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BOKO HARAM INSURGENCY: PERCEIVED STRESS, TYPE OF STRESSORS AND COPING TECHNIQUES AMONGST INTERNALLY DISPLACED PERSONS AT THE SELECTED CAMPS IN NIGERIA FEDERAL CAPITAL TERRITORY ABUJA

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ABSTRACT: *Nigerian has had a long and unfortunate history of communal conflicts and ethno-religious violence, the recent of which is the escalation of Boko Haram activities and attacks in 2013. Many people were maimed, killed and rendered homeless leading to looking for succor in the camps. The research adopted cross-sectional descriptive design, multistage sampling technique was used in selecting the camps and samples having used Taro Yamane sample size determination formula. Three hundred and eighty seven (387) respondents were selected out of which only three hundred and fifty six (356) returned their administered questionnaire. Five (5) research questions were answered and five (5) null hpothesses were tested at 0.05 level of significance. The instruments for the study were generated from three standardized inventory which are stress inventory, family systems stressor-strength inventory and life event inventory. The face validity and reliability of instruments were determined. Percentages, means scores and chi-square were used to analyze. The results on the demographic characteristics of respondents showed that 153 (43%) were males while 203 (57%) were female; there mean age was 31.3. 62.6% were Christians and 55.3 were marred 40.7% were employed while only 10.2% were not educated. All respondents showed various degrees of stress ranging from mild to severe. The highest psychosocial stressor was financial strain and accommodation away from home while the health related stressor was sleeping difficulties. More than half of respondents (56.2%) adopted emotion focused coping while 43.8% adopted problems focused coping. Religion was found to be significantly associated with the level of stress. Gender was significantly associated with the coping styles, It was concluded that youth radicalization should be addressed. The health of the people in the camps should be given a priority by establishing health centers in the various camps and should be managed by qualified health personnel.*

KEYWORDS: Refugees, Boko Haram, Insurgency, Stress, Stressors

INTRODUCTION

Historically, Borno State which was founded in 1976, initially comprised of the present Borno, and Yobe States prior to the advent of insurgency, it has been a relatively peaceful, multicultural and dynamic state in Nigeria. The state is fortunate to have human and natural resources, which have created many opportunities for its indigence's and other Nigerian to live in harmony (Abdul, 2017). Nigerian has had a long and unfortunate history of communal

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conflicts and ethno-religious violence. For example in Plateau State, in Nigeria's middle belt there have been many outbreaks of bloody violence between different communities since the return of democracy in 1999. There have also been riots in the urban centers of Kaduna and Kano, and for several decades there has been a simmering conflict in Tafawa Balewa district of Bauchi (walker, 2012). The northern Nigeria in particular had witnessed a religious conflict in 1980s known as Matatsine crisis which caused hovoc in major cities of Northern Nigeria. According to Shuabu, Salleh and Shehu (2015), Jama'ah alAhlu, Al-sunnah Li al da'wah wa Aljihad known as, Boko Haram in Hausa which means Western Education is forbidden emerged around 2002 as a peaceful Local Salafist Islamic movement whose original aim was preaching and assisting the needy. The activities of Boko Haram took violent dimension in 2009 and Nigerian security forces, clashed with the group violent that resulted in the death of its leader Muhammed Yusuf and many of his followers (Umar, 2012) since 2009, Boko Haram has been driven by a desire for vengeance against politicians, police, and Islamic authorities for their role in a brutal suppression of the group that year (Walker, 2012). Furthermore, the activities and attack from the group has escalated in 2013, as a result, the federal government declared state of emergency in the three most affected states of the region in may 2013 (Blanchard, 2014).

The Boko Haram adopted new tactics of kidnapping female students and women and attacking schools with the aims of achieving their mission as 'Western education is forbidden' in the north-Eastern part of the country. After the 2009 uprising, the activities of the sect was slow. The violence re-emergence of the group in 2010 came up with a new tactics that include suicide bombing, kidnapping, attacking Islamic clerics, mosques and churches in Nigeria (Shuaibu et al, 2015). Nigeria witnessed the first suicide bombings in police headquarters and United Nations office in Abuja (Balanchard, 2014). The activities of the sect escalated when on 14th April, 2014 the sect kidnapped 250 female students from the Government Girls Secondary School Chibok in Brosno State (Zenn, 2014); also, Boko Haram and Ansaru were designated as foreign terrorist organization (FTO) by the United State Department in November, 2013. Ansaru was the Boko Haram Faction that earlier in 2013 kidsnapped and executed seven foreigners who were working with international construction companies. Subsequently, the United Nations Committee on Al Queda Saction blacklisted the group on 22nd May, 2014 as one of the world terrorist organizations. The Untied nation listing entry describes Boko Haram as an affiliated of Al Qaeda and also one of the organizations of Al-Qaeda in the Islam Maghreb (AQIM) (Reuters, 2014).

THEORETICAL FRAMEWORK

This study was based on a theory of psychological stress and coping developed by Lazarus and his colleagues over a number of years (Folkman & Lazarus, 1985), and then expanded by Carver and colleagues in 1989. The theory identifies the process of coping as critical mediators of stressful person-environment relations and their immediate and long-range outcomes. No doubt, in the first place, psychologist has defined stress as an unpleasant state of emotional and physiological arousal that people experience in situations that they perceive as dangerous or threatening to their wellbeing and coping as the cognitive and behavioral efforts to master, reduce, or tolerate those demands (Folkman & Lazarus, 1980).

The method used by Lazarus and Folkman was based on specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

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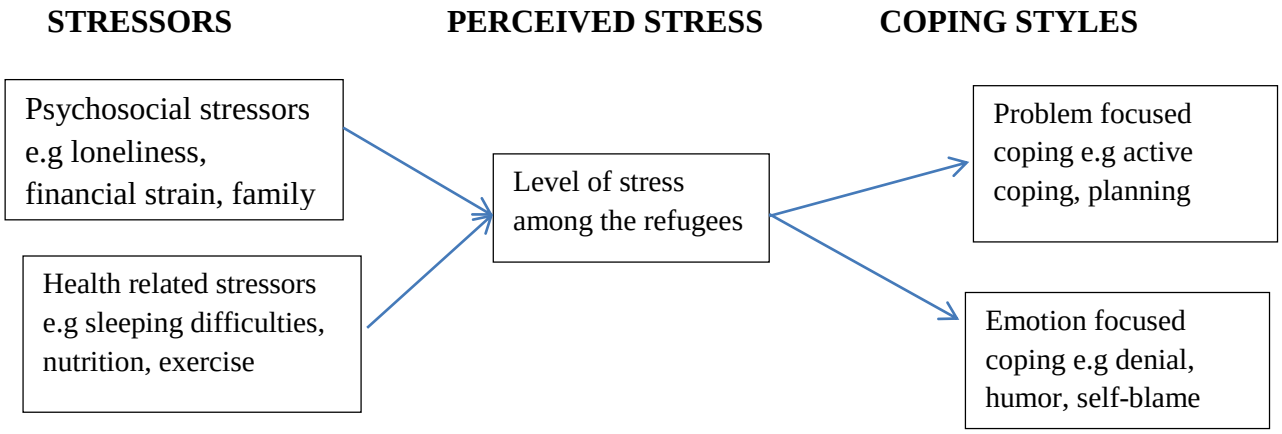
Their method was very clear; they had distinguished between the two general coping strategies: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Therefore, researcher concludes that coping has two major functions: dealing with the problem that is causing the distress (problem-focused coping) and regulating emotion (emotion-focused coping).

Obviously, Problem-focused coping is the use of specific activities getting the task accomplished, whereas emotion-focused coping is the use of activities to feel better about the task. If the refugee applied for instant the method of problem-focused coping for a task that was beyond their accomplishment, they would only frustrate themselves and become distressed. Given such an impossible task, they would do better to joke about it, or discuss their feelings with a friend. Conversely, if a task can be accomplished but they are uncertain by joking and partying with friends, they are employing emotion-focus coping when they should have engaged in activities to get the task done.

According to Lazarus and Folkman, problem focused coping include confrontative Coping, Seeking Social Support, Plan full Problem-Solving, and Seeking Social Support. Whereas, emotion focused coping includes Self-Control, Seeking Social Support, Distancing, Positive Appraisal, Accepting Responsibility, and Escape/Avoidance.



Socio-Demographic Characteristics Of The Refugees

Findings from the study of Thawabieh and Qaisy in 2012 shows that refugees from Syria are overwhelmingly young: 43 percent of all Syrian refugees are children under age 14. The gender ratios for Syrian refugees are more balanced: 53 percent are male and 47 percent are female. About 96 percent of the refugees are Muslim of any denomination; about 3 percent are Christians of any denomination. About 1 percent are nonreligious or of other faiths. The Syrian refugee flow is much more Muslim than the global average. Of all refugees resettled in the United States, 44 percent are Christian, compared with less than 3 percent from Syria. The Syrian refugees are 87 percent Arab and 10 percent Kurdish, with small representations from other ethnic groups. Since 43 percent of the Syrian refugees are below 14 and 56 percent are below 20, Syrian refugees tend to be less educated; 9.4 percent have a technical, university, college or graduate school level of education.

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While study carried by Khawajaand his colleague in 2008 among 120 Sudanese Refugees revealed that 84 of them were male, 36 were female. They were between the ages of 20-65. 47 of them were between 20-30 years old. 34 of them were between 31-40 years old. 20 of them were 41-50 years old. 14 of them were between 51-60 years old and 5 of them were between 61-65 years old.55 of them had primary school education, 12 had high school education, 35 had university education, 2 had doctor of philosophy and 16 participant's educational status was other education.15 of them were single, and 105 were married.

Also, findings from the study conducted by Thabet and his colleagues in 2017 among 116 Palestinian Refugee reveals that 78 were males (67.2%) and 38 were females (32.8%). Age ranged from 19-65 years with a mean age of 41.3 (SD=11.49). Only 34 were single (29.3%) and 41 had no formal education (35.3%).

Level of Stress Among The Refugees

A study conducted in Kosovo in 2010, seven years after the end of the war against Serb forces, showed a high level of stress (25%), moderate level of stress (47.3%) and low level of stress (27.7%), while an Afghanistan study from 2009 conducted during a Taliban-led insurgency showed a high stress level of 42.1%. Also, Iraqi refugees in Syria are suffering from extreme levels of stress, far higher than among refugees elsewhere from other recent conflicts, according to new figures released on 22 January by the UN Refugee Agency (UNHCR, 2016).

The figures, based on interviews with 754 refugees and analyzed by the US Center for Disease Control using the Hopkins Symptom Checklist (HSC) revealed that 89.5 percent are suffering from high level of stress.

Types of Stressors Among The Refugees

A stressor can include environmental, academic, health, financial, psychological or family issues. However, stress is relative based on several factors which include personality, biological vulnerabilities, social support, and stress relieving activities. In essence, it is the response to the stressor that varies among people and which determines whether the stress will prove to be beneficial or not (Rajasekar, 2013).

According to United Nations High Commissioner for Refugees (UNHCR) (2016), 86% of refugees are displaced in low- and middle-income countries (LMICs) and more than half of them are settled in urban settings. Refugee camps often generate meager conditions and constraints of living, urging the influx of refugees to urban areas in effort to increase stability, autonomy and security. Facing numerous adversities, from war trauma to daily stressors during migration, urban refugees in low-resource settings are likely to develop health and mental health issues, such as major depressive disorder, posttraumatic stress disorder, somatic symptoms, substance use disorders and many others. Urban refugees, mostly self-settled in overcrowded settings, live in fear of detainment, encampment or deportation, increasing invisibility of this population. UNHCR and other international aid agencies face complex challenges in identifying and approaching refugee populations, making assessment and services to urban refugees more difficult (Amara &Aljunid, 2014).

According to Crisp and his colleagues (2012), Refugees encounter daily stressors such as economic hardship, discrimination, little social support, legal issues around employment and mobility and family separation or conflicts. Identified stressors were assorted into two levels

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(1) Individual and interpersonal challenges that obstruct individual social functioning: The Somali refugee community unanimously pointed out unfulfilled basic needs, such as education, livelihood, security, healthcare, legal protection and support systems, as the primary stressors. Across focus groups, participants reported unbridgeable gaps between a wide range of needs and the ability to acquire needed resources. Such gaps often led to demoralization related to lack of awareness, information and social morale. Dearth of financial support or means for livelihood created further desperation and precariousness as described by a madrasa teacher.

(2) Collective and societal issues that create structural barriers to the refugee community as a whole: Participants identified a myriad of structural issues caused by war that incubate problems of individual functioning and mental health. Among others, insecurity at community level was reported as the foremost obstacle across all focus groups. As a community elder indicated, 'All these problems are caused by insecurity and just by being Somalis'. Another community leader espoused the formidable threats of insecurity and said, Structural obstacles, such as restriction in mobility, livelihood and community services, resulted in distress and trouble simply due to Somali refugee status. Somali community stakeholders unanimously viewed lack of legal protection as a major burden to families and individuals. A leader pointed out, both functional and structural adversities were closely interwoven and inseparable in many responses. The consequences of social conflicts and war in Somalia deeply affect each and every corner of life from mental disorders to family conflicts and to widespread community malfunctioning.

Also, according to Khawaja, White, Schweitzer, &Greenslade, (2008), common stressors found among Sudanese refugees are limited water, food, and substandard shelter. Displaced populations are subjected to two categories of stressors, those that cause them to flee — displacing stressors—and those encountered because of their flight—displacement stressors. Displacing stressors are comprised of potentially traumatic events (PTEs) and material losses, the direct consequences of war. Displacement stressors are the common problems experienced in the resettlement context that come about because of the conflict but are not direct consequences of it (lack of access to sufficient resources, safety concerns, etc.). The rich literature suggesting that daily hassles in non-conflict settings account for considerable variance in psychological distress would suggest that these stressors can be more stressful than displacing stressors.

Some IDPs were traumatized by events connected to the conflict, and many were reported to also have experienced psychological stress stemming from the lack of employment or recreational activities. It is common to feel uncertainty about the future and cramped living conditions. Families that reported to have a mentally ill family member reported that lack of funds to pay for treatment led to emotional, practical and economic challenges for the whole family. The overcrowded living conditions of IDPs living in urban areas have been reported to lead to tension and an increase of domestic violence. The same reports show that nobody who witnessed domestic violence interfered and that there were not any existing mechanisms to follow-up such cases (UNHCR, 2009).

Six primary stressors were identified by Kroll, Yusuf and Fujiwara in 2011 among Refugees are: economic, discrimination, acculturation due to language differences, enculturation, parenting differences, and finding suitable employment. Primary barriers included: stigma, lack of a perceived norm in country of origin for using mental health services, competing cultural practices, lack of information, language barriers, and cost. According to Schwietzer

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and his colleagues(2007), examples of stressors encounter by Refugees include 1) feelings of loss related to emigration from one's country of origin; 2) discrimination and racism; 3) lack of receptivity or acceptance by members of the new country; 4) unemployment and economic concerns; 5) lack of recognition of skills or educational achievements; 6) difficulties accessing medical care and welfare services; 7) language acquisition difficulties; 8) fear of repatriation to the home country; 9) stressors related to asylum processes and decision wait times; 10) separation from and worry about family members; 11) lack of social and emotional support; 12) loneliness and homesickness; and 13) unsatisfactory housing conditions According to the current research of Dr. Helen Verdeli, professor of clinical psychology at sTeachers College, Columbia University, the most common stressor experienced by Syrians living in refugee camps is worry about the well-being of their relatives who have dispersed to other refugee camps, moved to other countries, or remained in Syria and might have been tortured or killed. Another stressor is fear about interpersonal violence. Although refugees residing inside the camps are protected from military violence, inside the camps they are vulnerable to physical violence, torture, sexual assault, and rape. Many adults and children have been victims of or witnessed multiple acts of violence. Major threats, stressors, and realities such as these represent some of the daily life struggles of Syrian refugees(Eastern Mediterranean Public Health Network (EMPHNET), 2014).

Thawabieh & Qaisy, (2012) stated that there are three main stressors commonly experienced by refugees. These are:

1. **Traumatic Stress** – refers to the stressors associated with exposure to traumatic events or situations. Many refugees have come from circumstances in which they were exposed to pervasive experiences that threatened their sense of safety and well-being. Some may have experienced imprisonment, disappearance of family members, being forced to inflict pain or to kill others, malnutrition, exposure to disease and lack of medical care, loss of home and other personal property, repeated relocation, physical assault (beating, rape, torture), fear of unexpected arrest, harassment by police or soldiers, and/or living underground with a false identity.

2. **Migration Stress** – refers to the stress associated with moving from a familiar environment into one that is new and unfamiliar. With this move most often comes the loss of friends, family, community, and other sources of comfort and security. These losses are extreme and pose significant stressors to refugees even as they leave war torn and violent circumstances. Most refugees seek "safety" in refugee camps as they wait governmental processing for resettlement. Unfortunately, the refugee camps to which they flee are plagued by some of the very same stressors they experienced in their homelands. People in refugee camps are vulnerable to high levels of violence (including rape and assault), illness and disease, starvation and malnutrition, and separation from family members.

3. **Acculturation Stress** – refers to the stressors associated with having to adapt to new and unfamiliar norms, rules, and routines once resettlement has occurred. Focused on relocating to "a better life," many refugees do not expect the stressors that follow relocation. Among these, language differences pose one of the most significant barriers. Additionally, after arrival in the United States, refugees often experience significant identity issues related to family role reversals, loss of livelihood, conflicts in values with their resettled community, discrimination, and social isolation. Transportation limitations pose significant barriers as does inadequate housing, as refugees are often housed in low income and high crime areas.

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Coping Strategies Adopted By The Refugees

Studies on coping strategies amongst refugees have been done with Sudanese refugees living in Australia and the United States. Two of these studies were performed in Brisbane, Australia, both of which were quantitative studies. The first was performed on 13 Sudanese refugees in 2007. It was performed to measure their coping strategies and resilience. This means that those coping strategies which were effective were the only ones mentioned. Not the ones which did not make a difference. Here religion, family and community support were mentioned. An interesting factor was that not all refugees seemed to find talking to others as effective. This as advice from their own countrymen was sometimes considered old fashioned and fastened to life in Sudan, rather than their current living. Religion, attitudes and beliefs proved also to be used (Sweitzer, Greenslade and Kagee, 2007). In another study conducted on 23 Sudanese refugees. Their coping strategies included reliance on religious beliefs, cognitive strategies such as reframing the situation, relying on their inner resources and focusing on future wishes and aspirations. Social support also emerged as a salient coping strategy. A difference from the IDPs in Azerbaijan is that these refugees had access to established mental health services which the IDPs in Azerbaijan did not (Khawaja, White, Schweiter and Greenslade, 2008). sA qualitative research performed on the resilience and coping strategies of 8 afghan women dealing with violence and immigration has also been performed in the United States (Welsh and Brodsky, 2010). coping strategies utilized by the Afghani women were that of problem-focused/active coping such as taking on new roles, making quick decisions in direct connection is the experienced threats, helping others (such as close family members or other women in similar situations as themselves), using emotional social support from family. Perception coping was also applied, in the form of maintaining hope, focus on the future and good thing sand expressing gratitude. The women seemed to cope by their determination that grew through experienced trials and meaning-making coping such as mentioning the growth they'd experienced through their difficulties (ibid). Like the IDPs in Azerbaijan, these refugee women's country of origin is still in conflict.

Aldwin (2007), states that having a supportive family is crucial to adaptive coping. In these examples, contact with family proves to be an effective coping strategy that relieved the participants who apply it. Not all IDPs expressed this as helpful even if they employed the strategy and the IDPs, regardless of the effectiveness of talking to others, did not seem to be soothed by the use of this strategy, long term. The usefulness of the coping strategy seemed to vary depending on the opportunity for social interaction with others.

The coping strategies of Syrian refugees were also examined (EMPHNET, 2014). The most reported coping strategy was "Nothing;" forty-one percent reported they did nothing to cope. Other coping strategies, in descending order of percentage, include the following: Socializing: 15%, Praying or reading the Quran: 13%, Fighting and getting angry: 11%, Crying: 6%, Walking or going out: 5%, Sleeping: 5% and Smoking: 3%

Demographic Variables And Levels Of Stress

The result of study conducted by Amara and Aljunid in 2014shows that the overall stress is high among Refugees in the group aged more than 45 years with a mean value of 110.81 and least among employees in the group aged less than 25 years with a mean value of 81.5 and also with the least standard deviation. While findings of Rajasekar in 2013 reveals over all stress is high among the women employees and low among the men. Also, the research conducted by Amara and Aljunid in 2014,finds differences in the level of stress between married and

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unmarried employees on several role stressors. However, level of education does not emerge as a significant differentiator of stressors.

Demographic Variables And Stressors

Gender: Several researchers have noted that females experience greater stress than males and that there are differences in the types and levels of stress (Thawabieh & Qaisy, 2012). A major female stressor is social anxiety, while level of financial support and conflict are major male stressors (Thawabieh & Qaisy, 2012). Alternatively, other researchers found that regardless of gender, people had similar stress levels in relation to family-life changes, transition into new environments and problems with sleep (Waqas, Khan, Sharif, Khalid, & Ali, 2015).

Age: Age and maturity may greatly affect types of refugees stress (The American College Health Association, 2008). Globally, researchers agree that the transition from one area to another is quite stressful (Rajasekar, 2013). Wade et al. (2011) found that age and maturity tend to lessen social anxiety—a major stressor for young refugees. Alternatively, more mature refugees may have different kinds of stressors such as life and work responsibilities, but still be motivated to do well to improve employment opportunities (Thawabieh & Qaisy, 2012). Comparatively, Mohsin (2004) found no significant differences between age and stressors.

Demographic Variables And Coping

Several researchers have noted that Participants used several strategies in order to cope with the stressful situations (Thawabieh & Qaisy, 2012, Waqas, Khan, Sharif, Khalid, & Ali, 2015, Rajasekar, 2013). Regarding gender; in females positive coping was: good 10(17.5%), moderate 31(54.4%) and weak 16(28.1%), and in males: 9(20.9%), 20(46.5%) and 14(32.6%), accordingly. There was no significant difference (p=0.74).In view of marriage state, attempting positive coping in 50(%) singles was: good 10(20%), moderate 24(48%) and weak 16(32%), in 40(%) married: 8(20%), 24(60%), 8(20%), and 10(10%) in divorced: 1(10%), 3(30%), 6(60%), accordingly. No significant difference was between marriage state and applying positive coping (p=0.167).Negative coping in 24(%) respondents aged 20-29 was: low 10(41.7%), medium 4(16.7%) and high 10(41.7%), in 60(%) respondents aged 30-39: 9(15%), 21(35%) and 30(50%), and in 16(%) aged 40-49: 3(18.8%), 4(25%) and 9(56.3%), accordingly. In this study there was no significant difference between age and negative coping (p=0.085). Singles had negative coping; low 7(14%), medium 15(30%) and high 28(56%). Married respondents possessed negative responses as; 10(25%), 12(30%), and 18(45%), and divorced persons: 5(50%), medium 2(20%) and high 3(30%), accordingly. There was no significant relationship between marriage state and negative coping (p=0.144).

Level Of Stress And Coping

Stress is inevitable component of human being and there is no way out but cope up with stress or fight out with it. Researchers have found that a large percentage of humans are suffering from stress. Rational coping behaviors are resources which help people overcome work-related stressors and burnout and achieve their valued outcomes, while avoidance coping predicted high level of stress and burnout (Khawaja, White, Schweitzer, & Greenslade, 2008).Studies suggest that active coping strategies are associated with less psychological distress than distraction and avoidant coping strategies (e.g., Rajasekar, 2013). Although active coping is commonly found to be negatively correlated with internal and external psychological problems, distraction coping has been shown to be positively correlated with aggression, depression,

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immaturity/hyperactivity, and delinquency and avoidant coping has been found to be positively correlated with clinical conditions, such as depression, anxiety, and conduct problems (Kroll, Yusuf, & Fujiwara, 2011).

Statement Of Problem

The psychosocial effects of Boko Haram attacks have sboth symbolic and ideologic effects on refuses. According to Munoz (2009), the symbolic effects, the promulgation of fear/subordination to other and ideological effects is the removal of the right to education and the denial of its purpose. The destruction of properties, sexual violence. The attack on innocent citizens and trumatizing them. There is the problem of how to get back to the native land without being attacked. These traumatized incidents had made the IDPs (internally displayed persons) to suffer both physical and psychological damages that impaired their ability to interact with relations,s living in the camps without adequate health facilities, infrastructures and social amenities are enough to increase the psychological impacts of Boko haram insurgency. Therefore this research was carried out assess the levels of stress, type of stressors and coping techniques amongst some residents of internally displaced persons camps in Abuja

Research Questions: The research answered the following questions

1. What are the demographic characteristics of respondents?
2. What are the levels of stress amongst respondents?
3. What are the psychosocial stressors experienced by the respondents?
4. What are the health related stressors experienced by respondents?
5. What are the copings styles adopted by respondents?

Research Hypotheses: The following hypotheses were tested by the research and they were set in the null forms:

(1) There is no significant relationship between the demographic profile of respondents and their level of stress

(2) There is no significant relationship between the demographic profile of respondents and their copings styles

(3) There is no significant relationship between the level of stress and coping styles adopted by respondents

(4) There is no significant difference between the psychosocial stressors and coping styles of respondents

(5) There is no significant difference between the health related stressors and coping styles among respondents

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METHODOLOGY

Research Design: The design adopted fro this research was cross-sectional descriptive research design. The design was adopted as the researchers were interested in describing the phenomenon of interest and no variables were manipulated but were described as occurred in the study.

Research Setting: the research was carried out in the four selected IDPs camps situated in the Nigeria Capital Territory, Abuja. Abuja is the capital city of Nigeria, in the middle of the country. The skyline of the city, which was built largely in the 1980s, is dominated by Aso rock, an enormous monolith. It rises up behind presidential complex, which houses the residence and office of the Nigerian president in the three arms zone on the eastern edge of the city. Nearby are the national assembly and the supreme court of Nigeria. FCT was formed from parts of the states of Nasarwa, Niger, and Kogi. The Territory is currently made up of six (6) local council, comprising the city of Abuja and five (5) local government Area namely: Abaji, Auja municipal, Gwagwalada, Kuje, Bwari, Kwali.

The camps were selected within these localities across the capital territory

Sample Size Determination: Taro Yamane Sample size determination formula was adopted in the determination of the sample size

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

nf = expected Sample size

N= Total population

e = level of precision

Lugbe = 3,952

Area one = 2,250

New kuchingora = 3,952

Kuje = 2,050

Total = 12,204

$$nf=\frac{12,204}{1+12,204(0.05)^2} = \frac{12,204}{31.51} = 387$$

nf = 387

Sampling Techniques: Multistage sampling techniques was used in the study. All the camps both registered and unregistered were about 31. All of them were first clustered. Simple random technique was used to select just four (4) out of the 31 camps-though balloting system. The camps selected were Luigbe, Area one, new Kuchingoro and Kuje. The total population in the camps was put at 12,204.

Inclusion Criteria: the individual should have been resident in he camps in the last 6months

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Exclusion Criteria: Just arrived to the camps and not up to 3months

Instrumentation: Apart from the demographic characteristic of respondents that was drawn by the researchers three (3) other standardized instruments were adopted for the study to assess the critical variable. These are; stress inventory, family systems stressor-strength inventory and life event inventory

Psychometric properties of instruments: These are the validity and reliability of the instruments

Validity: The face validity of the instrument was done. The instruments had been used widely with have wider acceptance

Reliability: The instruments were pretested among selected IDPS in another camp aside from the ones to be used for the study. The research instruments were subjected to Cranach's analysis in order to ensure their suitability fort the study. The results yielded Cranach's Alpha of 0.849. The reliability was carried out in one of the camps at Kuje among 20 respondents that were not used for the study. This analysis showed that the instruments were reliable. It should equally be noted that the instruments were generated from three (3) standard instruments.

Ethical Consideration: Written permissions wee obtained through the office of the National Emergency Agency (NEMA) and verbal approval from the chairman and secretary of each selected caps. The selected respondents had an informed and signed consent

Data Collection Methods: some nurses working in the FCT with professional qualifications not less than BNSc were assigned to administer the instrument at the camp churches, and mosques only those selected through numbering were administered with the instruments. Each of the respondents spent between 40minutes to 1 hours. All the researcher assistants could speak Hausa and English fluently.

Data Analysis: Administered questionnaires were sorted and analyzed using percentages, chi-square and means at 0.05 level of significance.

Results: The results were as presented below:

Research Question 1: research question one stated 'What are the demographic characteristic of respondents?. Table 1 answered the questions.

Table 1: Demographic profile of respondents

Variable	`Frequency N = 356	Percentage (%)
Sex		
Male	153	4.3.0
Female	203	57.0
Age group (years)		
20-24	76	21.3
25-29	66	18.5
30-34	71	19.9
35-39	48	13.5
40-44	27	7.6
45-49	11	3.2
50-54	28	7.9

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55 & above	29	8.1
Religion		
Islam	119	33.5
Christianity	223	62.6
Others	14	3.9
Martial status		
Married	197	55.3
Single	105	29.5
Widowed	38	10.7
Divorced	16	4.5
Level of education		
Primary	30	8.4
Secondary	113	31.7
Tertiary	120	33.7
Quranic	57	16.0
None	36	10.2
Employment status		
Employed	145	40.7
Unemployed	63	17.7
Student	46	12.9
Retiree	16	4.5
Trading	54	15.2
House wife	32	9.0

Among 356 refugees, 153 were males (43%) and 203 were females (57%). Age ranged from 20-65 years with a mean age of 31.3 (SD=2.0). More than half of them 62.6% were Christians and 55.3% were married. Most of the refuges (40.7%) were employed and only few (10.2%) were uneducated

Research Question 2: Research question stated thus "What are levels of stress among the respondents?. Table 2 answered the questions

Table 2: Level of tress among the refugees

Level of stress	Score range	Freq. N=356	Percentage (%)
Mild	10-23	93	26.2
Moderate	24-37	155	43.5
Severe	38-50	108	30.3

Most of the refugees (43.5%) experienced moderate level of stress while 30.3% and 26.2% of the refugees experienced severe and mild level of stress respectively

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Research Question 3: Research question 3 state thus 'What are the psychosocial stressors most experienced by Respondents? Table 3 answered this question.

Table 3: Distribution of means and standard deviation of psychosocial stressor experienced by the refugees

Psychosocial stressors	**Mean**	**Standard deviation**
High parental expectation	2.56	0.97
Loneliness	2.71	1.25
Family problems	2.72	1.32
Accommodation away from home	3.27	1.30
Political situation in the country	1.89	0.93
Relations with the opposite sex	2.49	1.07
Lack of entertainment in the camp	1.95	1.06
Difficulty in the journey back home	2.55	1.08
Financial stain	3.36	1.17
Inability to socialize with peers	2.13	0.93
Living conditions in the camp	1.73	1.02

Financial stain has the highest mean of 3.36 (S.D = 1.17) among the refugees, followed by accommodation away from home (3.27±1.32)

Research Question 4: Research question 4 stated thus "What are the most experienced health related stressors experienced by respondents"?. Table 4 below answered the question

Table 4: Distribution of means and standard deviation of health related stressors experienced by the refuges

Health Related Stressors	**Mean**	**Standard Deviation**
Sleeping difficulties	3.38	1.08
Nutrition	2.70	1.01
Exercise	2.33	0.93
Quality of food in the camp	2.85	1.07
Physical disability	2.38	1.10
Alcohol/drug abuse/smoking	3.08	1.11

Health related stressors experienced by the refugees are sleeping difficulties (3.38±1.08), substance abuse (2.08±1.11) and quality of food in the camp (2.85±1.07).

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Research Question 5: Research question 5 stated thus "what are the most adopted coping styles amongst respondents? Table 5 below answered this question

Table 5: Coping styles scores among the refugees

Coping style	Mean	SD
Religion	2.67	1.00
Acceptance	2.43	1.12
Use of instrumental support	2.37	1.01
Use of emotional support	3.33	1.06
Self-distraction	2.71	1.05
Active coping	2.29	1.08
Planning	2.56	1.05
Venting	2.63	1.07
Self-blame	3.33	1.07
Denial	3.38	0.82
Positive refraining	2.15	1.01
Humor	2.44	0.96
Behavior disengagement	2.76	0.96
Substance abuse	2.10	1.08

Coping style adopted by the refugees are denial (3.38±1.07), self-blame (3.33±1..08) and use of emotional support (3.33±1.06).

Table 6: Summary of coping scores among the refugees

Scoping	Frequency N=356	Percentage (%)
Problem focused coping	156	43.8
Emotion focused coping	200	56.2

In summary, more than half of the refugees (56.2%) adopted emotion focused coping while the remaining 43.8% adopted problem focused coping

Testing of hypotheses: Five (5) null hypotheses were tested at 0.05 level of significance using means and chi-square statistical analyses

Hypothesis 1: there is no statistical significant relationship between the demographic profile of respondent and there level of stress. Table 7 below showed the demographic profile and level of stress amongst the respondents

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Table 7: Demographic profile and level of stress among the refugees

Variable	Mild Stress N-93	Moderate stress N=155	Severe stress N=108	X^2	df	P-value
Sex						
Male	43(46.2%)	61 (39.42%)	49(45.4%)	1.49	2	0.476
Female	50 (53.8%)	94 (60.6%)	59 (54.6%)			
Age group (years)						
20-24	26(28.0%)	29 (28.7%)	21 (19.4%)	13.45	1	0.492
25-29	15(16.0%)	34 (21.9%)	17 (15.7%)			
30-34	17(28.3%)	31(20.0%)	23 (21.3%)			
35-39	13(14.0%)	21 (13.5%)	14 (13.0%)			
40-44	7 (7.5%)	11(7.2%)	9 (8.3%)			
45-49	5(5.4%)	5 (3.2%)	1 (0.9%)			
50-54	5(5.4%)	14 (9.0%)	9 (8.3%)			
55 & above	5(5.4%)	10(6.5%)	14 (13.1%)			
Religion						
Islam	32 (34.4%)	51 (32.9%)	36 (33.3%)	0.626	4	0.006
Christianity	57 (61.3%)	97 (62.6%)	69 (63.9%)			
Others	4(4.3%)	7 (4.5%)	3 (2.8%)			
Martial status						
Married	53 (57.0%)	95 (61.3%)	49 (45.4%)	0.626	4	0.006
Single	25 (26.9%)	41 (26.5%)	39 (36.1%)			
Widowed	11(11.8%)	16 (10.3%)	11(10.2%)			
Divorced	4 (4.3%)	3 (1.9%)	9 (8.3%)			
Level of education						
Primary	8 (8.6%)	16(10.3%)	6 (5.6%)	3.90	2	0.269
Secondary	31 (33.3%)	39 (25.2%)	43 (39.8%)			
Tertiary	31 (33.3%)	58 (37.4%)	31 (28.7%)			
Quranic	17 (18.3%)	23(14.8%)	17 (15.7%)			
None	6(6.5%)	19(12.3%)	11 (10.2%)			
Employment status						
Employed	40 (43.0%)	63 (40.6%)	42 (38.9%)	5.371	1	0.865
Unemployed	15 (16.1%)	29 (18.75)	19 (17.6%)			
Student	10 (10.8%)	18 (11.6%)	18 (16.7%)			
Retiree	3 (3.2%)	6 (3.9%)	7 (6.5%)_			
Trading	16 (17.2%)	26 (16.8%)	12 (11.0%)			
House wife	9 (9.7%)	13 (8.4%)	10 (9.3%)			

Finding revealed that the refugees religion is significantly associated with the level of stress (X^2 = 0.626, df=4, P=0.006)

Hypothesis 2:- There is no significant relationship between the demographic profile of respondents and their coping styles. Table 8 below depicted the relationship between the demographic profile and level of coping amongst the respondents.

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Table 8: Demographic profile and level of coping among the refugees

Variable	Problem focused coping N=156	Emotion focused coping N=200	X^2	df	P-value
Sex					
Male	68 (43.6%)	85 (42.5%)	0.42	1	0.046
Female	88 (56.4%)	115 (57.5%)			
Age group (years)					
20-24	42 (26.9%)	34 (17.0%)	11.71	4	0.1110
25-29	24 (15.4%)	42 (21.0%)			
30-34	28 (17.9%)	43 (21.5%)			
35-39	20 (12.8%)	28 (14.0%)			
40-44	8 (5.1%)	15 (9.5%)			
45-49	6 (3.8%)	5 (2.5%)			
50-54	11 (7.2%)	17 (8.5%)			
55 & above	17 (10.9%)	12 (6.0%)			
Religion					
Islam	53 (34.0%)	66 (33.0%)	0.400	2	0.081
Christianity	98 (62.8%)	125 (62.5%)			
Others	5(3.2%)	9 (4.5%)			
Martial status					
Married	86 (55.2%)	111 (55.5%)	1.617	3	0.037
Single	44 (28.2%)	61 (30.5%)			
Widowed	20 (12.8%)	18 (9.0%)			
Divorced	6(3.8%)	10(5.0%)			
Level of education					
Primary	13 (8.3%)	17 (8.5%)	7.280	1	0.024
Secondary	41 (26.3%)	72 (36.0%)			
Tertiary	53 (34.0%)	67 (33.5%)			
Quranic	27 (4.3%)	30(15.0%)			
None	22 (14.1%)	14 (7.0%)			
Employment status					
Employed	57 (36.5%)	88 (44.0%)	4.083	1	0.053
Unemployed	26 (16.7%)	37 (18.5%)			
Student	22 (14.1%)	24 (12.0%)			
Retiree	7 (4.5%)	9 (4.5%)			
Trading	26 (16.7%)	28 (14.0%)			
House wife	18 (11.5%)	14 (7.0%)			

The result revealed that sex (P=0.46, df = 1, x2 = 0.42), marital status (X2 = 7.280, df= 1, P=0.024) were significantly associated with the coping scores.

Hypothesis 3: There is no relationship between the level of stress and coping styles of respondents. In testing the hypothesis 3, Table 9 showed the relationship between level of stress and coping styles.

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Table 9: Level of stress and coping scores

Variable	Problem focused coping n=156	Emotion focused coping n=200	X2	df	P-value
Mild stress	34 (21.8)	59 (29.5)	2.927	2	0.231
Moderate stress	70 (44.9)	85 (42.5)			
Severe stress	52 (33.3)	56 (28.0)			

There is no significant association between the level of stress and coping scores (X2 = 2.927, df = 2, P = 0.231)

Hypothesis 4: There is no significant difference between the psychosocial stressor and coping style of respondents. Table 10 below tested the hypothesis as shown in the table below

Table 10: Differences in mean and standard deviation of psychosocial stressors and coping scores

Psychosocial stressors	Coping scores	Means	SD	T	P
High parental expectation	Problem focused coping	2.55	1.02	0.830	0.422
	Emotion focused coping	2.56	0.96		
Loneliness	Problem focused coping	2.59	1.25	1.580	0.701
	Emotion focused coping	2.80	1.24		
Family problem	Problem focused coping	2.65	1.36	0.908	0.147
	Emotion focused coping	2.78	1.28		
Accommodation away from home	Problem focused coping	3.22	1.23	0.664	0.106
	Emotion focused coping	3.31	1.34		
Political situation in the country	Problem focused coping	1.95	1.00	0.992	0.187
	Emotion focused coping	1.85	0.87		
Relations with opposite sex	Problem focused coping	2.44	0.97	0.739	0.020
	Emotion focused coping	2.53	1.14		
Lack of entertainment in the camp	Problem focused coping	1.94	1.07	0.213	0.698
	Emotion focused coping	1.96	1.05		
Difficulty in the journey back home	Problem focused coping	2.70	1.10	1.42	0.569
	Emotion focused coping	2.44	1.05		
Financial strain	Problem focused coping	3.26	1.13	1.42	0.155
	Emotion focused coping	3.44	1.20		
Inability to socialize with peers	Problem focused coping	2.15	0.94	0.276	0.778
	Emotion focused coping	2.12	0.93		
Living conditions in the camp	Problem focused coping	3.81	1.09	0.230	0.007
	Emotion focused coping	3.82	1.19		

The following psychosocial stressors associated with copings strategies are relations with the opposite sex (t= 0.739, P=0.020) and living condit9on in the camp (t =0.230, P=0.007).

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Hypothesis 5: There is no significant difference between the health related stressors and coping styles among the respondents. Table 11 below tested the hypotheses

Table 11: Differences in man and standard deviation of health related stressors and coping scores

Psychosocial stressors	Coping scores	Means	SD	T	P
Sleeping difficulties	Problem focused coping	3.46	1.02	1.272	0.037
	Emotion focused coping	2.32	1.11		
Nutrition	Problem focused coping	2.66	1.01	0.977	0.597
	Emotion focused coping	2.73	1.02		
Exercise	Problem focused coping	2.29	0.92	0.708	0.268
	Emotion focused coping	2.37	0.95		
Quality of the food in the camp	Problem focused coping	3.19	1.54	3.08	0.0011
	Emotion focused coping	4.39	2.00		
Physical disability	Problem focused coping	2.55	1.11	2.583	0.310
	Emotion focused coping	2.25	1.08		
Alcohol/drug abuse/smoking	Problem focused coping	3.01	1.08	0.940	0.305
	Emotion focused coping	3.12	1.14		

The following health related stressors were associated with coping straggles: sleeping difficulties (t = 1.272, P = 0.037) and quality of food in the camp (t = 3.08, P = 0.011).

DISCUSSION OF FINDINGS

Among the 365 respondent/refugees, 153 were males (43%) and 203 (57%) were females. This finding corroborated the findings of Thawabieh and Qaisy in 2012 which showed that the gender ratios for Syrian refugees are more balanced: 53% are male and 47% are female. But the finding did not support that of Khawaja and his colleague in 2008 which posited that among Sudanese refugees 84% were male while 36 were females. In terms of the age range, the age range was from 20 to 65 years with a mean age of 31.3 (SD = 2.0). This finding supported the finding of Khawaja and his colleague in 2008 which opined that among 120 Sudanese Refugees they were between 20 to 65. In term of religious affiliation, the research revealed that more than half of them 62.6% were christens while 33.5% were Muslims. This result was at variance with the finding of Thawabieh and Qaisy (2012) which found that about 96% of the Syrian refugees were Muslims of any denomination while about 3% were Christians of any denomination. One would assume that since the northern parts of Nigeria are believed to be Muslims the finding should have been the other way. Marital status showed that 55.3% were married while 29.5% were single. This finding was almost similar to the finding of Thabet and his colleagues in 2017 among 116 Palestinian Refugees which found that only 34 (29.3%) were single. With reference to educational level the finding showed that only 10.2% were uneducated, this finding was at variance with that of Thabet and his colleagues (2017) which found that among Palestinian refugees 35.3% had no formal education. However, this finding was congruent with the finding of Khawaja and his colleague (2008) that Sudanese refugees had various level of formal education ranging from primary school education to the university education

Level of Stress: The finding of this research showed that most of refugees (43.5%) experienced moderate level of stress while 30.3% and 26.2% of the refugees experienced severe and mild

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level of stress respectively. This finding supported the findings of UN Refugee Agency (UNHCR, 2016) that among Kosoro refugees, a high level of stress (25%), moderate level of stress (47.3%) and low level of stress (27.7%) were discovered. Also, the same agency found that among Iragi refugees in Syria there was extreme levels of stress, far higher then among refugees elsewhere from other recent conflicts. The finding of this research also corroborated the finding of the US centre for disease control using Hopkins symptom checklist (HSC) revealed that 89.5%) are suspiring from high level of stress

Types of Stressors Among Respondents

The finding of this research revealed that financial strain has the highest mean of 3.37 (SD = 1.17), followed by accommodation away from home (3.27 $\pm$ 1.30) and family problem (2.73 $\neq$ 1.32). This finding supported the findings of Kajasekar (2013) which posited that a stressor can include environment, academic, health, financial, psychological or family issues. The finding of this study supported UNHER (2016 that refugees are facing numerous adversities, from war trauma to daily stressors during migration, urban refugees in low resources setting are likely to develop health and mental issues, such as major depressive disorder, post-traumatic stress disorder, somatic symptoms and substance sue disorders. The finding of this study was congru7ent 2ith that of crisp and his colleagues (2012) that Refugees encounter daily stressors such as economic hardship, discrimination, little social support, legal issues around employment and mobility and family separation of conflicts. The finding of this study equally supported that of Khawaja, white, Schweitzer and Greenslade (2008) which stated that common stressors found among Sudanese refugees are limited water, food and substandard shelter. The finding of this study was not different from that of Kroll, Yusuf and Fujiwara in 2011 tat six primary stressors were identified among refugees which are economic, discrimination, acculturation, enculturation, parenting differences and finding suitable employment. The find of this new study was in line with the submission of Schwietzer and his colleague in 2007 that example of stressors encounter by refugees include (1) felling of loss related to emigration from ones country of origin; (2) discrimination and racism; (3) lack of receptivity or acceptance by members of the new country, (4) unemployment and economic concerns, (5) lack of recognition of skills or educational achievement, (6) difficulties accessing medical care and welfare services, (7) languages acquisition difficulties, (8) fear of repatriation to the home country; (9) stressors related to asylum processes and decision wait times, (10) separation from and worry about family members (11) lack of social and emotional support (12) loneliness and homesickness and (13) unsatisfactory housing condition

Coping styles adopted by respondent: The study revealed that coping styles adopted by the respondents are denial (3.38 $\neq$ 1.06). The coping styles were grouped into problem focused coping and emotion focused copings styles. The analyses showed that more than half of respondents 200 (56.2) were using emotion focused coping while 156 (43.8%) were using problem focused coping. These findings were found to be congruent with findings of Sweitzer Greenslade and Kagee (2007), that religion, attitudes and believes are sued as copings styles. The finding of the study supported that a Welsh and Brodsky (2010), that the coping strategies utilized by the Afghani women were that of problem focused and active coping such as taking on new roles, making quick decision in direct connection. Report of Baldwin (2007) was in consonance with the finding of this research that having a supportive family is crucial to adaptive coping.

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Relationship Between Demographic Variable And Level Of Stress

The finding of the study showed that the refugees/respondents religions affiliation was significantly associated with the level of stress (x2 = 0.626, df4, P=0.006). This finding was at variance with the finding of Amara and Aljunid (2014) which showed that overall stress is high among Refugees in the group aged more than 45years and least among employees in the group aged less than 25years, while the findings of Rajasekar in 2013 revealed overall stress is high among women employees and low among the men. Also, the research conducted by Amura and Aljunid in 2014, found differences in the level of stress between married and unmarried employees. However, level of education does not emerge as a significant differentiation of stressor. The finding of this result depicted that religion is a point to be considered while discussing the issue of stress in Nigeria

Demographic Profile and Coping Styles: The study revealed that sex (P=0.046, df=1, x2 = 0.42, marital status (x2 = 7.280, df = 1, P = 0.024) were significantly associated with the coping scores. This presupposed that those that were living in the camps with the family have ample opportunity of coping farmably with stress. Also, irrespective of the gender level of coping with the stress were the same. These findings were congruent with Thawabieh and Quisy in 2012 which stated that participants used several strategies in order to cope with the stressful situation. There findings supported wages, Khan Sharf and Ali (2015), and Rajasekar (2013) which posited that in terms of gender, in females positive coping was: good (10) 17.5%, moder5ate 31 (54.4%), and weak 16 (28.1%); and in males, 9 (20.9%), 20(46.5%) and 14(32.6%) accordingly. However, the result was at variance with Rajasekar (2013) who found no significant difference between marriage state and applying positive coping

Level of Stress and Coping Styles: The finding of this study showed that there was no significant association between the level of stress and coping styles (x2 = 2.927, df=2 P= 0.231). This finding was at variance with Khawaja, et al (2008) which opined that rational coping behavior re resources which help people overcome work related stressors and burnout and achieve their valued outcomes, while avoidance coping predicted high level of stress and burnout. In the same vein Rajasekar (2013), suggested that active coping strategies are associated with less psychological distress than distraction and avoidant coping strategies. Also, active coping is commonly found to be negatively correlated with internal and external psychological problems, distraction coping has been shown to be positively correlated with aggression, depression, immaturity, hyperactivity, and diligence and avoidant coping has been found to be positively correlated with clinical condition, such as depression, anxiety, and conduct problems (Kroll, et al, 2011).

Implication of the Study for Mental Health Nursing Practice

Stress is an immedicable in the society during which people experiencing t look for survival so it's imperative on mental health nurses to appreciate both overt and covert manifestation of stress. The mental health/psychiatric nurse should be at breast with all the psychological modalities of alleviating stress so that it will not lead to mental illness where the psychiatric nurse find it difficult to reduce stress induced situation, the attention of clinical psychologist should be requested for. The practice of using alcohol or other drugs to cool-down tension should be discouraged.

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CONCLUSION

Boko Harams insurgency has demonstrated urgent need to address youth radicalization and religious extremism in the northern Nigeria, as it has resulted in the destruction of private and public properties, grievous bodily injuries, death and the displacement of thousands of people leading to the affected people moving into camps independently or through the government some of the residents psychosocial problems including being alienated from social amenities, inability to interact with family members and series of health challenges. In order to curtail all these health challenges the governments at all levels should endeavour to establish health facilities in all designated camps and should be manned by qualified health personals. Security of the IDPs should be of priority to the governments at the federal, state and local levels.

RECOMMENDATIONS

The following recommendations are preferred

(1) The ethno-religious conflicts should be discouraged through the enactment of laws regulating religion activities

(2) The federal government should provide adequate support to the affected state government

(3) All camps should have health facilities being manned by competent medical workers

(4) All the so established health centers within the camps should have mental health/psychiatric units with psychiatrist, psychiatric nurses and clinical psychologies

(5) Adequate social amenities should be provided

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