

Assessment of Posttraumatic Stress Disorders among the Victims of Landmines in Missan Governorate

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Abstract: A descriptive correlational study was carried out to: (1) assess the level of stress among the victims of landmines in Missan, (2) find out the relationship between participants' age, socioeconomic status (SES), body mass index (BMI), and coping strategies, and their level of PTSD, and (3) identify possible differences in PTSD level in terms of age groups, gender groups, marital status groups, SES class groups, BMI groups, upper extremities injury groups, lower extremities injury groups, duration of accident groups, walking aids used groups, pain severity groups, and movement status groups.

The study sample includes a convenience sample of (100) adults who have been considered as victims of Landmines in Missan Governorate were recruited to participate in this study. The instrument includes three parts; part one represents participants' sociodemographic and health characteristics; part two represents the posttraumatic stress disorder (PTSD Checklist DSM-5 with Criterion A), and part three is the BRIEF Coping Scale which was used to measure participants' levels of coping strategies.

The study results revealed that most of study participants experience a moderate degree of PTSD ($n = 77$; 77.0%), less than fifth experience severe PTSD ($n = 13$; 13.0%), and one tenth experience mild PTSD ($n = 10$; 10.0%). Moreover, there is no association between participants' age, SES, BMI and their PTSD level. Furthermore, there is no statistically significant difference in PTSD level between the gender groups. Poor individuals experience the highest level of PTSD than individuals who are categorized in the lower middle SE class and those who are categorized in the Very Poor or Below Poverty Line. Additionally, Individuals who have injuries at the metatarsal level experience the highest PTSD levels. Furthermore, there is a statistically significant difference in PTSD level among the right lower extremity injury groups. Ultimately, individuals who use prostheses as walking aid experience the highest PTSD level.

Keywords: Landmines Victims, Posttraumatic Stress Disorders

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I. Introduction

Injuries place an enormous burden on individuals, households, and communities and they exacerbate poverty (1). A key characteristic of the landmine is that it is designed to maim rather than kill an enemy soldier (2). Landmines also have far-reaching implications, and one of the most obvious is that they make land uninhabitable. Coupled with the fact that mines are mostly used in rural areas where land is employed for farming or grazing as the primary means of livelihood, this puts a severe strain on people who live on natural resources that are often already marginal (3). Blast and fragmentation injuries often cause long-lasting impairments including limb amputations, loss of eyesight and hearing, severe injuries to genitals, internal organs, face and chest, brain damage and spinal cord damage. These physical injuries are aggravated by the psychosocial, socio-economic and protection consequences of the traumatic event of a blast accident as the survivors confront lifelong difficulties accessing education, livelihood opportunities (4).

Landmine victims use a disproportionately high amount of medical resources; the vast majority of incidents occur in regions and countries without a sophisticated medical infrastructure and with limited resources, where rehabilitation is difficult in the best of circumstances. It is suggested that only a quarter of the patients with amputation secondary to landmines receive appropriate care (5). An explosion is a sudden, loud, and extremely violent event, and people experiencing the detonation of an explosive weapon are, thus, likely to suffer an acute stress reaction (6). To our knowledge, there is no previous study that was conducted to examine Landmines victims' PTSD and/or coping abilities in Iraq. So, this study aimed to: (1) assess the level of stress among the victims of landmines in Missan, (2) find out the relationship between participants' age, socioeconomic status (SES), body mass index (BMI), and coping strategies, and their level of PTSD, and (3) identify possible differences in PTSD level in terms of age groups, gender groups, marital status groups, SES class groups, BMI groups, upper extremities injury groups, lower extremities injury groups, duration of accident groups, walking aids used groups, pain severity groups, and movement status groups.

II. Methodology

Study Design: A descriptive correlational study was used in this study.

Setting: This study was conducted in two sites; Missan Directorate of Environment and Center of prostheses in Missan Governorate, Iraq.

Study Sample: A convenience sample of (100) adults who have been considered as victims of Landmines in Missan Governorate were recruited to participate in this study. The inclusion criteria include both genders, the victims' age is 15 years-old and older, individuals who use walking aids device (Prosthesis, Axillary crutches - wheelchair) and those who do not use such devices, and those who have the will to participate in this study.

The Study Instrument: The instrument includes three parts; part one represents participants' sociodemographic and health characteristics which includes age, gender, marital status and Social and Economic Status Scale (The amount of monthly income, level of education, occupation, residence, own a car, number of family members who have a financial resource, number of children for Paterfamilias, the existence of some basic facilities for the family, place of residence); part two represents the posttraumatic stress disorder (PTSD Checklist DSM-5 with Criterion A), which was used to assess the severity of PTSD, which was developed by the Department of Veterans Affairs – The United States of America, the National Center for PTSD. This tool consists of 20 items that are measured on a 5-point Likert scale. This scale ranges from (0 for not at all) to (4 for extremely). Level of assessment: (1-2.33) = low = L, (2.34-3.67) = moderate = M, (3.68-5.00) = high = H. Part three is the BRIEF Coping Scale which was used to measure participants' levels of coping strategies. It includes (17) items that were selected from the original scale to be fit with the Iraqi reality, which are measured on 4-point Likert scale. This scale ranges from (1 for I haven't been doing this at all) to (4 for I've been doing this a lot). The level of assessment: (1-2.00) = low = L, (2.1-3.00) = moderate = M, (3.1-4.00) = high = H. The reliability of the study instrument was determined through a pilot study of a convenient sample of (10) victims of landmine. The pilot study was done for the period from December 20th to December 29th, 2016. The Cronbach's alpha values for the two scales were satisfactory; 0.80 for the Stress scale, and 0.84 for the Coping strategy scale.

Data Analyses: Data were analyzed using the statistical package for social science (SPSS) for windows, version 22. The descriptive statistical measures of Frequencies, percentage, arithmetic mean, and Standard deviation were used to describe participants' sociodemographic characteristics and their health status parameters. Inferential statistical measure of Linear regression analysis was used to predict factors that could influence each of participants' PTSD and coping abilities. The non-parametric tests of Kruskal-Wallis *H*-test and The Mann-Whitney *U*-test were used to investigate the differences in each of PTSD level and the coping abilities between participants' sociodemographic characteristics and their health status groups.

III. Study Limitations

The researcher faced a variety of problems in the current study. some of them:

- 1- Unavailability of literature relevant to posttraumatic stress disorder among landmine victims.
- 2- Poor response of target population to participate in this study.
- 3- Difficulty of getting statistics about landmine victims ministry of health and environment.
- 4- Difficulty of visiting rehabilitation center for the landmine victims in Missan Governorate because most of those victims live in areas far from aforementioned centers.

IV. Study Results

Table 1. Participants' Sociodemographic Characteristics (N= 100)

List	Variable	Frequency	Percent
1.	Age: Mean (SD) = 36.75 ± 9.4		
	15-25	14	14.0
	26-35	24	24.0
	36-45	46	46.0
	46-54	16	16.0
2.	Gender		
	Female	97	97.0
	Male	3	3.0
3.	Marital Status		
	Unmarried	31	31.0
	Married	67	67.0
	Divorced	2	2.0
4.	SES Class		
	Very Poor or Below Poverty Line	7	7.0
	Poor	87	87.0
	Lower Middle	6	6.0

The age mean is 36.75 ± 9.4 , less than half of participants are within the age group of (36-45) years-old ($n = 46$; 46.0%). The clear majority are males ($n = 94$; 97.0%), most are married ($n = 67$; 67.0%), and the majority are categorized as poor SE class ($n = 87$; 87.0%).

Table 2. Participants Injury-related Parameters

List	Variable	Frequency	Percent
1.	BMI: Mean (SD) = 25.1 ± 2.2		
	Normal	43	43.0
	Overweight	57	57.0
2.	Upper Extremities Injury	Right Extremity	Left Extremity
		Freq. (Percent)	Freq. (Percent)
	None	11 (11.0%)	86 (86.0)
	Above the elbow	27 (27.0)	3 (3.0)
	Below the elbow	22 (22.0)	5 (5.0)
	At the wrist level	23 (23.0)	3 (3.0)
	Metacarpal	17 (17.0)	3 (3.0)
3.	Lower Extremities Injury	Right Extremity	Left Extremity
		Freq. (Percent)	Freq. (Percent)
	None	45 (45.0)	88 (88.0)
	Above the Knee	17 (17.0%)	4 (4.0)
	Below the Knee	18 (18.0%)	3 (3.0)
	At the Ankle level	15 (15.0)	4 (4.0)
	Metatarsal	5 (5.0)	1 (1.0)
4.	Duration of accident (Years)		
	< 5	22	22.0
	6-10	41	41.0
	11-15	17	17.0
	16-22	20	20.0
5.	Walking Aids used		
	Doesn't use walking aids	27	27.0
	Crutches	19	19.0
	Prostheses	16	16.0
	Wheel Chair	38	38.0
6.	Pain Severity		
	None	48	48.0
	Moderate	40	40.0
	Severe	12	12.0
7.	Movement Status		
	Unable to walk or transfer safely with or without help, and the prosthesis or walking aid devices are useless	20	20.0
	Able to use the prosthesis to transfer or walk at the surface level in a steady rhythm	18	18.0
	Able to walk and passing low zigzag hurdles such as restraints and stairs	22	22.0
	Able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises.	40	40.0

The BMI mean is 25.1 ± 2.2 , more than half of participants are overweight ($n = 57$; 57.0%). Concerning the injury to the upper extremities, more than a quarter have an injury with their right extremity above the elbow ($n = 27$; 27.0%), followed by those who have an injury at the wrist level ($n = 23$; 23.0%), and those who have an injury below the elbow ($n = 22$; 22.0%). For the left upper extremity, the majority have no injury ($n = 86$; 86.0%), and a small proportion have an injury below the elbow ($n = 5$; 5.0%).

Regarding the lower extremities, less than half have no injury with their right extremity ($n = 45$; 45.0%), less than fifth have an injury below the knee ($n = 18$; 18.0%), and a close proportion have an injury above the knee ($n = 17$; 17.0%). For the left lower extremity, the clear majority have no injury ($n = 88$; 88.0%), and a small proportion have injuries above the knee and at the ankle level ($n = 4$; 4.0%) for each of them.

With respect to the duration of exposure to the injury, more than two-fifths have exposed to the injury for 6-10 years ago ($n = 41$; 41.0%), more than fifth have exposed to the injury less than five years ago ($n = 22$; 22.0%), and fifth have exposed to the injury for 16-22 years ago ($n = 20$; 20.0%).

Concerning the walking aids used, less than two-fifths have been using wheel chairs ($n = 38$; 38.0%), followed by those who do not used any walking aids ($n = 27$; 27.0%), and a lesser proportion who have been using crutches ($n = 19$; 19.0%).

Regarding the severity of pain that those individuals may experience as a result of landmine injuries, less than half reported that they do not have any pain ($n = 48$; 48.0%), followed by those who reported that they have a moderate pain ($n = 40$; 40.0%), and a small proportion who have been experiencing a severe pain ($n = 12$; 12.0%).

Ultimately, two-fifths reported that they are able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises, or practicing an activity that requires using prosthesis after any simple movement ($n = 40$; 40.0%), followed by those who reported that they are able to walk and passing low zigzag hurdles such as restraints and stairs ($n = 22$; 22.0%), and those who are unable to walk or transfer safely with or without help, and the prosthesis or walking aid devices are useless ($n = 20$; 20.0%).

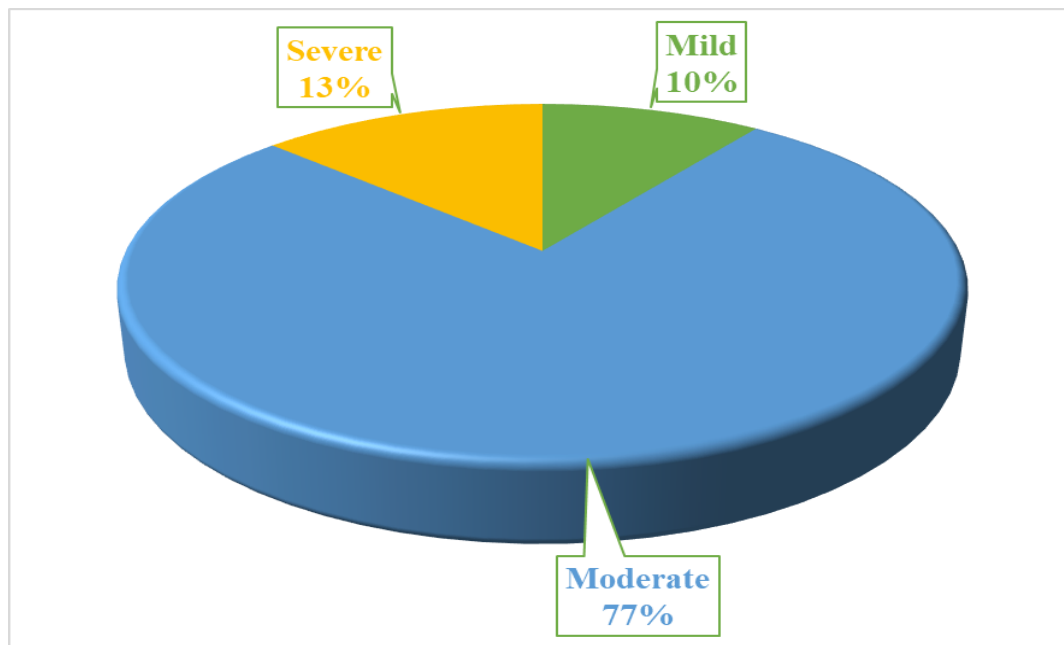


Figure 1. Participants' PTSD Levels

This figure demonstrates that most of study participants experience a moderate degree of PTSD ($n = 77$; 77.0%), less than fifth experience severe PTSD ($n = 13$; 13.0%), and one tenth experience mild PTSD ($n = 10$; 10.0%).

Table 3. Association between Participants' Age, SES, BMI, and Their PTSD Level

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Age	.069	.109	.081	.639	.524
Socioeconomic Status	.225	.476	.052	.472	.638
BMI	-.270	.438	-.074	-.616	.539

Table (5) reveals that there is no association between participants' age, SES, BMI and their PTSD level. This indicates that individuals who have landmine-related injuries in all age groups, different SESs, and different height-to-weight ratio experience almost the same level of PTSD.

Table 4. Differences in PTSD among the Age Groups

Ranks				Chi-Square	df	Asymp. Sig.
	Age Group	N	Mean Rank			
PTSD	15-25	14	54.46	3.662	3	.300
	26-35	24	50.58			
	36-45	46	45.61			
	46-54	16	60.97			
	Total	100				

Individuals in the age group of (46-54) experience the highest level of PTSD, followed by those who are in the age group of (15-25) years-old, those in the age group of (26-35), and those who are in the age group of (36-45). However, there is no statistically significant difference in PTSD level among the age groups.

Table 5. Differences in PTSD between the Marital Status Groups

	Ranks			Mann-Whitney U	Asymp. Sig.
	Marital Status	N	Mean Rank		
PTSD	Unmarried	31	51.97	962.000	.558
	Married	67	48.36		
	Total	98			

Unmarried individuals experience a higher level of PTSD than married individuals. Divorced individuals were excluded from this analysis because of their small number. However, there is no statistically significant difference in PTSD level between the gender groups (Mann-Whitney U = 962.000, P-value = .558).

Table 6. Differences in PTSD among the SES Classes

	Ranks			Chi-Square	df	Asymp. Sig.
	SES Class	N	Mean Rank			
PTSD	Very Poor or Below Poverty Line	7	39.57	1.071	2	.585
	Poor	87	51.33			
	Lower Middle	6	51.17			
	Total	100				

Poor individuals experience the highest level of PTSD than individuals who are categorized in the lower middle SE class and those who are categorized in the Very Poor or Below Poverty Line. However, there is no statistically significant difference in PTSD level among the SES classes.

Table 7. Differences in PTSD between the BMI Groups

	Ranks			Mann-Whitney U	Asymp. Sig.
	BMI	N	Mean Rank		
PTSD	Normal	43	53.01	1117.500	.451
	Overweight	57	48.61		
	Total	98			

Individuals who are normal in height-to-weight ratio experience a higher level of PTSD than individuals who are overweight. However, there is no statistically significant difference in PTSD level between the BMI groups (Mann-Whitney U = 1117.500, p-value = .451).

Table 8. Differences in PTSD among the Right Upper Extremity Injury Groups

	Ranks			Chi-Square	df	Asymp. Sig.
	Right Upper Extremity	N	Mean Rank			
PTSD	None	11	43.36	6.710	4	.152
	Above the elbow	27	57.19			
	Below the elbow	22	56.77			
	At the wrist level	23	39.13			
	Metacarpal	17	51.76			
	Total	100				

Individuals who have injuries above the elbow level experience the highest PTSD levels, followed by those who have injuries below the elbow level, those who have injuries at the metacarpal level, those who have no injuries, and those who have injuries at wrist level. However, there is no statistically significant difference in PTSD level among the right upper extremity injury groups.

Individuals who have injuries with their upper left extremity were excluded from such analysis because of their small number.

Table 9. Differences in PTSD among the Right Lower Extremity Injury Groups

	Ranks			Chi-Square	df	Asymp. Sig.
	Right Extremity	N	Mean Rank			
PTSD	None	45	47.23	10.392	4	.034
	Above the knee	17	45.56			
	Below the knee	18	43.97			
	At the ankle level	15	63.87			
	Metatarsal	5	80.10			
	Total	100				

Individuals who have injuries at the metatarsal level experience the highest PTSD levels, followed by those who have injuries at the ankle level, those who have no injuries with their right lower extremity, those who have injuries above the knee, and those who have injury below the knee. There is a statistically significant difference in PTSD level among the right lower extremity injury groups. Individuals who have injuries with their lower left extremity were excluded from such analysis because of their small number.

Table 10. Differences in PTSD among the Duration of Exposure to the Stressful Incident Groups

Ranks				Chi-Square	df	Asymp. Sig.
	Duration of accident (Years)	N	Mean Rank			
PTSD	Less than five	22	47.70	.530	3	.912
	6-10	41	51.48			
	11-15	17	53.74			
	16-22	20	48.83			
	Total	100				

Individuals who have exposed to the stressful incidents for (11-15) years ago experience the highest PTSD level, followed by those who have exposed to such incidents from (6-10) years ago, those who exposed to such incidents from (16-22) years ago, and those who exposed to such incidents for less than five years ago. However, there is no statistically significant difference in the PTSD level among the duration of exposure to the stressful incident groups.

Table 11 Differences in PTSD among the Walking Aids Used Groups

Ranks				Chi-Square	df	Asymp. Sig.
	Walking Aids used	N	Mean Rank			
PTSD	Doesn't use walking aids	27	55.22	3.122	3	.373
	Crutches	19	50.84			
	Prostheses	16	56.63			
	Wheel chair	38	44.39			
	Total	100				

Individuals who use prostheses as walking aid experience the highest PTSD level, followed by those who don't use any walking aid, those who use crutches, and those who use wheel chairs. However, there is no statistically significant difference in PTSD level among walking aids used groups.

Table 12. Differences in PTSD among the Pain Severity Groups

Ranks				Chi-Square	df	Asymp. Sig.
	Pain Severity	N	Mean Rank			
PTSD	None	48	52.00	.284	2	.868
	Moderate	40	49.54			
	Severe	12	47.71			
	Total	100				

Individuals who have no pain experience the highest PTSD level, followed by those who have moderate pain and those who have severe pain. However, there is no statistically significant difference in PTSD level among pain groups.

Table 13. Differences in PTSD among the Movement Status Groups

Ranks				Chi-Square	df	Asymp. Sig.
	Movement Status	N	Mean Rank			
PTSD	Unable to walk or transfer safely with or without help, and the prosthesis or walking aid devices are useless	20	42.75	4.242	3	.237
	Able to use the prosthesis to transfer or walk at the surface level in a steady rhythm	18	44.81			
	Able to walk and passing low zigzag hurdles such as restraints and stairs	22	59.20			
	Able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises.	40	52.15			
	Total	100				

Individuals who are able to walk and passing low zigzag hurdles such as restraints and stairs experience the highest PTSD level, followed by those who are able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises, those who are able to use the prosthesis to transfer or walk at the surface level in a steady rhythm, and those who are unable to walk or transfer safely with or without help, and the prosthesis or walking aid devices are useless. However, there is no statistically significant difference in PTSD level among the movement status groups.

V. Discussion

Discussion of sociodemographic characteristics of Victims of Landmines

Forty-six percent of participants were within the age group of (36-45) years-old, followed by twenty-four percent of those who were in the age group of (26-35). This finding could be explained as that these two age groups afford more responsibility than other age groups in earning living for their families. Those individuals seek to earn their living through fishing or grazing in areas in which landmines are available as a residue of the Iraqi-Iranian war, which increases the risk of their exposure to the landmine in injuries.

Concerning the gender, the clear majority of participants were males. This finding could be accounted for that according to the values of people who live in these areas, it is required for men to undertake the responsibility of earning living for their families. Contrarily, it is recommended for women to inhabit home and undertake household chores. So, the likelihood of exposure to landmine accidents is higher for men than for women.

Regarding marital status, most of participants were married. This could be explained as that most of participants were in the age group between (26-45), and it is highly recommended for individuals to get marry as early as possible in these communities.

Discussion of Participants Injury-related Parameters

Pertaining BMI, fifty-seven percent of participants were overweight. This could be attributed to that the injuries that those individuals experience which constrain their mobility, and unhealthy diet that they have been consuming contribute to their overweight

Concerning the injury to the upper extremities, twenty-seven percent of study participants have an injury with their right extremity above the elbow, followed by twenty-three percent of those who have an injury at the wrist level, and twenty-two percent of those who have an injury below the elbow. For the left upper extremity, eighty-six percent have no injury, and only five percent have an injury below the elbow.

Concerning lower extremities injury, forty-five percent have no injury with their right extremity, eighteen percent have an injury below the knee, and seventeen percent have an injury above the knee. For the left lower extremity, eighty-eight percent have no injury, and only four percent have injuries above the knee and at the ankle level ($n = 4$; 4 %) for each of them.

Regarding the duration of accident, forty-one percent have exposed to the injury for 6-10 years ago. This could be explained as that the large number of participants were within the age group of (36-45) years-old. In other word, the duration of accident goes in line with the age of the large number of participants.

With respect walking aids used, thirty-eight percent of participants have been using wheel chairs. This could be explained to the reality that sixty-seven percent have injuries with their lower extremities.

Pertaining pain severity, that those individuals may experience as a result of landmine injuries, forty-eight percent reported that they do not have any pain, followed by forty-percent of those who reported that they have a moderate pain. This could be attributed to the reality that forty-one percent have exposed to the injury for 6-10 years ago. Thus, these injuries could be cured and the pain level had been decreased.

Regarding movement status, forty-percent reported that they are able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises, or practicing an activity that requires using prosthesis after any simple movement. This could be explained as that forty-five percent have no injury with their right lower extremity and eight-eight percent have no injury with their left lower extremity.

Discussion of Posttraumatic stress disorder Status:

PTSD status showed that the most stressful experience for participants is "Suddenly feeling or acting as if the stressful experience was actually happening again (as if you were actually back there reliving it)". This could be accounted for that those individuals have been feeling afraid of reoccurrence of the stressful experiences they had got. The second most stressful item was "Repeated, disturbing, and unwanted memories of the stressful experience". This could be explained as that such stressful incidents greatly influenced those individuals and reflects that there was no any appropriate action taken by healthcare professionals to alleviate the influence of these experiences for those individuals.

Discussion the Association between Participants' Age, SES, BMI, and Their PTSD Level

The finding revealed that there is no association between participants' age, SES, BMI and their PTSD level. This indicates that individuals who have landmine-related injuries in all age groups, different SESs, and different height-to-weight ratio experience almost the same level of PTSD.

Discussion the Differences in PTSD among the Age Groups

Individuals in the age group of (46-54) experience the highest level of PTSD, followed by those who are in the age group of (15-25) years-old, those in the age group of (26-35), and those who are in the age group of (36-45). However, there is no statistically significant difference in PTSD level among the age groups.

Discussion the Differences in PTSD between the Gender Groups

Unmarried individuals experience a higher level of PTSD than married individuals. Divorced individuals were excluded from this analysis because of their small number. However, there is no statistically significant difference in PTSD level between the gender groups.

Discussion the Differences in PTSD among the SES Classes

Poor individuals experience the highest level of PTSD than individuals who are categorized in the lower middle SE class and those who are categorized in the Very Poor or Below Poverty Line. However, there is no statistically significant difference in PTSD level among the SES classes.

Discussion the Differences in PTSD between the BMI Groups

Individuals who are normal in height-to-weight ratio experience a higher level of PTSD than individuals who are overweight. However, there is no statistically significant difference in PTSD level between the BMI groups.

Discussion the Differences in PTSD among the Right Upper Extremity Injury Groups

Individuals who have injuries above the elbow level experience the highest PTSD levels, followed by those who have injuries below the elbow level, those who have injuries at the metacarpal level, those who have no injuries, and those who have injuries at wrist level. However, there is no statistically significant difference in PTSD level among the right upper extremity injury groups.

Discussion the Differences in PTSD among the Right Upper Extremity Injury Groups

Individuals who have injuries at the metatarsal level experience the highest PTSD levels, followed by those who have injuries at the ankle level, those who have no injuries with their right lower extremity, those who have injuries above the knee, and those who have injury below the knee. However, there is no statistically significant difference in PTSD level among the right lower extremity injury groups.

Discussion the Differences in PTSD among the Duration of Exposure to the Stressful Incident Groups

Individuals who have exposed to the stressful incidents for (11-15) years ago experience the highest PTSD level, followed by those who have exposed to such incidents from (6-10) years ago, those who exposed to such incidents from (16-22) years ago, and those who exposed to such incidents for less than five years ago. However, there is no statistically significant difference in the PTSD level among the duration of exposure to the stressful incident groups.

Discussion the Differences in PTSD among the Walking Aids Used Groups

Individuals who use prostheses as walking aid experience the highest PTSD level, followed by those who don't use any walking aid, those who use crutches, and those who use wheel chairs. However, there is no statistically significant difference in PTSD level among walking aids used groups.

Discussion the Differences in PTSD among the Pain Severity Groups

Individuals who have no pain experience the highest PTSD level, followed by those who have moderate pain and those who have severe pain. However, there is no statistically significant difference in PTSD level among pain groups.

Discussion the Differences in PTSD among the Movement Status Groups

Individuals who are able to walk and passing low zigzag hurdles such as restraints and stairs experience the highest PTSD level, followed by those who are able to walk with a changeable rhythm and able pass zigzag hurdles and can receive professional, therapeutic exercises, those who are able to use the prosthesis to transfer or walk at the surface level in a steady rhythm, and those who are unable to walk or transfer safely

with or without help, and the prosthesis or walking aid devices are useless. However, there is no statistically significant difference in PTSD level among the movement status groups.

VI. Conclusion

The most stressful life events include feeling afraid of reoccurrence of the stressful experiences they had got, stressful incidents greatly influenced those individuals, and that feeling afraid of reoccurrence of the stressful experiences that participants had got. Furthermore, the clear majority of study participants experience moderate to severe PTSD. Moreover, PTSD influence all study participants irrespective of their age, SES, and BMI. Injuries above the elbow level seems to contribute to higher PTSD levels. Injuries at the metatarsal and at the ankle levels contribute to the highest PTSD levels. Using prostheses as walking aid causes the highest PTSD level.

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