Middle-East Journal of Scientific Research 25 (6): 1269-1279, 2017
ISSN 1990-9233

DOI: 10.5829/idosi.mejsr.2017.1269.1279

Depression, Psychological Distress, Social Support and Coping Strategies as Predictors of Psychological Well-Being Among Internally Displaced Persons

Ronald C.N. Oginyi, Ofoke S. Mbam and Ojen N. James

Department of Psychology and Sociological Studies, Ebonyi State University, Abakaliki, Nigeria

Abstract: Objectives*:* This study investigated depression, psychological distress, social support and coping strategies as predictors of psychological well-being of internally displaced persons in a Nigerian sample. Methods:Participants (*N* = 300, *M* age = 31.52 years, 46% female and 54% male) of internally displaced persons who were randomly selected from Ishielu, Ikwo and Abakaliki local Government Areas of Ebonyi State, South –Eastern Nigeria.The participants completed the Beck Depression Scale (DBS), Psychological Distress Scale (PDS), Social Support Scale (SSS), Coping Strategies Inventory (CSI) and Psychological Well-being Scale (PWS). Results:The multiple regression statistical analysisrevealed positive prediction of depression, psychological distress, social support and coping strategies on psychological well-being among IDPs (R=0.61, R^2=0.40, Adjusted R^2=0.36, F (1,296) =47.16, P<0.001. Conclusion: The findings indicated that depression, psychological distress, social support and coping strategies predicted psychological well-being among internal displaced persons. The findings imply that IDPS should be supported in reducing depression, psychological distress, strengthening their coping strategies and social support in other to increase their psychological well-being.

Key words: Depression · Psychological Distress · Social Support · Coping Strategies · Psychological Well-Being · Internal Displaced Persons

INTRODUCTION

Internal displacement has become a major concern of various countries of the world including Nigeria. The misery of internally displaced persons (IDPs) has in recent years become a formidable problem of global significance and implications [1]. This study focuses on depression, psychological distress, social support and coping strategies as predictors among psychological well-being among IDPs. The Nigerian Government captured Ishelu, Ikwo and Abakaliki local Government Areas of Ebonyi State, in the religion of Nigeria on the 1st August 2010 to 28th June 2017 as area were IDPs can be located. Thousands of people in that area fled up to the neighboring communities and town out of fear of the approaching warriors, militants and attackers. So this hardship challenging scenario made the researchers to focus on depression, psychological distress, social support and coping strategies as predictors among psychological well-being among IDPs.

According to the UNHCR Guiding Principles on Internal Displacement defined IDPs as persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence. IDPs do not cross an international border to find a safe place but have remained inside their home countries. Even if they leave their home for the same reasons as refuges, they have all of their rights and protection under both human rights and international humanitarian law. Statistics show that an estimated 21 million children, adolescents and adults are forcefully displaced as a result of war, conflict, a third of them being asylum seekers or refugees who have migrated across international borders and two thirds of them are internally displaced within their country of origin.

Displacement in this study refers to IDPs and refugees. The concept of displacement is used here to mean the process of uprooting people from their homes forcefully or moving in fear of being killed or running away from war or conflict. Those who fall victim of such a process are 'internally displaced persons.' Such

Corresponding Author: Ronald C.N. Oginyi, Department of Psychology and Sociological Studies, Ebonyi State University, Abakaliki, Nigeria.

populations/persons settle within places referred to as 'camps of internally displaced persons. [2]. Though Holbrooke calls such definitions as "outdated and what was needed according to him, is responsibility for the displaced, regardless of where they are found themselves, regardless of frontiers.It is becoming increasingly evident that internal displacement is one of the most pressing humanitarian problem and political issue faced by the global community [3].

In Nigeria today, many communities are victims of development project displacement. In 2008, housing rights, eviction, social and economic right action center suggested that over 2 million people were forcefully evicted from their homes between 2000 and 2007, in cities such as Abuja, Port Harcourt and Lagos following government urban maintenance and or renewal programs (CHRESERAC, 2008). The internal displacement monitoring center in 2013 recorded about 28.8 million internal displaced people by conflict, general violence or violations of human rights all over the world between 1982 and 2012. (IDMC, 2013).

Internally displaced persons differ from refugees by not enjoying the same legal status with refugees. The convention relating to the status of refugees (CRSR) of 1951 defines the term “refugee” as applying to any person who as a result of events occurring before 1st January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his/her nationality and is unable or owing to such fear, is willing to avail him/herself of the protection of that country; or who, not having a nationality and being made outside the country of his/her former habitual residence as a result of such events is unable, or, owing to such fear, is unwilling to return to it. The organization of African Unity OAU in 1969 gave a broader definition of the term “refugee” to also apply to every person, who owing to external aggression, occupation, foreign domination or events seriously disturbing public in either part of the whole of his/her country of origin or nationality, is compelled to leave his/her place of habitual residence in order to seek refuge in another place outside his/her country of origin or nationality. If those persons are victims of armed conflict situations, they are entitled to protection under the Geneva Convention of 1949 and their additional protocols of 1977. However, where such people are displaced within their own country, specific problems as rights and protection arise [2].

In Nigeria, internal displacement result mostly from flooding, inter-communal conflicts, insurgence, political violence and government developmental projects, etc. The Boko Haram insurgency has left many people displaced from their homes in North Eastern part of Nigeria. Government developmental projects have resulted in many people being displaced from their homes in Abia particularly and other parts of the country. Ebonyi state and Cross River border dispute has also taken its turn in internal displacement of people living near the borders. In the same vein, the Ezillo and Ezza-Ezillo communal conflict in Ebonyi State has also led to people fleeing their habitual residence. Irrespective of the causes of displacement, the phenomenon always leaves negative socio-economic marks on the people affected [3].

Another interesting variable in this research is depression.Depression is a common and serious medical illness that negatively affects the way you think, how you feel and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and a loss of interest in activities once enjoyed, decrease energy, low self-stem and poor concentration on the afflicted. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at home and at work. Symptom of depression include: poor morale, sleeping problem either insomnia and hypersomnia, recurrent thought of death or suicide, weight loss or gain, hopelessness, disinterest in social activities and eating problems where one eats too much or too little [3].

Youssef (2013)[4] evaluated the effect of childhood trauma exposure and the role of resilience on both suicidal ideation and depression. It was an evaluation for post-traumatic stress disorder (PTSD), depressive and suicidal symptoms, combat exposure, childhood trauma and resiliency. Suicidal ideation and depressive symptoms were the outcome measures. Results showed that childhood trauma were significantly associated with suicidal ideation and depressive symptoms. Resilience was negatively associated with suicidal ideation and depressive symptoms, suggesting a potential protective effect.

Cao, Hwang and Juan [5], measured the effect of depression and anxiety regarding the people who had been internally displaced in China. The result revealed that there was a significant difference among internally displaced and the psychological problems such as depression. Result also revealed that internally displaced person had higher level of anxiety and depression than non-displaced persons [5]. Akhunzada, Qadir, Maqsood, Rasool and Raza Ur Rehman [6] investigated the

prevalence of anxiety and depression in internally displaced persons (IDPs) in Kacha Ghari camp and Sheikh Yaseen camp, using randomized cluster sampling, case-controlled study, within 10th April 2009 to 10th July 2009**.** A total of 220 cases (those whom were exposed to traumatic experiences) were selected through cluster random sampling. 220-matched controls (those who were not exposed to traumatic experiences) were selected same day using the same sampling method. Both genders were included. Socio-demographic information was obtained from IDP- information form. Anxiety and depression was assessed using Hopkins symptoms checklist – 25 (HSCL-25). Chi square test was used for statistical analysis. Results revealed that depression scores on Hopkins symptoms checklist – 25 (HSCL-25), were significantly high in case group than in control group with the P values of 0.04 and 0.05 respectively. Sheikh, Abdulaziz, Agunbiade, Joseph, Ebiti &Adekeye, [7] investigated the prevalence of depression among the IDPs. The researchers also examined socio-demographic and other correlates of depression among the IDPs, cross sectional systematic random sampling to select 258 adults IDPs. Hopkins symptom checklist was used to diagnose probable depression, composite international diagnostic inter- view for diagnosis of definite depression and communal trauma event inventory to determine exposure to psycho-trauma. Social adjustment was assessed using social provision scale and Harvard trauma questionnaire to diagnose symptomatic PTSD. Multiple logistic regression was used to determine independent predictors of depression. Results indicated that of the 258 IDPs, 154(59.7%) had probable depression and 42(16.3%) had definite depression. Females were more likely to have probable depression and definite depression. IDPs with co-morbid PTSD were more likely to have probable depression and definite depression.

Mujeeb and Zubair [8] examined resilience, stress, anxiety and depression among internally displaced persons. The participants comprised of 125 Garden Villas, Rawalpindi and Barakoh camps, Islamabad, which included both males (63) and females (62). The age range of the participants was between 20 to 75 years. Results of the study showed that women experienced more stress, anxiety and depression and less resilience as compared to men. Results also revealed significant inverse correlation between resilience and stress, anxiety and depression. Moreover, family loss during internal displacement was found to be significantly positively related with stress, anxiety and depression and negatively associated with resilience. Hamid and Musa [9] investigated the effects of the Darfur conflict on mental health of 430 internally displaced persons (IDPs) from three camps located around Fasher and Nyala towns. A stratified random sampling technique was used to select participants. Male participants represented 50.6% of the sample while female participants represented 49.4%. The PTSD Checklist and the General Health Questionnaire (GHQ-28) were used in addition to a questionnaire measuring demographic variables and living conditions. It was hypothesized that high prevalence of posttraumatic stress disorder (PTSD) symptoms and of nonpsychotic psychiatric symptoms will be evident. Results showed a high dissatisfaction rate (72%) with living conditions among IDPs. There was also high prevalence of PTSD (54%) and general distress (70%) among IDPs. Female participants showed more somatic symptoms than their male counterparts. Married participants were more distressed, anxious and showed more social dysfunction, while single ones reported more avoidance symptoms. Significant differences related to date of displacement were found in PTSD and hyper arousal.

[7] researched on determining the psychological impact of internal displacement, that is, psychological well-being, depression, anxiety and stress (internalizing problems) of the individuals who were displaced as a result of an armed conflict in Swat. A sample of 126 internally displaced persons was taken from Jalozai camp which included females (65) and males (61). Age of the participants ranged from 20?to 75?years with a mean of 47.5?years. Translated and adapted versions of Well-Being Affectometer-2 Scale and Depression Anxiety Stress Scale were used in the study. Results of the study indicated differences between males and females, females being higher on internalizing problems and lower on psychological well-being, whereas family loss during displacement affected the results in the same way. Well-being, gender and family loss emerged as significant predictors of internalizing problems and gender moderated the relationship between well-being and internalizing problems.

Another variable of interest in this research is psychological distress.Psychological distress can be seen as a maladaptive response to a stressful situation. It occurs when external events or stressors place demands upon us, that we are unable to cope with, eg. struggling to accept the losses resulting from internal displacement, bereavement, business or academic failure etc. As a result become sad, inability to focus on work and losing interest in social activities (depression) etc. Symptom distress

refers to those symptoms that cause mental, emotional, physical pain [4] cited in [7]. This differs from psychopathology in that it connotes a wider variety of disorders ranging from those that severely impair a person's ability to function [2]. The Symptom Distress Checklist (SDC) developed by [4]view symptom distress as those symptoms associated with distress among psychiatric outpatients and with the experience of anguish arising from the problems of living among people in the general population. They also refer to it as a measure of several manifestations of distress/symptoms in 10 primary categories or domains which include somatization, obsessive-compulsion, interpersonal sensitivity; depression, anxiety, phobic anxiety, hostility paranoid ideation, psycholicism and neuroticism.Just like mental illness psychological distress can influence all aspects of the victims functioning.

Social support is another key element of the study. Social support is the perception and actuality that one is cared for, has assistance available from other people and that one is part of a supportive social network. These supportive resources can be emotional (eg. nuturank) tangible (eg) financial assistance), informational (eg. advice), or companionship (eg. sense of belonging); and intangible (eg. personal advice). This implies that support can be measured as the perception that one has assistance available, the actual received assistance or the degree to which a person is integrated in a social network. Actually, support can come from many sources like family, friends, pets, neighbours, coworkers, organizations, etc. Public aid refers to government provided social support. Social support has been linked to many physical and mental health benefits, however, social support is not always beneficial. [3] and Uchino [10]categorized four common function of social support which include: emotional support, tangible support, informational support and companionship support. Researchers also commonly distinguish between perceived and received support, Tailor *et al*. [11]. Perceived support refers to a recipients subjective judgment that providers will offer (or have offered) effective help during times of need. Received support refers to specific supportive actions (eg advice of reassurance) offered by providers during times of need [10]. Social support can be further measured in terms of structural support or functional support, [12]. Structural support refers to the extent to which a recipient is connected within a social network while functional support looks at the specific functions that people in this social network can provide. [5] and [3] (PDF) Retrieved 2011-2013. These different types of social support have different patterns of correlation with health, personality and personal relationship [7].

Another variable implicated in this research is coping strategies. Copingstrategiesaccording to Folkman [12] and [5] it is the cognitive and behavioural efforts made by an individual to master, tolerate or reduce external and internal demands that arecaused by stressful transactions. There is nowextensive evidence that coping well mitigates the detrimentaleffects of stressful situations. Generally, avoidanceorientatedcoping is seen as maladaptive and approachcoping as adaptive; for example, approach coping strategiesare associated with good adjustment to stressful life events(e.g.,[3] and more positiveemotional states [12].

Theoretical Perspective: The psycho-analytic theory of Freud [14] is one of the earliest theories on psychological distress. According to the theory, the human personality has three components – id, ego and superego. The id is the source libidinal energy motivated by pleasure principle, the ego realistically meets the wishes of the id and operates on reality principles, the superego controls both the id and ego by exercising moral judgement and applying social rules. According to the theory an unconscious conflict arises when libidinal impulses of the id clash with the superego constraints on behaviour. This unconscious conflict may cause anxiety and psychological distress in an individual which results to maladaptive behaviour.

Cognitive theory of [4] suggested that psychological distress can be determined by an individual's belief system and thought pattern. The cognitive theorists believe that an individual's behaviour is influenced by him/her perceptual system, self-efficacy, assumptions and belief system. Therefore, it becomes imperative that psychological distress such as anxiety, depression and somatic symptoms developed by victims of violence is a consequence of their perception and beliefs about their conditions.

Stress and coping social support theory [12] posits that social support protects people from the bad health effects of stressful events by influencing how people think and cope with events. According to the theory, events are stressful insofar as people have negative thoughts about the event and cope ineffectively [13].

Relational Regulation theory [8] is designed to explain main effects between perceived support and mental health which cannot be explained by the stress and coping theory. The theory hypothesizes that the link

between perceived support and mental health comes from people regulating their emotions through ordinary conversations and shared activities rather than conversations on how to cope with stress.

Literature on stress has revealed that people who experienced major life stressors can find benefits from those events, often reporting a range of positive outcomes co-occurring with negative ones [9]. Positive outcomes may involve better understanding, learning new ways of dealing with events and problems, also developing stronger relationships. Such stress-related growth can be linked to enhanced personal and social resources. That is to say that people learn more from their challenges and problems.

Objectives of the Study: Major objectives of the study include exploring the relationship between depression, psychological distress, social support, coping strategies on psychological well-being among IDPs.

Research Questions: The paper seeks to address the following research questions;

- Does depression predict psychological well-being among IDPs?
- Doespsychological distress predict psychological well-being among IDPs?
- To what extent does social support predict psychological well-being among IDPs?
- Does coping strategies predict psychological well-being among IDPs?

Hypotheses: In accordance with the aforementioned objectives, the following hypotheses were postulated and tested.

- Depression will be statistically significant predictor of psychological well-being among IDPs
- Psychological distress will be statistically significant predictor of psychological well-being among IDPs
- Social support will be statistically significant predictor of psychological well- being among IDPs.

4. Coping strategies will be a significant predictor of psychological well-being among IDPs**.**

Method

Participants: Three hundred (300) participants drawn from internally displaced persons was taken from Ishielu (Ezillo and Ezza-ezillo community; *n* = 119), Ikwo (Boundary Ebony and Cross River; *n* = 85) and Abakaliki (Boundary Ebonyi and Cross River; *n* = 96) all in Ebonyi State South-Eastern Nigeria. Sample included both men (*n* = 197) and women (*n* = 103). Age range of the sample was 20-75 years with mean age of 47.5 years. Sample included respondents with varying education levels, i-e., illiterate (*n* = 41), primary (*n* = 50), secondary (*n* = 63), first degree graduates (*n* = 99) and masters (*n* = 47). Some of the respondents in the sample experienced family loss and properties. Internally displaced persons in the area were living in miserable physical conditions and lacking basic necessities of life like, clean drinking water, medical facilities and schools etc. They were only supported by the local community members who were providing them food, water, blankets, clothes etc. The population of the internally displaced persons were self-settled group. They participants speak English and native language.

Instruments

Psychological Well-being Scale (PWBS;Ryft,1989): Psychological well-being was investigated using Ryff's [15]. Scales of Psychological Well-Being (SPWB). Each dimension of psychological well-being was measured by the use of a subscale (Autonomy, Purpose in Life, Positive relations with Others, Personal Growth, Environmental Mastery, or Self- Acceptance). Each subscale contains 14 items and total subscale scores can range from14 to 84. The total instrument contains 84 items and total scores can range from 84 to504. While cut-off scores were not available, levels have been outlined in previous research. Scores were considered high if scores fell in the top third, moderate if they felling the middle third and low if they fell in the bottom third of observed responses [13]. Participants rated each item accordingly on a 6-point Likert scale: 1 stronglydisagree, 2 disagree somewhat, 3 disagree slightly, 4 agree slightly, 5 agree somewhat, or 6 strongly agree. Cronbach's alpha was. 63 for autonomy,. 53 for environmental mastery,. 78 for positive relations with others,. 73 for self-acceptance,. 66 for personal growth and. 74 for purpose in life. In a revalidation study, Oginyi, Ofoke, & Chia (2016) [16] reported a reliability coefficient alpha of. 84 using Nigerian sample.

Beck Depression Inventory (BDI;Beck, Steer, & Garbin, 1988): The BDIis designed to assess the severity ofdepression among the psychiatric patients as wellas possible depression in normal population. Thisinventory measures cognitive, affective, somaticsymptoms, neurovegetative and endogenousaspects of depression.

The self-reportquestionnaire is rated on a four-point scaleranging from 0 (no symptom) to 3 (severesymptom). The BDI assessed 21 symptoms and attitudes of

participant's. The BDIscore was obtained by summing theratings given by the interviewer for each of the 21items. The overall depression scores range from 0 to 63 and normally divided into four categories. Scores of 0 to 9 were considered within thenormal range or asymptomatic, scores of 10 to 15indicate mild depression, scores of 16 to 23indicate moderate depression and scores of 24 to63 indicate extremely severe depression. Thequestionnaire is easily administered and takesabout 5 - 10 minutes to complete.The BDI demonstrates high internal consistency, with alpha coefficients of. 86 and. 81 for psychiatric and non-psychiatric populations respectively.

The Kessler Psychological Distress Scale (K10;Kessler & Mroczek.1994): The scale consists of 10 questions on non-specific psychological distress and is about the level of stress, anxiety and depressive symptoms a person may have experienced in the most recent four-week period. The response categories for each of the 10-items are: 1.All of the time, 2. Most of the time, 3. some of the time, 4. A little of the time, 5. none of the time. The sample item include: Did you feel tired out for no good reasons?, Did you feel nervous?, Did you feel so nervous that nothing could calm you down?.The values of the kappa and weighted kappa scores ranged from 0.42 to 0.74 which indicates that K10 is a moderately reliable instrument. Also with internal reliability of the scale was excellent (Cronbach's α = 0. 89). In a revalidation study, [6] reported a reliability coefficient alpha of. 70 in their study using Nigerian sample.

Social Support Inventory (SSI; Zimet, Dahlem, Zimet & Farley, 1988): Social support was assessed using the Multidimensional Scale of Perceived Social Support developed by Zimet, Dahlem, Zimet & Farley [17]. The scale is a 12-item instrument with three subscales of support from family with items like My family is willing to help me make decisions; friend with items like I can count on my friends when things go wrong; and significant others with items like There is a special person with whom I can share my joys and sorrows. There were 4 items per subscale. The scale was scored on a 7-point Likert scaling model ranging from 1 = very strongly disagree through 4 = neutral to 7 = very strongly agree. High scores on the Multidimensional Scale of Perceived Social Support indicate high social support. Cronbach's alphas for the total scale range from. 88 to. 90 in the general population, with good test-retest reliability (.70.Moos (1990) reported the internal consistency and test-retest reliability to be satisfactory within a range of 0.56 to 0.89. Uchino [10] reporteda reliability co-efficient alpha of. 80 using Nigerian sample.

Coping Strategies (Billings and Moos, 1981): Coping Strategies (Billings and Moos, 1981) was used to measure the coping strategies of internally displaced persons in the samples. The scale has 32- item measures of three coping strategies, namely, active behavioural strategies (13 items); active cognitive strategies (11 items); and avoidance strategies. Each item on the scale will be rated on a three point scale, ranging from "not at all" to "regularly". Studies [4]. have been conducted to establish the validity of each set of coping items. Cronbach's alphas of 0.62 for active cognitive-coping, 0.74 for active behavioural coping and 0.60 for avoidance coping were established for the scales, a fact that reflects a psychometrically acceptable internal consistency. This scale is valid since it had been used in Nigerian in previous studies.

Procedure: The administration of the questionnaire took place at Ishielu (Ezillo and Ezza-Ezilo communities), Ikwo (Nsobor-Ikwo community) and Abakaliki (Okpuitumo community) all in Ebonyi State,South-Eastern Nigeria,where the participants were purposively drawn from the IDPs. Permission was sought from community leaders and chief of the various villages (which helped in rapport building) by the researchers before the administration of the questionnaire. The verbal consent of prospective participants was sought after brief explanation of the research. Those who consented were given the questionnaire with assurance of anonymity and confidentiality of responses. As some of the respondents were either illiterate or unable to understand English language, they were communicated through a moderator who communicated with them in their native dialect in order to take their responses. The time spent with each respondent ranged from 30 to 45 minutes. Participants were also informed that they were not under any obligation to participate and that they had the right to withdraw at any point they felt inclined to discontinue with the exercise. It was explained to the participants that there were no right or wrong answers but that they were encouraged to be honest in their responses. The important part of the interaction was revealed through the verbal reports of the respondents that they feel more relaxed after interacting with researchers. Although they were provided with physical

aid, yet their emotional feelings were bottled up as no one came to share their experiences of displacement and the stress they were feeling after displacement. Three hundred and twenty (320) questionnaire were distributed using purposive sampling technique with the aid of research assistants recruited from the three communities. Three hundred and twenty ((320)) were returned. Out of 320 of copies questionnaire returned, 20 were discarded due to incomplete filling. The remaining 300 copies were used for statistical analysis.

Design and Statistics: The design of this study involved a cross-sectional study which used a purposive sampling method to recruit320 participants among IDPs. Regression analysis was deployed for data analysis using computer software (SPSS, Version, 20.00)

RESULTS

Table 1: Showing the Mean and Standard Deviation Psychological distress, Social Support and Coping Strategies as Predictors of Psychological Well-being among IDPs

Variables	Mean	Standard Deviation
Psychological well-being	47.11	15.79
Depression	18.01	5.01
Psychological Distress	17.63	4.60
Social Support	17.04	4.53
Coping Strategies	6.26	2.56

Note: N = 300

The descriptive statistics computed show that participants who were depressed had higher mean score and standard deviation on psychological well-being among IDP,(M= 18.01, SD= 5.01), followed by psychological distress with mean score and standard deviation on psychological well-beingamong IDP**s,** (M= 17.63, SD= 4.60), while social support which had mean score and standard deviation of (M= 17.04, SD=4.53) on psychological well-beingamong IDP. The output of the analyses also indicate that participants with coping strategies had the lowest mean and standard deviation on psychological well-beingamong IDP,(M=6.26, SD=2.56).

Table 2: Shows ANOVA Summary on Psychological Distress, Social Support and Coping Strategies as Predictors of Psychological Well-being of among IDPS.

Model	SS	df	MS	F	Sign
Regression	27439.777	3	9146.59	57.44	0.000
Residual	47136.810	296	159.25		
Total	74576.59	299			

a. Predictors: (Constant), depression, psychological distress, social support and coping strategies

b. Dependent Variable: Psychological well-being. Results from table 2 indicated that there were positive predictions of depression, psychological distress, social support and coping strategies on psychological well-being of among IDP, F (1,296) =47.16, P<.0.001.

Table 3: Shows the Hierarchical Regression Analysis for Prediction of Psychological Distress, Social Support and Coping Strategies as Predictors of Psychological Well-being among IDPs.

Variable	B	βeta	T	Sign	Std. Error
(Constant)	14.55		7.198	0.000	4.09
Depression	3.61	0.81	15.01	0.000	0.50
Psychological Distress	2.72	0.79	13.10	0.000	0.21
Social Support	0.36	0.10	2.18	0.000	0.17
Coping Strategies.	3.44	0.56	9.12	0.000	0.38

(R=0.61, R^2=0.40, Adjusted R^2=0.36, F (1,296) =47.16, P<0.001.

The results show that depression predicted psychological well-being among IDPs,(β=.81, P<.001), psychological distress also predictedpsychological well-being among IDP, (β=.79, P<.001) Result also indicated that social support significantly predict psychological well-being of among IDP, (β=.10, P<.001). Result also revealed that coping strategies significantly predicted psychological well-being among IDP, (β=. 56, P<.001).

DISCUSSION

The results show that depressionsignificantly predicted psychological well-being among IDPs, (β=.81, P<.001). The result supported the first hypotheses which stated that depression will be a significant predictor of psychological well-being among IDPs. The findings supported [7] who investigated Turkish Cypriots who had been internally displaced and non-displaced people found that displaced people had higher level of PSTD and depression symptoms than non-displaced people. Results also revealed that displaced people had higher level of depression than non-displaced. [4] who investigated the internal displacement and psychological problems among the palestinian minority in Israel revealed that there was a significant positive correlation among IDPsand psychological problems such as anxiety and depression. Cao, Hwang and Juan (2012), measured the affecting of depression and anxiety regarding the people who had been internally displaced in China. The result revealed that there was a significant difference among IDPsand the psychological problems such as depression. Result also revealed that among IDPs had higher level of anxiety and depression than non-IDP.Other researchers that found positive association between depression and psychological well –being of among IDPs include: [6].

Psychological distress has a positive significant prediction with psychological well-being of among IDPs (β=.79, P<.05).This result upholds the first hypothesis which stated that psychological distress will be the most significant predictor of psychological well-being of among IDPs. The results agree with findings of [8] who reported that internally displaced persons (IDPs) had highest mean scores for Impact of Event Scale– Revised and the Hopkins Symptoms Checklist – 37 for Adolescents (HSCL-37A) followed by returnees, while non-displaced adolescents scored significantly lower. Also the result of ANCOVA tests showed that post-traumatic stress and internalizing symptoms were mainly associated with traumatic exposure and daily stressors and not with displacement status. The researchers concluded that IDPs are highly exposed to violence and daily stressors, they reported mostly psychological distress, when compared to returnees and non-displaced peers. The distinct mental health outcomes for returned youngsters illustrate how enhancing current socio-economic living conditions of war-affected adolescents could stimulate resilient outcomes, despite former trauma or displacement. Also [5] in his their study tested a causal model of psychological well-being among former Vietnamese political prisoners now resettled in the United States. The sample was comprised 181 former Vietnamese political male prisoners in metropolitan Dallas-Fort Worth, Houston and San Jose, Texas. Four hundred questionnaires were provided in Vietnamese and mailed to the former political prisoners in those localities in January 1994. The method of analysis used was hierarchical multiple regression within the framework of path analysis. Results indicated that four variables were found to significantly predict psychological well-being directly: (1) psychological distress, (2) social support, (3) physical health and (4) age. Social support had the strongest direct effect on psychological well -being. [3] investigated an assessment of symptoms distress among internally displaced persons, using a total of 403 persons comprising of 230 females and 173 males, aged between 26 and 68 years, with a mean age of 37 and standard deviation of 9 participated in the study, which elicited the incidence of symptom distress among internally displaced persons. Out of 203 of them (103 females and 100 males) were internally displaced persons, while 200 (100 females and 100 males) were normal residents. The Symptom Distress Checklist was the main instrument for the study, which purposively chose participants from two cities of Awka and Onitsha. T-test statistic was used to compare the IDPs and normal residents on symptom distress, while Multiple Regression Analysis was used to analyze the correlation between symptom distress and internal displacement. Results strongly suggest that IDPs suffer more psychological distress than normal residents. Also result revealed a strong correlation between symptom distress and internal displacement.. Other researchers that supported positive prediction of psychological distress on psychological well-being of internal displaced persons include [6]. The result of this study add further support to the empirical literature. The finding of the study supports the cognitive theory of [7] suggested that psychological distress can be determined by an individual's belief system and thought pattern. The cognitive theorists believe that an individual's behaviour is influenced by him/her perceptual system, self-efficacy, assumptions and belief system. Therefore, it becomes imperative that psychological distress such as anxiety, depression and somatic symptoms developed by victims of violence is a consequence of their perception and beliefs about their conditions.

The results of the study also supported the third hypotheses which stated that social support will significant predict psychological well-being among IDPs,(β=.10, P<.05).This finding is similar to that found by [12] they tested perceived social support and psychological well-being of aged Kashmiri Migrants. Using 280 Kashmiri migrants of 60-79 years of age (140 from camps and 140 fromNon-camps). Simple random sampling technique was employed for data collection. Social Support Inventory for Elderly and Psychological Well-being Scale were used to assess perceived social support and psychological well-being of the participants. Median value for perceived social support score was calculated and high and low groups were formed. The differences in the obtained data were analyzed using't' test and the relationship was analyzed using Pearson's correlation. Significant difference emerged in perceived social support and psychological well-being of the aged migrants residing in camp and non-camp. Significant differences were revealed for high and low perceived social support on psychological well-being. Perceived social support was significantly related with psychological well-being. Also, Han-Min, [15] investigated the effects of social support on psychological wellbeing of North Korean Refugees: Focusing on Moderating effects of coping style. The analytical result of this study showed that the degree of psychological wellbeing was highest among the refugees of the entire family's migration. Also, this study showed that the causal relationship between social

support and psychological wellbeing was significant and moderating effects of emotional support and appraisal support were significant, while moderating effects of material support and informative support were not significant. Other researchers that supported that social support is associated with psychological well-being includes: [5] and [3].

The results of the study support the fourth hypothesis which stated that coping strategies will significantly predict psychological well-being among IDPs, (β= -.56, P<.05). Empirical support for this finding comes from the work of Saxon, [14], who investigated coping strategies and mental health outcomes of conflict-affected persons in the Republic of Georgia. A cross-sectional survey was conducted with 3600 adults, representing IDPs from conflicts in the 1990s (n = 1200) and 2008 (n = 1200) and former IDPs who returned to their homes after the 2008 conflict (n = 1200). Post-traumatic stress disorder, depression, anxiety and coping strategies were measured using the Trauma Screening Questionnaire, Patient Health Questionnaire, Generalised Anxiety and adapted version of the Brief Coping Inventory. Descriptive and multivariate regression analyses were used. Result indicated that coping strategies such as emotional support, active coping, acceptance and religion were significantly associated with better mental health outcomes and psychological well-being. Also, the reported use of coping strategies varied significantly between men and women for 8 of the 15 strategies addressed. They concluded that many conflict-affected persons in Georgia were still suffering mental health problems years after the conflicts. This finding is in line with several researchers that have studied this relationship and found a significant relationship between coping strategies and psychological well-being [4]. This finding is guided by the transactional coping theory that proposes adynamic, transactional based framework to illustrate culture's interaction with stress-coping [6]. The transactional model asserts that culture covers the entire stress-coping processand bears effects on five sequentially arranged but interactive systems or dimensions [2]. The theory encompasses the impact of the environment and the personal system onsubsequent, transitory conditions, cognitive appraisal, coping skills and the health and wellbeingof individuals [5]. Included in the transitory conditionswithin this theory is new acute life events and changes that occur in an individual's life, such as;individuals appraisal these conditions for their degree of threat or challenge and whether they areequipped with adequate personal and environmental resources to deal with the situation.

CONCLUSION

The present study examined depression, psychological distress, social support and coping strategies as predictors of psychological well-being among IDPs. The study found significant positive association between depression, psychological distress, social support and coping strategies on psychological well-being among IDPs. In addition the researchers found that depression and psychological distress predicted the highest psychological well-being among IDPs followed by social support and coping strategies.

Implications of the Study: The findings of the study have implications for government, policy makers, management scholar, practitioners as well as victims of internal displacement. First of all, this study has shown that depression,psychological distress, social support and coping strategies predict psychological well-being among IDPs.Finally, our data indicate thatthe current knowledge base on health and displacement needs broadening, in order to understand the mental health effects of ongoing depression and psychological distress, low social support and reduce coping strategies. This study provides empirical evidence with regards to positive effects of depression, psychological distress, social support and coping strategies in managing psychological well-being of IDPs. Specifically, the findings suggest that reduceddepression and psychological distress lead to high psychological well-being of IDPs, Social support also increases psychological well-being IDPs. Finally coping strategies lead to increase psychological well-being of IDPs. By having knowledge and understanding on this area, it could help many parties, such as educators, counselors and psychologist to design and develop proper intervention program that will promote psychological well-being of IDPs. Information and ideas gained from this research could help to face, manage and handle the issues of depression, psychological distress, social support and coping strategies of IDPs in our society and the world at large.

Recommendations: It is recommended that government at all levels, NGOs, private organizations, faith groups and communities should explore means of eliminating crisis among the communities. In doing so, the psychological health (wellbeing) of these significant others and probably the IDPs as well, would not be adversely

affected and so would be able to impact positively on society in the long run. The IDPs need to make use of reduced depression, psychological distress, social support and coping strategies that will contribute positively to the psychological wellbeing among themselves.

Limitations: As it is common for research in war-affected and low income settings, practical constraints restricted our study and its generalizability.

Another limitation was financial constraint as well as time that made it impossible to conduct a cross-cultural study that could have provided more comprehensive research findings among the IDPs. This type of research is better done with a research grant of bigger some of money, which can given room for the research setting to be broadened and give more strength to the findings and generalization of the results. The general attitude of people towards responding to research instrument (i.e., questionnaire) were a serious limitation that the researchers experienced in the field.

Lastly, we could not make causal attribution in the present study as to what caused one variable to influence the other because of the study design. The findings could be enhanced further if a causal approach was adopted so that we can say one variable caused the other to behave the way it did.

Suggestions for Further Research: Further investigation should be carryout on other psychological variable such as personality, locus of control, social economic status, anxiety, poverty and educational level since it is possible that same factors could predict psychological well-being among IDPs. For a wider generalization of the findings, future researches in this area of study could usefully consider an enlargement of the study setting in order to have a broader national and international outlook as well as to make generalization possible and robust.

REFERENCES

1. Ladan, M.T., 2006. Migration, Trafficking, Human Right and Refugees under International Journal of Africa, Ahmadu Bello University Press, Zaria.
2. Cohen, S. and T.A. Wills, 198.. Stress, social support and the buffering hypothesis; Psychological Bulletin, 98(2): 316-357.
3. Kuwert, P., E. Brahler, H. Glaesmer, J. Freyberger and O. Decker, 2008. Impact of forced displacement during World War II on present-day mental health of the elderly: a population-based study. International Psycho-geriatrics, 21: 748-753.
4. Youssef. 2013. A pilot theory-based intervention to improve resilience, psychosocial well-being and quality of life among people living with HIV in Rural China. Sex & Marital Therapy, 42: 1-19.
5. Cao, Y., S. Hwang and Juan, 2012. Project-induced displacement, secondary stressors, and health. Tokyo http://www.urban.org/url.cfm?ID. Retrieved on 21/3/2015.
6. Akhunzada, W.A., A. Qadir, N. Maqsood, G. Rasool, and Raza Ur Rehman, 2015. Internally displaced persons: Anxiety and depression. Professional Medicine Journal, 22(3): 337-342.
7. Sheikh, T.L., M. Abdulaziz, S. Agunbiade, I. Joseph, B. Ebiti and O.Adekeye, 2014. Correlates of depression among internally displaced persons after post-election violence in Kaduna, North Western Nigeria. Journal of Affective Disorders, 170: 46-51.
8. Mujeeb, A. and Z.A. Aisha, 2012. Resilience, stress, anxiety and depression among internally displaced persons. Pakistan Journal of Social and Clinical Psychology, 10(2): 20-26.
9. Hamid, A.A.R.M. and S.A. Musa, 2010. Mental health problems among internally displaced persons in Darfur. International Journal of Psychology: Journal International de Psychologie, 45(4): 278-85.
10. Uchino, B., 2004. Social support and physical health understanding the health consequences of relationships. New Heaven, Ct.
11. Tailor, S.E., 2011. Social support: A review in M.S. Fredman. The handbook of Health Psychology. (pp: 189-214).New York, NY: Oxford University Press.
12. Barrera, M., 1986. Distinctions between social support concepts, measures and models. American Journal of Community Psychology, 13(14): 413-445.
13. Folkman, S., 1997. Positive psychological states and coping with severe stress. Social Sciences Medicine, 45: 1207-1221.
14. Freud, S., 1923. The Loss of Reality in Neurosis and psychosis. London: Hogarth press. Abramson, L.Y. (1989). Hopelessness depression: A theory-based sub type of depression. Psychological Review, 96: 358-373.

15. Ryff, C.D., 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6): 1069-1081.
16. Oginyi, R.C., S.M. Ofoke aad F.J. Chia, 2016. Emotional intelligence, religiosity, forgiveness and psychological well-being as predictors of marital satisfaction among academic staff of Ebonyi University, South Eastern, Nigeria. Journal of Emerging Trends in Educational Research and Policy Studies, 6(5): 361-370.
17. Zimet, G., N. Dahlen, S. Zimet and G. Farley, 1988.The multidimensional scale of perceived social support. Journal of Personality Assessment, 522(1): 30-41.