



## **A study on self-social problems experienced by the Marsh Landers of southern Iraq**

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### **Abstract**

This study address the problems experienced by the inhabitants of the southern Iraq marshes which result from recent as well as long term deprivation and suffering. The study limits its interest to the mental health problems that have social origins with wide scale spread among the population. Most of these problems seem to arise from the misconduct of the sociopolitical system which fail to promote the life and health and protect people from disastrous events in the recent past.

The study attempts, through record examination and direct interview with diseased individuals, to quantify the common mental illnesses experienced by marsh Landers.

The study covered 50 patients who were carefully studied to derive a picture of the mental ill-health of them as a subset of the marsh Landers> The variables studied included age, gender, type of illness, duration of illness, the life experience and the general social conditions under which these cases were living. .

A mattress of problems identified which affect a wide span of age and both sexes suggesting a common exposure to determinants.

The study came to the conclusion that the marsh Landers who used to be classical or traditional community with little mental problems are experiencing extensive pattern of various mental illnesses. These must reflect the painful experience during the last three decades.

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## 1- Introduction

The community of the marshes of southern Iraq experienced a series of problems through out their recent history from wars to displacement and deprivation. Such problems affect very substantially the social structure of the population with consequent psychological, economic and cultural problems. Some of the mental diseases experienced by these people seem unusual within the context of the traditional life and nature of these people, So these non-classical health and social problems must be a reflection of the past recent undesirable experience and painful events in the area as mentioned above. The rehabilitation of marshes and marsh Landers must consider handling social problems, mental illnesses in addition to economic and other issues.

The present study gains its importance from the fact that few studies are carried out on these populations despite the enormous stress they suffered from related to Iraq-Iran war, economic sanctions, local armed conflicts, displacement, drying of marshes, marginalization and all the aftermath of Iraq occupation.

The research question is: can we identify some ill health aspects that are amenable to improvement?

The objectives of the study are:

1. To determine the prevalence of mental illness among the studied population with

likely determinants of any pattern described

2. To complement a gap in knowledge about marsh Landers given the fact that this study is one in a series of studies on the same population.

3. Identify major factors behind mental illness.

The investigator faced many difficulties in handling the study, from security issues, to sensitivity of mental illness in rural population and reluctance of many people to respond in an objective manner to the enquiries of the study.

## 2- Subjects and methods

### Definition of terms

Disease: is any failure of the body to adapt to stress and stimuli. In mental terms, disease is both the failure and the circumstances that surround its occurrence. It has physical, mental, social, moral and ethical dimensions. (1)

Affection disorders: It is a normal expression of mental illness including anxiety and panic and authoritarian ideas, hysteria, nervous depression and illusions. (2)

Psychosomatic disorders: The various reactions resulting from physical or psychological factors. (3)

Anxiety: A case of self perceived feeling of distress and dissatisfaction with

the expectation of an imminent damage or bad happening.(3)

Panic/phobia: A state of extreme fear from something in particular. When the fear is very severe, the person may try to seek means to escape from it.(3)

Disease domination: The ideas of authoritarianism and Coerceive). (3)

Hysteria: Untrue disease. It is a psychological behaviour of persons who are desperate to get attention.(3)

(3) Depression: Feeling of sadness and failure

Stress: A reflection of pressure in life and overlaps with anxiety.(4-6)

### **Data collection**

A sample of 50 persons were included in the study and all were resident of the southern Iraq marshes at the time of the study or living in adjacent rural areas. The sample consisted of 29 adult males and 21 adult females. The age range extends from children below 12 years up to young and middle aged persons. All the persons were suffering from some sort of mental illness at the time of the study.

### **3- Results and discussion**

#### **General findings**

1. The conditions identified are evenly distributed among males and females, thus the phenomenon of the disease is not

limited to one gender, although the marshes communities in general are characterized by the tendency to exercise oppression and discrimination on the basis of sex. This may suggest that illnesses are related to external factors not necessarily inherited in the population.

2. The conditions affect wide range of age groups particularly children and young adults. This pattern does not fit into the situation in western countries for example. This may suggest again that a special situation is truly behind this pattern. The events during the last three decades like wars are implicated in this pattern of mental morbidity.(7-8)

3. These conditions are expressions of suffering and long term trauma. Wars, displacements and losses of relatives, friends and property should be triggering and maintaining factors for these ill-health aspects.

4. The environment both in its natural and man-made components must have play a decisive role in the initiation of these mental illnesses. Also the continuation of poor environmental conditions lead to the failure of people to adapt to them and fail to recover from them.(9) Actually, health in its broad sense is a changing product of complex interaction among physical, chemical, biological and social environ-

ments including the availability and use of health care services.(10-11)

### **Specific findings**

A number of conditions could be identified as illustrated in Table 1 below: The most frequently identified mental problem was unrest and tension found in 38% of the sample followed by depression (26%), anxiety ( 18%) and Nervousness (12%). These four conditions are in general similar from clinical point of view and are likely to reflect a common cause or causes. In addition a list of other conditions are also identified and shown in the table. All these conditions are a result of the social, cultural, economic and environmental defects affecting individuals as well as groups. Definitely these conditions are disabling among the population and when they are common enough, the productivity of such community will become low increasing further the poverty and sufferings. (7-9).

Going back in history, it seems that the population of the marshes were much healthier before the last three decade events. The Iraq-Iran war 1980-1988, the economic sanctions 1991-2002 and the period of dramatic change 2003-200( up to the writing of this paper) are three significant historical periods in the life of marsh Landers

According to Salim in his famous writing Chabaish, mental illnesses were very infrequent and the marsh Landers were very traditional less complicated population from social and psychological aspects.. This means that the fairly common mental illnesses recognized in the recent times are a reflection of the damaging emergency situations created by wars, economic deprivation due to sanctions and drying of marshes and displacement. It is possible to relate the mental conditions to underlying causes as judged by the investigator as shown in Table 2.

Table 1: Common mental conditions identified among the studied population

Condition	Percentage distribution
Unrest and tension	38%
Blues/Depression	26%
Anxiety	18%
Nervousness	12%
Fear	6%
Feeling of inferiority	6%
Grief	6%
Mental backwardness	4%
Obsession	4%
Feeling of unjustified disease	4%
Despair	4%
Hallucinations	4%
Schizophrenia	2%
Delirium	2%

Table 2: Probable causes of mental illnesses among marsh Landers

Underlying cause	% of cases
Conditions of Iraq-Iran War	20%
Shock due to death of relative(s)	16%
Family disintegration	14%
Hereditary	14%
OZ material	12%
Condition of detention	6%
Spouse abuse	6%
Large family size	4%
Mental backwardness/retardation	4%
Unknown causes	4%
Negligence of parents	4%
Non-adjustments in marriage	2%
Immigration/displacement	2%
Social isolation, social ill-treatment	2%
Shoch due to abduction	2%

**4-Conclusions**

1. Communities in areas of marshes and adjacent areas become vulnerable to mental illness after they were almost free from them. This vulnerability is due to the harsh experience they had in the last three decades.
2. These illnesses began to appear in recognizable pattern after the Iraq-Iran war, displacement and other painful events associated with killing and family disintegration.
3. Further increase in the bitter experience was created by the years of economic sanctions and the sectarian conflicts after 2003. Adding the disappointment people they had from failure of policy makers to solve their long standing problems.
4. Mental illness in the studied population does not distinguish between sexes, ages
5. The life of a family is affected in totality due to the illness of one family member particularly families whose head is the victim.
6. Victimized families had children who were forced, under undesirable conditions, to leave schools, to work very early in age and exposed to abuse, exploitation and violence in all its forms.

**5-References**

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تتطرق هذه الدراسة لمشكلة اخرى يعاني منها سكان الاهوار تضاف الى قائمة مشكلاتهم الطويلة وال  
 هذه المرة النفسية التي يكون منشئها اجتماعي والتي تنتش بالشكل الذي يجعل منها ظاهرة بين مجتمع  
 شبه تقليدي من المفترض ان يكون بعيدا عن مثل هذه من الامراض كما هو متعارف عليه  
 التقليدية في العالم. بما يخلقه من ادوات ضغط الى الحد الذي يعجز من خلاله عن مواجهتها فيتعرضون  
 لصدمة تؤثر في مجمل حياتهم وحيات افراد عائلاتهم ، فالمجتمع هو الذي ينتج السلطة وهذه تخلق الازمات والحروب  
 والافراد يقعون ضحايا الا ان هذه الدا التي تجعل من المجتمع هو الذي يخلق السلطة وهذه تخلق الازمات فيتعرض  
 الافراد الى الاضطراب ليست قاعدة ثابتة فكثيرا ما تاتي الازمات والكوارث دون ان يكون للمجتمع الذي يتعرض لها اي  
 دور فيها.

التي تعرض لها سكان الاهوار كالحروب والافتقار والتهجير جعلت بعضهم يتعرض  
 لصدمة نفسية وعقلية مما تعطيل آليات السلوك السليم الذي يمتاز به السوي ويجعله فاعلا في الحياة،  
 شملت هذه الدراسة عينة عشوائية ضمت خمسين مريضا يعانون من واحد او  
 الاستفادة من بيانات بعض المراكز الصحية في مناطق الاهوار مقابلة التي قام بها الباحث معهم. لاتتعلق هذه  
 بالتحليل السيكولوجي فرد في العينة لان ذلك ليس من  
 اجتماعيا لذلك فقد تمت بتوزيع المرضى حسب فئاتهم العمرية، ونوعهم الاجتماعي ( )، تاريخ ظهور  
 المعيشية، الحالات المرضية والظروف الاجتماعية العامة لعائلات المرضى، الى تحديد  
 وغير المباشرة لظهور هذه وانتشارها بين مجتمعات كانت الى ما قبل ثلاثة عقود هي خالية منها بشكل شبه