



ORIGINAL RESEARCH

Health status of returnees to Kosovo: Do living conditions during asylum make a difference?

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Summary Objective: From August 1999 to July 2001, asylum seekers who had come to Switzerland from Kosovo were repatriated. The present study aimed to assess the relationship between living conditions during asylum in Switzerland and health status among returnees.

Study design: Cross-sectional survey of 319 ethnic Albanian families in Kosovo, selected from a list of 12 900 heads of households who had received repatriation aid.

Methods: Consenting household members aged 16 years or more who had received asylum in Switzerland were interviewed during the autumn of 2001. Questions explored living conditions during asylum, present socio-economic conditions (World Bank Kosovo Poverty Assessment Survey), subjective physical and mental health [Medical Outcomes Study 36-item Short Form Health Survey (SF-36)], traumatic events (Harvard Trauma Questionnaire) and symptoms of post-traumatic stress disorder (PTSD; Mini International Neuropsychiatric Interview).

Results: Ninety-four per cent of selected households were located. Among the 580 participants, 25.5% suffered from PTSD and 65% lived in extreme poverty. Subjective health scores, measured by SF-36, were low, particularly for those affected by PTSD. Among living conditions in the host country, duration of stay longer than 26 weeks was associated with lower mental health scores, particularly among people with PTSD.

Conclusions: Two years after the conflict, returnees had low health scores. The association between duration of stay and lower mental health scores may reflect the stress of adapting to asylum or the consequence of compulsory repatriation. This study has implications for the emerging healthcare system in Kosovo and for policies of asylum in host countries.

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Introduction

Organized political violence in the 20th Century has primarily affected civilian populations,¹ and it is estimated that nearly one-hundredth of the world's population has been displaced because of war or political unrest.²

Most studies on the health of people affected by war have focused on the impact of traumatic events before or during flight.³ Fewer have assessed the health of refugees living in host countries^{4,5} or the health of populations in countries after the end of a conflict.⁶⁻⁹ Few studies have explored the impact of living conditions during asylum, such as unemployment, lack of social support and policies of deterrence on health.^{4,10-18} The possible long-term impact of conditions during asylum, after refugees have returned to their country of origin, is virtually unexplored.¹⁹⁻²¹

The present study was conducted to explore the associations between living conditions during asylum in Switzerland and the subjective health of returnees to Kosovo, differentiating between those with and those without post-traumatic stress disorder (PTSD).

Methods

Setting

The suppression of the autonomy of Kosovo in 1989 and the following repression resulted in the largest forced movement of people in Europe since World War II,^{22,23} with over one million people displaced from their homes.

By the end of 1999, there were 60 000 asylum seekers from Kosovo in Switzerland, and, in March 1999, the Kosovar community had become the second largest immigrant group in Switzerland, numbering over 200 000 or one-tenth of the former population of Kosovo.²⁴ Soon after the arrival of the peacekeeping forces in Kosovo, the Swiss Government decided to repatriate ethnic Albanian Kosovars who had arrived as asylum seekers or legal immigrants with an expired work permit. Kosovars who could remain in Switzerland included legal immigrants, ethnic minorities, people who could justify a need to delay departure (e.g. to complete medical treatment or a training programme), and people who were granted a humanitarian permit (invalids, female heads of families, victims of rape, etc.).

By April 2001, approximately 12 900 families, or 34 000 individuals, had returned to Kosovo with the aid of the Swiss Development Agency and the

International Organization for Migration. This survey was undertaken from September to November 2001 on a sample of such families repatriated after asylum in Switzerland.

Selection of subjects

Out of the list of 12 900 heads of households who received repatriation aid from Switzerland, 340 were selected at random from the eight municipalities with the highest concentration of returnees.²⁵ The total population in these eight municipalities was 1 396 290 (69%) out of a total population in Kosovo of two million people living in 28 municipalities.²⁶ The chosen municipalities included rural and urban areas from the east and the west of Kosovo that experienced different degrees of violence during the conflict. It is therefore unlikely that the exclusion of 31% of the families, to contain logistical costs, introduced a major sampling bias. Sample size was calculated so that a 17% prevalence of PTSD could be estimated with accuracy greater than $\pm 5\%$.

Study variables and instruments

Subjective physical and mental health status were evaluated using the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36),²⁷ a widely utilized^{17,28-30} questionnaire with established reliability and validity.^{31,32} The SF-36 measures health in eight dimensions,³³ which can then be aggregated into two summary scores, i.e. physical and mental components of health. To facilitate interpretation, scores were standardized using normative values for the 1998 US population (international normative values for the SF-36 survey are currently unavailable):³⁴ a score of 50 represents the US national average and a score that is 10 points above or below 50 represents a difference of one standard deviation from the US national average.

PTSD was assessed with the appropriate section of the Mini International Neuropsychiatric Interview (MINI). This short questionnaire diagnoses PTSD validly and reliably^{35,36} based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases-10, and has been used in many different countries and populations.³⁷⁻³⁹ Following the criteria of the MINI, subjects are diagnosed with PTSD if they have been exposed to at least one traumatic event, experienced flashbacks, and suffered from at least five of 11 other symptoms.

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