

# VULNERABILITY TO MENTAL HEALTH PROBLEMS AMONG PERSONS IN PROLONGED INTERNAL DISPLACEMENT IN NAKURU COUNTY, KENYA

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## **Abstract**

*Disasters and the consequent displacement is common world over. Global trends indicate that disaster-induced displacement is on the rise, and is brought about by factors which include natural and human-made disasters as well as complex human conflicts. The most notable case of internal displacement in Kenya arose from the 2007-2008 post-election violence. Most of the displacees have been since resettled. Among the effects of displacement are loss of property, loss of livelihoods and mental health problems. The aim of this study was to establish the vulnerability to mental health problems among persons in prolonged displacement in Nakuru County of Kenya. The study was a qualitative survey in which a sample of 400 respondents was obtained from a population of 106,004 internally displaced persons who had been resettled. Data was collected using questionnaires and structured interview schedules. The mental health status was determined using an adapted version of the Impact of Event Scale-Revised (IES-R). This instrument has been used widely and established as having a test-retest reliability of about 0.91. Owing to the sensitive and personal nature of information sought, respondents were assured of confidentiality. The data was analyzed using the statistical package for social sciences (SPSS) version 14.0. The research established that the respondents experienced considerable mental health problems as indicated by high scores in the overall Impact of Event Scale-Revised as well as in the intrusion, avoidance and hyper-vigilance sub-scales. This shows that the internally displaced persons, despite having been resettled, were still vulnerable to mental health problems. The findings are expected to help the government line-ministries and humanitarian agencies involved in humanitarian interventions plan mitigation of adverse mental health effects of disasters. In particular, they are useful in designing psychosocial interventions required in post-disaster scenarios, and especially where internal displacement is prolonged.*

**Keywords:** *internal displacement, mental health, structured interview, vulnerability.*

## Introduction

Internal displacement is a problem that affects many people world over, and results from both natural and human-made disasters. By the year 2015, world internally displaced persons (IDPs) population currently was about 37.5 million in some 52 countries (United Nations High Commission for Refugees, 2016). In Kenya, internal displacement has been a historical problem, with politically related skirmishes creating pockets of displaced persons mainly in parts of the former Rift Valley Province, and the present day Nakuru County.

Following the 2007/2008 post- elections in Kenya, violence of an unprecedented magnitude erupted in many parts of the country. More than 500,000 people were displaced from their homes, some of whom found their way into temporary, make-shift or unplanned camps (Kenya Red Cross Society, 2008). There were about 200 internally displaced persons' camps across the country (ibid). Many others sought refuge with friends and relatives in many parts of the country. All these became internally displaced persons (IDPs). Others ended up in hospitals for treatment of injuries sustained during the violence. The magnitude of this crisis had clearly reached disaster proportions.

It was one of the most pronounced internal displacement problems in Kenya, and it constituted a serious humanitarian crisis (Kenya Red Cross Society, 2008). Internally displaced persons were, as happens in many cases, deprived of essential necessities, and the displacement severely affected their physical, socio-economic, legal and psychological safety. Characteristically, this had an influence on the mental health of the population affected (Ursano, Cerise, DeMartino, Reissman & Shear, 2006). While in displacement, they were exposed to a variety of vulnerable conditions, such as trauma from the violence, death of friends and relatives, staying in unhealthy or inhospitable environments, disruption of the social and family organization, and separation of families. Some of them had to take on non-traditional roles, while special vulnerabilities facing children, pregnant mothers, the sick and the elderly, could lead to profound psychological distress. This was compounded by removal from sources of income and livelihoods. Loss of identification documents during the flight, living in risky environments and language barriers only aggravated their situation (Atwoli, 2010).

Often, internal displacement is accompanied by traumatic experiences which include violent conflicts and gross violations of human rights (Mwania, 2016). Coupled with the associated discrimination which features significantly, it nearly always generates conditions of severe hardship and suffering for the affected populations. It leads to breaking up families, cuts social and cultural ties, terminates dependable employment, disrupts relationships and educational opportunities, denies access to such vital necessities as food, shelter and medication (Atwoli, 2010). It exposes innocent persons to such acts of violence as attacks on camps, disappearances and rape. Whether the displaced persons cluster in camps, escape into the countryside to hide from potential sources of persecution and violence, or submerge into the community of the equally poor and dispossessed, the internally displaced are among the most vulnerable populations, desperately in need of protection and assistance (United Nations, 1998). Such problems, if not addressed, could have long lasting emotional disturbances on the people affected, and may negatively affect their future adjustment and psychological functioning. As it turned out, most of them had to stay for several months before they were eventually resettled by the government.

Displacement of the magnitude witnessed following the 2007 elections is a relatively new phenomenon to Kenya. Some studies have been carried out to establish the mental health status of the internally displaced persons in the immediate aftermath of the displacement, but not of those who experience prolonged displacement (Atwoli, 2010). In particular, no studies have been undertaken to establish the impact of that event on mental health of the internally displaced persons in Kenya. It is against this backdrop that the Impact of Event Scale (Revised) was identified as the instrument to establish the incidence of mental health problems among the resettled IDPs (Horowitz, Wilner and Alvaetz, (1979). This is because this instrument has not been used in Kenya for such a purpose. Scholars in the field agree that at the global

level, there is need for research into mental health during displacement, and this requires that researchers, policy-makers, and clinicians try to comprehend the magnitude of the psychological consequences of prolonged displacement (Salah, Abdelrahman, lien, Eide, Martinez and Hauff,2012). It is also important to find out and document the factors of vulnerability to mental health problems among that cadre of internally displaced persons. Improved understanding of the problem of the global crisis of prolonged internal displacement is essential in order to facilitate and support improved responses. According to Hamid and Musa (2010), the challenge now is to build upon the developing research in order to better protect and assist the internally displaced and promote an end to displacement.

### *Research Goals*

The research specifically set out to:

1. Establish the problems experienced by the internally displaced persons during the prolonged displacement
2. Assess the vulnerability factors of mental health problems among the resettled internally displaced persons

## **Methodology of Research**

### *General Background*

The research was a cross-sectional survey because it collected information on the mental health status of displaced persons at a particular point in time. It was qualitative in nature, and aimed at collecting non-numerical data. Qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings of the real world. The researcher in this study did not manipulate the phenomena of interest, and the phenomena of interest unfolded naturally.

### *Population and Sample*

The population consisted of 106,004 people who were internally displaced during the post- election crisis in Nakuru County. It targeted those people who were displaced following the 2007/2008 post election violence, and had been resettled. The sampling procedure was stratified random sampling in which the displaced persons in every sub-county constituted the target population of study in Nakuru County. The sampled sub-counties were obtained purposively. The respondents were then selected on a random basis. The sample was computed as 400 persons as indicated in Table 1 below.

**Table 1. Population and sample.**

Sub-County	Population	Sample
Nakuru East (Pipeline)	23,586	89
Gilgil (Baruk)	14,576	55
Molo (Baraka)	15,90	60
Naivasha (Maai Mahiu)	23,851	90
Rongai (Shalom)	38,091	106
Totals	106,004	400

A pilot study was conducted before the main study. This involved administering the questionnaire to 30 persons who had been displaced in Njoro Sub-county of Nakuru County. These IDPs were integrated in the local community, but had gone through experiences similar to those of the other sub-counties. The feedback obtained during the pilot study was used in cleaning the instruments of errors and omissions as well as clarifications, and to check the validity and the reliability of the instruments. Specifically, a pictorial illustration was included to clarify the scoring of the Impact of Event Scale for the respondents (Appendix 1).

### *Data Collection*

Data collection instruments consisted of questionnaires and an Impact of Event Scale inventory (IES) (Weiss and Marmar, 1996), which was used to assess the psychological impact of the displacement on the internally displaced persons. The questionnaires were administered to displaced persons selected from the area of research. The questionnaires were used to collect data on the demographic characteristics of the respondents, while the Impact of Event Scale (Revised) was used to assess the incidence of mental health problems arising from the displacement among the IDPs (*ibid*). The research sought to collect data that was primarily qualitative. The impact of event scale inventories and questionnaires were administered to the sampled persons, with the help of research assistants who had been duly inducted. The data collected was cleaned, sorted and coded. The coded data was then entered into the SPSS programme. The data was analyzed using descriptive statistical methods. Ethical considerations were factored in by assuring the respondents that the findings would not be for any other use except the research. Owing to the personal nature of the information being sought, the respondents were first assured of anonymity and confidentiality. Respondents below 18 years were not included in the research.

### **Results of Research**

The research sought to establish the kind of challenges the internally displaced persons had witnessed during the post election violence. The challenges experienced had a bearing on the incidence of mental health problems. From the responses given, the research found out that 216 (54.0 %) of the respondents had been attacked with weapons while 184 (46.0 %) were not attacked. Some of the respondents showed the researchers scars that had been sustained as a result of these attacks. The weapons cited included knives and machetes, bows and arrows as well as spears. Sticks were also cited as weapons used in the attacks. Another 301 (77.4%) responded in the affirmative while 88 (22.6%) confessed that they did not receive any death threats. Evidently, most of the respondents had received death threats from the instigators of the violence, some of whom as it was indicated, were known to them.

The respondents were asked whether they personally witnessed killings or attack upon others. A large majority of them totalling 347(89.2%) confirmed that they had witnessed such incidences and only 42 (10.8%) did not witness any killings or attacks.

Another challenge the study sought to establish was whether the respondents had witnessed burning of houses and other property. In response, majority of them 388 (97.0%) said they had witnessed, and only 12 (3.0%) had not witnessed such. The houses and the property that were set on fire belonged to the respondents themselves or to people that were living in their area. The property included stores, motor vehicles, bicycles, farms and even livestock. From the focus group discussion, there were reports of cases where some respondents witnessed dousing of livestock with petrol and setting them ablaze. The respondents were also asked if they had witnessed any other form of destruction of property. Of all the respondents, 395 (98.8%) said they had witnessed, and 1.2% said they had not personally witnessed. The kind of destruction they claimed to have witnessed included breaking of household items, slashing down crops, demolition of houses and killing of livestock.

When asked whether they had witnessed property, their or otherwise being looted, 368 (92.0 %) said they had, while 32 (8.0 %) said they had not witnessed the same. Those who

had witnessed claimed that the raiders would take away valuables from houses and stores and barns. Some even claimed they witnessed livestock being driven away.

The research sought to establish whether the respondents had witnessed incidences of rape during the attacks. The question was so stated for ethical reasons so that the respondent was not required to confess to having been raped if they were not willing to disclose. The responses indicated that the rapes took place in the victims' homes, or during transit. It was established that 174 (43.5%) of them had witnessed rape, while 226 (56.5%) had not.

The results showed that 357 (89.3%) experienced difficulties while on transit from their areas of residence to their destination while 43 (10.8%) did not. The respondents reported that the time of displacement was particularly difficult to get means of transport since public transport had been completely paralyzed. Most of them had to set off without any prior planning and some of them during the night when it seemed safe enough to leave. Some reported that they could not use usual routes like roads since many of them had been barricaded. Many of them had to walk through bushes and forests, making the risks even greater. Those who managed to take along some few belongings that they could make away with made the journeys more difficult. Some of them managed to get assistance from trucks and lorries, which are conventionally not suitable for human transport. Those who managed to get transport for their belongings had to ride along with them. As Njogu (2009) noted, the transnational transport system was disrupted through roadblocks and uprooting of a railway line.

The respondents complained that on many occasions the food rations were not enough, and were forced to skip meals on numerous occasions. Some said that they were not supplied with non-food household items, or they waited for a very long time to get the same. Some had their personal belongings stolen at the camp. There was shortage of special diet for those living with illnesses such as diabetes and HIV, and there was also a shortage of drugs for the same. Some claimed that they were not provided with pre-natal and anti-natal clinics.

### *Incidence of Mental Health Problems*

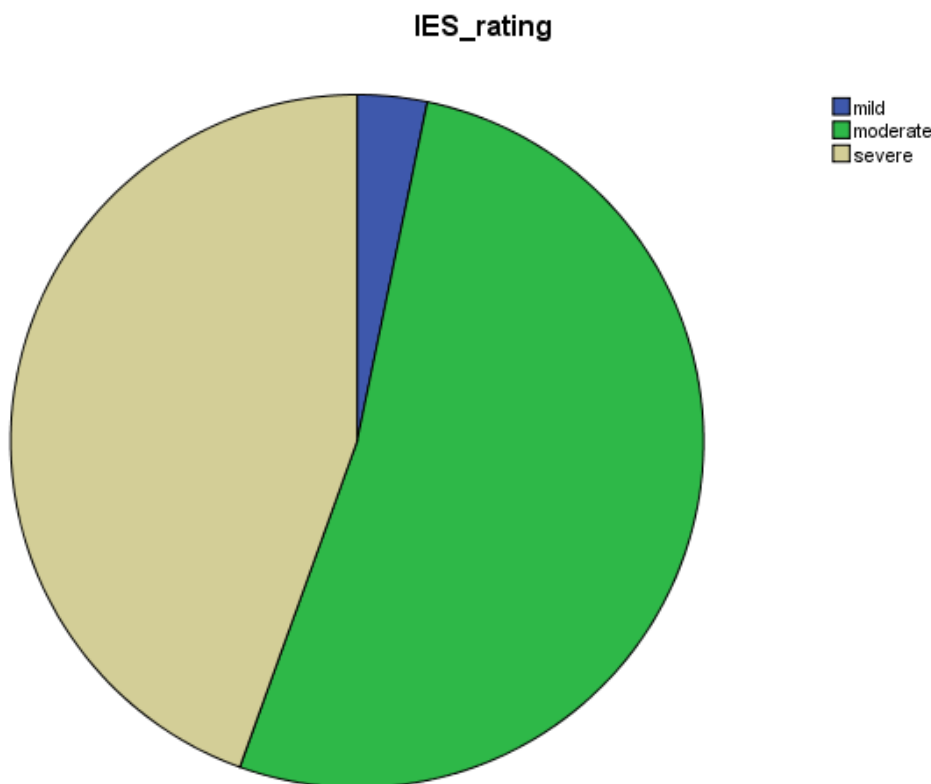
Mental health status of the internally displaced persons was assessed using the Impact of Event Scale-Revised (Weiss and Mamar, 1996). The items on the questionnaire were marked as representing one of the sub-scales (intrusion, avoidance or hyper-arousal). The total IES\_R score was obtained by adding the totals of the three sub scales: intrusion, avoidance and hyper arousal. From these, the scores obtained from the responses ranged from a minimum of 0 to a maximum of 88. According to Reed (2007), the scores obtained meant that a score of 0-8 implies that there was no significant impact, while a score of between 9 and 25 meant there was a possibility of the person having been emotionally affected by the impact event. Scores of between 26 and 43 were indicative of a powerful impact, and that the person was certainly affected by the event. A score of between 44 and 75 was indicative of a severe impact of the event. It was high enough to alter a person's ability to function.

The research established that 3.1% had mild symptoms of psychological problems, 21.9% reported moderate symptoms, and the majority (75.1%) reported severe symptoms of psychological problems. Of these, 65.8% scored high on the intrusion sub-scale, 28.0% had a moderate score, and only 6.2% had a low score. This means that most of the respondents were experiencing problems related to intrusion. The hyper-arousal sub-scale established that majority of the respondent were manifesting hyper-arousal symptoms, with as many as 63.2% scoring high on this scale, 27.2% had a moderate score, and only 9.5% reported a low score. Again this reveals that most of them were experiencing a great deal of hyper-arousal symptoms. Only 25.2% had a low score on the avoidance sub-scale, while 37.5% and 37.3% reported a moderate and high score respectively. This is an indication that symptoms of avoidance were not very prevalent among the internally displaced persons that responded in this study.

On basis of the average scores that were computed, a score that was more than 24 was indicative of a clinical concern because it spelt out some symptoms for PTSD. The 33 score was the cut-off for probable diagnosis for PTSD because it was high enough to suppress a person's immune system and functioning even as long as ten years after the impact event. Using means

instead of raw sums for each of these subscales scores is recommended to allow comparison with scores from the Symptom Checklist 90 – Revised (Reed, 2007). So the average of each of the sub-scores was computed and then these averages were summed up to get an average score.

When the overall scores for the impact of event scale were computed for the respondents, 178 (44.5 %) of them were found to have severe indications of mental health problems, 209 (52.3 %) had moderate symptoms, and the remaining 13 (3.3 %) reported having mild symptoms. The results are presented in the figure below.



**Figure 1: Overall impact of event scale rating**

## Discussion

The findings of the research showed that the respondents experienced many challenges during the forced eviction, and also during the protracted displacement. There was evidence of use of violence during the attacks, which collaborates the assertion by Gettleman (2008), that during the post-election violence, hundreds of people were fighting using weapons such as iron bars, poisoned swords, clubs, knives and crude tools. According to Njogu (2009), young men carried “gladiator-style shields” while some women were carrying sharpened sticks. The weapons were mainly meant to inflict fear among the victims and cause them to vacate their residential areas. Existing literature has recorded that guns, arrows, machetes, spears and other weapons were used to kill, maim and harm people who were perceived as threats (Njogu, 2009). These findings are also in agreement with a study by Sheikh, Mohammed, Agunbiade, Ike, Ebiti, and Adekeye (2014), among IDPs in Kaduna, Nigeria, who found that among IDPs who had signs of PTSD, 88% had witnessed violence.

Another challenge was destruction of property. The findings on destruction of property and setting property on fire collaborate the findings by Sheikh, et al (2014), who found that most frequent psycho-traumas included destruction of personal property (96.1%), forced evacuation from their homes (96%), and having witnessed violence (88%). The findings on

the incidences of rape witnessed are in agreement with what Njogu (2009) asserted, that in the IDP camps the lives of women and children were in jeopardy due to rape.

The hardships in the displacement camps that the respondents reported are in line with a study by Hamid & Musa (2010), who, in a study on internally displaced persons in Darfur, Sudan, found out that some factors might affect the dissatisfaction of IDPs with living conditions inside camps. These are: lack of employment, unsuitability of food items, and lack of security around camps and had a strong bearing on mental health of IDPs.

On the mental health problems, the results showed that most of the respondents reported moderate symptoms of mental health problems, both on the overall scale as well as on the sub-scales. The only exception was on the hyper-arousal subscale where majority of the respondents reported severe symptoms. Only a minority reported having mild symptoms of mental health problems. These findings are collaborated by several studies. Mels, Derlulyn, Broekaert and Rosseeel, (2010), in a study on the psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents, established that respondents who had been displaced reported higher means on the Impact of Event Scale than those who had not been displaced. This is indicative of the fact that displacement is a factor in mental health problems of IDPs. Another study by Oginyi, Mbam and Ojen (2017), which was investigating depression, psychological distress, social support and coping strategies as predictors of psychological well-being among internally displaced persons established IDPs posted high levels of psychological distress.

The research differs slightly with findings by Talah, Adelrahman and Lien (2013), who in a study on mental health of IDPs in Central Sudan they found the prevalence of IDPs with mental health problems to be as high as 52.9%. This was slightly higher than the findings of this study, that about 44.5% of the respondents had a severe incidence of mental health problems.

## Conclusions and Recommendations

The research concluded that internally displaced persons experience many problems during the post-election violence. These include forcefully eviction from their residences, being physically assaulted, death threats, being attacked with weapons and sexual violence. They also witness persons known to them being assaulted and killed, and their property looted or destroyed, among others.

These were the main causes of mental health problems. The mental health problems manifest in many ways including high levels of avoidance, intrusion and hyper-vigilance, which persist even after being offered some form of psychological assistance, and even resettlement. High scores in the IES-R is an indication of experiencing post traumatic stress disorders (PTSD) (Reed, 2007).

Majority of internally displaced persons have moderate symptoms of mental health problems because the time that has elapsed since the impact event has healed the problems. There is considerable evidence that mental health problems tend to dissipate with time. The traumatic experiences of the IDPs, such as receiving death threats, being attacked with weapons, witnessing killings, attacks, arson, destruction of property, looting, children being molested and sexual violence, have a great impact on the severity of mental health problems. Duration of stay at the camp, however, may not have a similar effect, probably because of the role time played in healing them, and the psychosocial interventions received.

The research also found that most of the respondents (52.3%) reported moderate symptoms of mental health problems, 44.5% reported severe symptoms, and the remaining 3.3% reported mild symptoms. The study therefore concluded that most of the respondents experienced mental health problems. The study further established that majority of the respondent were manifesting hyper-arousal symptoms, with as many as 63.2% scoring high on this scale, 65.8% scored high on the intrusion sub-scale while 37.3% reported high score on the avoidance sub-scale. This is an indication that symptoms of avoidance were not very prevalent among the internally displaced persons that responded in this study compared to intrusion and hyper-arousal.

The research recommended the following:

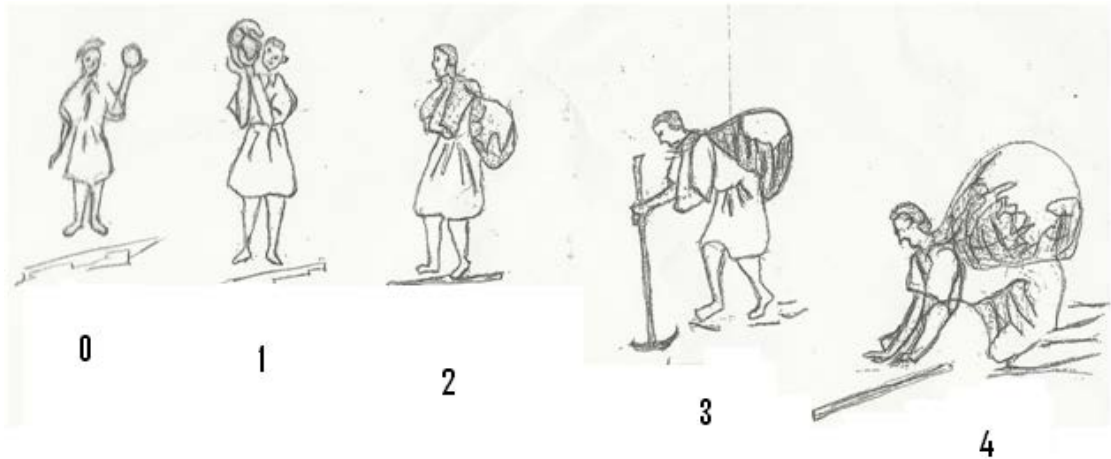
- i. The government and humanitarian agencies scale up humanitarian interventions in terms of resources and personnel.
- ii. The government establishes proper humanitarian interventions for disasters such as violence and displacement that should incorporate elaborate psychological components.
- iii. A data base of psychological counsellors should be generated so that they will be working with the humanitarian agencies and the government to offer professional assistance.
- iv. The intervention should not end at the resettlement, but follow-up should be done among the internally displaced so that those who have not fully processed the traumatic incidents can be assisted.

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### Appendix 1: Pictorial Representation of Impact of Event Scores



Scoring Guide:

0=Not at All, 1= A little Bit, 2= moderately, 3= Quite a bit, 4=extremely

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