

RELATIONSHIP BETWEEN SOCIO-ECONOMIC CLASS AND THE LEVEL OF POSTTRAUMATIC STRESS DISORDER RESULTING FROM THE 2007/2008 POST ELECTION VIOLENCE AMONG PRIMARY SCHOOL PUPILS IN KIBERA AND KAYOLE SETTLEMENTS, NAIROBI

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Abstract

This study sought to determine whether there was any relationship between socio-economic class and the level of posttraumatic stress disorder resulting from the post election violence among primary school children in Kenya. The target population included all the standard seven pupils in six primary schools in Kibera and Kayole settlements. A proportionate random sample of 164 pupils in each location was selected. Three instruments were used. They were: Personal Experiences During Post Election Violence, Psychological Stability Scale, and Post Traumatic Experience Psychological Scale. The results showed that there was no significant difference between pupils of different socioeconomic status in levels of PTSD. It is recommended that children from all levels of socioeconomic status require post-violence services appropriate to their age, the scope and nature of the disaster, and their immediate circumstances. They should be provided with enhanced parent-teacher communications and there be available school psychologists and counselors trained in family intervention within the school setting. These are basic requirements for successful intervention and treatment of childhood posttraumatic stress disorder. The establishment of school-based programs from early childhood onward that teach conflict resolution, emotional literacy, and anger management skills is also desirable.

Keywords: Violence, Trauma, Posttraumatic Stress Disorder, socioeconomic Status, Pupils



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BACKGROUND TO THE STUDY

For long period until then, Kenya had experienced relative peace. However, after the December, 2007 General Election, and the subsequent announcement of the disputed presidential election results, the country was plunged into ethnic conflicts that engulfed the entire nation (Buchere, Nasongo, & Wamocha, 2008). According to these authors, the conflict was characterized by murder, looting, eviction, rape, arson, burning of food stores, destruction of homes, schools, animals and crops, harassment, and other kinds of human rights abuses. In many areas, most survivors ended up in the camps for internally displaced persons.

The United Nations Children's Fund (2008) estimates that at least 100,000 children had been forced to flee their homes due to the wave of violence that swept through Kenya following the disputed elections. The agency said that as many as 75,000 children were then residing in over 100 camps for internally displaced persons, while many thousands more children were believed to be living temporarily with other family members. Almost 1300 people had lost their lives and some 255,000 others displaced during the crisis.

A few days after the election, the country witnessed bloodiest orgies of violence that left 35 people burnt alive in a Kenya Assemblies of God church in Kiambaa in Eldoret, countless others bludgeoned with crude weapons, speared, arrowed, or burnt to death in their homes (Kadeyi, 2008). People went camping at church compounds and police stations. According to the Kenya National Commission on Human Rights (2008), sexual and gender based violence occurred throughout the areas of conflict.

In Nairobi's slums and poor settlements, women and children were particularly targeted for rape on account of their ethnicity, although some men too were similarly sodomized. A lot of opportunistic rape happened in the camps for internally displaced persons. The report lists the crimes against humanity committed as follows: manslaughter, murder, attempted murder, conspiracy to murder, grievous bodily harm, robbery with violence, illegal oathing, illegal possession of fire arms, and sexual crimes such as rape.

Children were forcibly circumcised. Young boys under the age of 11, and some under the age of five, had their genitalia crudely cut with blunt objects such as broken glass. Sexual assault patients filled the Nairobi Women Hospital. Between 44 percent and 48 percent of the victims were children below the age of 18 years. About 90 percent of the cases were as a result of gang rapes carried out by between 2 and 11 men. Former United Nations secretary-general Kofi Anan successfully mediated a government of national unity with Mwai Kibaki remaining president, and presidential candidate Raila Odinga assuming the role of prime minister. Although the new coalition government was now functioning, threats of revenge and anger grew among those who lost family members and property. Compounding the situation, children comprised 70% of the dislocated population and help was slow in reaching the internally displaced persons who were exposed to harsh weather and hunger (UNCEF, 2008). Majority of the victims are individuals who are burdened with and bartered by traumatic experiences.

The Magnitude of the Crisis

About 1,300 people killed and over 500,000 internally displaced and living as refugees in their own land. Two Members of Parliament from the main opposition party were gunned down in cold blood within a period of three days (January 28 and 31). Hundreds of thousands were grieving as they buried their dead, nursed their injured relatives or looked in vain for missing members of their families.

The Rift Valley Province, that includes high potential agricultural land formerly occupied by British and South African white settlers, was the most adversely affected area in the whole country. Outside the Rift Valley, the hottest trouble spots had been the capital city, Nairobi, (especially in the informal settlements), the lakeside town of Kisumu and the port town of Mombasa. This type of violence was not only physical but more so emotional and psychological violence that left the victims traumatized and devastated.

Possible Psychological Effects of Wars and Communal Violence

Psychological trauma is the result of extraordinarily stressful events that shatter one's sense of security, making him/her feel helpless and vulnerable in a dangerous world. In any communal violence, children are deeply affected. They often flee their homes with nothing but the clothes they are wearing; they lose their childhood friends, schools and familiar routines. They often face poverty and end up homeless. Being in a war zone is also deeply traumatic for children. They see and hear things that will forever scar their minds, and they have little resources to deal with the impact of all the horror on their lives. When traumatic events happen, they challenge their sense of safety and predictability and this may trigger strong physical and emotional reactions in them.

The post-electoral violence may have resulted into psychological trauma, broken social relationships, destruction of physical infrastructure and property. Post-traumatic stress disorder is an anxiety disorder associated with the reactions that an individual has in response to a traumatic event. The incident can be one that has directly affected the individual or one that the individual has witnessed. In children, symptoms for the disorder include flashbacks and dreams associated with the event, feelings of detachment or estrangement from others, noted diminished interests in activities that the individual once avidly participated in (Foa & Riggs, 1995)

PTSD is the most severe form of emotional and psychological trauma. It is believed that the violence affected 1.7 million preschool children, 8 million primary school children, 1.1 million in secondary schools, 100,000 in tertiary institutions, and 112,229 in universities

(Kenya News Agency, 2008) .According to this report, these figures include all learners who were not able to report to their schools or colleges, those learners who reported but were not being taught because their teachers had been displaced, and those that were not being taught because schools were not opened on time for the first school term. The Ministry of Education (2008) also confirmed that learners had been displaced in the various areas affected by the violence. It indicated that Rift Valley Province was the most affected area.

The post election violence had psychological effects on the pupils. Some witnessed killings of their relatives and friends, while others were orphaned. The fact that they have been displaced from their homes, and schools and stayed in camps where people scramble to survive in itself can be traumatic (Onsongo, 2008).The psychological trauma is likely to affect the children at three levels. First is at cognitive level whereby their thinking process and memory might be affected. This is because research has shown that people who experience excessive violence can find it difficult to think straight, and may suffer some memory impairment on short term basis. The second one is the emotional effect. Trauma can be very distressing leading to the generation of very profound and far reaching emotional reactions. Lastly, the behavioral effects may be seen in some children who may become withdrawn or even aggressive.

As a result of the above events, children may suffer from various forms of traumatic experiences with such disorders as posttraumatic stress disorder, anxiety disorders, and phobias, among others, which may in turn result in behaviors such as withdrawal, isolation, anger, nightmares, revenges, aggression and rebellion. Society is becoming increasingly aware of the psychological impacts of trauma as a result of communal violence. Some more serious consequences of the violence include children who were injured, mutilated, dismembered, killed, forced into military service, sexually abused and exploited, separated from their families, losing opportunities to attend school or find health care, suffering various forms of trauma and more (Women's Commission for Refugee Women and Children, 2000)

There are some pupils who have become too afraid to go to school because they fear for their lives or they imagine they will encounter violence from their fellow pupils or people of different ethnic groups who happen to be their teachers (Onsongo, 2008).This author continues to argue that the children in the makeshift schools established in the camps are stressed and anxious about their future and this is likely to affect their emotional and psychological stability which is very important for pupil's survival and future functioning. It

is against this background that the current study attempted to investigate the Psychological Effects of Traumatic Experiences Resulting from Post Election Violence among Primary School Children in Kenya.

There is no research that is known to the researcher that has been done or is being done on the area of post trauma disorders as a result of post election violence in Kenya. This may be because the post election violence is a new phenomenon in Kenya. This study sought to determine whether there was any relationship between socio-economic class and the level of posttraumatic stress disorder resulting from the post election violence among primary school children in Kenya.

Methodology

The target population for this study included all the standard 7 pupils in six public day primary schools, three in Kibera and three in Kayole. Purposive and Proportionate stratified sampling procedures were used in selecting the required sample for this study. Purposive sampling was used in this study in selecting six schools out of the 14 and 4 from Kibera and Kayole respectively. This was done so as to ensure that all the two categories of schools were adequately involved in the study. It helped in picking cases that are typical of the population being studied. This was done to ensure that all the two categories were adequately involved in the study. Proportionate stratified sampling was used in selecting the 328 pupils from the six purposively selected schools. This method requires the selection of units at random from each stratum in proportion to the actual size of the group in the total population. This ensured that the sample was proportionately and adequately distributed among the six primary schools according to the population of each school as shown in Table 1.

Table 1: Research Sample by Gender and School

Name of School	Number of Standard 7 Pupils		Total
	Boys	Girls	
Ayany	29	25	54
Olympic	24	29	53
Kibera	27	30	57
Matopeni	37	22	59
Soweto	34	18	52
Kiambio	29	24	53
Total	180	148	328

The background information of the subjects was obtained using a questionnaire with 50 closed questions. The subjects provided information about themselves and how they were

affected by traumatic experiences during and after the post election communal violence. Data on PTSD were collected through administration of a structured questionnaire with the selected respondents. The questionnaire used a four-point range Likert scale to assess pupils' PTSD. The questions were in both English and Swahili languages. This is because children, especially in urban areas, are able to understand the combined languages in a better way than when using either of the languages. The Likert scale was adopted from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV-TR*; American Psychiatric Association, 2000). The scale sought to measure the pupils' levels of agreement or disagreement with 50 statements related to their PTSD. This questionnaire was administered to pupils in both locations. The questions asked were designed to evaluate the thoughts, emotions, attitudes, and behavioral traits that comprise the personality of an individual.

Socio-Economic Class and the Level of PTSD in Kibera

This study sought to determine whether there would be any relationship between socio-economic class and the level of posttraumatic stress disorder. Accompanying this objective was the hypothesis which stated that there would be no significant relationship between socio-economic class and the level of posttraumatic stress disorder. It used both the questionnaires, that is, the post traumatic experience psychological scale and the psychological stability scale.

In this study, the level of formal education and employment status of the parents were used as measures of the socio-economic class of the households of the respondents. To establish this relationship, Kruskal-Wallis test was performed to find out whether there were significant differences in these disparities.

The Kruskal-Wallis test was used to determine whether the cases found in one variable (levels of posttraumatic stress disorder) in two unrelated samples or categories of another variable such as socio-economic class of the parents, differed significantly or not. For it to be used, the grouping variable; socio-economic class of the parents (level of education and employment status of the parents) was a nominal variable, while the test variable, that is, posttraumatic stress disorder index scores was an interval variable measured in the actual scores.

Before this, the study first sought to establish the education level and employment status of the respondents' parents which were the main indicators of socio-economic class of the pupils.

Both the education and employment status of parents of the respondents are shown in figures 1 and 2 below, and they were used to depict the socio-economic status of the families in Kibera.

Parental Level of Education and PTSD

The educational level of the respondents' parents was analyzed statistically and the results presented using the figure below.

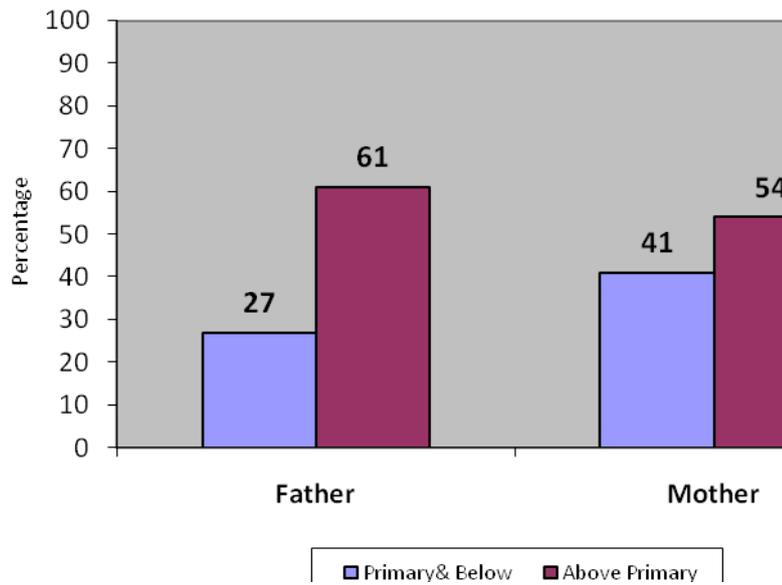


Figure 1: Level of Education of the Respondents' Parents

Key

Fathers N=144

Mothers N=157

Majority of fathers (61%) had attained education higher than primary school level. Only 27 percent had primary school education and below. On the other hand, 54 percent of the mothers had education higher than primary school level while 41 percent had primary school education and below.

Employment Status of the Parents and PTSD

The employment status of the respondents' parents was analyzed statistically and the results presented using a figure as shown below.

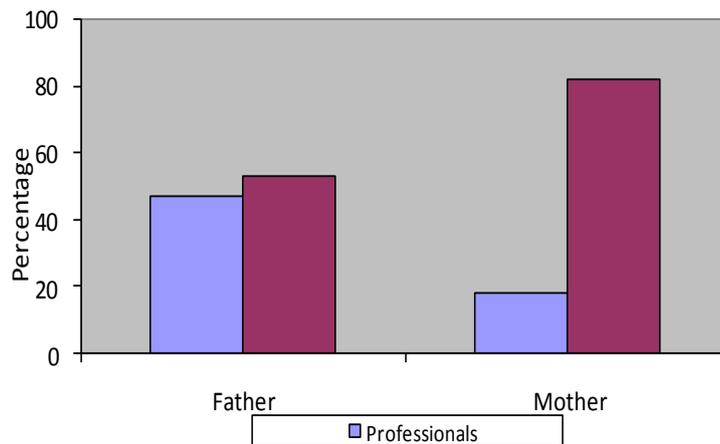


Figure 2: Employment Status of the Respondents' Parents

Key

Fathers N=136

Mothers N=156

On the part of employment status, majority of mothers (82%) were in the low income status forms of employment, while only 47 percent of fathers were in high income status employment. 52 percent of the fathers were in low income bracket while only 18 percent of the mothers were in high income status forms of employment. Hence there were wide disparities across gender when it came to these two variables.

Both the education and employment status of parents of the respondents are shown in the above figures, and they were used to depict the socio-economic status of the families in Kibera. There were wide disparities across gender when it came to these two variables. Kruskal-Wallis test was performed to find out whether there were significant differences between socioeconomic status of the parents (education level and level of income) and the level of posttraumatic stress disorder and the results are summarized in table 2 below.

Table 2: Socio-economic Status and PTSD

Grouping variable		Psychological Stability Scale	Post traumatic Experience Psychological Scale	Remarks
Fathers' educational level	Chi-Square	3.768	10.251	Not significant
	Df	5	5	
	Sig.	.583	.068	
Mothers' educational level	Chi-Square	.883	7.592	Not significant
	Df	5	5	
	Sig.	.971	.180	
Fathers' income	Chi-Square	5.760	12.710	Not

level	Df	8	8	significant
	Sig.	.674	.122	
Mothers' income level	Chi-Square	6.334	5.659	Not significant
	Df	9	9	
	Sig.	.706	.773	

Not significant at $p < 0.05$

In both gender cases, there were no significance differences in the impact of PTSD in both scales across educational and parents' income level. Therefore the hypothesis which stated that there would be no significant relationship between socio-economic class and the level of posttraumatic stress disorder was accepted.

These results are inconsistent with those of Attari, Dashty and Mahmood (2006) who found that out the 88 children with re-experiencing, the lowest prevalence of PTSD symptoms (5%) was for children whose parents had education higher than a bachelor's degree. Among the 62 pupils with arousal, the lowest prevalence (2%) was for children whose parents had education higher than bachelor's degree, while the highest (25%) was for parents with education below high school.

These findings also contradict those of APA (2004) which found that children from a lower socioeconomic environment have worse sleeping patterns than children from middle class status. When compared to middle-class children, healthy children from a lower socioeconomic class had significantly higher values for bedtime resistance, sleep onset delay, sleep duration, sleep anxiety, night awakenings and parasomnias, sleep disordered breathing and daytime sleepiness.

Conclusions Based on the Findings

Regardless of their parents' educational levels and employment status, children can develop high levels of posttraumatic stress disorder following traumatic events. The findings indicated that in both gender cases, there were no significance differences in the impact of PTSD in both scales across educational and employment status. This implied that regardless of these factors (employment status and level of education) the impact of trauma was more less the same.

Recommendations

Children from all levels of socioeconomic status require post-violence services appropriate to their age, the scope and nature of the disaster, and their immediate circumstances. Focused intervention should be directed towards the children in the immediate aftermath. Crisis intervention workers may be recruited from a range of professionals and volunteers. Early intervention should help to enable survivors to understand events and their own reactions, to

share their experiences with others, and to provide education about the normalization of typical posttraumatic reactions. The aim should be that sufferers do not become further isolated from those around them.

The family context is central to understanding and meeting the needs of traumatized children. Close mother-child, family and relative relationships are important in the healing process (Pfefferbaum, 1998) and in the immediate aftermath children should be close to their families. Relatives and foster families adopting orphaned children can be extremely helpful. School-based mental health programs can provide accessible services to children affected by disaster, reduce trauma-related psychopathology, and emphasize normalization. (Pfefferbaum, Call, & Sconzo, 1999).

Enhanced parent-teacher communications and the availability of school psychologists and counselors trained in family intervention within the school setting are basic requirements for successful intervention and treatment of childhood posttraumatic stress disorder. Professionals working in the field of child health have a crucial role in identifying children at risk and in providing support for resilience and recovery.

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