



## RISK FACTORS ASSOCIATED WITH PSYCHOLOGICAL DISTRESS AMONG THE INTERNALLY DISPLACED YOUTH BY TERRORISM IN OUAHIGOUYA DIOCESE, BURKINA FASO

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**Abstract:** *This study investigated the risk factors associated with psychological distress among the internally displaced youth by terrorism in Ouahigouya Diocese, Burkina Faso. Convergent parallel mixed method design which enabled merging of qualitative and quantitative data collected to provide a comprehensive analysis of the research problem was used in this study. The target population was 7,799 from which the sample size of 380 was obtained using Cochran's (1963) formula in Titao and Bourzanga municipalities of Ouahigouya diocese. From this population, a sample size of 380 respondents were randomly selected to take part in the quantitative strand of the study, and 14 respondents were purposely selected to participate in the qualitative aspect of the study. Standardized instruments (PCL-5: PTSD, GAD-7: Anxiety, PHQ-9: Depression) were used to collect the quantitative data. Semi-structured interviews were used to collect qualitative data. Quantitative and Qualitative data were analysed using descriptive statistics and content analysis respectively. From the findings of the study, the researcher established a number of risk factors associated with psychological distress among the youth. These factors included but not limited to:- deprivation of basic necessities of life due to displacement, straining to meet these needs, loss property, disconnection from family and friends' networks, loss of livelihoods, ethnic stigma and discrimination, difficult in accessing legal and human rights services. It was concluded that, the internally displaced youth in Ouahigouya Diocese had experiences associated with psychological distress. It was recommend that, regular provision of basic necessities of life and services by the government, communities, the church and the civil society organizations will ease suffering of the internally displaced youths in Ouahigouya Diocese.*

**Key words:** *Psychological distress, physical well-being, internally displaced youth, terrorism*

## 1.1 Study background

Many circumstances make people experience mental health issues, increase or reduce the mental pains. According to DSM-5 (2015), psychological distress is a range of symptoms and experiences of a person's inner life that are commonly troubling, confusing, or ordinary. The common symptoms are anger management issues, obsessive thoughts, hallucinations, delusions, reckless behaviour, lost interest, sadness, and hopelessness (Faubion, 2021). These symptoms may be tied in with somatic symptoms including: insomnia, headaches, lack of energy etc. (Drapeau et al., 2012) People may not have the same responses to the same or different stressors. According to the APA Dictionary of Psychology (2020), a stressor is any event, force, or condition that results in physical or emotional stress; it can be internal or external that requires adjustment on the affected individual. People may not react in the same way. Some may experience it mentally, emotionally, or behaviourally.

The concept of internally displacement holds two core elements: one is the involuntary nature of the movement, the second is that such activity takes place within national borders (Mooney, 2005). Adding the variable terrorism, we can agree with the International Committee of the Red Cross (2019), that Internally Displaced Persons (IDPs) are those who have been forced or obliged to leave their homes behind for reasons related to armed conflict or other violence and who remain within the borders of their country. Terrorism is part of armed conflicts.

According to Morina et al. (2018), 65.6 million individuals were displaced in 2017 worldwide due to armed conflicts around the world. Adults and young adults living in refugee camps from 21 countries reported to have psychological distress were 39,518. The highest prevalence was reported for post-traumatic stress disorder (3–88%), depression (5–80%), and anxiety disorders (1–81%), with considerable variation. Types of psychological distress vary from posttraumatic stress symptoms to depression, anxiety, grief, and general despair. Kaplan and Bianchera (2021) noted that globally, the number of people forced into internal displacement was increasing. It was estimated that at the end of 2018, 31 million young people and children would be internally displaced.

In Sub-Saharan Africa, Kaplan and Bianchera (2021) found that, 7.4 million IDPs, young people and children are a particularly vulnerable group of IDPs because their unique health needs are often not addressed by general health service providers. As a result, children are at higher risk of infectious diseases and sexually transmitted infections. In addition, health risks are exacerbated by poor sanitary conditions, poor nutritional status, and sexual exploitation, as well as by fragmented health service delivery in IDP camps (Kaplan and Bianchera, 2021).

In a study implemented by the World Bank group, Marquez (2016) found that the incidence of disorders varies with different populations and their experiences; the rates of Post-Traumatic Stress Disorder (PTSD) and major depression are 5-15 % or 10-40 %. Children and adolescents often have a higher prevalence, with various investigations revealing rates of PTSD from 50-90 % and significant depression from 6-40 %.

In the case of Burkina Faso, terrorist attacks experienced by the country since 2015 led to the internal displacement of people and therefore related psychological distress of the affected people. According to the country's National Council for Emergency Relief and Rehabilitation (2020), more than a million people have been internally displaced by the upsurge in Burkina Faso. International Organization for Migration (2020) stated that this figure is alarming and increasing daily. Indeed, Abibatou Wane, Chief of Mission of the International Organization for Migration, shows that one in twenty people is now IDP and 250 host municipalities for the people in Burkina Faso.

Internal Displacement Monitoring Centre (2019) stated that Burkina Faso's overall population below the age of eighteen represents 51 % of the total population; a 2019 assessment places their proportion at 56 % of the IDP in the country. Young people aged fifteen to seventeen were 3,200.

According to Child Protection (2020), more than eight out of ten children and adolescents displaced in Burkina Faso suffer from psychological distress and mental health disorders.

In Various refugee camps in the diocese of Ouahigouya, so much attention had been focused on physiological and spiritual support while little attention had been paid to their psychological wellbeing. Indeed, Fides (2021), an information service of the Pontifical Mission Societies, gave the example of one parish named Bourzanga, which hosted IDP in the Ouahigouya Diocese. Fides (2021) explains that OCADES (Diocesan Caritas) and other NGOs such as Catholic Relief Service and Missio Munich came with humanitarian aid in a matter of food aid. According to United Nations High Commissioner for Refugees (2020), in the North of the country (Ouahigouya), the traditional chiefdom organized by the minister in charge of foreigners, youth, and guardian of tradition, collective support to the IDP, especially youth, by the provision of documents to facilitate the acquisition of land on which they can build their homes; allowing IDP to design and build their homes. However, the priests in those parishes raised the outcry that so many people seem to have psychological distresses that their human and spiritual support cannot attend.

## **1.2 Statement of the Problem**

Burkina Faso experienced violence through terrorist attacks since 2015, which brought many issues of psychological distresses. So much attention has been paid to the physiological and social needs of children, older people, and disabled people. Still, very little attention has been given to the psychological needs of the internally displaced youth. Young people suffer from various psychological distresses (Sleeplessness, anger, flashbacks, anxiety, nightmares, excessive fear, attempts to suicide, etc.) that few studies have investigated. This group seem to be the most affected due to life demands and pressure which comes with this age especially expectation to have a family, to be well off, employed and help their families meet their needs and others even provide for their families. Most of the interventions are motivated by the emergent situation. If nothing is done to understand their accurate psychological status for care, the situation may generate outcomes which can harm them and complicate their lives as IDPs. Due to the traumatic exposures and experiences (loss of properties, killings etc.), the young people internally displaced by terrorism in Ouahigouya diocese/Burkina Faso are suffering. Therefore, this study tries to assess the risk factors associated with psychological distress of young people in Ouahigouya Diocese, Burkina Faso.

## **1.3 The objective of the study**

The objective of this study was to assess the risk factors associated with psychological distress among the internally displaced youth by terrorism in Ouahigouya diocese in Burkina Faso.

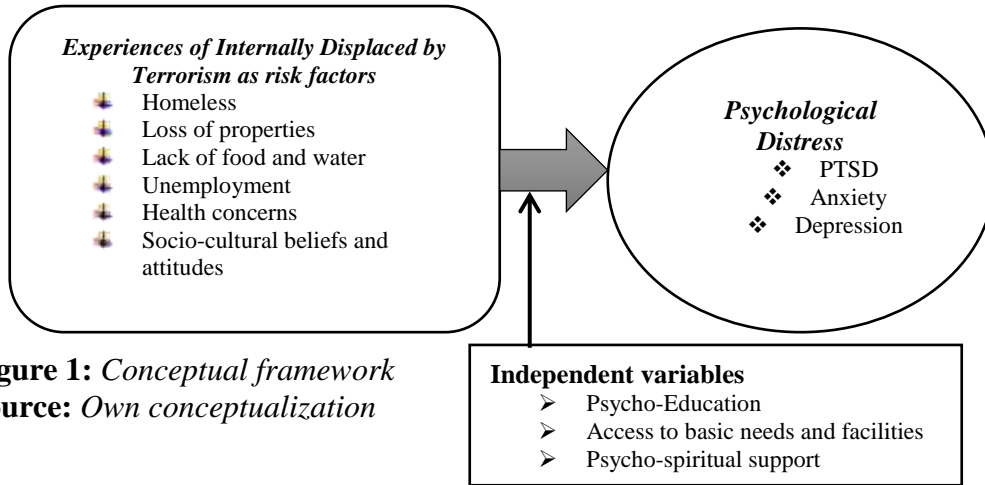
## **1.4 Significance of the study**

This study may be of great benefit to young people from Ouahigouya diocese and other youths who have been exposed to the terrorist attacks in Burkina Faso and other countries. This study may greatly benefit the priests and the social workers of Burkina Faso and especially in the Ouahigouya diocese to find a longer lasting solution in alleviating the risk factors associated with psychological distress among the youth in Ouahigouya diocese. In addition, it may create more awareness and the need to pay more attention to the psychological support of young people in all the municipalities in northern of Burkina Faso. This study may be beneficial for mental health service providers, teachers, and parents to properly understand mental health concerns and how to monitor behavioural manifestation that indicates deviations across the spectrum of societal expectations. For researchers and others, this study may have great significance in enriching sound knowledge from fieldwork and contributing to the area of psychological research.

### 1.5 The Conceptual framework

**Independent variables**

**Dependent variable**



**Figure 1: Conceptual framework**  
**Source: Own conceptualization**

### 1.6 Literature review

**Theoretical review**

Robert Agnew’s (1938) General strain theory informed this study. Agnew built his general strain theory by building upon the work of prior strain theorist Robert Merton. Merton posited that crime was caused by strain, the difference between one’s economic aspirations and the actual means of achieving those aspirations (Merton, 1938). Merton proposed that when individuals were unable to meet their goals through legitimate means, they would resort to illegitimate or illegal measures to achieve their goals (Merton, 1938). However, Merton’s strain theory endured several unanswered criticisms. Agnew proposed that various forms of strain caused individuals to experience negative emotional states such as anger, depression, and fear (Agnew, 1992). For Agnew, a crime occurred when persons sought criminal means to cope with their negative emotions. Agnew explained that an individual’s coping strategy determines whether or not one will engage in crime. Additionally, to explain all criminal behaviour, Agnew added two additional sources of strain: the removal of positive stimuli and the confrontation of negative stimuli (Agnew, 1992).

General Strain Theory (GST) is a part of the social structure theories of crime, which fit the positivist mode in that they contend that these social forces push or influence people to commit a crime (Friel, 2021). Friel, (2021) continues saying that at the heart of this social structure theoretical lies General Strain Theory. According to Agnew (1992), General Strain Theory is different from social control and social learning theory in its specification of the type of social relationship that leads to delinquency and its motivation. General Strain Theory was designed primarily to understand and help youth, specifically adolescents pressured into delinquency by the negative affective states, most notably anger and related emotions that often result from negative relationships (Agnew, 1992). Agnew (1992) argued that this negative effect creates pressure for corrective action and may lead adolescents to use illegitimate channels of goal achievement, attack or escape from the source of their adversity, and manage their harmful effects through illicit drugs.

Polizzi (2011), commenting on Agnew’s General Strain Theory, taken from the revised theoretical context, argues that the experience of strain represents a breakdown of social interaction emerging from a variety of social situations. He continues explaining how individuals respond to negative life situations. He emphasizes the integrity and the uniqueness of individuals to find solutions to the experience of strain. General Strain Theory, such as Agnew’s one, can assess and examine psychological distress due to violent extremism or terrorism, as Nivette et al. (2017) did in their study.

According to Agnew (2010), this theory can explain the high magnitude of the stressors due to terrorism (homeless, loss of properties, lack of food and water, unemployment, health concerns) as a collective strain unjustly inflicted whose high magnitude explains the psychological distress. Huck et al. (2012) argue that this theory helps understand the matter of coping strategies linked to psychological distress. According to Davidowitz (2017), the revised version (the one of 1985) of Agnew proposes that strain leads an individual or a group to experience anger. Those not monitored with mental disorders may lead to delinquency and other behavioural changes disorders due to coping mechanisms. Terrorism is an event that can be qualified as a considerable strain draining people's energies: physically, emotionally behaviourally. This theory can explain how people, especially the youth, respond to the stress whose magnitude is high. It can also help understand the factors supporting coping strategies or aggravating the process.

### ***Empirical review***

Jadoo et al. (2019) studied the situation of IDP in Iraq in Anbar province. This study aims to assess the impact of displacement on the socio-economic wellbeing and mental health status of internally displaced families. It was a descriptive cross-sectional study conducted from third to seventeenth. Jadoo et al. (2019) collected using a universal sampling technique. Some 355 heads of households were interviewed with a modified questionnaire of 26 close-ended questions related to the socio-economic, demographic, well-being and mental health characteristics. Mental health disorders spread among 62.3% of surveyed families. Significant rise in chronic diseases from 64 (18.0%) cases before displacement to 102 cases (28.7%) after expulsion (Jadoo et al., 2019). Few of them (21.6%) could access public health services. People who experienced violence had verbally abused at 52.1%. Lack of services (50.3%), the inability to repair the destroyed houses (26.4%), and the loss of places due to destruction (23.3%) were the significant factors that inhibited families from returning home back. Jadoo et al. (2019) study's findings indicate the need for urgent and strategic plans to improve the quality of logistics, health and infrastructure services to motivate the displaced families to return to their homes.

Logie et al. (2020) studied conceptual factors associated with depression among urban refugees displaced in Kampala, Uganda. Logie et al. (2020) conducted a cross-sectional survey of refugee and displaced adolescent girls, young women and adolescent boys, and young men aged 16–24 living in Kampala's informal settlements. Peer-driven recruitment has been studied, whereby peer navigators shared study information with their networks, and in turn, participants were invited to recruit their peers. Gender disaggregated analyses, including stepwise multiple regression to examine factors associated with depression, have been applied (Logie et al., 2020). Then a structural equation modelling (SEM) using weighted least squares estimation to examine direct paths from violence, food insecurity, and community insecurity to depression and indirect effects through social support.

Study findings by Logie et al. (2020) revealed a widespread depression among urban refugees and displaced youth in Kampala, disproportionately impacting young women. Contextual factors, including food insecurity and violence, increase depression risks. Strategies to reduce gender-based violence and food insecurity and increase social support networks can promote mental health among urban refugees and displaced youth. According to Logie et al. (2020), among participants ( $n = 445$ ), young women ( $n = 333$ ) reported significantly higher depression symptoms than young men ( $n = 112$ ), including any symptoms (73.9% vs 49.1%,  $p < 0.0001$ ), mild to moderate symptoms (60.4% vs 45.5%,  $p = 0.008$ ), and severe symptoms (13.5% vs 3.6%,  $p = 0.002$ ). SEM results among young women indicate that the latent violence factor (lifetime sexual and physical violence) directly affected depression and social support. Still, social support did not mediate the path from violence to depression. The model fit the data well:  $\chi^2(3) = 9.82$ ,  $p = 0.020$ ; RMSEA = 0.08, 90% CI [0.03, 0.14],

CFI=0.96). Among young men, findings indicate that food insecurity had direct effects on social support and an indirect effect on depression through the mediating role of social support. Fit indices suggest good model fit:  $\chi^2(3) = 2.09$ ,  $p = 0.352$ ; RMSEA = 0.02, 90% CI [0.000, 0.19], CFI = 0.99 (Logie et al., 2020).

Greene-Cramer et al. (2020) conducted a study in two population-representative, stratified, cross-sectional household surveys: one among adult IDP throughout Ukraine and one among adults living in Donbas in eastern Ukraine. Greene-Cramer et al. (2020) aimed to assess the prevalence of non-communicable diseases (heart disease, stroke, cancer, diabetes and chronic lung disease), risk factors and the effect of conflict on the severity of illness and access to care. They chose a sample size of 667 rounded to 700. Below, there is a description of additional methods for each survey separately. Greene-Cramer et al. (2020) found that more than half of the participants reported having at least one non-communicable disease (55.7% Donbas; 59.8% Ukraine). In addition, a higher proportion of IDPs experienced severe psychological distress (29.9% vs 18.7%), interruptions in care (9.7–14.3% vs 23.1–51.3%), and disruption in medication than adults in Donbas (14.9–45.6% vs 30.2–77.5%). Factors associated with the perceived worsening of disease included psychological distress, displacement status, and inability to see a doctor at some point since the start of the conflict.

Borho et al. (2020), taking into account cross-sectional reports in documents about mental disorders among refugees and their risk factors, went for a longitudinal study as follow-up designs that were lacking. According to Borho et al. (2020), this study aimed to examine the change in the prevalence of mental disorders among Syrian refugees with German residence permission, taking into account their increasing length of stay in Germany, and uncover the shift in their relationship to pre- and post-migration risk factors. According to Borho et al. (2020), in 2017, 200 of the 518 Syrian refugees with residence permission living in Erlangen took part in the first time of recruitment. Borho et al. (2020) stated that during the second survey timeframe 1.5 years later, in 2019, 108 of the former 200 Syrian refugees participated again and formed the total sample for this follow-up study. The survey instruments included demographics, migration-related variables and symptoms of post-traumatic stress (Essen Trauma Inventory, ETI), depression (Patient Health Questionnaire - PHQ-9) and generalized anxiety disorder (GAD-7).

The study showed strong empirical evidence that the prevalence rates of mental distress among refugees are significantly higher than the overall population. However, it has not yet become clear how these prevalence rates change with an increasing length of stay in the host countries (Borho et al., 2020). The study results indicate that the psychological burden on this refugee population remains consistently high over time despite partly improved living conditions, confirming the importance of therapeutic interventions. This objective treats the risk factors for the psychological being of youth internally displaced. Some relevant studies show economic challenges, food insecurity, non-communicable disease (heart disease, stroke, cancer, diabetes and chronic lung disease), and an increased length of stay as serious risk factors that aggravate the IDPs situation. Moreover, most of them highlight some sensitive populations like children, women and adults. Nevertheless, finding a relevant literature review targeting 15-35 years old is not easy. There are relevant studies on the subject from a global perspective, but very few studies on the local side, especially in Burkina Faso.

## 1.7 Methodology

Convergent parallel mixed method design which enabled merging of qualitative and quantitative data collected to provide a comprehensive analysis of the research problem was used in this study. The study was carried out in Bourzanga and Titao municipalities. The target population was 7,799, and the sample size 380 was obtained using Cochran's (1963) formula. Standardized questionnaire (PCL-5: PTSD, GAD-7: Anxiety, PHQ-9: Depression) were used to collect quantitative

data from 380 participants who were selected using simple random sampling. To get the number of participants from each municipality, stratified proportionate sampling technique was used. From the 2021 census, Titao Municipality had 11,013 and Bourzanga had 18,799, representing 37% and 63% of all youth internally displaced people respectively in the study area. The table (Table 1) below shows their distribution during the data collection exercise. Semi-structured interviews framed the qualitative data collection for 14 participants who were purposively selected from among the 380 participants to complement data.

**Table 1: Distribution of Participants for the Study**

Age group (15-35)	Municipality	Sample Size	Sampling technique	Percentage %
<b>Quantitative Distribution</b>	Bourzanga	140	Simple random sampling technique	37
	Titao	240	Simple random sampling technique	63
<b>Total</b>		380		100
<b>Qualitative distribution</b>	Bourzanga	7	Purposive sampling technique	50
	Titao	7	Purposive sampling technique	50
<b>Total</b>		14		100

Source: Field data

## 1.8 Study findings and discussion

### Demographic Information

The researcher summarised the demographic information in terms of gender, age, education and municipality as per the characteristics of the study participants as shown in table 2 below.

**Table 2: Demographic Information**

		Frequency	Percent
<b>Gender</b>	Male	156	41
	Female	224	59
	Total	380	100
<b>Age</b>	15-21	61	16
	22-28	89	23
	29-35	230	61
	Total	380	100
<b>Education</b>	Illiterate	182	48
	Primary School	72	19
	Secondary School	119	31
	University	7	2
	Total	380	100
<b>Municipality</b>	Bourzanga	140	37
	Titao	240	63
	Total	380	100

Source: Field data

### Level of PTSD among Young People Internally Displaced by Terrorism in Ouahigouya Diocese

The study sought to assess the level of posttraumatic stress disorders (PTSD) among the internally displaced youth in Ouahigouya Diocese. Table 2 below shows the outcomes.

**Table 3: Level of PTSD**

	Frequency	Percentage
Not at all	3	1
A little bit	116	31
Moderately	179	47
Quite a bit	81	21
Extremely	1	0
Total	380	100

Source: Field data, 2022

As shown in Table 3, the level of PTSD among young people internally displaced ranges between “a little bit” to “quite a bit” at 99%. The memories of the terrorists’ attacks are stressful and disturb the IDP. The current situation of the IDPs is associated with the Fight Flight or Freeze for having run away and left their places by force. Most of them feel jumpy and super alert as they are on guard or watchful. Indeed, one interview respondent testified having been chased away twice. The first time, he ran away with a donkey and a cart to arrive in a village named “Windigui”. The second time, he fled leaving the donkey and the cart behind to save his life.

Avoiding memories, thoughts, or feelings related to the stressful experience is a symptom which showed that most of people are developing emotional avoidance as a cluster of post-traumatic stress disorder (PTSD) symptoms for people with PTSD to escape painful or difficult emotions (Tull, 2020). According to Tull (2020), it has been found that trying to avoid feeling emotions may make some PTSD symptoms worse or even contribute to the development of PTSD symptoms after experiencing a traumatic event. Tull (2020) continues his reasoning that avoiding emotions also takes considerable effort, and as the avoided emotions grow stronger, more and more effort is needed to keep them at bay; as a result, little energy may be left for the important things in your life such as family and friends. The Participant P 14 testifies: “Mental illnesses are really there, because having fled our homes, our thoughts and our emotions are no longer in their place.”

**The Level of Anxiety Among Young People Internally Displaced by Terrorism in Ouahigouya Diocese**

This study also sought to establish the level of anxiety expressed by the internally displaced youths in Quahigouya Diocese due to terrorism. The results are presented in Table 4.

**Table 4: Level of Anxiety**

	Frequency	Percentage
Mild	47	12
Moderate	159	42
Moderately severe	142	37
Severe	32	9
Total	380	100

Source: Field data, 2022

The study showed that all the youths experienced some sort of anxiety with nearly an average (46%) with “moderately severe” to “severe” anxiety as shown in Table 4. The insecurity has brought the issue of fear as if something awful will happen. In the interviews, the respondents expressed their fear sixteen times. The interview question checking their mind map about terrorist attacks, 8 respondents responded straight “fear.” This shows a serious concern for youth internally displaced by terrorism in Ouahigouya Diocese.



Being restless and hard to sit still is a symptom associated with anxiety (GAD-7). It recorded in the general table at 70.3% (267) among IDPs. Considering that they are living in camps, where safety conditions may be hard to find are exposed. Terrorism is still going on in Ouahigouya Diocese and in and the hosting municipalities are not safe at all. According to Koura (2021), Titao was hosting IDPs, but the town has moved towards Ouahigouya since December 2021. Bourzanga has not yet been moved totally but according to OCHA (2020), since 2020, the neighbourhood municipality which is Kongoussi has hosted 20,842 IDPs from Bourzanga municipality.

***The level of Depression Among Young People Internally Displaced by Terrorism in Ouahigouya Diocese***

Another psychological distress of interest in this study was depression. This study thus examined the level of depression among the youth internally displaced by terrorism in Ouahigouya Diocese. Table 5 presents the findings.

**Table 5:** *Level of Depression*

	Frequency	Percentage
None-minimal	16	4.2
Mild	130	34.2
Moderate	119	31.3
Moderately severe	85	22.3
Severe	30	8
Total	380	100

Source: *Field data, 2022*

The level of depression was “moderate” and “moderately severe” at 53.6%. However, majority of the participants (95.8%) have experienced at least mild depression because of the lack of the basic necessities of life. As reported by the respondents to the interviewers, one youth stated “*We have become beggars*”, and another specified, “*Since we arrived, we have not had any help. But we have been counted. We need help: food first.*” Young people internally displaced feel that their social status is down to the extent that they don’t have dignity anymore.

**Table 6: Various Experiences as Risk Factors of Psychological Distress Among Young People Internally Displaced By Terrorism in Ouahigouya, Diocese**

	No		Yes	
	freq.	%	freq.	%
Witnessing villages, houses, schools burnt	100	26.3	280	73.7
Forced to leave home to take refuge in the bush, neighbourhood villages or cities	14	3.7	366	96.3
Witnessing killings and assassinations of people, close relatives or friends	148	38.9	232	61.1
Living as an internally displaced person	4	1.1	376	98.9
Have lost properties	1	0.3	379	99.7
I was working and have gone jobless	23	6.1	357	93.9
Deprivation of food and water	45	11.8	335	88.2
My cultural perspective informs my view on the state of internal displacement	75	19.7	305	80.3
Stigmatization as an internally displaced person: stranger, nicknames etc	71	18.7	309	81.3
My cultural values help me to develop strategies for reducing the harm caused by terrorist attacks events	84	22.1	296	77.9
Solidarity of people in the hosting municipalities	31	8.2	349	91.8
Ethnic groups stigmatized as terrorists or cooperating with them	121	31.8	259	68.2

Source: Field data, 2022

Results in table 6 above shows that, majority of the respondents have witnessed killings and assassination of people, friends or close relatives (61.1%), and most of them have recognized that their ethnic group is stigmatized as terrorists or those cooperating with them (68.2%), have witnessed villages, houses, schools burnt (73.7 %). It is a strong indication that most respondents had seen destruction of their property through fire. Indeed according to the United Nations High Commissioner for refugees (2021), people with guns carried out a series of attacks in three separate regions, burning down houses and killing civilians. The assailants also ransacked health centres and damaged homes and shops. In 2022, the Ministry of National Education, Literacy and Promotion of National Languages closed 3,683 schools as of 28 February 2022 because of insecurity (UNHCR, 2022).

Most of the respondents felt stigmatized (81.3%) and were deprived of food and water (88.2%). Médecins Sans Frontières (2021) reported that access to water and essential services for displaced people and local communities is a real challenge in the north of Burkina Faso. It requires a more significant presence of humanitarian organisations to meet the growing medical and humanitarian needs of people heavily affected by conflict. Difficulties encountered by internally displaced youth, are genuine and have implications for IDPs' lives as confirmed by the civil society organizations.

From the findings, an overwhelming majority of the respondents have lost their jobs (93.9%), have been forced to leave their homes and take refuge in the bush or other cities (96.3%) and have lost properties (99.7%). According to the Global Protection Cluster (2021), the growing insecurity and loss of livelihoods during displacement affect women and girls and men and boys differently. This is because these different gender categories have different roles which define their needs in different geographical and social environments. According to UNHCR (2022), 1,814,283 individuals had fled their homes seeking safety as of 28 February 2022, which is a 4.17% increase compared to January 2022. Ousséni (a nickname) testifies that the day jihadist fighters arrived in his village, they told the inhabitants they had just "72 hours to leave, or else... When the request expired, 17 people were executed. Nevertheless, Ousséni was able to flee and take refuge with his wife and nine children in Zimtenga, the nearest town, about 20 kilometres away in the region of Kongoussi (Douce, 2020).

Almost all of them are living as IDPs (98.9%). According to the National Council For Emergency Relief And Rehabilitation (2021), the number of IDPs in Burkina Faso peaked to stand at 1,741,655 people as at January 31, 2022, and the north registered: 166 367 IDPs and the north-central region: 566 132 people. This shows that, the number of IDPs is increasing. The increasing number of IDPs is a sign that the insecurity is gaining ground in Ouahigouya Diocese with different types of experiences and potential risk factors.

Culturally, most of them have developed coping strategies to reduce the harm caused by terrorist attacks (77.9%). The view of an overwhelming majority of the IDPs (80.3%) is informed by their cultural perspective. According to Farias (2020), culture helps shape people's values in different situations and social relationships. These cultural differences in memory biases stem from how people coped with the stressor in the prior week. The cultural factor influences people's perceptions, reactions and coping strategies toward stressful events. El-Khani et al. (2017) highlight that different cultures and populations experience and deal with stressors differently.

An overwhelming majority of the respondents (91.8%) testified about people's solidarity in hosting municipalities. According to Tougouma (2022), there are some excellent examples of hospitality by the instance of Lambda (nickname to protect the person). He is a retired Official, widower and father of seven children. He did what anyone would have done: open his house to welcome these people in need. He hosted more than 100 of his compatriots having fled their homes, offering them shelter, food and even money to buy food in the north-centre of the country. Samboe (2021) corroborates, saying that the ministry of solidarity prioritizes Ouahigouya with two other municipalities achieving three functional boreholes were drilled in to strengthen access to drinking water with the support of the African Development Bank. The practice of solidarity virtue is helpful for young people internally displaced by terrorism in Burkina Faso.

### ***Factors favouring mental issues***

Participant P1 responded straight to the question highlighting the factors of the events themselves, the loss of lives and goods. *"We have experienced these attacks ourselves. Our property has been destroyed, stolen or vandalized as hopelessly. We have no one to fight for our rights to life here. There is no Justice. Our relatives were killed and that becomes the end. Until now, no justice for the dead. It is hard to live here every day"*. (Participant P1, January 28, 2022). The following factor is related to their current life as IDPs which is uncomfortable and may increase their sicknesses. Their current life is marked by jobless; to have a means for survival is a challenge and being occupied may help to divert your thoughts and free your mind. *"Our current situation is not helpful at all. Being helpless like this doesn't help to come out the psychological challenges. We are IDPs now. It is unimaginable."* (Participant P8, February 02, 2022). Feelings of anxiety came strongly as they felt insecure and did not know the end of the conflict. *"The war is not over and we do not know if we will not be chased from here to another place"*. (Participant 12, February 02, 2022).

### **1.9 Conclusion**

The study concludes that the internally displaced youth in Ouahigouya Diocese had experiences associated with psychological distress. More so, the level of psychological distress related to the experiences of youth internally displaced by terrorism in Ouahigouya Diocèse; Burkina Faso is moderate. Level of PTSD, Anxiety, and Depression needs interventional measures. The study also concludes that the crisis had put most residents in abject poverty, exacerbating their mental anguish. Unfortunately, the only psycho-social support was children's counselling and prayers during church seminars. There is therefore a strong conviction that, intervention to alleviate the psycho-spiritual and other psychological needs of the internally displaced youth in the study area is urgently needed. In

addition, this long (six years) exposure to terrorism may deteriorate mental health and result in to personality disorders.

### 1.10 Recommendations

**The Government:** The beneficiaries appreciated the efforts of the government through the ministry of solidarity. However, more attention can be paid to the physiological and psychosocial needs of the IDP young people by regular provision of food and water. The government could set up a system to regulate activities of international and national NGOs to limit the frustrations among IDPs who used to be registered and not helped. That responsibility can be assigned to the National Council for Emergency Relief, and Rehabilitation can be effectively controlled. Schooling of young people may need more attention because of the trauma they are carrying. The ministry of education can improve their service called “*school life*” with more psycho-spiritual training to help the young people from those areas of conflict cope with their mental issues.

**Professionals in mental health:** Mental health professionals can have a new approach to the situation of IDPs in the matter of studies and investigations to know the psychological states of young people internally displaced. It may help by having standard guidelines to help the clients from this traumatic situation. University faculties in Burkina Faso can develop programmes in psychology and other social sciences to help in meeting the needs of the affected population in the Country. Professional associations may help in regulating quality service in Burkina Faso as well.

**The Church Hierarchy and Religious Institutions:** The church hierarchy and other Religious Institutions need professional Psycho-spiritual Therapists and well-trained Counsellors at all levels of their schools, hospitals, and youth centres to offer quality psychological counselling services for the mental well-being of those affected. It may be helpful to train more priests and religious people in different areas of mental health as counsellors and mediators. The renewal charismatic prayer groups need to have more knowledge on psycho-spiritual knowledge to effectively attend to people’s needs.

**The Parents and Caregivers:** The parents and caregivers of these young people need to be aware of the traumatic situation of the IDPs to avail themselves and bring along their children to all programs organized to address mental health-related issues so that workshops and seminars can be scheduled for them.

**The Young People:** The young people directly affected may need to be more aware of the psychological distresses and their implications. They may raise and seek holistic healing through professional mental health practitioners to work on their fears, anxieties, depression, grievances, and other personal concerns that have affected their mental well-being for social reintegration. For that purpose, individual and group counselling can be helpful. Some distressing games and activities can be beneficial: music, dance, drama, sport etc.

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