

Razi International Medical Journal



Journal homepage: www.rimj.org/pubs/index.php/journal

Commentary | © Open Access | Received: 2022-09-06 | Accepted: 2023-04-28 | Published: 2023-05-30



Effects of Armed Conflicts and Insecurity on the Mental Health of Nigerians

Victor Oluwafemi Femi-Lawal^{1™}, Yetunde Nofisat Kabiawu², Gideon Godspromise Obinna³, Opeyemi Fortunate Oladeru⁴, Samuel Oluwatofunmi Aliu⁵, Fahad Umar Basa⁶, Sulaiman Balkisu⁷, Blessing Ayomide Solaru⁸

- ¹Department of Medicine and Surgery, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria.
- ² College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria.
- ³ Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria.
- ⁴ Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria.
- ⁵ School of Basic Medical Sciences, Federal University of Technology, Akure, Nigeria.
- ⁶ Department of Nursing Science, Faculty of Allied Health Sciences, College of Medical Sciences, Ahmadu Bello University, Zaria, Nigeria.
- ⁷ Department of Health Sciences, Ahfad University for Women, Sudan.
- ⁸ Department of Biochemistry, College of Biological Sciences, Federal University of Agriculture, Abeokuta, Nigeria.

Introduction

Insecurity and armed conflicts are serious global issues bedeviling various countries, with Nigeria being no exception. Currently, Nigeria is ranked 143rd out of the 163 countries on the Global Peace Index. Additionally, on the 2022 Global Terrorism Index, it is ranked third in Africa and sixth globally (1). Crises and acts of terror have had a negative impact on the country and its citizens. Records show that the actions of Boko Haram, bandits, and herdsmen, along with resulting military operations, have reportedly affected nearly fifteen million people between 2009 and 2017 (2). Crimes such as ritual killings, kidnappings, rape, sexual violence, armed robberies, and more, further contribute to the numerous security challenges faced by the country.

While the direct effects of these acts of violence on socioeconomic structures have received much coverage, both in academic literature and mass

media, the literature on the effects of these acts of violence on the mental health of affected individuals, which may have consequences extending into the future, needs further research to inform policy-making. A 2019 WHO report estimated that one in five adults in conflict-affected areas is affected by mental disorders. The same report also estimated that one in ten adults in such regions is affected by moderate or severe mental disorders (3). Such studies demonstrate that mental health issues in areas affected by conflict are a relevant and pressing concern. This commentary aims to describe the effects of armed conflicts and insecurity on the mental health of Nigerians.

Implications of Armed Conflict on Mental Health of Nigerians

The effects of armed conflict on mental health are manifested in various forms. These may include:





Trauma

A 2022 study conducted in a conflict-plagued zone in Borno reported that the severity of stress experienced by victims predisposed them to certain mental conditions, such as post-traumatic stress disorder, depression, anxiety, and psychosis, with depression and anxiety being the most prevalent mental disorders among these victims (4). This observation has been made in numerous conflict-affected areas in Nigeria.

For example, a 2014 study by Tagurum in North-central Nigeria demonstrated a significant association between violence and post-traumatic stress disorder. According to the study, 68.1% of the participants experienced constant watchfulness and were easily startled, 67.6% exhibited denial and avoidance of thoughts related to the crisis, 52.9% experienced numbness and detachment from their surroundings, and 42.2% had recurring nightmares (5). Furthermore, the effects of these conflicts persist long after the conflicts have ended. In Dogonahawa, a rural community in Plateau State, 38.5% of respondents still experienced depression four years after a major terrorist incident had occurred in their area. The same study also revealed a prevalence as high as 45.2% among heads of households (6).

Displacement

In several northeastern states where the scourge of terrorism has become unmanageable, thousands of people have been forced to relocate to Internally Displaced Persons (IDP) camps. Reports by CARE indicate that in 2021, approximately 1.8 million Nigerians are internally displaced (7). Many of them have sought refuge in neighboring countries such as Cameroon, Chad, and Niger. The effects of forced displacement may include a lack of access to basic amenities, separation from family members, and disruption of education.

The IDP camps are intended to alleviate the plight of violence victims, but the deplorable conditions in these camps have seemingly exacerbated their mental state. A 2018 study conducted among 5031 individuals in IDP camps revealed that 1276 individuals had severe emotional disorders, including psychological distress, psychotic disorders, and

substance use disorders (8). Likewise, a 2020 study carried out among internally displaced persons (IDPs) in Borno reported that at least 60% of the study population exhibited at least one mental health symptom (9).

Living conditions in these camps are suboptimal, and individuals in positions of authority within these camps, such as policemen, government officers, and soldiers, often abuse their power. Furthermore, the conditions in these camps contribute to the prevalence of sexual abuse and domestic violence, as victims are unable to report such abuses (10). These factors exacerbate the emotional well-being of these individuals.

• Impact on children and young women

Families who have lost their loved ones and internally displaced people are particularly vulnerable and experience various mental health issues, such as post-traumatic stress disorder, anxiety, depression, substance abuse, psychosis, antisocial behavior, and somatic symptoms, which may even lead to suicide. Reports by CARE indicate that among the more than 1.8 million internally displaced people in Northern Nigeria, 80% are women and children who suffer from gender-based violence and mental illnesses resulting from conflict and a lack of means of sustenance (7).

Children in IDP camps often bear the brunt of the poor living conditions. Many of these children have become orphaned due to their parents' deaths in conflicts, which further exacerbates their mental health. A qualitative study conducted in 2022 on young IDPs in Northern Nigeria revealed that they encountered numerous mental health challenges during and after displacement (11).

Additionally, reports from UNICEF indicate that Boko Haram insurgents have increasingly been recruiting young children into armed groups as child soldiers. It is estimated that between 2008 and 2022, insurgents recruited nearly 8,000 children (12). Many of these children are abducted from their towns, given weapons, and forced into combat. The combination of the stress of combat and their young age creates a precarious situation that can have long-term effects on their mental health. Similar observations have already been made in studies conducted in Africa and other



regions. For instance, a study in Uganda involving 330 former child soldiers revealed a 61% prevalence of clinically significant behavioral and emotional problems, as well as a 33% prevalence of post-traumatic stress disorder (PTSD) (13). This suggests that further studies in this area could shed light on another dimension of the challenges faced by young children and adolescents in conflict situations.

Sexual violence, particularly against women and young girls, is pervasive in conflict-affected areas. In addition to being recruited as terrorists, many women and girls are subjected to rape or forced into marriage, often at very young ages. The case of the Chibok and Dapchi abductees provides significant anecdotal evidence — a considerable number of the girls released between 2017 and 2018 were either pregnant or had babies with them. These young women and girls face, and continue to face, stigma from their communities upon their release, being labeled as 'wife of a killer,' 'Boko Haram wife,' and 'Annoba' (epidemic) (14).

Worse still, the IDP camps, which are meant to provide some protection to victims of conflicts, often fail in safeguarding young girls and women from sexual abuse. Individuals in positions of authority frequently abuse their power, sometimes demanding sexual favors in exchange for expedited access to essential resources such as food, shelter, and protection. A culture of silence permeates these camps, discouraging victims from speaking out about the abuse they endure. As a 19-year-old resident of Abagena camp in Makurdi, housing 8,000 people, expressed, "Victims are often threatened to remain silent or face eviction, especially if the abuser is a camp official" (10). Studies conducted in these camps have revealed that survivors of sexual abuse exhibit up to 20 times more symptoms of post-traumatic stress disorder (PTSD) and depression (4). These alarmingly high figures may stem from the unique environment within these camps that perpetuates a culture of sexual abuse.

• Impoverishment

A paper by Usman (15) highlights that impoverishment is one of the many consequences of terrorist activities. Considering that a sustainable source of livelihood is crucial for mental and emotional

well-being, it can be deduced that this significantly impacts the mental health of individuals in conflict-affected areas. This can be observed in studies comparing the levels of depression and post-traumatic stress disorder (PTSD) among caregivers and dependents. In the Dogonahawa study, the rate of depression among heads of households reached 45.2%, compared to 28.6% among dependents (6). Similarly, a 2005 study conducted in Kenya reported a remarkably high rate of 80% among heads of households who experienced conflict, in contrast to 10.6% among heads who did not experience conflict (16).

• Impact on military personnel

The effects also impact military personnel, who have reported higher levels of stress while serving in regions affected by terrorism. According to a 2020 review study, military personnel deployed in combat situations faced an elevated risk of adverse effects, including an increased incidence of post-deployment post-traumatic stress disorder (PTSD) and depression (17). Many Nigerian military personnel are stationed in distant areas for extended periods, serving on the frontlines of the conflict. Breaks are often short or infrequent, resulting in the accumulation of stress and other symptoms of poor mental health.

A report from 2021 on the mental health status of military combatants who had served on the frontlines of the Boko Haram conflict highlighted the use of alcohol, substance abuse, and sexual promiscuity as coping mechanisms among affected military personnel (18). Many of these combatants suffer from flashbacks, sleep disturbances, and hyperarousal states as a result of their time in battle. Additionally, these personnel often experience persistent feelings of guilt, shame, and stigma, along with ethical and moral conflicts.

Recommendations

The process of properly and adequately addressing mental health issues in areas affected by conflicts will require a multifaceted approach. We recommend the following measures:

The government should prioritize the psychological well-being of Nigerians in all regions by



providing adequate resources to the healthcare sector at all levels. As a positive step forward, the government should establish and financially support community-based mental health centers. These centers would play a crucial role in addressing psychological and mental disorders that arise as a result of insecurity and armed conflicts.

Because the psychological consequences of armed conflict on the population can have long-term effects, it is important for the government to establish policies that require home-based agencies to prioritize mental healthcare for those affected by insecurity and armed conflict. Moreover, individuals living in conflict-affected areas should be trained to provide care and support to those affected, rather than stigmatizing them.

Additionally, it is important to foster more partnerships between local NGOs and international organizations. Governments in the Northeastern states should collaborate with NGOs like the Neem Foundation to enhance the provision of mental health services to individuals in conflict-affected zones. It is crucial to pursue partnerships with organizations such as the International Organization for Migration, Médecins du Monde, InterSOS, International Rescue Committee, and other similar entities to facilitate the delivery of mental health services to affected areas.

As armed conflict affects all regions in Nigeria, it is essential to conduct further studies to assess the mental health of Nigerians in all areas, particularly in the Southern regions where there is a lack of primary data. Research in these areas may uncover a higher prevalence of violence-related mental health issues. This knowledge would be vital for effectively addressing the situation and could serve as an initial step towards establishing a more comprehensive mental healthcare framework across the entire country.

Conclusion

Insecurity and armed conflict are among the most significant issues currently afflicting Nigeria. Their impact on the mental health of the population is detrimental. There is a pressing need for enhanced provision of mental health services to address these effects on the people. The government bears a

significant responsibility in implementing policies, equipping the healthcare sector, and fostering partnerships to mitigate the short-term and long-term consequences of armed conflicts and insecurity on the population.

Acknowledgement

The authors would like to express their appreciation to Mr. Gabriel Oke for his support and mentorship during the writing of this article.

Conflict of Interest

The authors declare no conflict of interest.

Ethics Statement

No data was collected in this study. Hence, no ethical statement was obtained.

Authors' Contributions

All authors contributed significantly to the conceptualization and writing of this article. VOF compiled and edited the final draft. All authors read and approved of the final manuscript.

References

- GLOBAL TERRORISM INDEX 2022 MEASURING THE IMPACT OF TERRORISM [Internet]. Institute for Economic & Economic
- 2. Adesina MA, Kanmodi KK, Merrick J, editors. The Boko Haram Terror: Adversary to the Wellbeing of Nigerian Kids. New York, USA: Nova Science Publishersa; 2019. p 47-70.
- 3. Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. The Lancet. 2019 Jul 20;394(10194):240-8.
- 4. Martínez Torre S, Carreño C, Sordo L, Llosa AE, Ousley J, Waziri A, Mathela R, Umar RD, Usman J, Sagrado MJ. Severity, symptomatology, and treatment duration for mental health disorders: a retrospective analysis from a conflict-affected



- region of northern Nigeria. Conflict and Health. 2022 Jul 15;16(1):41.
- 5. Tagurum YO, Chirdan OO, Obindo T, Bello DA, Afolaranmi TO, Hassan ZI, Yilgwan C. Prevalence of violence and symptoms of post-traumatic stress disorder among victims of ethno-religious conflict in Jos, Nigeria.
- 6. Taru MY, Audu MD, Philip TF, John DF, Yushau AA, Nnaemeka CN, Bamidele LI. Armed conflict and depression among heads of households in Dogonahawa, north-central Nigeria: Prevalence and correlates. Open Journal of Depression. 2018 May 9;7(2):17-30.
- Nigeria humanitarian crisis conflict in Northern
 Nigeria [Internet]. CARE; [cited 2022 Sept 4].

 Available from: https://www.care.org/ourwork/disaster-response/emergencies/nigeria-

<u>humanitarian-crisis/</u>

- 8. Mental Health and Psychosocial Support (MHPSS):
 Sub Working Group North East Nigeria, Quarterly
 update Q2 | April June 2018 Nigeria [Internet].
 Relief Web. 2022 [cited 4 September 2022].
 Available from:
 https://reliefweb.int/report/nigeria/mentalhealth-and-psychosocial-support-mhpss-subworking-group-north-east-nigeria-0
- 9. Kaiser BN, Ticao C, Boglosa J, Minto J, Chikwiramadara C, Tucker M, Kohrt BA. Mental health and psychosocial support needs among people displaced by Boko Haram in Nigeria. Global public health. 2020 Mar 3;15(3):358-71.
- 10. Sexual Abuse Thrives in Nigeria's IDP Camps with No Recourse for Victims [Internet]. Relief Web. 2022 [cited 4 September 2022]. Available from: https://reliefweb.int/report/nigeria/sexual-abusethrives-nigeria-s-idp-camps-no-recourse-victims
- 11. Olufadewa II, Adesina MA, Oladele RI, Ayorinde TA. "Watching my family being killed by terrorists made me really depressed": Mental health experiences, challenges and needed support of young internally displaced persons in northern Nigeria. Journal of migration and health. 2022 Jan 1;6:100121.
- 12. UNICEF calls for end to recruitment and use of child soldiers [Internet]. Unicef.org. 2022 [cited 4 September 2022]. Available from: https://www.unicef.org/nigeria/press-releases/unicef-calls-end-recruitment-and-use-child-soldiers

- 13. Klasen F, Oettingen G, Daniels J, Adam H. Multiple trauma and mental health in former Ugandan child soldiers. Journal of traumatic stress. 2010 Oct;23(5):573-81.
- 14. Onapajo H. Children in Boko Haram conflict: The neglected facet of a decade of terror in Nigeria. African Security. 2020 Apr 2;13(2):195-211.
- 15. Ayegba US. Unemployment and poverty as sources and consequence of insecurity in Nigeria: The Boko Haram insurgency revisited. African Journal of Political Science and International Relations. 2015 Mar 31;9(3):90-9.
- 16. Njau J. Posttraumatic Stress Disorder Among The Heads Of Households Of Ethnic Clashes Survivors In The Rift Valley Province, Kenya: A Comparative Study. University of Nairobi [Internet]. 2005 [cited 4 September 2022];. Available from: http://erepository.uonbi.ac.ke:8080/xmlui/handle /11295/25455
- 17. Nasveld A, Cotea A, Pullman A, Pietrzak A. Effects of deployment on mental health in modern military forces: A review of longitudinal studies. Journal of Military and Veterans' Health [Internet]. 2020 [cited 4 September 2022];20(3). Available from: https://jmvh.org/article/effects-of-deployment-on-mental-health-in-modern-military-forces-a-review-of-longitudinal-studies/
- 18. Okulate GT, Akinsanmi MA, Oguntuase RA, Majebi MA. Moral injury among Nigerian soldiers following combat: case reports and a review of the literature. Military medicine. 2021 Sep;186(9-10):e1048-52.