

ORIGINAL ARTICLE

ASSOCIATION OF POST-TRAUMATIC GROWTH WITH THE USE OF RELIGION AND SPIRITUALITY AS A COPING STRATEGY AMONG REFUGEES OF AZAD JAMMU AND KASHMIR

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Background: Migration under hostile circumstances and taking refuge in another country is a process which can have a great toll on mental health of the affected individuals. Religious beliefs and closeness to God could be instrumental in bringing post-traumatic growth and positive changes in one's life after any traumatic event. This study was carried out to evaluate the association of post-traumatic growth with use of religion and spirituality as a coping strategy among refugees residing in Azad Jammu and Kashmir. **Methods:** In this cross-sectional study, individuals who migrated from Indian Kashmir and got settled in the Thotha refugee camp at AJK were recruited during February to April 2024 for the study. Post-traumatic growth (PTG) was assessed via post-traumatic growth inventory. Religiosity as coping strategy was measured on brief religious coping scale (Brief RCOPE). Relationship of religious coping and other socio-demographic factors was correlated with PTG among the study participants. **Results:** A total of three hundred and thirty participants were included in this study with mean age of 44.89±14.81. Majority of participants were male (n=237 (71.8%)), married (n=260 (78.8%)) and Unemployed (n=103 (31.2%)). Participants who were ≤45 years old, single, employed, did not use illicit drugs and had more income had high PTG mean scores (p -value<0.05). The PTG scores of the study participants and Positive Religious coping score had positive correlation while PTG scores had negative correlation with Negative religious coping (r =-0.238, p -value <0.001). **Conclusion:** Post-traumatic growth was observed in individuals who were living as refugees in camps at AJK. Individuals who were young, single, well paid and did not use illicit drugs had more chances of having PTG. Positive religious coping also increased the chances of having post-traumatic growth in individuals after migration and taking refuge in another country.

Keywords: Coping; Post-traumatic growth; Refugee; Religiosity

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INTRODUCTION

Migration under hostile circumstances and taking refuge in another country is a process which can have a great toll on mental health of the affected individuals.^{1,2} Multiple natural disasters or wars may force the individuals to leave their home land and move to a new place; temporarily or permanently.³ Trauma of this migration and refuge may predispose the individuals towards stress but it may also enhance their resilience and help them achieve post-traumatic growth.^{4,5}

Growth in different capacities and positive impact on one's life after various traumatic events has been an area of interest for mental health professionals and researchers. Role of various socio-demographic factors in achieving post-traumatic growth has also been an interesting phenomenon. Lodhi *et al.* in 2022 published a local study which revolved around post-

traumatic growth in trauma victims and revealed that religious beliefs and closeness to God could be instrumental in bringing post-traumatic growth and positive changes in one's life after any traumatic event.⁶ A study was published from Netherlands which targeted refugees living in asylum centers. The results revealed that both post traumatic growth (PTG) and PTSD existed in their study participants and PTG was associated with satisfaction with life.⁷

A network meta-analysis was done to look for PG and PTSD in refugees of Iraq and Syria. It was observed that support after the trauma can help the individuals to have post-traumatic growth along with stress symptoms due to trauma.⁸ Veterans from Iraq and Afghanistan were studied and it was found out that positive religious and spiritual coping was associated with PTG while negative religious coping was associated with PTSD.⁹

After the creation of Pakistan, huge number of refugees came and settled in different areas of the Azad Kashmir. This process didn't even stop after years of partition especially due to Kashmir issue. Even till early 90's number of refugees were entering into Azad Jammu Kashmir from Pakistan and setting into refugee camps especially designed to accommodate incoming refugees and not letting them intermingle with local population. Due to limited number of mental health professionals; attention could not be paid on mental health related aspects of these immigrants residing in refugee camps for years now. Azeem *et al.* in 2022 studied individuals who went through trauma of War on Terror in FATA and concluded that it was not PTSD which was the only outcome of trauma but significant number of participants had post-traumatic growth.¹⁰ Limited local data on refugees residing in various refugee camps of AJK compelled us to design this study with the rationale to evaluate the association of post-traumatic growth with use of religion and spirituality as a coping strategy among refugees of Azad Jammu and Kashmir.

MATERIAL AND METHODS

This cross-sectional study was conducted during the period of February to April 2024. Individuals living in Thotha refugee camp near Muzaffarabad AJK were enrolled in this study. Sample size was calculated to be 330. The sample size was calculated using WHO sample size calculator taking confidence interval 95%, margin of error 5%, the level of PTG across studies ranged from 10–77.3%.¹¹ Non probability convenience sampling technique was used to recruit the required sample size for this study.

Individuals of both genders between the age of 18 and 70 years who migrated from Indian Kashmir and were residing in Thotha refugee camp were recruited in this study.

Individuals who did not migrate and were born in this camp or who were brought here before the age of 12 years were not recruited. Those who were diagnosed already with any mental health disorder and were under treatment were also not recruited. Individuals with any recent serious physical illness, accident or bereavement (death of a close relative, divorce etc.) were excluded from this study. Individuals who did not understand English or those who refused to participate in study or were not comfortable in sharing their religious or spiritual beliefs were excluded as well.

Ethical approval was granted by the Poonch Medical College/CMH Rawalakot ethical committee. All the study participants signed the informed consent form before getting enrolled into the study. Research team had visits to Thotha refugee camp near Muzaffarabad to interview the study participants.

Post-traumatic growth was assessed by Post Traumatic Growth Inventory (PTGI). PTGI is a validated tool used for this purpose. It has five domains (Personal Strength, New Possibilities, Improved Relationships, Spiritual Growth, Appreciation for Life) covered in total 21 items. Each item is scored on a scale of 0–5 (ranging from "did not experience" to "experience to very great degree").¹²

Religious coping was assessed with the help of The Brief RCOPE: Positive and Negative Coping Subscale.¹³ The positive religious coping subscale (PRC) of the Brief RCOPE taps into a sense of connectedness with a transcendent force, a secure relationship with a caring God, and a belief that life has a greater benevolent meaning. The negative religious coping subscale (NRC) of the Brief RCOPE is characterized by signs of spiritual tension, conflict and struggle with God and others, as manifested by negative reappraisals of God's powers (e.g., feeling abandoned or punished by God), demonic reappraisals (i.e., feeling the devil is involved in the stressor), spiritual questioning and doubting, and interpersonal religious discontent. Both sub scales have seven items. When a 1-to-4 four-point Likert scale is used, mean scores for PRC and NRC can range from a minimum of 7 to a maximum of 28.¹⁴

All the questionnaires and sociodemographic proforma were administered to the study participants by the team at Thotha camp with complete assurance of confidentiality.

Data was analyzed by using Statistical Package for the social sciences (SPSS) version 23.00 and MS Excel 2016 software. Mean±SD was calculated for continuous variable. Frequency and percentage were calculated for categorical variables. ANOVA and correlation were used for mean comparison and relationship of variables. The p -value ≤ 0.05 was considered significant.

RESULTS

A total of three hundred and thirty ($n=330$) participants were included in this study. Their mean age was 44.89 ± 14.81 , ranging from 18 to 78 years. Majority of participants were male ($n=237$: 71.8%), married ($n=260$: 78.8%) and Unemployed ($n=103$: 31.2%). Most participants had monthly income between 25000–50000 rupees. Furthermore, 80 (24.2%) participant used Tobacco, 10 (3.0%) used amphetamines and 240 (72.7%) did no use any substances. The detail of demographic profile of the study participants is shown in Table-1. Table-2 showed the comparison of PGT among participants in different groups of categorical variables. Participants who were ≤ 45 years old had high PTG mean score (63.56 ± 13.68) as compared to >45 years old participants (p -value

0.001). There was no difference of PTG scores among the two genders (p -value =0.051). Single participants had higher mean score of PTG as compared to others (p -value <0.001). Similarly, employed participants and those who had more income higher score of PTG than others (p -value<0.05). Moreover, individuals who did not use any illicit substance had more PTG scores as compared to those who had used Tobacco or Amphetamines (p -value <0.001).

Table-1: Demographic characteristics of study participants

Parameters		Values
Age in Years	Mean±SD	44.89±14.81
	Range	18 - 78
Gender	Male	237 (71.8%)
	Female	93 (28.2%)
Marital status	Single	58 (17.6%)
	Married	260 (78.8%)
	Divorced/Separated	4 (1.2%)
	Widow/Widower	8 (2.4%)
Occupation	Employed for wages	56 (17.0%)
	Self Employed	51 (15.5%)
	Unemployed	103 (31.2%)
	Retired	25 (7.6%)
	Student	23 (7.0%)
	House Wife	72 (21.8%)
Income (PKR)	10000-25000	103 (31.2%)
	25000-50000	213 (64.5%)
	50000-150000	14 (4.2%)
Substance Use	Tobacco	80 (24.2%)
	Amphetamines	10 (3.0%)
	None	240 (72.7%)

Table-2: Comparison in PTG scores among participants in in different groups of categorical variables

Parameters		PTGI scoring Mean±SD	p-value
Age in Years	≤ 45 Years	63.56±13.68	<0.001 [#]
	> 45 Years	56.18±17.49	
Gender	Male	59.29±18.09	<0.051 [#]
	Female	62.15±8.30	
Marital status	Single	68.00±8.84	<0.001 [^]
	Married	58.43±16.91	
	Divorced/Separated	63.0±0.02	
	Widow/Widower	55.50±12.19	
Occupation	Employed for wages	64.08±13.96	<0.001 [^]
	Self Employed	57.45±16.22	
	Unemployed	55.18±21.30	
	Retired	61.88±11.30	
	Student	66.17±9.36	
	House Wife	63.33±7.11	
Income (PKR)	10000-25000	66.77±7.60	<0.001 [^]
	25000-50000	56.09±7.78	
	50000-150000	71.85±9.94	
Substance Use	Tobacco	53.96±8.45	<0.001
	Amphetamines	57.00±2.34	
	None	61.60±14.61	

[#] independent t test, [^] Anova Test

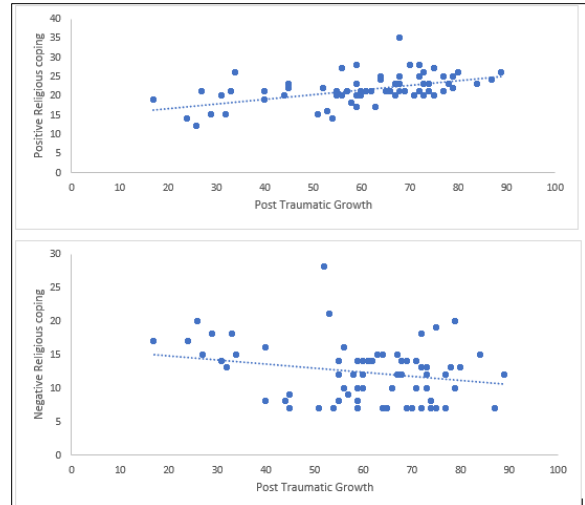


Figure-1: Correlation Analysis of PTG with Positive and negative religious coping

The PTG scores of the study participant and Positive Religious coping score had positive correlation coefficient ($r=0.428$, p -value<0.001) and had negative correlation with negative religious coping ($r=-0.238$, p -value <0.001).

Table-3: Correlation of PGT factors (n=330)

	New Possibilities	Improved Relationship	Spiritual Growth	Appreciation for life
Personal Strength	0.568**	0.725**	0.612**	0.642**
New Possibilities	-	0.688**	0.407**	0.500**
Improved Relationship	-	-	0.568**	0.635**
Spiritual Growth	-	-	-	0.567**

**Correlation is significant at the 0.01 level (2-tailed)

In addition, we calculated correlation analysis of PTG factors. They showed positive significant correlation with each other (Table-3).

DISCUSSION

Dynamics of South Asian region had been an area of interest for historians, political analysts, defense analysts, health professionals and professionals from other genres as well. Partition in 1947 has been a big event in history of subcontinent which displaced millions of people and that too with the bloodshed. Disputed areas like Kashmir posed problems for people living in these areas even after 1947 and process of migration did not stop. People were being displaced from Indian Kashmir to Azad Jammu Kashmir even till late 1990s. This coercive displacement though brought a lot of positive changes in lives of individuals but still they had to move to a new land where they were kept in refugee camps specially designed and dedicated to keep them. A lot

of work has been published regarding post-traumatic stress in individuals undergoing migration and seeking refuge. We tried to explore the positive side of trauma and tried to evaluate the post traumatic growth in these individuals and relationship of this growth with religious coping.

Hirad *et al.* studied refugees from different countries and tried to look for post-traumatic growth after facing war or forced migration. They discussed about complex interaction of trauma, adaptation process and then post traumatic growth and resilience.¹⁵ We took our study sample from one refugee camp of AJK and found out that post-traumatic growth was a consistent finding among the study participants and no of social, demographic and religious/ spiritual coping related factors affected this phenomenon.

Hamadedh *et al.* published a meta-analysis in 2024 regarding experiences of Arab people during war and conflict in middle east region. It was revealed that both post-traumatic stress and growth were noted in this group of population and coping strategies determined the pathway after they faced the trauma.¹⁶ Positive religious coping had significant positive correlation with post traumatic growth in our study participants while negative religious coping was inversely correlated with post-traumatic growth scores.

Forcibly displaced muslims were studied for relationship of religious coping, perceived discrimination, and posttraumatic growth. It was revealed that religious coping predicted more post-traumatic growth in muslims that faced discrimination.¹⁷ We did not study level of discrimination in our study participants but found out that post-traumatic growth was observed in individuals who seek refuge in camps at AJK. Individuals who were young, single, well paid and did not used illicit drugs had more chances of having PTG. Positive religious coping also increased the chances of having post-traumatic growth in individuals after migration and taking refuge in another country.

A study conducted in Germany evaluated refugees and immigrants for spiritual Needs, religious coping and mental wellbeing. It was concluded that negative religious coping was inversely related to well-being. Authors on the basis of their findings suggested strengthening of religious and spiritual integration in-order to increase the wellbeing of refugee and immigrant population.¹⁸ Positive religious coping was positively correlated with post-traumatic growth in refugees recruited in our study as well. On the other hand, individuals with negative religious coping had significantly low post traumatic growth inventory scores.

CONCLUSION

Post-traumatic growth was observed in individuals who were living as refugees in camps at AJK. Individuals who were young, single, well paid and did not used illicit drugs had more chances of having PTG. Positive religious coping also increased the chances of having post-traumatic growth in individuals after migration and taking refuge in another country.

LIMITATIONS

There were certain limitations in their study. Refugees from one camp were recruited and that too via non probability convenience sampling. This may have created a bias and sample may not have been actual representatives of refugees living in the area. Moreover, study participants may under or over rate experiences at self-reported questioners especially regarding sensitive issues of religion and spirituality.

AUTHORS' CONTRIBUTION

ZJ: Conceptualization, data collection, data analysis, interpretation, proof reading, write-up. UBZ: Conceptualization, data collection, write-up. SAAK: Conceptualization, data collection, data interpretation. AH: Data analysis, data interpretation. AB: Data collection write-up, proof reading. AJB: Data analysis, data interpretation, proof reading.

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