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Original Research Article

Analysis of the Socio-Health Situation of People in Humanitarian Crisis "Case of Repressed from Congo-Brazzaville"

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Abstract

Context: The returnees from Congo Brazaville were received by the town hall of Kinshasa which brought them to Maluku. From there, those with closer family members went home, but the others and their children settled around the Cardinal Malula stadium for lack of accommodation. ***Purpose*:** This study is carried out with the aim of analyzing the socio-sanitary situation of people expelled from Brazzaville based around the municipality of Kinshasa. ***Methods*:** A descriptive cross-sectional survey made it possible, by interview and direct observation with the support of an interview guide, to collect information from 321 Congolese from the DRC expelled from the Republic of Congo, living in the commune of Kinshasa. This information was statistically analyzed using SPSS version 21 software. ***Results*:** It emerges from the descriptive analysis that the majority of respondents, ie 68.2%, were housed in tents. 84.4% experienced both physical and moral violence. 62.6% had an altered physical state. The most frequent problems include: lack of access to health care (100%); insalubrity (80.9%); malaria associated with other pathologies (80.8%) or alone and lack of access to drinking water (74.7%). From the inferential analysis, it emerges that the factors associated with the state of health of the repressed were: poor bowel management resulting in the use of stage [RR = 3.4 (1.70-6.69); $p < 0.000$] or open air [RR = 2.93 (1.38 – 6.23); $p < 0.005$] instead of a latrine; violence [RR = 2.91 (2.07 – 4.08); caring for at least 5 children [RR = 1.71 (1.21–2.41); $p < 0.002$] as well as divorce [RR = 1.49 (1.16 – 1.92); $p < 0.002$]. ***Conclusion*:** The socio-sanitary situation of those expelled from Brazzaville was not favourable. The direct involvement of the political and health authorities of the DRC with the support of national or international organizations would allow the proper management of humanitarian crises in the country.

Keywords: Analysis, Socio-sanitary situation, Humanitarian crisis.

INTRODUCTION

The growing number of forced migrants presents major challenges for humanitarians [1]. Worldwide, more than 72 million forced migrants are exposed to dangers, such as human smuggling and trafficking during their journey, and exploitation and abuse in their destination [2].

Indeed, the health of the deportees is worrying in a context of humanitarian crisis. If natural and human disasters often have similar consequences on health, situations caused by human action sometimes result from a deliberate desire to weaken a population and are then much more devastating [3]. Thus, after a sudden humanitarian crisis, the immediate health problems usually relate to food, water, sanitation and shelter [4].

Moreover, the dysfunction of health systems, particularly in poor countries, forced to interrupt certain health programs, causes the sudden resurgence of diseases as explained by Connolly *et al.*, (2004) [5].

Yet the Democratic Republic of Congo is one of the poorest countries in the world. Despite abundant natural resources, the country was ranked last (186th) in the Human Development Index in 2012 (Fiche – info ECHO- February 2014 - DRC). For more than ten years, the DRC has been experiencing a complex humanitarian crisis, characterized by violent armed conflicts in several regions, a large number of displaced persons and refugees, epidemics and epizootics, a general context of poverty and precariousness, conflicts (often of ethnic origin) provoked by the desire to

control access to natural resources and to conquer political or traditional power.

From the situation of Congolese expelled from the DRC in the Republic of Congo, there were approximately 400,000 Congolese from the DRC who lived in the Republic of Congo, of whom 250,000 would be in an irregular situation and affected by the expulsion measures. And this, since the beginning of the operation ' Mbata Ya Mokolo ' (Slapping the Elder) initiated by the authorities of the Republic of Congo at the beginning of April 2014, it was estimated until July 2, 2014, at 285,000 Congolese in the DRC (according to the Kinshasa Provincial Government) [6]. The number of those expelled who had already left, either by force or voluntarily, Congo-Brazzaville in precarious conditions to return to their country of origin.

Taking into account the way in which the latter returned to Kinshasa, a scientific eye is useful for an analysis of the socio-sanitary situation of these expellees, the results of which will constitute an inventory of this humanitarian crisis. The latter will finally allow whoever it may concern to take well-founded and informed measures in its policy to resolve this problem.

MATERIAL AND METHOD

Research Design

This is a descriptive-correlational and cross-sectional study.

Field of Investigation

This study was conducted in the town of Kinshasa in the city that bears his name in the Democratic Republic of Congo.

Target Population

These are Congolese from the DRC expelled from the Republic of Congo without a fixed address, but based in the commune of Kinshasa.

Sample Size

321 expelled subjects made up the sample for our study. We used a non-probability sample of the occasional type.

Method, Technique and Data Collection Instrument

We used the survey method, based on interview techniques and direct observation, supported by the interview guide as collection tools.

Ethical Consideration

anonymity in data collection (data collection took place in an isolated place; in the transcription of the data, neither the name nor the complete address of the tent of the subjects concerned by the study were sampled); the dignity of the people surveyed (the surveyors have been trained to know how to keep the information collected secret without abusing the dignity of anyone. In addition, we first obtain the consent of the leaders of the collectives before collecting the data); as well as the regulations of each structure (during the survey, we complied with the rules and standards of each tent, which allowed us to collect the data in a serene climate. Even the instructions of the municipal authorities were followed at the letter) have been scrupulously respected.

Data Processing and Analysis

After checking the consistency of the data and their manual coding, they were entered using Excel 2013 software and then refined before being exported to SPSS 21 for analysis. After the encoding process, descriptive analyzes were performed: frequency to measure central tendencies and dispersion (mean, median, mode and standard deviation). Then, the Pearson chi-square test was used to explore the relationships between the variables at the significance level of 0.05. The determination of the RR and its CI 95% made it possible to estimate the risk of deterioration in the state of the deportees.

RESULTS

Table I: Socio--demographic characteristics of respondents

Features	**Workforce (n = 321)**	**%**	
Sex			Mean ± SD
Male	145	45.2	
Feminine	176	54.8	
Age			41.6 ± 13 years
Marital status			
Bachelor	79	24.6	
Married	92	28.7	
Divorce	54	16.8	
Widowed (V)	88	27.4	
free Union	8	2.5	
Number of children			
No children	22	6.9	
1-5 children	269	83.8	
6 or more children	30	9.3	

The female gender is in the majority with 54.8%. The mean age was 41.6 ± 13 years. ¼ of the displaced were married. 83% have siblings of one to five children.

Table II: Professional and socio-economic characteristics

Features	Workforce (n = 321)	%
Study level		
Without level	30	9.4
Primary	104	32.4
Secondary	175	54.5
University	12	3.7
Function before discharge		
unemployed	14	4.4
Small business	170	53.0
Farmer	34	10.6
Household	6	1.9
Private sector	97	30.2
Means of subsistence in the refoulement camp		
Prostitution	26	8.1
Flight	76	23.7
Begging	213	66.4
Income Generating Activity	6	1.9
Housing type		
Tents (tarps)	219	68.2
Outside	82	25.5
Inside the stadium	10	3.1
Others (streets, tunnels)	10	3.1

These results show that the majority (54.5%) had a secondary education and lived from small businesses before the refoulement. Concerning the means of subsistence, 66.4% do begging to survive. Most of them (68%) were housed in tents.

Table III: Process of refoulement and survival in the camp

Refoulement process	Workforce (n = 321)	%
Reasons for rejection		
Politico-administrative and diplomatic reasons	305	95.0
Without reason	16	5.0
Number of meals per day in the refoulement camp		
A	121	37.7
Two	106	33.0
≥ three	94	29.3
Violence suffered	**(n=271)**	**%**
Physical	79	29.2
Material	50	18.5
economic (financial)	46	17.0
The three forms of violence at the same time	96	35.4

Politico-administrative and diplomatic reasons were the basis for the refoulement. Most (37.7%) deportees ate only once a day. 4 out of 5 were victims of either physical, material or economic violence or all three at the same time.

Table IV: Sanitary situations of deportees

Health situation	Workforce (n = 321)	%
Altered physical condition	201	62.6
Illnesses presented during the last 6 months	**(n=261)**	**%**
Malaria	159	60.9
Other disease	42	16.1
Malaria and other diseases together	211	80.8

Means of prevention at the camp	**(n=321)**	**%**
LLINDA	78	24.3
Raising awareness on HIV/AIDS screening	24	7.5
Use of condoms	123	38.3
Health problems		
unsanitary	260	80.9
Malnutrition	110	34.2
Lack of shelter	102	31.7
Lack of access to health care	321	100
Lack of access to drinking water	240	74.7
place of defecation		
Latrine	8	2.5
Gutter	200	62.3
Outdoors	75	23.4
At the stadium	38	11.8
Bathing place		
Outside	32	10.0
In tents (accommodation)	149	46.4
At the stadium	140	43.6

62.6% of deportees had an altered physical state. Only 4.4% had medical coverage. 81.3% of deportees presented at least one episode of illness during the last 6 months of the survey. This was mainly malaria (80%). 24.3% of deportees slept under LLINs; 7.5% benefited from sensitization on HIV/AIDS and 38.3% always used condoms during casual sex.

The health and hygiene problems recorded in the refoulement camp were mainly the lack of access to health care (100%), unsanitary conditions (80.9%) and the lack of access to drinking water (74.7%). 3 out of 5 turned back defecated in the gutters. 46.4% of deportees bathed in tents and 43.6%.

Table V: Crisis management (according to deportees)

Crisis management	**Workforce (n = 321)**	**%**
Solution Sources		
Congolese authorities	139	43.3
International community	182	56.7
Improvement perspective (internally)	**(n=139)**	**%**
Compensation by the government	139	100
Offer of a hosting site	75	54.0
Grant of gainful employment	139	100
Allocation of Trade Funds	30	21.6
Nutritional support	139	100
Aid organizations	**(n=184)**	**%**
Ministers	2	1.1
deputies	4	2.2
Mayors	16	8.7
Pastors and/or Priests	44	23.9
churches	90	48.9
NGOs, associations	18	9.8
Others	10	5.4

43.3% of deportees believe that the solution to their precariousness would come from the country's authorities, while 56.7% think of the international community. Internally, according to the latter, it would be necessary: compensation by the government of Congo, the granting of gainful employment, nutritional support (100% each) as well as the offer of a hosting site final (54%). In concrete terms, 57% benefited from humanitarian aid, including the Churches (48.9%) and the prelates (23.9).

Table VI: Determinants of the state of health (physical state) of deportees

Determinants of health status	Health						
	Altered n = 201 (%)	Retained n = 120 (%)	RR	(95% CI)	χ^2	p<	S
Stool management							
Channels	112(56)	88(44)	2.24	(0.90-5.59)	2.985	0.084	NS
Outdoors	55(73.3)	20(26.7)	2.93	(1.38-6.23)	7,850	0.005	**
Stadium	32(84.2)	6(15.8)	3.37	(1.70-6.69)	12.02	0.000	***
Latrine	2(25)	6(75)	1	Ref			
Violence							
Yes	189(69.7)	82(30.3)	2.91	(2.07-4.08)	37.7	0.000	***
No	12(24.0)	38(76.0)	1	Ref			
Number of children							
≥ 5	80(77.7)	23(22.3)	1.71	(1.21-2.41)	9.33	0.002	**
1 - 4	111 (56.6)	85(43.4)	1.25	(0.81-1.92)	1.00	0.317	NS
None	10(45.5)	12(54.5)	1	Ref			
Marital status							
Bachelor	49(62.0)	30(38.0)	1.19	(0.92-1.54)	1.68	0.194	NS
Widower	56(63.6)	32(36.4)	1.22	(0.95-1.57)	2.42	0.119	NS
free Union	6(75.0)	2(25.0)	1.44	(0.81-2.55)	1.54	0.214	NS
Divorce	42(77.8)	12(22.2)	1.49	(1.16-1.92)	9.43	0.002	**
Married	48(52.2)	44(47.8)	1	Ref			

The risk of physical impairment was 3 times higher when using the stage [RR = 3.4 (1.70-6.69); p < 0.000] or open air [RR = 2.93 (1.38 – 6.23); p < 0.005] instead of a latrine. Violence, whatever its form, exposed the deportees to this risk 3 times [RR = 2.91 (2.07 – 4.08); p < 0.000]. Subjects caring for at least 5 children ran twice the risk of having an altered physical state [RR = 1.71 (1.21–2.41); p < 0.002]. Finally, divorce once again exposed the repressed to this same risk [RR = 1.49 (1.16 – 1.92); p < 0.002].

DISCUSSION

Characteristics of Deportees

The mean age was 41.6 ± 13 years. The majority were women. ¼ of the displaced were married. 83% have siblings of one to five children.

In public health, we know that age is a very important factor testifying to any responsibility; insofar as maturity, experience and know-how essentially depend on it [7].

Furthermore, the majority (54.5%) of respondents had a secondary education and lived in small businesses before the refoulement. Concerning the means of subsistence, 66.4% do begging to survive. Most of them (68%) were housed in tents. This gives them greater openness to the outside world, allowing them to easily break with traditional behaviors that are harmful to their health and that of their children.

The level of education is one of the main explanatory factors of human behavior. For Vallin *et al.*, (2002), "one of the first assets likely to promote the adoption of behaviors conducive to health is obviously knowledge" according to their level and quality of studies, individuals will observe different behaviors vis-à-vis the phenomena demographics and health [8]. In addition, education involves changes in behaviors, attitudes and thinking, resulting in better utilization of modern health services and better household health practices (Joshi, 1994) [9].

Several studies have highlighted the influence of education on attendance at emergency care services in particular. In general, studies show that the higher the level of education, the more people has a greater propensity to use healthcare services [8, 9].

We note that the expelled are forced not to live well in their country of origin because after having lost their property as well as their occupation, they find themselves without housing, little food, and they subsist only on begging, theft, prostitution, as well as the small income-generating activity that is really insufficient and does not allow you to survive properly.

Because of a food ration, the little girls in this environment give themselves to sexual services and end up prostituting themselves without fearing the dangers and the derivatives which are often fatal to them.

The results on the occupation of deportees deducted the provisions relating to employment, self-employment status and social benefits provided for in the United Nations convention specify that refugees will receive “the most favorable treatment” granted to other aliens “in the same circumstances” (Refugee Convention, 1998).

However, restrictions on the employment of foreigners should not apply to refugees in host countries. Refugees seeking self-employment are in a slightly better position. They must be accorded

"treatment as favorable as possible and in any case treatment no less favorable than that accorded in the same circumstances to foreigners in general". It says in the convention that refugees seeking to exercise a liberal profession and whose qualifications are recognized by the host country must be treated in the same way as those seeking self-employment.

Regarding the accommodation of these expellees, nearly 68% are housed in tents, 1 in 4 expellees is in the open air, i.e. 25.5% and 3.1% live inside the stadium and 3.1% in tunnels and on the streets. The refoulés therefore live in appalling conditions in makeshift camps, without access to decent shelter, exposed to bad weather of all kinds. They are not entitled to adequate housing, so rightly and wrongly abandoned by the authorities; they do not know which saint to turn to.

From our understanding, the main objective of the housing policy would traditionally be to allow everyone to be housed correctly and freely, according to their choices. In the scheme of things, battered by the weather, the lack of shelter exposes these expellees to respiratory infections, pernicious malaria, measles, chickenpox, whooping cough and other so-called dirty hands diseases.

Thus, to corroborate these results obtained, Rabie T. (2006) insists that in most countries, housing is an important issue in public policy. Public intervention is partly explained by the desire to correct the dysfunctions of the housing supply and demand market. In addition, housing is of the generalist type, that is to say that it is intended for the majority of the population, while acting more particularly in favor of the most unfavorable households. The State intervenes in a way that aims to be balanced on all the links that make up the "housing chain", by encouraging the supply of social housing, by supporting the supply of private rental housing and by promoting access to property [10].

As for the reasons for refoulement, 95.0% know the reason for refoulement; against 5.0% do not know why they are expelled from Congo Brazzaville.

From another point of view of the Kinshasa authorities, Congolese from the DRC left Brazzaville following Operation Mbata ya Mokolo (slap of the eldest) since April 2014, the Brazzaville police have been tracking "Kuluna" (delinquents) and other foreigners in an irregular situation. Subsequently, thousands of Congolese from the DRC were turned back, sometimes in appalling conditions. Serial skids or simple fight against crime.

In terms of violence, 84.4% of deportees were victims. In any case, it is possibly observed during armed and socio-political conflicts, etc. that many more are women who are the targets of any abuse by men in uniform [11].

Our observations meet those of Gayer (2004) who explains that during humanitarian crises, in addition to injuries and violent deaths resulting from armed combat, torture and the use of genocide, risky behavior such as that of the military, rape and recourse to prostitution, favor the development of epidemics, in particular HIV/AIDS, all in situations characterized by the lack of condoms, the use of infected blood during blood transfusions and services relating to sexuality and perinatal health. While it is generally assumed that the level reached by HIV/AIDS is higher in such contexts, it also depends on the prevalence rate before the crisis [12].

Health Situation

Lack of access to health care, insalubrity, lack of access to drinking water, malnutrition and lack of shelter are the main health and hygiene problems recorded among those expelled from Brazzaville.

Connolly *et al.,* (2004) show that certain health problems are frequently observed during humanitarian crises: injuries, measles, diarrheal diseases (cholera, dysentery, etc.), severe respiratory infections, malaria. Epidemics such as meningitis, yellow fever, typhoid fever and viral hepatitis occur in these situations which also favor the appearance of psychiatric and psychosocial problems. In some refugee camps, diarrheal diseases account for more than 40% of deaths, with more than 80% of cases affecting children under the age of two [5].

ICCO (2006) explains that the main common end in life is to find the means to live. Living well together supposes a good sharing of human virtues between the members of society whatever the scale of the community, the benefit of basic social services such as water, electricity, health and education [13].

As for the prospects of their living conditions, those expelled from the DRC from Congo Brazzaville proposed: compensation by the government of the RC, the granting of gainful employment, nutritional support, the offer of a permanent accommodation and Allocation of trade funds. This explains the concerns of expellees to live decently in their countries despite their sudden arrivals. And expect much more from the DRC authorities and the international community.

The Determinants of the State of Health of Deportees

The deterioration in the state of health of the deportees was explained by the poor management of bowel movements, violence, family responsibilities as well as divorce. If these determinants are favorable, the chances of being in good health will be high [14].

CONCLUSION

This study shows that the socio-sanitary situation of those expelled from Brazzaville was not favourable. In order to meet the needs of this population, the role of the politico-administrative and health authorities of the DRC and that of both national and international organizations remain the greatest way out, finally allowing victims to regain their right on the social level. , legal and health as guaranteed by the framework of Refugee Law through the 1951 Convention and the 1967 Protocol of the United Nations.

In addition, the regime applied to displaced persons is in fact made up of a set of instruments relating to International Humanitarian Law, International Human Rights Law, domestic law and the guiding principles relating to the displacement of persons in within their own country formulated by the Office of the United Nations High Commissioner for Human Rights in 1998.

Authors' Contributions

All authors contributed to the realization of the study. They have read and accepted the published version of the manuscript.

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DECLARATION OF CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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