The Journal of Medical Research

Research Article

JMR 2018; 4(4): 174-178

July- August ISSN: 2395-7565

© 2018, All rights reserved www.medicinearticle.com Received: 04-07-2018 Accepted: 24-08-2018

Assessing the psychological consequences of communal conflicts among the inhabitants of two conflict-affected communities in south east Nigeria

Godwin C. Onyebueke¹, Friday E. Okwaraji ², Kenechukwu I. Obiechina²

- 1 Department of Psychological Medicine, ESUT Teaching hospital Park Lane, Enugu, Nigeria.
- 2 Department of Psychological Medicine, University of Nigeria Nsukka, Nigeria.

Abstract

In Nigeria communal conflicts are mainly caused due to disagreement communities have over land or some natural resources like oil deposits, solid minerals and water. Conflict can also arise when the communities want to defend their pride, properties or even themselves against the invasion of other communities. This study assessed the Psychological consequences of communal conflicts in a sample of 850 inhabitants from two communities in South east Nigeria using the following instruments; (1) The General Health Questionnaire (GHQ-12), (2)The Short Screening Scale for Post traumatic stress disorder, (3) The Generalized Anxiety Disorder Scale (GAD-7) and (4) the Beck Depression Inventory (BDI-2). Result showed that 30.8% had psychological distress, 24.7% had post traumatic stress disorder; 22.5% and 14.5% had mild and moderate depression respectively. Furthermore, 27.9%, 16.4% and 3.6% had mild, moderate and severe anxiety disorder respectively. The results of the study were appropriately discussed with some recommendations.

Keywords: Communal conflict, Psychological consequences, Peace building, Conflict resolution.

INTRODUCTION

Research in peace and conflict arose as a field focusing mainly on the understanding of the causes of conflict and conditions for peace by systematically analyzing the historical experiences of conflict.

Conflict is a reality of social relations and arises from different interests, desires, goals and value aspirations in the competition for resources to meet some demands on social life within a defined sociopolitical environment.

Communal conflicts are conflicts in which the participants are communal groups. According to Oji et al. [1] in communal groups the totality of the individuals' involvement is defined by the group. They further posited that any action or thought that seems to threaten or undermine the communal groups' identity will be drastically resisted by the group members.

Communal conflicts in Nigeria are mainly caused due to disagreement people have over land or some natural resources like oil deposits, solid minerals and water. Conflict can also arise when the communities want to defend their pride, properties or even themselves against the invasion of other communities ^[2, 3, 4, 5, 6]. The conflicts were usually very intense and destructive like full blown civil war causing a lot of human and material losses on both conflicting sides.

According to Albert ^[7] communal conflict usually present in form of misunderstanding in which part of a community regard themselves as the rightful owners of the land while the other group are regarded as 'strangers' or visitors. Albert further posited that the 'strangers' come with their culture and tradition thereby inconveniencing the real owners of the land.

In Ebonyi state, south east Nigeria, the inhabitants of Ezza and Ezillo communities have engaged themselves in protracted communal conflicts which have involved massive destruction of lives and properties arising mainly from misunderstanding over land ownership. These communities are believed to have the same ancestral father and common origin. In spite of this ancestral relationship, they have been having serious communal conflict contesting the ownership of land. This, according to Ibeanu [8]

*Corresponding author: Friday E. Okwaraji Department of Psychological Medicine, University of Nigeria Nsukka, Nigeria Email:

friday.okwaraji[at]unn.edu.ng

can be attributed to the spiritual attachment Nigerians have on land as expressed in the prominence of the deity *Ana*. Miller and Rasmussen ^[9] observed that major traumatic events, daily life stressors as well as economic and physical insecurity which impart negatively on mental health commonly result from frequent exposure to violence. Furthermore, it has been reported that communal conflicts have various psychological impacts among the population, with studies documenting relations between violence exposure and aggression, depression, anxiety, post-traumatic stress symptoms, psychological distress and academic difficulties ^[10]. Furthermore, Obilom and Thatcher ^[11], in their study among inhabitants affected by ethnic religious riots in Jos, Northern Nigeria, reported that 89.7%, of the respondents met re-experiencing criteria, 49.1% met avoidance criteria, and 84.0% met arousal criteria for posttraumatic stress disorder (PTSD).

Also, Beiser, Wiwa and Adebajo [12], in their study reported signs of post traumatic stress disorder among their subjects.

Furthermore, Ogwuche and Mkpelanga [13] examined the psychosocial impacts of cultural conflict among respondents drawn from refugee population of the Tiv/Fulani armed conflict in Benue State, middle belt Nigeria. The ages of respondents ranged from 17-68 years. Result revealed that 23.6% suffer post-traumatic stress disorder, 15.8% were down with depression and 9.3% reported symptoms of Acute Anxiety Disorder. Also 5.1% of the victims suffered co-morbid condition of PTSD and depression. The results further revealed that the psychological consequences of armed conflict were felt more by females (56.1%) than males (43.9%).

The WHO ^[14] had observed that in a crisis situation such as communal conflict the population within these communities will exhibit varying degrees of psychological consequences including depression, anxiety disorder post traumatic stress and major psychosis. Cardozo *et al.* ^[15] in their study of 799 Afghanistan respondents aged 15 years and above also reported similar findings. Other researchers have equally documented the psychological consequences of conflict among their respondents ^[16, 10, 17, 18]. Some studies have been conducted on various aspects of the Ezza and Ezillo communal conflicts, but none has looked at the psychological effects of these conflicts on the inhabitants. This therefore forms the basis of the present study by testing the following hypotheses.

- 1. Inhabitants of Ezza and Ezillo communities will manifest psychological symptoms like anxiety, depression, psychological distress and symptoms of post traumatic stress disorder.
- 2. These psychological symptoms will significantly vary according to age and gender.

METHOD

This study used the cross sectional descriptive research method and was conducted in May and June 2018.

Subjects:

The inhabitants of the two communities of Ezza and Ezillo located in Ebonyi state south east Nigeria served as the subjects of this study. The inhabitants of these communities have been involved in protracted communal conflicts arising from land disputes. With the

help of community leaders the inhabitants were assembled in their community centers. Using simple random sampling procedure and method of sample size calculation [19], 850 inhabitants both male and female aged 14 years and above (425 from each community) were selected. This number therefore forms the study population. The inclusion criteria are: (1) Those aged 14 years and above (2) those that were not sick as at the time of data collection. (3) Those that consented to participate. On the other hand, the following served as exclusion criteria: (1) those that are below 14 years (2) Those that are sick at the time of data collection (3) those that did not consent to participate. All the subjects were assured that their responses will be treated with the strictest confidence and no respondent will be identified in person, thereby assuring them of the anonymity of their responses. The ethics committee of Ebonyi state University Teaching Hospital and the community leaders of the communities gave approval for this study.

Measures

The General health questionnaire (GHQ-12) ^[20], The Short Screening Scale for PTSD ^[22], The generalized anxiety disorder scale (GAD-7) ^[24], The Beck depression inventory (BDI-2) ^[26] and basic socio demographic information were used to collect data for this study. All the instruments have been validated and used for studies in Nigeria ^[21, 23, 25, 27]. The subjects were administered these instruments while they are gathered in their community centers.

Data analysis

Data analysis was done with the use of SPSS version 20.0. Tables of frequency and percentages were used to compare some demographic variables like age, gender, class in school, while qui square was used to test for significant interaction between variables. In this study we chose $p \le .05$ as the level of significance and confidence interval was 95%.

RESULTS

Result of this study showed that respondents' age ranged from 14-50 years, with a mean age of 33.86 and a standard deviation of 9.12 years respectively. Majority were Christians (80%), married (77.5%), farmers (40.9%) and had secondary education as their highest level of educational attainment (62.8%). 30.8% had psychological distress, 24.7% had post traumatic stress disorder. In the area of depression 63.0% showed no signs of depression, 22.5% had mild depression, while 14.5% indicated moderate depression. No case of severe depression was recorded. Furthermore, 27.9%, 16.4% and 3.6% had mild, moderate and severe anxiety disorder respectively as shown in table 1 below. Result further revealed significant associations between psychological distress and age group, χ^2 = 55.65; P \leq 0.05, PTSD and age group χ^2 = 53.75; P \leq 0.05 as well as anxiety disorder and age group χ^2 = 145.4; P \leq 0.05. The association between depression and age group was not significant as shown in table 2. Significant association was noticed between the four variables of psychological distress, PTSD, depression and anxiety and gender respectively as shown in table 3 below. Furthermore, table 4 revealed significant associations between depression and marital status χ^2 = 8.73; P \leq 0.05, as well as anxiety and marital status χ^2 = 7.66; P \leq 0.05, whereas the associations between psychological distress and PTSD with marital status were not significant. Interestingly educational attainment

showed significant associations with psychological distress, PTSD, depression and anxiety respectively as shown in table 5. Equally table 6 revealed significant associations between PTSD, depression and anxiety with occupation respectively, while the association between psychological distress and occupation was not significant.

Table 1: Showing the Distribution of Socio demographic variables and Psychological consequences of communal conflict among the Respondents.

VARIABLES	FREQUENCIES	PERCENTAGE S (%)
AGE (in years)		
14-30	316	37.2
31-50	534	62.8
GENDER		
MALE	412	48.5
FEMALE	438	51.5
MARITAL STATUS		
Married	659	77.5
Single	191	22.5
RELIGION Christianity	690	90.0
Christianity	680	80.0
Islam	56	6.5
ATR	114	13.3
EDUCATIONAL LEVEL	101	44.0
Primary	101	11.9
Secondary	534	62.8
Tertiary	215	25.3
OCCUPATION		
Student	133	15.6
Public Servant	201	23.6
Self Employed	168	19.8
Farming	348	40.9
PSYCH.DISTRESS		
Present	262	30.8
Absent	588	69.2
PTSD		
Present	210	24.7
Absent	640	75.3
DEPRESSION		
Non	536	63.0
Mild	191	22.5
Moderate	123	14.5
ANXIETY		
Non	443	52.1
Mild	237	27.9
Moderate	139	16.4
Severe	31	3.6

ATR = African traditional religion

Table 2: Showing the relationship between Psychological consequences of communal conflict among the age groups.

Psychological Consequences	Age Group (In Years)		
	14-30(yrs)	31-50(yrs)	
Psychological distress			
Present	82(25.9)	180(33.7)	
Absent	234(74.1)	354 (66.3)	
	$\chi^2 = 55.65$; P ≤ 0.05		
Post Traumatic Stress Disorder			
Present	71(22.4)	139(26.0)	
Absent	245 (77.6)	395 (74.0)	
	$\chi^2 = 53.75$; P ≤ 0.05		
Depression			
Non	206(65.2)	330 (61.7)	
Mild	70 (22.1)	121(22.6)	
Moderate	40 (12.7)	83 (15.7)	
	χ^2 = 89.41; P \geq 0.05		
Anxiety			
Non	207 (65.5)	236(44.1)	
Mild	52 (16.4)	185(34.6)	
Moderate	41 (12.9)	98 (18.3)	
Severe	12 (5.2)	19 (3.0)	
	χ^2 = 145.4; P ≤ 0.05		

Table 3: Showing the relationship between Psychological consequences of communal conflict among the genders.

Psychological Consequences	GENDER		
	Male	Female	
Psychological distress			
Present	168(40.7)	94(21.4)	
Absent	244 (59.3)	344 (78.6)	
	$\chi^2 = 37.14;$	P ≤ 0.05	
PTSD			
Present	89 (21.6)	121 (27.7)	
Absent	323 (78.4)	317 (72.3)	
	$\chi^2 = 4.14$; P ≤ 0.05		
DEPRESSION			
Non	339 (82.2)	197 (44.9)	
Mild	38 (9.2)	153 (34.9)	
Moderate	35 (8.6)	88 (20.2)	
	$\chi^2 = 129.02$; P ≤ 0.05		
ANXIETY			
Non	244 (59.2)	199 (45.4)	
Mild	123 (29.8)	114 (26.0)	
Moderate	43 (10.4)	96 (21.9)	
Severe	2 (0.6)	29 (6.7)	
	χ^2 = 47.88; P \leq 0.05		

Table 4: Showing the relationship between Psychological consequences of communal conflict and marital status.

Psychological Consequences	Marital Status	
	Married	Single
Psychological distress		
Present	203(30.8)	59 (30.9)
Absent	456 (69.2)	132 (69.1)
PTSD		
Present	164 (24.9)	46 (24.1)
Absent	495 (75.1)	145 (75.9)
DEPRESSION		
Non	407 (61.7)	129 (67.5)
Mild	144 (21.8)	47 (24.6)
Moderate	108 (16.5)	15 (7.9)
	χ^2 = 8.73; P	≤ 0.05*
ANXIETY		
Non	327 (49.6)	116 (60.7)
Mild	194 (29.4)	43 (22.5)
Moderate	114 (17.2)	25 (13.0)
Severe	24 (3.8)	7 (3.8)
	$\chi^2 = 7.66$; P ≤ 0.05	

Table 5: Showing the relationship between Psychological consequences of communal conflict and Educational level

Psychological Consequences	Educational Attainment		
	Primary	Secondary	Tertiary
Psychological distress			
Present	46(45.5)	126(23.5)	90(41.8)
Absent	55 (54.5)	408 (76.5)	125 (58.2)
	$\chi^2 = 35.63$	3; P ≤ 0.05	
PTSD			
Present	19(18.8)	167(31.2)	24(11.2)
Absent	82(81.2)	367(68.8)	191(88.8)
	χ^2 = 35.46; P ≤ 0.05		
DEPRESSION			
Non	57(56.4)	311(58.2)	168(78.1)
Mild	32(31.6)	118(22.1)	41(19.1)
Moderate	12(12.0)	105(19.7)	6(2.8)
	$\chi^2 = 46.06$; P ≤ 0.05		
ANXIETY			
Non	48(47.5)	268(50.1)	127(59.1)
Mild	46(45.5)	145(27.1)	46(21.3)
Moderate	7 (7.0)	100(18.7)	32(14.8)
Severe	0	21 (4.1)	10(4.8)
	χ^2 = 29.43; P \leq 0.05		

Table 6: Showing the relationship between Psychological consequences of communal conflict and occupation.

Psy. Consequences	OCCUPATION			
	Student	Public Servant	Self employed	Farming
Psych. Distress				
Present	48(36.0)	62(30.8)	59(35.1)	93(26.7)
Absent	85(64)	139(69.2)	109(64.9)	255(73.3)
PTSD				
Present	29(21.8)	65(32.3)	39(23.2)	77(22.1)
Absent	104(78.2)	136(67.7)	129(76.8)	271(77.9)
	$\chi^2 = 8.34$; P ≤ 0.05			
DEPRESSION				
Non	88(66.1)	128(63.7)	94(55.9)	226(64.9)
Mild	39(27.0)	42(20.9)	37(22.0)	73(20.9)
Moderate	6(6.9)	31(15.4)	37(22.1)	49(14.2)
	$\chi^2 = 21.02$; P ≤ 0.05			
ANXIETY				
Non	84(63.2)	96(47.8)	82(48.8)	181(52.0)
Mild	26(19.5)	68(33.8)	65(38.7)	78(22.4)
Moderate	18(13.5)	37(18.4)	15(8.9)	69(19.8)
Severe	5(3.8)	0 (0.0)	6(3.6)	20(5.8)
	$\chi^2 = 41.77$; P ≤ 0.05			

DISCUSSION

The study had revealed some psychological consequences of communal conflict including psychological distress, PTSD, depression and anxiety disorder among the respondents. For instance 30.8% had psychological distress, 24.7% had post traumatic stress disorder, and 22.5% had mild depression, while 14.5% indicated moderate depression. Furthermore, 27.9%, 16.4% and 3.6% had mild, moderate and severe anxiety disorder respectively. These findings corroborate previous studies in Nigeria which reported that communal conflicts have various psychological impacts among the population, such as depression, anxiety, post-traumatic stress symptoms and psychological distress [11, 12, 13].

Cardozo et al. [15] equally reported similar findings in Afghanistan.

Furthermore, WHO ^[14] posited that in crisis situations such as communal conflict the affected inhabitants usually manifest psychological consequences including depression, psychological distress and PTSD. The WHO further argued that the affected people may break down with major psychiatric disorder. The pattern of findings noticed in this study corroborates the WHO report. It is not a surprise to find these various types of psychological consequences among the respondents from these two communities who took part in the study, because the communal conflicts between them were usually very intense and destructive like a full blown civil war causing a lot of human and material losses on both conflicting sides. Oji *et al* ^[1] further observed that communal conflicts are more violent and difficult to handle than other conflicts. Age group was significantly associated with psychological distress, PTSD and anxiety disorder. This may be due to the disparity in the ages of the respondents. These communal conflicts

might have impacted more negatively on those aged 14-30 who are mainly youths. Cooley et al. [28] posited that the public health impact of living in conflict communities is significant particularly for the youths. Significant association was noticed between the four variables of psychological distress, PTSD, depression and anxiety and gender respectively. Ogwuche and Mkpelanga [13] had reported similar findings among their subjects from middle belt Nigeria. Equally, significant association was also noticed between the four variables and educational attainment. This was in line with previous studies which have revealed that conflict has negative impacts on the academic performance of those affected especially the youths. For instance Bruck et al [29] studied the effects of the Israeli-Palestinian conflict on the academic performance of Palestinian students in the West Bank during the second intifada (2000-2006), and reported that conflict reduced the probability of the students to pass the final exams and be admitted to the university. Equally, Murthy and Lakshminarayana [30] argued that youths exposed to traumatic events, especially communal conflicts, suffer from academic struggles and adjustment. Communal conflict was found to have significant psychological consequences on marital status and occupation. This may result from excessive stress caused by the conflict on marital and occupational behavior of the respondents.

CONCLUSION

Various psychological consequences arising from communal conflicts were indentified among the respondents who took part in this study. Efforts should be intensified by government to introduce various peace building and conflict resolution mechanisms to ensure an end to communal conflicts. Equally relevant psychological interventions should be introduced to address these psychological consequences among the inhabitants as revealed by the study.

Acknowledgement: The authors expressed their gratitude to the subjects of the study.

Funding: There was no funding received by the authors to carry out this study.

Conflicts of Interest The authors declare no conflict of interest.

REFERENCES

- Oji RO, Eme OI, Nwoba HA. Communal Conflicts in Nigeria: An Examination of Ezillo and Ezza-Ezillo Conflicts of Ebonyi State (1982-2012). Kuwait Chapter of Arabian Journal of Business and Management Review 2014; 14(1):514-525.
- Alimba NC. Probing the Dynamics of Communal Conflicts in Northern Nigeria. Africa Research Review 2014; 8(1):177-204.
- Otite O, Albert O. On Conflicts, their Management, Resolution and Transformation, In Otite O. and Albert O. (Eds.) Community Conflicts in Nigeria: Management, Resolution and Transformation. Ibadan: Spectrum Books, 1999.
- Imobighe TA, Bassey C, Asuni JB. Conflict and Instability in the Niger Delta: The Warri Case. Ibadan: Spectrum Books, 2002.
- Ubi OA. Communal Conflict and Traditional Conflict Resolution, The Ugep/Idomi 1992 Conflict experience. The Psychologist 2001; 3:71-82.
- Best GG. The Political Dimensions of Conflict in the Benue Valley. In Gyuse TT and Ajene O. (Eds.). Conflicts in the Benue Valley. Ibadan: Spectrum publishers, 2006.
- Albert OI. Introduction to Third Party Intervention in Community Conflicts. Ibadan: John Archics Publishers 2001.
- Ibeanu O. Aguleri-Umuleri Conflict in Anambra State, In: T. Imobighe (Ed.). Civil Society and Ethnic Conflict Management in Nigeria. Ibadan: Spectrum Books 2003.
- Miller KE, Rasmussen A. War Exposure, Daily Stressors and Mental Health in Conflict and Post Conflict Settings: Bridging the Divide between Trauma-Focused and Psychosocial Framework. Social Science and Medicine 2010; 70:7-16.
- Gerrity ET, Flynn BW. Mental Health Consequences of Disasters. In: The Public health consequences of disasters. E.K. Noji (Ed.). Oxford University Press 1997; 101-121.

- Obilom RE, Thacher TD. Post Traumatic Stress Disorder following Ethno-Religious Conflicts in Jos Nigeria. Journal of Interpersonal Violence 2008; 23:1108-1109.
- Beiser M, Wiwa O, Adebajo S. Human-Initiated Disaster, Social Disorganization and Post Traumatic Stress Disorder above Nigeria's Oil Basins. Social Science and Medicine 2010; 71(2):221-227.
- Ogwuche C, Mkpelanga D. Psychological Implications of Cultural Conflict: The TIV/Fulani Experience. 2004. Retrieved on 18/5/20158. http://www.academia.edu/7412354/PSYCHOLOGICAL_IMPLICATION_OF_CULTURAL_CONFLICTS.
- World Health Organization. World Report on Violence and Health. Brussels, Belgium: WHO, 2002.
- Cardozo BL, Bilukha OO, Crawford CA. Mental Health, Social Functioning and Disability in Post War Afghanistan. Journal of the America Medical Association 2004; 292:575-584.
- Mason U, Andrew H, Upton D. The Psychological Impact of Exposure to Conflicts. Psychological Health and Medicine 2010; 15(1):61-73.
- 17. Musisi S. Mass Trauma and Mental Health in Africa. African Health Sciences 2004; 4:80-82.
- Tangurum YL, Chirdan OO, Obindo T, Bello DY, Afolaranmi T, Hassan Z, Yilgwan C. Prevalence of Violence and Symptoms of PTSD among Victims of Ethno-religious Conflicts in Jos, Nigeria. Journal of Psychiatry 2014; 18:1. http://dx.doi.org/10.4172/psychiatry.1000178. Retrieved on 19/5/2018.
- Taylor DW. The Calculation of Sample Size and Power in Planning Experiments. Department of Epidemiology and Biostatistics. McMaster University. Hamilton Ontario, Canada 1994; 1-23.
- Goldberg D and the institute of psychiatry. The General health questionnaire -12. Published by GL assessment 1981 (first published 1978).
 The Cheswick center, 414 Cheswick road, London. http://www. Mapitrust.org/questionnaires/8. Retrieved on 17/5/2018
- Adekola B. Gender Differences in the Experience of Work Burnout Among University Staff. African Journal of Business Management 2009; 4(6):886-889
- Breslau N, Peterson EL, Kessler RC, Schultz LR. Short Screening Scale for DSM-IV Post Traumatic Stress Disorder. American Journal of Psychiatry 1999: 156:908-911.
- Taiwo LS, Abdulaziz M, Ike J, Oluwatosin A. Psycho-Trauma, Psychosocial Adjustment and Symptomatic Post Traumatic Stress Disorder among Internally Displaced Persons in Kaduna, North Western Nigeria. Frontiers in Psychiatry 2014. Doi: 10.3389/fpsyt.2014.00127. Retrieved on 18/5/2018.
- Spitzer RL, Kroenke K, Williams J, Lowe B. A Brief Measure for Assessing Generalized Anxiety Disorder, The GAD-7. Achieves of Internal Medicine 2006; 166:1092-1097.
- 25. Adewuya A, Ola B, Mapayi B. Anxiety Disorders among Nigerian Women in Late Pregnancy: A controlled Study. Achieves of Women Health 2006; 9(6):325-328.
- Beck AT, Steer RA, Brown GK. Manual for Beck Depression Inventory-2. San Antonio, TX: Psychological Corporation 1996.
- James BO, Omoaregba JO, Eze G, Morakinyo O. Depression Among Patients with Diabetes Mellitus in a Nigerian Teaching Hospital. South African Journal of Psychiatry 2010; 16(2):61-64.
- Cooley-Stricland M, Griffin RS, Stuart EA, Bradshaw CP. Community Violence and Youth, Affect, Behavior, Substance Use and Academics. Clinical Child and Family Psychology Review 2009; 12:127-156.
- Bruck T, Maio MD, Miaari SH. Learning the Hard Way: The Effect of Violent Conflict on Student Academic Achievement. Household in Conflict (HiCN), 2014. http://www.hicn.org. Retrieved on 25/5/2018.
- Murthy R, Lakshminarayana R. Mental Health Consequences of War: A Brief Review of Research Findings. World Psychiatry 2006; 5:25-30.