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Gender Effect of Indigenous Counselling Therapy on Mental, Moral and Physical Health of Internally Displaced Persons in Taraba State, Nigeria

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Abstract

The effects of indigenous counselling therapy on mental, moral, and physical health of internally displaced persons based on gender in Taraba State, Nigeria, was examined in this study. In accordance with the research question and hypothesis, one objective was formulated. Pretest-posttest was used in a quasi-experimental design. There were 67,032 internally displaced people (IDPs) in Taraba State, Nigeria, who made up the study's population. Purposive sampling was used to choose 60 IDPs with mental, moral, and physical health concerns for the research. The Mental, Moral, and Physical Health Questionnaire (MMPHQ), which has a reliability value of 0.94, is the instrument used to gather data. The instrument was administered during the pretest and posttest in order to gather data. Descriptive statistics of mean and standard deviation, whereas hypothesis, was tested using analysis of covariance (ANCOVA) at the 0.05 level of significance. The study concludes that Both male and female IDPs may benefit equally from these treatments, as evidenced by the lack of discernible gender disparities in their efficacy. Thus, Gender difference does not significantly influence the effect of indigenous counselling therapy on mental, moral and physical health of internally displaced persons

in Taraba State, Nigeria. The results showed that indigenous counselling therapy had no discernible effect on the mental, moral, or physical health of IDPs according to their gender. Among other things, the study suggested that Counsellors should adapt indigenous counselling approaches to address gender-specific needs and challenges, ensuring inclusiveness in therapeutic delivery.

Keywords: Gender, Indigenous Counselling Therapy, Mental, Moral, Physical Health and Internally Displaced Persons

Introduction

With the global invention of human security, many countries, communities and societies have suffered and are still suffering as a result of displacement either internally or internationally as a result of insecurity. Affected communities are made to move from their geographical location and settled in some places of safety and are generally referred to as Internally Displaced Persons (IDP) (Okopi et al., 2018). Their displacement have shown the need to use many counselling approaches/therapies on Internally Displaced Persons (IDP) who are usually laddered with stress and traumas as the result of their experiences. Their displacement has resulted in physical and psychological abuses which affects their physical and mental health (Adamu & Menchak, 2022). Though the different counselling approaches/therapies have been helpful, follow up of most of the counsellees still show that some depression related to their mental, moral and physical injury still reoccur.

A lack of additional sources of money and poverty can cause serious stress. When women encounter harmful events like forced marriage and sexual violence, they may struggle with upsetting emotions, frightening memories, numbness, disconnection, and an inability to trust others. It may take them some time to recover and feel safe again. Women who have lost their husbands to war also have to deal with the added burden of becoming the heads of their houses. Investigations of the effect of indigenous counselling therapy on the mental, moral, and physical health of internally displaced people (IDPs) in Jalingo, Taraba State, Nigeria, are needed.

Studies over the globe have highlighted significant gender differences in mental, moral and physical health, particularly among vulnerable populations such as internally displaced persons (IDPs). For example studies conducted by Bingham et al. (2019) and Sanchez-Pimienta et al. (2021) indicate that women often report higher levels of trauma, PTSD, and common mental disorders compared to men, despite similar exposure to traumatic events. In a study of Iraqi IDPs, female participants exhibited more somatic and depressive symptoms than their male counterparts, suggesting that gender-specific experiences influence mental health (Taha & Sijbrandij, 2021). Similarly, Indigenous women in Canada demonstrated higher rates of PTSD and substance

dependence, attributed to increased exposure to violence and trauma (Bingham et al., 2019). In Taraba State however, based on the extensive reviews conducted by the researchers, studies of this nature are unavailable and have not been captured in literature. Available literature also has not been able to clearly specify if there is a study that was conducted to assess the effectiveness of indigenous and reality counselling therapies on mental, moral and physical health of internally displaced persons based on gender.

In the IDP camps, moral problems including rape, theft, murder, and other demonic craft are frequent occurrences. One definition of "moral" may be the capacity to discriminate between good and wrong. It has a lot to do with human behavior or how people behave. It addresses both the good and harmful aspects of behavior. The process of directing a person's character development in society so that they can do what is right or just is generally referred to as morality. It deals with good character, right or correct conduct, or righteousness. Once more, teaching or attempting to teach principles of good or wrong might be considered a moral issue. It is also concerned with the development of moral standards and how they relate to the lives of individuals. According to Christopherharpertill (2016), Durkheim (1982) asserts that societal authority and beliefs determine what is considered sacred or not. Similar to how science describes the physical world, religion has its own vocabulary for describing the spiritual order of the cosmos. Many individuals believe that morality is best understood at the level of a person's spiritual existence. Williams James discovered that people's lives are altered when they come into contact with something divine. According to the Islamic idea, morality is a social and global requirement in addition to a spiritual and intellectual one (Christopherharpertill, 2016).

In addition, physical health problems, particularly malnutrition, are now prevalent in the IDP camps in Nigeria. This results from inadequate consumption of essential nutrients, restricted food availability, and inconsistent food and nutrient provision to internally displaced people. In the camps for internally displaced people in Nigeria, children are the group most impacted by malnutrition. Malnutrition among children in IDP camps has led to a number of issues, including infections, illnesses, abnormalities, stunted growth, and in extreme situations, death. The IDP population that has been most impacted by malnutrition is children irrespective of gender (Adedeji & Udo, 2019).

Indigenous counselling also known as traditional counselling is a system of help that is rooted in the universal principles, beliefs, socio cultural values, knowledge and practices all aimed at promoting collective approach to problem identification, resolution and management. The key factor in indigenous approach to counselling are rooted in cultural context, collective belief system, rituals and traditional system of knowledge passed down from generation to generations embedded in wisdom and experiences of social skills and competences (Lisa & Castillo, 2020). Counselling from the indigenous perspective therefore ensures individual wellbeing physically and mentally as the key stand from where individual as part of the family, community and society operates. When the physical and mental wellbeing of any individual

is tempered with, that individual orientation is tempered with and this could hinder one's ability for purposeful and holistic operation as a human being.

Statement of the Problem

The constant unrest due to ethno-religious crises, banditry, terrorism and natural disasters faced by individuals in different parts of Taraba State have led to an increase in the number of internally displaced persons (IDPs) in the region. IDPs in Taraba State have been affected by the socio-political and economic instabilities that have characterized the region in recent years. The persistent conflict and unrest has resulted in displacement of individuals from their homes and means of livelihood thereby, leading to a myriad of psychological, moral, and physical health challenges among these individuals affecting all gender.

Existing literature indicates that the health of IDPs is often at a low due to trauma, loss, and the uncertainty of their circumstances. Many of these IDPs often exhibit mental, moral and physical health maladjustment as a result of their experiences. The Federal and State governments, NGOs and stakeholders have tried to attend to their difficulties especially in meeting their physical and social needs, yet follow-up shows that their mental, moral, and physical health issues are persistent. The inability to attend to the IDPs adequately may result into more complex difficulties. Despite the fact that these issues exist among IDPs, literature reviews conducted on interventions regarding the mental, moral, and physical health of IDPs indicate that little has been done to address the problem in Taraba State, Nigeria. This lack of adequate research to address the problem have led to inadequate support and worsening health outcomes for IDPs. Consequently, this study presents itself as a necessity because there is need to utilize suitable interventions that could be used to address mental, moral and physical health issues of IDPs. Thus, this research investigated the effects of Indigenous Counselling Therapy on mental, moral, and physical health of internally displaced persons in Taraba State, Nigeria.

Purpose of the Study

The main purpose of this study was to investigate the Effect of Indigenous Counselling Therapy on Mental, Moral and Physical Health of Internally Displaced Persons (IDPs) in Taraba State, Nigeria. Specifically, the study specifically examined,

i. the difference in effect of Indigenous counselling therapy on the mental, moral and physical health of internally displaced individuals in Taraba State, Nigeria based on gender

Research Question

The following research question was formulated to guide the study

i. What is the effect of Indigenous counselling therapy on the mental, moral and physical health of internally displaced persons in Taraba State, Nigeria based on gender?

Hypothesis

A null hypothesis determined the significant effects of indigenous counselling therapy on mental, moral and physical health of internally displaced persons in Taraba State, Nigeria, the hypothesis was tested at 0.05 level of significance.

Ho_1: Indigenous counselling therapy has no significant difference on mental, moral and physical health on internally displaced persons based on Gender in Taraba State, Nigeria.

Research Methodology

The design of the investigation was quasi-experimental. The quasi-experimental approach lacks the time and logistical limitations of a real experimental design (Iortimah & Aligba, 2014) and aids in determining if an intervention has the desired effect on a target population or not (White & Sabarwal, 2014). Because it determines the cause-and-effect relationship between the variables, it is an experimental design. Specifically, a non-equivalent pre-test, post-test design was used in the investigation.

A quasi-experimental design was utilized to investigate the effect of Indigenous Therapy on the mental, moral, and physical health of Internally Displaced Persons (IDPs) based on Gender in Taraba State, Nigeria. The primary objective is to assess how effectively this counselling therapy can address the unique health challenges faced by IDPs in Taraba State.

The target population for this study was 67,032 Internal Displaced Persons in Taraba state IDP camps. This number consists of 47,705 adults, 4,581 pregnant women and 14,746 children below five years of age in the Internally Displaced Persons camps in Taraba State, Nigeria with a total of 104,902 households [Taraba State Emergency Management Agency (TSEMA) 2023]. The 67,032 Internal Displaced Persons are spread across 20 registered camps in the State comprising of 16 IDP and 4 Refugee camps. These population include male, female and children spread across the camps within their host communities.

The sample size for the study was 60 IDPs selected from 3 IDP camps in the state. The choice of 60 IDPs for this research is necessitated by the numbers of Internally Displaced Persons that have sign of the variable under research and also the quest for a better control and reliable result. The sample size was obtained using a multistage sampling technique. In the first stage, the random sampling technique was used to select 3 out of 16 IDP camps. Given that there are only eight IDP camps in the region, the researchers selected three IDP camps to help minimize experimental contamination while ensuring diverse representation of the IDP population. This approach allows for a focused examination of the effects of the counselling therapy while reducing the risk of participants from different camps influencing each other.

In the second stage, stratified random sampling technique was used to select male and female IDPs. This ensures that both genders are represented in the research, thereby enabling a more thorough examination of how gender influences outcomes related to mental, moral, and physical health. Lastly, purposive sampling technique was used to select IDPs who manifest mental, moral, and physical health issues. To identify these individuals, the researcherss

partnered with SEMA staff and camp leaders who are familiar with the IDP population to engage in group/individual discussions. This helped the researchers to gather data about common mental, moral, and physical challenges faced by the IDPs based on gender. The reason for utilizing purposive sampling is because it ensures that all the categories of IDPs with mental, moral, and physical issues are selected in the study.

The instrument used for data collection is the "Mental, Moral, and Physical Health Questionnaire" (MMPHQ). The items of this instrument were adapted from the original instrument titled "Physical, and Mental Health Questionnaire" (PMHQ) by Adamu and Menchak (2023). There are 42 elements in total among the four clusters of the PMHQ. However, the MMPHQ, which has been renamed to fit this study, has 61 items that are especially designed to assess if study participants have mental and moral distress or impairments in normal functioning. To put it another way, the MMPHQ can help with the evaluation of social dysfunction, depression, and anxiety symptoms. The MMPHQ was scored on a bimodal scale in this study, with a cut-off point of three serving as the standard. Respondents with scores of three or above were deemed to have mental, moral, and physical health problems, while those with scores below three were deemed to have none. The current mental, moral, and physical health difficulties of the IDPs were measured in the current study using the MMPHQ.

To determine the validity of the instrument, initial copies of the adapted instrument with research purpose, research question, treatment package and the MMPHQ were submitted to four experts in Counselling, Educational Psychology, Measurement and Evaluation and Science Education (Maths and Statistics), all from the Faculty of Education, Taraba State University, Jalingo. They were specifically requested to assess the items based on construct, content and face values. The quality of its language and the logicality of its arrangement, and the relevance of the items in addressing the purpose of the research are determined.

To determine the reliability of the instrument, the researchers tested MMPHQ on a representative sample of 30 IDPs from Adamawa State. Adamawa State was selected for the trial testing because it shares similar characteristics with Taraba State in terms of cultural background and IDP related issues such as insurgency, banditry and farmers-herders' clashes. Furthermore, the primary research would not be conducted in Adamawa State. The instrument's internal consistency of coefficient was assessed using Cronbach Alpha (a). It is regarded as dependable and has a dependability coefficient of 0.94.

The data collected for the study was analyzed using descriptive statistic of mean and standard deviations to answer the research questions while Analysis of Co-Variance (ANCOVA) was utilized to analyze the hypothesis at 0.05 level of significance. The pre-test scores served as co-variance to the post-test scores. In order to determine the differences in the Effect of Indigenous Counselling Therapy on Mental, Moral and Physical Health of Internally Displaced Persons (IDPs) based on gender in Taraba State, Nigeria. Before and after intervention, among the group conditions, the over-all Mean for the pre-test and post-test were

obtained. This will enable the researcher to determine the differences existing in the Mean scores obtained in each Phase (pre-test and post-test).

Results and Discussion

To answer the research question, the data was analyzed using descriptive statistics of mean and standard deviation. Hypothesis was tested using independent analysis of covariance (ANCOVA) at the 0.05 level of significance.

Research Question One: What is the effect of Indigenous counselling therapy on the mental, moral and physical health of internally displaced persons in Taraba State, Nigeria based on Gender?

Table 1: Mean and Standard Deviation Rating of the difference in effect of Indigenous Counselling Therapy on the Mental, Moral and Physical Health of IDPs based on Gender

Gender	N	Pretest Mean	Post-test Mean	Std. Dev.	Mean Reduction
Female	34	3.27	1.66	0.11	1.61
Male	26	3.14	1.68	0.10	1.46

Table 1 presents mean and standard deviation on the effect of indigenous counselling therapy on the mental, moral and physical health of internally displaced persons in Taraba State, Nigeria based on Gender. The result shows that female students have a post-test mean score of 1.66 and a standard deviation of 0.11 while, male students have posttest mean score of 1.68 and standard deviation of 0.10. When pretest mean scores and posttest mean scores are compared, female students have higher reduction in mental, moral and physical health challenges with a mean reduction of 1.61 against male with a mean reduction of 1.46. The result implies that there is gender difference on the effect of indigenous counselling therapy on the mental, moral and physical health of internally displaced persons in Taraba State, Nigeria.

Hypothesis One: Indigenous counselling therapy has no significant difference on mental, moral and physical health on internally displaced persons based on Gender in Taraba State, Nigeria.

Table 2: Analysis of Covariance Between-Subjects Effects of Indigenous Counselling Therapy on Mental, Moral and Physical Health on IDPs based on Gender

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	.070[a]	2	.035	3.402	.040
Intercept	1.862	1	1.862	181.813	.000
Pretest Combined	.067	1	.067	6.566	.013
Gender	***.008***	***1***	***.008***	***.768***	***.384***
Error	.584	57	.010		
Total	167.913	60			
Corrected Total	.653	59			

a. R Squared = .107 (Adjusted R Squared = .075)

Table 2 presents Analysis of Covariance conducted to test the significant effect of indigenous counselling therapy on mental, moral and physical health on IDPs based on Gender. Result of the analysis shows that, there is no significant effect of indigenous counselling therapy on mental, moral and physical health on IDPs based on Gender ($F=0.768$, $df = 1$, $p = .384$). The result signifies that gender difference does not significantly influence the effect of indigenous counselling therapy on mental, moral and physical health on IDPs. Thus, the null hypothesis which states that indigenous counselling therapy has no significant difference on mental, moral and physical health on internally displaced persons based on Gender in Taraba State, Nigeria is retained.

Discussion

This study investigated the effect of indigenous counselling therapy on mental, moral and physical health of internally displaced persons based on gender in Taraba State, Nigeria. Answer to research question raised and hypothesis formulated have been clarified by the present study. Thus, the findings of the study is discussed below.

Table 1 shows the result of the data analysis yielded from this study and indicates that there is no significant effect of indigenous counselling therapy on mental, moral and physical health of IDPs based on Gender. The findings of this study reveal that indigenous counselling therapy does not exhibit a significant difference in its effects on the mental, moral, and physical health of internally displaced persons (IDPs) based on gender in Taraba State, Nigeria.

This result is noteworthy, particularly because of evidence of existing literature that highlights the connection between gender and mental health among IDPs. While one might expect gender to play a crucial role in determining the efficacy of therapeutic interventions, the result suggests that the indigenous counselling approach employed in this study may transcend these demographic boundaries, offering a more universal form of support to both male and female IDPs.

The lack of significant gender differences in the effectiveness of indigenous counselling therapy aligns with findings from Orom (2020), which reported high incidences of depression and anxiety among internally displaced youths, with no statistically significant differences in mental health scores between genders. This implies that both male and female IDPs experience similar levels of psychological distress, likely due to shared experiences of trauma and displacement. The high prevalence of mental health issues, particularly anxiety (93.4%) and depression (89.9%), indicates that the psychological impacts of displacement are pervasive and affect individuals regardless of gender. This shared vulnerability may contribute to the observed uniformity in the therapeutic outcomes of indigenous counselling, as both genders may respond similarly to culturally relevant interventions aimed at addressing their mental health needs.

The finding revealed by Amadi (2021) on the exploration of resilience among African female refugees and IDPs also aligns with the current study. The study emphasizes that despite the unique vulnerabilities faced by female IDPs, including gender-based violence and socio-

economic challenges, the overarching factors contributing to mental health issues are not gender-exclusive. This implies that while gender may influence the specific types of challenges faced by individuals, the fundamental psychological responses to trauma may be similar across genders. Thus, the indigenous counselling therapy's effectiveness can be attributed to its ability to address these common psychological responses, making it a viable option for both male and female IDPs.

Conclusion

The effect of Indigenous counselling Therapy on the mental, moral, and physical health of internally displaced people (IDPs) in Taraba State, Nigeria, was examined in this study. Based on the study's results, the researchers drew the conclusion that participants' mental, moral, and physical health conditions were considerably enhanced by Indigenous counselling Therapy. Additionally, the study found no discernible gender disparities in the effectiveness of indigenous counselling therapy, underscoring its universality among all IDP populations. Both male and female IDPs may benefit equally from these treatments, as evidenced by the lack of discernible gender disparities in their efficacy. Thus, Gender difference does not significantly influence the effect of indigenous counselling therapy on mental, moral and physical health of internally displaced persons in Taraba State, Nigeria.

Recommendation

The researchers based on the findings, recommend that:

1. Counsellors should adapt indigenous counselling approaches to address gender-specific needs and challenges, ensuring inclusiveness in therapeutic delivery.

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