European Journal of Educational and Development Psychology
Vol.5, No.5, pp.1-14, December 2017
Published by European Centre for Research Training and Development UK (www.eajournals.org)

EVALUATION OF THE HEALTH PROFILE AND SOCIAL NEEDS OF ADULTS IN THE INTERNALLY DISPLACED PERSONS CAMP, FEDERAL CAPITAL TERRITORY ABUJA, NIGERIA

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ABSTRACT: *Conflicts and disasters usually result into large scale displacement of victims. This was true of displacement associated with Boko haram Insurgency in the Northern parts of Nigeria. This study was carried out to evaluate the health profile and social needs of Adults in the internally displaced persons camp in Abuja. Three hundred and ninety-two (392) respondents were selected for the study using Taro Yamane formula for sample determination. The study adopted multistage sampling technique. The study adopted cross sectional research design. Three research questions were answered while two null hypotheses were tested at 0.05 level of significance using SPSS version 18. Results showed that majority of respondents were female 210 (55.3%), Christians were more than Muslims 218 (57.4). majority of respondents were married 229 (60.3) while 162 (42.6%) were employed. Majority of the respondents showed varied degrees of health problems while they all showed various degrees of social needs. It was concluded that internally displaced persons experienced emotional, psychosocial as well as physical health problems. It was suggested that government and non-governmental agencies should do everything possible to address the health and social support needs of these displaced persons.*

KEY WORDS: Health Profile, Social Needs, Adults, Internally Displaced Persons, Abuja

INTRODUCTION

Conflicts and disasters usually result into large scale displacement of victims. This may be due to destruction of homes and environment, as well as religious and political persecution or economic necessity (Kett, 2005). Global figures indicate that the number of people displaced annually is abysmally high. The Norwegian Refugee Council (2015), reported that an average of 5.2 million have been displaced annually in the past 13 years due to insurgency, political instability and terrorist activities of groups such as ISIS and Boko haram, particularly in the middle East and Sub Saharan Africa. The report also estimated that three quarters of these internally displaced persons (IDPs) reside in ten countries of the world, and five of these are located in Sub Saharan Africa, where the total number of people displaced by conflict in the region is almost 12 million.

In Nigeria, the insurgent activities of Boko Haram in the past few years have led over a million people to flee their homes, a situation that has resulted in an unprecedented humanitarian crisis in the north eastern part of the country and the Lake Chad region (Internally Displaced by Conflict and Violence, 2015). Nigerian recorded a whooping 981,416 internally displaced

ISSN 2055-0170(Print), SSN 2055-0189(Online)

persons in the first quarter of 2015 according to Brian, Lizette, Charles, Chika, Chiadichiem and Ogechukwu, (2016)

IDMC estimate that there are almost 2,152,000 internally displaced peoel in Nigeria. According to internal displacement monitoring Centre's (2016, 207 local government areas of concern covers 13 state of northern Nigerian: Abuja (13,481 IDPS); Adamawa (136,010); Bauchi (70,078); Benue (85,393); Borno (1,434,149); Gombe (25,332); Kaduna (36,976); Kano (9,331); Nasarawa (37,553); Plateau (77,317); Taraba (50,227); Yobe (131,203); and Zanfara (44,929). Of the total figure of internally displaced persons, the assessment indicates that 12.6percent were displaced due to communal clashes, 2.4 percent by natural disasters and 85 percent as a result of insurgency attacks by Islamists (Brian, Lizetter, Charles, Chikea, Chiadicheim and Ogechukwu, 2016; Norwegian Refugee Council, 2015). In addition, the inters-communal clashes resulting from ethno religious disputes, tensions between Fulani herdsmen and farmers have also resulted in an estimated over 700,000 people being displaced from other regions of the country (Internally Displaced by Conflict and Violence, 2015)

These internally displaced persons according to the United Nations commission on Human Rights (1998) are 'persons or groups of people who have been forced or obliged to flee or leave there homes or places of habitual residence, in particular as a result of , or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters, and who have not crossed an internationally recognized state border'

Impact Of Internal Displacement

Internal displacement has significant impacts on the public health of the masses and the well being of the affected populations. Lam, McCarthyy and Brennan (2015), grouped these impacts into two categories; direct and indirect. The direct impacts are due to violence and injuries while the indirect impacts include situations such as increased rates of infectious diseases and malnutrition, unemployment, drop out in school etc. Owoaje, et al (2017) also observed that several risk factors such as movement of mass populations and resettlement in temporary locations, overcrowding, economic and environmental degradation, poverty, inadequacy of safe water, poor sanitation and waste management, all of which promote communicable diseases, work in harmony during displacement.

Health Problems of Internally Displaced Persons:

Odusanya (2016) grouped the health problems of the internally displaced person into four categories. This include infectious diseases such as: measles, malaria and cerebrospinal meningitis; malnutrition such as kwashiorkor and marasmus; mental health such as anxiety, depression and post traumatic disorders; and reproductive health such as, sexual harassment, rape, unwanted pregnancies and abortions. The unavailability of good shelter, adequate diet and clothing as well as and poor access to healthcare further aggravate the situation (Owoaje et al, 2017).

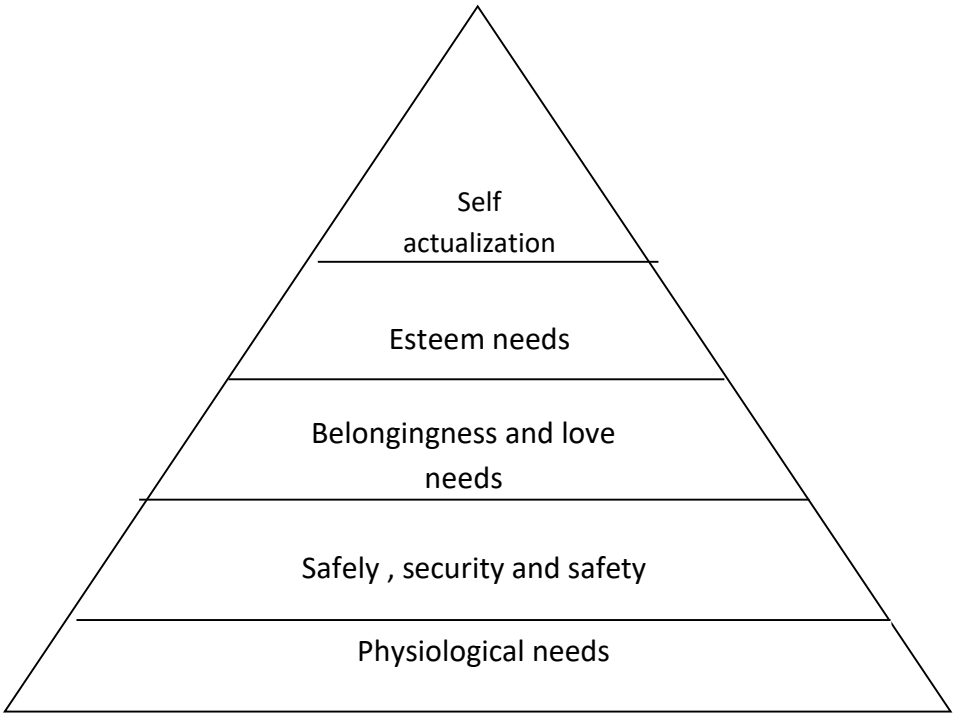
Recognizing that the internally displaced person's, especially those affected by conflict, are highly prone to mental health problems, Mujeeb (2015)stated that they commonly reported post traumatic stress disorders (PTSDs) as psychological reactions to violence and reported depression as a reaction to loss. Panic attacks and anxiety disorders are other types of mental health problems that have been reported (Saxon et al, 2016). The psychological distress

ISSN 2055-0170(Print), SSN 2055-0189(Online)

occurring in the post conflict environment also contributes to harmful health behaviours such as heavy drinking and high rate of smoking. Despite the myriads of problems encounter by these internally displaced persons, Guterres and Spiegel (2012) stated that the problems are often ignored or unnoticed by national governments. They tend to be forgotten or overlooked as they do no encroach on the 'space' of the privileged and rich

According to Getanda, Papadopoulos and Evans (2015), women and children made up over 70% of internally displaced populations and they go through numerous number of health risks. Mooney (2005) concluded that they are highly vulnerable to physical and mental health problems, and they also have unique health needs. Displacement breaks up families and severs community ties, creating room for special needs for the displaced. The internally displaced persons are deprived of shelter and their habitual sources of food, water medicine and money. Hence they have different, and often more urgent, material and social needs. This study as therefore set out to examine the health profile and the social needs of internally displaced persons in Nigeria using the Maslow's hierarchy of needs as the theoretical framework underpinning the study

Theoretical framework: The study adapted Maslow Hierarch of needs as the theoretical framework



Source: Saul Mcleod, http://www.simplypscychology.org 13/11/17

Maslow identified five stages of needs and called the third stage love and belonging which represent human need for social relationship. Five stages in order from lowest to highest level include physiological, safety, love and belonging, self esteem and self actualization. The first two levels are considered basic needs because they are based on the need for survival and safety. The third stage in Maslow's hierarchy of needs is the social needs which the termed love and belonging. This stage is not based on basic needs but instead on psychological or emotional needs of individuals. The primary source of behavior at this stage is the need for

ISSN 2055-0170(Print), SSN 2055-0189(Online)

emotional connections such as friendships, family, social organizations, romantic attachments or other situations involving interactions with others, all of which are either none existing or inadequate among internally displaced persons.

When people are faced with problems in life, chances are that they have someone who support and encourage them during crisis. Individuals need to fee accepted and supported by others in order to avoid problems such as anxiety, depression and loneliness that usually accompany displacement. Individuals are able to cope with distressing situations when they are able to develop strong connections with others such as friends, family, team members and lovers.

Broad and Specific Objectives of the Study

This study was therefore set out to examine the health profile of internally displaced persons and their social needs with the following specific objectives in mind:

a. To describe the health profile of the internally displaced persons

b. To determine the social support needs of the respondents

Research questions: The research answered the following questions

i. What are the demographic characteristics of respondents?

ii. What are the health profile of the respondents?

iii. What are the social support needs of respondents?

Hypotheses: The study tested two (2) hypotheses that were formulated in the null forms. The hypotheses were:

i. There is no statistical significant relationship between social demographic characteristics of respondents and their health profile

ii. There is no statistical association before the social needs and health profile of the respondents

MATERIALS AND METHODS

Design

This study adopted a descriptive cross sectional design to assess the health profile and social needs of internally displaced person in selected internally displaced persons camps in Nigeria federal capital territory

Participants

There are four internally displaced persons camps in Abuja namely: Lugbe IDP Camp, Area one IDP Camp, new Kuchingoro IDP Camp and Kuje IDP Camp. The population for this study includes a random sample of adults aged 20 years and above from two selected internally displaced persons camp. According to the international organization for migration (IOM, 2016), There are 20,924 internally displaced persons in Abuja camps. Using Taro Yamane's formula for finite population

ISSN 2055-0170(Print), SSN 2055-0189(Online)

$n = \frac{N}{1+N}\ (e)^2$

Where n = corrected sample size, N = population size (20,824() and e = margin of error (0.05)

Therefore $n = \frac{20{,}924}{1+20{,}924}\ (0.05)^2$

$= \frac{20}{53.31}$

= 392. A total of 392 respondents was recruited for the study. However only 380 respondents returned the completed questionnaire given a response rate of 97%

Sampling Techniques

The study employed multistage sampling technique. All the camps in Abuja were first clustered from which four (4) camps were selected through balloting system. The respondents were finally selected through systematic sampling techniques.

Inclusion Criteria:- willingness of the respondents to voluntary signified pa-hapation. The respondents should have been domiciled in campus since the last six months. The respondent should have his/her name registered with an authentic ID card.

Exclusion Criteria:- Any responds that was not interested. New arrivals into the camps. Any IDP that was not adequately registered.

Data Collection

We used a self-administered questionnaire to gather data from the respondents. The first part of the questionnaire addresses the social – demographic data of the respondents. The questions were designed to obtain data on gender, age, religion, marital status, educational level and employment status of the respondents. The second part of the questionnaire include questions designed by the researcher to determine the health profile of the respondents including physical, psychological and social aspects. It consists of 39 items with yes or no responses. The third part of the questionnaire deals with questions that elicit information on the social needs of the respondents. This was measures through a 19-item scale with responses ranging from none of the time (indicating no need for the social support) to all of the time (indicating highest need for the social support).

Instrumentation: - Apart from the Demographic characteristic of the respondents that was drawn by the researchers, other sections on the instruments were generated and adapted from the study. For instance Health profile section was adapted from Oregon environmental Health profile, Duke Health profile and Nottingham Health profile while the Social Support Needs section was generated from Multidimensional Scale of Perceived Social Support (MSPSS) and Berlin Social Support Scales (BSSS).

ISSN 2055-0170(Print), SSN 2055-0189(Online)

Pilot Study

The instruments after compilation and arrangement were pilot-tested amongst 20 respondents in IDPs. The first test was carried out on the July, 2017 while the same instrument was re-tested on the September, 2017. Resulting in the usage of test re-test reliability

Psychometric Properties of Instruments

These are validity and reliability of the instruments.

Validity of the Instrument

The questionnaire was given a face validation by three experts in the field of psychology, mental health and epidemiology.

Reliability of the Instrument

The coefficients of stability was carried out, the first test yielded 0.60 while the second test yielded 0.80 This showed an acceptable reliability of 80**%** (www.statisticshowto.com,7/11/17).

Data Analysis

The collected data were analyzed using Statistical Package for social sciences (SPSS) version 18.00. The responses of the respondents were presented with frequency counts and percentages. The Chi-square (x2) statistics were used to examine significant association between variables and P value $\leq$ 0.05 was considered significant.

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RESULTS

Table 1: Socio - Demographic Data (N = 380)

Variables	Frequency	Percentage (%)
Gender		
Male	170	44.7
Female	210	55.3
Age		
20-29	144	37.9
30-39	101	26.6
40-49	108	28.4
50 and above	27	7.1
Religion		
Islam	135	35.5
Christianity	218	57.4
Others	27	7.1
Marital status		
Married	229	60.3
Single	85	22.4
Widow/widower	35	9.1
Divorced	19	5.0
Separated	12	3.2
Highest level of education		
None formal	40	10.5
Quranic	59	15.5
Primary	32	8.4
Secondary	103	27.1
Tertiary	146	38.4
Employment status		
Employed	162	42.6
Unemployed	71	18.7
Student	25	6.6
Retiree	26	6.8
Trading	67	17.6
Housewife	29	7.6

ISSN 2055-0170(Print), SSN 2055-0189(Online)

Table 2: Health profile of the respondents (N=380)

S/N	VARIABLES	YES F(%)	NO F(%)
1.	I am tired all the time	197 (51.8)	183 (48.2)
2.	I have pain at night	182 (47.9)	198 (52.1)
3.	Things are getting me down	199 (52.4)	181 (47.6)
4.	I have unbearable pain	189 (49.7)	191 (50.3)
5.	I take pills to help me sleep	181 (47.6)	199 (52.4)
6.	I have forgotten what its live to enjoy myself	161 (42.4)	219 (57.6)
7.	I am feeling on edge	149 (39.2)	231(60.89)
8.	I fend it painful to change my position	167 (43.9)	213(56.1)
9.	I feel lonely	149 (39.2)	174(45.8)
10.	Can't walk about only indoor	167 (43.9)	215(56.6)
11.	Everything is an effort	206 (54.2)	190(50.0)
12.	I find it hard to bend	165 (43.4)	200(52.6)
13.	I am waking up in the early hours of the morning	190 (50.0)	200(52.6)
14.	I am unable to walk at all	180 (47.4)	201(52.9)
15.	I am finding it hard to make contact with people	180 (47.4)	150(39.5)
16.	The days seem to drag	179 (47.1)	196(51.6)
17.	I have trouble getting up/down the stair and step	230 (60.5)	240(63.2)
18.	I find it hard to reach for things	142(37.4)	238 (62.6)
19.	I am in pain when I work	158(41.6)	222(58.4)
20.	I lose my temper easily these days	201(52.9)	179(47.1)
21.	I feel there is nobody that I am close to	238 (62.6)	142(37.4)
22.	I lie awake for most of the night	219 (57.6)	161 (42.4)
23.	I feel as if I'm losing control	208 (54.7)	172(45.3)
24.	I'm in pain when am standing	183 (48.2)	197(51.8)
25.	I find it hard to get dress by myself	208 (54.7)	191(50.3)
26.	I soon run out of energy	183 (48.2)	243(63.9)
27.	I find it hard to stand for long	189 (49.7)	243(63.9)
28.	I'm in constant pain	137 (36.1)	249(65.5)
29.	It takes me a long time to get sleep	131 (34.5)	95(25.0)
30.	I feel I am burden to the people	285(75.0)	120(31.6)
31.	Worry is keeping me awake at night	260 (68.4)	138(36.3)
32.	I feel that life is not worth living	242 (63.7)	193(50.8)
33.	Work	187 (49.2)	220(57.9)
34.	Looking after the home	160 (42.1)	226(59.5)
35.	Social life	154(40.5)	188(49.5)
36.	Home life	194(51.1)	186(48.9)
37.	Sex life	210(55.3)	170(44.7)
38.	Interest and hobbies	169(44.5)	211(55.5)
39.	Vacation	206(54.2)	174(45.8)

ISSN 2055-0170(Print), SSN 2055-0189(Online)

Table 3: Social Support Needs (N = 380)

s/n	Variables	All of the time F(%)	Most of the time F(%)	Some of the time F(%)	A little of the time F(%)	None of the time F(%)
1.	Someone with listen ear	62(16.5)	155(40.8)	151(39.7)	9 (2.4)	3(0.8)
2.	Someone with information to help understand the situation	85(22.4)	142(37.4)	132(34.7)	18(4.7)	3(0.8)
3.	Someone to give good advice about the crisis	74(19.5)	124(34.6)	147(38.7)	32(8.4)	3(0.8)
4.	Someone to confide in or talk to about your problems	55(14.5)	134(35.3)	109(28.7)	52(13.7)	3(0.8)
5.	Someone whose advice you really want	75(19.7)	124(32.6)	114(30.0)	45(11.8)	12(3.2)
6.	Someone to share your most private worries and fears with	73(19.2)	108(28.4)	123(32.4)	48(12.6)	12(3.2)
7.	Someone to turn to for suggestion on personal problems	47(12.4)	94(24.7)	158(41.6)	40(10.5)	27(7.1)
8.	Someone who understand your problems	51(13.4)	117(30.8)	116(30.5)	96(25.3)	23(6.1)
9.	Someone to help you if you are confused to bed	141(37.1)	172(45.3)	92(24.2)	27(7.1)	3(0.8)
10.	Someone to take you to doctor if you need it	76(20.0)	144(37.9)	85(22.4)	47(12.4)	0(0.0)
11.	Someone it prepare your meal if you are not able to do so	58(15.3)	120(31.6)	128(33.7)	19(5.0)	31(8.2)
12.	Someone to help with daily chores if you are sick	85(22.4)	81(21.3)	126(33.2)	46(12.1)	3(0.8)
13.	Someone who will show you love and affection	111(29.2)	97(25.5)	123*32.4)	56(14.7)	9(2.4)
14.	Someone to love and make you feel wanted	108(28.4)	63(16.6)	131(34.5)	41(10.8)	3(0.8)
15.	Someone who hugs you	105(27.6)	102(26.8)	162(42.6)	46(12.1)	4(1.1)
16.	Someone to have a good time with	108(28.4)	113(29.7)	118(31.1)	32(8.4)	20(5.3)
17.	Someone to get together with for relaxation	47(12.4)	88(23.2)	114(30.0)	94(24.7)	12(3.2)
18.	Someone to do something enjoyable with	49(12.9)	94(24.7)	151(329.7)	73(19.2)	19(5.0)
19.	Someone to help you get your mind off things	24(6.3)	94(24.7)	157(41.3)	92(24.2)	13(3.4)

ISSN 2055-0170(Print), SSN 2055-0189(Online)

Table 1 depicts the socio-demographic variables of the respondents. 170 (44.7%) of the respondents were males while 210 (55.3%) were females. 144 (37.93%) of the respondents are of ages 20-29, 101 (26.6) are of ages 30-39 years while 108 (28.4%) are of age 40 to 49 years. It can be observed from the table that a good number of the respondents 218 (57.4%) are Christians while 135 (35.5%) are Muslims. 229 (60.3%) are married with 146 (38.4%) attaining tertiary level of education, 103 (27.1%) attaining secondary level. Table 1 also showed that 162 (42.6%) of the respondents are gainfully employed

Table 2 projects the health profile of the respondents. 285 (75.0% of the respondents reported that it takes them long time to fall asleep. 260(68.4%) feels they are a burden to people, while another 242 (63.7%) reported that worries keep them awake at night. 238 (62.6%) feels they are not close to anybody and 230 (60.5%) of the respondents find it hard to make contact with people. Table 2 also shows that 219 (57.6%) of the respondents lie awake most of the t night while 210 (55.3%) reported that their sexual life is being affected. 208 (54.7%) feels they are losing control of their lives. Furthermore 206 (54.2%) reported that their vacation is being affected, while 206 (54.2%) claimed they are experiencing loneliness. 201 (52.9%) of the respondents claimed they now lose temper easily while 199 (52.4%) says things are getting them down. Lastly, it can be observed from the table that 197(51.8%) experienced tiredness al the time, 194 (51.1%) says their homes are being affected, while 192 (50.5%) reported that their social life is being affected.

The social needs of the respondent are presented in table 3. The need for social support is very high as indicated by the respondents rating on the table. Many of the respondents mostly indicated all of the time, most of the time and some of the time in their responses as against a little of the time and none of the time. 141 (37.1%) reported the need for someone to help all of the time while 117 (30.8%) need it most of the time. 111 (29.2%) reported that they need someone who will show them love and affection all the time while 81 (21.3%) indicated that they need it most of the time. 108 (28.4%) claimed they need someone to have a good time with all of the time while 102 (26.85) need someone to have a good time with most of the time. It was also observed from the table that 108 (28.4%) reported that they need someone to love and make them feel wanted all of the time while 97(25.5%) reported that they need it most of the time. 105 (27.6%) also reported that they need someone to hug all the time. The table also show that 172 (45.3%) need someone to take them to a physician most of the time if they need to, 161 (42.4%) indicated that most of the time, they need someone to confide in or talk to about their problems, 155 (40.8%) reported that they need someone with listen ear most of the time and 144 (37.9) reported that they need someone to prepare their means most of the time if they are unable to do so.

ISSN 2055-0170(Print), SSN 2055-0189(Online)

Table 4: Association between selected socio-demographic variables and health profile (N=380)

	Worry is keeping me awake at night		**Df**	**X^2 Value**	**p-value**
	Yes (n=242) F(%)	**No (n=138) F(%)**			
Age (years) 20-29 30-39 40-49 ≥50	 112(46.3) 61(25.2) 42(17.3) 27(11.2)	 32(23.1) 40(29.0) 66 (47.8) 0(0.0)	3	69.437	<0.005
Educational level No formal Quaranic Primary Secondary Tertiary	 29(12.0) 79(32.6) 71(29.3) 30(12.4) 33(13.6)	 3(2.2) 24(17.4) 75(54.3) 29(21.0) 7(5.0)	4	42.220	<0.005
Religion	**I lie awake for most of the night**				
	Yes (n=219) F(%)	**No (n=161) F(%)**			
Islam Christianity Others	81 (37.0) 128 (58.4) 10(4.6)	54(33.5) 90(55.9) 17(10.6)	2	16.563	<0.005

This however may be connected to the fact that a lot of christen communities are affected with the insurgency.

Table 5: Association between selected social need and health profile (N=380)

Someone to help with daily chores if you were sick	**Worry is keeping me awake at night**		**Df**	**X^2 Value**	**p-value**
	Yes (n=242) F(%)	**No (n=138) F(%)**			
All of the time Most of the time Some of the time A little of the time None of the time	48(28.2) 70(41.2) 42(24.7) 7(4.1) 3 (1.8)	37 (17.6) 50 (23.8) 84 (40.0) 39 (18.6) 0 (0.0)	4	40.253	<0.005
Someone whose advice your really want	**I have unbearable pain**				
	Yes (n=189) F(%)	**No (n =191) F (%)**			
All of the time Most of the time Some of the time A little of the time None of the time	54(28.6) 48(25.4) 45 (23.8) 33(17.5) 3(1.6)	21 (11.0) 86(45.0) 69(36.1) 12(6.3) 3 (1.6)	4	43.139	<0.005
Religion	**I lie awake for most of the night**				
	Yes (n=189) F(%)	**No (n =191) F (%)**			
Islam Christianity Others	81(37.0) 128(58.4) 10 (4.6)	54 (33.5) 90 (55.9) 17 (10.6)	2	31.342	<0.005

ISSN 2055-0170(Print), SSN 2055-0189(Online)

The most commonly reported psychological/emotional health problems among the respondents in the present study include feeling like a burden to people, feeling like losing control and thinking that things are getting the respondents down.

DISCUSSION OF FINDING

Our finding that more than half of the respondents are married (60.3%) is supported by the findings of Robert et al (2009), Sheik et al (2014) and Imaseun (2015) who reported 77%, 59.7% and 56% respectively. Displacing such figure of married people may lead to dysfunctional family functioning such as separation and lack of family cohesion. We observed that most of our respondents 146 (38.4%) attained tertiary level of education as against the findings of others (Sheik et al, 2014; Akhunzada et al, 2015). Most of our respondents are employed, a finding that is inconsistent with that of Sheik et al (2014) and Akhunzada et al (2015)

On the health profile of the internally displaced persons, we observed that the respondents experienced more of psychosocial health problems as oppose to physical health problems (table 2). This contradict the findings of Owoaje, et al (2017) who reported that most of the health problems identified by studies on internally displaced persons in Africa are physical health and mental health problems. Sleep disturbances were very common among the respondents. These include taking longer time to initiate sleep, staying awake most of the nigh t and worrying through the night. This finding is similar to that reported by Ovuga and Larroque (2012). We equally observed that most of the respondents suffer from one social setbacks with majority of them reporting lack of close companion, difficulty in making contact with people and loneliness as their problems. This is in line with what was reported in similar studies (Ovuga & Larroque, 2012); Akhunzada et al, 2015).

This observation is in line with the findings of Ovuga and Larroque (2012) though their study was conducted among children in internally displaced persons cap. Other studies have also shown that mental health problems are common among the internally displaced persons using different screening tools (Roberts et al, 2009; Sheik et al, 2014).

The observation that ‘all of the time’ and ‘most of the time’ were mostly indicated by our respondents emphasized a serious need for social support among the respondents. This supported the assertion of Seeman (2008) who noted that the availability of social support from family, friends and professionals may boost recovery for people who have previously undergone trauma of some kind like the internally displaced persons. The respondents reported serious need for someone to help them out, to show them love and affection, to spend time with, to feel wanted and to take them to physician if they need to.

We observed statistically significant results between some selected variables in the present study. Keeping awake at night due to worry has a significant association with the respondents’ age and educational level. Younger people who can still make meaningful impact are expected to worry about not being able to explore as a result of residing in the displaced camp. Because many of the respondents attained tertiary level of education with many of them working, inability to do likewise now that they are in camp may keep them awake at night. Lying awake for most of the night also has a significant association with the religion of the respondents; this may likely be due to observation of prayer session through the night.

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CONCLUSION

The present study shows that the internally displaced persons experienced emotional, psychosocial as well as physical health problems. The presence of psychical health problems is lower compare to there aspects of health. The respondents also expressed serous concern for social support need. The government and non-governmental agencies should do everything possible to address the health and social support needs of these displaced persons.

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