Dhaka Univ. J. Biol. Sci. **32**(2): 159-166, 2023 (July) DOI: https://doi.org/10.3329/dujbs.v32i2.67675

PSYCHOLOGICAL WELL-BEING AND COPING STRATEGIES OF THE FORCEFULLY DISPLACED ROHINGYA REFUGEES

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Keywords: Refugee, Psychological well-being, Adaptive coping, Non-adaptive coping

Abstract

Despite the immensity and severity of the Rohingya refugee crisis, information on their psychological well-being and coping mechanisms are limited. This work aims to synthesize research on the mental health and coping strategies of Rohingya refugees. Forty-four purposely sampled refugees completed a cross-sectional survey in the form of a structured interview, providing demographic information as well as responses on the Bangla Psychological well-being measure and the Bangla coping scale. The mean score for respondents' psychological well-being was 246.9 (SD = 25.39), while the mean score for adaptive coping was 35.93 (SD = 4.64) and the mean score for non-adaptive coping was 26.29 (SD = 3.76). Results showed a statistically significant difference (t= -2.185, p<.05) in adaptive coping scores between single/unmarried and married participants. Awareness of past traumatic experiences needs to be harmonized with consideration of existing stressors and factors pertaining to future concerns. It is imperative to construct mental health interventions that mobilize the individual and community capabilities of Rohingya refugees.

Introduction

Myanmar's citizens who were moved against their will are one of the most persecuted minorities in the world and one of the largest groups of people without a country to call home(1). They have been making dangerous journeys across the border into Bangladesh for over four decades now to escape widespread persecution and conflict(2). Many Myanmar citizens who were forced to leave their homes have been living in Bangladeshi refugee camps for more than 20 years with little assistance from humanitarian groups(3). Over 900,000 Rohingya refugees live in Bangladesh, with nearly 200,000 arriving in Cox's Bazar prior to August 2017(4). Since late August 2017, when violence and military operations got worse in the northern settlements of Rakhine State, where most of the Rohingya lived, more than 700,000 Rohingya refugees have traversed the border into Bangladesh(5). Repatriation of the forcibly displaced Myanmar citizens is one of the most important things the government of Bangladesh wants to resolve, but it will take time to make it happen. In the meantime, the lives of the forcibly displaced

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Myanmar citizens hang in the balance because their lives have changed so much[1]. Neither in their own country nor in Bangladesh do they meet with any degree of acceptance. The Rohingya refugees in Bangladesh are having a hard time because they have been forced to live as refugees for so long.

Psychological well-being is an internal state that is linked to high levels of happiness, positive affect, and life satisfaction[6,7]. Even though Rohingya refugees got food, water, and other basic services to meet their immediate needs, their psychological well-being is at risk because they don't have enough access to aid, education, and movement which is a serious matter of concern[8]. They were found to be very stressed when discussing their precarious situation and lack of hope by a joint assessment by the Government of Bangladesh, the World Food Program (WFP), and UNHCR[9]. On the contrary, the coping strategy is a process that determines the impact of stressful events on physical and psychological well-being[10]. As refugees try to make life better, they may rely on unsafe, unsustainable coping strategies to make a living that is terrible for both them and the rest of the community. They get by on a wider variety of less readily available economic pursuits and coping strategies that shift with the seasons and available resources[11]. The strategies they employ to deal with their situation sometimes lead to a loss of self-dignity for the refugees in addition to protection risks[1]. In addition, the individuals had experienced traumatic events in the past that have been linked to PTSD and other forms of psychological distress, such as the death of loved ones, witnessing severe violence or suffering physical harm, or the destruction of personal property during times of war[12,13].

There have been relatively few studies conducted on how persecution, war, and other historical traumas affect the mental health of Myanmar citizens who were forced to leave their homes. The role of daily environmental stressors like being stateless and living in refugee camps as well as the way of coping hasn't also been thoroughly studied. The purpose of this study was to assess their level of psychological well-being and different coping strategies (both adaptive and non-adaptive) for stressful situations. Another goal was to investigate whether there was any significant relationship between psychological well-being and coping strategy (both adaptive and non-adaptive coping strategies) of forcefully displaced Myanmar citizens and how they vary according to different demographic parameters. The findings of the present study will be helpful for the policymakers to develop programs for better adjustments of the refugees.

Materials and Methods

Sampling and study design: By utilizing a structured interviewing technique, a cross-sectional survey design[14] was used to evaluate the psychological health and coping mechanisms of citizens of Myanmar who had been forcibly displaced. Data collection took place between March 1 to May 15, 2020 using a purposive sampling technique that aimed to engage the targeted population. Forty-four people in total took part in the survey. The final group included a roughly equal number of males (47.7%) and females (52.3%), forcibly displaced citizens of Myanmar, ranging in age from 18 to 50.

Structured interviews were conducted with every participant who volunteered to participate after receiving ethical approval from the educational and counseling psychology department's ethics committee (ref no. DECP/08/10) at the University of Dhaka. Respondents were encouraged to respond with the structured interviewing questionnaire. Informed consent was required to access their questionnaire responses. Respondents had the option to leave the survey at any time, and anonymity was retained to protect their privacy.

Measures: The study with citizens of Myanmar who had been forcibly displaced was conducted using the Bangla versions of the coping scale[15] and the psychological well-being scale[16]. Age, sex, marital status, education, and occupation were also collected as demographic data.

The psychological well-being scale: The psychological well-being scale has 72 items (36 positive items and 36 negative items) in total covering 7 dimensions - physical, psychological, social, work-related, life satisfaction, emotional, and family-related items. It had a correlation coefficient of 0.88[16]. It is a self-report questionnaire with a five-point Likert scale ranging from 1-5 and a total scoring range of 72 to 360, designed to detect psychological well-being. A higher score indicated a better psychological well-being state.

The coping scale: The adapted Bangla version of the coping scale is a 22-item self-report instrument that measures the coping strategy of people with a Cronbach's alpha of 0.86[15]. The scale is a 4-point Likert scale which has two types of coping strategy items. One type is the adaptive coping strategy which indicates 13 items while the non-adaptive coping strategy indicates the rest 9 items respectively.

Data interpretation: Results from 44 participants were included in the report. Statistical analyses (descriptive statistics, independent sample t-tests, and correlation analysis) of the data were interpreted with SPSS Statistic 20.0 (IBM SPSS Statistics; New York, USA).

Results and Discussion

The extent of the respondents' psychological measures was determined using descriptive statistics. Table 1 displays demographic factors included in the current study, showing that most participants are either female (52.3%), married (68.2%), have only completed primary school (75%) or below, or are unemployed (54.5%).

The mean scores of all responders on all psychological measures are displayed in Table 2. Although responses varied widely at the time, a mean score of 246.9 with a maximum score of 201 indicates that respondents' psychological well-being is at a moderate level. Respondents with adaptive coping strategies had a mean score of 35.93, whereas those with non-adaptive coping strategies had a mean score of 26.29 indicating their preference for choosing adaptive coping strategies in dealing with daily life stressors (Table 2).

Table 1. Demographic profile of the participants (N=44).

Characteristics	Frequency	Percentage
Sex		
Male	21	47.7
Female	23	52.3
Marital status		
Single	14	31.8
Married	30	68.2
Education level		
Primary or below	33	75.0
Secondary or above	11	25.0
Occupational status		
Labor/employed	20	45.5
Unemployed	24	54.5

Table 2. Descriptive statistics of psychological well-being, coping strategy subscale scores (Adaptive coping strategy, Non-Adaptive coping strategy) of the forcefully displaced Myanmar citizens (N=44)

Parameters	Mean (SD)	Range	
		Minimum	Maximum
Psychological Well-Being	246.9(25.39)	94	201
Adaptive coping strategy	35.93 (4.64)	27	46
Non-Adaptive coping strategy	26.29 (3.76)	19	33

Table 3. The distribution of mean psychological well-being scores according to different demographic parameters.

Variable	Category	Mean (SD)	t value	*p value*
Sex	Male	248.47(27.94)	.376	.709
	Female	245.56(23.37)		
Marital status	Single	257.14(22.67)	1.870	.068
	Married	242.20(25.53)		
Educational level	Primary or below	243.90(24.82)	-1.393	.171
	Secondary or above	256.09(26.03)		
Occupational status	Labor/employed	247.50(23.47)	-.129	.898
	Unemployed	246.50(27.37)		

*p < .05.

Independent sample t-tests were conducted to compare the mean psychological well-being, adaptive coping strategy, and non-adaptive coping strategy scores between the groups of different demographic parameters of the study. The mean psychological well-being score for females was 245.56, while males scored 248.47. There were no significant differences in psychological well-being levels between male and female participants. Unmarried/single participants had a mean score of 257.14, while married respondents had a score of 242.20, but no statistically significant differences were found between the two groups. Participants who studied at the primary or below level had a mean score of 243.90, while those who studied at a secondary or higher level had a mean score of 256.09 with no statistically significant differences. Respondents who were working as laborers or employed had a mean score of 247.50 while the unemployed scored a mean score of 246.50. No significant differences were found between different groups according to occupational status (Table 3).

Table 4. The distribution of mean adaptive coping strategy scores according to different demographic parameters

Variable	Category	Mean (SD)	t value	*p* value
Sex	Male	35.71(4.33)	-.294	.770
	Female	36.13(4.99)		
Marital status	Single	33.78(2.75)	-2.185	.031*
	Married	36.93(5.03)		
Educational level	Primary or below	36.00(4.74)	.167	.571
	Secondary or above	35.72(4.54)		
Occupational status	Labor/employed	36.95(4.50)	-1.340	.187
	Unemployed	35.08(4.68)		

*p < .05.

Females scored a mean of 36.13 on the adaptive coping strategy scale, while men averaged 35.71. It was shown that male and female participants did not differ significantly in their use of adaptive coping strategies. Significant differences in adaptive coping strategy scores were found, with individuals who were unmarried/single presenting lower scores (M = 33.78, SD = 2.75) than those who were married (M = 36.93, SD = 12.93), t= -2.185, p<.05. With no statistically significant differences, participants who studied at the primary or lower level had a mean adaptive coping score of 36.00 and those who studied at the secondary or above level had a mean score of 35.72. The mean adaptive coping score for respondents who were employed or working as laborers was 36.95, whereas the average score for those who were unemployed was 35.08. According to occupational status, no noteworthy disparities were discovered across the groups (Table 4).

Non-adaptive coping strategy scores averaged 26.30 for women and 26.28 for men. The results showed no statistically significant differences in the use of non-adaptive coping strategies across the genders. Unmarried/single participants had a mean score of 25.35, while married respondents had a score of 26.73, but no statistically significant differences were detected between the two groups. Participants with a primary or below education background had a mean non-adaptive coping strategy score of 26.45, while those in secondary or higher education had a mean score of 25.81, with no statistically significant differences between both of these groups. The mean non-adaptive coping strategy score for employed respondents was 26.65, whereas the average score for the jobless was 26.00. No significant differences were detected in the non-adaptive coping strategy scores of participants in terms of their occupational differences (Table 5).

Table 5. The distribution of mean non-adaptive coping strategy scores according to different demographic parameters.

Variable	Category	Mean (SD)	t value	p value
Sex	Male	26.28(3.19)	-.016	.390
	Female	26.30(4.28)		
Marital status	Single	25.35(3.27)	-1.13	.263
	Married	26.73(3.94)		
Educational level	Primary or below	26.45(3.93)	.481	.633
	Secondary or above	25.81(3.28)		
Occupational status	Labor/employed	26.65(4.17)	-.566	.574
	Unemployed	26.00(3.45)		

*p < .05.

The relationship between psychological well-being and adaptive coping strategy was investigated using Spearman's rank order correlation, as was the correlation between psychological health and non-adaptive coping strategy. No significant relationship can be inferred from the rank order correlation of r_s (44) =0.120, p>.05, two-tailed, between psychological well-being and adaptive coping techniques. The rank order correlation between psychological well-being and non-adaptive coping techniques was r_s (44) =.161, p > .05, two-tailed, also showing that there was no significant relationship between the two.

Rohingya refugees' current level of psychological well-being can be attributed in part to the fact that after the post-migration they were no longer subject to life-threatening situations, although reporting significant challenges adapting to life in exile. Consistent with the results of another study conducted with Bosnian refugees in a post-migration context, some of the obstacles were issues with environmental mastery, inadequate finances for basic necessities, social isolation and lack of social support, and prejudice and poor treatment[17]. The loss of social assets that occurs throughout their transit and relocation phases may also be responsible for lowering their level of

psychological well-being by producing distress, anxiety, and depression among them[18]. We found that our participants may have relied heavily on their coping strategies to help them before, during, and after their relocation which is similar to the findings of another study with Sudanese refugees[19]. Belief systems with a strong attachment to religion are somehow responsible as a key way of coping for them, which is backed by another study conducted with Somalian and Ethiopian refugees, which discovered that individuals believed in God, prayers, and religious ideals to alleviate their sorrows [20]. It appeared that religious beliefs were linked to a mindset of "tolerance" toward adversity in exchange for a payoff in the guise of a "better future"[21]. Furthermore, it is considered that such beliefs are a beneficial coping method in assisting individuals in adjusting to life's challenges.

Despite the study's pilot nature and cultural barriers with participants, the data suggest that the lives of forcibly displaced Myanmar citizens (Rohingya refugees) are affected by multiple stressors and that these individuals are adapting by using fewer coping strategies, which has negative consequences for their psychological well-being. It may be beneficial to ensure the safety of Rohingya refugees if they have access to more mental health facilities like-basic psychosocial support. Future in-depth research and/or detailed planning on the psychological health of Rohingya refugees with more study participants is highly suggested.

References

1. Kiragu E, Li Rosi A and Morris T 2011. States of denial: A review of UNHCR's response to the protracted situation of stateless Rohingya refugees in Bangladesh Policy Development and Evaluation Services, UNHCR. http://www.refworld.org/docid/5142eb7a2.html
2. Grønlund CA 2016. Refugees in Exodus: Statelessness and Identity: A Case Study of Rohingya Refugees in Aceh, Indonesia (Master's thesis). University of Agder, Norway. https://uia.brage.unit.no/uia-xmlui/handle/11250/2414530
3. Azad A and Jasmin F 2013. Durable solutions to the protracted refugee situation: The case of Rohingyas in Bangladesh. J. Indian Res. **1**(4):25-35.
4. ISCG 2018. Situation Report: Rohingya Refugee Crisis. Accessed September 28, 2022 https://www.hrw.org/report/2018/08/05/bangladesh-not-my-country/plight-rohingya-refugees-Myanmar
5. ISCG 2019. Joint Response Plan For Rohingya Humanitarian Crisis. Accessed October 28, 2022 https://reliefweb.int/report/bangladesh/joint-response-plan-rohingya-humanitarian-crisis-final-report-march-december-2018
6. Opree SJ, Buijzen M and Reijmersdal Van 2018. Development and validation of the psychological well-being scale for children (PWB-c). Soc. **8**(1): 18-23. https://doi: 10.3390/soc8010018
7. Henn CM, Hill C and Jorgensen LI 2016. An investigation into the factor structure of the Ryff Scales of Psychological Well-Being. SA J. Indust. Psychol. **42**(1): 1-12. https://doi: 10.4102/sajip.v42i1.127

8. Tay A K, Riley A, Islam R, Welton-Mitchell C, Duchesne B, Waters V, Varner A., Moussa B, Alam AM, Elshazly, MA and Silove D 2019.The culture, mental health and psychosocial wellbeing of Rohingya refugees: a systematic review." Epidemiol. Psychia. Sci. **28**(5): 489-494. https://doi.org/10.1017/ S2045796019000192
9. Zaman S, Sammonds P, Ahmed B and Rahman T 2020. Disaster risk reduction in conflict contexts: Lessons learned from the lived experiences of Rohingya refugees in Cox's Bazar, Bangladesh. International journal of disaster risk reduction, **50:** 101694.
10. Lazarus RS and Folkman S 1984. Stress, Appraisal, and Coping. New York, NY: Springer.
11. Crabtree K 2010. Economic challenges and coping mechanisms in protracted displacement: A case study of the Rohingya refugees in Bangladesh. J. Muslim Mental Health **5**(1): 41-58.
12. Hall BJ, Murray SM, Galea S, Canetti D and Hobfoll SE 2015. Loss of social resources predicts incident post-traumatic stress disorder during ongoing political violence within the Palestinian Authority. Social Psychiatry and Psychiatric Epidemiology **50**(4): 561-8. https://doi.org/10.1007/s00127-014-0984-z.
13. Neuner F, Schauer M, Karunakara U, Klaschik C, Robert C and Elbert T 2004. Psychological trauma and evidence for enhanced vulnerability for posttraumatic stress disorder through previous trauma among West Nile refugees. BMC Psychiatry **4**(1): 1-7 https://doi.org/ 10.1186/1471-244X-4-34.
14. Wang X and Cheng Z 2020. Cross-Sectional Studies: Strengths, Weaknesses, and Recommendations. Chest, **158**(1S)**:** S65–S71. https://doi.org/10.1016/j.chest.2020.03.012
15. Huque P 2004. The translated and adapted version of the coping scale. Dhaka University Journal of Psychology **4**:23-27
16. Huque P and Begum HA 2005. Development of a scale for measuring psychological well-being for use in Bangladesh. Bangladesh Psychological Studies, 15: 63-74.
17. Porter M and Haslam N 2005. Predisplacement and port displacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. The Journal of the American Medical Association.**294**(5):602-12. https://doi.org/10.1001/jama.294.5.602.
18. McMichael Celia and Anderson Lenore 2004. Somali Women and Well-Being: Social Networks and Social Capital among Immigrant Women in Australia. Human Organization, **63**(1): 88-99. https://doi.org/10.17730/humo.63.1.nwlpjdj4d4l9756l.
19. Khawaja NG, White KM, Schweitzer R and Greenslade J 2008. Difficulties and coping strategies of Sudanese refugees: A qualitative approach. Transcultural psychiatry **45**(3): 489-512. https://doi.org/10.1177/1363461508094678.
20. Jaranson JM, Butcher J, Halcon L, Johnson DR, Robertson C, Savik K, Spring M and Westermeyer J 2004. Somali and Oromo refugees: correlates of torture and trauma history. Amer. J. public health **94**(4): 591-598. https://doi.org/10.2105/ajph.94.4.591.
21. Peisker VC and Tilbury F2003. "Active" and "passive" resettlement: The influence of support services and refugees' own resources on resettlement style. Int. Migration **41**(5): 61-91. https://doi.org/10.1111/j.0020-7985.2003.00261.x.

(Manuscript received on 14 November, 2022; revised on 22 March, 2023)