EXPOSURE TO BOKO HARAM INSURGENCY, POST TRAUMATIC STRESS AND PSYCHOLOGICAL WELL BEING AMONG WOMEN AND CHILDREN IN CHIBOK COMMUNITY, BORNO STATE, NIGERIA

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Abstract

This study is a survey which evaluates Boko Haram insurgency, posttraumatic stress and psychological well- being of Women and Children. A total of 96 (55 women and 41 children) were selected through purposive sampling from the population of Chibok community in Chibok Local Government Area of Borno State. Conflict-related trauma inventory and PTSD checklist for civilians were administered on the participants. Data were analysed using chi-square on level of significance set at 0.05. Results indicated that there was a significant prevalence of PTSD among women and children exposed to Boko Haram insurgency. The study found a PTSD prevalence rate of 70.9% and 41.5% among the women and children respectively. Also, the study found no significant gender difference in PTSD among female and male children exposed to Boko Haram insurgency. Based on these findings, it is recommended that trauma healing centres should be set up by both federal an state governments and private individuals across the communities in the states for people traumatized by the insurgency to be cared for. In addition, psychologists should be employed in all trauma healing centres due to their training on human behaviour and trauma.

Keywords: Boko Haram insurgency, post-traumatic stress, psychological wellbeing

Introduction

Universally, citizenry's security and wellbeing is the primary responsibility of government. Nations employ strategies and measures towards mitigating the impacts of disasters and discomforts arising from wars, conflicts or insurgency. These measures include preventive and containment approaches aimed at providing succor to citizens who are victims. However, Africa as a continent is currently plagued and overwhelmed by myriads of threats that challenges the peaceful wellbeing of her people. As a result of bad governance in Africa as well as the increase and wide spread of these challenges, the continent is unable to enjoy the sought tranquility.

A major threat is the wide spread terrorism and insurgency incidences that Nigeria is currently embroiled in. Since 2009 the sect known as Jama'atu Ahlis Sunna Lidda'a watiwal Jihad (People Committed to the Propagation of the Prophet's Teachings and Jihad) or commonly called Boko Haram (western education is forbidden) started waging a war in Borno State against the Nigerian government. They also frown against western culture/modernity and consequently commenced a campaign of terror using suicide bombings, shootings and arson in its early stages. This quickly grew to guerrilla warfare and occupation of territories through violence (Adibe, 2012). Their activities spread quickly to neighbouring states which include Adamawa, Yobe, Bauchi, Gombe as well as countries like Chad, Cameroun and Niger with killings, bombings, displacements, abductions, rapes, forced marriages and conversions to Islam for non muslims.

These attacks have increasingly targeted civilians, making women and children the most vulnerable. The group is involved in raiding towns and villages. This has led to the destruction of many homes, schools and religious institutions while primary health care facilities in these areas have been disrupted. As a result, hundreds of individuals have been abducted, thousands have been killed, and more than a million people have been displaced, leaving many children orphaned and homeless.

The activities of Boko Haram Terrorist (BHT) in Nigeria have therefore become a great concern, particularly in the North-eastern part of Nigeria where many Nigerians are having the nightmares of their lives as they live in

perpetual fear of bombings and kidnappings with many of them suffering from psychological instability (Amusan & Ejoke, 2017).

A Report on mental health services in emergency settings published by the World Health Organization (WHO) estimates that humanitarian emergencies double the chances of people being affected by mental health disorders. A USAID sponsored research carried out by psychologists in the region of Diffa, Niger shows that half of the persons displaced by Insurgency war suffering from mental health problems had developed these as a direct cause of the on-going Boko Haram conflict. Among them, 32% were suffering from Post-Traumatic Stress Disorder (PTSD), 25% from depression and 7% from psychosis; rates which are similar to other conflict settings (WHO, 2017).

Statement of the Problem

The increasing spread of Boko Haram insurgency, ethno-religious conflicts and natural disasters which have resulted in the destruction of lives and property poses serious issues that need to be addressed. Consequently, it is commonly observed during armed conflict and disasters that valuable properties are destroyed and scores of deaths recorded. Boko haram insurgency has posed serious psychological problem to women and children in the North East. Many women and children are always left with psychological trauma, hence the need for this study. Many are losing their zest for life while going through traumatic experiences with the danger of more patients standing risks of being diagnosed with various mental disorders including PTSD (Onyencho,Omeiza & Wakil, 2014).

Research Questions

i. What is the prevalence of PTSD among women and children victims of Boko Haran insurgency?
Ii What is the differences between male and female children on Post Traumatic Stress who have experienced Boko?

Objectives of the Study

i. To investigate the prevalence of PTSD among women and children victims of Boko Haram insurgency.
ii. To examine the differences between male and female children who has experience Boko Haram insurgency in traumatic experience?

Significance of the Study

i. The Provision of useful information to psychological centres, and clinical psychologist who seeks to offer therapeutic services to help victims of Boko Haram deal with the traumatic experiences
ii. This study will provide useful literature for future researchers who will conduct related research in the future.
iii. Lastly, this study will provide useful information to the general public on the activities of Boko Haram and how it affects women and vulnerable.

Empirical Literature Review

Several researches have been made on PTSD among civilian populations arising from direct and indirect impact of exposure to violent conflict (Gbaden & Mishara, 2013; Onyencho, Omeiza & Wakil, 2014). Studies on the prevalence of PTSD among victims of the Boko Haram insurgency are very scarce. Gbaden and Mishara (2013) carried out an empirical study that investigated the prevalence of depression and its correlates among students of the University of Maiduguri. The survey was conducted about six months following the declaration of 'state of emergency' imposed on the three North eastern states of Adamawa, Borno and Yobe in May 2013. The students who remained in the city during and after the crisis were used. Data was collected by way of administering questionnaires to the respondents. Gbaden and Mishara reported a 66.7% prevalence of PTSD among the students. In a similar study, Onyencho, Omeiza and Wakil, (2014) reported a PTSD prevalence rate of 17.8% when they performed a cross-sectional study examining post-traumatic stress disorder and psychological well-being among university of Maiduguri students using a sample of Two hundred and forty-six (246) students with mean age of 22.97 years.

Several studies in other parts of the world have also reported high prevalence of PTSD among the civilian population as a result of being exposed to the violence. For example, the Afghan people have endured decades of war and oppressive regime of the Taliban insurgency and the bombing of their country where thousands were killed, injured and displaced from their homes, thousands are still in make-shift tents without adequate food and water. Research carried out among Afghan people indicated that, they

suffered from high rates of PTSD (Mghir & Ranskin, 1999). Forty- two per cent were diagnosed with PTSD and over 90 percent of women reported symptoms of PTSD. In Iran, Hashemian (2006) reported lifetime and current PTSD rates of 59% and 33%, respectively, among Iranians exposed to high-intensity warfare and chemical weapons during the Iran-Iraq War.

Osita-Njoku and Chikere (2015) identified causes of BH insurgency in Nigeria as: poverty, unemployment, absence of good governance and increasing radicalisation of jihadist group in the world. BH activities have led to harrowing consequences like abduction of women and girls; arbitrary arrest of women by government security agents.For example, alleged suspects, sometimes wrongful arrests; use of women as pawns in their activities; inflicting collective terror on women; use of women as wartime labour force, etc. Women and girls in captivity are used for cooking, cleaning and other duties that may be assigned to them by their captors. Many may also be forced to bear children that will grow to further the course of the insurgency (Osita-Njoku & Chikere, 2015). Regardless of the motive(s) behind kidnapping / abduction and other terrorist activities, these crimes have devastating, far-reaching effects on the victims, their families and the society at large.

Boko Haram's rise and insurgency have dramatically changed the lives of thousands of women and girls, often casting them voluntarily or by force into new roles outside the domestic sphere. Some joined to escape their social conditions; others were abducted and enslaved. Seven years of war have caused gender-specific suffering. While men have disproportionally been killed, women and children are an overwhelming majority among the estimated 1.8 million internally displaced persons (IDPs) in the North East (Osita-Njoku & Chikere, 2015).

Women and girls are abused physically and psychologically by the wide spread attack carried out by Boko Haram. According to the study on 30 interviewed Abducted individuals, 16 witnesses and 12 escaped students of the Chibok School by HRW (2014), kidnapped women and girls were threatened to death if the Christians among them refused to denounce their religious faith. Abducted girls

were forced into marriages; others were forced to carry stolen loots from neighbouring villages while some were forced into military participation; forced to kill captured victims; brain washed into being a suicide bomber, sexually molested, and raped. Many of the victims of abduction and their family members reported living in constant fear of re-abduction which torments them resulting in sleeplessness (HRW, 2014). Risk factors may be described as characteristics or variables that, when present, make certain individuals more likely than others to adopt behaviours that can cause them harm. The risk factors related to PTSD are multidimensional as identified by various researchers. They include demographic factors (age, gender) and the type of war related trauma the victim is exposed to such as witnessing violent death, loss or separation from parent or guardian, forced displacement, being attacked with a weapon etc.

In most studies carried out on PTSD following crisis periods, females are significantly more susceptible to serious psychiatric morbidity than males (Foa & Tolin, 2006; King'ori, Peter & Oboka, 2014; Roberts., 2008; Saleh, James & Shedrach, 2016). It was the most significant associated factor for PTSD. An explanation for the observed sex differences in PTSD is that male participants are more likely than female participants to exhibit posttraumatic symptoms other than PTSD. Gibbs (2009), posits that following a crisis, male posttraumatic reactions are different from, but not necessarily less disturbing than those of female, males are less likely to report internalizing disorders (e.g., anxiety or depression are more likely to report externalizing disorders (e.g., conduct disorders or substance use disorders). One possible contributor to posttraumatic substance abuse among male participants is self-medication, in which alcohol or other substances serve either to reduce tension or to facilitate avoidance.

Several factors have been identified by researchers Mishara and Gbaden (2014) from their study on The Prevalence of Depression among the Youths as an Aftermath of the Internal Insurgency Attacks in Maiduguri, Nigeria. They maintained that Age may impact on the course of the disorders, with elderly subjects found to show a significant decrease in post-traumatic symptoms that may be due to lower

psychological stress and successful coping in previous disaster experiences. Children as well as adolescents because of their developmental status are more emotionally vulnerable to the devastating effects of a crisis. Research efforts compiled by Groome and Soureti (2004) share this same idea as well. Aside from the fact that there is a high rate of severe to mild PTSD in any given crisis, exposed children and adolescents, and a substantial proportion of them are compatible with the criteria for depression.

Many victims of Boko Haram insurgency have been reported to witness the torture or death of a family member (Mgbenkemdi & Eze, 2017). Although any death of a love one can be emotionally devastating, unexpected deaths provoke especially strong responses, as there is less time to prepare for and adapt to the death. In a study carried out by researchers among persons displaced by the Boko Haram insurgency in Maiduguri, more than half (59.5%) of the respondents reported losing a family member to the violence (Habu., 2017). The odds of having PTSD were 3.5 times higher among the respondents with depression and 3.7 times higher among those who had witnessed the death of a family member (Sheik, 2014).

Other war related traumatic events that have been associated with PTSD among victims insurgency and ethno religious conflicts include being injured, destruction of personal property, home burned down, being personally attacked and being evacuated from their town Mgbenkemdi &Eze, 2017)

In summary, much has been written about the effect of exposure to violence and traumatic event on the development of PTSD. Several researchers have echoed the increased risk of developing PTSD following exposure to war related traumatic events. Reviewed literature have shown that although all categories of civilians suffer devastating consequences of the activities of the Boko Haram insurgents, women and children are more vulnerable as these categories of persons are constantly being abducted with women becoming victims of rape and the children being forced to become soldiers further increasing the trauma they are exposed to.

Hypotheses

In order to achieve the objective of this study, the following hypotheses are formulated:

1. There will be a significant prevalence of PTSD among women and children exposed to Boko Haram insurgency.
2. Female children exposed to the Boko Haram insurgency will exhibit significantly more symptoms of PTSD than their male children counterparts.

Method

Design

A cross-sectional observational research design was adopted for this study. A cross sectional study is a type of observational study that analyses data from a population or a representative subset of a population at a specific point in time (Maninder, 2016).

Participants

The participants in this study were drawn from residents of Chibok Local Government. Chibok is a Local Government Area in Borno State where Boko Haram activities is high. Demographic characteristics of the participants included aged 8-18 years were 41(42.7%), 19-35 years were 33 (34.4%) while participants above the age of 35 years were 22 (22.9%). Regarding sex, 13 (13.5%) were male and 83 (86.5%) were female.

Instrument

Two instruments were used for the collection of data in this study consisting of two sections. Section A is the Conflict-related trauma inventory which was assessed with a shortened version of traumatic events. Only trauma events that were likely to have happened were included and respondents were to indicate "Yes" or "No" answer depending on experience during the conflict. Section B was the PTSD Checklist for civilians (PCL; Weathers, Litz, Herman, Huska and Keane, 1993). PCL scale was developed by Blake in 1995. The scale has been used in Nigeria by Goar, Moses and Taru in 2017 to assess internally displaced persons in Nigeria. It has validity value of 21.20 and reliability value of 44.7. The PCL is a 17-item scale measuring each of the DSM-IV symptoms of PTSD. It also includes assessment of exposure to trauma. Respondents rate each of the items on a five-point scale (1=not at all to 5=extremely) based on how much they were bothered by each symptom of PTSD in the past 5- 6 month. The PCL is

scored by Adding up all items from each of the 17 items for a total severity score (range = 17-85).

A total score of 17 - 29 shows little to no severity, a score of 30 – 44 indicate Moderate to Moderately High severity of PTSD symptoms while a total score of 45-85 indicate high severity of PTSD symptoms. In a study comparing seven self-report measures of PTSD, (Adkins, Weathers, McDevitt-Murphy and Daniels, 2008) the PCL had the highest convergent validity, good discriminant validity and a high diagnostic utility measurement. Like all the instruments measured, the PCL has high internal consistency and test-retest reliability value of 21.20 and 44.7 respectively.

Procedure

The research employed the homogenous type of purposive sampling. This sampling focuses on selecting samples that shares common characteristics or sets of characteristics which in this study are women and children who were directly affected by Boko Haram insurgency activities. method to select participants for the study. This is a sampling technique that is based on the characteristics of the population and objective of the study. In order to attain the objective of the study, researchers adopted a survey design in their investigation.

Copies of questionnaire were administered after a letter of introduction and consent form had been presented to the community head of Chibok. This was to enable him permit the researcher to administer the questionnaire on his people. Participants were properly addressed to create good relationship with the researcher and guarantee confidentiality. To ensure correct responses, participants were not allowed to share ideas at the process of answering the questionnaire. The researcher and assistants distributed the questionnaires and also witnessed and supervised the process of answering the questionnaires.

Ethical Consideration

Respondents were required to give an informed consent before inclusion in the study. For the children, their Village head sign for them as they were minors All the participants were properly informed about the type of study being done, the purpose of the study, and the subject's rights as a participant in the study, including the right to confidentiality and the right to

withdraw from the study.

Results

A total of 96 questionnaires were issued out to the participants and 96 of these were included in the final analyses. Simple frequency and percentage were used for the descriptive statistical analysis of the demographic data while chi square was used for the inferential statistical test of the hypotheses. All results are presented in tables.

Test of Hypotheses

Hypothesis 1: The first research hypothesis states that there will be a significant prevalence of PTSD among women and children exposed to Boko Haram insurgency. The hypothesis was tested using Chi-square. The results are presented in Table 1.

Table 1.

Crosstab showing the prevalence of PTSD among women and children exposed to Boko Haram Insurgency.

		PTSD Symptoms		
		Low	High	Total
Women	Count	16	39	55
	% within PTSD	29.1%	70.9%	100%
Children	Count	24	17	41
	% within PTSD	58.5%	41.5%	100%
Total	Count	40	56	96
	% within PTSD	**41.7%**	**58.3%**	**100%**

$?^2_{(1)} = 8.379, p < 0.05$

Table 1 shows the results of Chi-square computed to determine the prevalence of PTSD among women and children exposed to Boko Haram Insurgency. The table show specifically that 70.9% (n=39) of the women exposed to the Insurgency have high symptoms of PTSD while 29.1% (n=16) have little symptoms of PTSD. Among the children, 41.5% (n=17) of them have high symptoms of PTSD while the remaining 58.5% (n=24) have low symptoms of PTSD. Overall, the prevalence rate of PTSD among

women and children exposed to Boko Haram Insurgency is statistically significant ($\chi 2(1) = 5.123, p < 0.05$).

Hypothesis 2: The second research hypothesis states that female children exposed to the Boko Haram insurgency will exhibit significantly more symptoms of PTSD than male children. The hypothesis was tested using Chi-square and the results presented in the Table 2.

Table 2

Crosstab showing the relationship between gender and PTSD among children exposed to Boko Haram Insurgency .

		PTSD Symptoms		
		Low	High	Total
Male Children	Count	6	7	13
	% within PTSD	46.2%	53.8%	100%
Female Children	Count	9	19	28
	% within PTSD	32.1%	67.9%	100%
Total	Count	**15**	**26**	**41**
	% within PTSD	**36.6%**	**63.4%**	**100%**

$?^2_{(1)} = 0.751, p > 0.05$

Table 2 shows the results of Chi-square computed to determine the relationship between gender and PTSD among children exposed to Boko Haram Insurgency. The table show specifically that more Female children (67.9%) exposed to the insurgency had high symptoms of PTSD compared to Male children (53.8%). The results also indicate that PTSD rate among female and male children exposed to the Boko Haram insurgency is not statistically significant ($\chi 2(1) = 0.751, p > 0.05$).

Summary of findings

Below are brief statements based on the analysis of data collected for the research in relation to the hypotheses postulated and tested.

i. There was a significant prevalence

of PTSD among women and children exposed to Boko Haram insurgency.

ii. Female children exposed to the Boko Haram insurgency did not significantly exhibit more symptoms of PTSD than male children

Discussion

In the course of this research,two hypotheses were formulated and tested. The first research hypothesis stated that there will be a significant prevalence of PTSD among women and children exposed to Boko Haram insurgency. Analysis of the hypothesis performed using Chi-square showed a statistically significant result. High symptoms of PTSD were found among women and children. This was in line with the work carried out by Gbaden and Mishara (2013). Which shows high PTSD prevalence rate was also recorded in a similar study carried out in the same environment among students of University of Maiduguri Gbaden and Mishara reportedhigh prevalence of PTSD among the student.

The second research hypothesis stated that female children exposed to the Boko Haram insurgency will exhibit more symptoms of PTSD than male children. Analysis of the hypothesis performed using Chi-square showed that female children exposed to the Boko Haram insurgency did not significantly exhibit more symptoms of PTSD than male children although there were more female children who had high symptoms compared to male children. The finding contradicts the reports from similar studies by researchers (King'ori, Peter & Oboka, 2014; Saleh, James & Shedrach, 2016). For studies that found significant gender difference in PTSD following trauma exposure, the explanation given for sex differences in PTSD is that male participants are more likely than female participants to exhibit posttraumatic symptoms other than PTSD, that is, after a traumatic event males are more likely to report externalize disorders such as conduct disorders or substance abuse disorders whereas women report internalizing disorders such as anxiety or depression which is in line with the work of (Gibbs, 2009).

Conclusion

This study set out to assess Boko Haram Insurgency and posttraumatic stress among women and children in Chibok Comminity, Chibok Local Government Area, Borno State. The

following conclusions are drawn from the study on the basis of the findings of the hypotheses. The study found that there is a significant prevalence of PTSD among women and children exposed to Boko Haram insurgency.Also, the study found that female children exposed to the Boko Haram insurgency do not significantly exhibit more symptoms of PTSD than male children.The result of the study has confirmed that not only do victims of the Boko Haram insurgency suffer physical and economic loss; they also suffer significant Psychological consequences. This led to the conclusion that beyond rescuing, and meeting the material needs of victims, there is a need for concerned authorities to pay attention to the psychological needs of victims, especially those who are resident in communities that are close to the activities of the insurgents.

Recommendations

Based on the findings of the research the following measures are recommended:

i. There is the need to set up Trauma Healing Centres by both Federal/State governments and private individuals across the communities in the states for the traumatized by the insurgency to be cared for.
ii. There is also the need for the implementation of screening programmes and psychological interventions in vulnerable populations like Chibok and other communities that have suffered high impact of Boko Haram insurgency.
iii. With regards to affected children, therapeutic programmes intended to meet their psychosocial needs should be developed ahead of time and timely by trained clinical psychologists.
iv. For further study on PTSD in relation to Boko Haram insurgency and or ethnic/religious violence, future studies should draw sample from all demography of civilians as this was centered on women and children also future studies should also examine PTSD among health workers and other emergency responders exposed to violence.

    Also Military, Police and other security agents that also participate in peace keeping missions should be included in future studies to have better generalized results.

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