



## Depression and Occupational Reintegration among IDPs in Jos

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### Abstract

*The recurring conflicts between nomadic Fulani herdsmen and local farmers in the north central part of Nigeria have led to the loss of lives, properties, and displacement of persons into camps. This study examines predictors of depression and occupational readiness for community reintegration among Internally Displaced Persons (IDPs) in Jos, Nigeria. This is a cross-sectional study of 248 adult IDPs selected through a systematic random sampling conducted in a selected camp in Jos. Depression was assessed using the Beck Depression Inventory- II scale (BDI-II), a 21 item scale that evaluates key symptoms of depression and a self-developed questionnaire to assess occupational readiness for community reintegration. The results indicated that depression is associated with occupational readiness for community reintegration ( $\beta = -.252$ ,  $R^2 = 0.064$ ,  $P = 0.00$ ). The study established that IDPs suffered from both physical and cognitive symptoms of depression which affected their occupational readiness into their communities. The result of this study points to the fact that IDPs are likely to experience both physical and cognitive symptoms of depression such as fatigue, reduced interest and motivation, difficulty in concentration and attention which impair their work function thus, affecting their occupational readiness to reintegrate into their communities. It is recommended that regular psychiatric services be provided to IDPs by the Federal Ministry of Health as part of medical services routine. Also, government at all levels should take concrete steps in resolving the re-occurring herdsmen-farmers' conflicts by creating ranches for the herdsmen in Nigeria.*

### Keywords

Depression, Berom, Fulani herdsmen, internally displaced persons, occupational reintegration, Nigeria

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### Introduction

Depression also known as depressive disorder is a common and serious mood disorder. Those who suffer from depression experience persistent feeling of sadness and hopelessness and lose interest in activities they once enjoyed. Aside from emotional problems caused by depression, sufferers can also present physical symptoms such as chronic pain or digestive issues. To be diagnosed with depression, symptoms must be present for at least two weeks (DSM-V, APA, 2013). The DSM-5 also outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either depressed mood or loss of interest or pleasure. The symptoms include: depressed mood most of the day nearly every day; diminished interest or pleasure in all or almost all activities of the day; significant weight loss or gain or a decrease in appetite when not dieting; slowing of thought and reduction of physical movement; fatigue or loss of energy nearly every day; feeling of worthlessness or excessive guilt nearly every day; diminished ability to think or concentrate, make decisions, and recurrent thoughts of death, or suicidal attempt (DSM-V, APA, 2013). Scholars such as Lam et al (2012) have established that depression is associated with significant impairment in occupational functioning.

In this paper, occupational readiness is perceived as a condition in which internally displaced persons (IDPs) and ex-combatants regardless of their mental health status are reintegrated into the mainstream of life through participation in daily occupations (Cole & Tufano, 2008). Occupational impairment on the other hand is contextualized as a condition in which IDPs with severe depression may have deficiencies or difficulties in returning to work and/or perform ultimately low at workplace due to their physical and mental health challenges. These challenges may include the inability to carry out daily tasks at work or suicidal ideations as a result of depressed mood and loss of interest which are likely to interfere with daily routine activities. It is imperative to understand that since Nigeria returned to a democratic government in 1999 after a protracted military rule, the country has been plagued by enormous security challenges, ranging from insurgency, election violence, kidnapping, Boko Haram insurgency, and of recent the recurrent clashes between Fulani herdsmen and local farmers in different parts of the country in particularly the north central Geo-political region and other parts of the country (Egbuta, 2018).

For instance, the conflicts between the herders and farmers in Jos south and part of Dogonahawa community in Barkin Ladi Local Government Areas of Plateau state resulted in the death of over 500 persons mostly women and children and displacement of others in 2010 (Taru et al, 2018). Other states including Benue, Taraba, Nasarawa states in the north-central axis of Nigeria and Zamfara, and Kaduna states in north western Nigeria have also witnessed deaths and displacement of persons (Egbuta, 2018). The south eastern and south-south geo political zones have also not been spared in recent times. For instance, more than 40 persons were killed by Fulani herdsmen in Nimbo Uzo-Uwani local government area of Enugu state, Nigeria in 2016 (Ikezue & Ezeah, 2017).

The recurring conflicts between the nomadic Fulani herdsmen and local farmers in some parts of Nigeria particularly in the north central zone, have assumed ethnic and religious dimensions resulting to loss of several lives, properties, and displacement of persons. The

displacement has become an immense problem considering its unpleasant consequences on victims such as loss of properties, means of livelihood, lack of access to good health services, and education. Survival is mostly dependent on government and donor agencies. The Nigerian government does not have enough resources to cater to the displaced forever. Therefore, IDPs need to supplement their means of livelihood by engaging in economic activities which can best be achieved when reintegrated back into their communities. Unfortunately, majority of IDPs are less likely to return to their communities. This could be attributed to perceived fear for renewed attacks and lack of adequate means of livelihood in their displaced communities. More so, mental disorders such as depression which is common among IDPs is a potential factor for impairments in occupational and other areas of functioning may significantly decrease readiness for reintegration and yet they have not been fully investigated among IDPs in Nigeria.

Research has shown that most studies conducted on IDPs in Nigeria have focused mainly on issues like the causes, effects, internal intervention, and provision of humanitarian aids to the IDPs (Okon, 2018), while issues associated with their mental health and occupational readiness for reintegration is often ignored during the reintegration process. Consequently, this study was conducted with IDPs in Nigeria to fill this gap. Community reintegration in the context of this study is considered as the ability for IDPs with depression to reintegrate into their communities despite their mental health challenges.

### **Theoretical framework**

This study is guided by Aaron Beck's cognitive theory of depression to explain depression as a predictor of occupational readiness among IDPs. The theory focuses more on people's beliefs rather than their behavior. According to Beck (1967), depression results from systematic negative bias in thinking processes. Beck further theorizes that when individuals experience stressful life events as in the case of IDPs. They tend to think negatively; hence such individuals are liable to develop depression. Other cognitive theorists of depression such as Ellis (1977) further emphasize that individuals who have specific maladaptive cognitive patterns of thinking are vulnerable to depression because they tend to engage in negative information processing about themselves and their experiences (Dagona, 2014). While the biological theorists opine that depression is as a result of hormonal changes or low rates of reinforcement in depressed persons. Beck believes that the essential issues to depression are the negative thoughts (Beck, 1967). Additionally, Beck believes that the negative automatic thoughts which most times appear out of the blue are caused by defective beliefs and are the source of depression in people rather than their behaviour (Beck, 1967). Essentially, the main argument is that depression is primarily caused by one's view of self rather than having a negative view of oneself due to depression which could be typical of vulnerable populations including IDPs (Beck, 1967).

Beck's most critical assumption is that depression is a cognitive disorder in which depressed persons hold negative self-schemata (beliefs) which are also referred to as "negative cognitive triad"(Beck, 1967). For instance, when depressed IDPs have a negative view of themselves, they may tend to believe that they are worthless, unlovable, deficient and defective; when they have a negative view about the world, in most cases they are always dissatisfied with their current life conditions hence, they tend to believe that the world is full of barriers, and when they have a negative view of the future, they always see their future as bleak with no potentials of achieving their desired goals. These beliefs which comprise feelings of worthlessness and hopelessness are some of the characteristics of depressed IDPs who have been forcibly displaced from their homes. Also depressed IDPs may also suffer from somatic problems including sleeping,

motivational disturbances (e.g. passivity and withdrawal), and affective disturbances (e.g. severe sadness), following these beliefs (Beck & Clark, 1997).

The cognitive theory of depression is relevant to this study because most IDPs who witnessed the killing, abduction, torture, rape, of their loved ones, or were sexually assaulted themselves are liable to experience depressive episodes because they are susceptible to develop negative self-schemas hence, they may have logical errors in their thinking. In terms of mood, depressed IDPs may often feel worthless, hopeless, reduced ability to think, concentrate, or make decisions, inability to experience pleasure, feel detached from others, and most often have recurrent suicidal ideation or attempts (American Psychiatric Association, 2013). It is therefore logical to reason that IDPs who manifest a myriad of the aforementioned depressive symptoms are likely to have challenges in returning to work or even perform poorly at given tasks following a depressive episode. The cognitive theory of depression describes how depressed IDPs go through stressful and traumatic events coupled with their negative perception of or reactions to those events.

However, as laudable as the theory may be, it has attracted some criticisms. For instance, the theory cannot be assessed empirically because the methodology of assessing and managing cases using the theory creates reliability issues (Dagona, 2014). Since culture influences the experience of depression (Klienman, 2004), other cultural theories including the explanatory model of depression which argues that in many cultures, depression is regarded as situational, supporting the belief that mental problems emanate from social problems rather than biological or cognitive factors (Alemi et al., 2016) could be applied to this study.

### **Review of literature**

Depression has been associated with occupational impairment (Lam et al., 2012). In recent times, attention has been focused on the high economic burden associated with depression as alluded by Lam and his coresearchers (2012). Although most of the studies that have been conducted to establish the relationship between depression and occupational impairment among workers have been in the western world, a few have been conducted in the Sub-Saharan African context. For instance, in a study conducted by Abamara, Oguegbe and Nnaemaka, (2015) to investigate depression in workplace among low cadre civil servants in Awka, Anambra state, Nigeria, it was found that the productivity of depressed low cadre civil servants was grossly affected. The practical implication is that when workers are depressed, they will not put in their best in their workplaces hence, their turnover is usually poor. Available literature have also established that depression being one of the most common mental disorders in the workforce is associated with protracted sick leave and difficulty in returning to work (Chénier, 2013; Myette, 2008; Ivandic et al., 2017).

In addition, depression has been found to have impacts on work functions, for example fatigue, a core depression symptom could impact on cognitive functions which is likely to be manifested by reduced concentration, forgetfulness, lack of alertness, and impaired decision making skills (Demyttenaere et al., 2005; Kim et al., 2009; Ricci et al., 2007). The manifestation of cognitive difficulties highlighted above might result in work constraints including reduced ability to complete a work task and failure to meet deadlines (Demyttenaere et al., 2005; Lam et al., 2012; Swindle et al., 2001). Studies have also documented that depressed workers are found to be less productive, lower presence at work; they operate at slower rates and make more errors (Greenberg et al., 2003). Still from the western world, researchers such as Erbes et al. (2011) found that veterans returning from Operations in Iraqi and Afghanistan diagnosed with PTSD, depression, and alcohol abuse reported lower levels of work role functioning.

In Kenya, the December 2007 presidential election results triggered crisis resulting to the killing and displacement of several people into camps. This crisis prompted researchers like Parsitau (2011) to conduct an ethnographic research between 2007 and 2010, with four Faith-based Organizations (FBOs) in Nakuru and Nairobi, Kenya to explore their role in reintegrating depressed IDPs into their communities. Parsitau in her work found that IDPs were exposed to a number of horrible traumatic events such as killings, gender-based violence, abductions, forced female circumcisions and male castration which resulted to severe depression. Consequently, humanitarian agencies and FBOs had to come to the rescue of the vulnerable IDPs by providing emotional and spiritual or religious support. The IDPs had earlier been displaced to various camps following the aftermath of the 2007 Kenyan presidential elections. Most of them were in state of despair, pains, sadness, hopelessness, poverty, insecurity, and subsequently with the interventions of the FBOs, they were given the hope to rise again and face the adversities confronting them. These support mechanisms served as a source of self-esteem, information, companionship to enable the depressed IDPs cope with stress and negative life events.

Similar studies in Uganda found that wars and displacement can lead to occupational change or deprivation among IDPs. For instance, McElroy et al. (2012) examined the effect of war, displacement, and occupation on IDPs in northern Uganda. The researchers found that the protracted war and displacement in northern Uganda had adverse consequences on IDPs' traditional occupations. The IDPs who prior to their displacement were engaged in traditional agricultural practices were forced to relocate into camps within northern Uganda; hence, they were deprived of their farming occupations. Sequel to their displacement, the IDPs were physically separated from their farming activities (McElroy et al, 2012). Their study further revealed that most of the study respondents particularly the female caregivers in a focus group discussion, reported that they had to engage in other activities such as brewing alcohol, charcoal business, petty trading, to augment their source of livelihood. The respondents generally reported that their traditional productive occupations were thwarted or even changed as a result of the prolonged war thus resulting in occupational deprivation (Whiteford, 2000).

In Nigeria, research on depression and occupational readiness for reintegration among survivors of herder-farmer conflict is relatively sparse. Even the available ones conducted have been limited to the causes, effects, and solutions to the recurring conflicts with little or no attention to the occupational functioning of the displaced victims. In examining the relationship between depression and occupational readiness for reintegration first, it is pertinent point out that in order to diversify from oil and gas which have been her major sources of revenue, the Nigerian government has emphasized the need to promote agriculture (Ajibo et al., 2018). Consequently, most citizens have opted to invest in farming, while others are into livestock and cattle breeding. Conversely, while engaging in these agricultural ventures, there has been increased competition over available land resources between herders and local farmers in many parts of Nigeria in recent times (Ajibo et al., 2018).

However, there have been reported cases of conflicts between Fulani herdsmen and farmers in the north central states of Benue, Plateau, and Nasarawa and other parts of Nigeria (Egbuta, 2018). The aftermath of these conflicts which led to the displacement of camps is mainly as a result of scarce resources and grazing land (Abbas, 2012). The disputes between the two warring groups (Fulani herdsmen and farmers) have forced many people to flee their homes into IDP camps seeking for shelter and safety because their homes and properties had been destroyed (Egbuta, 2018). Furthermore as a result of the clashes, some have suffered severe depression caused by traumatic experiences having witnessed or being subjected to gross violation of human rights such

as killings, torture, rape, sexual violence, family separation, and displacement from homes (Kari & Collins, 2019). A high prevalence of depression has also been documented among IDPs in northeast Nigeria (Nwoga et al., 2018)

Studies on herdsmen farmers' clashes in Nigeria have revealed that attacks on some communities by Fulani herdsmen and equally the retaliatory attacks by the farmers on the herdsmen often lead to the manifestation of depressive symptoms which by implication may interfere with the occupational functioning of survivors thus affecting their decision to reintegrate into their communities (Ezeonwuka & Orizu, 2018). The researchers further argue that the destruction caused by the Fulani herdsmen attacks on lives and properties of the farmers coupled with the rape of women and kidnapping is enough to create frustration and hopelessness hence, their psychological state degenerates into depression. The researchers also maintain that in circumstances where IDPs are deprived of basic needs and restricted to camps, they are liable to experience low moods, loose interest in the future, and become hopeless hence, their psychological state degenerates into depression (Ezeonwuka & Orizu, 2018). In agrarian communities of Nasarawa State Nigeria, farmers affected by herders' attack, are driven out of such communities thus becoming IDPs in neighboring states. Those who stay behind in the villages are afraid to go back and engage in farming activities in remote areas because of the fear of being attacked by the herdsmen (Kari & Collins, 2019). Given the myriad symptoms of depression which include excessive worry about safety and sudden attack, restlessness, fatigue, and lack of concentration, sleeping problems, it is likely that the manifestation of those symptoms will impair occupational functioning of depressed persons.

Studies on depression and occupational reintegrate among IDPs in Nigeria is sparse, therefore the purpose of this study is to examine predictors of depression and occupational readiness for community reintegration taking into cognizance that previous studies have mainly focused on the causes, implications, challenges, and mitigations of herdsmen- farmers' clashes in Nigeria without addressing the mental health challenges of victims (IDPs) and their occupational readiness to reintegrate into their communities. Against this background, we hypothesized that there is no association between depression and occupational readiness for community reintegration among IDPs in Nigeria.

## Method

### *Design*

A cross-sectional quantitative survey study was conducted to assess predictors of depression and occupational readiness for community reintegration among IDPs in Nigeria. The quantitative approach was employed because we used a large number of IDPs with mental health challenges as participants wherein data was collected through questionnaires and further analysed using computer techniques. This approach was preferred against the qualitative approach because of its objectivity and accuracy, and generalisation of results (Connolly, 2007).

### *Participants*

The participants for this study were drawn from Geo-Sciences IDP Camp, comprising 86 (34.7%) males and 162 (65.3%) females randomly selected participated in the study. Their ages ranged from 18 years to 80 years. Participants who fell within the age group of 28-37 years representing were 65(26.2%). In terms of marital status, 152 of the participants (61.3%) were married while 44 of them representing (17.7%) were single. Widowed participants were 51(20.6%), with only one divorcee (0.4%) as at the time of the study. Majority of the participants 100 (40.3%) had secondary education, followed by 70 (28.2%) those with primary school education. Twenty-nine participants

(11.7%) had diploma certificates, 11 participants with university degrees, and representing (4.4%) of the study participants, while those with adult education were 38 in number constituting (15%). Internally displaced persons (IDPs) in this study were identified as people living within the camp (GeoSciences IDP Camp) and have been displaced following herdsmen attack on some Berom communities in BarkinLadi and parts of Jos south Local government Areas (LGAs) of Plateau state, north central Nigeria as shown in Table 1 below

Table 1: Demographic characteristics of participants

	Frequency	Percentage (%)
Age		
18-27yrs	46	18.5
28-37yrs	65	26.2
38-47yrs	59	23.8
48-57yrs	40	16.1
58-67yrs	24	9.7
68 and above	14	5.6
<b>Total</b>	<b>248</b>	<b>100</b>
Gender	86	34.7
Male	162	65.3
Female	248	100
<b>Total</b>		
Marital Status		
Single	44	17.7
Married	152	61.3
Widowed	51	20.6
Divorced	1	.4
<b>Total</b>	<b>248</b>	<b>100</b>
Level of Education	38	15.3
Adult Education	70	28.2
Primary School	100	40.3
Secondary School	29	11.7
Tertiary Education	11	14
University	248	100
<b>Total</b>		

#### *Sampling technique*

A systematic random sampling technique using a sampling interval of ten was employed in the study. A register of all IDPs in the camp was obtained from the camp commandant. A list of those aged 18 years and above was extracted from the register by an independent person according to the date of admission into the camp and it gave a total of 3,500 persons. The first respondent was selected using simple random sampling. Nine (9) pieces of paper were labeled “X” and one labeled “Y”. The labels on the papers were concealed and shuffled in an opaque box and the first 10 participants on the list were asked to pick one at a time in their order with replacement until the paper labeled “Y” was picked. Participant number two was the first to pick the “Y” labeled paper hence position two was selected as the starting point until the required sample size of 348 was reached.

### *Instruments*

#### *Beck Depression Inventory-II (BDI-II)*

Depression was assessed using the Beck Depression Inventory (BDI-II). It is a 21-item questionnaire, which evaluates key symptoms of depression. The items include mood, pessimism, and sense of failure, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido.

#### *Scoring*

The instrument is scored on a scale value of 0 to 3. The total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. Participants who scored the above cut point of 19 were classified as having moderate to severe depression (A. T. Beck et al., 1961). The scale has a high internal consistency of (alpha greater than or equals to (0.84), and reliability test exceeding (0.75). The instrument has excellent psychometric properties and is widely used in research for identifying the presence of depression severity in accordance with DSM-IV criteria (Beck et al., 1961). It is pertinent to note that the BDI-II instrument is structured in English and may be difficult for the participants to adequately comprehend hence, resulting in limited information provided by the participants.

However, to mitigate this, the instrument has been successfully applied in various cultural settings including Nigeria (Adewuya et al., 2007). For the purpose of this study, the Cronbach alpha was ( $\alpha = 0.93$ ) indicating that the instrument was reliable and adequate for the study. Overall, of the 248 participants comprising 86 males and 162 females screened for depression, 57 participants have shown the presence minimal depression, 31 with mild depression, 48 with moderate depression, and 112 participants diagnosed with severe depression. The high prevalence of depression among the study participants could be attributable to the fact that most of them were exposed to stressful situations beyond their control, hence they are unable to make decisions or engage in any purposeful activities.

#### *Occupational readiness for community reintegration*

Occupational readiness for community reintegration was assessed using a scale developed by the authors through four steps:

- 1) The first step was item development which involved coming up with items intended to measure occupational readiness for community re-integration. These items were developed on the basis of the researcher's experience, as well as a review of literature, and interview of expert psychologists and key-informants that included individuals working with refugees and IDPs.
- 2) A total of 6 items were formulated and categorized into the constructs or domain of occupational readiness.
- 3) The third step involved recruitment of 10 subject-matter experts and requested them to rate each item on its relevance to measuring occupational community re-integration.
- 4) Using the Cicchetti and Sparrow (1981) Intraclass Correlation Coefficient (ICC) intervals to establish inter-rater reliability.

Intraclass Correlation Coefficient (ICC) based on the 6 items by a group of 10 psychologists, and its 95% confidence intervals were calculated using SPSS statistical package version 25 (SPSS Inc, Chicago, IL) based on a mean-rating, two-way mixed-effects model, and absolute agreement. The results revealed a Cronbach Alpha ( $\alpha$ ) of occupational readiness (3 items;  $\alpha = .610$ ) which is within an acceptable range (Cicchetti, & Sparrow, 1981). Thus, there was a relatively high inter-rater reliability for the 6 items of the occupational readiness scale. We however conducted a pilot study to come up with the inter-item reliability of the scale for the study.

### *Procedure*

Data was collected between November and December 2018, six months after the June 2018 Fulani herdsmen attack on some Berom communities in BarkinLadi and parts of Jos south Local Government Areas (LGAs) of Plateau State, north central Nigeria. Data collection took place after a period of 15 days with an average of 30 questionnaires daily. At the end of data collection, participants were assured that their privacy/identity will not be compromised because data will be released to a third party by publishing it. No financial or material inducement was given to the study participants. Data processing and analysis lasted for six weeks and 10 days respectively.

### *Data analysis*

Data collected was entered into the Statistical Package for Social Sciences version 22 (SPSS 22) software. Descriptive statistics were used to summarize the data while inferential statistics were used to test for significant associations and predictors. Linear regression was used to test the study hypothesis.

### *Ethical consideration*

Ethical approval was obtained from the Ethics Committee of the Research and Development department, Plateau State University Boko Plateau State, North central Nigeria (Review Number: PLASU/REC/000025/2018) in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki. Both the study questionnaires and methodology were approved by the Ethics Committee. Permission was also granted by the camp commandant of Geo-Science IDP camp to utilize the IDPs and the camp facilities for this study. All the study participants consented to participate in the study by giving their verbal and written informed consent. Adults aged 18 years and above who are residents of the camp were eligible for inclusion in the study. Eligible participants who were either physically incapacitated or those with debilitating medical or surgical conditions which could impair with their ability to participate in the study were given the chance to decide whether to participate or not. To guarantee anonymity, names were not included in any of the study findings and no financial inducement was given to any participant before their inclusion in the study. Two research assistants were employed to administer the questionnaires.

## **Results**

The study hypothesis stated that depression is not associated with occupational readiness for community reintegration among IDPs in Nigeria. Linear regression was used to test the study null hypothesis, which stated that depression does not predict readiness for community reintegration of IDPs in Nigeria. The result is presented in Table 2 below:

Table 2: Showing depression and occupational readiness for community reintegration

Model	Unstandardized		Standardized	t	Sig.	R <sup>2</sup>	Adj. R <sup>2</sup>
	Coefficients		Coefficients				
	B	Std. Error	Beta				
(Constant)	18.933	.421		44.922			
Depression	.061	.015	-.252	- 4.089	.0005	.064	.060

a. Dependent Variable: Occupational Readiness for community reintegration. What is the “a” for?

Results in table 2 show that there is a significant positive relationship between depression and occupational readiness for community reintegration among IDPs in Nigeria ( $R^2 = 0.064$ ,  $P = 0.0005$ ). The model summary has  $R^2 = 0.064$  significant at  $p = 0.0005$ . This implies that in the overall model, depression accounts for 6.4% variation in occupational readiness for community reintegration. It also implies that IDPs with depression have only 6.4% chances of occupational readiness to reintegrate into their communities. The result therefore shows that occupational readiness for community reintegration is significantly lower with increasing depression among IDPs in Nigeria.

The relationship between depression and occupational readiness for reintegration across the demographic variables of age, gender, marital status, and educational level were also tested. Results are shown in table 2 below.

Table 3: Showing relationship between depression and occupational readiness across demographic variables.

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	8.397	3.710		2.263	.025
Age	.025	.066	.030	.374	.709
Gender	2.512	1.753	.096	1.433	.153
Marital Status	4.862	1.553	.247	3.130	.002
Level of education	.723	.607	.079	1.192	.234

As presented in table 3 above, marital status significantly predicted depression ( $p = 0.002$ ), with 24.7% variation in depression due to marital status; however, socio-demographic factors of age ( $p = 0.709$ ), gender ( $p = 0.153$ ), and level of education ( $p = 0.234$ ) had no significant predictive relationship with depression as  $p$ -values were greater than 0.05.

## Discussion

In this study we examined the relationship between depression and occupational readiness for community reintegration among IDPs in Nigeria. We had initially hypothesised that depression will not be significantly associated with occupational readiness for community reintegration among IDPs in Nigeria. However, the result showed that there is a significant positive relationship between depression and occupational readiness for community reintegration among IDPs in Nigeria. The implication of the result of the study is that following the attack on the Berom farmers by the herdermen, the farmers suffered from both physical and cognitive symptoms of depression

such as decreased energy, sleep, disturbances, reduced interest and motivation, difficulty in attention and concentration which is likely to negatively affect their decision to reintegrate into their communities.

The finding is congruent with that of McElroy et al. (2012) who explored the effect of war, displacement, and occupation on IDPs in Northern Uganda. McElroy and co-researchers documented how displaced IDPs were deprived of their traditional farming occupations while in camp; hence, they were forced to change their occupation following war and displacement and this resulted in occupational dysfunction. This finding could be further explained in terms of what Whiteford (2000) refers to as “occupational deprivation”, a condition in which vulnerable persons such as the IDPs are unable to engage in their traditional occupational farming due to external restrictions. The result of our study however contradicts that of Parsitau (2011) who in her Kenyan ethnographic study in 2011 found that despite the depressive episodes experienced by IDPs such as killings, gender based violence, abductions, forced female circumcisions, male castration, humanitarian agencies and FBOs were able to provide emotional and spiritual or religious support to vulnerable IDPs. Most IDPs who were in state of despair, pains, sadness, hopelessness, poverty, insecurity, were given the hope to rise again and face the adversities confronting them. The support mechanism provided by the FBOs and other humanitarian agencies served as a source of self-esteem, information, and companionship which enabled the IDPs to cope with stress and negative life events.

The emotional and spiritual support given to the IDPs by the FBOs in Parsitau’s study was enough for the IDPs to develop resilience thus cushioning the effects of depression and reintegrated into their communities to resume their occupational farming activities which hitherto they were deprived of following the outbreak of the December 2007 Kenyan violence. The finding of Parsitau’s study therefore signifies the importance of psychosocial support in occupational readiness for community reintegration. A possible explanation for this result could be attributable to the emotional and spiritual support given to the IDPs in Parsitau’s study which our study participants lacked.

In examining the relationship between depression and occupational readiness across socio-demographic variables of age, gender, marital status, and educational level, we found that only marital status was associated with depression and occupational readiness. The implication of our result is that depressed married IDPs are liable to experience both physical and cognitive symptoms of depression such as fatigue, reduced interest and motivation, difficulty in concentration and attention which impair with their work function thus, affecting their occupational readiness to reintegrate into their communities.

The result of this study also points to the fact that studies related to reintegration of IDPs in Nigeria have mostly been conducted on temporary basis wherein preference is mainly given to IDPs’ physical security while their mental alertness has been mostly ignored. However, despite the provision of physical security, most IDPs with severe mental health challenges such as depression may not be able to reintegrate into their communities because of impairments in their occupational functioning.

### **Strengths and limitations of the study**

Like any other study, our study has some strengths and limitations which must be acknowledged. First, the result of this study demonstrates that there is a significant positive relationship between depression and occupational readiness among IDPs in Jos, north central Nigeria. The study outcome provides a baseline data for future research work particularly on occupational readiness

for community reintegration of IDPs with depression to scholars, mental health practitioners and policy makers. The result also creates awareness among the IDPs on their rights to voluntarily reintegrate in safety and with dignity to their homes or places of habitual residence or to settle voluntarily in another part of the country as enshrined in the 1998 United Nations (UN Guiding principles on internal displacement). The result of this study is a milestone achievement as it intends to keep the international community and Nongovernmental organizations (NGOs) abreast of the IDPs' situation in Nigeria in terms of their occupational readiness to reintegrate into their habitual places of residence.

However, despite the strengths of the study, there are limitations which must be taken into account when considering the contribution of this study. First, the literature on IDPs reintegration is replete with studies on physical reintegration with less emphasis on their mental reintegration. Secondly, the study was obtained from a sample size solely of the Berom ethnic group in Plateau state North- Central Nigeria; hence the need to carry out similar study with a larger sample size is justifiable to provide internal validity of the results. The limitations can be seen as fruitful avenues for future research under the same area.

The implication of this result is that victims of herdsmen displacement diagnosed with depression are likely to experience impairment in occupational functioning which could have negatively affected their decision to reintegrate into their communities. The clinical implication here is that if adequate attention is not given to the outcome of the study, there is the propensity that ineffective treatment approach will be carried out on the vulnerable IDPs thus, further aggravating their predicaments. Furthermore, lack of timely and appropriate intervention will expose the IDPs to more adversities.

## Conclusion

We examined the relationship between depression and readiness for reintegration among IDPs in Jos, north central Nigeria in the domain of occupational readiness which has not been adequately investigated among victims of herdsmen farmers' clashes in Nigeria. The result established that depression is positively and significantly associated with occupational readiness for community reintegration. This result is similar to other studies which have also established that severe depressive episode can impair all types of work functions in persons diagnosed with clinical depression (Lam et al., 2012). Based on the results, we therefore recommend that government at all levels in Nigeria should take concrete steps in resolving the reoccurring conflicts between the herdsmen and local farmers by creating ranches for the herdsmen in Nigeria. Traditional and religious leaders should also be involved by ensuring that they come up with strategies in resolving the persistent herdsmen farmers' conflicts which have remained unabated and has attracted the attention of the international community.

## Reference

- Abamara, N.C., Ezeh, L.N., Oguebe, T., Matthew, A., Thadeus, E. (2019). Dpression in workplace among low cadre civil servants in Awka, Nigeria: A factorial study of gender and self-esteem. *Journal of Industrial and Organisational Behaviour in Africa*, 1(1), 37-57.
- Abbas, I. M. (2012). No retreat no surrender conflict for survival between Fulani cattle herders and farmers in northern Nigeria. *European Scientific Journal*, 8(1), 331–349.
- Adewuya, A. O., Ola, B. A., & Aloba, O. O. (2007). Prevalence of major depressive disorders and a validation of the beck depression inventory among Nigerian adolescents. *European*

- Child and Adolescent Psychiatry*, 16(5), 287–292. <https://doi.org/10.1007/s00787-006-0557-0>.
- Alemi, Q., Weller, S. C., Montgomery, S., & James, S. (2016). Afghan refugee exploratory models of depression: Exploring core cultural beliefs and gender variations. *Medical Anthropology Quarterly*, 31(2), 177–197.
- Ajibo, H. T., Onuoha, E. C., Obi-Keguna, C. N., & Okafor, A. E. (2018). Dynamics of farmers and herdsman conflict in Nigeria: The implication to Social Work Policy Intervention. *International Journal of Humanities and Social Science*, 8(7), 157–163. <https://doi.org/10.30845/ijhss.v8n7p16>.
- American Psychiatric Association. (2013). DSM-V. In *Diagnostic and statistical manual of mental disorders* (5th edition).
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). Inventory for measuring depression. *Archives of General Psychiatry*, 6, 561–571. <https://doi.org/doi:10.1001/archpsyc.1961.01710120031004>.
- Beck, Aaron T. (1967). *Depression: Clinical, experimental and theoretical aspects*. (Eds.). New York, Hoeber Medical Division, Harper & Row.
- Beck, Aaron T., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behaviour Research and Therapy*, 35(1), 49–58. [https://doi.org/10.1016/S0005-7967\(96\)00069-1](https://doi.org/10.1016/S0005-7967(96)00069-1).
- Chénier, L. (2013). Depression in the workplace. In *Conference Board of Canada*. [https://doi.org/10.1016/S0755-4982\(06\)74700-5](https://doi.org/10.1016/S0755-4982(06)74700-5)
- Cole, M. B., & Tufano, R. (2008). Applied theories in occupational therapy: A Practical approach. In *Applied Theories in Occupational Therapy: A Practical Approach* (3rd Ed.). SLACK Incorporated, USA.
- Dagona, Z. K. (2014). *An analysis of trauma resilience among Hausa young people affected by ethno-religious violence in Jos* [University of Bradford]. <http://hdl.handle.net/10454/6323>.
- Demyttenaere, K., De Fruyt, J., & Stahl, S. M. (2005). The many faces of fatigue in major depressive disorder. *International Journal of Neuropsychopharmacology*, 8(1), 93–105. <https://doi.org/10.1017/S1461145704004729>.
- Egbuta, U. (2018). Understanding the herder-farmer conflict in Nigeria. In V. Gounden (Ed.), *Conflict Trends* 1, (3), 40–48. The African Centre for the Constructive Resolution of Disputes (ACCORD).
- Ellis, A. (1977). *Anger—How to live with and without it*. Secaucus, NJ: Citadel Press.
- Erbes, C. R., Kaler, M. E., Schult, T., Polusny, M. A., & Arbisi, P. A. (2011). Mental health diagnosis and occupational functioning in National Guard/Reserve veterans returning from Iraq. *Journal of Rehabilitation Research and Development*, 48(10), 1159–1170. <https://doi.org/10.1682/JRRD.2010.11.0212>.
- Evans-Lacko, S., & Knapp, M. (2016). Global patterns of workplace productivity for people with depression: absenteeism and presenteeism costs across eight diverse countries. *Social Psychiatry and Psychiatric Epidemiology*, 51(11), 1525–1537. <https://doi.org/10.1007/s00127-016-1278-4>.
- Ezeonwuka, I., & Orizu, O. (2018). Fulani herdsman attacks on farming communities: Psychological implications. *Practicum Psychologia*, 8(1), 156–166.
- Greenberg, P. E., Kessler, R. C., Birnbaum, H. G., Leong, S. A., Lowe, S. W., & Berglund, P. A. (2003). The economic burden of depression in the United States: How did It change between 1990 and 2000? *The Journal of Clinical Psychiatry*, 64(12), 1465–1475.

- Ikezue, C. E., & Ezeah, P. (2017). Recurrent conflicts among migrant fulani herdsmen and indigenous communities of southern Nigeria: A review of literature. *International Journal of Health and Social Inquiry*, 3(1), 152–169.
- Ivandic, I., Kamenov, K., Rojas, D., Cerón, G., Nowak, D., & Sabariego, C. (2017). Determinants of work performance in workers with depression and anxiety: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 14(5). <https://doi.org/10.3390/ijerph14050466>.
- Kari, A. G. U., & Collins, O. (2019). Humanitarian crises management and farmers- herdsmen conflict in Nasarawa State : An assessment of the management of internally displaced persons. *International Journal of Science and Research*, 8(6), 652–660.
- Kim, S., Cranor, B. D., & Ryu, Y. S. (2009). Fatigue : Working under the influence. *Proceedings of the XXIst Annual International Occupational Ergonomics and Safety Conference, June*, 317–322.
- Klienman, A. (2004). Culture and depression. *New England Journal of Medicine*, 35(10), 951–953. doi:10:1056/nejmp048078.
- Lam, R. W., Erin E.Michalak, David J.Bond, Edwin M.Tam, Auby Axler, & Yatham, L. N. (2012). Which depressive symptoms and medication side effects are perceived by patients as interfering most with occupational functioning ? *Depression Research and Treatment*, 2012, 6. <https://doi.org/10.1155/2012/630206>.
- McElroy, T., Muyinda, H., Atim, S., Spitta, P., & Backman, C. (2012). War, displacement and productive occupations in northern uganda? *Journal of Occupational Science*, 19(3), 198–212. <https://doi.org/10.1080/14427591.2011.614681>.
- Myette, T. L. (2008). Research on depression in the workplace: Where do we go from here? *Journal of Occupational and Environmental Medicine*, 50(4), 492–500. <https://doi.org/10.1097/JOM.0b013e31816f855a>.
- Nwoga, C.N., Dakwak, S.J., Agbir,T.M., Audu, M.D., Goar, S.G.,Tungchama, F.P., Davou, F.J., Okonoda, J.T., & Maigari, Y.T.(2018). Functional disability and depression among internally displaced persons in north east Nigeria. *Journal of Biological research and Clinical Practice*, 1(1), 37-45.
- Okon, E. O. (2018). Internally displaced persons in Nigeria: Review of empirical studies. *American International Journal of Social Science Research*, 2(1), 28–38. <https://doi.org/10.46281/aijssr.v2i1.165>.
- Parsitau, D. S. (2011). The role of faith and faith-based organizations among internally displaced persons in Kenya. *Journal of Refugee Studies*,24(3), 493–512. <https://doi.org/10.1093/jrs/fer035>.
- Ricci, J. A., Chee, E., Lorandean, A. L., & Berger, J. (2007). Fatigue in the U.S. workforce: Prevalence and implications for lost productive work time. *Journal of Occupational and Environmental Medicine*, 49(1), 1–10. <https://doi.org/10.1097/01.jom.0000249782.60321.2a>
- Smith, J. L., Rost, K. M., Nutting, P. A., Libby, A. M., Elliott, C. E., & Pyne, J. M. (2002). Impact of primary care depression intervention on employment and workplace conflict outcomes: Is value added? *Journal of Mental Health Policy and Economics*, 5(1), 43–49.
- Swindle, R., Kroenke, K., & Braun, L. A. (2001). Energy and improved workplace productivity in depression. *Research in Human Capital and Development*, 14, 323–341. [https://doi.org/10.1016/s0194-3960\(01\)14013-8](https://doi.org/10.1016/s0194-3960(01)14013-8).
- 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(2), 17–30. <https://doi.org/10.4236/ojd.2018.72002>.
- Whiteford, G. (2000). Occupational deprivation: Global challenge in the new millennium. *British Journal of Occupational Therapy*, 63(5), 200–204. <https://doi.org/10.1177/030802260006300503>.