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# ASSESSMENT OF POST-TRAUMATIC STRESS DISORDER AMONG REFUGEES: A CASE OF KANYARUCHINYA REFUGEES CAMP, GOMA REPUBLIC OF CONGO

By

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A thesis proposal presented to the School of Applied Human Sciences

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# APPROVAL

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by

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In accordance with Daystar University policies, this proposal is accepted in partial fulfillment of requirements for the Master of Arts Degree.

Date:

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# DECLARATION

ASSESSMENT OF POST TRAUMATIC STRESS DISORDER AMONG REFUGEES: A CASE OF KANYARUCHINYA REFUGEES CAMP, GOMA REPUBLIC OF CONGO

I declare that this thesis proposal is my original work and has not been submitted to any other college or university for academic credit.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sabine Robert Byemba

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# LIST OF ABBREVIATIONS

APA American Psychiatric Association

CSE Coping self-efficacy

DRC Democratic Republic of Congo

DSM-5 Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

PTSD Post - traumatic stress disorder (PTSD)

PCL5 PTSD Checklist for DSM-5

SCT Social Cognitive Theory

SLT Social Learning Theory

SPSS Statistical Package for the Social Sciences

UNHRC United Nations High Commissioner for Refugees

WHO World Health Organization

# DEDICATION

This work is dedicated to myself and those who have walked this path with me and to those who have experienced war in the Republic Democratic of Congo, especially my parents DR and Mrs. Byemba, Bush, Imani, and Gloire. This work is dedicated to all who have carried me, fostered me, and guided me throughout this journey.

# CHAPTER ONE

# INTRODUCTION AND BACKGROUND TO THE STUDY

## Introduction

The world's displaced population is growing, around 68.5 million people have been obligated to move out of their home places around the world, with approximately 25.4 million of them being displaced persons from various nations (Adepoju, 2019). It is undeniable that most displaced persons are expected to experience alarming situations in their home countries. These situations include; war, Torment, sexual assault, and assassination, and have a higher Prevalence of post-traumatic stress disorder (PTSD). The majority of these displaced persons or refugees are from underdeveloped nations, including sub-Saharan African countries such as the Republic Democratic of Congo (DRC), which is home to almost a quarter of the world’s displaced persons (Aluh, Okoro, and Zimboh, 2019: Barnabas, 2016).

Mostly PTSD has a great impact on individuals and the community at large, people experiencing PTSD may develop physical or mental comorbidities such as anxiety, depression, and substance abuse, moreover, PTSD is more associated with suicidal behaviors, and hence individual with PTSD needs to be treated and diagnosed promptly (Beni Yonis, et al., 2019).

The goal of the study is to look at the assessment of posttraumatic stress disorder among refugees in the eastern Democratic Republic of the Congo with a focus on the Kanyaruchinya refugees Camp. The first chapter covers, the background of the study, a statement of the problem, the purpose of the study, the study’s objectives, research questions, significance of the study, the rationale of the study, limitations and delimitations of the study, scope, and definition of terms.

1.1. Background of the Study

Studies conducted recently have shown that trauma is one of the problems in many parts of the world especially areas with conflicts and violence (Khan & Sackeyfi, 2018). Many people who are probably disclosed to disturbing events, such as violence, and conflict, are in a high chance to develop Post Traumatic Stress disorder and other mental health issues (Musau, Omondi & Khasakhala, 2018). According to a report given by the United Nations High Commissioner for Refugees (2020), 79.5 million people fled and moved from their homes around the world at the end of 2019, with nearly 26 million of them being refugees, nearly half of whom are under the age of 18.

Several studies on assessing PTSD in refugees have been conducted around the world. For example, Alpak et al. (2015) discovered that 33.5 percent of Syrian displaced persons in Turkey suffer from post-traumatic stress disorder (PTSD). The dual logistic regression analysis determined that the possibility of developing Post Traumatic Stress Disorder among Syrian refugees in the sample was 71% if they had the following characteristics: if you are a woman; having a history of mental disorder; and having experienced several traumas.

An investigation done by Kazour et al. (2017) on PTSD in a sample of Syrian displaced persons living in Lebanon was found to have a lifetime Prevalence of 35.4 percent and a point Prevalence of 27.2 percent among the 452 respondents. While a list of demographic characteristics was not able to uncover any predictors of lifetime PTSD, (p = .013) the Syrian hometown was found with refugees from Aleppo developing a higher level of PTSD than those from Homs.

Aluh, Okoro, and Zimboh (2019) investigated the Prevalence of depression and post-traumatic stress disorder in displaced people in Maiduguri, Nigeria. According to the findings, 96.1 percent of those polled were depressed, while 78 percent had PTSD symptoms. Comorbid PTSD and depression were found to be 68.1 percent of the time. One-third of those polled had moderately severe depression (29.6%, n=355), while one in ten was severely depressed (11.3%, n=136).

Sub-Saharan Africa hosts a quarter of the world’s refugee population, in which millions of them are of concern to UNHCR, the rate has increased recently due to ongoing crises in Central Africa, South Sudan, Yemen, Burundi, and the Republic Democratic of Congo (DRC), (UNHCR, 2020).

Mahoney, Baer, Wani, Anthony, and Behrman. (2020) examined unique issues for resettling refugees from the Congo wars. The Study discovered that people forced to move out of their homes placed stay longer at the borders of the world's conflicts, with refugees from the Democratic Republic of the Congo in Rwanda remaining in camps for nearly two decades as they wait for effective and long-term solutions to their political existence. As refugees' stays become longer, situations that were once thought to be temporary take on a more permanent appearance. The study also revealed that refugees in the camps face a variety of difficulties, including post-traumatic stress disorder, and lack of food and places to sleep.

In addition, a case analysis by Bapolisi, Song, Kesande, Rukundo, and Ashaba, (2020) on posttraumatic stress disorder, mental ill comorbidities, and other factors among refugees in Nakivale camp in south-western Uganda arrived at a discovery that the widespread mental illness was relatively advanced among refugees as was the level of perceived needs. The mental ill disorders that were most prevalent included; generalized anxiety disorders (73%), posttraumatic stress disorder (PTSD) (67%), major depressive disorder (58%), and substance use disorders (30%).

The study conducted by Musau, Omondi, and Khasakhala (2018) on the Prevalence of Posttraumatic Stress Disorder (PTSD) among Internally Displaced Persons (IDPs) in Maai Mahiu Camp in Nakuru County, Kenya found that there is a negative impact of PEV on survivors, resulting in a PTSD Prevalence rate of 62.1%. The discovery of the study calls for the governments of Kenya to a suitable plan of action for and programmed mental health interventions.

Due to the alarming situation in DRC, residents have been forced to move out of their home places and find refuge and safety of the life in the eastern Democratic Republic of the Congo (DRC), the surge in violence has driven thousands of displaced people to the outskirts of Goma, due to ongoing misunderstandings in Rutshuru Territory between the Armed Forces of the Democratic Republic of the Congo and M23 fighters have caused more than 72,000 persons forced to flee their home places and settle in Kanyaruchinya refugees camp as their second home.

The fighting has taken place near several villages, including Katale and Buvunga to the northwest of Rumangabo, and created panic among residents. “On the road between Rutshuru and Goma, where thousands of people are forced to flee on foot or by motorcycle and Some villagers have fled together with their livestock, which in many cases are their only means of subsistence.

This study will examine the Prevalence of posttraumatic stress disorder among displaced persons in the Kanyaruchinya refugee camp.

* 1. Statement of the Problem

Refugees are among society's most vulnerable members with often complex needs, due to their past experiences, the majority of them have Post-traumatic stress disorder and other mental health disorders, Several studies on Congolese refugees have been conducted by, Sommer et al. (2018), for example, conducted a pilot testing and evaluation of a toolkit for menstrual hygiene management in three refugee camps in Northwest Tanzania which involved displaced persons from DRC. An investigation was done by Greene et al. (2019) on the development of an integrated intervention in Tanzania to address intimate partner violence and psychological distress among refugee women in Congo. Lung (2019) investigated the humanitarian assistance dilemma explained: giving suggestions on Tanzania's refugee crisis, Veronica(2019) examined how refugees affect social life in host communities in the case of Congolese refugees in Rwanda, Ruth Nara et al 2019 explored Congolese refugees experience with abortion care in Uganda, another done by Sarah Namegabe, 2021 on the prevalence of post-traumatic stress disorder and depression among Adult women who have experienced sexual violence in katana south Kivu D.R.Congo,

It is however that none examined or assessed the level of posttraumatic stress disorder among adult refugees living in DRC thus creating a knowledge gap. It is from this context; the researcher seeks to examine the level of post-traumatic stress disorder among Adult refugees in DRC with a focus on the kanyaruchinya refugee camp.

* 1. Purpose of the **S**tudy

The study aims to assess the rate of posttraumatic stress disorder (PTSD) among refugees in the kanyaruchinya camp and determine specific risks and effects of mental disorders in their daily life. The majority of these refugees living in the kanyaruchinya camp are from the neighboring cities affected by war. Therefore, the study will also determine the prevalence rate of PTSD in refugees with evidence from the Kanyaruchinya camp.

## 1.1. Research Objectives

The study will be guided by the following objectives

1. To determine the prevalence of posttraumatic stress disorder among refugees in the Kanyaruchinya camp.

2. To investigate the effect of PTSD among refugees in their daily life in the Kanyaruchinya camp.

3. To assess the level of depression as a comorbidity of PTSD among refugees in the Kanyaruchinya camp

4. To examine the coping strategies to be used to manage posttraumatic stress disorder among refugees living in the Kanyaruchinya camp.

## 1.2. Research Questions

The following questions will guide this study

1. What is the prevalence of Post-Traumatic Stress Disorder among refugees in Kanyaruchinya Camp?

2. What is the effect of PTSD among refugees in their daily life living in the kanyaruchinya camp?

3. Is depression a comorbidity of PTSD among refugees in Kanyaruchinya Camp?

4. What are the coping strategies to be used to manage Post-Traumatic Stress disorder among refugees in the kanyaruchinya camp?

## 1.3. Justification of the **S**tudy

There is little literature about the study in Congo specifically the Kanyaruchinya refugee camp, this study will fill the knowledge gap by assessing the level of post-traumatic stress disorder among refugees in DRC with a focus on the Kanyaruchinya refugee camp. The study will come up with valuable information on how to discourage people’s displacement and when it happens, strategies to help the displaced persons from post-traumatic stress disorder be well articulated. Findings from this study will therefore be helpful to refugees and individuals, their countries of origin, and the policymakers related to human rights specifically refugees.

## 1.7 Significance of the Study

Findings from this study will add to the knowledge on this topic on the assessment of posttraumatic stress disorder among refugees in Tanzania camps.Through this study, many people including refugees, refugee camp leaders, and the community, in general, will benefit from it as it will allow those who have hurt to unveil the wounds which have been hidden inside. The result of this project will provide insight into the refugees living in Kanyaruchinya camp on mental well-being such as allowing them to understand the effect of PTSD and how it affects their psycho-social life.

The study will be an eye-opener for the adult refugees in the camp to enable them to understand the importance of speaking and ending the stigma of mental disorders. The study will also bring valuable information to policymakers to see ways to reduce the effects of posttraumatic stress disorder among refugees living in the Kanyaruchinya camp. Finally, the study will be an important reference for future researchers on a similar phenomenon.

* 1. Assumptions of the Study

1. The study would include refugee participants.

2. During the study, respondents would be honest and truthful in their responses.

3. Due to exposure to a traumatic event, refugees experienced traumatic symptoms.

1.8. Scope of the Study

This Study focuses on the Kanyaruchinya refugee camp. Specifically, the study will determine the Prevalence of Post-Traumatic Stress Disorder among refugees in Kanyaruchinya camp, investigate the effect of PTSD among refugees in their daily life in the camp and identify the coping strategies used to prevent Post-Traumatic Stress Disorders among refugees living in Kanyaruchinya camp, and also the comorbidities of PTSD among refugees. Data will be gathered from refugees in the Kanyaruchinya refugee camp.

## 1.9. Limitations and Delimitation of the Study

In conducting this study, the majority of the respondents can not write or read, to address this limitation the researcher read the questionnaires to the participants and filled on behalf of the participant.

 The researcher may also face challenges in obtaining respondents on time because refugees are preoccupied with their daily routines.

 The researcher will be obligated to schedule a meeting with the respondents and their respective authorities to agree on a convenient time for the collection of data, and this will help to overcome this limitation, Furthermore, the researcher may be constrained by some respondents' reluctance to provide information about their lives, particularly their psychological states. However, this will be delimited by ensuring the confidentiality of the information gathered.

1.10. Operational Definition of Terms

Post-traumatic stress disorder: this is a mental illness condition that affects a person who has been involved in a terrifying event such as war, rape, terrified accident, or injury, and those who have been threatened with death (Silvana,2015). PTSD in this study refers to a psychiatric disorder that happens in refugees as a result of various terrible events such as rape and war which took them away from their homes.

Refugees: these are people who have been forced to flee their home countries due to conflict, brutality, and other awful events (Gatrell, 2017). In this study, refugees refer to people who have left their country of origin and residing in other places because of war, and conflicts.

Refugee camp: makeshift shelter structured to host refugees and others in similar circumstances. An individual who has fled their native country are usually housed in refugee camps, (Turner, 2016). As defined in this study Refugee camps are temporary communities created to welcome persons from a variety of nations fleeing conflict or war.

1.11. Summary

Chapter one presented the introductory part of the study. It explored the background that pointed out the problem to be addressed. Therefore, the chapter built the base to attain the main study’s objective. The next part is about the literature review and the last chapter in this proposal is about research methodology.

# CHAPTER TWO

# LITERATURE REVIEW

# 2.0. Introduction

In this chapter, the assessment of post-traumatic stress disorder among refugees is examined, and the theoretical framework is followed by a general literature review, an empirical literature, a conceptual framework, and a summary.

2.1. Theoretical Framework

According to Vinz (2015), a theoretical framework is a structure through which a researcher, discus, defines, and assesses theories relevant to the study subject. The researcher clarifies the study’s major concepts, models, and assumptions demonstrating that the work is founded on well-established notions.

the key concepts, models, and expectations that guide the study and demonstrate that the work is constructed on some standard ideas. It explains why a researcher chose a specific method to answer research questions. It establishes a solid foundation for interpreting and comprehending the study's discovery. Social cognitive theory and behavioral theory will be used to guide this study. Social Cognitive Theory will guide this study.

2.1.1. Social Cognitive Theory

In the year 1960s, Albert Bandura expanded on the social learning theory (SLT) to create social cognitive theory (SCT). The social learning theory was renamed to social cognitive theory in 1986 and it claims that the learning process takes place in a social context with a dynamic and reciprocal interaction between an individual and the environment therein and the behavior (Rolando T, 2020). SCT is distinguished by its emphasis on social impact, as well as external and internal social reinforcement. SCT takes into account the person’s particular manner of learning and maintaining behavior, as well as the social setting in which they do so. The hypothesis takes into account an individual’s past experiences which have an impact on whether or not they would engage in a certain behavior (Beauchamp, Crawford & Jackson, 2019).

Social Cognitive Theory aims to explain how human beings control and reinforce their behavior to produce goal-directed behavior that can be sustained over time. The five constructs were developed as part of SLT and the construct of self-efficacy was added when the theory evolved into SCT as explained (Schunk & DiBenedetto, 2020).

One of the core concepts of SCT is reciprocal determinism. it is the core concept of SCT, it is the dynamic and reciprocal interaction of an individual (individual with a set of learned experiences), environment (external social context), and behavior (responses to stimuli to achieve goals).

Behavioral capability is the ability of an individual to perform well in a certain behavior by using basic skills and knowledge, it simply enables a person to know what to do and how to do it for a certain behavior to be successful.

Observational learning affirms that behavior can be learned by an individual through experience or witnessing, whereby the production of what was observed becomes the result of it, this is displayed through "modeling" of the act. If a successful act of the behavior is expressed well, the completion of the behavior can happen successfully.

Reinforcements: This refers to the internal or external reactions to a person's behavior that influence the likelihood of the behavior continuing or ceasing. Reinforcements can be self-initiated or environmental, and they can be positive or negative. This is the construct of SCT that most closely ties to the reciprocal relationship between behavior and environment.

Expectations: what comes before the effect or result of an individual’s behavior. The outcome of expectations can either be health-related or not health-related. Most Individuals are likely to be engaged in the results of their behavior before engaging in the behavior itself, and these expected results can influence the successful completion of the behavior. Sometimes expectations can be obtained from previous experience.

Self-efficacy: this happens when an individual believes in themselves, believes in what they do, and becomes positive about themselves. It refers to the level of faith in self-ability to do a certain duty successfully. It is influenced by an individual capability and other factors including environmental factors (barriers and facilitators).

Font, Gray, and Jones, 2016 state that a useful structure for understanding post-traumatic stress disorder among refugees is provided in social cognitive behavior theory

Coping self-efficacy refers to a capability of an individual to deal effectively with the demands or challenges of daily life activities. In the context of traumatic stress events, trauma-related CSE refers to a person’s perception of being able to deal with traumatic events, such as event management, anxiety symptoms, also the ability of a person to resume normal life (Schunk and DiBenedetto, 2020). The theory of trauma-related CSE indicated that self-regulatory and goal-directing is a measures of psychological adaptation.

This theory is directly related to this study because it reveals refugee's ability to cope with traumatic events, such as management of events, distress symptoms, and posttraumatic and living difficulties, as a result of this theory, the researcher will be able to achieve the study's main goal, which is to assess the level post-traumatic stress disorder among refugees in DRC with a focus on the Kanyararuchinya refugee camp. The goal will be accomplished by assessing Post-Traumatic Stress Disorder among refugees in Kanyaruchinya camp, the impact of PTSD among refugees in their daily lives in Kanyaruchinya camp, the level of depression among refugees and the replication strategies to be used to manage PTSD among refugees.

2.1.2. Behavioral Theory

Behavior therapy is based on the premise that it can be learned re-learned and unlearned. The scientific understanding of human behavior is preceded by behavior theory as its basis and employs an orderly structural approach to counseling, particularly with traumatized individuals. The practicum of basic research and theory from experimental psychology aims at influencing behavior, arriving at a solution both to personal and social problems and improving human functioning; this is, therefore, known as behavior modification or behavioral therapy (Capuzzi & Stauffer, 2016).

According to Salgong, Ngumi, and Chege (2016), the foundation of every counseling process is identified with a specific goal at the very beginning, which is behavior therapy. Typically, the goals are very specific, such as changing a single or small set of behaviors. Behavior counselors typically play an active and directive role in assisting clients in achieving their goals. The patient ascertains what behavior should be changed, while the counselor establishes how this behavior should be changed.

According to Emily, Jennifer, and Peg (2015), refugees with post-traumatic stress disorder should be allowed to express their feelings, thoughts, beliefs, and attitudes to return to a normal situation. This theory can help refugees deal with interpersonal problems while they are in refugee camps and after they leave. Behavior theory aims to improve behavior modification among clients and, when applied effectively to refugees, can assist them in overcoming the effects of trauma. This theory is directly related to the topic under investigation because it demonstrates how refugees can achieve emotional stability through behavioral modification. As a result, these theories will assist the researcher in achieving its primary goal.

## General Literature Review

## 2.2.1 The prevalence of Post-Traumatic Stress Disorder among refugees

PTSD has raised debate since its inclusion in the third edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in the year 1980 a mental disorder, which was revised, and several criteria for PTSD in the year 1994, and later on, revised in DSM IV, professionals indicated fault for the criteria extensively, proposing multiple ways to address issues identified, with the revision of DSM IV (Pai, Suris, & North, 2017).

The American Psychiatric Association (2013), defines PTSD as a disorder that can affect individuals who are at risk of death, sexual abuse, or serious injury, or who have seen any kind of traumatic events such as road accidents, war, or rape. PTSD, according to WebMD (2020), is a long-term result of traumatic experiences that cause an existing level of fear, helplessness, or horror. The experiencing or witnessing of life-threatening traumatic events, war, according to Unnie et al. (2004), is connected with symptoms of intrusive recalls of traumatic events, such as the behavior of avoidance, hyperarousal, and impaired functioning, increasing the level of trauma and the number of events in particular, aggravate a victim’s PTSD symptoms.

According to the global burden of disease report 2010, post-traumatic stress is one of the leading contributors to the global mental health disease burden (Whiteford, Ferrari, Degenhardt, Feigin, & Vos, 2015) More than a quarter of the countries in the world have been affected by armed conflicts, and PTSD is the most prevalent mental disorder in war-affected communities, and significantly more prevalent than in communities with no recent history of conflict. PTSD is the most prevalent mental disorder in war-affected communities, and significantly more prevalent than in communities with no recent history of conflict (Priebe et al 2018).

People living in Sub-Saharan Africa are disproportionately vulnerable to trauma and may have a higher risk of developing posttraumatic stress disorder (PTSD), A study conducted by Bapoli et al. in 2020 on PTSD, psychiatric comorbidity, and associated factors among refugees in Nakivale camp in southwestern Uganda, the prevalence of PTSD among those refugees was 67 percent, another study done by Florian Scharpf et al. 2019 on Prevalence and co-existence of morbidity of posttraumatic stress and functional impairment among Burundian refugee children and their parents shows PTSD prevalence was higher among mothers (32.6%) and fathers (29.1%), this simply shows how people who have been affected by war are more likely to develop mental disorders such as PTSD, demonstrating that there is a lack of estimates on the prevalence of PTSD among refugees' population. PTSD affects people all across the world, with half of all cases remaining untreated thus creating a gap

## 2.2. Empirical Literature Review

In the year 1980, Post-Traumatic Stress Disorder first appeared in the DSM-III, then in the DSM-IV, and found now in the DSM-V. The evolution of PTSD was developed, and in 2013, APA changed the standards for PTSD in the fifth edition of its diagnostic and statistical handbook DSM-5, indicating that vulnerability to the traumatic event was a precondition to the diagnostic criterion for PTSD (Carol Alina, Rebecca Pringle Smith, & Richard V King, 2016).

Post-traumatic disorder (PTSD) is a disorder caused by a stressful incident such as a car accident, war, natural disaster, sexual assault, or death of a loved one. The National Institute of Mental Health defines PTSD as a mental state that occurs to an individual after being exposed to a shocking, frightening, or dangerous event. (NIMH, 2011) went on to say that PTSD can impact any individual at any age, including children, refugees, and persons subjected to any type of physical or sexual assault, accident, or abuse.

Various studies show that nearly 86 percent of refugees who are exposed to traumatic events develop PTSD, indicating that refugees are at risk of developing PTSD, according to Bogic et al (2015). Furthermore, Petter Tinghög et al. (2011) discovered that the majority of refugees in his study met all of the criteria for at least one type of mental disorder, with PTSD accounting for 95% of the total.

2.3. Risk factors of PTSD among refugees

Gender has been identified as a risk factor that influences the prevalence of PTSD among refugees and displaced people. A meta-analysis in war-affected populations found that a higher percentage of women reported a higher prevalence of PTSD and that this percentage was twice as high in women as it was in men. Because most women affected by war have experienced violence, rape, and the loss of their spouses, and their children, Mahmood, 2019 and colleagues argued that being female is one of the risk factors that contribute to a high risk of mental disorders such as PTSD. In general, women are at a higher risk of developing PTSD than men (Jingchu et, al 2017).

Age, like gender, appears to be a factor associated with the presence of symptoms of mental disorder in the aftermath of war-related trauma; age is linked to a variety of psychological processes, including the development of psychiatrist disorder; studies show that adults and elderly are more likely to be affected by PTSD and depression. In addition, the average age of onset for PTSD has been found to differ between men and women (Victoria A, 2020)

2.4. Symptoms experienced after exposure to traumatic events

Symptoms of PTSD develop soon as a month after a traumatic event and can last for years. PTSD symptoms affect an individual's social life and situation. These symptoms are classified into four types, which are as follows: Intrusive memories, avoidance, negative cognitive changes, and mood shifts in physical and emotional reactions (APA, 2013). According to Shalev, Liberzon, and Marmar (2017), there are several criteria used to diagnose PTSD. Criteria A is applied to adults, adolescents, and minors, and it is not the most fundamental part of PTSD nosology.

The stressor criteria are met when an individual has been involved in threatened death, sexual violence, injury, or either being exposed directly to a traumatic event; in which majority of refugees leaving Kanyaruchinya Camps are victims of traumatic events; some have witnessed the events firsthand, which has affected them mentally, emotionally, and physically, and the most factors that could be associated with mental and PTSD disorders are torture, killing, and other traumatic events (Sameena et al., 2018).

Witnessing the traumatic event as it has happened to others, can occur when an individual is either a victim or has witnessed a relative or loved one become a victim of a traumatic event (Allen et al., 2018). Being aware of the event that has happened to a loved one, a case of terrorized death of a loved one, the event must be violent for PTSD to develop.

2.5. Intrusive Symptoms or Re-experiencing

The existence of more than one intrusive sign related to terrifying events invariably starts after the occurrence of the awful event by Shalev, Liberzon, and Marmar (2017). Disturbing memories of the terrifying incident are recurrent. Uncontrollable and intrusive repetitive play expressing features of the events, which may also occur to children over the age of six years (APA, 2013). Flashbacks are a type of dissociative reaction in which a person acts after the occurrence of the terrifying event, these reactions take a variety of forms, the most extreme of which is loss of consciousness of individual surroundings (Shaley et.al, 2017). APA 2013, states that the internal or external signals that present a component of a traumatic event cause strong or protracted psychological suffering, and different mental feedback to both internal or external hints that resemble an aspect of the traumatic event (s) (DSM-V).

2.5.2. The Effects of PTSD Among Refugees in their Daily Life

PTSD can affect an individual in so many ways and most individual with PTSD can be affected either psychologically, physically, emotionally, or socially, individual affected psychologically has powerful, unsetting thoughts and sensations about their traumatic experiences that remain for a considerable length of time after the occurrence. They may experience flashbacks or nightmares about the events; feelings of sadness, fearful or angry; and may feel distant from others. most people who have experienced any kind of traumatic event may have difficulties adjusting and coping with time, and adequate self-care. If symptoms increase or continue for a month or even years and interfere with an individual daily functioning a person might have developed PTSD. (World Health Organization, 2018).

Post-Traumatic Stress Disorder, according to Cecilie Krabbe (2019), is a detailed reaction to trauma that is normally experienced among refugees fleeing from their home countries. It is common knowledge that the majority of conflict in African countries in recent years has increased the global number of refugees. Delayed stress disorder (PTSD) is a usual syndrome observed in refugees, PTSD and depression are among the most common mental health condition, according to the majority of epidemiological surveys and studies on the psychopathology of war survivors. (Mahmood, Ibrahim, Goessmann, Ismail, & Neuner, 2019).

War-related issues and violent events experienced by refugees from their home places, most of these refugees are exposed to danger and potentially traumatic events during their flight, therefore when arriving at the host country many of them already suffer from psychological and distressed impairments (Mahmood, et al, 2019).

Mental health, according to the World Health Organization (2018), is a well-being situation in which an individual recognizes her abilities and can cope well with life. Symptoms of PTSD can occur as soon as one month after stressful experiences or years afterward. These indicators are problematic in occupational environments, social, and also in people’s affairs. It can hinder an individual to undertake their day-to-day objectives. Unwanted memories, evasion, adverse changes in cognition and attitude, bodily changes, and emotional reactions are the four symptoms of PTSD. These signs and symptoms can change over time or from one person to the next.

A revision done by the American Psychiatric Association on diagnostic criteria for PTSD in the 5th edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in the year 2013, according to the current edition of APA DSM 5, all the illnesses covered in this categorization require exposure to a specific traumatic incident, (Pai et al., 2017). According to the Psychiatric Association Revised (2013), PTSD is a mental illness disorder that affects persons who have encountered or witnessed an alarming event such as war, a catastrophic accident, sexual violence, or serious injury (Silvana, 2015).

2.5.3. Comorbidities of PTSD, among Refugees in Kanyaruchinya Camp

The majority of PTSD patients are likely to have other psychiatric disorders as well. refugees are vulnerable and more exposed to PTSD than average people, depression, and anxiety. According to World Mental Health Surveys, the Prevalence of PTSD is 3.9 percent in the wide population, 12 percent for depression, and 11 percent for anxiety, whereas, for refugees, the Prevalence is 31 percent for PTSD, 31.5 percent for depression, and 11 percent anxiety disorder, Meredith G et al. (2020). According to a study conducted by Hyojin Im et al. (2020), the most common comorbid mental has comorbid disorders in the refugee population, which are Depression and Anxiety disorder, in a sample of Somali youth aged 15 to 35 years. An individual suffering from PTSD meets the criteria for at least one of the psychiatrist disorders, PTSD and Depression are seen mostly in the refugee group due to the traumatic event most have gone through.

2.5.4. Depression Among Refugees

One of the most prevalent mental illnesses is depression and it manifests itself as a depressed mood, broadness, especially in stuff one used to like doing, decreased energy, low self-esteem, feelings of shame or regret, insomnia, decreased appetite, lack of focus, and other symptoms (Hady et al. (2021). According to WHO (2020), depression is one of the most frequent mental ill disorders, affecting over 264 million persons widely; depression significantly contributes to the global disease burden and is one of the causes of disability worldwide, 7.5 percent of all years lived with depression in 2015; anxiety disorders are rated sixth (3.4 percent). One major cause of suicide and many cause of suicide death is depression worldwide, which causes a total number of 800,000 per year.

Depressive symptoms can last for at least 4 months or longer, and they can affect an individual in so many aspects of life, including, having a hard time keeping a relationship with family, sleep difficulty, loss of energy, and less satisfying social interaction. According to a study done by Amir Kabunga and Lucas Anyayo, (2020), the Prevalence rate of depression in refugees in African region living in the south of the Saharan desert is 20%, Research conducted in Southern Sudan and Northern Uganda, on the Prevalence of depression was 48 percent among South Sudan refugees, in an identical study done in Kampala among refugees, showed an advanced level of which affects their ability to function well in their jobs, A study done by Sibtain M, Khadija M, and Karim P, (2018) on Prevalence and Associated Factors of Depression in an Asian Community in Dar es Salaam, Tanzania, depression rate was found in 6.5%.

2.5.5. The Coping Strategies to be Used to Prevent Post-Traumatic Stress Disorder Among Refugees

Refugees are among the world’s vulnerable individuals, according to the 1951 Refugee Convention and its 1967 Protocol, they have the right to be protected by the law; universal accession to the Refugee Convention is a valid and attainable goal. Refugees are persons forced to flee their homes because of conflict, violence, or other condition that have gravely broken public order and require international protection as a result. The following are some of the coping strategies described.

Some of these coping strategies include: learning and understanding trauma and PTSD, joining a support group for people with PTSD, working on relaxation skills, pursuing outdoor activities, such as games, having faith in someone you can rely on, hanging out with people who are upbeat, staying away from alcohol and drugs and appreciate nature’s tranquility.

The 1951 convention protects anyone fleeing persecution because of their race, denomination, ethnic group, political opinion, or membership in a particular social group (Barnabas, 2016). A study that looked at the connection between exposure to upsetting experiences and other disorders found that most refugees suffer from PTSD as a result of war and other traumatic events, Ayazi et al. (2014). Farhood (2013) discovered another link when they looked at the impact of war-related life events on the well-being of civilians in southern Lebanon. In a recent assessment of epidemiological surveys of horrifying episodes, Atwoli et al. (2015) discovered a significant incidence of PTSD Prevalence in a post-conflict context.

## 2.6. Conceptual Framework

A conceptual framework according to Patrick (2015), is a scholar’s combination of writings, explaining a specific scenario and it is the scholar’s comprehension of how the variables in his/ her study interact as a result, it establishes the study’s variables.

Independent variables

Dependent variable intervening variables

Post-Traumatic Stress Disorder

* Reaptead unwanted events
* Disturbing dreams
* Avoiding stressing thoughts
* Strong negative belief

Depression

* Hopeless
* Suicidal thought
* Lack of sleep

1. Feelings of sadness
2. Experience flash back
3. Nightmare
4. Fear or anger
5. Difficult adjusting and copying
6. Low self esteem
7. loneliness

Social demographic characteristics

* Gender
* Age
* Marital status
* Education level

Figure 2.1: Conceptual Framework

Source:Author, (2022)

Figure 2.1 shows how the effects of Post-Traumatic Stress Disorder and other intervening variables, progress from the exposure level to the psychological distress level. When a person is vulnerable to a traumatic situation, they react by becoming psychologically distressed. With time these symptoms could go away, however when not investigated they develop into specific disorders such as PTSD, and Depression For this study the dependable variable is Post Traumatic Stress Syndrome Among refugees living in Kanyaruchinya Camp.

## 2.2. Summary

## The provision of a review and literature on the assessment of PTSD among refugees was discussed in this chapter. The scholar was able to identify the theoretical framework using this research, general literature review, empirical research, conceptual framework, and discussion.

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# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction

The following are covered in this chapter, research methodology which includes Data collection, analysis, research design, target population, sample size, sampling techniques, data collection instruments, data collection procedure, pre-testing, data analysis plan, ethical consideration, and summary.

## 3.1. Research Design

The framework for the methodologies and strategies a researcher will employ in performing research is the research design. The two types of research problem and the data collection tools used are determined by the research design, in other words, research design identifies which tools will be used and how they will be used (Xie, 2016). For the goal of this study to be achieved the descriptive survey research design will be used by the researcher, it will help profile the situation in which the target population is going through. Descriptive research design can describe the behavior attitudes and values of an individual, it could also prove to be useful as it will help describe what is prevalent with regards to the topic under study (2014), collection of data will be by the design of existing phenomena by asking people about their perceptions, attitudes, and values. As a result, to meet the study’s purpose the descriptive survey research design will be used.

## 3.2. Scope of the Study

## 3.3. Target Population

 The entire group of adult refugees living in Kanyaruchinya camp who meet the inclusion criteria of the researcher's interest and have mostly those who have been affected by war and moved from their home places and find refuge in the camp are the target population in this study (Akthar, 2016). According to UNHCR, in 2021 total of 42% are adult from age 18-59, therefore as for the interest of the researcher the target population are adult from age 18 who have experienced war and are victim. An Adult, according to the Oxford Dictionary, is a person who has reached full maturity or development.

## 3.4. Sample Size

## Sampling is the process of picking a unit from a population of interest such as individuals or organizations, sampling allows the researcher to get information from the interested population, such that a researcher can fairly generalize the findings back to the group from which they were picked by studying (Taherdoost,2016). The sample size of this study will be calculated using the Yámana formula.

## Total Population Number=6000 a figure given by the UNHCR, 2021.

N=Population of study, K=Constant (1)

Degree of error=0.05

 n=N/(1+N(e)2)

N=60000/ (1+6000(0.05)2)

N=60,000 (1+6000(0.0025)

N=374.9, n=397

Therefore, our sample size will be 397

## 3.5. Data Collection Procedure

The study was conducted in the Kanyaruchinya refugee camp, North Kivu, Goma, with only adult refugees aged 18 and up who had been exposed to the DRC's civil war participating. The researcher received an introduction letter from the Department of Humanities and Social Sciences, followed by a letter from the Daystar University Ethics Review Board, which was presented to the Ministry of Education in Northern Kivu for a research permit. The researcher then selected 397 participants to be involved in the study, and on the days when participants came to get food and basic needs, the researcher explained the study to the selected respondents through a camp Psychologist.

The researcher explained to participants the purpose of the study and their rights and presented them with questionnaires to be filled out.

3.6 Sampling Techniques

The sampling Procedure is a method used by researchers to select participants from a population who share the same characteristics as the target population. Kanyaruchinya refugee camp was chosen because its one of the largest camps, hosting most refugees in North Kivu.

Stratified random sample techniques will be employed in this project. It is the probability sampling method in which the researcher divides the entire population into subgroups and then selects the final participants from each subgroup at random (Alvi,2016). The stratified random techniques start with dividing the population into groups. The proportional allocation technique will be used in this study, with the sample size of adult refugees being proportional to the total number of adult refugees living in the camp. Only adult refugees from age 18 and above who were exposed to war will be considered for the study. The adult refugee will be chosen through random sampling. This study will employ stratified sampling techniques to ensure that all adult refugees are included.

The researcher also plans to employ research assistants in the process of collection and analysis of data. The assistant will help in handling the collection of questionnaires and also, and they will be available in taking any concerned questions from respondents. No supervisor or psychologist from the camp will be present during the filling of the questionnaire to ensure that the respondent is comfortable, and anonymity and confidentiality are respected. The data procedure took 4 weeks.

## 3.6. Data Collection Instrument

This study entailed gathering primary data using standard tools that allowed for the collection of quantitative data. The post-Traumatic Stress Checklist (PCL-5), and Beck's Depression Inventory (BDI), are among the tools used. This study will use a questionnaire to get information from the respondents. It will allow the scholar to get information from a large number of people, responses may be quick, information about personal matters can be easily obtained by the scholar, and it puts less pressure on respondents because they have time to answer the questions without being rushed, and it also ensures anonymity to its respondents Stefan (2019).

Appendix A-Socio-Demographic Questionnaire

The socio-demographic Questionnaire is the researcher generated own questions, which will be to elicit useful data on age, gender, marital status, length of stay in the camp, and education level of each correspondent, this will capture all the personal information of an individual.

Appendix B: Post Traumatic Stress Disorder Checklist-PCL-5

One of the commonly used instruments for PTSD assessment is The Posttraumatic Stress Disorder Checklist (PCL) the 20-item checklist will be used by the researcher to measure the symptoms of post-traumatic stress disorder, the instrument was developed by The National Center for PTSD in 1990 (Weathers et al., 2013). It is a self-measured tool that can be completed by an individual, as part of the study and it takes 5 to 10 minutes to be completed, The PCL-5 tool was updated to reflect DSM-5 to PTSD criterion modifications. The item self-reports evaluate the 20 DSM-5 symptoms of PTSD.

Symptoms change during and after therapy screening individuals for PTSD and making a provisional PTSD diagnosis are just a few of the uses for the PCL-5 (Blevins, Weathers, Davis, Witte, & Domino, 2015). PCL‐5 is a posttraumatic stress disorder symptom scale that is based on psychometrics, each item is assessed on a 5-point scale (0=Not at all; 1= A little bit; 2=Moderate;3= Quite a bit;4=Extremely) correspondent is requested to rate the intensity of the signs for the past two weeks (Kazour et al., 2017)

The PCL-5 instrument can be scored into so many different ways, a total symptom severity score range from 0-80, and this can be obtained by summing the scores for each of the 20 items, Research on PCL-5 suggested scores of 31 to 33 were optimally efficient for diagnosing PTSD (Bovin et al.,2016). This instrument has been used also in some countries in Africa for diagnosing PTSD example in a study by Malose Makhubela, 2018 in South Africa, who studied the latent Structure of the PTSD checklist for DSM-5(PCL-5) in South African Mortuary workers and also in a study done in Zimbabwe by Verley et., al 2018, it has shown the reliability of Cronbach’s alpha 0.92.

Appendix C: Beck Depression Inventory-BDI

Beck Depression Inventory is used to assess depression. This instrument was developed by Aaron Beck in 1961, and now it is on its third iteration (BDI-1961, BDI-II-1996), and it is one of the most used instruments for the severity of depression (Rosner, R, 2015). It is a 21-item, self-report rating inventory with four possible responses used to measure sovereignty and depth of depression in patients with a psychiatric diagnosis. The BDI tool has been widely used to access Depression symptoms, among different populations, For example in Kenya the BDI has been used widely in research and it is a sound psychometric instrument (Faith M, 2017). The BDI takes approximately 5 to 10 Minutes for a person to fill and respond to the questions provided, 0=Not at All;1=Midly;2=Moderately;3=Severely; it bothered me a lot, all the point values are summed to obtain a total of range 0 to 63.

Due to the nature of the study as for data collection tools will be concerned, the researcher using the Statesman will generate and prepare more questionnaires to the satisfaction of the objectives of this study.

## 3.7. Data Analysis

A systematic organization of raw data is known as data analysis. A quantitative approach will be used for the analysis of data. The quantitative data analysis would be a closed-ended questionnaire. In this study, data will be considered using descriptive statistics with the aid of SPSS Statistics 28. In this study a nominal scale will be used for closed-ended questions, gender was categorized into male and female, presented as 1 for male and 2 for female, and age was categorized into ranges, from 18-25, 26-35, 36-45, 46-59 and a number will be assigned to each group, and the number of respondents will be recorded using frequencies and percentages, while descriptive statistics will be used to analyze the Prevalence and the effect of PTSD on adult refugees in their daily life, the coping strategies to be used to prevent posttraumatic stress disorders and the comorbidities of PTSD among refugees.

The use of SPSS (Statistical Package for social science) version 28.0 in the analysis of data and data coding. Was done through manual input into Microsoft Excel and thereafter transferred to SPSS for data analysis, and observable attributes for systematic assessment. After being analyzed and categorized the quantitative data were presented using, tables, pie charts, and bar graphs.

## 3.8. Pretesting

## This means testing the tools' validity and dependability before data collection. Due to the nature of the study, a sample size of 10% which makes a total of 40 Adult respondents was tested from the Mugunga refugee camp in Goma which is similar to the Kanyaruchinya refugee camp to test the validity of the questionnaire, these individuals were not included in the final study or constitute of the final sample to avoid bias as they were familiar with the questions asked. this was important as it revealed whether the questions were clear enough to bring out the desired responses.

3.9. Validity

Middleton (2020), defines validity as the precision with which a method measures what is intended to measure, when the study’s findings reflect real-life traits, characteristics, and variances, it is said to have a high level of validity. Expert review ensured the validity of data collection instruments in this study. Research experts, including my supervisor and the University statistician, reviewed the questionnaire and provide feedback to ensure that the content is clear and corresponded to the research questions that guided this study.

3.10. Reliability

The consistency with which a method measures something is known as reliability. the measurement is deemed reliable if the same result can be obtained consistently under the same condition using the same methodology (Middleton, 2020). The reliability of data collection equipment will therefore be evaluated using quantitative research and data coding. The researcher will perform quantitative research with 40 respondents, which is 10% of the pre-testing when undertaking a study with a small sample size to test the dependability of data-gathering instruments. It merely provides a thorough explanation and analysis of the research topic with no limitations on the study’s scope or the type of the participant’s responses. SPSS will be used to test the data for internal consistency.

## 3.11. Ethical Considerations

During the study, ethical consideration is not only important but also required to ensure that respondent is treated with dignity and respect throughout their journey. These are ethical standards that govern researchers when reporting research without any dishonesty or aim to hurt respondents or society, whether intentionally or unintentionally. It is important to follow ethical principles when doing and reporting research to ensure the validity of the findings (Singh, 2019).

Therefore, the researcher started by submitting the study to the Daystar University ERB (ethical Review Board) and then to then to the minisrty of education in DR Congo, for a research permit.

The study will thus be conducted with maximum adherence to research considerations, in which members will be fully informed about the study's objectives, all participants reported their written acceptance regarding their participation in the study, that is informed consent, assurance of confidentiality, and that all their answers will be confidential and used only for academic purposes and no otherwise, and above all, the researcher will make sure respondents are not harmed or abuse during the study, each respondent will also be informed that they have the option of refusing to participate and may also choose to not answer any question they do not feel comfortable with. the researcher will ensure that each individual is provided with a comfortable environment.

The questionnaire handed to all respondent were easy to understand and have clear instructions, nevertheless, research assistants were available to help and answer any concerned question, and those who appears to be distressed or uncomfortable during or after the study or while filling out the questionnaire were pulled aside and asked if they want to continue with the study and if the researcher encounters any signs of trauma or comfortability, Psychologist were available to respond in the camp.

## 3.12. Summary

This chapter described the research methodology which included research design, selected sample, population to be studied, sampling method(s), data collection methods, ethical consideration, and analysis of data plan. It has made clear how data was gathered and analyzed to reach the main objective of this study.

1. CHAPTER FOUR
   1. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter focuses on data presentations, analysis, and interpretation, the data was collected using a questionnaire administered to Adults refugees, living in the Kanyaruchinya refugees camp, the data analysis focused on four objectives which were to determine the prevalence of Post Traumatic stress disorder among adult refugee in Kanyaruchinya refugees camp, to Investigate the effect of PTSD among refugees in their daily life To assess the level of depression as a comorbidity of PTSD among refugees and to examine the coping strategies to m used to manage posttraumatic stress disorder among refugees living in Kanyaruchinya camp the result of the questionnaire is presented with accordance with the study’s goal.

Analysis and interpretation

Response rate.

The sample of this study was 397 respondents from the kanyaruchhinya refugee camp, in the northern Kivu of DRC the study received 331 completed questionnaires distributed making it an 83% response rate. A response rate of 50% and above is sufficient for analysis (Kothari, 2004). Thus responses were filled and returned.

The result from Figure 4.1. show the response rate realized in the study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population Descriptive Statistics** | | | | |
|  | N | Mean | Std. Deviation | Variance |
| Gender | 331 | 1.402 | .490 | .240 |
| Valid N (listwise) | 331 |  |  |  |
| Std. Deviation and Variance use N rather than N-1 in denominators. | | | | |

*Figure 4.1. Response Rate*

Demographic Data

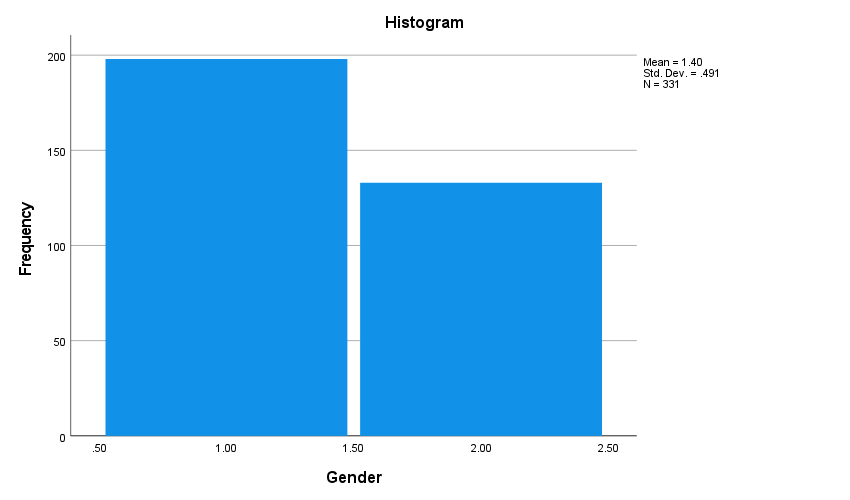
This section provides a summary of the survey respondents' backgrounds, including their age, education, marital status, and length of stay in the camp. This information gives readers a general understanding of the community under consideration.

The results are presented in the subsequent section.

Gender and Respondents

In order to establish the distribution of respondents, the respondents were asked to indicate their gender distribution: the findings are presented in Figure 4.2.

*Figure 4.2.*



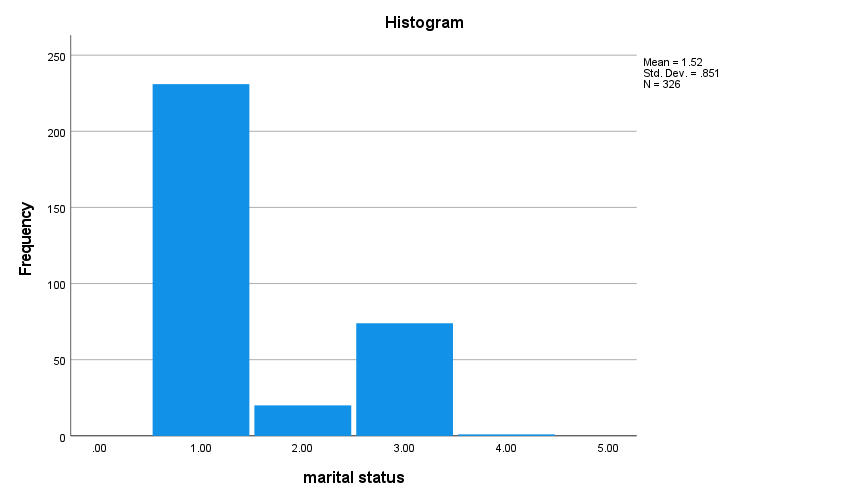
It was essential to look at how the sample's genders were distributed because this study's goal was to determine whether one gender was more likely than the other to be adversely affected by traumatic events. According to the findings it was noted that majority of the respondents were female, 196(59.2%) male 135(40.8%).

Age of Respondents

Figure 4.2 show respondents age, it was noted that respondents age were between 18-25( 34.1%), while further were 26-35(35.0%) age, further participants of the study aged 36-45(18.4%), and only 46-59(10.9%), the finding shows that the participants who are between the age 26-35 represented the highest percentage in the study.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | | | | | |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | .00 | 1 | .3 | .3 | .3 |
| 18-25 | 113 | 34.1 | 34.5 | 34.8 |
| 26-35 | 116 | 35.0 | 35.4 | 70.1 |
| 36-45 | 61 | 18.4 | 18.6 | 88.7 |
| 46-59 | 36 | 10.9 | 11.0 | 99.7 |
| 21.00 | 1 | .3 | .3 | 100.0 |
| Total | 328 | 99.1 | 100.0 |  |
| Total | | 331 | 100.0 |  |  |

Table 4 displays the respondents' marital status at the time of the study. Among all the participants interviewed, 70.9 % of the respondents reported being married, while 6.1% reported being a widow or widower and 22.4% reported being single. It's important to note how many married people there were in the study.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **marital status** | | | | | |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | married | 231 | 69.8 | 70.9 | 70.9 |
| widow or widower | 20 | 6.0 | 6.1 | 77.0 |
| single | 74 | 22.4 | 22.7 | 99.7 |
| 4.00 | 1 | .3 | .3 | 100.0 |
| Total | 326 | 98.5 | 100.0 |  |

Education level

The study also inquired about the highest degree of education attained by refugees in the Kanayruchinya Refugee Camp, as education level influences decisions and responses to stresses' intensity and impact. According to the study, 46.9% of the participants had completed elementary school. 20.9% % of the population fell into the second category .0.9% had a college degree, and 31.3% had none.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education level** | | | | | |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Primary school | 153 | 46.2 | 46.9 | 46.9 |
| secondary | 68 | 20.5 | 20.9 | 67.8 |
| university | 3 | .9 | .9 | 68.7 |
| None | 102 | 30.8 | 31.3 | 100.0 |
| Total | 326 | 98.5 | 100.0 |  |
| Missing | System | 5 | 1.5 |  |  |
| Total | | 331 | 100.0 |  |  |

Length of staying in the camp response

Individuals were asked how long they had been staying in the camp, and the majority of respondents had been there for less than 5 years, accounting for 98.5% of the sample, which included both male and female refugees from Knayaruchimya..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **length of staying in the camp** | | | | | |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | below 5 years | 326 | 98.5 | 100.0 | 100.0 |
| Total | | 331 | 100.0 |  |  |

Prevalence of post-traumatic stress disorder among refugees in Kanyaruchinya camp

The first objective of the study was to determine the prevalence of PTSD among refugees in the kanyaruchinya refugees camp, in North Kivu, Goma, D.R.Congo, in this section the constructs were divided into four sections: symptoms of intrusion, symptoms of avoidance, negative alteration in cognitive and mood and reactivity.

Symptoms of intrusion involves,

Repetitive, distressing, and unpleasant flashbacks of the traumatic events, Repeated, disturbing dreams of the stressful experience, Suddenly feeling or acting as if the stressful experience were happening again (as if you were back there reliving it), having strong physical reactions when something reminded you of the stressful experience, Having strong physical reactions when something reminded you of the stressful experience.

This study finding found that majority of the participants experienced Repeated unwanted memories of the stressful experiences as shown by 37.4% who said quiet a bit while 34.4% reported to be extremely, ………. repeated disturbing dreams of the stressful events were reported mostly a large number of women involved in the study experienced war, from their home places, with ……..% moderate , quiet a bit and extreme repeated disturbing dreams.

Association between demographic factor and PTSD

The figure shows the association between social demographic factors and PTSD

Shows the output of SPSS analysis and whether there is a statistically significant difference between symptoms of Intrusion and demographic factors. Finding gender, marital status……, and education……had significant differences between the mean of gender, marital status, and education. On the other hand symptoms of intrusive were not dependent on age or length of staying in the camp. There was no significant difference between symptoms of intrusion by the change in age () or length of staying in the camp.

Avoidance

Table show characteristics of avoidance of PTSD among adult refugees, Avoiding memories, thoughts or feelings related to the stressful experience, avoiding external reminders of the stressful experiences, troubles remembering important parts of the stressful experience are among the avoidance symptoms, other symptoms includes, Blaming yourself or someone else for the stressful experience or what happened after the traumatic events.

In this study shown majority of the target participants responded said they avoided memories or thought or feelings related to the stressful events as implied by,,,………who said quiet abit, and …..who extremenly avoided. It was also found that……… avoided external reminders of the stressful experiences, as implied by ….quiet abit……..and extremely avoided respectively. However ….reported they did not have trouble remembering important parts of the stressful experiences, …..reported not at all, and a lilte bit respectively.

Show the output of the ANOVA whether there is a statistical significance difference between Avoidance in PTSD and the demographic factors

The result show that gender, age and marital status had a significant influence on the rate of avoidance in PTSD among adult refugees in Kanyaruchinya refugees camp, on other hand avoidance symptoms of PTSD were not dependent on education level, there was no significance difference between Avoidance in PTSD and education level.

Negative alteration in cognitive and mood

Figure.. shows characteristics of negative alteration in cognitive and mood of PTSD among adult refugees in kanyaruchinya, blaming yourself or someone else for the stressful experience or what happened after , Having strong negative feelings such as fear, horror, anger, guilt, or shame, Loss of interest in activities that you used to enjoy, Feeling distant or cut off from other people, Irritable behavior, angry outbursts, or acting aggressively?.

Finding shows that most of refugees blamed themselves or some else quiet a bt…..or extremely…..for the stressful experience or what happened after, majority of respondents reported quiet a bit or extreme having negative feelings such as fear, horror, anger, guilt or shame, most of the respondents reported quiet abit in activities that they used to enjoy, most felt moderately feeling distance or cut off from other people, while irritable behavior, angry outburst or aggressively were relatively common.

Show the output of ANOVA analysis whether there is a statistical significant difference in negative alteration of cognition and mood among adults refugees experiencing PTSD and social demographic factors in Kanyaruchinya.

Reactivity

The study also evaluated the aspects of reactivity characteristics of PTSD among adults refugees in kanyaruchinya .Taking too many risks or doing things that could cause you harm, Being “superalert” or watchful or on guard?, Feeling jumpy or easily startled? Having difficulty concentrating, Trouble falling or staying asleep?

Shows,.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Summary** | | | | | | |
|  | Cases | | | | | |
| Valid | | Missing | | Total | |
| N | Percent | N | Percent | N | Percent |
| Intrusive | 107 | 32.3% | 224 | 67.7% | 331 | 100.0% |
| $Avoidancefactorsa | 207 | 62.5% | 124 | 37.5% | 331 | 100.0% |
| $Negativealternativea | 186 | 56.2% | 145 | 43.8% | 331 | 100.0% |
| $Reactivitya | 223 | 67.4% | 108 | 32.6% | 331 | 100.0% |
| a. Dichotomy group tabulated at value 1. | | | | | | |

*Prevalence of PTSD among refugees in Kanyaruchinya camp*

Findings the prevalence of PTSD among adults refugees in kanyaruchinya refugees camp, the study reported that 71.12% prevalence among adults refugees, prevalence based on each indicator was also computed and presented in table. Generally these resuts emplies that majority of alduts refugees from Kanyaruchinya refugees camp have Posttraumatic stress disorders.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Introduction

In this chapter discussion of the study findings will be presented, as well as the conclusion and recommendations of the study. The conclusion relate directly to the four objectives of the study, suggestion for further research are also presented in this chapter.

This study aimed to assess Post traumatic stress disorders among refugees, living in kanyaruchinya refugees camp in D.R.Congo,

Discusions

The results of the study revealed a significant relationship between, gender, age , marital status and education level and prevalence of PTSD. The study also established that prevalence of PTSD was higher among women refugees who have experienced war compared to men.

Posttraumtic Stress Disorder Among Adults refugees

The finding of the study were that there was a high Prevalence of ……of PTSD among adults refugees living in kanyaruchinya Refugees Camp. Out of 3 population ……scored under intrusive factors, ,……, this means that had PTSD.

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# APPENDICES

## *Appendix A: Consent Form*

Consent to participate in a Research Study

Title of the Study: *assessment of Post traumatic stress disorder among refugees: a case of kanyaruchinya refugees camp, Goma, DRC.*

I am Sabine R Byemba, a master’s student in counseling psychology from daystar university, am collecting data from assessing post traumatic stress disorder among refugees from Kanyaruchinya refugees’ camp.

Introduction

* you are being asked to take part in this research project. Before you decide to do so it is important you understand why the research is being done and what it will involve.

Purpose of the study:

* The purpose of this study is to do an assessment on Post traumatic stress disorder among adult’s refugees in kanyaruchinya refugees camp, Goma,DRC

Do I have to take part?

* Participation in this study is voluntary and you will not be penalized if you withdraw.

Risks/Discomfort of being in this study

* There are expected risks in that survivors might re-experience past event(s), trauma. In the events if this happens, we have a designed counselor who will do debriefing to the affected persons. Other intervention includes: relaxation techniques.

Benefits of being in the study

* This work may not directly benefit the participants but it will have a benefit part in enabling them to understand and have an eye opener on Post Traumatic stress disorder related issues.

Confidentiality

* This study is anonymous. All information that we collect about you during the course of the study will be kept confidential.

How will data be stored

* Any data collected about you on questionnaire will be stored and handled personally by the lead researcher.

Payments

* You will receive no payment before, during and after this study. The study is solely for academic purpose.

Consent

NOTE: by signing here below you indicate that you have read and understand the information provided above and have decided to volunteer as a research participant for this study.

Subject....................................................... signature..................................date...............

## Questionnaire

Dear respondent, you are requested to participate in a study entitled **“**The prevalence rates of Post-Traumatic Stress Disorder (PTSD) among refugees in kanyaruchinya camp**”** by Ms. Sabine R. Byemba from Daystar University. Nairobi, Kenya. Please provide true information. Responses you provide will be treated with utmost confidentiality. Do not fill your name in this questionnaire.

PART A. DEMOGRAPHIC INFORMATION: Please tick appropriate option

1. Jinsia ( ) Male4 ( ) Female
2. Umri wako ( ) 18-25 ( ) 26-35( ) 36-45 ( ) 46-59
3. Marital status ( ) Married widow ( ) ( ) Single
4. Mdaa ulio kaa kambini ( ) Below 5 years ( ) 6 - 10 years ( ) Above 10
5. Elimu yako ( ) Shule ya msingi ( ) Sekondary ( ) Chuo ( ) Hakuna

Tafadhali soma maswali apo chini na Ujaze kwa kuweka alama vile inaelezea hisia yako: Not at all- Hapana Kabisa A little bit- Kidogo Moderately- Kiasi

Quite a bit- Mara Kadhaa Extremely- Sana

Appendix B: Post Traumatic Stress Disorder Checklist-PCL-5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the past month, how much were you bothered by:  Kwa kipindi cha mwezi, kiasi gani umekuwa ukisumbuliwa | Not at | A little | bit Moderately | Quite a bit | Extremely |
| 1. Repeated, disturbing, and unwanted memories of the stressful experience? (Kujirudia kwa hisia na kumbukumbu za tukio lililo pita)  2 Repeated, disturbing dreams of the stressful experience? (kujirudia kwa ndoto za tukio lililo pita)  3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? (Kuwa na hisia ya kuwa tukio lililo pita litajirudia kwa mara ingine) | 0  0  0 | 1  1  1 | 2  2  2 | 3  3  3 | 4  4  4 |
| 4. Feeling very upset when something reminded you of the stressful experience? (Kujihisi hasira sana wakati kitu kinakukumbusha tukio la mkazo) | 0 | 1 | 2 | 3 | 4 |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?(Kuwa na miitiko mikali ya kimwili wakati kitu ikikumbusha matukio ya mkazo) Mfano Moyo kuenda haraka, kupumua kwa shida, kutokwa na jasho) | 0 | 1 | 2 | 3 | 4 |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? (Kuepuka mawazo, hisia au kumbukumbu ya matukio yaliyo pita) | 0 | 1 | 2 | 3 | 4 |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? (Kujiepusha na vitu ama matukio yanayoleta kumbukumbu ya matukio yaliyopita ) kwa mfano sehemu, watu, vitu, shughuli flani, mazungumzo au ata shughuli flani | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble remembering important parts of the stressful experience? (Shida kukumbuka sehemu muhimu ya matukio ya mkazo) | 0 | 1 | 2 | 3 | 4 |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? Kuwa na hisia hasi kwako binafsi,watu wengine na ata dunia( Mfano kuwa na mawazo kuwa kuna kuna kitu kibaya juu yako, akuna mtu anaeza aminika, Dunia ni hatari.) | 0 | 1 | 2 | 3 | 4 |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? Kujilaumu au kumlaumu mtu mwingine kwa kosa la tukio lililo pita | 0 | 1 | 2 | 3 | 4 |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? Kuwa na hisia hasi kama vile hofu, hasira, hatia au aibu. | 0 | 1 | 2 | 3 | 4 |
| 12. Loss of interest in activities that you used to enjoy?  Kupoteza maslahi katika shughuli ambazo ulikuwa ukifurahia | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling distant or cut off from other people?  Kuhisi umbali au kujitenga na watu | 0 | 1 | 2 | 3 | 4 |
| 14. Irritable behavior, angry outbursts, or acting aggressively?  Kuwa na Tabia yakukasirika, kulipuka kwa hasira au kufanya fujo | 0 | 1 | 2 | 3 | 4 |
| 15. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? Shida kupata au kuwa na hisia chanya( Mfano kupoteza hisia kwa watu wako wa karibu, kutokuwa na furaha). | 0 | 1 | 2 | 3 | 4 |
| 16. Taking too many risks or doing things that could cause you harm, Kujiweka katika hatari nyingi au kufanya vitu vinavyokusababishia maumivu | 0 | 1 | 2 | 3 | 4 |
| 17. Being “superalert” or watchful or on guard?  Kuwa mwangalifu au kuwa macho | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling jumpy or easily startled?  Kuhisi kuruka au kuanza kwa urahisi | 0 | 1 | 2 | 3 | 4 |
| 19. Having difficulty concentrating?  Kuwa na ugumu wa kuzingatia | 0 | 1 | 2 | 3 | 4 |
| 20. Trouble falling or staying asleep?  Shida kupata usingizi au kulala | 0 | 1 | 2 | 3 | 4 |

## Appendix C: Beck Depression Inventory-BDI

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

(1).0 I do not feel sad. (Sina huzuni).

1 I feel sad (Nina huzuni)

2 I am sad all the time and I can't snap out of it. (Nina huzuni wakati wote na siezi kujiondoa)

3 I am so sad and unhappy that I can't stand it. (nina huzuni sana na siezi kuvumilia)

(2).0 I am not particularly discouraged about the future. (sijavunjika moyo hasa na siku za usoni)

1 I feel discouraged about the future. ( nahisi nimevunjika moyo na siku za usoni)

2 I feel I have nothing to look forward to. (nahisi sina ninalo tarajia siku za usoni)

3 I feel the future is hopeless and that things cannot improve. (nahisi nimekata tamaa na siku za usoni na naona mambo hayawezi kuwa bora zaidi.

(3.)0 I do not feel like a failure. (Sijihisi kama nimeanguka maishani).

1 I feel I have failed more than the average person. (Nahisi nimeanguka maishani zaidi ya mtu wa kawaida).

2 As I look back on my life, all I can see is a lot of failures. (Nikiangalia Maisha yangu yaliyopita naona nimeanguka sana).

3 I feel I am a complete failure as a person. (Nahisi nimeanguka kabisa maishani)

(4.)0 I get as much satisfaction out of things as I used to. (Naridhika na mambo kama ilivyo kawaida yangu)

1 I don't enjoy things the way I used to. (sifurahi mambo kama nilivyokuwa nafurshia)

2 I don't get real satisfaction out of anything anymore. (sitosheki tena kikamilifu na jambo lolote)

3 I am dissatisfied or bored with everything. (sitosheki wala sichangamshwi na chochote)

5. 0 I don't feel particularly guilty (sihisi kama ni na hatia)

1 I feel guilty a good part of the time. (Nahisi nina hatia wakati mwingine)

2 I feel quite guilty most of the time. (Nahisi nina hatia wakati mwingi)

1. I feel guilty all of the time. (Nahisi nina hatia wakati wote)
2. 0 I don't feel I am being punished. ( Sihisi kama sihadhibiwa)
3. I feel I may be punished. (Nahisi kama naweza hadhibiwa)
4. I expect to be punished. (Natarajia kuadhibiwa)
5. I feel I am being punished. (nahisi kama nahadhibiwa)

7. 0 I don't feel disappointed in myself. (sihisi kama nikasirikia nafsi yangu)

1. I am disappointed in myself. ( nimejikasirikia)

2 I am disgusted with myself. ( ninajidharau)

1. I hate myself. (Ninajichukia)

8. 0 I don't feel I am any worse than anybody else. ( sihisi mimi ni mnbaya zaidi ya yeyote)

1 I am critical of myself for my weaknesses or mistakes. ( najisuta sana katika makossa yangu au madhaifu wangu

2 I blame myself all the time for my faults. (Najilaumu wakati wote kwa makossa yangu)

3 I blame myself for everything bad that happens. ( najilaumu kwa uovu wowote uliotendeka)

9. 0 I don't have any thoughts of killing myself. (Sina wazo lolote kujiua)

1 I have thoughts of killing myself, but I would not carry them out. (Nina wazo la kujiua lakini sijatimiza wazo hilo)

2 I would like to kill myself. (ningetaka kujiua)

3 I would kill myself if I had the chance. (Nitajiua nikipata nafasi)

10. 0 I don't cry any more than usual. (Silii siku izi zaidi ya vile ilikuwa kawaida yangu)

1 I cry more now than I used to. (Nalia zaidi ya vile nilikuwa kawaida yangu)

2 I cry all the time now. (nalia kila wakati)

3 I used to be able to cry, but now I can't cry even though I want to. ( Nilikuwa naweza kulia lakini sasa nikitaka kulia siwezi)

11.0 I am no more irritated by things than I ever was. ( sikasirishwi kwa urahisi kama ilivyo kuwa kawaida yangu)

1 I am slightly more irritated now than usual. (Nahisi nimekasirishwa wakati wote)

2 I am quite annoyed or irritated a good deal of the time. ( nahisi nimekasirishwa wakati wote siku izi)

3 I feel irritated all the time. (sikasirishwi kamwe na mambo yaliyokuwa yakinikasirisha).

12.0 I have not lost interest in other people. (Sijapoteza hamu yakujumuika na watu wengine),

1 I am less interested in other people than I used to be. (hamu yangu yakujumuika na watu imepungua zaidi ya ilivyokuwa)

2 I have lost most of my interest in other people. (Nimepoteza sana hamu yangu ya kujihisisha na watu)

3 I have lost all of my interest in other people. (Nimepoteza hamu na watu)

13. 0 I make decisions about as well as I ever could. (Nafanya maamuzi kwenye jambo lote kawaida)

1 I put off making decisions more than I used to. (nina hahirisha kufanya maamuzi zaidi ya vile nilikuwa nikifanya)

2 I have greater difficulty in making decisions more than I used to. (nina uzito mkubwa wa kufanya maamuzi zaidi ya awali)

1. I can't make decisions at all anymore. (siwezi tena kufanya uamuzi juu ya jambo lolote)

14. 0 I don't feel that I look any worse than I used to. (sihisi kama naonekana mbaya zaidi ya vile nilikuwa)

1 I am worried that I am looking old or unattractive. (sina wasi wasi kuwa naonekana sivutii)

2 I feel there are permanent changes in my appearance that make me look (nahisi kuna mabadiliko yanayoonekana kwenye umbo langu yanayonifanya nisivutie)

unattractive

3 I believe that I look ugly. (Nina amini nina muonekana mbaya)

15. 0 I can work about as well as before. (naweza kufanya kazi kama vile ilivyokuwa awali)

1 It takes an extra effort to get started at doing something. (nilazima nifanye bidi ndipo niweze kufanya jambo lolote)

2 I have to push myself very hard to do anything. (Inabidi nijilazimishe sana ndipo niweze kufanya jambo lolote)

3 I can't do any work at all. (siwezi kabisa kufanya kazi yeyote)

16. 0 I can sleep as well as usual. (Ninalala kama kawaida yangu)

1 I don't sleep as well as I used to. (Siwezi kulala vyema kama apo awali)

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. (Naamka mapema kwa saa 1 au 2, ambayo sio kawaida yangu, halafu ni vigumu kupata usingizi tena)

3 I wake up several hours earlier than I used to and cannot get back to sleep. (naamka mapema zaidi ambayo sio kawaida yang una sipati usingizi tena)

17. 0 I don't get more tired than usual. (Sichoki zaidi ya vile nilikuwa nachoka awali)

1 I get tired more easily than I used to. (Nachoka kwa urahisi zaidi ya kawaida yangu)

2 I get tired from doing almost anything. (Nachoshwa karibu na kila jambo nalofanya)

3 I am too tired to do anything. (Ninachoka san ahata siezi kufanya lolote)

18. 0 My appetite is no worse than usual. (Hamu yangu ya chakula sio mbaya zaidi ya apo awali)

1 My appetite is not as good as it used to be. (Hamu yangu ya chakula si nzuri kama apo awali)

2 My appetite is much worse now. ( Hamu yangu yakula ni mbaya zaidi kwa sasa)

3 I have no appetite at all anymore. (Sina hamu yakula kabisa)

19. 0 I haven't lost much weight, if any, lately. (Sijapunguza uzito wa mwili ivi karibuni)

1 I have lost more than five pounds. (Nimepunguza uzito wa mwili zaidi ya paundi tano)

2 I have lost more than ten pounds. (Nimepunguza uzito wa mwili zaidi ya paundi kumi)

3 I have lost more than fifteen pounds. (Nimepunguza uzito wa mwili zaidi ya paundi kumi na tano)

20. 0 I am no more worried about my health than usual. (Sina wasiwasi kuhusu afya yangu)

1 I am worried about physical problems like aches, pains, upset stomach, or

constipation. (Nina wasiwasi kuhusu shida za mwili kama vile shida ya tumbo ama kufunga choo)

2 I am very worried about physical problems and it's hard to think of much else. (Nina wasiwasi kuhusu shida ya mwili mpaka inakuwa ngumu kuwaza jambo linguine lolote)

3 I am so worried about my physical problems that I cannot think of anything else. (Nina wasiwasi na matatizo ya afya mapaka siwezi kuwaza kitu ingine)

21. 0 I have not noticed any recent change in my interest in sex. (sijaona mabadiliko yeyote hivi karibuni kuhusu hamu yangu ya mapenzi)

1 I am less interested in sex than I used to be. (Hamu yangu ya kufanya mapenzi imepungua zaidi ya vile ilivyokuwa)

1. I have almost no interest in sex. (Hamu yangu yakufanya mapenzi imepungua sana siku izi)
2. I have lost interest in sex completely. (Nimepoteza kabisa hamu yakufanya mapenzi)

Appendix D: effect of PTSD (AGREE-NAKUBALI) (DISAGREE-NAKATAA)

* + - 1. I feel lonely most of the time (Najihisi Mpweke mara kwa mara)

1. AGREE (1) DISAGREE
   * + 1. I sometimes experience nightmares and get flashbacks of the event(s) (Wakati mwingine Napata ndoto mbaya na mambo ya tukio lililo pita)

0. AGREE (1) DISAGREE

* + - 1. Am having a hard time copying and adjusting after the traumatic event(s).(Napata wakati mgumu kuzoea hali ya kawaida baaada ya tukio)

0. AGREE (1) DISAGREE

* + - 1. Am sad most of the time (Niko na huzuni mara kwa mara)

0. AGREE (1) DISAGREE

* + - 1. I fear that something might happen again (Nina hofu kuna kitu kitatokea tena)

0. AGREE (1) DISAGREE

* + - 1. I lost my confident (Nimepoteza ujasiri wangu).

0. AGREE (1) DISAGREE

Appendix E: Copying strategies on PTSD

* + - 1. Have you ever been educated about PTSD? (umewahi elimishwa kuhusu PTSD) YES ()

NO ()

* + - 1. Is there any support group available in the camp for people with PTSD? (Je kuna kundi lolote apa kambini linalosupport watu wenye PTSD) YES ( )

NO ( )

* + - 1. Is there any program in the camp which help in increasing your self-esteem? (Je kuna program yeyote inayokusaidia kuongeza Kujiheshimu na kujithamini ..............................................................................................
      2. Do you have anyone you can rely on whenever you fill like needing help (Je kuna mtu wa karibu unaeza mwendea ukihitaji msaada): ........................................................................................
      3. Do you engage your self in any activity available in the camp? (Jeunajihusisha na shughuli yeyote apa Kambini) Kama NDIO ni gani) If YES which one?....................................................
      4. What kind of people do you hang around with? (Ni aina gani ya watu huwa unatumia mdaa mwingi nao) .......................................................................................

## 

## APPENDIX F

#### RESEARCH BUDGET

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **ACTIVITIES** | **ITEMS** | **COST (Tanzania shillings)** |
| **1** | **Proposal Preparation** | Internet services | 30,000 |
|  |  | Typing and Printing | 80,000 |
|  |  | Photocopies | 20,000 |
|  |  | Binding | 200,000 |
|  |  | Transport | 80,000 |
|  |  | Meals and Accommodations | 250,000 |
|  |  | **Subtotal** | **660,000** |
| **2** | **Data Collection** | Printing and Photocopies | 50,000 |
|  |  | Transport | 450,000 |
|  |  | Meals and Accommodations | 250,000 |
|  |  |  |  |
|  |  | ERB-DAYSTAR | 40,000 |
|  |  | COSTECH | 100.000 |
|  |  | **Subtotal** | **1,140,000** |
| **3** | **Data Processing and Report Writing** | Printing and Photocopies | 250,000 |
|  |  | Transport | 80,000 |
|  |  | Binding | 20,000 |
|  |  | Meals and Accommodations | 100,000 |
|  |  | **Subtotal** | **450,000** |
|  |  | **Grand Total** | **2,250,000** |

**\*\*Own source of funding**

# Comorbidity between post-traumatic stress disorder and major depressive disorder: alternative explanations and treatment considerations