PSYCHOLOGICAL IMPLICATIONS OF ARMED CONFLICTS: THE TIV/FULANI EXPERIENCE IN NIGERIA

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ABSTRACT
Nigeria which has a population of about 140 million and 250 ethnic groups, making it Africa's most populous nation with a multitude of religious, ethnic and political fault lines has experienced and still experiencing series of armed conflicts. The resulting rise in armed in recent times can be attributed to various factors, including: ethnic rivalry, religious violence, land conflicts, conflicts related to the demarcation of administrative boundaries and political elections, and conflicts linked to oil production in the Niger Delta. This study examined the psychological implications of armed conflict with a particular focus on a sample of 335 drawn from internally displaced persons of the Tiv/Fulani armed conflict in Makurdi Local Government Area of Benue State-Nigeria. The ages of respondents ranged from 17-68 years. The Sample was made up of 173 males and 162 females. The mental health of the respondents was assessed using General Health Questionnaire (GHQ) and Posttraumatic Stress Disorder Checklist (PCL-C). Analysis of data was carried out using simple percentages and the results show that out of the 335 respondents, 155(46.3%) did not suffer from any form of mental ill health while 180(53.7%) suffer from various mental disorders. The break-down of results indicate that 23.6% suffer post-traumatic stress disorder, 15.8% were down with depression and 9.3% reported symptoms of Acute Anxiety Disorder. Also 5.1% of the victims suffered co-morbid condition of PTSD and depression. The results further revealed that the psychological consequences of armed conflict were felt more by females (56.1%) than males (43.9%). It was therefore recommended that health services offered to refugees of cultural conflict should include both chemotherapy and psychotherapy in order to keep the flesh and the soul together and avert increasing incidence of mental disorders.

Key Words: Psychological Implication and armed conflict

1.1. Introduction

Conflict is a struggle over values and claims to scarce resources and power in which the aims of the opponents are to neutralize, injure, or eliminate the rivals. The term conflict originally according to Webster dictionary meant a ''fight, battle, or struggle''- that is, a physical confrontation between parties. But its meaning has grown to include a sharp disagreement or opposition, as of interests, ideas among others (Rubin,

Pruitt & Kim, 1994). The term now embraces the psychological underpinnings of physical confrontation. We can equally look at conflict as an antagonistic situation or adversarial process between at least two individuals or collective actors over means or ends such as: resources, power, status, values, goals or interests. The range of outcomes varies and it includes victory, defeat, domination, surrender, neutralization, conversion, coercion, injury, or destruction and elimination of the opposite party (Jooji, 2003).

Nigeria which has a population of about 140 million and 250 ethnic groups according to 2006, making it Africa's most populous nation with a multitude of religious, ethnic and political fault lines had experienced and still experiencing series of armed conflicts. The resulting rise in armed conflicts can be attributed to various factors, including: ethnic rivalry, religious violence, land conflicts, conflicts related to the demarcation of administrative boundaries and political elections, and conflicts linked to oil production in the Niger Delta.

Most disturbing of it all is the persistent herder-farmer crises that is spreading like wild fire across all nooks and crannies of Nigeria. Typical of it, is the intractable and unwarranted attacks on Tiv farming population in rural areas by herdsmen which has attracted wide condemnation and lamentations. In his show of concern, Hagher (2013) lamented that the Fulani herders' attacks on Tiv farmers on their ancestral lands has continued sporadically in the past, since 2010, but from 2011, assumed the dimension of a full-scale war of aggression against the Tiv in Benue, Nassarawa and Taraba states.

In 2014 and 2015, this crisis got to the highest peak. For instance, barely five days to the end of Gabriel Suswam's administration as the governor of Benue State in May 2015, over 100 farmers and their family members were reportedly massacred. In July 2015, suspected herdsmen attacked Adeke, a community on the outskirts of the Benue state capital, Makurdi. In December, 2015 six persons were killed at Idele village in the Oju Local Government Area. In February 2016, as a result of a clash between herdsmen and farmers in Benue State, 40 more people were killed, about 2,000 people displaced and not less than 100 were seriously maimed. In 2017, more than 92 Nigerians were massacred by suspected Fulani Herdsmen in Benue and Niger states.

Most recently, Benue and Taraba States have been under attack by suspected Fulani herdsmen in a new wave of violence which primarily stems from disputes over grazing areas for cattle. Attacks in villages in Benue state since January 2018 have left 73 people dead, communities razed and buildings destroyed. In the sober event, the 73 victims of the attacks were laid to rest in a mass burial sponsored by the Benue State Government in which the governor stated that the violence has reached a boiling point of anarchy (Nwachukwu, 2018).. Several hundreds of non-combatant men, women and children have been killed. According to the Benue State Emergency Management Agency over 40,000 people had been displaced by the attacks. Just like the Taraba State Emergency Management Agency (2018) statistics showed that herdsmen attacks claimed several lives and displaced over 10, 200 persons in Taraba State. Unfortunately, government efforts at federal and state levels to resolve the conflict proved abortive. In intensity, this war has been more deadly and left more casualties, and spread over a larger territory than the Israeli-Palestinian war, in the last one year.

This war is ominous, evil, and condemnable, because all things being equal, the Tiv and Fulani should never fight. At least not go to war, and for this long. They are blood cousins. According to Tiv Chronicles, the Tiv, (a Proto-Bantu ethnic group) came in contact with the Fulani around the 16th or 17th Century as they migrated into Nigeria. The Tiv established farms and kept their own cattle (muturu) that were restricted around the Tiv homes. The Fulani on the other hand were nomadic herdsmen. They had a symbiotic relationship, as the Tiv produced food for the Fulanis while the Fulani served as standing army to defend the Tiv against invading tribes. Over time they intermarried and considered themselves inseparable (Hagher, 2013).

Undoubtedly, the consequences of this perennial armed conflict between the Tiv farmers and Fulani herders are enormous. Apart from loss of lives and properties, the survivors go through a lot of mental health challenges. Victims affected by armed conflict could present with varying mental health conditions such as post-traumatic stress disorders (PTSD), anxiety disorder, depression, substance misuse, psychosis, anti-social behaviours, somatic symptoms such as headaches, non-specific pains or discomfort in torso and limbs, dizziness, weakness, and fatigue among others (Adesina & Kanmodi, 2019b; McDonald, 2007; Murthy &

Lakshminarayana, 2006). According to World Health Organization's (2001) estimates, in the situations of armed conflicts throughout the world, 10% of the people who experienced traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches.

A local research indicates that for every 100 IDPs living in camps in Benue and Taraba states at least 5% are suffering from posttraumatic stress disorder (Amande, 2020). A study was conducted in north central Nigeria among individuals who witnessed ethno-religious violence in Jos. This study showed a significant association between violence and post-traumatic stress disorder (PTSD) (Tagurum et al., 2014). Majority (68.1%) of the participants experienced constant watchfulness and were easily startled, 67.6% were in denial and avoidance of thoughts of the crisis, 52.9% experienced numbness and detachment from surroundings and 42.2% experienced recurring nightmares (Tagurum et al., 2014). In another study carried out among victims of violent herdsmen attacks in Dogonahawa community of, Plateau State showed that 28.6% suffered depression (Taru et al., 2018).

Also, ten mental health specialists groups in northeast Nigeria conducted 294 outreach sessions from April to June, 2018. During the outreach 5031 individuals in selected primary health care facilities and internally displaced peoples camp health facilities in north east Nigeria were treated for different mental illnesses (MHPSS Nigeria, 2018). A total of 1276 individuals had severe emotional disorders, 1229 had seizure disorders associated with psychological distress, 925 medically unexplained somatic complaints, 774 had psychotic disorders, 349 had substance use disorder and 337 had other complaints (MHPSS, 2018).

There is also a gender factor in explaining psychological consequences of armed conflict. Women and girls in north east Nigeria are sexually assaulted by militia of the Boko Haram sect (Adesina, Kanmodi & Merrick, 2019). These women and girls do come down with social isolation, depression, suicidal ideation and suicide (Read, 2017). Similarly, Taiwo and Mohammed (2016) investigated into the prevalence and pattern of psycho-traumatic stressful life events, psychological distress, and post-traumatic stress disorder (PTSD) amongs IDPs and found that the average score for female participants were higher than that for males on depressive and anxiety.

The importance that the World Health Organization attributes to dealing with the psychological traumas of war was highlighted by the resolution of the World Health Assembly in May 2005, which urged member states "to strengthen action to protect children from and adults in armed conflict" and the resolution of the WHO Executive Board in January 2005, which urged support for implementation of programmes to repair the psychological damage of war, conflict and natural disasters. It is against this background that this examined the psychological consequences of Tiv/Fulani ethnic armed conflict in Makurdi Local Government Area of Bemue State - Nigeria. Study specifically seeks to:

    i.   Know the extent to which armed conflict affects mental health of victims.
    ii.   Determine which gender suffers most.

STUDY METHOD
Design/ Participants
This study employed a cross-sectional research approach to collect data from a sample 335 respondents purposively drawn from population IDPs in Makurdi local Government Area. The respondents include male and females in the age range of 14-65 years.
Measures
The General Health Questionnaires (GHQ 12) is a standardized assessment tool developed by Goldberg and Williams (1988) to measure mental health. The 12-item inventory takes about 5 minutes to complete. The GHQ-12 has both direct and indirect scoring pattern in order to reduce response set bias and also to obtain consistency of scoring. Items 2,5,6,9,10,and 11 are directly scored while items 1,3,4,7,8,and 12 are reversely scored. It is scored on a 4 point scale. Goldberg and Williams (1988) reported Cronbach alphas ranging from 0.77 to -.93. Hepworth (1980) reported reliability coefficient of .85. The instrument has been used in research with Nigerian samples (Ifeagwazi & Ezema, 2010) and has been shown to be a reliable

and valid measure. In the same vein, Ifeagwazi and Ezema (2010) reported Cronbach alpha of .72 for the GHQ-12. In the current study the scale has a Cronbach's Alpha of .74

Posttraumatic Stress Disorder Checklist (PCL-C) is a 17-item instrument developed by Weathers, Litz, Huska and Keane (1994) to measure PTSD among traumatized persons. It has 5 options on which participants are required to choose one for each of the 17 items as it applies to him/her. The options are 1 = Not at all, 2 = little bit, 3 = moderately, 4= Quite a bit and 5 = extremely. Higher scores on this scale indicate higher symptoms of PTSD. Weathers et al (1991) reported a Cronbach's alpha correlation reliability coefficient of 0.97.

Procedure

The researchers sought and obtained ethical clearance from Benue State Emergency Management Agency which is a body coordinating the activities in all the IDP camps in Benue State. Upon getting approval, the researchers established rapport with the respondents; after which their consent sought and granted. Thereafter, the researcher personally administered the questionnaire to IDPs within Makurdi LGA.

Data analysis

Data analysis was done with the use of SPSS version 21.0. Simple percentages were used for analysis and results presented in Tables and Pie Charts.
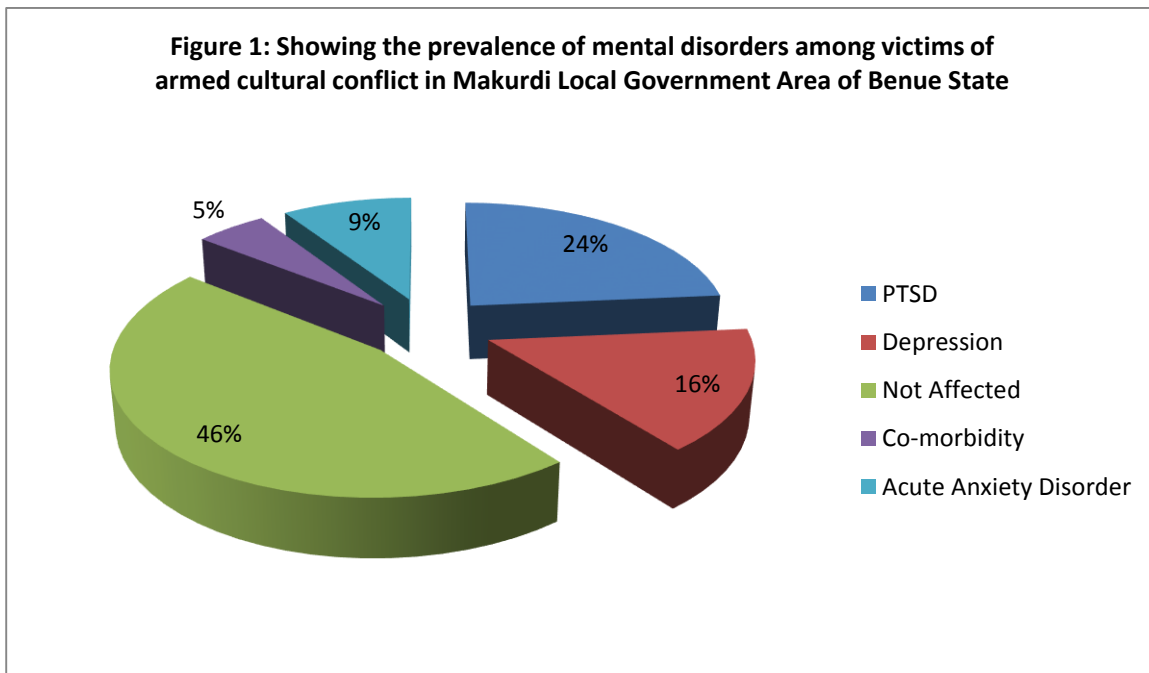
RESULTS AND DISCUSSION

The results derived from analysis of data are presented in tables 1 and 2 and figure 1 below and discussed accordingly.

Table 1: Showing the prevalence of mental disorders among victims of armed cultural conflict in Makurdi Local Government Area of Benue State

Mental Status of victims	Frequency	Percent
Post-traumatic Stress Disorder	79	23.6
Depression	53	15.8
Acute Anxiety Disorder	31	9.3
Not affected	155	46.3
Co-morbid-PSTD &Depression	17	5.1
Total	335	100.0

Source: Field Survey, 2020

The results presented in the table 1 above indicated that out of the 335 respondents surveyed 155 (46.3%) did not suffer any form of mental health. However, 79 (23.6%) suffered from posttraumatic stress disorder, 53 (15.8%) reported symptoms of depression, 31 (9.3%) reported symptoms of anxiety disorders and 17 (5.1%) reported symptoms of both depression and PTSD. This is further illustrated by the graph below.

Figure 1: Showing the prevalence of mental disorders among victims of armed cultural conflict in Makurdi Local Government Area of Benue State

These findings point to the fact that among the consequences of armed cultural conflict, the impact on the mental health of the civilian population is one of the most devastating. This study and other researches (Amande, 2020; Adesina & Kanmodi, 2019b) of the general population show a definite increase in the incidence and prevalence of mental disorders. This is because armed cultural conflict amount to threat to life, death of loved ones, lost of properties among other ills. It is therefore, convincing to accept that this ugly event leaves indelible psychological pain on the lives of victims.

Also, the study investigated gender difference in the prevalence rate of mental disorders among conflict victims and the results are presented in Table 2 below.

Table 2: *Showing gender difference in prevalence rate of mental disorder among victims of armed conflict in Makurdi-Benue State*

Sex	Frequency	Percent
Male	79	43.9
Female	101	56.1
Total	180	100.0

Source: Field Survey, 2020.

The results made available in Table 2 above show that female recorded higher (56.1%) level mental problem than males (43.9%) when exposed to armed cultural conflict. This is visually demonstrated as seen in figure 2 below

Figure 2: Showing gender difference in prevalence rate of mental disorder among victims of armed conflict
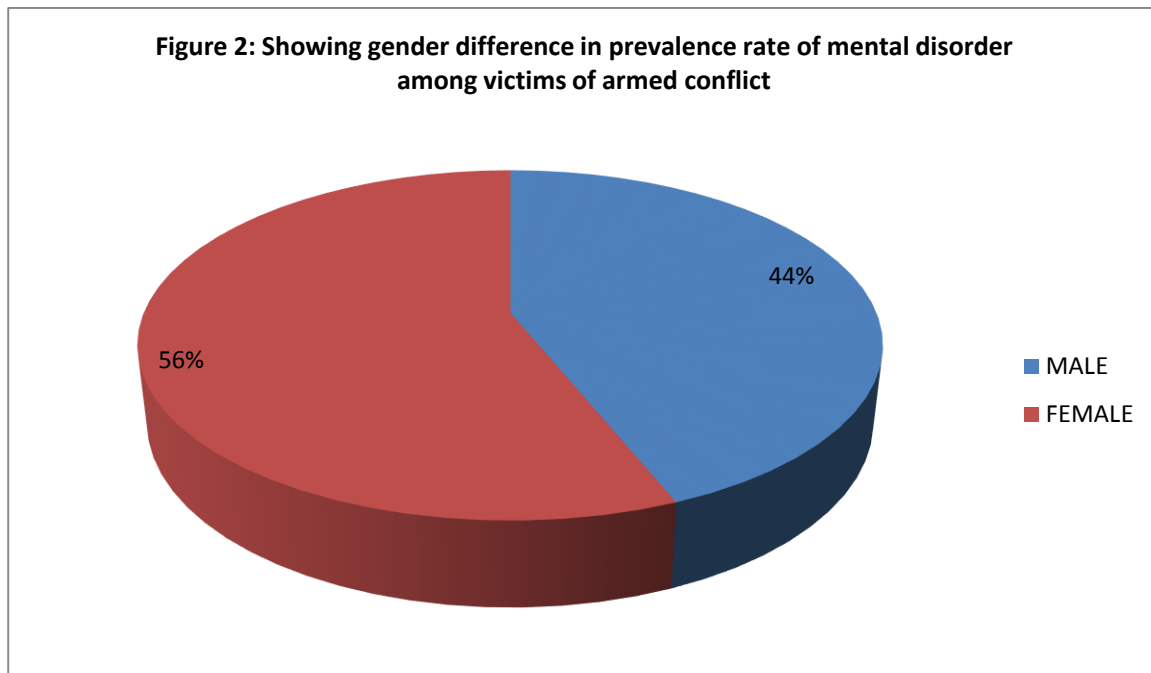
This is because women expressed concern on the safety of their husbands who are in the war front and their children who are dying of hunger; and these worries manifest themselves in loss of appetite, lack of sleep, nightmares, tiredness and irritability. According to Read (2017) gender is a commonly found risk factor in the development of mental disorders, with females being more vulnerable than males. Read (2017) suggested that this may be due, in part, to females' greater risk following excessive fear. This finding also supports Taiwo and colleagues' (2014) finding that the average score for female participants were higher than that for males on depressive and anxiety. However, Andreski, & Peterson (1991) reported that trauma is more likely to be experienced by men, by those with less education, and by people who has history of emotional problems. Experience of a traumatic event is surprisingly common, with estimates in the general community ranging from 51% of women and 61% of men (Kessler *et al*. 1995). Despite these contrary foreign-based findings, it is obvious from data collected from local sample and some other foreign studies that females are psychologically more affected than male adults during violent conflict.

CONCLUSION

The occurrence of a wide variety of psychological symptoms and syndromes in the populations in conflict situations is widely documented by available research. Also, this research provides evidence about the increase incidence psychological consequences of armed conflict among civilian population. There is no doubt that the populations in war and conflict situations should receive mental health care as part of the total relief, rehabilitation and reconstruction processes with special attention to be pay to females victims. As happened in the first half of the 20th century, when war gave a big push to the developing concepts of mental health, the study of the psychological consequences of the wars of the current century could add new understandings and solutions to mental health problems of general populations.

RECOMMENATIONS

Based on the findings of this study it was recommended as follows:
i. That health services offered to victims armed conflict should include both chemotherapy and psychotherapy in order to keep the flesh and the soul together and avert increasing incidence of mental disorders.

ii. Trauma healing protocol should be develop and integrated into care services in all IDP camps in Nigeria to help survivors of armed conflicts and other disasters cope very well without any form of emotional maladjustment.

iii. Victims of armed conflicts should be adequately compensated to at least provide succour that would reduce their psychological pains that may gradually result into chronic mental problems.

iv. Governments at all levels, non-governmental organizations, religious bodies and all well meaning individually should step out campaigns against armed conflicts and educate the masses on the need to live together in peace and harmony as sure way of promoting good mental health.

v. Security agencies should intensified efforts towards arresting perpetrators of violence and bringing them to face the wrath of the law to serve as deterrent to others.

LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FURTHER STUDIES

This study has contributed immensely to knowledge. However, it is limited in some aspects:

i. The researchers faced the challenge of translating the English versions of the study instruments into vernacular for internally displaced persons who were illiterate. Thus, the reliability and validity of such translations were not guaranteed.

ii. This study employed only quantitative approach of data collection thereby leaving the qualitative procedure of information gathering.

iii. The study was restricted to only adult IDPs, thereby excluding children and camp officials who are also integral parts of camping population

iv. It was therefore suggested that further studies should combined both quantitative and qualitative, make use of a validated locally translated instruments as well as include children and camp officials as study participants.

REFERENCE

Adesina, M. A. & Kanmodi, K. K. (2019a). Boko Haram terrorism in Nigeria. In Adesina MA, Kanmodi KK, J Merrick (Eds). The Boko Haram terror: Adversary to the wellbeing of Nigerian kids (pp. 47-70). New York, NY: Nova Science.

Adesina, M. A.& Kanmodi, K. K. (2019b). Boko Haram terrors: Impacts on the Nigerian child. In Adesina MA, Kanmodi KK, J Merrick (Eds). The Boko Haram terror: Adversary to the wellbeing of Nigerian kids (pp. 71-86). New York, NY: Nova Science.

Adesina, M. A., Kanmodi, K. K.& Merrick, J. (2019). The Boko Haram terror: Adversary to the wellbeing of Nigerian kids. New York, NY: Nova Science.

Amande, M. (2020). *Resilience and social support as predictors of posttraumatic stress disorder among internally displaced persons in Benue and Taraba States.* A published thesis submitted to postgraduate school Benue State University for the award of Doctor of Philosophy in Clinical Psychology

Goldberg DP & Williams P (1988). *A User's Guide to the General Health Questionnaire*. Windsor: nferNelson

Hagher, I. (10th January, 2013). *Fulani-Tiv at war in Nigeria, as President Jonathan helplessly looks on.* Premium Times

Ifeagwazi, C. M. & Ezema, J. (2010). Influence of house help status and self-esteem on the psychological health of Igbo (Nigerian) adolescents. *Nigerian Journal of Psychological Research*, 6,

Jooji, K., (2003) Posttraumatic symptoms and the complexity of response to trauma. *JAMA*; 290:667–670.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M. & Nelson C. B. (December 1994*). Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry. 52 (12): 1048–60.*

Mental Health and Psychological Support (MHPSS), Nigeria. (2018). Quarterly update April - June 2018. Available at: https://reliefweb.int/sites/relie_fweb.int/fil_es/resources/MHPSS%20 SWG%20QU ARTELY%20-%20Q202018%20-%20Updated.Large_pdf .

Morina, N., Akhtar, A., Barth, J. & Schnyder, U. (2018). Psychiatric disorders in refugees and internally displaced persons after forced displacement: A systematic review. *Front Psychiatry*, 9, 433.

Murthy, R. S. & Lakshminarayana, R. (2006). Mental health consequences of war: a brief review of research findings. *World Psychiatry*, 5(1), 25-30.

Osimen, G. U., Oyewole, O. O. & Akinwunmi, A. A. (2017). Fulani Herdsmen and rural communities/farmers conflict in Nigeria. *Journal of Social Science & Human Research,* 2(6), 72-89.

Osuagwu, E. S. & Olaifa, E. (2018). Effects of oil spill on fish production in the Niger Delta. *PLoS ONE*, 13(10), e0205114.

Read, J. (2017). Sexual Violence and the Boko Haram crisis in north-east Nigeria. Available at: https://odihpn.org/ magazine/sexual-violence-and-the-boko-haram-crisis-in-north-east-nigeria/

Rubin, J. Z., Pruitt, D. G. & Kim, S. H. (1994). *Social Conflict Escalation, Stalemate and Settlement* (2nd ed) New York: McGraw-Hill.

Tagurum, Y. O., Chirdan, O. O., Obindo, T., Bello, D. A., Afolaranmi, O. T., Hassan, Z. I. & Yilgwan, C. (2014). Prevalence of violence and symptoms of post-traumatic stress disorder among victims of ethno-religious conflict in Jos. Nigeria. Journal *of Psychiatry*, 15(18),178.

Taiwo, L. S., Mohammed, A., Agunbiade, S., Ike, J., Ebiti, W. N. & Adekeye, O. (2014) Psycho-trauma, psychosocial adjustment, and symptomatic post-traumatic stress disorder among internally displaced persons in Kaduna, North-western Nigeria. *Frontiers in Psychiatry,* 5(127): 1-6.

Taru, M. Y., Audu, M. D., Philip, T. F., John, D. F., Yushau, A. A., Nnaemeka, C. N. & Bamidele, L. I. (2018). Armed conflict and depression among heads of households in Dogonahawa, North-Central Nigeria: Prevalence and correlates. *Open Journal of Depression,* 7, 17-30.

The Readers Bureau (2014). Boko haram- Western Education is forbidden! Available at: https://thereadersbureau.com/ boko-haram-western-education-is-forbidden-2/

Virga, D., CurSeu, P. L., Maricutoiu, L., Sava, F. A., Macsinga, I. & Magurean, S. (2014). Personality, relationship conflict, and teamwork-related mental models. *PLoS ONE* 9 (12), e116425.

Weathers, F. W., Litz, B. T., Herman, D., Huska, J. & Keane, T. (1994). *The PTSD Checklist-Civilian Version* (PCL-C). Boston, MA: National Center for PTSD.

World Health Organization (2001). *World health report 2001 - Mental health: new understanding, new hope.* Geneva: Switzerland

World Health Organization (2005). *Resolution on health action in crises and disasters.* Geneva: World Health Organization.