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## EFFECT OF DIDACTIC COUNSELLING STRATEGIES ON ANXIETY AND AGGRESSION DISORDERS OF INTERNALLY DISPLACED PERSONS IN CENTRAL ZONE OF ADAMAWA STATE

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### Abstract

*This study investigated the effect of didactic counselling on anxiety and aggression disorders of Internally Displaced Persons in Camps in Central Zone of Adamawa State, Nigeria. The study was guided by four research questions and four research hypotheses. The study adopted a quasi-experimental research design; with two experimental group (camp A and B) and a control group named, Camp C. The population of the study consists of 1,761 IDPs in Central Senatorial Zone in Adamawa State. To arrive at the sample size for the study; purposive sampling technique was used to select 60 IDPs who score 40% on PTSD. The instrument was validated and trial tested using Cronbach Alpha, that revealed an internal consistency for Cluster A as 0.925; Cluster B as 0.861; Cluster C as 0.846; Cluster D as 0.784. The sampled respondents were divided into three groups that is two experimental group (camp A and B) and control group (camp C). The research was then carried out in three phases: Phase 1: Pre-test Phase; Phase 2: Treatment Phase; and Phase 3: Post-treatment Phase. The data gathered were analysed using both descriptive statistic of mean and standard deviation and inferential statistics of one-way ANOVA and t-test. The findings revealed that: anxiety disorder (3.20) and aggression (2.96) are the major PTSDs experienced by IDPs in Central Zone of Adamawa State, Nigeria. The hypotheses also revealed that there is no significant difference in the pre-test mean scores between the control and experimented groups, since  $F(2, 59) = 3.008, p=0.057$ . Thus, the study concludes that there is a significant effect of didactic counselling in treating anxiety disorder and aggression among IDPs living in camps in the Central Zone of Adamawa State. The study recommends amongst others that camp authorities and humanitarian organizations should integrate didactic counselling services into their mental health support programs for IDPs.*

**Keywords:** Didactic Counselling; Post-Traumatic Stress Disorders; Anxiety Disorder; Aggressive Behaviour; Internal Displaced Persons

## 1.0. INTRODUCTION

The Africa Centre for Strategic Studies (2021) estimated about 32 million Africans being forcibly displaced by conflicts and repression in 2021. Libya, Ethiopia, Sudan, Burkina Faso, Mozambique, South Sudan, Mali and Nigeria are hardest hit. In Nigeria, the cause of displacements included violent ethnic, religious and political conflicts, natural disasters (flooding), erosion in the East, Bakassi returnees, oil spillage in Niger Delta and herdsmen-farmer clashes in the North-central and North-east as social vices in Nigeria. This also includes government-armed group conflicts in North-West, kidnappings and extortion and insurgency in in North-Eastern part of the country which Adamawa state is a part. These incidents have generally made people and families internally displaced in their own country. The 1998 Guiding Principles on Internal Displacement described internally displaced persons (IDPs) as individuals or groups compelled to depart their homes or areas of habitual residence (Internal Displacement Monitoring Centre, IDMC, 2016). This is due to/or to avoid armed conflict, generalised violence, human rights violations, natural or human-made disasters and not crossing an internationally recognised state border. Internal displacement deprives people of jobs, homes and security. According to Adekola, Azuh, Amoo and Brownell (2019), displacement victims are also at risk of arbitrary detention, enforced disappearances, forced conscription, human trafficking, sexual assault, loss of suitable health care, deprivation of food, loss of education opportunities and other cruel effects.

Post-traumatic stress disorder (PTSD) is an emotional disorder that is characterized by the experience of some symptoms after exposure to an extreme traumatic experience. According to Omasu, Hotta, Watanabe and Yoshioka (2018), PTSD is a generic term for numerous mental and physical problems that result from disaster-induced profound heart traumas. The trauma may involve the victim passing through an experience of violence, kidnapping, sexual assault, torture, being a hostage, prisoner of war, disaster, violent car accident, or a life-threatening sickness. Along this thinking, Kaminer and Eagle (2010) explain that most displaced people feel some anxiety when they witness some traumatic events. For instance, anxiety, mild depression, upsetting thoughts and memories of a trauma and difficulties sleeping are common instances that cause a trauma to a refugee. Many IDPs experience the post-traumatic stress disorders as a result of their past traumatic experiences from environmental aggressions and insurgency in their community. These situations give cause for investigating further on post-traumatic stress disorders of IDP people.

Safak (2012) indicates that anxiety is a PTSD symptom that is harmful and disruptive condition that endangers the individual's life in society. Such anxiety leads to an unpleasant emotional reaction that leads to restlessness and fear. Kumar-Das, Halder and Mishr (2014) noted that anxiety in IDPs interferes with their concentration and memories. This can often deny the victims a successful living that allows for fruitful business activity. They may lose concentration have but resort to negative responses to other people. It is claimed that certain mental and behavioural features are closely connected with past traumatic experiences (Mirchaulam, 2021). It is therefore not strange that the Islamic insurgents' incursions may suffer serious traumatic feelings that keep them in discomfort. This is the case often associated with the victims of the Boko Haram affected IDPs in Adamawa State in the Central Zone. The present study will look into anxiety disorders

among IDPs who had witnessed Boko Haram terrorism that they had passed through. Such citizens in Adamawa State have had a bad history that needs some attention to assist them out of the messy distress mercilessly murder their loved ones and destroy family compounds, schools and the entire town.

Aggression is rage and intent to attack others. Kulesza (2015) defined aggression as deliberate human behaviours that threaten or hurt the physical, mental and social well-being of others (i.e., causing pain, suffering, destruction and loss of values). Due to their terrible experiences, male and female IDPs may have it. According to Qouta, Raija-Leena, Miller and El-Sarraj (2017), IDPs are often violent and revengeful. This is because most IDPs witnessed their loved ones being killed, maimed or raped, or even watched their properties being burned, thus they may become hostile towards people, government and groups, hence Quota et al. assertion may be right. Since most IDPs in camps within the Central Zone of the State have witnessed or experienced social vices like insurgency, farmer-herder confrontations and ethno-religious crises, the prevalence of aggression may exist amongst them. However, Adamawa Central Zone IDP camps lack concrete evidence to back this assertion. Therefore, the study assumes a need to investigate this claim and possibly offer a counselling treatment strategy, as non-treatment of aggressiveness may lead these IDPs to engage in various forms of verbal aggression (such as using bad words, abuses, threatening and names calling) towards colleagues, elders, school and camp authorities.

Counselling helps people with emotional, mental, psychological, social, or economic issues through identifying their strengths, limitations and interests. It therefore promotes the overall individual growth for psychological well-being. Thus, counselling help to addresses numerous issues impacting the individual, many techniques are therefore used to handle PTSD issues. These methods may not work for individual therapy. PTSD patients need advanced therapy. Counsellors can use didactic counselling to do this. According to Ramos (2023), didactic counselling helps people understand themselves to live a good life. This technique allows the counsellor to help clients understand and clarify their life views, learn how to reach their self-determined goals in accordance with societal norms and values through meaningful, well-informed choices and resolve emotional or interpersonal issues. The counsellor listens to the issue and provides generic answers in a teacher-student format (Cunningham, Suresh, Kjeldsberg, Sapkota, Shakya & Manandhar, 2019). In addition, didactic counselling therapy may help IDPs with PTSD treat it by focussing on social norms. Thus, didactic counselling helps IDPs return to normal life without PTSD. This study used didactic therapy to address all components of PTSD in IDPs with severe emotional issues because didactic counselling allows counsellors and clients to discuss psychological growth issues.

In didactic counselling setting, all clients and the counsellor are actively engaged in practical teaching and learning process. Personal views and experiences are shared amongst the clients and the counsellor. Brainstorming, cooperative learning and demonstration learning strategies are employed by the counsellor in the treatment of problems. Some studies showed that didactic counselling strategy seems to be the best therapeutic strategy in handling problems arising from PTSD. This may be because the therapy has advantages over other counselling strategies in treating PTSD problems arising from insurgency leading to sound mental health. Psychological restructuring forms the basis of didactic

counselling because when clients and the counsellor interact with the issues in practical ways, information gained by the client help them to reorganise their pattern of thinking in order to acquire rational behaviour. However, there is paucity of research findings on whether or not didactic counselling can be used to remedy the effect of PTSDs on IDPs in Adamawa Central Zone IDP camp. This study therefore seeks to investigate the effect of didactic counselling therapy on the treatment of PTSDs (anxiety, aggression, depression and social phobia) among IDPs living in Central Zone of Adamawa State, Nigeria.

### 1.1. Statement of the Problem

Previous studies (Omasu et al., 2018; Adekola, et al., 2019; Olanrewaju et al., 2019) have considered the consequences of internal displacement arising from wars and conflicts on the victims, displaced and relieving communities, such consequences include loss of education, sexual assault, death of loved ones, hunger and starvation. Although, there is paucity of data on how these issues may affect victims' mental health, which may make it hard for them to adapt to their new social situation. However, victims are most likely to undergo psychological trauma, which can affect their mental health. These previous studies also found that victims are more likely to develop PTSD, such as despair, anxiety and fear of social situations.

However, this study's area lacks empirical evidence. PTSD studies on insurgent victims in and out of IDP camps are scarce. As a counselling practicum student, the researcher saw IDPs of both genders with poor focus, low interpersonal interactions, social alienation and drug use. Some IDPs even exhibited characteristics such as lack of concentration and poor memory behaviours, poor peer relations often tend to suffer from anxiety disorders; while some others willingly venture into damaging other people and their properties as a result of aggressiveness disorder. However, no empirical evidence has been found to support the aforementioned comments among IDPs in the Central Zone camp, including those outside the camp. No study has examined whether male or female IDPs in Adamawa Central Zone IDP camp had greater mental illnesses due to the insurgency. No medication has also been shown to help IDPs in the Central Zone camp with mental health issues. Neither has there been any indicating the effectiveness of Adamawa Central Zone IDP camp administrators' PTSD reduction measures. Nor any previous study indicating the adequacy of IDP rehabilitation personnel's psychological education and counselling skills in camps within the study area. Victims of Islamic insurgency fleeing from ravaged communities are either resettled in IDP Camps or are accommodated by relatives outside the camps.

The process of rehabilitation in these camps centre more on the provisions of financial and material needs such as shelter, food medicine and security. Attention is hardly given to psycho-emotional disturbances facing the victims of Islamic insurgency. This study was premised on the need to provide both material and psychological assistance to the IDPs so they can be fully rehabilitated. This study sought the extent to which didactic counselling, which has advantages over other counselling strategies in treating PTSD problems could be the key to the successful treatment or otherwise of PTSDs symptoms (such as anxiety and aggression) among IDPs. This study therefore was aimed at investigating the effect of didactic counselling on PTSDs among IDPs in Central Zone of Adamawa State, Nigeria. Specifically, the objectives of this study were to:

- i. identify the major PTSDs experienced by IDPs in Central Zone of Adamawa State.
- ii. determine the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in Central Zone of Adamawa State.
- iii. investigate the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State.

### 1.2. Research Questions

The following research questions were formulated to guide the study:

1. What are the major PTSDs experienced by IDPs in Central Zone of Adamawa State, Nigeria?
2. What PTSDs symptoms are observed among male and female IDPs in Central Zone of Adamawa State?

### 1.3. Research Hypotheses

The null hypotheses formulated and tested at a significance level of 0.05 are as follows:

**Ho<sub>1</sub>:** There is no significant difference in the pre-test mean scores between the control and experimented groups in Central Zone of Adamawa State.

**Ho<sub>2</sub>:** There is no significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria.

**Ho<sub>3</sub>:** There is no significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria.

**Ho<sub>4</sub>:** There is no significant difference in the effect of didactic counselling on internally displaced male and female persons in Central Zone of Adamawa State, Nigeria.

## 2.0. METHODOLOGY

The study adopted a quasi-experimental design, specifically, pre-test, post-test, non-equivalent control group design. Thus, the study had two experimental groups (camp A and B). Camp A is the treatment group of didactic counselling for educated IDPs while Camp B entailed another treatment group of didactic counselling for non-educated IDPs; with Camp C being a non-treatment control group. The design is represented diagrammatically as shown in the Table below:

**Table 1: Quasi-Experimental Design for the Study**

Groups		Pre-test	Treatment	Post-test
Experimental (E <sub>1</sub> )	Educated IDPs	O <sub>1</sub>	X <sub>1</sub>	O <sub>2</sub>
Experimental (E <sub>2</sub> )	Non-educated IDPs	O <sub>3</sub>	X <sub>2</sub>	O <sub>4</sub>
Control (C)		O <sub>5</sub>	–	O <sub>6</sub>

where:

E<sub>1</sub> = Experimental Group 1 (Educated IDPs)  
 E<sub>2</sub> = Experimental Group 2 (Non-educated IDPs)



C	=	Control Group (National Unity)
X <sub>1</sub> and X <sub>2</sub>	=	Treatment that were given to experimental groups
-	=	No treatment
O <sub>1</sub> , O <sub>3</sub> , and O <sub>5</sub>	=	Pre-Test
O <sub>2</sub> , O <sub>4</sub> , and O <sub>6</sub>	=	Post-Test

Hence, attempts were made to examine the effect of the independent variable on the dependent variable of the study. The independent variable of the study was didactic counselling while the dependent variable was Post Traumatic Stress Disorders (PTSDs) (anxiety and aggression). The design was regarded the best for this study because post-traumatic stress disorders amongst IDPs living in Central Zone of Adamawa State were observed and treated using didactic counselling technique.

The population of the study consisted of 1,761 IDPs. The population is made up of men, women and children, who were displaced from their homes by insurgents. They are those people who to date live in the Internally Displaced Persons (IDP) camps in the Central Zone of Adamawa State. The population specifically include 271 adult male, 502 adult female and 988 children. The sample size for this study comprised 60 respondents. To arrive at the sample size for IDPs, purposive sampling technique was used to select 60 IDPs whose scores on PTSD Checklist shows they currently suffer from PTSDs from Damare IDP Camp in Central Zone of Adamawa State. The purposive sampling technique was adopted so as to select participants based on the characteristics or special features of the victims, required in the study. The special features may be for instance persons who show symptoms of anxiety often associated with severe traumatic experience. Thus, the 60 participants were separated into the three groups or camps (i.e., camp A, B and C). This meant 20 participants for treatment group 1 (camp A); 20 participants for treatment group 2 (Camp B) and 20 for control group (camp C). The decision to have 20 participants in a group was informed by Ezhumalai, Muralidhar, Dhanasekarapandian and Nikketha (2018), who stated that the number for treatment group counselling can range from 15 to 20.

A checklist titled: "Post-Traumatic Stress Disorders (PTSD) Checklist" was used as the instrument for data collection. The checklist also focused on answering research question 1 and used to determine the pre-test and post-test scores of the respondents. The Post-Traumatic Stress Disorders Checklist also had four clusters that contained cluster A – D. The instrument was afterwards subjected to face validation by two experts in the Faculty of Education, Adamawa State University, Mubi. Also, a pilot testing was conducted among IDPs living in Sangere IDP Camp in Girei Local Government Area of Adamawa State. The researcher sought the permission of the camp commandant first to pilot test the instrument among the camp's occupants. The data obtained from the pilot testing were subjected to statistical analysis using Cronbach Alpha correlation co-efficient to determine its internal consistency. The analysis revealed that an internal consistency for Cluster A (depression) has 0.925; Cluster B (social phobia) has 0.861; Cluster C (anxiety disorder) has 0.846 and Cluster D (aggressive behaviour) has 0.784.

The research was then carried out in three phases: pre-test, treatment and post-treatment phase. The pre-test phase was the first phase that is prior to the commencement of the research. The researcher then administered the checklist to the participants to determine the level of prevalence of PTSD amongst them, with a benchmark of 40 points to determine those who are experiencing PTSDs. The participants who score above 40 points formed the

treatment group. At phase 2, the treatment was conducted in sessions. the therapy took place once a week for five sessions. The first session focused on using didactic counselling for treating depression and later socio-phobia with the last session serving as a recap of what has been discuss, demonstrated or learnt in the previous sessions. This session was meant for the treatment group (camp A and B) while the control group session (camp C) was focused on national unity.

At phase 3, the post-treatment phase was used to determine the changes that may have occurred in the participants after their treatment. The participants were again tested on the instrument that was initially used at the pre-test phase. This phase lasted for a period of one week. The researcher also ensured that the following extraneous variables which may affect the study were controlled. The data gathered were analysed using both descriptive and inferential statistics. Descriptive statistics of Mean and Standard deviation were used to determine the average responses of the respondents on the research questions. The decision rule for the research question were through a true limit of numbers. For testing the null hypotheses, inferential statistics of ANOVA and t-test analysis were used to analyse the data. For the null hypotheses, the decision rule was that; if  $p > 0.05$ ; the researcher accepts the null hypothesis. Otherwise, the researcher rejects the null hypothesis; when  $p < 0.05$ .

### 3.0. RESULTS

The results of the data analyses are presented in the order of research questions 1 – 2 and hypotheses 1 – 4 from Table 2 to Table 7. For the research questions, the keys represent: N = sampled number of respondents and Std. dev. = Standard Deviation.

#### 3.1. Research Questions

**Research Question 1:** What are the major PTSDs experienced by IDPs in Central Zone of Adamawa State, Nigeria?

This research question seeks to identify the major PTSDs by IDPs in Central Zone. The results of the analysis are presented on Table 2.

**Table 2: Mean and Standard Deviation of the Major PTSDs experienced by IDPs in Central Zone of Adamawa State, Nigeria**

Groups	N	Grand Mean	Std. Deviation	Decision
Depression	60	3.24	0.91	Agree
Social Phobia	60	3.13	1.01	Agree
Aggression	60	2.96	1.00	Agree
Anxiety Disorder	60	3.20	0.99	Agree

The descriptive statistics in Table 2 indicates a grand mean score of 3.24 for depression, 3.13 for social phobia, 2.96 for aggression, 3.20 for anxiety disorder, 2.21 for anger disorder and 2.40 for memory loss. This implies that most of the respondents are currently experiencing PTSDs in the form of depression, social phobia, aggression and anxiety disorder in IDP Camps in Central Zone of Adamawa State, with depression being the most prevalent amongst them. This is followed by anxiety disorder, then social phobia and aggression.

**Research Question 2:** What PTSDs symptoms are observed among male and female IDPs in Central Zone of Adamawa State?

This research question seeks to find from the IDPs the various types of PTSDs symptoms observed among male and female IDPs in the camps based on post-test scores. The result is presented on Table 3.

**Table 3: Mean and Standard Deviation of the Observed Gender Prevalence of PTSDs at Post-Test in Central Zone of Adamawa State, Nigeria**

S/N	ITEMS	Male (n = 26)		Female (n = 34)		Total (n = 60)
		Mean	Std. Dev.	Mean	Std. Dev.	Grand Mean
1.	Depression	2.24	0.65	2.78	0.73	<b>2.51</b>
2.	Social Phobia	2.45	0.77	2.79	0.94	<b>2.62</b>
3.	Aggression	2.30	1.06	3.01	0.72	<b>2.66</b>
4.	Anxiety Disorder	2.52	0.62	3.02	1.11	<b>2.77</b>
	<b>Grand Mean</b>	<b>2.33</b>	<b>0.83</b>	<b>2.86</b>	<b>0.80</b>	<b>2.60</b>

The descriptive analysis in Table 3 above shows the observed gender prevalence of PTSDs among male and female IDPs IDP Camps in Central Zone of Adamawa State. The table reveals that female respondents were observed to experience a higher level of Depression ( $X = 2.78$ ), Social Phobia ( $X = 2.79$ ), Aggression ( $X = 3.02$ ) and Anxiety Disorder ( $X = 2.78$ ), than their male counterparts, whose scores were depression ( $X = 2.24$ ), Social Phobia ( $X = 2.45$ ), Aggression ( $X = 3.30$ ) and Anxiety Disorder ( $X = 2.52$ ) respectively. The findings further reveal that female IDPs living in IDP Camps in Central Zone of Adamawa State were observed to have experienced PTSDs more than their male counterparts.

### 3.2. Testing of Research Hypotheses

The null hypotheses were tested using Analysis of Variance (ANOVA) and t-test analysis at 0.05 level of significance. Hence, the following acronym stands as; n = sampled number of respondents; X = Mean; S.D = Standard Deviation; df = degree of freedom; sig = level of significance and t = t-test.

**Ho<sub>1</sub>:** There is no significant difference in the pre-test mean scores between the control and experimental groups in Central Zone of Adamawa State.

This hypothesis seeks to find the significant difference in the pre-test mean scores between the control groups (Camp A and Camp B) and experimental group (Camp C). The result is presented on Table 4.

**Table 4: One-Way ANOVA of the Pre-Test Mean Scores of the Experimental and Control Groups in IDP Camps in Central Zone of Adamawa State**

	Sum of Squares	df	Mean Square	F	Sig. (2-tailed)
Between Groups	2.034	2	1.017	3.008	0.57**
Within Groups	19.266	57	.338		
Total	21.299	59			

	Sum of Squares	df	Mean Square	F	Sig. (2-tailed)
Between Groups	17.050	2	8.525	12.572	.000**
Within Groups	38.652	57	.678		
Total	55.702	59			

\*\*Not significant,  $p > 0.05$

The result in Table 4 indicates that there is significant difference between the pre-test mean scores of the experimental groups (camp A and B) and pre-test mean scores of the control group. The F-value of 3.008 for the group is not significant, when comparison is done between the p-value and alpha. However, the p-value is a little higher than the alpha level ( $p > 0.05$ ), therefore, the hypothesis of no significant difference was accepted. This means that there is no significant difference in the pre-test mean scores between the control and experimented groups in Central Zone of Adamawa State, since  $F(2, 59) = 3.008$ ,  $p = 0.057$ . This finding shows that both the experimental and control groups have the same entry behaviours. Any significant difference in the mean scores of results shows that the treatment is effective.

**Ho<sub>2</sub>:** There is no significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in Central Zone of Adamawa State.

This hypothesis seeks to find the significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in Central Zone of Adamawa State The result is presented on Table 5.

**Table 5: One-Way ANOVA of the Mean Scores of the Treatment Group and Control Group based on the Effect of Didactic Counselling on Anxiety Disorder of IDPs in Central Zone of Adamawa State**

	Sum of Squares	df	Mean Square	F	Sig. (2-tailed)
Between Groups	17.050	2	8.525	12.572	.000**
Within Groups	38.652	57	.678		
Total	55.702	59			

\*\*Significant,  $p < 0.05$

The result in Table 5 shows the significant difference between the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria. The F-value of 12.572 for the group is significant, when comparison is done between the p-value and alpha. Since the p-value is less than the alpha level ( $p < 0.05$ ), the null hypothesis of no significant difference is rejected. This means that there is a significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on anxiety disorder of Internally Displaced Persons in

Central Zone of Adamawa State, Nigeria, with  $F(2, 59) = 12.572$ ,  $p = 0.000$ .

**Ho<sub>3</sub>:** There is no significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria.

This hypothesis seeks to find the significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State. The result is presented on Table 6.

**Table 6: One-Way ANOVA of the Treatment Group and the Control Group based on the Effect of Didactic Counselling on Aggressive Behaviour of IDPs in Central Zone of Adamawa State**

	Sum of Squares	df	Mean Square	F	Sig. (2-tailed)
Between Groups	18.341	2	9.171	15.908	.000**
Within Groups	32.860	57	.576		
Within Groups	51.201	59			

\*\*Significant,  $p < 0.05$

The result in Table 6 shows the significant difference between the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria. The F-value of 15.908 for the group is significant, when comparison is done between the p-value and alpha. Since the p-value is less than the alpha level ( $p < 0.05$ ), the null hypothesis of no significant difference is rejected. This means that there is a significant difference in the mean scores of those exposed to treatment and those not exposed on the effect of didactic counselling on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria, with  $F(2, 59) = 15.908$ ,  $p = 0.000$ .

**Ho<sub>4</sub>:** There is no significant difference in the effect of didactic counselling on internally displaced male and female persons in Central Zone of Adamawa State, Nigeria.

This hypothesis seeks to find the significant difference in the effect of didactic counselling on internally displaced male and female persons in Central Zone of Adamawa State. The result is presented on Table 7.

**Table 7: t-Test Analysis showing the Effect of Didactic Counselling on Internally Displaced Male and Female Persons in Central Zone of Adamawa State**

Variables	N	X	SD	df	sig. (2-tailed)	t	Remark
Male IDPs	17	2.47	0.32				

			38	0.021	2.404	Significant	
Female IDPs	23	2.26	0.24				

Significant ( $p < 0.05$ )

The result in Table 7 shows the significant difference between the mean scores of the effect of didactic counselling on internally displaced male and female persons in Central Zone of Adamawa State, Nigeria. The t-value of 2.404 for the group is significant, when comparison is done between the p-value and alpha. Since the p-value is less than the alpha level ( $p < 0.05$ ), the null hypothesis of no significant difference is rejected. This means that there is a significant difference in the effect of didactic counselling on internally displaced male and female persons in Central Zone of Adamawa State, Nigeria, with  $t = 2.404$ ,  $p = 0.021$ .

#### 4.0. DISCUSSION

Research question one found that IDPs in Central Zone of Adamawa State, Nigeria, experience depression (3.24), social phobia (3.13), hostility (2.96), and anxiety disorder (3.20). These mean scores are over the midpoint, showing that many IDPs in Adamawa State's Central Zone are affected by them. This finding confirms with Sanhori et al. (2020) study that significant PTSD includes anxiety disorder 99%, major depression 93%, and social phobia 54%. According to Atsua, Garba, and Oludi's (2017) study on common mental disorders and post-traumatic stress disorder in displaced people, anxiety disorder was the most common at 99%, major depression 93%, and other depressive syndromes 54%. Hence, this finding concurs with other research on the mental health effects of displacement, that often reveal that IDPs often face trauma, loss, and uncertainty, causing psychological distress.

In research question two, female IDPs living in IDP Camps in Central Zone of Adamawa State had higher rates of depression (2.78), social phobia (2.79), aggression (3.02), and anxiety disorder (2.78). Female IDPs have a higher mean depression score, suggesting that their traumatic experiences of displacement and camp life may make them more sensitive to melancholy, hopelessness, and poor mood. Family issues, caring, and safety concerns can contribute to women's stress. The higher mean score of social phobias among female IDPs suggests that camp social interactions may be more frightening and uncomfortable for women. Displacement and unfamiliarity can increase social anxiety, making it harder for women to interact. The greater mean aggressiveness score of female IDPs may indicate their anger and emotional anguish in camp. Limited resources, lack of privacy, and unknown futures might raise emotions, leading to aggressive behaviour to cope. The greater mean score of anxiety disorder suggests that female IDPs may be more likely to worry, fear, and apprehension due to displacement and camp life. Future uncertainty and safety issues may increase anxiety.

The hypothesis 1 finding in Table 4 showed that the control and experimented groups in Central Zone of Adamawa State had similar pre-test mean scores. The F-value ( $F(2, 59) = 3.008$ ) and p-value ( $p = 0.057$ ) indicate that the difference in pre-test mean scores between the control and experimental groups was not statistically significant. The p-value of 0.057 shows a 5.7% possibility of these results by chance. Thus, the null hypothesis which states that the pre-test mean scores between groups are not

significantly different is not rejected in this study because the p-value is greater than 0.05 (5%). It therefore implies that the control and experimented groups had similar outcomes before the experimental modification or intervention (didactic therapy) occur. The finding is in agreement with the study of Mvahan (2021) that there is a significant difference in the treatment of people treated with didactic counselling and those treated with traditional method on student's knowledge and attitude towards drug abuse among senior secondary schools. The study finding therefore shows that didactic counselling is an effective therapy for treating PTSDs.

The hypothesis 2 finding in Table 5 also showed that didactic counselling has a significant effect on anxiety disorder in Internally Displaced Persons in Central Zone of Adamawa State, Nigeria. The F-value ( $F(2, 59) = 12.572$ ) and p-value ( $p = 0.000$ ) show that the difference in mean scores between the treatment and non-treatment groups is unlikely to have been random. The 0.000 p-value is less than the 0.05 (5%) significance level, indicating a low probability of these results by chance. This significant difference in mean scores suggests that the didactic counselling intervention reduced anxiety disorder symptoms in Central Zone IDPs. This finding is in agreement with Kambuga (2016) and Ugbe et al. (2022) findings that anxiety disorder is significantly associated with counselling treatment. Although the two studies did not apply didactic counselling, the study's finding further shows the psychoeducation, coping skills, and emotional support in the didactic counselling sessions has helped to reduce anxiety-related discomfort and improved mental health of IDPs in Central Zone of Adamawa State. The finding therefore has substantial implications for humanitarian mental health support, particularly for IDPs with anxiety disorders. Didactic counselling, is thus an evidence-based intervention, that can be a useful complement to IDP camp mental health programmes for this vulnerable population.

Hypothesis 3 in Table 6 also showed that didactic therapy had a substantial influence on aggressive behaviour of Internally Displaced Persons in Central Zone of Adamawa State, Nigeria. The F-value ( $F(2, 59) = 15.908$ ) and p-value ( $p = 0.000$ ) show that the difference in mean scores between the treatment and non-treatment groups is unlikely to have been random. The 0.000 p-value is less than the 0.05 (5%) significance level, indicating a low probability of these results by chance. This significant difference in mean scores implies that the didactic counselling intervention reduced aggressive behaviour among Central Zone IDPs. This finding is in agreement with Okeke and Anierobi's (2020) study which revealed that there is a significant positive relationship between those expose to traumatic treatment and aggressive behaviours among internally displaced adolescents in flood-prone areas of Anambra state. Although Okeke and Anierobi study did not apply didactic counselling, the current study's finding is still in line with the current study. The study's findings have substantial implications for humanitarian mental health support programmes for aggressive IDPs. The study finding has therefore showed that didactic counselling is an evidence-based technique, which can help address aggression's root causes and foster positive behaviour change among IDPs.

Hypothesis 4 in Table 7 also found that didactic counselling affects internally displaced male and female in Central Zone of Adamawa State differently. The statistical analysis ( $t = 2.404$ ) and p-value (0.021) show that the difference in didactic counselling effect between male and female IDPs is unlikely to have occurred by chance. The 0.000 p-value is less than the 0.05 (5%) significance

level, indicating a low probability of these results by chance. This finding is in agreement with the finding of Hu Feng, Zhu, Wang and Zheng's (2017) study that there exist gender differences in PTSD symptoms and treatment. However, the finding disagrees with Christiansen and Elkli (2012) finding that gender disparities in PTSD symptoms and treatment is as a result of social gender roles and perception rather than just biological sex. However, gender-specific characteristics may have affected how well the counselling sessions addressed mental health issues. The findings emphasise the importance of gender variations in humanitarian mental health support programme design and execution. The study finding therefore shows that displacement and trauma affect men and women differently, as do counselling responses. Social roles, coping mechanisms, and cultural norms may affect how male and female IDPs benefit from mental health therapies.

## 5.0. CONCLUSION AND RECOMMENDATION

The present study investigated the effect of didactic counselling on treating anxiety disorder and aggression among Internally Displaced Persons (IDPs) living in camps in the Central Zone of Adamawa State. The findings demonstrate that didactic counselling has a significant and positive effect in alleviating the symptoms of PTSDs among IDPs. The intervention has shown promising results, indicating its potential as an effective and accessible therapeutic approach for IDPs dealing with mental health challenges in the camp setting. Throughout the study, IDPs who received didactic counselling reported significant improvements in their mental well-being through their post-test scores. Anxiety levels decreased, and participants exhibited enhanced coping mechanisms to manage the stresses associated with displacement. Furthermore, the intervention resulted in a reduction in aggression, with IDPs reporting decreased aggressive behaviours and an improvement in their ability to resolve conflicts amicably.

These findings underscore the effectiveness of didactic counselling as a valuable mental health intervention for IDPs living in camps, especially in resource-constrained settings such as the Central Zone of Adamawa State. In conclusion, the study demonstrates the significant effect of didactic counselling in treating anxiety disorder and aggression among IDPs living in camps in the Central Zone of Adamawa State. Therefore, didactic counselling has the potential to play a crucial role in fostering healing, hope, and empowerment for this vulnerable population. Based on the study's findings, the following are recommended:

1. Camp authorities and humanitarian organizations should integrate didactic counselling services into their mental health support programs for IDPs. By providing access to counselling services within the camp setting, more individuals can benefit from the intervention and receive timely mental health support.
2. Government and respective agencies in charge of IDPs should build the capacity of local counsellors and mental health professionals in delivering didactic counselling is crucial. Training programs should be conducted to equip local counsellors with the necessary skills and knowledge to implement the intervention effectively.
3. Counsellors should adopt a culturally sensitive approach when delivering didactic counselling to IDPs in the Central Zone of Adamawa State. Acknowledging the cultural context and understanding the unique



experiences of displacement can enhance the therapeutic process and improve outcomes.

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