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PREVALENCE OF POST TRAUMATIC STRESS DISORDER AMONG FEMALE INTERNALLY DISPLACED PERSONS (IDPs) IN FARIYA IDP CAMP, MAIDUGURI, BORNO STATE

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Abstract

Post-Traumatic Stress Disorder (PTSD) is a severe and potentially disabling mental health condition that may arise in individuals who have experienced or witnessed life-threatening situations such as natural disasters, serious accidents, armed conflict, or violent personal assaults. It is marked by symptoms including intrusive distressing memories, flashbacks, and recurring nightmares related to the traumatic event. This study was conducted at the Fariya Internally Displaced Persons (IDPs) Camp in Maiduguri, Borno State, to assess the prevalence of PTSD among female internally displaced persons. A descriptive research design was employed, and data were collected through questionnaires and interviews. A total of 120 questionnaires were administered to female respondents aged 13–60 years. Data were analyzed using frequency distribution and presented in tabular form. The findings revealed a cumulative PTSD prevalence of 42.1% among the respondents based on

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symptom assessment criteria. Major risk factors identified included exposure to war and sexual assault. The coping strategies adopted by respondents included religious faith and prayers, family and community support, hope for the future, acceptance of their circumstances, and assistance from government and non-governmental organizations. The study concludes that appropriate preventive measures and interventions should be implemented to address these risk factors, and individuals diagnosed with PTSD should be referred to psychosocial support (PSS) professionals for specialized care.

INTRODUCTION

Many communities in Africa continue to be affected by long-standing conflicts with mass traumatization of their populations. Nigeria, as a country has a variety of low grade conflicts that result in chronic bloodletting without the country actually being in an open state of war. In addition to creating large numbers of immediate direct casualties in combatants and civilians, these conflicts have the potential to influence public and mental health outcomes in several ways. The mental health effects of armed conflict on civilians are enormous and can last a lifetime. One major mental health effect of conflict is post-traumatic stress disorder (**PTSD).** The intensity of internal displacement has become a global problem. It has emerged as one of the great human tragedies of the 21st century. It has been estimated that almost 50 million people had been internally displaced worldwide due to conflicts or violations of human rights by the year 2010. According to several organizations, the number of victims ranges between one and nine million people More than half of the 50 million people worldwide living in internal displacement at the end of 2018 were women and girls(Krause, 2014).

They experience displacement differently from men and boys, and face specific challenges that must be better understood to provide them with the support they need. In addition, social, economic, political, legal, psychological, and health problems related to internal displacement still exist. Conflicts and wars have ineradicable changes in societal dynamics Therefore, this kind of societal traumas experienced by the victim of conflict and disasters affected most internally displaced persons (IDPs) (Somasundoram,) and World Health Organization, 2018. Furthermore, events that are threatening to life or bodily integrity will produce traumatic stress in its victim. This is a normal, adaptive response of the mind and body to protect the individual by preparing him to respond to the threat by fighting or fleeing. If the fight or flight is successful, the traumatic stress will usually be released or dissipated allowing the victim to return to a normal level of functioning. PTSD develops: when fight or flight is not possible; the threat persists over a long period of time; and/or the threat is so extreme that the instinctive response of the

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victim is to freeze. There is a mistaken assumption that anyone experiencing a traumatic event will have PTSD. This is far from true. Studies vary, but confirm that only a fraction of those facing trauma will develop PTSD What distinguishes those who do not is still a hot topic of discussion, but there are many clues. Factors mediating traumatic stress appear to include: preparation for expected stress (when possible), successful fight or flight responses, prior experience, internal resources, support from family, community, and social networks, debriefing, emotional release, and psychotherapy. PTSD is a relatively new diagnostic category in the history of psychology.

Recent events have focused the world's attention on the psychological effects of terrorism. Elevated rates of posttraumatic stress disorder (PTSD) symptoms have been found in the aftermath of major terrorist attacks in the United States these symptoms as noted tend to subside with time, it further suggested that stressors occurring at aftermath of traumatic events contribute to the occurrence of the disorder. Repeated act of terror are associated with significant distress in affected communities and thereby might interfere with the recovery from early PTSD symptoms and lead to a higher incidence of PTSD. This study is set out to assess Impact, prevalence and socio-demographic factors associated with post-traumatic stress disorder (PTSD) among IDPs. It will also determine types of psycho-trauma experienced by the IDPs and their psychosocial adjustment. (OCHA, 23 September 2014).

Statement of Problem

The increasing spread of nefarious activities of the Boko Haram sect, which has resulted to destruction of lives and property, is a serious issue that could not be dismissed with a wave of hand. The activities of the Boko Haram group caught the attention of international community following series of violent attacks in Nigeria since July 2009. The attacks lead to massive displacement of persons mostly from the northeastern Nigeria. Most of the Internally Displaced Persons (IDPs) had to flee from the danger zones to safer places (Jimmoh, 2016). Consequently, it is commonly observed during armed conflict and disasters that valuable properties are destroyed and scores of deaths recorded. However, the mental state of victims who are displaced due to attacks cannot be ascertain by mere observation and as a result less attention has been paid to the psychological wellbeing of the internally displace persons, often the government is quick to supply relief materials to the IDPs spread across the state. From an anecdotal observation by the researcher from experience with female IDPs in Fariya IDP camp being an informal camp, little is done to assess and rehabilitate the IDPs Psychologically by the Government and other relevant bodies, and there seems to be lack of comprehensive information on IDPs' psychological status situation which left many IDPs in a difficult position as they seek to adjust in their

host communities by suppressing the painful experiences. This paper therefore, seeks to assess the impact of PTSD among female IDPs living in Fariya IDP camp of Maiduguri, Borno State Nigeria.

Objectives of the Study

The broad objective of this study is to determine the prevalence of PTSD among female IDPs displaced from rural areas of conflict to Maiduguri, Borno state.

The specific objectives include:

1. To determine the prevalence of PTSD among female internally displaced persons at Fariya IDP camp of Maiduguri, Borno state.
2. To identify the risk factors of PTSD among the female IDPs in Fariya IDP camp of Maiduguri, Borno state.
3. To examine common coping strategies adopted by the female IDPs in Fariya IDP camp of Maiduguri, Borno State.

Research Questions

The study will answer the following research questions:

1. What is the prevalence of PTSD among female internally displaced persons at Fariya IDP camp of Maiduguri, Borno State?
2. What are the risk factors of PTSD among the female IDPs in Fariya IDP camp of Maiduguri, Borno state?
3. What are the common coping strategies adopted by the female IDPs in Fariya IDP camp of Maiduguri, Borno State?

Significance of the Study

Psychological research are conducted to benefit humanity, similarly the significance of the study cannot be overemphasized. The findings of this research will provide useful information to nurses, health care providers, psychological centers, and clinical psychologist who seeks to offer therapeutic services to help victims of conflict and other stressful factors to deal with the traumatic experiences. The study will also provide useful literature for other researchers who wish to conduct related research in the future. It will also serve as useful to the Government and Non-governmental organizations as they worked and provide interventions to the IDPs. The study will provide useful information to the general public about PTSD and its impact/effects, and also factors that

Scope of the Study

This study will be conducted within the limit of its title. This study will be confined to the

analysis of the perspective regarding the impact of post-traumatic stress disorder as a result of the Boko Haram conflict on female IDPs in Fariya Maiduguri, Borno state.

METHODOLOGY

This chapter covers the research design, study setting, target population, sampling technique and instrument for data collection, validity and reliability of instrument, method of data collection, method of data analysis and ethical considerations.

Research Design

The research method used in the study is descriptive survey design. The method is suitable because it presents a true picture of the situation under survey. The design gathers information, opinions directly from the subjects of the study.

Setting

The research work was carried out at Fariya IDPs Camp in Maiduguri. It is one of the informal camps still existing in the state. Fariya IDPs are predominately people from Mafa, Marte, and Dikwa Local Government Areas of Borno state with different tribes such as kanuri, Fulani and Shuwa. Fariya IDPs camp is bounded by Madinatu to the West, Maiduguri cattle market (Kasuwan Shanu) to the East, Gongulong to the North and Central Maiduguri to South. The main occupation of the people is farming, cap knitting, cattle rearing with few traders. Fariya IDPs camp came in to existence in September 2016 following the Boko haram insurgency attack in the LGAs; presently the camp constitutes 1573 Households and 7022 IDPs as its total populations, comprising 2601 male, 3071 female(1200 are between the ages of 13 to 60years) and 1350 children. The camp has a school, a mini market, child friendly space, one clinic and nutritional facility, 107 latrines, 4 boreholes and 10 water points. (Norwegian Refugee Council –NRC, Camp fliers 2022).

Target Population

The target population for the study will be all the female IDPs who reside in FARIYA IDPs camp Maiduguri and are between thirteen (13) to 60 years of age. A total of 1200 will be adopted as target population for the study.

Sampling Technique

A convenient non-probability sampling technique was adopted for the study to elicit response from the target population.

Sample Size Determination

Ofeobhor, 2000 methods of sample size determination were used to select the sample

size. According to Ofeobhor, when the population is in hundreds, 40% is used, while if the population is in thousands, 10% is used. Therefore, 10% of the target population shall be used for the study which is 120 in number.

Instrument for Data Collection

A Self-structured Questionnaire together with interview and/or interpretation of questionnaire item was used for collection of data. The questionnaire is divided in to four (4) sections; A, B, C, and D. Section A will comprise of demographic data of the respondents, section B: symptom criteria to determine the prevalence of PTSD section C: risk factors for PTSD, Section D: Common coping strategies for PTSD. Questionnaires were distributed to sampled population in the IDP camp; respondents who cannot read and write were orally interviewed.

Validity and reliability of instrument

The instrument will submitted to the research supervisor to scrutinize and make necessary corrections where necessary and other experts in related field to ensure it's for face and content validity.

The reliability of the instrument will be realized through co-efficient stability (test retest) method to be conducted in El-Miskin IDPs camp in old Maiduguri ward on 75 IDPs over a two weeks interval, which has same demographic characteristics with the target population.

Method of Data Collection

Questionnaire and/or interview was used to collect data from the respondents. A total number of 120 questionnaires will distributed with the help of research assistant after obtaining ethical clearance, and same if retrieved all will be used for data analysis.

Method of Data Analysis

The data collected was analyzed using simple frequency distribution table and percentage.

Ethical Consideration

The protection of human subjects through the application of appropriate ethical principles is important in any research. Introduction letter from the school was collected and presented to the IDPs camp authorities to allow access to the respondents. The information obtained from the respondents will treated confidentially, Data was not be falsified, and research findings is pure and considerate.

Prevalence and Impact of PTSD among Female IDPs

Ali M, Mutavi T, Mburu JM, and Mathai M (2022) reported in a prevalence assessment of PTSD among IDPs in Mogadishu, Somalia, 32.2% of participants screened positive for PTSD while symptoms of depression accounted for 59.4%. Also Makango, B, Alemu, Z.A, Solomon, T. *et al* (2023) in their study of Prevalence and factors associated with post-traumatic stress disorder among internally displaced people in camps at Debre Berhan, Amhara Region, Ethiopia reported the overall prevalence of PTSD at 67.5% and among the respondent with PTSD 47.4% were men and 52.6% women with those aged 45–64 years the most affected age group at 71.1%. In a similar study conducted in Kaduna state, North-West, Nigeria, by Taiwo, Abdul-Aziz, Samuel, Joseph, William and Oluwatosin, (2014), the result showed that 42.2% of respondent screened positive to the symptoms of PTSD, and had a diagnosis of PTSD before. Interestingly, there was also a study conducted by Isa, MF, Idris M and Aminu A in Ringim town of Jigawa state, North-West, Nigeria (2021), findings indicates a prevalence of post-traumatic stress disorder among internally displaced persons to be higher at 59.66% with majority of the respondents that does not fulfill the criteria for the diagnosis of PTSD have one or more symptoms of the disorder. Coincidentally also, the result of a similar study conducted in Yobe state, North-East, Nigeria by Usman UI et-al (2023) revealed that symptoms of PTSD are highly prevalent among IDPs affected by Boko haram crises with women in particular being at greater risk of developing symptoms of PTSD than men. Also Debora A.O, Roland, N.O and Adamu Z (2019) in their study conducted in Maiduguri IDP camps reported 78 percent of the respondents were symptomatic for PTSD with a prevalence rate of comorbid PTSD with depression at 68.1 percent. Also as a possible impact factor, a significant predictors of depression in the sampled population were screening positive for PTSD and being unemployed (Debora A.O, Roland, N.O and Adamu Z, 2019). Usman UI et-al (2023) in their reports, indicates women were more likely to develop symptoms of depression as an impact factor PTSD than men, and having symptoms of depression remain an independent predictor of having co-morbid PTSD, and good living condition such as having non-overcrowded accommodation was found to be helpful in preventing the development of these disorders. A results from this study also revealed findings with statements from female IDPs reflecting suicidal thoughts, unhappiness with the government, lack of support, and fear for themselves and their children and a poor levels of mental health, quality of life and life satisfaction among others as impact factor. The study indicated older, widowed IDPs and those who did not perceive support from friends or the government were found to be at the highest risk of poor health and wellbeing. Makango B, Alemu, Z.A, Solomon, T. *et al* (2023) also reported death of a family member

and co-morbid depression were independent predictors and burdens of PTSD among IDPs.

Risk Factors of PTSD among IDPs

Ali M, Mutavi T, Mburu JM, and Mathai M (2022) reported lack of food or water (80.2%), followed by ill health without access to medical care (79.9%), lack of shelter (77.9%), and combat situation (eg, shelling and grenade attacks) (55.5%) as the most common risk factors for PTSD among IDPs. They also reported the frequency of 33.2% among respondent of traumatic event experience which mostly serve as a predictor to the development of PTSD. Similarly, Makango, B, Alemu, Z.A, Solomon, T. *et al* (2023) find out that witnessing destruction of property, facing trauma during displacement, frequency of displacement, and occupation were associated factors in the development of PTSD. Debora A.O, Roland, N.O and Adamu Z (2019) in their study discovered the most frequent associated factors for PTSD as unemployment, cumulative traumatic exposure, and frequency and duration of displacement.

In another similar finding, regarding individual trauma type and/or risk factors, the most frequent type of trauma experienced by the IDP was the destruction of personal property 67.52%, and a lack of food and water 61.12%. With 55.68% had experienced or witnessed the murder of family or friends. With regard to cumulative trauma events, nearly half 49.28% of respondents had experienced between 0 and 3 traumatic events and around half 51.8% of respondents had experienced ≥ 4 of the 16 traumatic events covered by questionnaire (Usman UI, *et al* 2023). In a similar study by Makango, B, Alemu, Z.A, Solomon, T. *et al* (2023), it was reported that (79.1%) had poor living conditions, and only 4.7% had poor social provision. The most frequent psycho-traumas were destruction of personal property (96.1%), been evacuated from their town (96%) and witnessing violence (88%) with more than half (58%) of IDPs had experienced 11–15 of the 19 traumatic events.

Common Coping Strategies adopted by IDPs with PTSD

Freya G, Marie RM, Sara S, And Recarda M (2022) in a study conducted on a coping strategies with the symptoms PTSD among Sub-Saharan African asylum seekers in Germany reported the most common and frequently adopted coping strategies includes; a strong emphasized on religion and faith, community social support system, cognitive disengagement, self-distraction and staying occupied, having prospect and hope for the future, and reframing as well as acceptance and normalization of the situation. Similarly, findings from a study among IDPs from Somalia revealed women (54%) and Men (46%) use task orientation, avoidance and emotion as a coping strategies for PTSD (Tespaye, 2022). Okpan, S and Peter, C.E (2020), in an analytic study of healthcare coping strategies among IDPs in Abuja, Nigeria, findings indicates 44.9% depends on contribution (family support)

from family members, 15.3% prayers (Religion and Faith), 22.9% traditional medicines, while self-help, donation from agencies (community support) and others measures constitutes the remaining percentages.

DATA PRESENTATION AND ANALYSIS

Data collected from the respondents was analyzed manually using descriptive statistics of simple frequencies distribution and percentages in tables.

Table 1: Demographic Characteristics of Respondents

S/NO	VARIABLES	FREQUENCY	PERCENTAGE
1.	**Age**		
	13-25yrs	32	26.7%
	26-39yrs	40	33.4%
	40-50yrs	32	26.6%
	51-60yrs	16	13.3%
	TOTAL	120	100%
2.	**Marital Status**		
	Married	52	43.3%
	Single	32	26.7%
	Widow	16	13.3%
	Divorcee	20	16.7%
	TOTAL	120	100%
3.	**Religion**		
	Islam	116	96.7%
	Christianity	4	3.3%
	Traditional	-	-
	Others	-	-
4.	**Level of Education**		
	Primary	52	43.3%
	Secondary	36	30%
	Tertiary	-	-
	Others (Specify)	32	26.7%
	TOTAL	120	100%
5.	**OCCUPATION**		
	Farming	28	23.3%
	Business	48	40%
	Full-time House wife	32	26.7%
	Student.	12	10%
	TOTAL	120	100%

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Table 1 shows that majority of the respondents are within the age range of 26-39yrs 40 (33.4%), 13-25yrs and 40-50yrs are 32(26.7%) & 32(26.6%) respectively while 51-60yrs are 16(13.3%). 52(43.3%) are married, 32(26.7%) single, 20 (16.7%) divorcees and 16(13.3%) are widows. 116(96.7%) are Muslims while only 4(3.3%) are Christians. 52 (43.3%) have attended primary school, 36(30%) secondary school, 32(26.7%) accounted for informal schools. 48(40%) identified business as a source of livelihood, 28(23%) choose farming, 32(26.7%) are full time housewives while 12(10%) are students.

Table 2: Symptoms criteria to Determine Prevalence of PTSD (The PTSD Symptom scale-PSS)

	VARIABLES	FREQUENCY	PERCENTAGE
6.	Having upsetting thought or images about the traumatic event that come into your head when you did not want them to.		
	0 Not at all	8	6.7%
	1 Once per week or less/ a little bit/ one in a while	80	66.6%
	2 2 to 4 times per week/ somewhat/ half the time	8	6.7%
	3 3 to 5 or more times per week/ very much/ almost always	24	20%
	TOTAL	**120**	**100%**
7.	Having bad dreams or nightmares about the traumatic event.		
	0 Not at all	24	20%
	1 Once per week or less/ a little bit/ one in a while	60	50%
	2 2 to 4 times per week/ somewhat/ half the time	36	30%
	3 3 to 5 or more times per week/ very much/ almost always	-	
	TOTAL	120	100%
8.	Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate).		
	0 Not at all	52	43.3%
	1 Once per week or less/ a little bit/ one in a while	48	40%
	2 2 to 4 times per week/ somewhat/ half the time	20	16.7%
	3 3 to 5 or more times per week/ very much/ almost always	-	-
9.	Trying to avoid activities or people that remind you of the traumatic event.		
	0 Not at all	24	20%
	1 Once per week or less/ a little bit/ one in a while	76	63.3%
	2 2 to 4 times per week/ somewhat/ half the time	12	10%
	3 3 to 5 or more times per week/ very much/ almost always	8	6.7%
	TOTAL	120	100%
10.	Not being able to remember an important part of the traumatic event.		

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	0 Not at all	24	20%
	1 Once per week or less/ a little bit/ one in a while	72	60%
	2 2 to 4 times per week/ somewhat/ half the time	24	20%
	3 3 to 5 or more times per week/ very much/ almost always	-	-
	TOTAL	120	100%
11.	Having much less interest or participating much less often in important activities.		
	0 Not at all	20	16.7%
	1 Once per week or less/ a little bit/ one in a while	60	50%
	2 2 to 4 times per week/ somewhat/ half the time	36	30%
	3 3 to 5 or more times per week/ very much/ almost always	4	3.3%
	TOTAL	120	100%
12.	Feeling emotionally numb (unable to cry or have loving feelings).		
	0 Not at all	32	26.7%
	1 Once per week or less/ a little bit/ one in a while	64	53.3%
	2 2 to 4 times per week/ somewhat/ half the time	24	20%
	3 3 to 5 or more times per week/ very much/ almost always	-	-
	TOTAL	120	100%

Table 2 above shows that that 80(66.6%) have upsetting thoughts and images once per week are as a symptom experience, those experiencing 3 to 5 times or more of such symptom were 24(20%), while 2 to 4 times and not at all having such symptom were 8(6.7%) each. 60(50%) have bad dreams/ nightmares once per week, 36(30%) 2 to 4 times, while 24(20%) not at all. 52(43.3%) do not experience physical reactions when reminded of event, 48(40%) experience it once per week and 20(16.7%) do experience it 2 to 4 times per week. 76(63.3%) avoid activities/people that remind them of the traumatic event once per week, 24(20%) not at all, 12(10%) does so 2 to 4 times a week, while only 8(6%) does so 3 to 5 times or more. 72(60%) are not able to remember important part of the traumatic event once per week, 24(20%) have this symptom 2 to 4 times per week, with 24(20%) of respondent do not have this symptom at all. 60(50%) have less interest or participating much less often in important activities once per week, 36(30%) do so 2 to 4 times, 20(16.7%) not at all, and only 4(3.3%) had 3 to 5 or more times per week. 64(53.3%) feel emotionally numb once per week, 32(26.7) not at all and 24(20%) do so 2 to 4 times per week.

Table 3: Risk Factors for PTSD

S/NO	VARIABLES	FREQUEENCY	PERCENTAGE
13.	Serious accident, fire or explosion		
	YES	24	2O%
	NO	96	8O%
	TOTAL	120	100%

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14.	Non-sexual assault by someone you know (physically attacked/injured). YES NO	 4 116	 3.3% 96.7%
	TOTAL	120	100%
15.	Sexual assault. YES NO	 32 88	 26.7% 73.3%
	TOTAL	120	100%
16.	Military combat or a war zone. YES NO	 120 -	 100% -
	TOTAL	120	100%
17.	Imprisonment. YES NO	 - 120	 - 100%
	TOTAL	120	100%
18.	Were you physically injured? YES NO	 56 64	 46.7% 53.3%
	TOTAL	120	100%
19.	Did you think your life was in danger? YES NO	 72 48	 60% 40%
	TOTAL	120	100%
20	Did you feel helpless? YES NO	 112 8	 93.3% 6.7%
	TOTAL	120	100%

Table 3 above indicates that 24(20%) of the respondent answered YES to fire/serious accident or explosion as a cause of PTSD among them while 96(80%) answered NO. 116(96.7%) answered "NO" to Non-sexual assault by someone they know (physically attacked/injured) as a cause of PTSD while 4(3.3%) YES. 88(73.3%) responded NO to sexual assault, while 32(26.7%) responded YES. 120(100%) responded to military combat/war zone as a cause of PTSD among them while 0(0%) answered NO. 120(100%) respond NO to imprisonment as risk factor for PTSD while 0(0%) said YES. 64(53.3%) were physically injured during the traumatic event while 56(46.7%) were not injured.72(60%) felt their life was in danger during the traumatic event while 48(40%) responded NO.112(93.3%) answered YES as having felt helpless while 8(6.7%) responded NO.

Table 4: Coping Strategies for PTSD

S/NO	VARIABLE	FREQUENCY	PERCENTAGE
21.	Religion and Faith (Prayers). YES NO	 120 -	 100% -
	TOTAL	120	100%
22.	Community/Family social support system. YES NO	 112 8	 93.3% 6.7%
	TOTAL	120	100%
23.	Self-distraction and staying occupied/task orientation. YES NO	 68 52	 56.7% 43.3%
	TOTAL	120	100%
24.	Having prospect and hope for the future. YES NO	 104 16	 86.7% 13.3%
	TOTAL	120	100%
25.	Acceptance and normalization of the situation. YES NO	 96 24	 80% 20%
	TOTAL	120	100%
26.	Donation from government and non-government agencies. YES NO	 52 68	 43.3% 56.7%
	TOTAL	120	100%

From the table above 120(100%) of the respondents use religion/ faith (prayers) as a coping strategy, 112(93.3%) answered YES to family/community support, 8(6.7%) said NO. 68(56.7%) answered YES to Self-distraction and staying occupied/task orientation as a coping strategy while 52(43.3%) said NO. 104(86.7%) answered YES to having prospect and hope for the future as a coping mechanism, while 16(13.3%) responded NO. 96(80%) responded YES to acceptance and normalization of the situation as a coping strategy while 24(20%) responded NO. 68(56.7%) responded NO to Donation from government and non-government agencies, while 52(43.3%) responded YES.

Identifying Key Findings

From the analysis of the results some of the key findings identified in the prevalence of PTSD included 66.6% of respondents having upsetting thoughts and images of traumatic event once per week are as a symptom experience, 50% and 30% have bad dreams/ nightmares once per week and 2 to 4 times per week respectively, 63.3% avoid

activities/people that remind them of the traumatic event once every week and about 60% are not able to remember important part of the traumatic event once per week. The key findings in the prevalence of PTSD using the PTSD symptom criteria gave a cumulative 42.1% positive results for cases of PTSD among the respondent. Also for the risk factors of PTSD, key findings identified included 100% of respondents indicating military combat/war zone as a risk factor, while 80% of respondents don't see fire/serious accident or explosion as a risk, 96.7% do not accept Non-sexual assault by someone they know (physically attacked/injured) and 73.3% for sexual assault as a risk factor. Also 100% of respondents don't see imprisonment as a risk factor. Furthermore, key findings identified in the coping strategies include 100% of the respondents use religion/ faith (prayers) as a coping strategy, 93.3% rely on family/community support, 86.7% adopt having prospect and hope for the future as a coping mechanism, 80% employ acceptance and normalization of the situation as a coping strategy while only 43.3% rely on Donation from government and non-government agencies.

Key findings for symptoms criteria for respondents such as having upsetting thought and images of traumatic events (66.6%), having bad dreams/nightmares (50% and 30% respectively), avoiding activities or people that reminds them of traumatic events (63.3%), and not being able to remember important part of the event (60%) are supported by literature in conceptual review of the most common sign and symptoms of PTSD. Furthermore, key findings from risk factors for PTSD such as military combat/war zone (100%) is also in agreement with literature from conceptual review of risk factors/causes of PTSD. Again, key findings from coping strategies such as adopting support from family/community members (93.3%), having prospect and hope for the future (86.7%), and acceptance and normalization of situation (80%) are all supported by literature from conceptual review under coping strategies for PTSD.

To align findings with empirical studies, the key findings such as the cumulative 42.1% positive results for cases of PTSD among the respondent is in line with Taiwo A, et-al (2014), whose findings indicates a 42.2% of respondent screened positive to the symptoms of PTSD. This is also in line with Isa M.F et-al (2021) and Debora A.O, Roland, N.O and Adamu Z (2019) who reported a prevalence of post-traumatic stress disorder among internally displaced persons to be higher at 59.66% with majority of the respondents that does not fulfill the criteria for the diagnosis of PTSD have one or more symptoms of the disorder and a 78% of respondents being symptomatic for PTSD. Furthermore a key findings from risk factors for PTSD such as military combat/war zone was found to be in line with findings of Ali M, Mutavi T, Mburu JM, and Mathai M (2022) who reported a combat situation e.g shelling and grenade attacks (55.5%) among others factors as the most common risk factors for PTSD. Additionally, findings in coping strategies such use

religion/ faith (100%), support from family/community members (93.3%), having prospect and hope for the future (86.7%), and acceptance and normalization of situation (80%) are all are in agreement with Freya G, Marie R.M, Sara S, and Recarda M (2022) who reported a strong emphasized on religion and faith, community social support system, cognitive disengagement, self-distraction and staying occupied, having prospect and hope for the future, and reframing as well as acceptance and normalization of the situation as some of the common coping strategies. Similarly these findings are also in line with, Okpan, S and Peter, C.E (2020) who reported in their study a 44.9% of the respondents depends on contribution from family members, prayers (Religion and Faith), donation from agencies (community support) as a coping strategies.

Limitations of the study

The following were encountered during the course of the study:

- Language barrier which makes the interview session take longer time
- Time and financial constraints.
- Problem accessing the women in the camp.

Summary

In this study the focus was to assess prevalence of PTSD among female internally displaced person of Fariya IDPs camp Maiduguri. The study was specifically carried out to examine some of the prevalence of PTSD, risk factors for PTSD, and coping strategies for PTSD. The study employed a descriptive research design where convenient non-probability sampling technique was adopted for the study to elicit response from the target population; purposive method was used to limit the study to only women within the age of 13 to 60 years. In general the findings of this study shows that prevalence of PTSD using the PTSD symptom criteria gave a cumulative 42.1% positive results for cases of PTSD among the respondent who either come up with symptoms either once a week or 2 to 4 times a week. military combat/war zone, sexual assault and serious accident were seen as a risk factor to PTSD among the women and some coping strategies were adopted like religion and faith, community social support system, cognitive disengagement, self-distraction and staying occupied, having prospect and hope for the future, and reframing as well as acceptance and normalization of the situation they found themselves. Therefore it's required by the government, non-governmental organizations and other relevant agencies to provide cognitive/ behavioral intervention programs with the aim of identifying sources of trauma educate and sensitize the women in the camp, on symptoms of PTSD and how they can effectively use various positive coping strategies to reduce stressors.

CONCLUSION

The result of the study shows high prevalence of PTSD with a cumulative percentage of 42.1% positive results for cases of PTSD among the respondent. It also shows that the results are consistent with most of the findings from other studies done on Prevalence of PTSD. The study revealed the main cause/risk factors of PTSD among the women is to be Military combat/war zone, fire/serious accident or explosion. This study concludes that measures and interventions should be taken to prevent the risk factors and those with established diagnose should be referred to PSS care givers for expert management.A healthy mind and body results in improved productivity of the society.

Recommendation/ suggestions for further studies

Based on the findings from respondent, the following recommendations have been made:

1. The government should provide humanitarian protection and assistance to IDPs at informal camps.
2. Community awareness and sensitization to the community on PTSD and use of positive coping strategies.
3. The government and the international community need to strengthen comprehensive protection and social support for IDPs in the camps to help reduce mental distress and as a preventative measure to reduce further exposure to trauma.
4. Facilitate return of IDPs at informal camps back to their homes, support a healing process, and help re-build their lives.
5. Those with established diagnosis of PTSD Should be referred to psychosocial care givers within the appropriate Health Care Systems for intervention.
6. Replication of the study with larger sample size.

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