

PSYCHIATRIC PROBLEMS IN AN AFGHAN VILLAGE

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Background: The rates of psychiatric disorders might be very high in Afghanistan. The country has faced many years of war and violence and therefore this is hardly surprising. We are describing the results of a community survey conducted by clinicians in a small village of Eastern Afghanistan. This study was carried out to measure prevalence of psychiatric disorders among the people living in a small village in the Nangerhar, Afghanistan. We also wanted to measure the associated demographic variables. **Methods:** A structured interview schedule, Mini International neuropsychiatry Interview Schedule (MINI), was used to measure psychiatric morbidity. **Results:** More than 70% of the population fulfilled criteria for some form of mental illness. **Conclusions:** The rates of mental health problems are very high in Afghanistan. Any efforts to rebuild this war torn country should take sufficient measures in building mental health services with special emphasis on mental health problems.

Keywords: Violence, Trauma, Psychiatric disorders, war

INTRODUCTION

Afghanistan has seen more than two decades of war and trauma. The population of Afghanistan has experienced violence from foreigners as well as their own countrymen. The concept of stress leading to psychological symptoms is not new. It has been studied extensively.¹⁻⁴

The conflict stricken regions of the world usually have high rates of psychiatric morbidity.⁴ Apart from direct effects of trauma due to war, the Afghan people have suffered other consequences of civil war and political instability including poverty, lack of health services and disintegration of conventional social support system.⁵ A better understanding of the experience of the common people in the conflicts and the effects of traumatic experiences is important for the rehabilitation of society.⁶

Surveys using self reported measures and scales have recorded high rates of psychiatric morbidity in Afghanistan.^{5,7} We therefore tried to address this issue using a structured clinical interview to measure psychopathology among Afghan people. In this paper we present data from a survey of the adult population in a village in Nangarhar in Eastern Afghanistan.

MATERIAL AND METHODS

This study was conducted in a small village in Nangarhar district. This village was typical of the villages in the area and was target of bombing in the 2001 campaign. Out of a total population of over 5500 in 1979 before the Russian War 3697 left the village during the war against Russia. The area was relatively peaceful in Taliban period. During the

2001 bombing the whole area including the nearby villages was hit. The total population at the time of interview was 1803. There were over 1300 adults. We aimed at interviewing all the people living in the village over the age of 16. The data was collected between 8/12/03 and 12/02/04. Analyses were carried out using SPSS version 12 for the windows.

RESULTS

A total of 1301 people were interviewed. The age range was 15-70 years, with the mean age 32.6 ± 7.77 for men and 33.6 ± 6.12 for women. There was no statistically significant age difference between men and women. Over 99% of the population was Pushto speaking, and ethnically Pushtoon. The majority (82%) were uneducated. Only 18% had some form of education. Seventy nine percent (79%) were married. Twenty three percent (23%) reported some form of physical illness. Fifty five percent (55%) were unemployed, twenty nine percent (29%) were self employed and over fifteen percent (15%) were employed by others.

Table 1 describes the frequency of psychiatric morbidity among the residents of the village.

We asked about the experiences of trauma within the last three months, 12 months and the last 36 months of the study. Table, 2 gives the type and frequency of the trauma suffered within each period.

DISCUSSION

In this survey of population in a village we found very high rates of psychiatric morbidity. Afghanistan is a country where violence is not unusual at any time and people are used to it. The country has been in civil war for over three decades. We looked at the

frequency of the traumatic experiences of people. We concentrated on the direct experience of trauma, not on the information about the events, which can be traumatic as such. Nearly half of the population met the criteria for PTSD.

Table-1: Psychiatric morbidity

	Frequency	%
Major depression episode current	321	27.9
Dysthymia	9	.8
Manic episode current	12	1.0
Hypomanic episode current	2	.2
Hypomanic episode past	3	.3
Panic disorder current	5	.4
Obsessive compulsive disorder	8	.7
Post traumatic stress disorder	610	53.0
Alcohol abuse	1	.1
Substance dependence (non alcohol)	2	.2
Substance abuse (non alcohol)	3	.3
Psychotic disorder lifetime	64	5.6
Psychotic disorder current	6	.5
Bulimia nervosa	1	.1
Generalized anxiety disorder	104	9.0
Total	1151	100.0

Table-2: The type and frequency of trauma

Type of trauma	36 months	12 months	3 months
Nil	462(35.5%)	802(61.1%)	1114 (85.6%)
War	103(7.9%)	39(3%)	---
Bombardment	261(20.1%)	98(7.5%)	3(.2%)
Killing	80(6.1%)	22(1.7%)	1(0.1%)
Firing	67(5.1%)	2(0.2%)	1(0.1%)
Witnessed dead bodies	63(4.8%)	13(1.0%)	2(0.2%)
physical assault	74(5.7%)	95(7.3%)	69(5.3%)
Kidnapping	40(3.1%)	32(2.5%)	18(1.4%)
being held hostage	11(0.8%)	20(1.5%)	15(1.2%)
death of relative	37(2.8%)	48(3.7%)	27(2.1%)
serious accident	13(1.0%)	3(0.2%)	16(1.2%)
terrorist attacks	1/(0.1%)	---	---
Torture	---	---	9(0.7%)
Death of a friend	---	---	10(0.8%)
natural disaster	2(0.2%)	---	---
lost somebody in war	37(2.8%)	47(3.6%)	---
lost body part due to blast	48(3.7%)	64(4.9%)	9(0.7%)

The structured interview used in the study has robust psychometric properties and has been used in many international studies. The interviewers were doctors with experience in psychiatry. They had good knowledge of local culture and spoke the local language. They were experienced in treating people from similar background. The female physician in the team interviewed the women. The interviewers had training in using the interview before they used it in the population.

Although, the high rates of PTSD might be explainable due to the traumatic history of the country's recent past, the high rates of depression and anxiety also reflect the general unrest, insecurity and difficult times the population of Afghanistan has been through.

This survey draws our attention to the hidden human cost of the conflicts, the implications for the rehabilitation and healing of the society and for better prospects of prevention of further conflicts. It is important that these issues are tackled through organisation and development of the services with an aim to help people in dealing with traumatic experiences and their sequels.

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