Determination of Prevalence of Post-Traumatic Stress Disorder and Hope Among Internally Displaced Persons in Maiduguri, Borno State, Nigeria

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Abstract
Nigeria increased terrorist attacks, violent crime, and abuse, personal assaults by Boko-Haram in Nigeria have resulted to the displacement of many to internally displaced (IDPs) camps, So many people lost their properties, loved ones, jobs, homes, and farmland, many girls and women were raped; these problems predisposed them to psychological problems. This study aimed to assesses the prevalence of PTSD, and level of hope among internally displaced persons at IDPS camp in Maiduguri, Borno State, Nigeria, assess the prevalence of PTSD among IDPs in Maiduguri, Borno state, Nigeria, assess the level of hope among IDPs in Maiduguri, Borno State, Nigeria, determine the relationship of socio-demographic and PTSD in Maiduguri, Borno State, Nigeria, A mixed-method design was used. The total number of IDPs living in Maiduguri Metropolitan Council (MMC) camps was twenty-seven thousand, two hundred and twelve (27212). The minimum sample size of 500 IDPs was used for the qualitative aspect, and for the

qualitative aspect, 50 IDPs were used. A multi-stage sampling technique was used. The Data collected was analyzed using inferential statistics of PPMC, computer using statistical package for social sciences (SPSS v25.). Results show that 260(59.5%) have severe symptoms of PTSD, and the aggregate mean score of hope was 1.42. that is very low as it is < 2.5, Reason for displacement is the only one (1) socio-demographic variable, indicated relationship with the severity of PTSD and shows there is relationship (P= 0.00) be, they were faced with a lot of hardship and theyhave very low hope;It was concluded that, there is significant prevalence of post-traumatic stress disorder among internally displaced persons (IDPs) low hope level, only reason for displacement indicates significant relationship, significant relationship between Socio-demographic and prevalence of PTSD. Therefore, the study recommended that measures should be put in place by either government or non-governmental agencies to include mental health intervention in the rehabilitation of victims of insurgency who show one or more symptoms of PTSD.

Introduction

In recent years, Nigeria has witnessed a series of conflicts such as Boko-Haram, Religious and communal conflicts that resulted many people being shot, burnt or beheaded; So many were physically attacked and get injured; their houses and properties burnt or exposed to the grotesque (for example to mutilated and/or pieces of corpses) as happened during the bombing in Maiduguri (Radanovic *et al.,* 2019). This is in addition to disaster such as oil spills, flooding, and catastrophes like air crashes, bomb blasts and horrific road accidents. The physical, human and environmental effects of these conflicts are still very visible and persist with unspeakable consequences. Among the effects are psychological disturbances of various types and severity. A psychological trauma had significant relationship exists between posttraumatic stress disorder (PTSD) and psychological trauma defined trauma as a psychological or physical injury that is caused by critical life events (Omoluabi *et al.,* 2021). It was Reported by Basoglu *et al., (*2019) that there was also evidence to suggest that an individual sense of unpredictability and uncontrollability during a traumatic situation increases the risk of post-traumatic stress disorder (PTSD). More by (Basoglu, *et al.,* 2019) postulated that critical life events in the case of the internally displaced persons (IDPs) can be rape, murder, torture, kidnapping, and imprisonment, others are separation from family members, forced to kill a friend or relative, witnessing the killing of a loved one or a family member among others. According to Ravn *et al., (*2018), stated that post-traumatic stress disorder (PTSD) is the most prolonged and the most serious of all reactions to severe stress. Zhang *et al, (*2020) pinpointed that events might overwhelm one with anxiety, depression, shame, difficulty in concentrating, insomnia, suspicion, irritability, and hostility, sleep may be disturbed by nightmares, and flashbacks or may result in avoidance of people, places and situations that might trigger a reminder of the event. Post-traumatic stress disorder (PTSD) is a relatively common and complex psychiatric disorder experienced by traumatic event survivors; PTSD is characterized by three symptom clusters that include re-experiencing, emotional numbness and avoidance, and increased emotional arousal Dauphin (2020), in line with Diagnostic Statistical Manual (DSM-V). PTSD is a psychiatric disorder that can result from the experience of life-threatening events, such as terrorist attacks, violence and abuse, military combat, natural disasters, serious accidents, and personal assaults. The experience of post-traumatic stress disorder is very common, and an estimated 10% of women and percent men experience PTSD at some point in life (Marx *et al.,* 2023).

Meta-analyses have identified several risk factors for PTSD in the general population

(Dokkedahl *et al.,* 2022). A study among Psychiatric patients opined that pre-trauma vulnerability factors such as previous psychiatric history, early childhood adversity, and family history of mental illness are independent factors for PTSD Rusch *et al, (*2019). Riddle *et al., (*2017), reported that individual factors such as poor education attainment, previous trauma, and female discrimination, have also been associated with PTSD in both the military and general population. Birch (2023), pinpointed that the objective degree of trauma exposure may, however, be less predictive of PTSD than the individuals' appraisals of the trauma and its aftermath. According to Ozer *et al.,* (2019) suggest that an individual's sense of unpredictability and uncontrollability during a traumatic situation increases the risk of PTSD. It is generally accepted that people cope with trauma in different ways and that not everyone who experiences the same traumatic event develops PTSD or other psychiatric disorders (Aldwin & Yancura, 2018). Also, some risk factors including coping styles, loss of control, and the degree of social support do contribute to the development of PTSD, (Zhang *et al.,* 2021). Coping styles and causal attributions might influence the development of post-traumatic psychological morbidity, for instance, among a group of individuals exposed to the traumatic event, coping styles of the individual and family were highly correlated with the occurrence of PTDS rather than the extent of injury, (Adler *et al.,* 2018). A study carried out in the laboratory also found that coping strategies and locus of control were significantly correlated with IDPs.

According to (Ozer *et al.,* 2020) that therapeutic environment after trauma exposure may act as a protective factor, and social support is associated with lower risk in the general population. When individuals are in risky situations, a positive coping style may weaken or cushion the negative coping style may enhance or promote the negative impact on mental health (Zhang *et al.,* 2019). A study assessing college students coping styles at different times during the COVID-19 pandemic found that with the continued spread of the virus, negative coping styles, such as pressure, emotion, and escape, increased, whereas positive coping styles, such as life satisfaction and task completion, showed a downward trend (Rogowska, 2021). Moreover, individuals who regularly adopt positive coping styles and cognitive reappraisal are less likely to have negative stimulus bias, thereby promoting the individual's mental health (Huang, 2020).

Conflicts and disasters often cause large-scale displacement of people (Internally displaced persons) due to the destruction of homes, and environment, religious or political persecution, and economic downfall, (Kett, 2019). However, these internally displaced persons (IDPs) are 'persons or groups of people who have been forced or obliged to flee or leave their homes or places of habitual residence, in particularly as a result of, or to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters and have not crossed an internationally recognized state border (Mooney, 2021). However, they are distinct from refugees who are displaced outside their national borders. Furthermore, IDPs are often more disadvantaged than refugees because they do not benefit from assistance provided by international agencies unless the national government requests such assistance (Kett and Mooney, 2018). Internal Displacement Monitoring Centre (IDMC) Buxton (2024), reported that a global estimation of 71.1 million people displaced people across the world by the end of 2022, 62.5 million as a result of violence, and 8.7 million conflicts. On average, 16.1 million in Nigeria have been displaced in the past 17 years due to insurgency, political instability, activities of bandits, clashes between herders and farmers, cattle rustling, and terrorist activities of groups such as ISIS and Boko-Haram, these problems are seen in the west and Sub-Saharan Africa. As of December 2019, the global estimate of internally displaced persons (IDPs) due to the conflict was 50.8 million (Norwegian Refugee Council, 2020). Three-quarters

of these IDPs reside in ten countries of the world, and five of these are located in Sub-Saharan Africa. The total number of people displaced by conflict in the region is almost 12 million by activities of Boko-Haram in the Northeastern part of the country and the Lake Chad region in Nigeria. Furthermore, the Norwegian Refugee Council, (NRC, 2020), pinpointed those inter-communal clashes resulting from ethno-religious disputes, tensions between Fulani herders and farmers have also resulted in over 700,000 people being displaced annually from the Middle Belt region of Nigeria (Nnadi *et al.,* 2020). Ferris, (2019) opined that in Central Africa, conflict and violence have resulted in over a million displacements of people in the Democratic Republic of Congo. Other African countries that have had large numbers of IDPs in the past decade are Somalia, Sudan, Uganda, Kenya, and Sudan. Nigeria, particularly, has been finding `it increasingly difficult and is almost failing in its task to manage its abundance of IDPs (Olagunju, 2018). The phenomenon of internal displacement is not new to Nigeria; it portends different dangers for the citizenry and undermines the actualization of the Sustainable Development Goals (SDGs). For instance, in Nigeria, the post-election violence of 2011 saw about 65000 persons internally displaced in the northern part of the country.

An estimation by the National Emergency Management Agency (NEMA, 2017), reported that from July to October 2012, a total of 2.1 million residents were sacked by flood in Nigeria. Between January 2017 and February 2018, about 470,565 and 143,164 persons were displaced in Nigeria by internal conflicts and natural disasters, respectively. According to (Falobi,2018) stated that internal displacement cuts across 24 states of the federation. Similarly, between January and March, 20117, insurgency caused the displacement of about 250,000 persons in the northern part of the country alone. Since the beginning of 2014, the increase of violence caused by the Boko Haram insurgency has triggered a massive wave of displacement in the North-Eastern part of Nigeria. As the displaced persons have lost their source of livelihood, resources, and savings to disaster, and suffer great hardship Crisp, (2016), the government is responsible for providing them with the basic needs during their stay in the camp and adopting/implementing policies and techniques on how to manage them except in situations where the state has violated human rights treaties in its treatment of IDPs (Fitzpatrick, 2019). Therefore, this study examined the development of PTSD, the socio-demographic characteristics, and the relationship between PTSD, level hope among IDPs in Borno, Northeast Nigeria.

Materials and Methods

Descriptive cross-sectional design of mixed method was used for the study. The population of the study comprised twenty seven thousand two hundred and twelve (27212) registered IDPs lived in camps within Maiduguri Metropolitan Council (MMC) and two sample size determinations for quantitative was determined. Multistage sampling technique was used to select the sample of 500 participants for the study.

Table 1.1 Proportionate distribution of IDPs according to the camps

LGA	Camps	Sampling frame	Household Size	Quantitative	Qualitative
Maiduguri	Dalori	2200	400	45	4
	Bakasi	5000	850	97	10
	T- village	2662	450	49	5
	Gubio	1126	280	26	2
	NYSC	2800	520	51	6

	M-yarbadari Custom House Farm centre G-Kachallari Bakolis Madinatu	300 2087 2120 1808 3059 1350	600 390 400 380 620 280	24 43 39 38 56 32	2 4 4 4 6 3
TOTAL	**11**	**N=27212**	**5170**	**n= 500**	**n= 50**

The proportionate distribution is divided into two namely: Quantitative proportionate formula: Sample frame / Total population x Total Sample size.

Questionnaire and PTSD checklist civilian version (PLC) was used as instrument for data collection for the study. The Questionnaire consist of eight (8) variables includes; age, gender, ethnicity, Education, occupation, income, Religion and length of stay in camp. PTSD checklist civilian version (PLC): The PCL-Cis 17-items self-report rating scales to assess the Prevalence of PTSD (Weathers et al., 1994). The items are scored on a five point scale (1 = not at all, 2 = a little bit, 3 = moderately traumatized, 4 = quite a bit, 5 = extremely traumatized). The items are divided into three sub-scales that correspond with the three symptom clusters of PTSD described in the DSM-IV (American Psychiatric Association, 2016). The total score ranges from 17 to 85,and score of 3 represent the decision basis for each item. A total score of 50 and above represent the diagnosis of PTSD, with higher scores indicating higher PTSD Prevalence. The instrument was validated in the study of role resilience and locus of control in University of Nigeria (2017). Similarly, it was also validated in assessment of post-Traumatic stress and its pre-traumatic factors among Liberian refugees in department of psychology, faculty of social sciences, Ekiti State University, Nigeria (2013). The collected were using Statistical Package for Social Sciences (SPSS V. 26.). The adult hope scale has eight (8) scales, Definitely false, mostly false, somewhat false, slightly false, slightly true, somewhat true,, mostly true, and definitely true and each can be chose to fill in the six(6) blank space. scoring scale: has two(2) subscale scoring information:1.pathway subscale. Add 1,3 and 5. Scores on this subscale can range from 3to 24, with higher scores indicating higher levels of pathways thinking. 2. Agency subscale score: Add items 2, 4, and 6. Scores on this subscale can range from 3 to 24, with higher scores indicating higher levels of agency thinking. Total hope score: Add the pathways and Agency subscales together. Scores can range from 6 to 48, with higher scores representing the higher hope levels (Snyder *et al.,* 2011).

Ethical Consideration

Ethical clearance was obtained from Research Ethics Committee of Ahmadu Bello University Zaria. The ethical clearance certificates along with the research proposal were certificates along with the research proposal were submitted to National Emergency Management Agency for permission to conduct the study. Informed consent was obtained from every respondents prior to data collection and any one not willing to voluntarily participate was allowed to exercise his/her due right without any negative consequence and Confidentiality of information

Results

The researcher made used of five hundred (500) questionnaires. Out of 500 questionnaires administered, all were retrieved back completely filled by the respondents. The response rate was 100%.

Response rate.

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The results were covered the following:

1. 1. To assess the prevalence of PTSD among Internally displaced person (IDPs) in Maiduguri, Borno state Nigeria

2. 3. To assess the level of hope among IDPs in Maiduguri, Borno state Nigeria.

Table 4.1 Distribution of the sample according to socio-demographic variable n =500

Variables		Frequency (F)	Percentage (%)
Age	Greater than 40 years	150	10.2
	20-39years	170	26.0
	10-19yeas	180	30.2
Gender	Female	303	60.6
	Male	197	39.4
Ethnicity	Hausa	8	1.6
	Kanuri	296	59.2
	Shuwa	136	27.2
	Kenembu	60	12.0
Educational Qualification	None	128	25.6
	Religious	43	8.6
	Tertiary	22	4.4
	O Level	186	37.2
	Primary	121	24.2
Income	None	164	32.8
	40,000	18	3.6
	30,000	54	10.8
	20,000	153	30.6
	10,000	98	19.6
	5,000	13	2.6
Religion	Christianity	77	15.4
	Islam	423	84.6
Occupation	Dependent	105	21.0
	Civil Servant	26	5.2
	Farming	252	50.4
	Trading	117	23.4
Length of Stay in the Camps	1-2years	52	10.4
	3-4years	143	28.6
	4-5years	120	24.0
	6years and above	185	37.0

Table 4.1 presented the socio-demographic information of the respondents, the table shows that 168(30.6%) at the age of 10-19, 150(10.2%), at the age of 40 and above. The table also shows that 303(60.6%) are females, 197(39.4%) are males. 296(59.2%) are Kanuri, 8(1.6%) are Hausas. The table further revealed that 186(37.7) possess O'level, 22(4.4%) attended tertiary institutions. 271(54.2%) were dependents, 79 were civil servants. The table also shows that 164(32.8%) has no income 18(4.7%) has income of 40,000 monthly, 432(84.6%) are Muslims, 77(15.4%) are Christians. On the reasons for displacement 474(94.8%) was due to activities of insurgents while 12(2.4%) was due communal clashes. The table also reveals that 252(50.4%) were famers, 26(5.2%) were civil servants, the table finally shows that 185(37%) of the respondents spent 6years and above in the camps while 52(10.4%) of the respondents spent 1-2years in the camps.

Table 4.2 Distribution of IDPs according to Prevalence PTSD n =500

VARIABLE	F	%
Presence		
No PTSD	63	12.8
Yes	437	87.4
Levels PTSD n= 437		
Mild PTSD< 17	44	10.0
Moderate 17 to 50	133	30.5
Severe >50	260	59.5

Table 4.2 above, show that 260(59.5%) have severity symptom of PTSD such as flash back, nightmares about situation found themselves and feeling hopeless etc., while 133(30.5%) had moderate symptoms of PTSD and 44(10%) had mild symptoms of PTSD.

Table 4.4: Distribution of IDPs according to the level of hope at camps. n= 500

Level of hope	Frequency	Percentage	Aggregate mean
True	48	9.6	1.42
Slightly True	86	17.2	
Somewhat false	262	52.4	
False	104	20.8	

< 2.5 low hope level
>2.5 high level of hope
The aggregate mean score of hope was 1.42. that is very low as it is < 2.5

Discussion Of Findings

Introduction

The discussion of findings based of the socio-demographic characteristics and objectives of the study.

Sociodemographic characteristics of the participants

The socio-demographic information of the respondents, the table shows that 168(30.6%) at the age of 10-19, 150(10.2%), at the age of 40 and above. The table also shows that 303(60.6%) are females, 197(39.4%) are males. 296(59.2%) are Kanuri, 8(1.6%) are Hausas. The table further revealed that 186(37.7%) possess O'level, 22(4.4%) attended tertiary institutions. 271(54.2%) were dependents, 79 were civil servants. The table also shows that 164(32.8%) has no income

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The finding of the study one revealed that there was significant severity of post-traumatic stress disorder (PTSD) presence among internally displaced persons (IDPs) in Borno State. The study has significant influence on individual response to situations with 59.5% as compared by Richa *et al.* (2020) who reported that 100% prevalence of trauma exposure and 48.7% of current PTSD among IDPs, 70% PTSD rate of Yazidi participants, which is significantly higher ($p < 0.01$) compared to 44% of Muslim participants and 32% of Christian participants. The finding further reported that PTSD symptom scores was ($p < 0.001$) obtained among Yazidis (43.1; 19.7), compared to Muslims (31.3; 20.1) and Christians (29.3; 17.8). The finding was correlated with the finding of the study of Farhood, Fares, and Hamady (2018) who reported that religion in experienced traumas was statistically significant. However, the finding was contradicted by the finding of Sekoni, Mall, and Christofides, (2021) who reported that there is no association with PTSD and IDPs from a household in the poorest category were not associated with the occurrence of PTSD even though the association was not strong. However, no other socio-demographic characteristics were associated with PTSD. The study further reported that women without a history of child sexual abuse were less likely to report PTSD symptoms and this was statistically significant. Similarly, Farhood, Fares, & Hamady, 2018) reported that females were twice as likely as males to score above the PTSD threshold (24.3 vs. 10.4%, $p < 0.001$). Total scores on all trauma types were similar across genders. Females scored higher on all symptom clusters ($p < 0.001$). Social support, social life events, witnessed traumas, and domestic violence significantly were associated with PTSD in both genders. Social support, social life events, witnessed traumas and domestic violence were significantly associated with PTSD in both genders. The study findings of Baral and Bhagawati (2019) revealed that PTSD was prevalent among 24.10% of adult survivors with the highest intrusion symptoms (3.24 ± 0.71). The study further reported that it was significantly associated with female gender, illiterates and those who were injured during earthquakes are at more risk for PTSD (Baral and Bhagawati, 2019).

The finding of the study here revealed that there was no significant relationship between level of hope mong IDPs in Maiduguri, Borno State. The finding slightly close to 1.42 (14.2%) correlates with the finding of the Liu, Yang, Wang, Wu, Wang, and Wang (2015) who reported that hope, optimism and resilience together accounted for an additional 17.4% of the variance in the prediction of PTSD symptoms. In another study contradict the finding of Jia , Tian, Liu, Cao, Yuan and Shun (2018) who reported that greater levels of hope were associated with improvements in adaptive behaviors (related to functioning) and prediction of PTSD symptom change. Post-traumatic stress disorder (PTSD) rehabilitation is also embraced in the health-promoting strategic care offered to victims facing the challenge of living and the fear of death. It is vital to restore mental or physical abilities lost to function in a normal or near-normal way (Craig *et al.,* 2017). In addition, the spiritual element emerged as one of the pathway and agency thoughts in these participants, thus motivating them to move forward. This result fits into the spiritual needs of patients, such as those with chronic pain, psychological trauma, and cancer, irrespective of whether they have spiritual beliefs (Bu *et al.,* 2023). Fostering spiritual well-being is vital in promoting quality of life (QoL) (Chan, 2018), and hope was one of the spiritual elements in a QoL assessment that was found to strongly correlate with existential well-being

(Chan *et al.,* 2017). Faith was perceived as a resource and found to correlate to higher gratitude scores in multiple sclerosis patients (Wirth & Bu¨ssing, 2016). This demands further investigation to pinpoint the significance of the spiritual element in hope interventions, It is noteworthy that client preference and flexibility were found to affect fulfillment and the sustainability of hope (Chamodrak *et al.,* 2017). Group-based hope therapy has the advantages of sharing common experiences and information and offering emotional support (Anderson, Turner, and Clyne, 2017), but adverse dynamics such as social comparison, conformity, and nondisclosure may occur. Breaching common confidentiality would be another concern of new symptoms of PTSD (Roback, 2022).

Conclusion

Based on the findings of the study the following conclusions were drawn:

1. There is a significant prevalence of post-traumatic stress disorder among IDPs in Maiduguri, Borno State.
2. There is a low hope level among IDPs in Maiduguri, Borno state.
3. Among the eleven socio-demographic characteristics, the only reason for displacement indicates a significant relationship.
4. There is a significant relationship between PTSD and the level of hope among IDPs in Maiduguri, Borno State Nigeria.

Recommendation

Based on the findings of the study the following recommendations were made:

1. Measures should be put in place by either government or non-governmental agencies to recruit psychiatric nurses, doctors, psychologists, and therapists to cater to them with the services needed.
2. Special care and support for the provision of food, shelter, social services, and basic social amenities should be given to victims of insurgency so that it will improve their hope that everything would bring back normality and engage them, so as to reduce the development of PTSD among victims of insurgency.
3. The government should make provision for security, employment, conducive studying atmosphere and social amenities so as to curtail terror groups in recruiting the citizens to leads the displacement of the communities.
4. Government and non-governmental organization should provide the internally displaced person with health care facility, health personnel's and provision of essential drugs within the camps.

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