commonly diagnosed among the refugees included depressive, anxiety, PTSD, generalized (Birman et al., 2008), anxiety, panic attacks, somatization, adjustment disorder (Mollica, 2014; Murray et al., 2010), intellectual disability, migraine, psychotic disorders such as schizophrenia and bipolar disorders, alcoholism, illicit drug use, as well as dementia at advanced age (Mollica, 2014; Murray et al., 2010; WHO & UNHCR, 2012).

Family Estrangement on Development of Mental Disorders

The study also sought to find out the influence of family estrangement on development of mental disorders. The study findings were as indicated on table 2.

Table 2

Family Estrangement on Development of Mental Disorders

Statements	Mean	Std. Dev
I live with all my family members in this camp.	2.76	1.273
Some of my family members don't live in this camp but I know where they live.	3.32	1.486
I'm in constant communication with the family members not living with me in this camp.	2.68	1.455
There are efforts in progress to reunite all family members.	4.02	0.940
There are plans for repatriation back to my home country.	3.02	0.848
	3.16	

The findings in table 2 on the independent variable (family separation) indicated that most participants did not live with all family members in the camp as indicated by a mean score of 2.76. Other indicators were unaware of the place where some family members lived (mean 3.32), not in constant communication with family members living apart (mean 2.68), plans in progress to reunite all family members (mean 4.02), and plans underway for repatriation back to their home countries (mean 3.02). The study results suggest that participants felt separated from their families, which may have contributed to mental illness. Family alienation is a key source of distress among refugees and is highly connected with PTSD, depression, and anxiety disorders. Family separation, role shift, and worry about the welfare of the relatives in the home country were the most common post-migration stresses, according to Weine et al. (2004) and Faze et al. (2012).

ANOVA (Analysis of Variance)

Table 3 represents analysis of variance test. The researcher sought to establish the significance of the model.

Table 3

ANOVA (Analysis of Variance)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.216	3	1.739	6.822	.0000[a]
	Residual	17.293	43	2.55412		
	Total	22.509	46			

a. Dependent Variable: Development of Mental Disorders

b. Predictors: (Constant) family separation

ANOVA indicated that the model was statistically significant. The test indicated a low disparity between our independent variable and dependent variable, (sig. value 0.000<0.05) as indicated in Table 3. The findings rejected the study's null hypothesis: "there is no significant relationship between family separation and the development of mental disorders." As indicated in Table 3, the hypothesis p-value was 0.001, suggesting that there was a 0.1% possibility that the findings were random. This indicates that the null hypothesis is false, and that familial separation and mental disorders are linked. As indicated on the table the regression model proved statistically significant in predicting that family separation influences mental disorder development among Hagadera Camp refugees. The F-value of 6.822 was greater than F-critical-value, confirming the model's fitness.

Model Summary

Model summary was done to test the model fitness by explaining how a variation in dependent variable is explained by an independent variable

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Table 4

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.801[a]	.642	.592	1.21621

Table 4 indicates that the value of the adjusted R^2 is 0.642 meaning that linear regression model is statistically fit for predicting development of mental disorders in relation to family estrangement among refugees. The *R*2 value of 0.642 suggests that 64.2% of the dependent variable (development of mental disorders) could be explained by the independent variable (changes in family separation). Similar findings were reported in the study by Lobel and Jacobsen (2021) where the Rho value indicating the correlation between family reunification and refugee mental health by gender was 0.47 (male) and 0.55 (female).

Regression Analysis

Regression analysis was performed through regressing the independent variables of the study (Family estrangement) against the study's dependent variable (development of mental disorders). The results were as summarized in Table 5:

Table 5

Regression Analysis

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	T	Sig./P
1	(Constant)	5.415	.899		6.014	0.000
	FS	.502	.163	.417	.3086	.001

The simple regression analysis indicated a beta coefficient of 0.502, and a p-value of 0.001<0.05; an indication of a statistically significant positive connection between mental disorders and familial separation.

4.0 Conclusions

The study findings echo the models of psychological well-being and mental health which emphasize a contextually embedded and psychosocial contribution. The study findings demonstrated that refugee separation from other family members plays a significant role in the development of mental disorders. This understanding fortifies the significance of practicable and acceptable psychological interventions aimed at addressing psychological issues associated with family separation among refugee communities.

5.0 Recommendations

The results highlight the significance of early and continuous mental health care that should go beyond the period of initial resettlement, to promote mental health among refugees. The researcher recommends that counselors be guided by the study findings in developing tailor-made counseling approaches in supporting refugees' community. The study also recommends that policymakers such as the government of Kenya, UNHCR, as well as the non-governmental organizations should enhance humanitarian services such as repatriation through reuniting and facilitating communication among refugees' families to reduce the distress caused by family separation. Also, the study recommends further studies in different localities to establish if family separation has a high correlation with mental disorders among refugees and if other psychosocial factors other than family separation had a relationship with the development of mental disorders among refugees.

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