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INFLUENCE OF MARITAL STATUS AND GENDER ON THE LEVEL OF POST-TRAUMATIC STRESS DISORDER, DEPRESSION AND ANXIETY AMONG INTERNALLY DISPLACED PERSONS IN NIGERIA

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ABSTRACT

The study examined the influence of marital status and gender on the level of Post-traumatic stress disorder (PTSD), Depression and Anxiety among Internally Displaced Persons in Nigeria, a total number of six hundred and Ninety –Seven Participants were selected for the study. Three scale were used to gather data for the study, these includes the Post-Traumatic Stress Disorder scale which have the reliability coefficient of 0.80, the Hamilton Anxiety scale which have reliability of 0.71,Centre for Epidemiology Studies Depression Screening with reliability of 0.69-0.89. The study tested four hypothesis which are marital status will have a significant difference in the experience of PTSD among the Internally Displaced in Nigeria ,marital Status will have significant difference in the experience of Depression among the Internally Displaced Persons in Nigeria , marital Status will have a significant difference in the experience of Anxiety among the Internally Displaced in Nigeria and There will be a significant sex difference in the experience of PTSD, Depression and Anxiety among the internally displaced persons in Nigeria. Using Analysis of Variance and Independent t Test, result indicates that depression [$F(3, 1061) = 7.78$, $p < .0001$, partial $\eta 2 = .02$] and PTSD [$F(3, 1061) = 3.33$, $p = .01$, partial $\eta 2 = .01$] were significantly influenced by marital status. However, the effect of marital status on anxiety [$F(3, 1061) = .61$, $p = .61$] was not significant. The study therefore concluded that marital status does have influence on level of PTSD experienced by Internally Displaced Persons in Nigeria, marital status does have influence on level of Depression experienced by Internally Displaced Persons in Nigeria, marital Status do not have influence on level of Anxiety experienced by Internally Displaced Persons in Nigeria, sex do not influence the level of PTSD, Depression and Anxiety experienced by

Internally Displaced Persons in Nigeria. The study recommended cognitive behaviour therapy for the internally displaced persons.

Keywords: *Marital Status, Gender, PTSD, Depression, Anxiety, Internally Displaced Persons.*

INTRODUCTION

In recent times, there has been series of deadly clashes in Nigeria especially in the North Eastern part of the country. This has resulted to death of thousands of people and many internally displaced. The Amnesty International (2018), reported that Nigeria is the most terrorized country in the whole world and further reported that Nigeria has the third largest number of internally Displaced Person after Syria and Colombia.
It was further reported by the United Nations (2018) that as at June 2017, Nigeria has a total number of 3.7million people across various Internally Displaced Persons camps. It must however be noted that violence is not the only cause of displacement in Nigeria, sometimes there are other causes of displacement, for instance the cession of some parts of Nigeria to Cameroon by the international court of justice in Hague has seen some people been displaced as a result of the judgment. They have been subsequently settled in Ikot Effiom and Obutong awaiting resettlement by the Federal Government since 2008 when they were forcefully ejected by the Cameroonian military (Amnesty International ,2018)
Subsequently the effect of displacement on the internally displaced has been examined. Aker, Ozeren, Boron & Bay (2002) assert that displacement is a psychologically traumatic process. Displaced persons may be subjected to traumatic events such as torture, physical or sexual assault, threat of death, loss of relatives, and armed conflict (Aker, Ozeren, Boron & Bay 2002).

Considering the effects, displacement may be accepted as a public health problem and a type of disaster, as it may lead to loss of resources, economic uncertainty, absence of health services and education, insufficient compensation for fundamental humane requirements, and disintegration of public structure (Hall, Hobfol, Palmeri, Canetti &Shapira 2008). A high rate of psychopathology, mostly Post Traumatic Stress Disorder, has been observed in persons who have been subjected to displacement or conflicts (Somasundaram, Sivoykan,1994), Karunakara, Neuner, Schauer, Singh & Hill 2004); and a PSTD rate of

14-37% has been reported among such individual (Mollica, Sarajlic, Chemoff, Lavella, Vukovic 2011). Other psychological consequences that could result from been internally displaced could be depression and anxiety (Rojas, Bujarski, Babson, Dutton, Feldner, 2008).

Post-Traumatic Stress Disorder

Post-traumatic Stress Disorder (PTSD) is a psychological reaction that occurs after experiencing a highly stressful event (such as wartime combat, physical violence, or a natural disaster) outside the range of normal human experience and that is usually characterized by flashbacks, recurrent nightmares, and avoidance of reminders of the event. However, traumatic stressors often have an over interfering effect on the sympathetic nervous system known as the Amygdale and Hippocampus. (Barry & Kane 2005). It is an anxiety disorder that consists of a sustained and dysfunctional emotional reaction to an extreme stressor.

According to DSM-IV, PTSD symptoms fall into three general clusters: re-experiencing, avoidance and arousal. To be eligible for a diagnosis, three criteria must be met. The individual must re-experience the trauma in one of the following ways: night-mares, flashbacks, intrusive thoughts, and emotional distress or physiological arousal in response to internal or external cues that serve as reminders of the trauma. Second, the individual must have at least three avoidance symptoms: avoidance of thinking about the trauma, avoidance of reminder in activities, psychogenic amnesia, or a sense of a fore-shortened future. Finally, individuals must experience at least two of the following arousal symptoms: sleep disturbance, hyper-vigilance, exaggerated startle response, irritability or outbursts of anger, or difficulty concentrating. If these symptoms persist for at least one month and cause considerable impairment in daily living, a diagnosis of PTSD is appropriate. In addition to the anxiety symptoms of PTSD itself, there is also high co-morbidity between PTSD and depressive symptoms, other anxiety disorders, and substance abuse (Kessler, Son-nega, Bromet, Hughes, & Nelson, 1995), and these can exacerbate dysfunction in daily living. Although PTSD cannot be formally diagnosed unless symptoms persist for at least one month, many individuals show marked symptoms and impairment beginning immediately after a trauma and may benefit from some psychological intervention. Interest in this initial reaction to trauma gave impetus to the introduction of a new disorder called "acute stress disorder into DSM-IV (APA, 1994). This disorder includes symptoms of

PTSD with special emphasis on dissociative symptoms and it can lasts from two days to four weeks post-trauma.

Depression

Depression is a common mental disorder that presents with depressed mood, loss of interest or low pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Basoglu, Salaoglu, &Livanou (2003). Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more many attempt to end their (WHO, 2012). There are multiple variations of depression that a person can suffer from. The most general distinction of depression in people who have or do not have a history of manic episodes which may include, depressive episode that involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

Anxiety

Generalized anxiety disorder (GAD) is a chronic and impairing disorder, independent of its substantial co-morbidity with other mental disorders. Although it shares some risk clinical similarities with other internalizing/emotional disorders. It can be distinguished from these disorders. The classification has thus progressed beyond treating GAD as a residual category or the "confusing stepchild" among the anxiety disorders" as it was in DSMIII. DSM-IV-defined GAD hence is not a trivial disorder. Anxiety disorders are the most common mental health problem (Kessler 1994). These disorders comprise a heterogeneous group of conditions such as generalized anxiety disorder characterized by

chronic worrying, panic disorder with a sudden onset of autonomic symptoms associated with a flooding of thoughts and anxious experiences, post-traumatic stress disorder characterized by intrusive recollections of exposure to extreme and potentially life-threatening events, obsessive compulsive disorder characterized by ruminative thinking and stereotyped actions aimed at relieving anxious thoughts, social phobias with fear of situations involving the potential for negative evaluation, and specific phobias with object-related anxiety symptoms. A common feature of all anxiety disorders is a profound avoidance of the event, object, or context, which has become associated with the experience or exacerbation of the anxiety symptoms. It is a subjective feeling of unease, discomfort, apprehension or fearful concern accompanied by a host of autonomic and somatic manifestations. Anxiety is a normal, emotional, reasonable and expected response to real or potential danger. However, if the symptoms of anxiety are prolonged, irrational, disproportionate and/or severe; occur in the absence of stressful events or stimuli; or interfere with everyday activities, then, these are called Anxiety Disorders (DSM IV-TR, 2000).

STATEMENT OF THE PROBLEM

Internally Displaced Persons abound in virtually all states in Nigeria. These categories of people are daily subjected to hardship and inhumane treatments occasioned by their impoverished conditions. They are therefore at the mercy of Non-Governmental organizations, philanthropist and government to make a living and survive (United Nations Report on Boko Haram, 2018). Their health Is threatened owing to lack of Medicare facilities , and their socio-economic activities for normal functioning are nearly paralyzed .For example , sometimes in February 2019, the news media in Nigeria was awashed of protests among the Internally Displaced Persons in Maiduguri Camp(Channels TV ,February 14 2019).Due to their daily experience of neglect and lack of proper care and social support in the camp , coupled with the fact that they experienced harrowing experiences before getting to camp, there might be probability that they have some level of psychopathology. Studies like that of Hall, Hobfol, Palmeri ,Canetti and Shapira (2008) suggested that individuals that are displaced might experience pathology like PTSD, Depression and Anxiety , in the same vein Masmas (2007) ,Johnson & Thompson (2007) found a PTSD prevalence rate of 63% among individuals that are tortured before being displaced .Also Van Minnen &Hagenaars (2002) found a link between depressive symptoms

and individuals that are displaced . In light of this , the present study was set to add to knowledge by examining if Marital status and gender influences the level of PTSD ,Depression and Anxiety among the Internally Displaced Persons

OBJECTIVES OF THE STUDY

To find out if marital status and gender have influence on the level of PTSD, Depression and Anxiety among Internally Displaced Persons in Nigeria.

Hypotheses

1a Marital status will have a significant difference in the experience of PTSD among the Internally Displaced in Nigeria

Ib Marital Status will have significant difference in the experience of Depression among the Internally Displaced Persons in Nigeria

1c Marital Status will have significant difference in the experience of Anxiety among the Internally Displaced in Nigeria

2 There will be a significant sex difference in the experience of PTSD, Depression and Anxiety among the internally displaced persons in Nigeria

Methods

Research Design

The study adopted survey research design for the study, with elements of factorial designs

Population

The study focused basically on individuals that were displaced as result of Boko Haram activities, and persons that were displaced as a result of seceding the Bakasi Penisula to Cameroon. These includes persons in the Internally Displaced Camps in Hung, Michika, Mubi Transit, Zang commercial secondary school, Yola Technical College and Bukuru, all in the Northern part of Nigeria and also persons in IDP camps in are Cameron village, Yenagoa and the Obubra IDP camp .

Sample and Sampling Technique

The samples used for the study were systematically and sequentially selected, using multi-stage sampling technique. The study used Purposive sampling technique in selecting the category of Internally Displaced Persons that were used for the study.

And in selecting the states where the camps were located, the study used convenience sampling technique, convenient sampling technique was also used in selection of the eight camps that were used for the study, these are camps in Hung, Michika, Mubi Transit (Adamawa state) Zang Commercial Secondary School, Technical College Bukuru (Plateau State), Cameroon Village (Azikoro), Cameroon Village (Etegwe) in Bayelsa and the IDP camp in Obubra, Cross-River state.
In selecting the final participants for the study, the study adopted accidental sampling technique to select the IDPs

Participants
The study used participants drawn from populations, who are internally displaced in various camps in Adamawa, Plateau, Cross-River and Bayelsa States. The participants draw from camps in plateau and Adamawa states serves as the internally displaced as a result of violence, while those drawn from camps in Cross-River and Bayelsa states served as the internally displaced as a result of cession. A breakdown of the numbers of the numbers showed that Two Hundred and Ninety –six of the selected participants were displaced as a result of violence, four hundred and one were displaced as a result of cession

Measures
The PCL (Weathers 1993) is an easily administered self –report rating scale for assessing the 17 DSM-IV symptoms. Internal consistency is very high for each of the three groups of items corresponding to the DSM-IV symptom clusters as well as for the full 17-item scale. The study used the civilian version for the study and it has a reliability coefficient of 0.81. Convergent validity was demonstrated by strong correlations between the PCL and the Missisipi scale (0.93) the PK scale of the MMPI-2(0.77), the Impact of event scale (0.90) and the Combat Exposure Scale (0.46).
The Hamilton Anxiety Rating Scale was developed by Hamilton (1959). The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (Physical complaints related to anxiety). The reported levels of inter-rater reliability for the scale appear to be acceptable. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where >17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to

severe. It has a reliability coefficient of 0.71, and a validity coefficient of 0.77.

The CES-D Scale (Centre for Epidemiology Studies Depression Screening) is a short self-report scale developed by the Australian Center for Epidemiology, is designated to measure depressive symptomatology in the general population. The scale was tested in household interview surveys and in psychiatric settings. It was found to have very high internal consistency (0.69-0.89) and adequate test-retest. The validity was ascertained using construct validity examined through exploratory factor analysis with varimax rotation, results showed a validity coefficient of 0.94 as compared with other versions of scales measuring Depression.

Procedure

At the start of the study, letters were written to relevant authorities like the National Emergency Management Agency (NEMA), the Nigeria Police Force, Ministry of Local Government affairs in Bayelsa, Office of Senior Special Adviser to State Governor of Emergency Matters; but there was no response, therefore the researcher approached the security agents guarding the camps in Hung, Mubi transit, Yola, Zang Commercial and supervised permission was granted. There was no one in charge of camps in Bayelsa and Cross-River states, so access was easy. The study sought the consent of the participants before, involving them for the study, and this was done by telling them to sign at the tip of the questionnaire.
The researcher made use of two research assistants in Jos and Adamawa, (one male and one female), one has a baseline knowledge of psychology, while the other one was a victim of Boko Haram attacks. Two research assistants (one each) also assisted in Bayelsa and Cross-River states respectively. The instrument used for the study has so many items, therefore it took a minimum of thirty minutes to fill by those who are educated (even at that, some items were still explained to them), for the uneducated, the research assistant were on ground to explain to them in the language they understand.

Data Analysis

The data collected for the study was analysed using Analysis of Variance and Independent t Test.

Results

Table 1**: ANOVA Summary- Marital Status on Depression, Anxiety and PTSD**

Source	DV	SS	df	MS	F	Sig.	η2
	Depression	896.39	3	298.80	7.78	< .0001	.02
Marital status	Anxiety	13.18	3	4.39	.61	.61	.002
	PTSD	358.71	3	119.57	3.33	.01	.01
	Depression	40745.20	1061	38.40			
Error	Anxiety	7648.20	1061	7.21			
	PTSD	38085.47	1061	35.90			

ANOVA summary (table 18) indicates that depression [F (3, 1061) = 7.78, p < .0001, partial η2 = .02] and PTSD [F (3, 1061) = 3.33, p = .01, partial η2 = .01] were significantly influenced by marital status. However, the effect of marital status on anxiety [F (3, 1061) = .61, p = .61] was not significant. Therefore, it can be concluded that 1a which states that Marital Status will have a significant influence on the experience of PTSD among Internally Displaced was accepted, while hypothesis 1b which states that marital status will have significant influence on experience of Depression among Internally Displaced was also accepted, but hypothesis 1c which states marital status will significantly influence the experience of Anxiety among Internally Displaced was rejected.

Table 2

A t test Table showing the difference in the level of PTSD, Anxiety and Depression between the male and female IDPs and non-displaced Population.

	Non-Displaced Persons			Internally Displaced Persons		
	Male	Female		Male	Female	
	n =325	n=372		n=188	n=210	
	Mean(SD)	Mean(SD)	t	Mean(SD)	Mean(SD)	t
Depression	25.97(6.94	26.14(6.36)	.26	32.57(5.26)	32.53(5.14)	.109
Anxiety	17.32(8.53)	17.44(8.51)	.14	12.66(2.78)	2.74(.14)	.089
PTSD	25.38(9.36)	25.08(9.31)	.32	35.2294.06)	35.38(4.25)	.516

The table 2 shows there is no significant difference in the level of depression, anxiety and PTSD experienced by the male and female IDPs, the table further shows that there is no significant difference in the level of depression, anxiety and PTSD experienced also among the non-displaced population. Based on the result presented above in table 2, hypothesis two which states that there will be a significant sex differences in the

experience of PTSD, Depression and Anxiety among the Internally Displaced and is hereby rejected.

DISCUSSION

Results indicates that depression [F (3, 1061) = 7.78, p < .0001, partial $\eta 2$ = .02] and PTSD [F (3, 1061) = 3.33, p = .01, partial $\eta 2$ = .01] were significantly influenced by marital status. However, the effect of marital status on anxiety [F (3, 1061) = .61, p = .61] was not significant. There are plausible explanations for the outcome of the result. In the first part, result showed that there is difference in response to somatic response between the single and the married. The kind of social support received differs; the married have the probability of receiving more social support than the single and studies have shown that social support influences the response to somatic symptoms. For instance, Paykel, Abbott, Jenkins, Brugha, and Meltzer, 2003; Segrin, Powel, Givertz, &Brackin, 2003; Segrin, 2001 found that deficiencies in social functioning affects psychological functioning of individuals. They noted, for example, that people who are isolated and lack social support or intimacy in their lives are more likely to become depressed when under stress and to remain depressed longer than people with supportive spouses or warm relationships. Social relationships have been shown to be essential for emotional, physical and health well-being. The key notion in this broad approach to depression is the necessity for levels of engagement and interaction with others which are sufficient to meet an individual's need for human attachment. However, depression has been associated to predictors of inadequate levels of social support or perceived social support (Martin, Hagberg, and Poon, 1997). It has been shown that women with good friendship networks have better self-reported health, whilst the absence of friendships is associated with increased risk of loneliness, depression and psychosomatic illness (Knickmeyer, Sexton and Nishimura, 2002). It has also been suggested that social support is a key factor which determines people's level of physical and mental health (Lockenhoff and Carstensen, 2004). Brown and Harris (1987) observed that the importance of social support is in the onset of depression. In a study of 3000 women who had experienced a serious life stress, they discovered that only 10% of the women who had a friend in whom they could confide became depressed, compared to 37% of the women who did not have a close supportive relationship. In another study, it has been shown that people who lack social support are more vulnerable to

becoming depressed and that depressed individuals have smaller or less supportive network (Gotlib, 1992; Hammen and Peters, 1978). On the other aspect,analysis found a significant difference in anxiety level between the single and the divorced at .05, while there is also a significant difference in PTSD between the married and the widowed at .05. Social support is also a plausible explanation for the outcome. An individual that is still married would have someone to support him/her more than an individual that is widowed; this accounts for the significant difference in the level of somatic response showed.

Results also shows there is no significant difference in the level of depression, anxiety and PTSD experienced by the male and female IDPs. The plausible explanation for the outcome is that both males and females were exposed to the same level of trauma or stressor, hence the reason why there is no significant difference in the level of somatic symptoms exhibited by participants. From key informant interview and from report from the focus group discussion, both males and females are endangered species in the area. And this is obvious in the activities of the insurgents. For instance, the abduction done in the April 14th 2014, involved 300 girls, the kidnap done in Dapchi Yobe State in 2018, involved 200 girls, the slaughtering of 40 boys in their hostel in Buni Yadi, Yobe State was also done by the insurgents. Also there has been high profile kidnap that involves both male and female.

CONCLUSION

From the findings of the result, the following can be concluded

(1) Marital status does have influence on level of PTSD experienced by Internally Displaced Persons in Nigeria
(2) Marital status does have influence on level of Depression experienced by Internally Displaced Persons in Nigeria
(3) Marital Status do not have influence on level of Anxiety experienced by Internally Displaced Persons in Nigeria.
(4) Sex do not influence the level of PTSD, Depression and Anxiety experienced by Internally Displaced Persons in Nigeria.

Implication for Counselling

The study established a high rate of prevalence of PTSD, Depression and Anxiety among Internally Displaced Persons, in clinical practices there are various interventions that could be adopted to help the Internally

Displaced Persons walk through the challenges. And since the study has established that there exist PTSD, Depression among the participants, the following are recommended.

RECOMMENDATION

(1) Cognitive Behavioural Therapy
(2) Provision of Social Support
(3) Provision of adequate social amenities like water, toilets in the camps, Medicare.

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