

[Quality of life among (displaced) Iraqis (a comparative study)]

Researchers:

[**Nazanin Mohammed Raza:** PhD student in General Psychology, Faculty of Psychology and Educational Sciences, University of Tabriz, Iran. 2021-2022]

[**Mansour Beyrami:** Professor of Educational Psychology, Department of Psychology, Faculty of Psychology and Educational Sciences, University of Tabriz, Iran.]

[**khalil Ismail Pur:** Professor of Consulting, Department of Psychology, Faculty of Psychology and Educational Sciences, University of Tabriz, Iran.]

[**Touraj Hashemi Nosratabadi:** Professor of Educational Psychology, Department of Psychology, Faculty of Psychology and Educational Sciences, University of Tabriz, Iran.]

Abstract:

The current research aims to compare the level of quality of life and its eight sub-components (physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, energy and vitality, physical pain, mental health, social performance , and general health) between the displaced Iraqis residing in the Kurdistan Region and the Kurdish citizens in the region and to know the statistically significant differences in quality of life for the displaced Iraqis according to the variables (age, gender, educational level, and socio-economic status). The study was conducted according to a descriptive-analytical method. The study included (480) displaced Iraqis, and Kurdish persons equally. The researcher used the quality of life questionnaire (SF-36). The obtained data were analyzed using the statistical test of multivariate analysis of variance (MANOVA) and (ANOVA). The results showed that the overall score of the quality of life of the displaced Iraqis living in the Kurdistan region is lower than that of the Kurds of this region, and also there is a significant difference between the two groups in the 7 components of the quality of life of the displaced Iraqis living in the Kurdistan region and the Kurdish citizens in the region. Only in the social performance component, no significant difference was observed. Regarding the gender variable, the quality of life of displaced Iraqi men was higher than that of displaced women. There was no significant difference based on each of the variables like marital status, education level, four age groups, and economic level. Based on these results, the researcher presented a set of recommendations.

Keywords: Quality of life, Displaced Iraqis, Kurdistan region.

الملخص:

يهدف البحث الحالي إلى مقارنة مستوى جودة الحياة ومكوناتها الفرعية الثمانية (الأداء الجسدي، الحد من لعب الأدوار لأسباب جسدية، الحد من لعب الأدوار لأسباب عاطفية، الطاقة والحيوية، الألم الجسدي، الصحة العقلية، الأداء الاجتماعي، والصحة العامة) بين النازحين العراقيين المقيمين في إقليم كردستان والمواطنين الاكراد في الاقليم ويهدف ايضاً الى معرفة الفروق ذات الدلالة الاحصائية في جودة الحياة للنازحين العراقيين حسب المتغيرات (العمر، الجنس، المستوى التعليمي، الحالة الاجتماعية، والحالة الاقتصادية). أجريت الدراسة على وفق المنهج الوصفي التحليلي. واشتملت الدراسة على (480) فرداً من النازحين العراقيين وكرد على حد سواء. استخدمت الباحثة مقياس جودة الحياة (SF-36) المصمم من قبل منظمة الصحة العالمية وتم التأكد من دلالات صدقها وثباتها ومناسبتها لعينة الدراسة، وقد تمت تحليل البيانات باستخدام الاختبار الإحصائي (ANOVA) و أظهرت النتائج أن المستوى جودة حياة النازحين العراقيين المقيمين في إقليم كردستان أقل من مستوى جودة الحياة لدى أكراد اقليم، وأيضاً هناك فرق كبير بين المجموعتين في المكونات السبعة للجودة حياة. ولم يوجد فرق ذو دلالة احصائية في مكون الأداء الاجتماعي. وفيما يتعلق بالمتغير النوع، كانت جودة حياة النازحين أعلى من جودة حياة النازحات. و لم يكن هناك فروق ذات دلالة إحصائية بناء على كل من المتغيرات: الحالة الاجتماعية، المستوى التعليمي، الفئات عمرية، والمستوى الاقتصادي. و بناءً على النتائج قدمت الباحثة مجموعة من التوصيات.

الكلمات المفتاحية: نوعية الحياة، نازحون عراقيون، إقليم كردستان.

Introduction:

Displacement and war are one of the most stressful events in life which lead to deep psychological, social and physical transformation for a person. At the beginning of displacement, people with ideas such as losing their connection to whole personal relationships, such as separation from family and friends, or lack of knowledge about the future and how to deal with displacement conditions, cause these psychological effects to appear so strongly that the psychological balance of people severely impacted (Ghafouri 2020). The displacement has an extreme effect on the health and welfare of the nations. Studies have shown that conflict situations cause more death and disability than any major disease, destroy communities and families, and often disrupt the development of the social and economic fabric of countries. The effects of displacement include long-term physical and psychological damage to children and adults and the reduction of material and human resources.

It is known that Iraq has one of the worst displacement crises in the world, with the total number of displaced people approaching four million. After many years of conflict, most of them have been repeatedly displaced. For many Iraqi families, displacement has become almost permanent (Alavi 2020). According to WHO statistics from 2019, in conflict zones "one in five people live with some form of mental disorder, from mild depression or anxiety to psychosis". Additionally, "nearly one in ten people live with a moderate or severe mental disorder." (Baingana. Fannon & Thomas, 2005). Exposure to traumatic war events may lead to reduced quality of life for several years. Researches show that these disorders may be associated with post-traumatic stress symptoms. However, war also has a profound effect on social conditions (Matanov et. al., 2013). It is clear that the quality of life and lifestyle of displaced residents in camps is worse than normal life in permanent housing with the community in which they grew up. The quality of life of camp residents is at risk due to exposure to diseases and lack

of access to health care. (Hamad, 2020). In addition, most of the time, forced housing reduces the quality of life in old age and in later stages. The lowest quality of life was recorded in domestic displaced persons (Bielikova et. al., 2022). Based on the results of the studies in this field, it can be said that armed conflicts have profound adverse effects on people's health and quality of life. These effects usually remain for long periods after the armed conflict due to the destruction of health-supporting infrastructure. This is especially true in countries like Iraq that are involved in long-term civil and military conflicts.

Theoretical Basis and Research History

The term quality of life was first used by "Arthur Cecil Pigou" (1877-1959) in the 1920s in Economics and Welfare book, but its widespread use dates back to the 1950s. At first, the quality of life was mostly attributed to material indicators and the main indicator of its measurement was "Gross National Product", but over time, due to the criticism of these indicators, in the late 1950s, this concept was redefined by a person named J.K. Galbraith and in addition to focusing on material values, non-material values in the environmental, political and social fields were also included in it. (Stat of the art, n1, 2003. Quoted by Rezaeilari, 2015).

Various definitions have been presented regarding the quality of life, and researchers have found that quality of life is a multifaceted and complex concept but it is definable and measurable (Lee, 2007). Foo Tuan Seic considers the quality of life to be equal to the feeling of overall satisfaction with life (Foo Tuan Seic, 2000). Bowling and Windsor (2001) define the quality of life in terms of a missing object or the lack of one thing relative to another. Costanza et al. (2007) defines the quality of life as the level of meeting human needs and in relation to people's perception of mental well-being. But the WHO defines the quality of life as follows: the quality of life includes a person's feeling and understanding of their position in life within the framework of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a broad concept that includes a person's overall sense of well-being, physical health, mental health, personal beliefs, social relationships and their relationship with the prominent features of their environment (Qasemi, 2010). According to the definitions provided about the quality of life, it seems that researchers agree on three principles related to the concept of quality of life:

- **Multidimensionality:** quality of life is a multidimensional concept and is based on dimensions that are closely related to each other; the physical dimension refers to a person's perception of his abilities to perform daily activities. The psychological dimension includes the psychological aspect of health such as depression, fear, anger, happiness and peace. The social dimension is also related to a person's ability to communicate with family members and neighbors, colleagues and other social groups.
- **Being mentally:** Quality of life is a mental assessment and people themselves are the best judges of their quality of life
- **Being dynamic:** quality of life is a dynamic nature, not a static nature. This means that it is a time-dependent process and is influenced by a person's experience and understanding of life (King and Hinds, 2004).

Quality of life indicators

Generally, the quality of life can be calculated using subjective and objective indicators. Mental indicators reflect people's subjective evaluation of life. This assessment is based on the information of people who have stated their welfare status through various questionnaires or censuses and objective calculations of quality of life on the basis of tangible variables (Basakha et. al, 2010).

Effective factors on quality of life

France believes that the basic factors affecting the quality of life are: family status, socio-economic status, mental-psychological status, and physical status (Agha Moulai, 2018). From his point of view, these factors can affect the quality of life both independently and collectively. Here is no doubt that the realities, the objective conditions of society, and the material condition of a person's life also play a decisive role

in the quality of life; But it should be noted that man is a creature who lives based on his mental image of reality, not reality itself, and his behavior is influenced by his mental perceptions and understanding of reality. These impressions and perceptions do not necessarily correspond to reality. Also, the mental image and perception of each person about a certain reality are different from one another (Hakimini Nia et al., 2016). In addition, factors such as social intelligence and the social health of people also affect the quality of life (Beaudoin and Hassles, 2003).

Different approaches to quality of life

Quality of life is a multidimensional and complex concept. Part of the complexity of this concept is due to its multidisciplinary nature. In the shadow of different fields, different approaches to the concept of quality of life have arisen, and specialists in each field have addressed this issue from the perspective of their field. Among these approaches, we can mention the medical approach, philosophical approach, economic approach, biological approach, psychological approach, and sociological approach, social approach (Mokhtari and Nazari, 2019).

Providing ideas related to the quality of life

There are different theories and trends that explain the concept of quality of life. For many theorists, psychologists and researchers, there are different aspects to define this concept. For example; According to Oliver's theory, quality of life is divided into several groups: 1) Individual characteristics that include demographic variables. 2) Objective indicators, which are actually environmental conditions that affect variables related to the quality of life (Oliver, 1997). But Maslow's theory of the hierarchy of needs in a pyramid has tried to see material and non-material needs together. He believes that human needs include five main groups: physiological, safety, social (belonging or love), ego (self-esteem), and self-actualization. He says that these needs build a ladder that when the needs of the lower level are satisfied, the next level is activated (Jawaheri, Sirajzadeh, and Rahmani, 2019). Also, the perceptual theory of "France" (1997) by examining the papers and studies conducted in the field of quality of life, conceptually divided the application of this term into the sections of normal life, social desirability, happiness, life satisfaction, achieving personal goals and inherent talent (Ghaffari and Omid, 1389). However, from the point of view of theorists of the theory of integrated quality of life, a good life can be considered from a subjective to an objective point of view. This continuum (subjective to objective) connects a number of existing theories of quality of life. The integrated theory includes the following

eight dimensions: well-being, life satisfaction, happiness, the meaningfulness of life, biological information system, understanding of life potential, meeting needs, and objective factors. The mentioned dimensions are placed in the continuum of subjective- existential authenticity -objective. But in his theory, France believes that the basic factors affecting the quality of life are: family status, socio-economic status, mental-psychological status, and physical status (Ventigut, 2003). The researcher accepted the integrated quality of life theory because he extracted a complete view of the components of quality of life in his octagonal model. In fact, this new view of the concept of health is "not just the absence of disease, but the presence of something positive."

Research History

Since the study on positive psychology variables is new, so there are few studies on these variables. After a long search, the researcher concluded that there are few studies and research on the variable (quality of life). Some research on indicators such as (happiness, quality of life, gratitude, social competence, psychological security, and reciprocal social relations) were lacking. On the contrary, many studies in the field of pathological and clinical psychology and mental health variables have been conducted on a sample of displaced Iraqis in the Kurdistan region.

The results of Hamad's study (2020) showed that the quality of life in IDP camps in Erbil province in the Kurdistan region had a positive effect on people's lives and their psychological stability, such as a sense of security. The results also showed that the displaced people have a high level of social relations and the spirit of cooperation and help in their place of residence.

The results of the study of Abdulsahib et al. (2019) also showed that the quality of life of displaced teenagers in the Kurdistan region (Rania city) influenced by the environmental and material spheres and the variables such as age, education level of students and family income, have a very good relationship with the spheres of quality of life. And the quality of life of teenage girls was more affected, especially in the dimensions such as environment, physical domain and psychological domain.

Suleiman (2016) in research titled Emotional Management of Displaced Middle School Students of Khanaqin city, concluded that displaced students have a higher-than-average level of emotional management, and statistically there are significant differences with regard to the gender variable (male and female) which exists in favor of men.

Taha (2015) in research titled Bitter Experiences between Domestic Displaced (Iraqis) and Syrian Refugees which has conducted in Dumiz and Khanki camps in Dohuk province, concluded the following results: Multiple and severe traumatic events were reported in both groups. For example, mild trauma was common among Syrian refugees; severe trauma like violence caused by dependence, racial discrimination, emotional violence, threats and beatings was common among displaced Iraqis. Regarding physical violence, beatings, murder, and sexual violence were equally common among displaced Iraqis and Syrian refugees in the Kurdistan region.

Fareih (2017) showed the results of prevalence of indicators of diseases and mental disorders among silent victims of forced displacement in his study. Therefore, 81.5% of women and 76.4% of children have been exposed to traumatic experiences as a result of displacement. The results also showed that all indicators of diseases and mental disorders are common among women and children at a high rate, but they differ in terms of severity, where the index of feelings of sadness, hopelessness and helplessness is the highest and it equals to prevalence 95.4% among women. In Al-Khafaf's study (2017), the results

showed that 67% of displaced people have post-traumatic stress disorder. In the study of Hossein et al. (2018), it was found that displaced people in Baghdad show a moderate level of mental distress and this difference statistically had existed according to the variables of age, gender, education level, occupation, monthly income and the period of displacement.

Al-Amara (2017) studied the fear of displaced Iraqis and their relationship with psychological conflicts. The statistical population includes displaced people from Nineveh, Erbil and Soran Wasit provinces. The Comprehensive Phobia Scale and Psychological Involvement Scale were used. The researcher found that the research sample suffers from serious fears, that displaced men and women have a high psychological conflict. There are statistically significant differences between both sexes in the level of psychological conflict, with the indication that the differences are registered in favor of the male samples.

In Matanov et al.'s study (2013) of mental quality of life in war-affected populations, which was conducted on 3313 Balkan residents and 854 refugees in Western Europe, the findings indicated that both post-traumatic stress symptoms and aspects of post-conflict environment independently affects SQOL in war-affected populations. In both samples, the participants were dissatisfied with their job and economic situation. Posttraumatic stress symptoms had a strong negative effect on SQOL. Traumatic war events were directly associated with low SQOL in Balkan residents. The post-war environment influenced SQOL in both groups. Unemployment was associated with lower SQOL and recent contact with friends was associated with higher SQOL. Experiencing more immigration-related stressors was associated with poorer SQOL in refugees.

Getanda et al., 2015, in a meta-analysis of mental health, studied the quality of life and life satisfaction of IDPs living in Nakuru County, Kenya, that 100 IDPs participated in this study. The quality of life and life satisfaction scores were also very low. Qualitative results reflected these findings with statements reflecting suicidal thoughts, dissatisfaction with the government, lack of support, and fear for themselves and their children. The findings showed poor levels of mental health, quality of life and life satisfaction. Elderly widowed and widowed displaced and those who do not perceive support from friends or the government were at the highest risk of poor health and well-being (Getanda et al., 2015).

Also, Hataminejad (2015) studied the quality of life of Afghan immigrants living in Iran with a subjective approach. The results showed that the status of the quality of life of the immigrants in Firouzabad village of Ray city are low and below average.

Problem Statement

Human displacement has been described as "one of the determinant issues of the 21st century". This issue refers to the movement of a person or a group from one geographical area to another area within a country, to permanently or temporarily solve their problems. Despite the fact that Iraq is one of the largest oil producing countries in the world, many Iraqis have been displaced from their country mainly for political reasons (Daher et al., 2011). One of the issues that seems to be overshadowed in the lives of displaced people is the issue of the quality of life of these people. On the other hand, the quality of life as a scientific debate has attracted the attention of many people and is one of the major concerns of healthcare professionals. Researchers believe that examining the quality of life and efforts to improve it have a great role in health and personal and social life (Asl, 2014).

Quality of life is a complex, multidimensional and relative concept affected by time and place and individual and social values, which is used for with different purposes in different researches. For example, Liu (1976) has described the quality of life as a new title for the old concept of material and psychological well-being of people in their living environment. Foo (2000) defines the quality of life as the comprehensive satisfaction of people with life. Since IDPs everywhere face high health demands, maintaining mental health and quality of life can be challenging. Iraqis are the second largest group of refugees who have become refugees in recent years, but still little is known about their mental health-related quality of life. According to the mentioned research history and the existence of ambiguity in the quality of life of the displaced people, the main question of this research is whether there is a difference between the quality of life of displaced Iraqis living in the Kurdistan region and the ordinary people of this region. From that main question, the sub-questions of the study are divided as follows:

1. Is there a difference between the dimensions of quality of life like general health, physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, physical pain, social performance, energy and vitality, mental health of displaced Iraqis living in the Kurdistan region and the ordinary people of this region?
2. Are there statistical differences in the quality of life of displaced Iraqis living in the Kurdistan region according to the variables such as age, gender, education level, social status and economic status?

Research Goals

1. Determining the difference in the quality of life of displaced Iraqis living in the Kurdistan region with the ordinary people of the region.
2. Determining statistically significant differences in the dimensions of quality of life such as general health, physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, physical pain, social performance, energy and vitality, the mental health of displaced Iraqis living in the Kurdistan Region with the ordinary people of the region.
3. Determining statistically significant differences in the quality of life of displaced Iraqis living in the Kurdistan region according to variables such as age, gender, education level, social status and economic status.

Importance and necessity of research

The importance of this research can be summarized in the followings:

Theoretical importance: This study provides a theoretical framework about quality of life, because quality of life is considered one of the most important outcomes of health today, and its measurement is necessary for many health researches for things like evaluating health interventions. In discussions about the quality of life, living is not the most important issue, rather, its quality is essential as well (Cramer, 2004).

Importance of the research sample: Research in this field is an important step to expand knowledge about the quality of life of displaced Iraqis living in the Kurdistan Region and comparing it with the people of this region. It should also be noted that there are few studies that have studied the quality of life of displaced people in general and displaced Iraqis in particular; therefore, the need for more research in this regard seems necessary.

Practical importance: Considering the importance of quality of life to create a healthy society, the results of this research can be useful in policy making in this area and planning to improve the quality of life of displaced Iraqis living in the Kurdistan Region. In addition, accurate information about the quality of life of displaced Iraqis living in the Kurdistan Region can be helpful for the authorities to come up with more appropriate solutions and programs.

Study Limitations

1. Human limitations: The present research is limited to the study of the quality of life of displaced Iraqis living in the Kurdistan Region and Kurdish citizens.
2. Geographical limitations: This study is limited to the three provinces of Erbil, Sulaymaniyah, and Dohuk.
3. Time limitation: (2021 - 2022).

Conceptual definition of variables

The researcher content to the mentioned WHO (2001) definition of quality of life, which as the founder of the global quality of life questionnaire that was used in this study, quality of life includes "a person's understanding of his position in life within the framework of culture and value system in which they live and in relation to their goals, expectations, standards and concerns". It consists of eight components, which are defined as follows:

1. **General health:** the complete physical, mental and social well-being of a person with a mutual and dynamic effect between these three aspects.
2. **Physical performance:** The most common dimension of health is physical health, which can be evaluated more easily than other dimensions of health. Physical health is actually caused by the proper performance of body organs. From a biological point of view, the proper performance of body parts and their coordination is a sign of physical health.
3. **Role play limitation due to physical reasons:** inability to do daily tasks due to physical defects.
4. **Role play limitation due to emotional reasons:** inability to do daily tasks due to emotional deficiencies.
5. **Physical pain:** creation of any kind of weakness and failure in the body organs or the nervous system.
6. **Social performance:** creation of appropriate and constructive interaction with people in society.
7. **Energy and vitality:** It's the satisfaction of the mind that maintains our satisfaction with the present time. The ability to feel happy with your life, enjoy yourself and others, have positive emotions, fun and wit.
8. **Mental health:** Here, not only the absence of mental illness is considered; but the ability to adapt to environmental conditions, and having proper reaction against life's problems and events constitutes an important aspect of mental health (WHO, 2004)

Operational definitions of quality of life in this research are measured according to each person's score in the eight dimensions of the SF-36 quality of life questionnaire.

Displaced people

The United Nations Refugee Agency (2004) defines domestic displaced people as: people or groups of people who have been forced to flee or leave their homes or places of habitual residence, particularly as a result of armed conflict, public violence situation, natural disasters, sexual harassment or to avoid the effects of these conditions, but have not crossed the internationally recognized borders of the State (2004, UN).

Research Methodology

The scheme of the descriptive research was scientific-comparative. The statistical population of the research is all displaced Iraqis living in the Kurdistan Region. According to the statistics of Ministry of Migration of Iraq and the report of the International Refugee Organization in 2021, the total number of immigrants living in the Kurdistan Region was 624,527. According to the statistics of the Ministry of Planning of the Kurdistan Region, the total number of citizens of Erbil, Sulaymaniyah, Dohuk provinces was 6055750. Table no.1 shows the number of the studied population.

Table no.1: Number of the statistical population

Provinces of the Kurdistan Region	Statistical Population	Total Number
Erbil	Kurdish people	2254422
	Displaced people	223474
Sulaymaniyah	Kurdish people	2152717
	Displaced people	136522
Dohuk	Kurdish people	1648611
	Displaced people	254531

Research sample

According to Cochran's formula, the whole sample included 480 people; of which numbers of 240 persons were displaced Iraqis and number of 240 persons were from the Kurdistan region. Numbers of 80 persons were participated from each province which were selected in a targeted way. Peering was made between both groups as well. Table no. 2 shows the most important characteristics of the current research sample.

Table no.2: Frequency distribution of respondents' demographic variables

Variables	Items	Displaced people		Kurdish people	
		Frequency	Percentage	Frequency	Percentage
Gender	Male	116	48.3	116	48.3
	Female	124	51.7	124	51.7
Marital status	Married	161	67.1	161	67.1
	Single	79	32.9	79	32.9
Age	20 – 30 y/o	63	26.3	63	26.3
	31 – 40 y/o	94	39.2	94	39.2
	41 – 50 y/o	47	19.6	47	19.6
	Above 50 y/o	36	15.0	36	15.0

Educational level	Illiterate	58	24.2	58	24.2
	Undergraduate	85	35.4	85	35.4
	B. Sc.	79	32.9	79	32.9
	M. Sc.	18	7.5	18	7.5
Economic status	Very good	11	4.6	11	4.6
	Good	78	32.5	78	32.5
	Average	118	49.2	118	49.2
	Poor	33	13.8	33	13.8

The following tools were used for collecting data:

The 36-question questionnaire of quality of life: this questionnaire includes 36 questions and 8 dimensions, the dimensions of which include physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, energy and vitality, physical pain, mental health, social performance and general health. Each dimension includes 2 – 10 items. Also, two general subscales named physical health and mental health are obtained from the integration of the subscales. In this questionnaire, a lower score indicates a lower quality of life and vice versa.

In order to validate the translation of the questionnaire, the researcher translated the scale from Persian to Arabic and Kurdish, and then the scale was presented to three experts in Persian, Arabic and Kurdish, as well as a psychology expert. Reverse translation of the Arabic and Kurdish version of the scale was done to ensure the appropriateness of the translation and not to violate the original meaning of the terms. Then, in order to analyze the validity of the questionnaire using the context validation method, the questions raised were examined by 7 experts. The necessary amendments were done in the appendix no. 1 and due to the agreement among the judges of the scale items the score of quality of life was 79.

In this research, Cronbach's alpha coefficient was used to determine the reliability of the questionnaire. Reliability of the questionnaire of quality of life was reported 0.74 and 0.70 in both studying groups in physical health and mental health areas respectively.

Findings

In order to study the first goal of the research (to determine the difference in the quality of life of displaced Iraqis living in the Kurdistan region with the ordinary people of the region) the mean, standard deviation, quality of life and its components have been calculated. The mean of the quality of life in the displaced people group is 51.43; the lowest and highest scores are 32 and 71 respectively. The mean of the quality of life in the Kurdish people group is 57.26; the lowest and highest scores are 32 and 75 respectively. As it can be observed in table no. 3 the overall score of the quality of life of displaced Iraqis living in Kurdistan region is lower than the ordinary people of the region.

Table no. 3: the mean and standard deviation of the variables of quality of life

Variables	Group	Number	Mean	Standard deviation
Quality of life	Displaced people	240	51.43	7.73
	Kurdish people	240	57.26	7.77
Physical performance	Displaced people	240	59.98	19.76
	Kurdish people	240	70.44	21.11
Role play limitation due to physical reasons	Displaced people	240	56.98	25.99
	Kurdish people	240	51.88	27.3
Role play limitation due to emotional reasons	Displaced people	240	61.66	24.3
	Kurdish people	240	55.93	21.45
Energy	Displaced people	240	53.02	16.27
	Kurdish people	240	57.02	17.35
Mental health	Displaced people	240	57.83	14.03
	Kurdish people	240	64.91	13.22
Social performance	Displaced people	240	57.01	25.06
	Kurdish people	240	60.35	26.16
Physical pain	Displaced people	240	56.98	26.9
	Kurdish people	240	51.4	23.51
General health	Displaced people	240	59.19	15.59
	Kurdish people	240	64.6	17.27

Based on the data in the above table, in all components of the quality of life, displaced Iraqis living in the Kurdistan Region scored lower than the Kurds of the region. According to the table, the highest score is related to the sub-scale of role play limitation for emotional reasons and the lowest score is related to energy and happiness.

For studying the second goal of the research which is the determination of the significant difference in the dimensions of quality of life such as general health, physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, physical pain, social performance, energy and vitality, mental health of displaced Iraqis living in Kurdistan region with the ordinary people of the region the multivariate analysis of variance was used. Before presenting the results of this test, the presuppositions of the test were checked. The results of the Kolmogorov-Smirnov test showed that almost most of the variables have a normal distribution. Levine's test was used to check the homogeneity of the variance of the research variables. The findings showed that the F statistic of Levin's test for examining the homogeneity of variance of variables in the research groups for variable components of the quality of life is as followings: physical performance= 0.124, role play limitation due to physical reasons= 0.623, role play limitation due to emotional reasons= 0.095, energy= 0.091, mental health= 0.069, social performance= 0.53, physical pain= 0.137, general health= 0.803. This finding shows that the variance of this variable is homogeneous in the groups. The results of the homogeneity of the covariance matrices of the dependent variables in the groups showed that the homogeneity of the variance-covariance matrices has been observed, $p > 0.05$, $F = 1.339$, $M \text{ box} = 49.072$. The presumption of normal correlation of the dependent variables in the present study has been certified because the calculated K2 value of 0.50 is significant at the alpha level of 0.05 and smaller than that. Therefore, the assumptions of the multivariate analysis of the variance test are valid. The results of Wilks' Lambda

test ($p= 0.001$, 0.826, F value equal to 12.43) show that the difference between groups in quality of life is significant. In order to study which component variables of the groups differs from one another, the results of multivariate analysis of variance are reported in Table no. 2.

Table no. 2: The results of multivariate variance analysis of the difference between groups in quality of life

Difference source	Dependent variable	Sum of the squares	Freedom rate	Average of the squares	F value	Significance level	η squared	Test power
Quality of life	Physical performance	13125	1	13125.208	31.392	0.001	0.062	1
	Role play limitation due to the physical reasons	3126.3	1	3126.302	4.401	0.036	0.009	0.553
	Role play limitation due to the emotional reasons	3938.8	1	3938.802	7.499	0.006	0.015	0.78
	Energy	1920	1	1920	6.789	0.009	0.014	0.739
	Mental health	6006.7	1	6006.675	32.336	0.001	0.063	1
	Social performance	1338.3	1	1338.338	2.039	0.154	0.004	0.297
	Physical pain	3738	1	3738.042	5.858	0.016	0.012	0.676
	General health	3520.8	1	3520.833	13.016	0.001	0.027	0.95

According to the results provided in Table no. 3 there is a significant difference between the two groups in 7 components of quality of life (physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, energy, mental health, physical pain, general health). Only in social performance component no significant difference has been observed. The displaced group obtained significantly lower scores based on the table no. 1. In order to determine that the significance is in favor of which group and also which one obtained a higher score, the pairwise comparison test was used (Table 4).

Table no. 4: Pairwise comparisons of the dimensions of quality of life between the two groups

Dependent variable	(I) Type	(J) Type	Average difference (I-J)	Std. Error	Sig. ^b
Physical performance	Displaced Kurd	Kurd Displaced	-10.458* 10.458*	1.867 1.867	0.000 0.000
Role play limitation due to physical reasons	Displaced Kurd	Kurd Displaced	5.104* -5.104*	2.433 2.433	0.036 0.036
Role play limitation due to emotional reasons	Displaced Kurd	Kurd Displaced	5.729* -5.729*	2.092 2.092	0.006 0.006
Tiredness	Displaced Kurd	Kurd Displaced	-4.000* 4.000*	1.535 1.535	0.009 0.009
Mental health	Displaced Kurd	Kurd Displaced	-7.075* 7.075*	1.244 1.244	0.000 0.000
Social performance	Displaced Kurd	Kurd Displaced	-3.340* 3.340*	2.338 2.338	0.154 0.154
Physical pain	Displaced Kurd	Kurd Displaced	5.581* -5.581*	2.306 2.306	0.016 0.016
general health	Displaced Kurd	Kurd Displaced	5.417* -5.417*	1.501 1.501	0.000 0.000

According to Table 4, it can be observed that there is a significant difference between the components of quality of life components (physical performance, limitation of playing a role due to physical reasons, limitation of playing a role due to emotional reasons, energy, physical pain, mental health and general health) of displaced Iraqis living in the Kurdistan region and the ordinary people of the region at the level of $P < 0.005$. Only in the social performance component, no significant difference has been observed at the $P < 0.005$ level.

Second goal: Determining statistically significant differences in the quality of life of displaced Iraqis living in the Kurdistan region according to the variables age, gender (male/female), marital status (married/single), mother's education level (high school, university) and economic level. Goal: One-way analysis of variance was used in direction (n), and the results of which are listed in table no. 5.

Table no. 5: The result of N-Way ANOVA test for the scores average difference of the displaced Iraqis in accordance to variables gender, marital status, age groups, educational level and economic level.

Change source	Sum of the squares	Freedom rate	Average of the squares	F value	Significance level
Gender	169.695	1	169.695	2.460	0.017
Marital status	7.377	1	7.377	0.107	0.744
Age groups	94.029	3	31.343	0.454	0.744
Educational level	27.331	3	9.110	0.1320	0.941
Economic level	165.202	3	55.67	0.798	0.345
Error	32288.158	228	68.992		
Total	1450450.489	240			

Based on the data of the above table:

1. A significant difference was observed in the total score average of quality of life in displaced men and women. The significance level of the score ($p=0.017$) was less than 0.05. The total score average of quality of life in men (57.15) was significantly higher than the total score average of quality of life in women (50.43).
2. No significant difference was observed in the total score average of the quality of life according to the variable of marital status (married and single), because the significance level is equal to 0.744 that is higher than the significance level of 0.05.
3. No significant difference was observed in the total score average of the quality of life according to the variable of age group, because the significance level is equal to 0.714 that is higher than the significance level of 0.05.
4. No significant difference was observed in the total score average of the quality of life according to the variable of educational level, because the significance level is equal to 0.941 that is higher than the significance level of 0.05.
5. No significant difference was observed in the total score average of the quality of life according to the variable of economic level, because the significance level is equal to 0.345 that is higher than the significance level of 0.05.

Discussion and conclusion

The results of the current study showed that the overall score of the quality of life of the displaced Iraqis living in the Kurdistan Region is lower than that of the Kurds of the region. In all components of the quality of life, the scores of displaced Iraqis living in the Kurdistan region were lower than the Kurds of the region. While, the highest score was related to the sub-scale of role play limitation due to emotional reasons and the lowest score was related to energy and vitality.

Also, the results of the current study showed that there is a significant difference between 7 components of quality of life (physical performance, role play limitation due to physical reasons, role play limitation due to emotional reasons, energy and vitality, mental health, physical pain, general health), but there was no significant difference in the social performance of displaced Iraqis living in the Kurdistan region with ordinary people of the region.

The results of the current study are consistent with the results of Al-Samadi's (2017) study on displaced teenagers in the Kurdistan region (Rania city), so that in Al-Samadi's study, the quality of life of displaced teenagers was negatively affected by the environmental, material and spiritual spheres. Also, these findings are consistent with the results of Matanov et al.'s 2013 study, which was conducted on 3313 Balkan residents and 854 refugees in Western Europe. The findings of this study indicated that both posttraumatic stress symptoms and aspects of the postwar environment independently affect SQOL (subjective quality of life) in war-affected populations. In both samples, the participants were dissatisfied with their job and economic situation. Posttraumatic stress symptoms had a strong negative effect on SQOL. Also, the results of the current study are consistent with the results of the study of Gitanda et al., 2015 on the domestic displaced people of Nakuru city, Kenya, considering that the quality-of-life scores were very low. At the same time, the results of this study are consistent with the results of Hataminejad's study (2015) which was on Afghan immigrants living in Iran, and the conditions of the quality of life of immigrants in Firozabad village of Ray city were evaluated as low and below average.

The results of this study are not consistent with the results of a study on domestic displaced Iraqis in Erbil province in the Kurdistan region, as the results of the study by Hamad (2020) showed that the quality of life has a positive effect on people's lives and their psychological stability, such as a sense of security. The results of the current study are not consistent with the results of Suleiman's (2016) research on the displaced students of Khanaqin city, who have a higher-than-average level of emotional management.

In explaining this finding, it can be said that the process of forced displacement that some provinces of Iraq witnessed after the domination of ISIS has psychological, social and educational consequences on the society and individuals, which pressed the pressure on the displaced families, all members and community groups of the society were negatively affected and devastated, their hopes to the ambiguous future were killed which might negatively affect their way of thinking and dealing with the developments of life in the displaced persons camps. Hamid (2019) based on the results of the Al-amarah study (2017) showed that the displaced people of Nineveh, Erbil, Soran and Wasit provinces suffer from serious fears that the displaced men and women had a high psychological conflict. Therefore, the results of this research are not consistent with the results of al-Khafaf research (2017), which showed that 67% displaced Iraqi people have post-traumatic stress disorder. Researches show that there is a connection between displacement and people's mental and physical health. Displacement can lead to increased exposure to risks associated with lack of hygiene. Since displaced people suffer from intense suffering and the cumulative effects of trauma, they suffer from a higher rate of symptoms of mental disorders than the general people. It is highly likely that this crisis has had a significant impact on the mental health of the affected people. Therefore, the impact of displacement conditions on the quality of life is evident.

Considering that the results of the current study showed that there is no significant difference between the social performance of displaced Iraqis living in the Kurdistan Region and the ordinary people of this region, these results are in line with the results of Hamad's study (2020), which showed that the displaced people have a high level of social relations and spirit of cooperation and help in their place of residence. Since man is a social being by nature and cannot live alone and apart from others and is the product of mutual social relations; It is almost certain that positive social relationships help displaced people to receive social support from their family and friends, and this support may help increase psychological resilience in adverse situations. In fact, Helgeson's (2003) study showed that social support is very effective when a person experiences high levels of stress because it acts as a buffer against the negative impact of stressful situations. Also, referring to the help from the social environment, it seems that social relationships play an important role in reducing the impact of traumatic life events. Knowing this may improve their quality of life. The results of the current study also showed that according to the gender variable, the quality of life of displaced Iraqi men living in the Kurdistan region is higher than that of displaced women. Based on the other variables as marital status, education level, four age groups and economic level, there was no significant difference observed. The results of the present study are consistent with the results of a study on displaced teenagers in the Kurdistan region (Rania city) which as a result of the study, the quality of life of teenage girls was more affected than teenage boys (Abdulsahab et al. (2019). At the same time, the results of this study are consistent with the results of Suleiman's (2016) study on displaced students, so that in Suleiman's study, there were statistically significant differences regarding the gender variable (men and women) and in favor of men. However, the results of the present study are not consistent with the results of Al-Khafaf study (2017) because it did not show a statistical difference according to the age variable.

However, the researcher explains the existence of a significant difference in the quality of life of displaced Iraqis according to the gender variable and in favor of men. However, the researcher explains the existence of a significant difference in the quality of life of Iraqi refugees according to the gender variable and in favor of men. Various reasons can be pointed out, including the fact that women are more effective than men in war, the effect of socialization in shaping the behavior of boys differently from girls, such as being responsible and facing the pressures of life and bearing the burdens of life such as forced displacement. So, men can feel capable. Social and institutional structures that help men to withstand stressful situations lead to a higher level of quality of life in men.

It is worth mentioning that the researcher attributes the lack of significant difference in the quality of life of displaced Iraqis according to the variables like social status, education level, in four age groups and economic level.

Applied Suggestions

1. According to the findings of this research, the need to improve the indicators of the quality of life for the Kurd and displaced people, by providing better living facilities and drawing a favorable vision for the future by the regional authorities, seems essential.
2. Supporting the empowerment of displaced people and transition from the humanitarian aid system to the development aid system by actors, by making fundamental changes in the social, economic and psychological environment. These changes should expand the opportunities for participation of active forces and youth and their participation in decision-making process related to them and psychological, cultural and social rehabilitation.
3. Paying attention to the category of psychological well-being of residents and displaced people through appropriate training to improve well-being
4. Providing residents and displaced people with easy access to clinical specialists and psychologists

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