

# DUBAI SYNDROME IN KARACHI

Pages with reference to book, From 10 To 12

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## ABSTRACT

This is an attempt to study the effects of migration of earning member (to Gulf States) on the family, specially children left behind. Twenty five families who sought psychiatric help for one of their members were included. A control group (of non-migrant family) attending the out-patient's department was selected for comparison. The wife and children left behind experienced considerable emotional hardship. Twenty two families (88%) reported statistically significant recent maladjustment in 35 children (30%) as compared to control group of twelve families (48%) in 15 children (10%). Undoubtedly the major brunt is faced by the wives but the damage done to children is much less appreciated. This study identifies the current disturbance but the future effects on the personality of other children could manifest much later (JPMA 41:101 1991).

## INTRODUCTION

The term "Dubai Syndrome" has popularly been used for psychosocial disorders among members of the families where one of them (usually male and head of the family) goes out of the country (usually Gulf States) for better jobs. It is not unusual to migrate to far and distant lands in search of better pastures. The socioeconomic and psychological problems of migration to Karachi from other regions of Pakistan, has not yet been analysed. Presumably the families left behind in rural or suburban setup have social support of traditional joint family with established duties and obligations of various members. The mechanism of stress management is built within the social and moral values and religious practices. The migrating member has the option to remain in the ethnic shell or gradually change to urban life style. In case of a breakdown in the process of adaptation he goes back home for rest and recuperation. When the going was good in the sixties migrating to Europe was easier and the stress had to be faced primarily by the migrating member. Moving to Gulf States is different in many ways. They are largely skilled and semi-skilled workers, from urban and sub-urban areas, leaving behind their wives and children in less supportive urban environment. The migration is for limited period and stakes are very high. Those desirous to go for work in Gulf areas are required to procure jobs and visas through agents. In this process the family has to pool their resources which is frequently swindled. For those who succeed, this is the beginning of much awaited prosperity alongwith host of unseen problems.

## PATIENTS AND METHODS

This study is an attempt to understand the effects of migration of earning members to Gulf States, on the families left behind, specially children. It is limited to families settled in Karachi who sought psychiatric help for one of their members at the Department of Psychiatry, Jinnah Postgraduate Medical Centre, Karachi. Two sets of proformas were developed, one for wife and the other for migrating member (if available). We were able to use 'for Wife's proforma in all cases and the available returning migrants were only six. An extended interview of the wife was carried out which covered physical and mental health of immediate family specially children, social pressures, improvement in earning, the quality of life, material goods and emotional gaps etc. A Control group of families attending the out-

patients department was also selected with similar diagnosis, relationship and social status (prior to migration). This was to compare maladjustment among children of such families.

## RESULTS

The Dubai family came in contact with us through the illness of twelve wives, six daughters and six sons. In one case it was the returning migrant who became Heroin addict. Average years of marriage was 17 years as compared to 21 years in the Control group and both had approximately eight dependents. Seventeen families were living independently, six with in-laws and two with parents which was not much different than in the Control group. Average years of stay abroad was 5 years and their increase in income was 6.5 times (Table I).

**Table I. Characteristics of Dubai family compared with control group.**

| Characteristics                 | Dubai Family<br>N = 25 | Control<br>N = 25 |
|---------------------------------|------------------------|-------------------|
| Average years of marriage       | 17 (1 - 36)            | 21 (6 - 32)       |
| Family staying                  |                        |                   |
| Independently                   | 17 (68%)               | 21 (84%)          |
| In laws                         | 6 (24%)                | 3 (12%)           |
| Parents                         | 2 ( 8% )               | 1 ( 4% )          |
| Average dependents              | 7.9 (5-10)             | 7.7(3-11)         |
| Average years of<br>stay abroad | 5.1(1-13)              | Nil               |
| Increase in income              | 6.5 times              | Nil               |

The diagnostic breakdown of those who sought treatment is given in table II.

**Table II. Diagnostic break-down of Dubai group**

| Family Members | Diagnosis                         | Number | Percentage |
|----------------|-----------------------------------|--------|------------|
| Wife           | Depression                        | 12     | 48         |
| Daughters      | Depression                        | 2      | 8          |
|                | Psychosis                         | 1      | 4          |
|                | Hysteria                          | 1      | 4          |
|                | Obsessive-Compulsive Disorder     | 1      | 4          |
|                | Behaviour Disorder                | 1      | 4          |
| Sons           | Behaviour Disorder (School perf.) | 4      | 16         |
|                | Psychosis                         | 2      | 8          |
| Self           | Heroin Dependence                 | 1      | 4          |

The stress and social pressures as perceived by wife in Dubai group is documented in table III.

**Table: III Stress and social pressures as perceived by wife in Dubai group.**

| Type of Stress                       | Number | Percentage |
|--------------------------------------|--------|------------|
| Loneliness & Insecurity              | 25     | 100        |
| Coping children & relations          | 20     | 80         |
| Negative social pressure (jealousy)  | 21     | 84         |
| Positive support from blood relation | 4      | 16         |
| Sub-clinical depressive symptoms     | 7      | 25         |

The total number of children in 25 Dubai families were 118 and in the Control group 151. Twenty two families reported recent maladjustment in 35 children. They did not include 12 children who were brought for treatment. This means children of 88% families were affected where 30% children were facing maladjustment. In the Control group only 15(10%) children from 12 families (48%) showed recent maladjustment behaviour. Using  $\chi^2$  test the families reporting maladjustment ( $P < 0.01$ ) and the number of children showing recent maladjustment ( $P < 0.001$ ) is highly significant. The indicators of

maladjustment were identified through symptoms like: temper tantrums, irritability, moody, stubbornness, declining school performance, truancy, frequent headaches, rebellious, fainting, obsession, hypochondriasis and discovery of smoking hash.

## **DISCUSSION**

This study shows that it is not only the wife and children, but the entire family and close relations were involved in helping the prospective migrant. Having successfully seen him off, every one concerned starts nursing hopes according to their perception. There is a period of relief and rising expectations. Then the goodies begin to arrive in the form of clothes, perfumes, electronic gadgets and cash. The climax is the first vacation home when he comes loaded and hopes to make everybody happy. But it is not so. Several undercurrents explode. Forty eight percent of wives broke down into clinical depression while one of them attempted suicide. Classical depressive symptomatology were also elicited in further 28% wives who did not bother to seek help. Loneliness and feeling of insecurity was expressed by all and 80% faced grave problems in coping with family members and children. Distress among children is usually expressed by their change in behaviour. Eighty eight percent of families reported such recent change and maladjustment in one or more children as compared to 48% in the Control group. Thirty percent of children population was seriously disturbed and nothing was done to help them. They are other than twelve children where psychiatric help was sought. The number of Control family reporting disturbance was only in 10%. Undoubtedly the major and immediate brunt is faced by the wife, while in due course, the damage done to children is much less appreciated. This study points to immediate and currently identifiable disturbances in children but the lasting effect on their personality could manifest much later. Among the seventeen families living independently, ten had to pass through severest of crisis in joint family situation before earning this status. But the new found independence usually brought a host of other problems. In the absence of in-laws, uncles, aunts and other elders, wife is open to all sorts of accusations and children embark upon experimenting with new found freedom. The returning emigrants are the worst off. The sample size of six is small and no definite conclusions can be drawn. The common factors emerged were that they come back to a small house or flat of their own and some cash. It does not take long before their unemployment and continued presence at home becomes unbearable to family members. They find themselves trying to go back to the dungeon abroad or looking for jobs which are not there. One such unfortunate found refuge in readily available Heroin.