# THE ANGLOPHONE CRISIS AND MENTAL HEALTH OF YOUNG PEOPLE OF BAMENDA CITY COUNCIL IN THE NORTH WEST REGION OF CAMEROON

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**PSI/73/EM/19**

**THESIS SUBMITTED TO THE PSYCHO-SPIRITUAL INSTITUTE, MARIST INTERNATIONAL UNIVERSITY COLLEGE IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE MASTER OF ARTS DEGREE IN PSYCHO-SPIRITUAL THERAPY AND COUNSELING OF THE CATHOLIC UNIVERSITY OF EASTERN AFRICA**

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**Thesis Submitted to the Psycho-Spiritual Institute, Marist International University College in Partial Fulfilment of The Requirements for The Award of The Master of Arts Degree in Psycho-Spiritual Therapy and Counseling of The Catholic University of Eastern Africa**

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## Declaration

I hereby declare that this Master's Thesis is my original work and that it has not been presented for the award of a degree in any other university.

Sign……. Date: …….

**Shufai Evaristus Mbiydzenyuy, FMS**

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This master's thesis has been submitted for examination with our recommendation as University supervisors

**1st Supervisor**: Sr Dr. Elizabeth Ngozi Okpalaenwe

Sign: ……. Date: ……

**2nd Supervisor**: Mrs. Maria Ntarangwe

Sign: ……. Date: ……

## Dedication

I dedicate this work to my beloved mom of blessed memory -Eveline Shulika, my grand mom of blessed memory- Mama Anastasia Kidzeru, and to all young people suffering from mental trauma due to the Anglophone crisis in the North West and South West Regions of Cameroon.

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## Abstract

This research was on the Anglophone crisis and the mental wellbeing of young people of Bamenda city council in the North west region of Cameroon. The main objective was to explore the influence of the Anglophone crisis on the mental wellbeing of young people in the Bamenda City Council area of Cameroon. The study was informed by the social conflict theory of Karl Marx and the researcher used concurrent nested design to identify the types of war trauma, to explore the prevalence of generalized anxiety and major depressive symptoms, to examine the symptoms of general post-traumatic Stress disorder, and to establish the various psycho-social support and other forms of interventions for the young people of Bamenda city council in Cameroon. The target population was 3000 young people aged 15-30 living in the three municipalities that make up the Bamenda city council of Cameroon. The sample size was 314. A simple random sampling technique was used to sample 300 participants for the quantitative data, and a purposive sampling technique was used to select 14 participants for the qualitative interview schedules. Data were collected using diagnostic instruments designed from the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), for the quantitative data and semi-structured interview guides for the qualitative data. Data were analyzed using the Statistical Package for Social Science (IBM SPSS Version 25) for the quantitative data and thematic approach for the qualitative data. The findings of this study revealed that the level of traumatic exposure is high (64%) and there was a very high prevalence of generalized anxiety disorder (GAD) symptoms (79%) and major depressive symptoms (71%) among young people in the Bamenda City Council area of Cameroon. The study established that a majority of young people (70%) were already manifesting symptoms of general post-traumatic stress disorder (PTSD) and the crisis had put most of the residents in abject poverty, mental anguish, and a sense of meaninglessness. The findings raised a serious concern for the lack of professional psychological support for young people affected by the socio-political crisis in Cameroon.

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## Operational Definition of Key Terms

**Amba-Boys**:

The group of boys and girls equally known as pro-independent fighters or separatists, fighting against the Cameroon government for the restoration of southern Cameroon or Anglophone Cameroon independence. They now call this region the Republic of Ambazonia.

**Anglophone Cameroon:**

The two predominantly English-speaking regions of Cameroon. That is, the North West and South-West regions of Cameroon.

**Anglophone crisis:**

This refers to the socio-political crisis that has plagued the two Anglophone regions in Cameroon since 2016

**Mental health:**

A state of emotional, psychological, and social well-being. It affects the way we think, feel, and act.

**Mental health illness**

Also called mental health disorders refers to a wide range of mental health conditions; disorders that affect your mood, thinking, and behavior.

**Mental wellbeing**

Your mental wellbeing is about your thoughts and feelings and how you cope with the ups and downs of everyday life

**Young people:**

This refers to boys and girls who fall in the age group of 15-30 years.

## Abbreviations

| | |
|---|---|
| CACSC | Cameroon Anglophone Civil Consortium |
| CBT | Cognitive Behavioral Therapy (Theory) |
| CRIES | Children's Revised Impact of Event Scale |
| D.O | Divisional Officer for Bamenda City Council |
| DSM-5 | Diagnostic and Statistical Manual for mental health (5th Edition) |
| EMDR | Eye Movement Desensitization and Reprocessing |
| GAD | General Anxiety Disorder |
| ICG | International Crisis Group |
| IPT | Interpersonal Psychotherapy |
| MBCBT | Mindfulness Based Cognitive Behavioral Therapy |
| NSAGs | Non- State Armed Groups |
| OPD | Out Patient Department |
| PTSD | Post-Traumatic stress Disorder |
| PSS | Psycho-Social Support |
| RCTs | Randomized Controlled Trails |
| REBT | Rational Emotive Behavioral Therapy (Theory) |
| SIQ | Stress Impact Questionnaire |
| SIT | Stress Inoculation Training |
| UI | Uncertainty Interval |

# CHAPTER ONE

## 1.1 Introduction

This chapter talks about the mental well-being of young people in the Bamenda city council of Cameroon, the background to the study, the statement of the problem, the research objectives, and the research questions. The chapter equally looks into the significance of the study, the scope of the study, the theoretical and the conceptual framework, and ends with the operational definition of terms.

## 1.2 Background of the study

According to Kadir et al. (2018), any organized dispute that involves the use of weapons, violence, or force, be it within the national territorial or beyond the territorial boundary and involves either state actors or nongovernment entities is referred to as armed conflict. A typical example is the crisis in North West and South West regions of Cameroon which has been marked by war traumatic events, agonies of war, exposure to violence, or stressful life events.

The Heidelberg Institute for International Conflict Research reported that there were 35 massively violent crises worldwide in 2006. Most of these were in Sub-Saharan Africa (15 of 35), one in Central Europe (Russia), one in America (Colombia), nine in Asia and Oceania, and nine in the Middle East and the Maghreb. It became very overwhelming that children and young people suffered a large part of the consequences of these conflicts and were often the largest proportion of casualties related to morbidity and mortality in affected populations (Jürges et al., 2017).

According to Machel (2012), an estimated two million children and young people lost their lives over the past decade and six million children have been left severely injured or disabled, with another 12 million left destitute. An estimated 300,000 children served as child

soldiers in over 30 conflicts across the world. These children and young people might have been affected by psychological trauma; a high level of anxiety, depression, psychosis, psychosomatic disorder as well as post-traumatic stress disorder (PTSD) possibly due to fleeing or being forcibly removed from their homes, witnessing violent events, and losing their caregivers, losing property as well as family members.

According to Qais Alemi, et al. (2021), the social factors influencing the mental health, coping strategies, and barriers to seeking professional mental health service among young people affected by the armed conflict in Mogadishu- Somalia revealed that psychological distress (depression and posttraumatic stress disorder) were highly pervasive, and that shame, acculturative stress, and ethnic discrimination, as well as parents' dismissive reactions to children's emotional problems, perpetuated mental health problems. They could only survive through coping strategies such as support from friends, religious activities, and playing soccer. These were found to offer remarkable psychosocial support to the masses especially to the young people in Somalia.

Amuk and Akoh (2020) identified general features of mental disorders (Anxiety and depressive disorder, agoraphobia, alcohol dependence disorder, and psychotic disorder), war trauma, and general health among young adults after the Peace Agreement in the Republic of South Sudan and found out that the young adults in the post-war community in Bahr El Ghazal State were suffering from higher levels of mental disorders. The issue of mental health among young adults, therefore, was found to require extensive awareness programs among the affected group to inform them about the nature of what they were subjected to during the war and how to cope with these situations to enable self-management for these problems.

According to Alleyne-Green, et al. (2019), wartime violence perpetration has been associated with posttraumatic stress disorder and sad heart - as was the case highly registered in men compared to women of Sierra Leone. Using nurturing behavior as a point of departure, the study established that there was a strong correlation between exposure to violence and parenting confidence in the lives of many young people especially child soldiers and youth who were affected by these wars of the 1990s to 2000s and were now parents raising children. This became a serious call for concern on the impact of war crisis exposure and psychological distress on parenting practices among the population of Sierra Leone in the post-conflict era.

The socio-political crisis (what is called the Anglophone Crisis) in North West and South-West Regions (or the chiefly English-speaking regions) of Cameroon, began with a sit-down strike initiated by the Cameroon Anglophone Civil Society Consortium (CACSC) on 6th October 2016. Amongst the grievances raised, they expressed the marginalization of the Anglophone minority including the lack of English-language legal resources (Ellis, 2019).

According to Robert (2020), in November 2016 a majority of the teachers in the Anglophone regions joined the lawyers to advocate for the protection of the Anglo-Saxon culture in the Northwest and Southwest regions of Cameroon; where the English language is chiefly spoken. This led to the shutting down of all the schools and courtrooms in the Anglophone regions; barely two months and three weeks into the start of the 2016/2017 academic school year. The International Crisis Group (ICG) later reported that armed "self-defense" groups began arson attacks on schools, shops, and markets, and this was closely followed by attacks on schools, students, teachers, and other educational personnel (Humanitarian Bulletin,2018).

The escalating tensions and hostilities between the Government's Armed Forces (GAF) and Non-State Armed Groups -NSAGs (the Amba-Boys-separatists), by 2017 had grown into a

full bloom war conflict and led to many agonies of wars, constant fighting, and unrest, burning to ashes of more than 300 villages, significant internal displacement, loss of lives, arson attacks and grounding of many schools, loss of property, and fleeing of many people to bushes for safety. All these were as a result of what is called the "Anglophone problem" that led to "Anglophone Marginalization" and finally the conflict revolution called the "Anglophone Crisis" encompassing the political, cultural, linguistic, educational, legal revindications, and a clamor for an Independent state called the "Republic of Ambazonia" (Intl Medical Corp Need Assessment, 2018).

According to World Health Organization (WHO,2014), armed conflicts such as the Anglophone crisis in Cameroon have been a key contributing factor to determine the prevalence, onset, and course of common mental illnesses in many young people. It has predisposed young people to all forms of War traumatic exposure/ experience, Stress, General Anxiety Disorder (GAD- restlessness, fatigue, tensed muscle and interrupted sleep), Depression, Phobia (agoraphobia-fear of open space, claustrophobia-fear of enclosed space, and social phobia-fear of being negatively judged), psychosomatic problems (insomnia, blackout, stomach aches, and grief symptoms), panic disorder (panic attack- overwhelming terror and sense of disaster and death), mood disorder (mood swing) as well as post-traumatic stress disorder (PTSD-flashback, nightmares, severe anxiety and uncontrollable thoughts about events.

According to WHO (2015), mental health has to do with our emotional, psychological, and social well-being. The way we think, feel, and behave, determines our mental wellbeing and this helps determine how we handle stress, relate to other people and our environment, and make choices in life. Mental wellbeing, therefore, stands of great importance at every stage of our developmental life - from childhood through adulthood and our aging process.

Mental health disorders, on the other hand, presents to us a wide range of mental health conditions that affect our mood (feelings), thinking (thoughts), and behavior (actions). Some of these mental illnesses include stress, depression, General anxiety disorders (GADs), Post-Traumatic Stress disorders (PTSD), behavioral disorders, and addictive behavior, and varied forms of personality disorders (WHO,2015).

Proper mental wellbeing enables an individual to function in an efficient, satisfactory, and sustainable state of mind. In this state, people can make a good response, have vitality, and fully demonstrate their inner potentials. Key components of mental health include our thought (a cognitive component of mental health), our feeling (emotional/sensory component of mental health), and how we act - the behavioral component of our mental wellbeing. Mental health is so important in that it affects our relationship with others, it affects our learning process and mental health issues can lead to other issues such as experimenting with drugs or alcohol, being sexually promiscuous, being hostile and aggressive, taking irrational risks in behavior (WHO,2014).

**1.3 Statement of the Problem**

Bamenda has been marked by gun battles, kidnapping for ransom, indiscriminate killings, and general social unrest. Schools shut down and young people stranded, many gone homeless, internally displaced, and have been opened to a spectrum of Trauma. Young people have been the prime target of the crisis and many have been living in extreme fear, stressful life situations, anxiety, and depressive mood as a result of the armed conflict.

The researcher in the course of his exposure to this crisis witnessed a good number of these youths aged 15-30 years, recruited into the pro-independence fighters or the Separatists called the Amba-Boys/Girls, and were being intoxicated with a lot of “high drugs” and all sorts of cult initiations for negative energies to fight the Cameroon military forces. A lot of social ills

have been registered including a skyrocketing level of teenage pregnancy, rape, and many other forms of abuse.

With all these traumatic exposures and experiences, little attention has been paid to the longer-term mental health and psychological distress plaguing the lives of the masses especially the young people. The findings of this study on the Anglophone Crisis and the Mental Health of young people, therefore, stand tall to respond to this outcry and address the state of the mental wellbeing of young people in Bamenda council of Cameroon.

**1.3 Research Objectives**

The main objective of this study was to explore the influence of the Anglophone crisis on the mental wellbeing of young people of the Bamenda city council in the North West Region of Cameroon. To achieve this, the researcher designed the following objectives for the study:

i. To identify the types of war trauma that young people have been exposed to, in Bamenda city council area, Cameroon.
ii. To explore the prevalence of generalized anxiety disorder (GAD) and major depressive disorder symptoms among young people of Bamenda city council area, Cameroon.
iii. To examine the symptoms of post-traumatic Stress disorder in the life of young people of Bamenda city Council area, Cameroon.
iv. To establish the various psychosocial supports and other forms of interventions for young people of Bamenda City Council area of Cameroon.

**1.5 Research Questions**

The research questions include the following:

i. What are the various types of war trauma experienced by the young people of the Bamenda city council area in Cameroon?

ii. What is the prevalence of generalized anxiety disorder (GAD) and major depressive symptoms among the young people of the Bamenda city council area of Cameroon?

iii. Is there the presence of Post-Traumatic Stress Disorder (PTSD) symptoms manifesting in the life of the young people of Bamenda city council area of Cameroon?

iv. What are the various psychosocial supports and other forms of interventions for young people of Bamenda city council area of Cameroon?

**1.6 Significance of the Study**

The study stands of great benefit to young people from Bamenda and other youths who must have been exposed to the war agonies of the Anglophone crisis in Cameroon. It shall be a psycho-educational tool for young people, especially in the Bamenda city council area.

This study is of great benefit to the Senior Divisional Officers (SDO), Divisional Officers (D.O), Government Delegate (GD), and the various mayors of the three municipalities of the Bamenda city council. It shall help to enhance proper policies put in place to cater for the mental wellbeing of young people and those affected by the crisis. It shall create more awareness and the need to pay more attention to the psychological/mental health support of young people in all the municipalities of the Bamenda city council.

This study is very necessary to mental health service providers and to teachers and parents who are the direct educators of children and young people. As primary and secondary educators of young people, a proper understanding of what mental health is and how to monitor behavioral manifestation that indicates deviations across the spectrum of societal expectation shall require a study like this to empower them with the necessary knowledge and tools which the researcher strongly believes is still conspicuously absent in the Bamenda city council area.

The study is of great significance to the researcher. It has enriched the researcher with knowledge from fieldwork, served as the researcher's contribution in the area of research, and enabled him to fulfill the condition for successful completion of the degree of Master of Arts in Psycho-Spiritual Therapy and Counseling.

**1.7 Scope and delimitation of the study**

This study targeted all the young people in the three municipalities that make up the Bamenda city council. It delimited to young people aged 15-30 years, and this was informed by the fact that in the Anglophone crisis, young people of this age group were mostly the target and went through a lot of war trauma exposure/experiences. Even though the older people, parents, and even children have gone through the war-trauma experiences of the Anglophone crisis, but the researcher strongly believes that the findings of this study will aid them to see the way forward too; in better understanding and handling mental health-related issues for their mental wellbeing.

According to the information from the National Institute of statistics (2018), young people from ages 15-30 make up about 50% of the total population of young people in Bamenda, giving a total of about 3000 young people. The researcher further delimited this study to a study population of 314 young people for data collection.

**1.8 Theoretical Framework**

**Karl Marx's theory on social conflict**

This study is informed by the social conflict theory developed by Karl Marx in the 19th century. Karl Marx (May 5, 1818 – March 14, 1883), was a German philosopher, socialist revolutionary advocate, and author of the seminal works that influenced generations of political leaders and socioeconomic thinkers. He is noted for the Communist Manifesto and the three-

volume Das Kapital. As the Father of Communism, his ideas gave rise to serious revolutions and brought about the toppling of centuries-old governments, and this became a strong foundation for the political systems that are still dominating most of the world's population (Crossman, 2020).

According to Wallace and Wolf (2016), Marx's conflict theory focused on the conflict between two main classes, and each class is made up of a group of people defined by collective interests. According to Karl Marx, those who held a majority of the wealth and the means of the society were known as the Bourgeoisie, while the laborers, the commoners, or the less privileged were referred to as the Proletariats. Marx saw conflict or class antagonism existing between the owners of the means of production (the Bourgeoisie) and the laborers (the proletariat). This conflict is what brings about revolutionary crisis and lies behind the primary means of change in every society.

According to Barnard, et al., (2004), another idea that Marx developed is the concept of false consciousness. By this, he was referring to any condition in which the beliefs and ideology of a person are not in the person's own best interest. This was deduced from the ideology of the dominant class (the bourgeoisie) often imposed on the proletariat class. This false consciousness appears consistently throughout history and presents itself in a country like Cameroon where the chiefly English speakers had to mount resistance as a result of the prolonged perceived sense of marginalization of the Anglo-Saxon culture and the imposition of the French culture.

Present Cameroon is a country whose founding accord was said to be a bi-lingual, bi-cultural, and bi-judiciary system, but over time, those of the Anglo-Saxons culture felt being dominated and relegated by the Francophone linguistic, cultural, and judiciary system. To overcome this false consciousness, Marx proposed that this should be replaced with class consciousness that brings about the awareness of one's rank in society and like the case of

Cameroon, a return to the founding accord in which the two systems came together (Barnard, et al., 2004)

According to Boundless (2016), Marx believed that with rising inequality, social tension also rises. The theory stipulates that if the wealth gap and opportunities become too wide in the society among the two classes, social unrest will become obvious and internal conflicts and crises will set in — and that is pretty much what we're observing in society at the moment in Cameroon. Marx went ahead to say that if the changes made to appease the grievances of those revindicating maintains the dominating class, then the new cycle of conflict would arise. However, if these changes give rise to a new system that would bring about class consciousness, then peace and stability would be achieved (Boundless, 2016).

**Main assumptions of Marx's conflict theory**

Conflict theorists share the view that competition is a constant in every society and very often, an overwhelming factor in most human relationships and interactions. This competition is often a result of the scarcity of resources in society. Each time imbalance sets in, or an experience of power drift, or even something that disrupts the basic equilibrium between different social classes in every system, a crisis is likely bound to emerge (Boundless, 2016).

According to McClelland (2000), in this conflict theory, four primary assumptions are helpful to understand: competition, revolution, structural inequality, and war. McClelland talks about the following assumptions in Marx's conflict theory:

I. In society, the governments, companies, or other larger entities often try to prevent or manage conflict by reallocating resources and embracing the implementation of distributive justice. Very often all these are done not necessarily for the welfare of the masses but rather to reduce or prevent conflict.

II. That individuals and groups not only compete for material resources, but they can even go beyond to compete for intangible resources such as leisure time, social status, sexual partners, power and dominance, and many other factors. This according to the conflict theories makes competition a default, rather than the cooperation of members.

III. They assume that conflict in any society often leads to a revolution and so, change of power between the concerned groups may not necessarily be as a result of adaptation but is often as a result of internal conflict.

IV. An important assumption of conflict theory is that human relationships and social structures all experience inequalities of power. And so, the privileged groups or individuals that benefit from a particular system often make sure they work very hard to maintain those structures to retain and enhance their power.

V. Conflict theorists tend to see war as growing from cumulative conflict between individuals, groups, and larger inter-societies and so they assume that war comes in either as a unifier or as a cleanser of societies (McClelland, 2000).

### 1.8.1 Strengths of Marx's conflict theory

According to the Manifesto of the Communist party, conflict theory has been used to explain a wide range of social phenomena. These phenomena include amongst others discrimination, domestic violence, wars, poverty, and revolutions. It brings about lots and lots of the fundamental developments in human history, such as civil rights and democracy and exposes the capitalistic attempts to control the masses in the society where their stronghold is visible. Key to the conflict theory is a division of resources, social inequality, and the conflicts that exist between different socio-economic and political classes (Marxist Internet Archive, Access August 10, 2020).

One of the strengths of this theory is that it seeks moral ends: the emancipation of humanity from false claims of universality. This is when one group takes power and seeks to justify it because it represents freedom for all when in effect what they are not saying is that it is freedom for them. This mode of "unmasking" is a very attractive element of the critical/conflict theory (McClelland, 2000).

Unlike the fundamentalist theory, conflict theory recognizes that change happens in every society, and very importantly, the conflict theory reminds us that there is a conflict of power, resources and money, and other key factors that form the societal strata. The theory equally points out the underlying reasons for conflict in society. The theory equally proposes some remedies that can be put in place for social problems especially in the keen interest it puts on distributive justice in every society (Boundless,2016).

### 1.8.2 Weaknesses of Marx's conflict theory

According to Boundless (2016), modern criticisms of this theory could be captured in the following: That it focuses on conflict to the exclusion of stable economies and societies and that the theory cannot be extended into a microeconomic scale, including family systems. According to the critics, the theory often excludes intersectionality, which describes the network of attributes that make up a person's identity and overlooks the positive societal trends, such as humanitarian works and peace-driven organizations. The theory does not consider and include members of the society who move into upper social classes through means of merit or skill for instance in career promotion, educational advancement, sports careers, etc.

### 1.8.3 Justification for the choice of this theory

A very important aspect of this theory is that it views social, economic, and political institutions as key factors to the constant battle existing between various classes and groups in

society (Crossman,2020). All these variables including many others such as educational system, culture, the legal system, and political affiliation, and linguistic connotation are key social variables that are at the root cause of the Anglophone crisis in Cameroon.

Also, from the pattern of class or group theory where one group or class of people is considered or seen as having the power of influence over another, the group or the class that is dominated or has less power of influence at one moment starts to demand a share of resources. This stems from the obvious fact that the less fortunate class of people feel marginalized and sideline from equity and distributive justice as they watch the more fortunate class or group living in affluent. As a result, it leads to social conflict (McClelland, 2000). This is a clear reflection of the big picture of the Anglophone crisis whose main independent variable is the perceived marginalization of the Anglophone minority in Cameroon as expressed in both economic and societal situations.

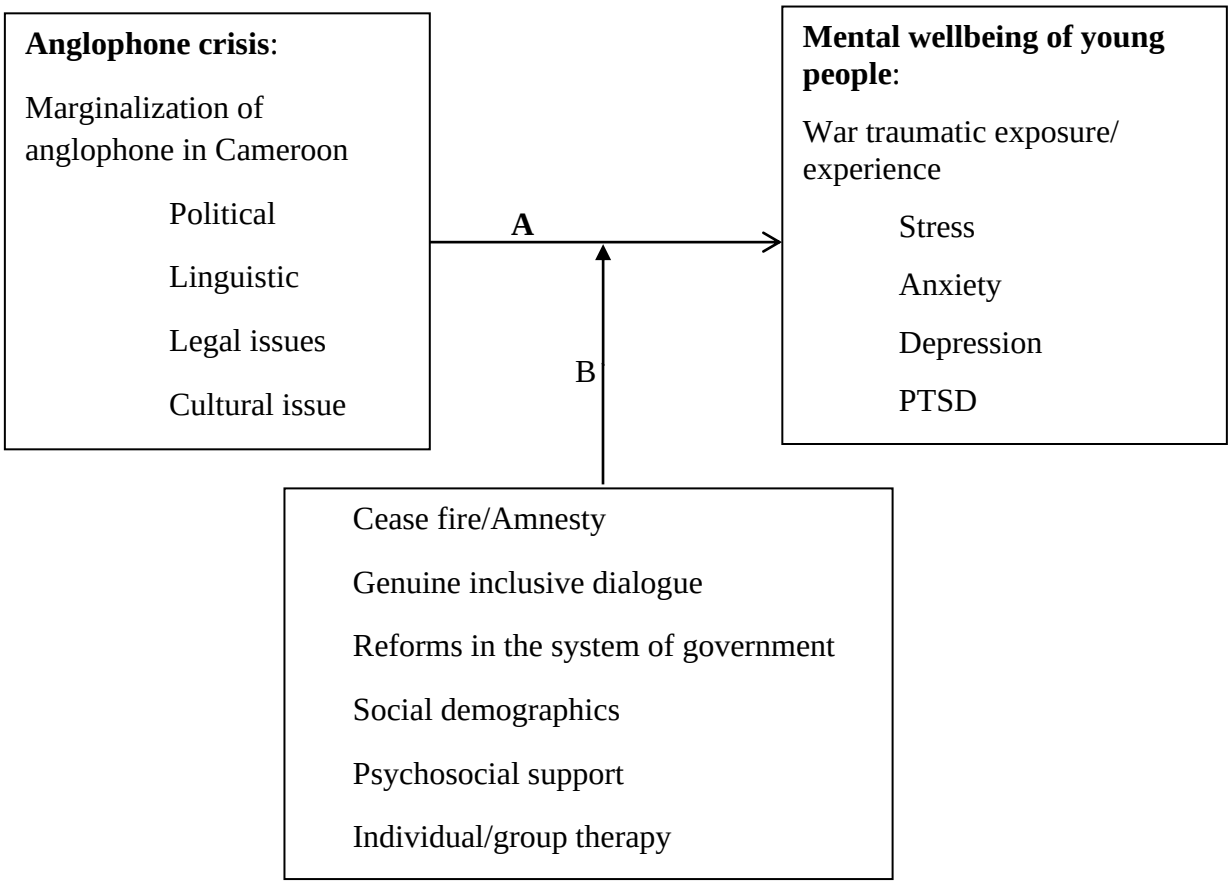
Another important area of this theory whose application catches the interest of the study is the inherent tracking systems in the public education system that has created their class stratification. Gifted and advanced students (who are more likely to be from families with time and financial resources that aid educational success) receive skills that prepare them for college and future careers (Crossman, 2020). This justifies the choice of this theory because one of the grievances raised has been the unequal weight in national opportunities of the educational systems in Cameroon. National opportunities of future becoming have been more inclined to the Francophone system of education to the disadvantage of the Anglo-Saxon system of education.

Another inequality has been expressed in the linguistic connotation in Cameroon. Cameroon is considered a bilingual country in which English and French are supposed to be the official languages where you can express yourself freely in any public function or any public

office. Among the variables of marginalization is this relegation of the English language from key functions and many public offices in the Country even in offices in the regions where the English language is mostly spoken. This brought about structural inequality and gave a push to revindication (Ellis,2019).

The social-political factors (political, linguistic, legal, and cultural) that form the independent variables for this study have been well exposed in Karl Marx's Conflict theory as factors that bring about inequalities in society. This makes the theory very suitable and appropriate for the theoretical framework of this study.

**1.9 Conceptual Framework**



**Interaction of the Variables**

The main independent variable of this study is the perceived deep sense of Marginalization by the anglophones in Cameroon that was expressed at a political, linguistic, legal, and cultural level. Toman (2020), the revendication against this marginalization in what was termed the “Anglophone problem” in Cameroon stands out as the main independent variable to the Anglophone crisis that resulted in the escalation of tension which mounted from diplomatic talks and letters through protest by the Consortium of Teachers and lawyers syndicates and finally reached the full bloom Armed conflict war in what is now referred to as "the Anglophone crisis" (Ekah, 2020).

As a result of this Independent variable, the young people in Bamenda central became exposed to war traumatic events as well as all kinds of agonies of war. Some of these include cases of sexual violence, torture, combat, kidnapping, and being taken to the Amba camp, killing of a friend or family member, restless, and forced displacement. The study has a keen interest in how all these exposure/experiences to agonies of war, violence, and stressful events have affected the mental health of young people in Bamenda -Cameroon.

The dependent variables which this study focused on include: the prevalence of common Mental health illnesses in the life of young people such as anxiety, depression, Post-Traumatic Stress Disorder (PTSD) (symptoms such as flashbacks, nightmare, uncontrollable thoughts about events, and hallucination), and Psychosomatic problems (such as insomnia, backaches, and constant headaches).

The study has equally advanced some moderating variables that if properly put in place in a genuine amount will alter on a positive note this anglophone crisis and ameliorate these

dependent variables to bring peace. These include Ceasefire/Amnesty, Genuine dialogue, reforms in the system of government, Psychosocial supports, and Individual/group counseling.

**1.10 Chapter Summary and Conclusion**

This chapter expounded on the background of the Anglophone crisis and its escalating development in the chiefly English-speaking part of Cameroon. Enumerating the various agonies of the crisis, it became vividly clear that the mental health of young people had become a call for concern amidst the crisis. The lack of attention in this domain became the driving force for the main research objective. The Socio-political factors formed the independent variables and these were captured by Karl Marx's Conflict Theory that informed the theoretical framework of this study. The theory identified these socio-political factors as being the reason behind the inequalities in society.

The conceptual framework indicated how the presence of these independent variables led to young people's exposure to War traumatic exposure such as stress, anxiety, depression, and PTSD. The chapter culminated by advancing moderating variables such as ceasefire/amnesty, genuine inclusive dialogue, reforms in the system of government, Social demographics, Psychosocial Support, and Individual/group therapy. The next chapter shall dwell extensively on the related literature reviews for this study.

# CHAPTER TWO

# REVIEW OF RELATED LITERATURE

## 2.1 Introduction

This chapter reviews related literature from other writers in connection with the Anglophone crisis and mental health of young people in Bamenda-Cameroon. The various research objectives are modified to form the various themes under which the related works of literature are reviewed. The chapter concludes with a general summary of the various reviewed related kinds of literature and knowledge gap, which this study sets out to address.

## 2.2 Review of Empirical Studies

### 2.2.1. War trauma experienced by young people

Many studies have confirmed that stressful life events, exposure to war trauma, and exposure to traumatic events not related to war trauma such as socioeconomic status, could be considered as risk factors for PTSD, depression, anxiety, and stress.

Jong, et al. (2014) conducted a study to investigate how the mental health of children is affected by exposure to war-traumatic events. This study population is composed of 1029 students of the age group 11-17 years from 42 different countries around the world. This study equally included stressors and exposure to other traumatic events not related to war trauma such as accident, poverty, having a terminal illness, and many others. The findings showed that the boys were more exposed to personal trauma, seeing the demolition of property, witnessing trauma to others, and overall traumatic events compared to girls. Girls reported more exposure to life-threatening events, stressful life situations, depression, PTSD, and exposure to trauma not related to war trauma. In total, a high number of students (54%) were diagnosed with PTSD.

With the publication of DSM-5, a lot of modifications have been affected for both categorical naming and dimensional rating which modified the tools used for this research and the findings made the criteria for the DSM-5, unlike the reviewed empirical study that made use of DSM-IV tools. Using the study population of 314 and a target population of young people aged 15-30 years, this study revealed an overwhelming majority (70%) of young people diagnosed with PTSD. The two studies confirmed the findings give a strong positive correlation in affirming the findings of each other.

Somasundaram, et al. (2010) conducted a study on the types of war-related stress and their psychosocial sequelae in those seeking health care in a situation of chronic conflict in Jaffna. The study population was made up of 68 participants who were randomly sampled from G.H. Jaffna and DH Tellipallai. The findings revealed considerable similarities of both direct and indirect stressors between the two populations as far as war traumatic events exposures are concerned. There was high somatization (57%), usually coexistent with mild organic illness. Anxiety (48%) and Depression (34%) and 42% had post-traumatic stress disorder. Altogether 82% had identifiable Psychosocial problems.

In this study, the sample size was 314 young people that were randomly sampled, and the findings became much more visible in the various ways the Anglophone crisis had affected the mental health wellbeing of young people of Bamenda city council area in Cameroon. A majority 64% of these young people were found to have been exposed to various forms of war-trauma events, 79% identified as suffering from anxiety, 71% were in depression and 70% of young people were already manifesting symptoms of PTSD as a result of the effect of the Anglophone crisis in Cameroon.

Wong, et al. (2013) did an investigation on the impact of the humanitarian crisis in the occupied Palestinian territory on people and services. The findings showed that more participants (38%) reported that shooting was the main issue followed by violence on TV that registered 34%. A small percentage (11%) reported the arrest and beating of relatives and neighbors while the least (7%) cited confinement at home. Furthermore, Quota, et al. (2013), in a series of studies during the last 10 years from the Gaza Community found out that the most prevalent types of trauma exposure for children and young people were witnessing funerals, witness to the shooting, seeing injured or dead strangers and family member injured or killed. All these findings are equally confirmed by this study through data collection and analysis and went further to present other traumatic related exposures that most of the participants identified with that were not captured in the empirical study.

**2.2.2 Prevalence of anxiety and depressive symptoms among young people.**

Martin et al. (2014), conducted a study on Post-Traumatic Stress Disorder in adolescent victims of sexual abuse in Quebec-Canada. The study used a logistic hierarchical regression while data was drawn from Quebec Youths' Romantic Relationships survey using a sample of 8194 youths enrolled in secondary 3 to 5 using a questionnaire. The study established that the type of sexual abuse experienced, resilience levels, maternal well as peer support contributed to the prediction of symptoms of Post-Traumatic Stress Disorder. The study noted that teenagers were more likely to display clinical levels of PTSD symptoms as they are more exposed to trauma and adverse life events. Girls were found to be more likely to express high levels of trauma than boys.

This study is important in informing the current study on how levels and types of traumas affect young people. It also shows the importance of having support systems such as

parental care and peer support. However, it focused on traumatic stress caused by sexual abuse only. Mindful of the many war traumatic experiences and exposure that the findings of this study have revealed about the Anglophone crisis and the young people of Bamenda city council, the researcher finds this reviewed study just *a tip of the iceberg* given other related traumatic stressful events that have been addressed in this study.

Thabit et al. (2008) in a study conducted by the Gaza Community Mental Health Program among children aged 10-19 years revealed that most of them (50%) suffered from moderate PTSD symptoms followed by 33% of the respondents that were diagnosed as suffering from severe symptoms of post-traumatic stress disorders requiring psychological interventions. 16% of the respondents reported mild symptoms, and only 3% had no PTSD symptoms. They further observed that young people were more emotionally vulnerable to the devastating effects of a disaster and crisis as a result of their developmental statutes. Mohan, et al. (2013) studied the pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants in the 30 years of conflict between the majority Sinhala and minority Tamil population in Sri Lanka.

The study looked into the psychological effects of the conflict on the civilian population especially young people using an epidemiological survey. From their findings, psychosocial sequelae were seen in 64% of the population, including somatization (41%), PTSD (27%), anxiety disorder (26%), major depression (25%), alcohol and drug misuse (15%), and functional disability (18%). The study further revealed that young people had higher mental health morbidity and were more vulnerable to stress, fear, anxiety, depression, and post-traumatic stress disorder.

In this empirical study, those who were already suffering from posttraumatic stress disorder (PTSD) developed symptoms such as emotional numbness, anxiety, agitated behavior intense fear, disorganized or depression after being directly exposed to or witnessing an extremely traumatic situation involving threatened death or serious injury. Victims of repeated abuse or children who lived in violent neighborhoods or war zones, or who have witnessed extensive media coverage of violent events were more pruned to experience PTSD. These experiences have been confirmed by this present study through data collection and analysis and information from a majority of the respondents who participated in the interviews showed that social media exposure contributed to the negative outcome of their mental health as videos and pictures brought so much anxiety and unrest.

Longman, et al. (2010) investigated the physical health problems of the survivors of the genocide in Rwanda. The findings showed that respondents who met PTSD criteria were less likely to have positive attitudes towards the Rwandan national trials, suggesting that the effects of trauma need to be considered if reconciliation has to be successful. This empirical finding became an important point to envisage Cameroon after the Anglophone crisis especially as one of the key factors that will enhance reconciliation. The findings of this present research are already a step along the way towards paying keen attention to the mental health of young people for future reconciliation.

Paardekooper, et al. (2014) carried out an exploratory study on the psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda. The findings of this study revealed that symptoms of PTSD and depression were found to be highly prevalent among Sudanese youths living in the refugee camps. Refugees had higher rates of individual psychopathology than the general population, and it was observed that the

cumulative stress grew as the years in exile progressed. The consequences of long-term exile were still present 5-15 years later, with an increase in the rates of suicide and alcohol use. United Nations Children's Fund (UNICEF), carried out another related study on child protection in Somalia. This study carried out on ex-combatants in Somalia found high psychiatric morbidity. This study found evidence of the psychological effects of the prolonged conflict situation in a high proportion of a sample of 10,000 children and unfortunately, a near-total disruption of the mental health services in the country was found (UNICEF,2015).

According to Wani, et al. (2018), armed conflicts are on the rise all over and the majority of the sufferers of these conflicts are children and young people. The article aimed at presenting a review of literature on the effects of armed conflict on the mental well-being of children who are caught in them and also highlight the changing trends of research in this direction. To provide a comprehensive review, data were collected from PubMed, PILOTS, and WILEY to estimate the prevalence of post-traumatic stress disorder (PTSD), anxiety, depression, and psychosis suffered by children exposed to armed conflict. Data was also collected on the positive functioning of children and young people in armed conflict. The findings of this reviewed study have been further confirmed by this study that went further to use concurrent nested design to ascertain that the prevalence of the mental disorder in children and young people exposed to armed conflict is far greater than the general population.

Charlson, et al. (2019) did a systematic review and meta-analysis of the studies published by WHO from January 1, 2000, to August 9, 2017, on the prevalence of mental disorders such as anxiety disorder, depression, PTSD, schizophrenia, and bipolar disorder, in emergency and crisis settings. This analysis revealed that an estimate of 22% of the prevalence of this mental health at

the point in time in the conflict-affected populations assessed. The overall findings of this study showed that the crisis of mental disorder is very high in conflict-affected populations.

The finding of this reviewed study also concurred with the finding of this study where a majority of the participants manifested high symptoms of post-traumatic stress disorder and a very high prevalence of stress, anxiety, and depression.

### 2.2.3 Presence of general post-traumatic stress disorder (PTSD) symptoms

Exposure of young people to emotional trauma can be catastrophic. According to Cohen (2017), the reactions to traumatic experiences include fear and anxiety, psychosomatic symptoms, sleep disturbances, depressive symptoms, antisocial behavior, fear of separation from loved ones, and physical complaints (such as headaches or stomach pain). Cohen further pointed out that when children and young people are exposed to violence, they become prone to significantly higher heart rates than those who lived in nonviolent zones.

Jayuphan, et al. (2020) compared the effects of direct and indirect exposure to armed conflicts on the mental health of primary school pupils in the three southernmost provinces of Thailand. Out of 941 pupils that were used for the study population, almost half of the respondents reported having had direct exposure to an armed conflict event. It was further revealed that those who had this direct exposure to an armed conflict had two times higher odds of mental health problems than their peers. The findings equally revealed that children living in armed conflict areas of southern Thailand, without any direct exposure to traumatic events, also suffered from mental health problems.

On the contrary, the participants of this present research were exposed to many traumatic events and the study collected data from the most targeted age group that has suffered a lot from traumatic exposure. The fact a majority of the participants of this research were young people in

Secondary school, high school, and University, added value to this finding since they are in the age of reasoning and could easily name exactly the kind of traumatic event they have been exposed to, and defined exactly the mental health symptoms they were going through.

Mann, et al. (2016), indicated that millions of children (age 0-6) have been maimed, displaced, orphaned, and killed in modern warfare that targets civilian populations. The systematic review of this study comprising 35 studies examined the effects of exposure to war, conflict, and terrorism on young children and the influence of parental factors on these effects. Results showed that effects include post-traumatic stress disorders and post-traumatic stress symptoms, behavioral and emotional symptoms, sleep problems, disturbing play, and psychosomatic symptoms. There was evidence of a positive correlation between parental and children's psychopathology and very interestingly was the fact that the family environment and parental functioning emerged as moderators of the exposure.

Jong, et al. (2014) set out to establish a relationship between ongoing war traumatic experience, PTSD, and anxiety symptoms in children, accounting for their parent's equivalent mental health responses. The study population was made up of 100 families, 200parents, and 197 children in the age group 9-18 years, and this was conducted in the area undergoing military violence in the Gaza Strip. The findings revealed that both parents and children reported a high experienced of traumatic events and were diagnosed with high rates of anxiety, depression, and PTSD. In both cases, their mental health was severely affected by exposure to war trauma events.

The data collected for this present study targeted just young people aged 15-30 years and didn't involve parents and caregivers and children of lesser age group. This means other strata of the population need to be taken care of in future research, for inclusive coverage and correlational analysis. Non the less, the findings of this study remain highly useful to the entire

population in the affected regions of Cameroon as confirmed by the empirical study that included families, parents, and children.

Hassan, et al. (2016) in their study on Mental health and psychosocial wellbeing of Syrians affected by armed conflict, discovered that conflict-affected Syrians experienced a wide range of mental health problems including exacerbations of pre-existing mental disorders, new mental health problems caused by conflict-related violence, displacement, and multiple losses, and adapting to the post-emergency context, for example living conditions in the countries or places of refuge and asylum. Children were particularly vulnerable in the survivors of sexual or gender-based violence and exploitation.

According to Bashir, et al. (2019), the 2014 invasion of Girls High School in Chibok in the northeastern part of Nigeria by Boko-haram, which led to the kidnap of over 250 girls continues to generate public and academic curiosity. The psychological effects of this insurgency on various stakeholders are unquantifiable, which has remained a point of departure because its impacts are still unfolding and one of the most shocking horrors of Boko Haram's rampage in West Africa has been the insurgents' ability to turn captured boys and girls into destroyers and killers.

The involvement of children in war has been a disturbing social and political phenomenon. In the 1990s and 2000s, most of the wars in Africa such as Sierra Leone, Liberia, Sudan Angola, Cote d'Ivoire, and Burundi were not without children. Children under the age of 18 were coerced, manipulated, and recruited into fighting forces (United Nations High Commission for Refugee [UNHCR], 2018). The young people in Bamenda also experienced this horrible invasion differently by being forced to join a group of freedom fighters- the Amba boys, without any preparations, protection, and guidance. As a result, many have lost their lives, a

good number still holding guns and a majority are now suffering from mental anguish and a sense of meaninglessness.

### 2.2.4 Psychosocial supports and other forms of interventions

In the last recent decades, psychosocial support (PSS) has increasingly been a very important area of focus in professional mental health care and this has become a very important component of psychological help programs used in places suffering from various forms of crisis that expose the masses to all forms of war-related traumas and other traumatic events not related to war. Many kinds of research have confirmed the effectiveness of psychological and mental health support in every assistance program in the context of ongoing and post-conflict interventions.

According to Torre (2019), many studies have been advocating the need for psychosocial support programs for war-affected populations. He went further to argue that their importance in post-conflict peacebuilding, reconstruction process, and social healing remains a non-negotiable way forward. The recommendations of Torre stand a better place in the present study where the outcry of professional psychological help was enormously absent to the affected population in Cameroon. The present study supports the advocacy of Torre on the need for psychosocial support programs and other forms of professional interventions during and after the crisis in the restive northwest and southwest regions of Cameroon.

According to Griffith, et al. (2015), When children and adolescents are exposed to armed conflict, they are at high risk of developing mental health problems and this seriously affects their mental wellbeing and interpersonal functioning. The study went further to expound that a wide range of psychosocial approaches and professional clinical interventions have been used to address issues related to the mental health of those affected**.** Some of these principal

psychosocial interventions include essential elements that need to promote a sense of calming, safety, a sense of self-and-community, connectedness, efficacy, and hope.

This study stands to point out that the inadequate responsiveness to these issues is especially ignorance, misconceptions, and the very little attention given to mental health-related issues that affect our psychological, emotional, and mental wellbeing. The findings of this present study confirmed the lack of professional mental health service available to those whose mental health has been affected as a result of the crisis in North west and southwest regions of Cameroon.

Shoshoni (2020) recently carried out a study to evaluate the effects of a positive-psychology intervention on adolescents exposed for a lengthy period to war-related stressful events as a result of the violent Israeli–Palestinian conflict. The study population was made up of 2,228 adolescents from four schools in southern Israel. Using a quasi-experimental repeated measures design, pre- to post-test modifications in the intervention and control conditions were assessed in adolescents exposed to low or high political-strife-related life events. The findings revealed a significant difference in changes over time between the intervention and control groups. These changes were noticed in terms of psychological symptoms, compassion, trust, subjective well-being, peace, perceptions of the Palestinians' hostility, and willingness to negotiate with the Palestinians.

Mental well-being significantly improved in the support group over time but declined in the control group. This was highly remarkable in the disposition of the intervention or support group for conflict resolution and hope for peace. In the case of the crisis in Cameroon as of the time the study was conducted, resolutions and hope were still far off and the war was still going on. Hopefully, this research work will be an eye-opener to the powers that be to end this war, to

seek peace and reconciliation, and look for lasting solutions to the root cause of the crisis. This is because it is difficult to start talking about peace, compassion, and trust when those spearheading the crisis are not willing to get to an inclusive and honest negotiation to end the war.

Nsengimana, et al. (2019) conducted a study in Rwanda on Healing Trauma and Building Trust and Tolerance that established that peacebuilding approaches used traditional methods of conflict resolution to address deep wounds from the past, reduce trauma and psychological distress. They helped the victims to build resilience, forgive one another, and enabled them to harness social tolerance. The traditional method was able to address deep wounds of the people and trauma that were the basis for marginalization, grievances, exclusion, and violent tendencies. This method further proved to improve the people's level of trust and the ability to resolve their grievances and revindication in a non-violent way. This implies that healing trauma requires societal acceptance of responsibility for the trauma and reconciliation with the traumatized individual.

Gordon, et al. (2011) in a program in Sierra Leone sought support for community-led traditional cleansing ceremonies as part of mental health intervention. Such ceremonies were found to facilitate a greater sense of self-esteem, counter self-alienation, and brought about community acceptance. In the Khmer refugee camps in Thailand, health services were designed to integrate traditional healers and traditional medicines into the care provided. They found out that traditional support was particularly valuable for individuals complaining of 'sadness, anxiety, fatigue, and insomnia.' This treatment, which incorporates cultural practices, derives its strength from the familiarity and comfort from practices long known to the child, family, and community. Intervention based on traditional practices may be more culturally syntonic and engaging than treatment models imported to war-affected regions from the west.

The present research did not capture a taste of these traditional cleansing as part of the mental health intervention looking at the data collected and analyzed from the field. But from the experience of the researcher as an indigene of that locality, and mindful of the fact that the regions affected by the crisis in Cameroon stand out clearly in their rich and elaborate cultural outlook especially in the grass field region where this study was conducted, future studies could dive into this area and explore traditional interventions put in place to care to mental wellbeing.

Griffith, et al. (2015), advanced a multiple-family group intervention (including individual home visits) in a study population of 30 families living in Kosovo after the war with severe mental illness. These families equally participated in seven therapeutic sessions to psycho-educate them about chronic mental illness and to improve mental health service use among families. Group discussion sessions were equally designed to address therapeutic topics such as psychoeducation, responding to crisis, psychosocial causes and effects of relapse, medication use, and side effects, problem-solving in response to symptoms, building resilience, and accessing professional mental health services. Findings indicated positive effects on both outcomes and indicate the role of group therapy and belonging in a support group during and after crises for the proper process of individual concerns as far as their mental wellbeing is concerned.

According to Jong, et al. (2014), promoting mental health and psychosocial wellbeing in children affected by political violence. According to this handbook, an ecological framework becomes very useful especially when how to improve both long-term mental health and psychological wellbeing using multilevel interventions. Current applications of this theoretical framework with children in adversity have focused on transactions taking place between risk and the various factors meant for protection at different socio-ecological levels.

Considering the target population of this study, the different socioecological levels may include the family, peer groups, school, and wider-community levels where the children and young people live and interact. The quality of interactions at these levels can bring about proper psychosocial support to the youth in crisis or may be a source of unhealthy coping or additional distress. This is clearly expressed when the resources are compromised at any of these levels. It opens up the child to the risk of poor developmental outcomes and poor mental health adjustment increases.

For instance, when war such as the crisis in Cameroon damages the extended support system of the child (family, social, economic, political) that usually foster healthy child development, it affects the general wellbeing of the youth and the family. But when resources across the social ecology are more robust (e.g., family and community acceptance, access to school), children can achieve more positive outcomes, even in the face of extreme hardship, and these have the potential to improve the child's capacity for resilience and to mitigate the effects of conflict experiences.

DeMello, et al. (2020) postulated that those who work in school settings as school psychologists and counselors need to be well informed about the various elements necessary for evidence-based interventions as used in the school context. These elements were identified with social skills training, various relaxation technique, training that is geared towards coping skills and resiliency factors, psychoeducation, mind-body techniques as in psycho-spiritual processing, group support system, and creative-expressive techniques.

Since this study targeted young people and a majority were coming from school-based settings, these advocacy techniques for evidence-based interventions concorded with the study to enhance proper interventions to process those affected by the crisis in Cameroon. This is

important because as many schools that were shut down are gradually reopening, the kind of young people that will be enrolled in these schools coming from the context of the war trauma of the crisis will need special attention for their mental wellbeing.

Uppendahl, et al. (2019) made an in-depth review aimed at analyzing psychological interventions among children in low- and middle-income countries. Thirteen studies were carried out with a total of 2,626 participants aged between 5 and 18 years. The findings showed that the psychological and psychosocial supports and interventions were lacking to effectively address those who were already suffering from symptoms of depression, anxiety, and PTSD.

These findings perfectly corroborate with the outcome of this research work where little or no psychological and psychosocial interventions have so far been put in place to care for the mental health of young people. Data collected revealed the lack of awareness of the population of these professional supports and presented just a case of psychospiritual support received in form of church counseling. This area of professional support and interventions now remains an outcry to effectively care for the mental health of the affected population in the area.

Gordon, et al. (2016) investigated the positive effects of psycho-spiritual techniques among children and adolescent Kosovo refugees in Gaza and high-school students in postwar Kosovo. This treatment lasted for six-week (three hours weekly) and included interventions such as meditation, guided imagery, drawing, biofeedback, autogenic training (a self-relaxation technique to produce a psychophysiological determined relaxation response), genograms, guided movement, focusing, and breathing techniques to reduce symptoms of stress, anxiety, and PTSD. Significant decreases in PTSD symptoms were found across the sample at post-test, with those students in the immediate-intervention group reporting more dramatic positive effects.

Katzenbach, et al. (2017), conducted a study on the effectiveness of a trauma/grief-focused group intervention with war-exposed Bosnian adolescents. A structured, 17- session of psychoeducation and skills program was piloted with promising effects among war-traumatized Bosnian adolescents. The school-based psycho-therapeutic group intervention was implemented by local school counselors. One hundred twenty-seven participants were selected from among the students in the war- exposed schools. The findings showed that there was a significant decline in PTSD and depressive symptoms. Remarkable improvements in maladaptive grief were perceived among intervention participants compared to the group that did not participate in the intervention.

Bannink-Mbazzi, et al. (2009) set out to provide psychosocial support to vulnerable youth in vocational schools in northern Uganda. Youths who scored high in the assessment of psychological distress were offered psychosocial support and case management, as well as doing referrals for youth who require additional professional interventions. Findings revealed that most of the youth were already going through psychological distress such as psychosomatic symptoms, sleeping problems, worries about family, future, and income. These were ameliorated by providing psychosocial support for students and teachers by professional psychotherapists and counselors. This research strongly agrees with the reviewed study to express a strong need for psychological support - such as counseling vulnerable youth and training teachers to provide psychosocial support to students, to be incorporated into general health services and educational programs.

Benner, et al. (2017) advanced on Psychological trauma and social healing in Croatia. This is a school-based curriculum to reduce psychosocial trauma and promote social healing in war-affected children from Croatia that demonstrated a positive result. In their study, teachers

received training in the form of trauma/grief-focused psychotherapy developed in partnership with local social workers and psychologists. Weekly group sessions were conducted with the intervention group over four months.

According to the findings, there was a reduction of stress symptoms in the intervention group, with more positive effects on self-esteem observed among girls. Participants exhibited an increased positive perception of Serbs. No significant correlations were found between trauma exposure, trauma symptoms, and social distance (also called ethnic bias: the degree of one's acceptance of the actions of the other ethnic group.

According to Bryant-Davis and Wong (2013), interpersonal trauma ends up is resulting in long-term physical, psychological and spiritual consequences. The study population was made up of survivors of child and sexual violence, intimacy and community violence, and war. This study built on the Psycho-spiritual protective factors and included spirituality, religious coping, and faith-based approaches to trauma recovery - engagement in behaviors, endorsement of beliefs, and access to support from faith communities. The finding revealed that healthy spirituality and positive religious coping have a deep therapeutic function that may ameliorate psychological distress.

Healthy spirituality and religion become a source of support, wellbeing, and change. This, therefore, calls for the exploration of the faith traditions, beliefs, and cultural practices of persons confronted by the potential devastation of traumatic events in a psycho-spiritual approach.

## 2.3 Research Gap

From the above-related literature reviews, a lot of studies have been carried out within and without Africa on the effects of Armed Conflicts and war trauma on the mental health of young people. These studies have demonstrated how much harm the exposure of children and young people to war trauma and other trauma-events, is caused in their mental health and general psychological well-being. A good number of studies have equally demonstrated various ways in which amid Armed conflict, young people receive psychosocial support, spiritual support, cultural support, and other intervention.

The empirical reviewed literature has left a lot of knowledge gap which the researcher strongly believes this present study stands a better place to fill. These include: The uniqueness of the findings in the literature reviewed for this study which points to the fact that the reality of every armed conflict is unique and the way it affects the young people is equally very unique. So, one cannot generalize these results to young people of the Bamenda city council area in Cameroon because the Anglophone crisis is very different and unique.

Some of the reviewed literature seemed not to demonstrate a target population of young people aged 15-30. The few that tried to demonstrate a similar target population were conducted in a different context. The present study was carried out in the context of the Anglophone crisis in Cameroon. The young people in Bamenda were forced into barbaric war without training, support and many of their families have lost members and property, a majority have now been displaced and have been manifesting a spectrum of mental health disorders.

The reviewed empirical works of literature were conducted post the war. On the contrary, this research is conducted when the Anglophone crisis was still going on, though in a lesser magnitude, and people are still living in insecurity, exposed to war-trauma agonies, and still

afraid to voice their opinions. This research has come to exposed all these agonies and authoritatively present the effect on mental wellbeing. This will certainly unlock up the voices of the people.

A good number of the studies presented in the literature review made use of standardized tools that referenced DSM-IV. With the publication of DSM-5, many changes have been affected in this research with the modified and updated research tools to reflect the categorical and dimensional rating in DSM-5. This makes a big difference in the findings of this present study on the Anglophone crisis and the mental wellbeing of young people of the Bamenda city council area in Cameroon.

All these give a well-informed justification for the researcher to carry this study, to find out various ways that the anglophone crisis in Cameroon has exposed young people to war trauma, and caused them to experience psychological distress; affecting their mental health wellbeing.

**2.4 Chapter summary and conclusion**

This chapter expounded on reviewed literature in line with the anglophone crisis and mental health of young people. The studies were carried out in different countries with different target groups that have experienced armed conflicts and how they affected the victims, especially young people. Among the many reviewed pieces of literature, was the study conducted on the types of war-related stress and their psychosocial sequelae in Jaffna that identified various forms of war trauma agonies and how all these created a long-term impact on the mental health wellness of the victims. Worth mentioning is the study of the pathways from war trauma to posttraumatic stress symptoms among Tamil immigrants and asylum seekers in Sri Lanka and a whole lot of psychosocial sequelae among the Tamil population.

Very surprising is the fact that the recent study conducted on primary school children in Thailand found out that not only were the children exposed to direct conflict suffered from mental health problems but equally the mental wellbeing of those who were indirectly exposed to the conflict was negatively affected. Torre strongly advocated the need for psychosocial support programs and capitalized on their relevance in the ongoing and post-conflict reconstruction process, peacebuilding, and social health. All these became a driving force behind the urgency and the need for the present researched work on the Anglophone crisis and mental health wellbeing of young people in the Bamenda city council area of Cameroon.

# CHAPTER THREE

# RESEARCH DESIGN AND METHODOLOGY

## 3.1 Introduction

This chapter presents the general research methodology used in this study to determine the psychological distress in the life of young people as a result of the Anglophone Crisis in Bamenda city council area, Cameroon. It begins with a clear description of the study locale and then proceeds to spell out the research design chosen for this study. The chapter equally captures the target population, the sample size, and the sampling procedure, the description of research instruments-validity, reliability, and trustworthiness. This is followed by data collection procedures, Quantitative/ qualitative data analysis, and ends with ethical considerations for this study.

## 3.2. Research Design

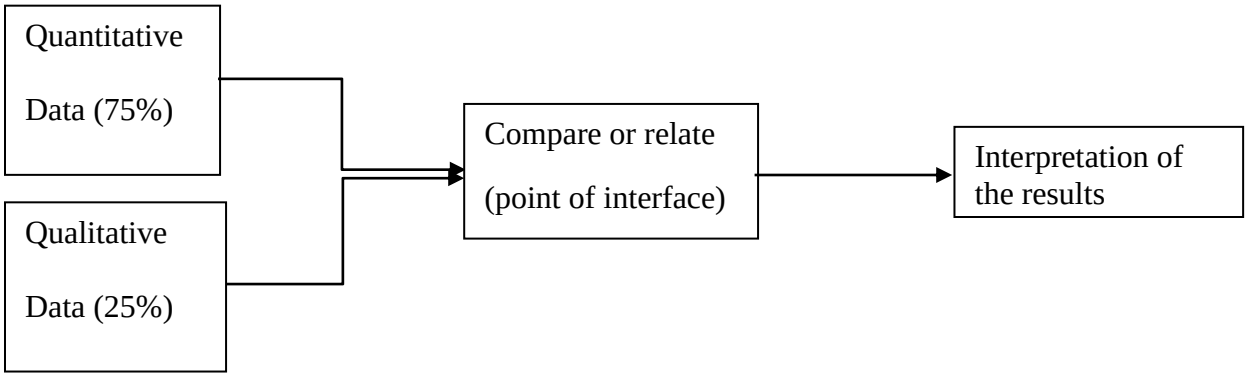
The research design for this study is the concurrent nested design. According to Creswell (2014), a research design refers to the methods and procedures used to collect and analyze data to address the research objectives. The design chosen for a particular study gives the blueprint for data collection, data measurement, and data analysis. Creswell went further to explain that concurrent nested design is an approach when doing mixed methods research that requires data to be collected at the same time or in parallel within the same study and one method (qualitative or quantitative) dominates while the other is embedded or "nested" within.

In this study, quantitative data stood at 75% against qualitative data that was nested or embedded to best understand or develop a more complete understanding of the research problem. For corroboration and validation, the researcher triangulated this by directly comparing the

quantitative statistical results and qualitative findings from the questionnaires and semi-structured interviews.

**Figure 3.1**

*Concurrent nested design*




**Source:** (Cresswell,2014)

### 3.3 Description of the study Location

Bamenda city is the head quarter of the North West region in Cameroon. The city has a population of more than 2 million people and is located 366 kilometers from the nation's capital city of Yaoundé. The landscape is made up of scenic hilly nature giving it a cool climate and is located 1614m (5,295ft) above sea level. The city is made up of Bamenda I, Bamenda II, Bamenda III among other municipalities that make up the Mezam Division; containing the highest number of English-speaking Cameroonians (Mbah,2016). The origins of the city are related to the establishment of the Tikar people who joined the Kingdom of Bamum in the 1700s (Toyin, 2015). In 1884, the city was colonized by Germany until) 1916 when it became a colony administered by Great Britain and France. In 1919, the administration of the Northwest Region and thus the city of Bamenda became only British. In 1961, the region joined Cameroon. The inhabitants are chiefly English speakers (or Anglophones), and the Cameroonian Pidgin English is the main language spoken in the shops and on the streets of Bamenda (Mbah, 2016).

### 3.4 Target Populations

This refers to the total group of individuals from which the sample might be drawn for a particular study. According to Mugenda, et al. (2009), a target population is a complete set of individuals, cases, or objects with some common observable characteristics to which researchers are interested in researching, analyzing, and generalizing the results of their findings. According to the statistics gotten from the National Institute of Statistics in Cameroon (NISC,2018), the target population for this study stood at 3000 young people aged 15-30 living in the three municipalities that make up the Bamenda city council area of Cameroon.

### 3.5 Description of Sample Size and Sampling technique

The sample size for this study was 314 which corresponds to 10.5 % of the targeted population of 3000. According to Mugenda, et al. (2009), a sample size of 10% of the target population is suitable sample size for good research. Field (2005) defines a sample as a small collection unit from a population used to determine the truth about that population. Sampling, on the other hand, refers to a process of selecting some individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group (Orodho, et al.,2002).

For the Quantitative data set, this study used a simple random sampling technique to select 300 participants from among young people ages 15-30 in Bamenda city council in Cameroon. A Simple random sampling is defined as a sampling technique where everyone in the population has an even chance and likelihood of being selected in the sample (Mugenda, et al.,2009).

NISC (2018) distributed the target population for this study as follows: Bamenda I=1500, Bamenda II= 1000, and Bamenda III= 500. The sample size for the 300 participants in the quantitative data set for this study was calculated as follows:

Bamenda I: 10% of 500 = 50 participants

Bamenda II: 10% of 1000 = 100 participants

Bamenda III: 10% of 1500 =150 participants

Informed by this distribution, the researcher used a systematic random sampling technique to select 150 participants from Bamenda III, 100 participants from Bamenda II, and 50 participants from Bamenda I, for the Quantitative data collection. Beginning from the first participant, the technique followed a periodic interval of 3 or simply worked on multiples of 3 to select participants for this study (i.e., 1,3, 6, 9, …, n participants). The researcher found the simple random sampling technique suitable for the quantitative data set in that it is a fair method of sampling and it helped to reduce any bias involved, and it was easy to pick a smaller sample size from the existing larger population. This sampling method became a fundamental method of collecting well-informed data from young people in Bamenda city council in Cameroon.

For a qualitative data set, the researcher used a purposive sampling technique to sample 14 participants different from those in the quantitative sample size, for the semi-structured interview guide data collection. This technique was informed by those who have been directly affected by the crisis. According to Mason (2010), for any qualitative research, a sample size between 10-30 participants is enough for an interview. Mason went further to say that purposive sampling, (also known as judgmental, selective, or subjective sampling), is a form of non-probability sampling in which researchers rely on their judgment when choosing members of the population to participate in their study. The main goal of using a purposive sampling technique

was to focus on particular characteristics of the population of interest, and that enabled the researcher to arrive at the research objectives and answer the research questions. So, the sample was selected based on the characteristic of the population and the objective of the study of the psychological and mental health distress caused by the Anglophone crisis on young people in Bamenda.

**Table 3.1**

***Distribution of participants for the study***

| **Age Group (15-30)** | **Municipality** | **Sample Size** | **Sampling Technique** | **Percentage (%)** |
|---|---|---|---|---|
| **Quantitative Distribution** | Bamenda III | 150 | Systematic random technique | 50 |
| | Bamenda II | 100 | Systematic random technique | 33 |
| | Bamenda I | 50 | Systematic random technique | 17 |
| **Total** | | **300** | | **100** |
| **Qualitative Distribution** | Bamenda III | 7 | Purposive sampling technique | 50 |
| | Bamenda II | 4 | Purposive sampling technique | 29 |
| | Bamenda I | 3 | Purposive sampling technique | 21 |
| **Total** | | **14** | | **100** |

### 3.6 Description of Research Instruments

The researcher developed the research instruments from the research questions. According to Yuko, et al. (2006), research instruments refer to a set of tools that a researcher uses to collect data. Kombo, et al. (2014) emphasized this definition by saying that the research instruments help the researcher to collect accurate data and be responsive to individual differences and situational characteristics.

#### 3.6.1. Questionnaires for 300 Respondents in Bamenda city Council

The Questionnaire for the quantitative data set consisted of five sub-sections:

Section A: Socio-demographic information. This section captured variables such as age, sex, level of education, and municipality in the Bamenda city council, Cameroon. The age was grouped in a class interval size of 4. That is 15-18, 19-22, 23-26, and 27-30. Section B: This section contained items, checked by “Yes” or “No”, to identify the various types of war traumatic events that young people experienced during the Anglophone crisis.

Section C: Anxiety and Depressive symptoms DSM-5 Diagnostic Criteria. The section was composed of items that we're able to capture the presence of common mental health especially anxiety and depression among young people in Bamenda city council. The odd number items (1,3,5,7,9,11 and 13) were designed to measure depression while the even number items (2,4,6,8,10, and 12) measured Anxiety. It was made up of a 5-point Likert Scale ranging from 0 (It doesn’t apply to me) to 4(Most of the time), to do a self-check on how the various statements apply to the young people for at least a month.

Section D: PTSD DSM-5 Diagnostic criteria. This section was made up of items that checked the various effects of the anglophone crisis on the mental health of young people in Bamenda city council. The questions were designed using a five-point Likert scale ranging from

1(Never) to 5(Always), to measure symptoms that meet the criteria for post-traumatic stress disorder (PTSD) in DSM-5.

### 3.6.2 Interviews scheduled for 14 participants in the three municipalities

This section consisted of open-ended questions (semi-structured interviews). Four questions were carefully designed It was carefully designed to collect data for the various research objectives. The first question aimed at identifying the types of war trauma exposure, the second question explored the prevalence of anxiety and depression while the third question was designed to examine the various effects of the anglophone crisis on the mental health of young people. Question four was carefully framed to establish the various psychosocial supports and other forms of interventions for young people of the Bamenda city council in Cameroon.

These were interviews conducted in such a way that further explorations through probing were made for a deeper understanding of the responses given by the participants. The Respondents freely expressed themselves and shared their experiences regarding the guided questions and further explorations.

## 3.7 Validity, Reliability, and trustworthiness of the Research Instruments

### 3.7.1 Validity and reliability

The research instruments for this study were designed from the Diagnostic and statistical manual of mental disorders (DSM-5). These diagnostic items had face and content validity confirmed by the supervisory team and the reliability was attested to by two consecutive pretests conducted on a triangulated participant that were randomly selected from the study locale. According to Shrotryia, et al. (2019), the validity of a research instrument refers to the extent to which the instrument can measure what it is designed to measure. To achieve this optimum validity in this study, both the questionnaires and structured interview guides went through

evaluation by the supervisors. This was to ensure that both face validity and content validity of the research instruments were properly validated (Yeung, et al., 2019).

The internal -consistency reliability of the research instruments used for this study was already established since the research instruments used were standardized diagnostic instruments. According to Ortega-Toro et al. (2019), the reliability of research instruments refers to the extent to which the research instruments produce consistent and reliable scores when administered to the same group of respondents under similar conditions if conducted more than once.

### 3.7.2 The Trustworthiness of Qualitative Data

To enhance the credibility of this study, the researcher engaged in a prolonged and constant discussion and observation of different participants to triangulate the data, regular debriefing exchange discussions with peers to get their point of views, and above all did member checks to crosscheck responses with respondents individually for clarification at the time of data collection. All these were aimed at authenticating the confidence in the truth of the findings. According to Connelly (2016) in Kyngäs, et al. (2020). trustworthiness or truth value of qualitative research and transparency of the conduct of the study is crucial to the usefulness and integrity of the findings. The criteria generally purported for the trustworthiness of quantitative data include credibility, dependability, confirmability, and transferability; they later added authenticity

To ensure dependability, the researcher did a constant audit trial to record every transaction and when it took place. Raw data was carefully secured, re-read, record checked and the researcher’s process notes carried other insights of interest for the study to give the study the

professional attention it deserved. Dependability points out the fact that the findings of the study are consistent and could be repeated (Kyngäs, et al, 2020).

Kyngäs et al. (2020) state that transferability is concerned with the extent to which the findings of the study can be applied to other situations. Since this study was primarily quantitative and qualitative data came in to express more depth into the Quantitative data, this became a suitable way to add more value to the findings gathered from the qualitative data. With this mixed-method approach, the findings could be comfortably generalized to all the young people in the Bamenda city council area of Cameroon.

The researcher had to maintain a very high degree of neutrality of the research interpretation through a confirmability audit so that the findings of this study were shaped by the respondents and not any form of subjective motivation, interest, or bias. This was further strengthened by the research-assistance team that was formed by experts in the field of education and data collections; one legal practitioner (a lawyer) and two final year students-teachers in the Higher School of Education *(École Normale Supérieure*) in Bamenda-Cameroon.

**3.8. Data Collection Procedure**

The researcher began by obtaining a research permit from the Psycho-Spiritual Institute (PSI). This was to be presented to the Divisional Officer (D.O) of Bamenda I sub-division to obtain a letter of permit to carry out the study. The research assistance team met the young people in their natural setting, consented and clarified the aim of the study and its objectives, and guaranteed them that the collected information would only be used for scientific research and strictly kept just for that purpose. After putting in place all these and many other ethical guides, they then engaged the respondents in the data collections.

The research assistant team was carefully selected and they possessed the following characteristics: They were pedagogues and experts in the field of research. All of them were residents in the Bamenda city council that made up the study locale. The researcher found them as strong gatekeepers as far as meeting the target population in their natural setting and collecting reliable information for this study was concerned. Before the data collection, the researcher had three virtual deliberation meetings with the research assistance team to handle in the agenda the budget for the data collections, the ethical considerations and guide during and after the data collections, Covid-19 precautionary measures to be put in place during the data collections, and modalities of how all the collected data would arrive safely to the researcher.

During the data collection period, the researcher was in constant communication with the research Assistance team and remained updated on daily basis. The research team equally worked together with the researcher following purposive sampling technique, to select participants for the semi-structured interview data collections.

### 3.9 Data analysis Procedure

#### 3.9.1 Quantitative Data analysis

After data collection, the researcher serial, coded, and computed data from returned questionnaires with the Statistical Program for Social Sciences (IBM SPSS-25) for data entry and analysis. Data collected on trauma, PTSD, anxiety, and depression were then calculated and presented on Frequency/ percentage distribution tables. According to Jung (2019), quantitative data analysis is all about the systematic transformation of raw data collected from the field into numerical data. Often, it describes a situation or event and tries to give answers to the 'what' and the ‘how many questions you may have about any variable of interest.

The Scoring of the designed Psychometric Research Tools for the quantitative data was as shown:

- Level of trauma = (Sum all % confirmed) / Total No. of items
- Prevalence of Anxiety = (Sum all % even numbers confirmed) / Total No. of items
- Prevalence of Depression= (Sum all % even Odd numbers confirmed) / No. of items
- PTSD = (Sum all % confirmed) / Total number of Items

**3.9.2 Qualitative data analysis**

The research adopted the thematic approach of qualitative data analysis. Raskind, et al (2019) state that it is the thematic analysis of the qualitative data set that can be an essentialist/ realistic method or constructionist method. The essentialist or realistic method reports the experiences, meaning, and reality of participants while the constructionist method examines how events, realities, and experiences affect a range of discourses operating in society. Braun and Clerk (2006) went further to prescribe a six-step approach which the researcher followed in carrying out the thematic analysis of the qualitative data. These include

i. Familiarizing oneself with the collected data: The researcher needs to fully familiarize himself with the data by reading and re-reading the transcripts and listening to the recordings. Having a comprehensive understanding of the content helps in making a good analysis.
ii. Generating initial codes: After familiarizing, there is a need to identify preliminary codes and make them meaningful. The researcher should generate the codes as various themes are identified.
iii. Searching for themes: The third step is the start of the interpretive analysis of the collated codes. Predominant themes either combine or split should be sorted out and extracted.

iv. Revising themes: The researcher then reviews the themes to identify the need to either combine, refine, separate, modify, or even discard some initial themes. Data with similar themes are combined in a meaningful way and unique themes are treated uniquely.

v. Defining and naming themes: At this point, a unified story of the data needs to emerge from the themes. Various themes are refined and defined and possible subthemes even emerge.

vi. Producing the Report: This has to do with interpreting the analysis using compelling and clear examples to relate to the various research objectives or research questions and validating with reviewed literature.

Placing the two data sets side-by-side, the analysis of the two data set was merged for further interpretation. This was followed by comments to describe how the quantitative and the qualitative results supported, confirmed (converge), or differed (diverge) in the results displayed on the frequency distribution tables and the charts for interpretation and generating the reports (Pardede, 2019).

### 3.10 Ethical Considerations

The major ethical considerations in conducting this research include informed consent, beneficence, respect for anonymity and confidentiality, respect for privacy, and COVID-19 precautionary measures. The researcher communicated the purpose of the research and ensured permission was obtained from the rightful gatekeepers before setting out to collect data for this study. Informed consent to the respondents was established to give them the autonomy of voluntary participation and to assure them of their protection and safety during and after the research. Since the interview schedules were done in-person and phone calls, further data protection policies were strictly observed; no publication of interview on media, and the consent

of the participants shall be sort for, to record the interviews. The research team equally ensured fair treatment and respect of all the participants in their right to make their own decisions without coercing anyone to participate in the study.

Throughout the process of data collection, the research team had to ensure that all our actions and words were guided by the principle of non-maleficence- *do no harm*, by remaining focus, professional, and avoiding anything that might have led to danger, exploitation, or anxious concerns in the lives of the participants. Also, the team had to avoid any form of deceptive practices, respect vulnerable populations, remain aware of potential power issues in data collection, and respect the indigenous cultures as well as any regulation from the Bamenda city council concerning the regulations of data collections in that locale.

Moreover, respecting anonymity, privacy, confidentiality, and not disclosing any sensitive information from the respondents remained a very important guiding principle for the research team. Staying professional during and after the research and respecting the ethical boundaries to bracket any possibility of a dual relationship or anything that may cause harm to the respondents remained an upholding ethical guide for the Team members.

With the prevalence of the Covid-19 pandemic, the research assistance team ensured the precautionary measures were strictly observed; putting on a face mask, constantly sanitizing their hands, maintaining social distance, and using single-user Pencils for filling in the questionnaires.

**3.11 Chapter summary and conclusion**

This chapter has exposed the concurrent nested design that guided the researcher throughout this study to collect and analyze data from the targeted population of young people age 15-30 in the Bamenda city council area in Cameroon. The participants were selected from the three municipalities that make up Bamenda city council; Bamenda I, Bamenda II, and

Bamenda III. A sample of 300 young people distributed across these municipalities was selected using a systematic random sampling for the quantitative data set. Equally, 14 participants from the target population were selected for the interview schedules following a purposive sampling technique across the municipalities of Bamenda city council. Questionnaires and Semi-interview guides were designed and administered respectively, to the quantitative and qualitative participants of this study. The instruments used for this study were standardized researched instruments whose validation, reliability, and trustworthiness tests were already established. The information gathered from the field was coded and computed data using the Statistical Program for Social Sciences (IBM SPSS version 25) for data entry and analysis, and the analysis of the two data sets were merged for further interpretation.

The proceeding chapter shall be dealing with data presentation, interpretation, and discussion of findings from the field after data collection and analysis.

# CHAPTER FOUR

# DATA PRESENTATION, INTERPRETATION, AND DISCUSSION OF FINDINGS

This chapter presents the analyses, interpretations, and discussions of the findings of the data collected from the respondents. The chapter begins with the questionnaire return rate followed by the analysis of the demographic information. Thereafter, the analysis is done according to the following research questions and in line with the method of concurrent nested research design: What are the various types of war trauma experienced by the young people of the Bamenda city council area in Cameroon? What is the prevalence of anxiety and depressive symptoms among young people of the Bamenda city council area of Cameroon? Is there the presence of Post-Traumatic Stress Disorder (PTSD) symptoms manifesting in the life of the young people of Bamenda city council area of Cameroon? And What are the various psycho-social supports and other forms of interventions for young people of Bamenda city council area of Cameroon?

## 4.1 Questionnaire Distribution and Return Rate of the participants

The study set out to meet the target population in Bamenda. The participation rate was analyzed from the respondents and the information was presented in table 4.1

**Table 4. 1: Questionnaire Distribution and Return Rate**

| Study Population | Quantitative Respondents | Qualitative Respondents | Total | Percent (%) |
|---|---|---|---|---|
| **Sampled Participants** | 300 | 14 | 314 | 100 |
| **Returned Rate of Participants** | 300 | 13 | 313 | 99.7 |

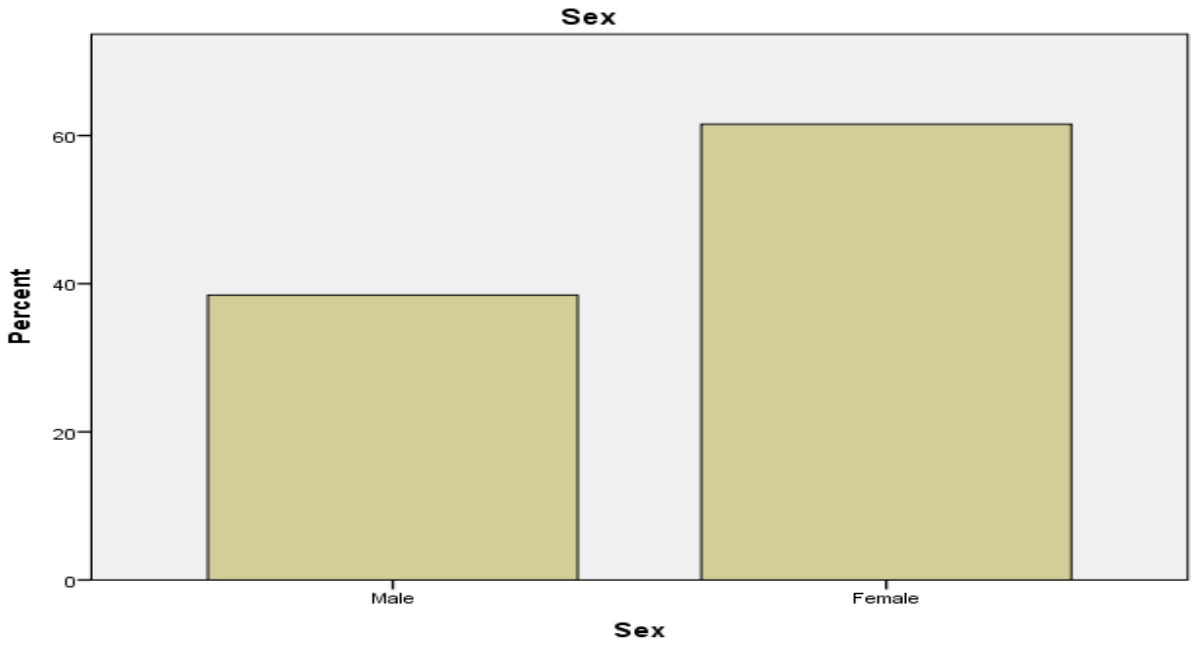
The questionnaire distribution and return rate analysis shows that the study aimed to enlist 314 respondents comprising 300 for quantitative and 14 for a qualitative approach. However, quantitative respondents' participation was 100% while qualitative was 93%. This is explained by the fact that during the interview the biodata of one participant was not captured and when the researcher tried to call later to get the information, the contact of this participant was no longer in service. The return rate could still be described as satisfactory for the study.

**4.2 Demographic Information**

The study sought to establish the demographic information of the respondents to put them in their right perspective. The demographic data included: Age group, sex, level of education, and the municipality of the Bamenda city council.

**Figure 4.1: Gender distribution of respondents for the qualitative participants**

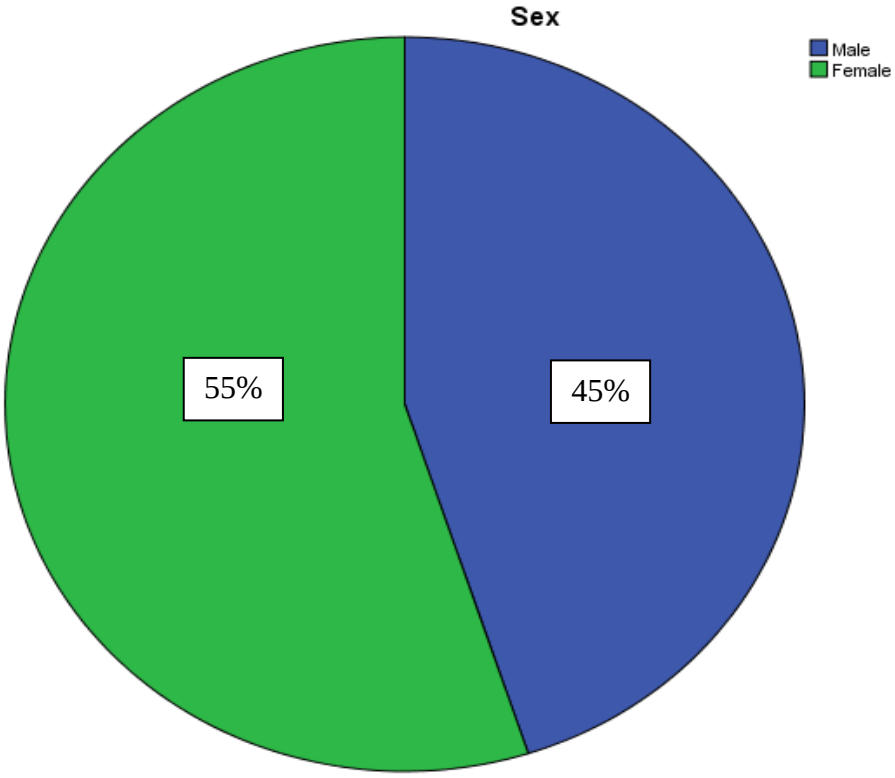
The study explored the gender distribution of the young people of Bamenda city council and the data obtained were analyzed and presented in figure 4.1



There is unfair distribution of participants in terms of sex. The majority of those who participated in the interview were female (60%) while the least of them were male (40%).

**Figure 4.2: Gender distribution of the Self-Administered Questionnaires**

The study examined the gender distribution of the respondents and the data obtained was analyzed and the information was presented in figure 4.2




There is a fairly distribution of the respondents of the Self-administered questionnaires in terms of sex. However, most of those who participated in the study were female (165, 55%) as opposed to their male counterparts (135, 45%). This was a replica of the gender disparity for the respondents who participated in the interviews. One contributing factor is the fact that in this crisis, the male population has been the most targeted and so they spontaneously turned away from interviews. Irrespective of the confidence we tried to build in them and the assurance that

was given that the data would be used only for academics, they seemed to doubt everything and were not ready to participate especially in the interviews.

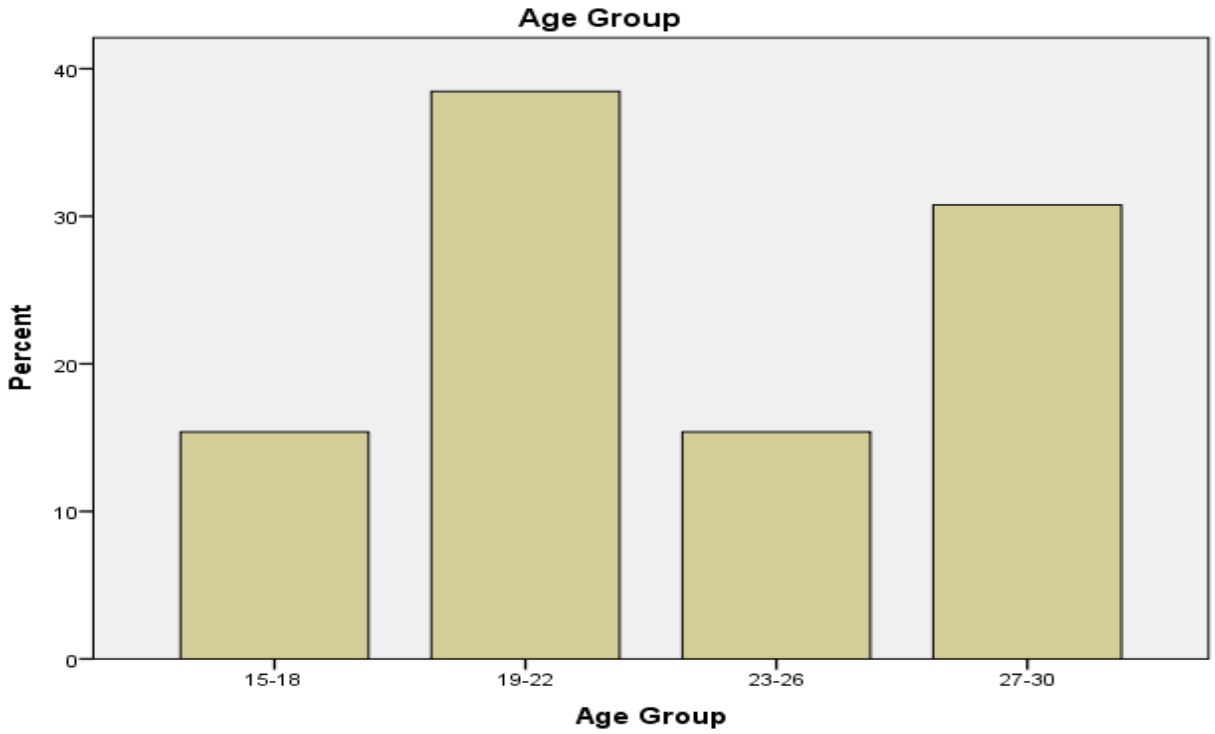
This is supported by the study conducted by Jong, et al. (2014) where they investigated the effect of exposure to war-traumatic events on mental health and most boys reported more exposure to personal trauma, witnessing trauma to others, seeing the demolition of property, and overall traumatic events compared to girls. In the case of young people in Bamenda city council where many of these young boys have become so skeptical and as one told the researcher that their life is no longer safe in the study locale, and attempting to give out any information is a big risk for them.

In the Bamenda city council, it was very easy to meet the female population in the vicinity and since the study followed a simple random sampling technique for the quantitative data, it accounted for the remarkable majority of the female participants in the self-administered questionnaires. For the interview, four of the young boys who were approached by the research team for the interview turned it down and two even ran away for fear of the unknown as one was running away and saying. All these explained some of the contributing factors behind the unequal distribution of the respondents in terms of gender participation.

Nevertheless, this gender disparity had no significant drawback to the outcome of the study since the selection of the participants followed a purposive sampling technique for the qualitative respondents and a simple random sampling technique for the quantitative respondents.

**Figure 4.3: Age Group distribution of the respondents for qualitative data**

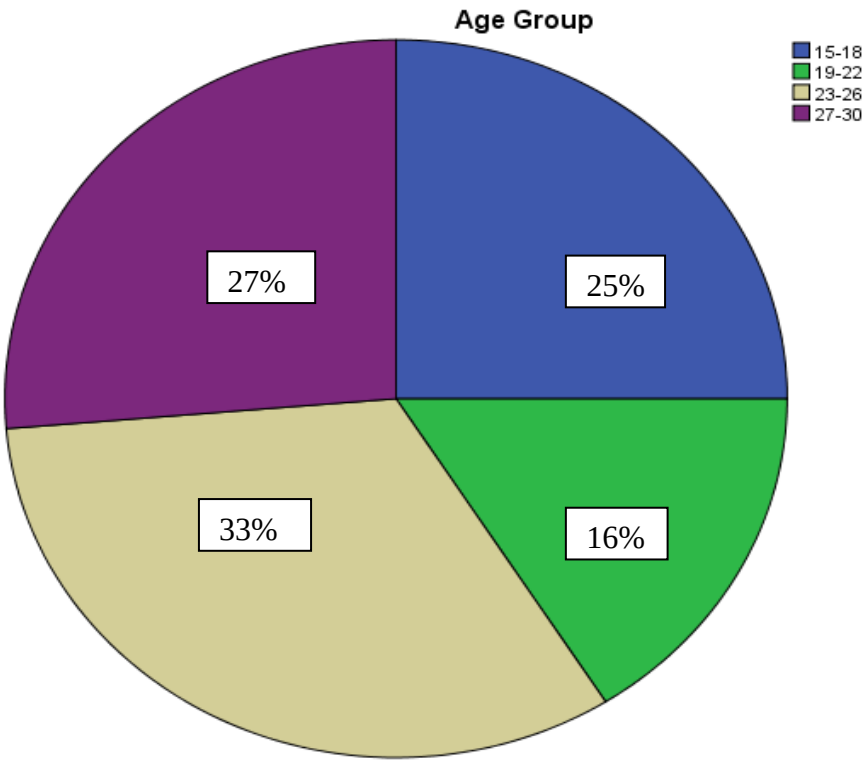
The study placed the respondents into various groups and the data obtained was analyzed and presented in figure 4.3




This information shows that there is an unequal distribution of participants in terms of age group. More of the respondents were those aged 19-22 years (39%) followed by those aged 27-30 years (31%) while those aged 15-18 years and 23-26 years tied the least at 15%.

**Figure 4.4: Distribution of Self-Administered questionnaires in terms of Age group**

The study explored the age group of those who participated in the self-administered questionnaires. The data from the respondents were analyzed and the information presented in figure 4.4



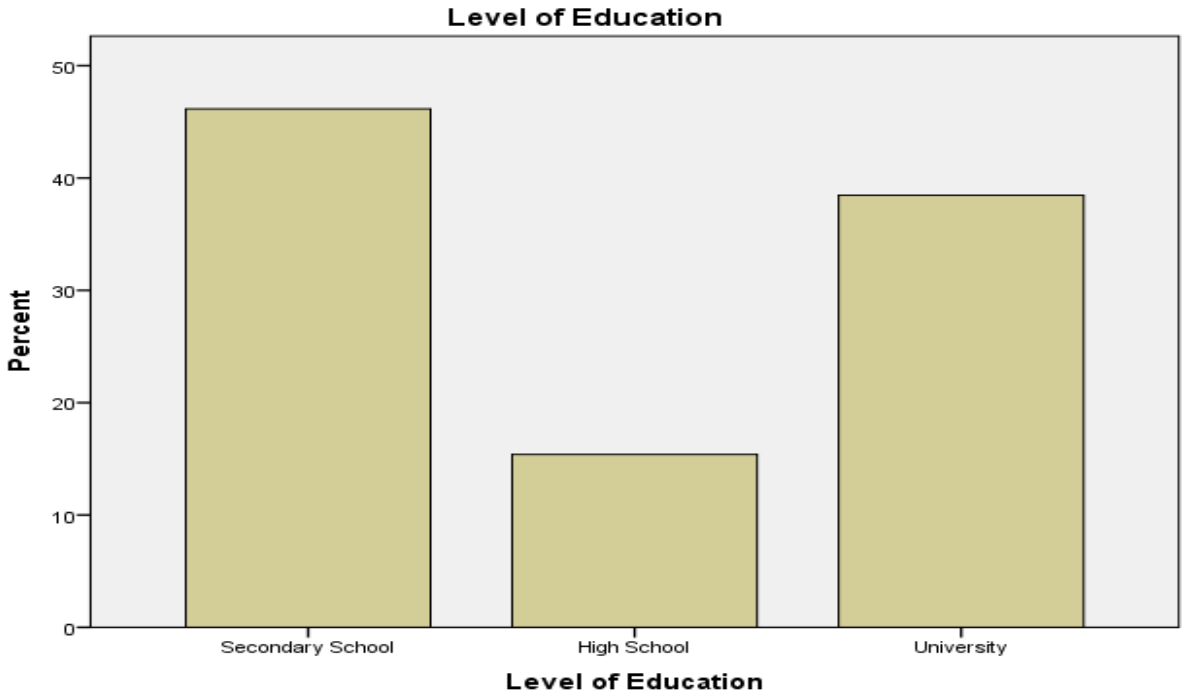

The age distribution for those who participated in the self-administered questionnaires is fairly distributed. The analyzes show that more of the respondents (98, 33%) were in the age group of 23-26 years, followed by those aged 27-30 years (79, 27%) and followed closely by those aged 15-18 years (75, 25%). However, the least number of respondents came from the age bracket of 19-22 years (48, 16%).

Putting the two presented information alongside, more of the participants in the interviews were in the age group of 19-22 years (39%) as opposed to self-administered questionnaires where more of the participants were in the age group of 23-26 years (33%). These areas of the divergent could be accounted for by the fact that the two data set followed different sampling techniques. In both cases, the age group of 27-30 years followed very closely with a fairly distribution. However, the least age group in the quantitative data (15-18, 15%) is

supported by the same age group in the qualitative data that recorded no participant (15-18, 0%). Therefore, most of the participants were in an age that could vividly comprehend issues that had happened under their watch thereby adding value to the validity of the data collected for this study.

**Figure 4.5: Distribution of Qualitative Respondents in terms of their level of Education**

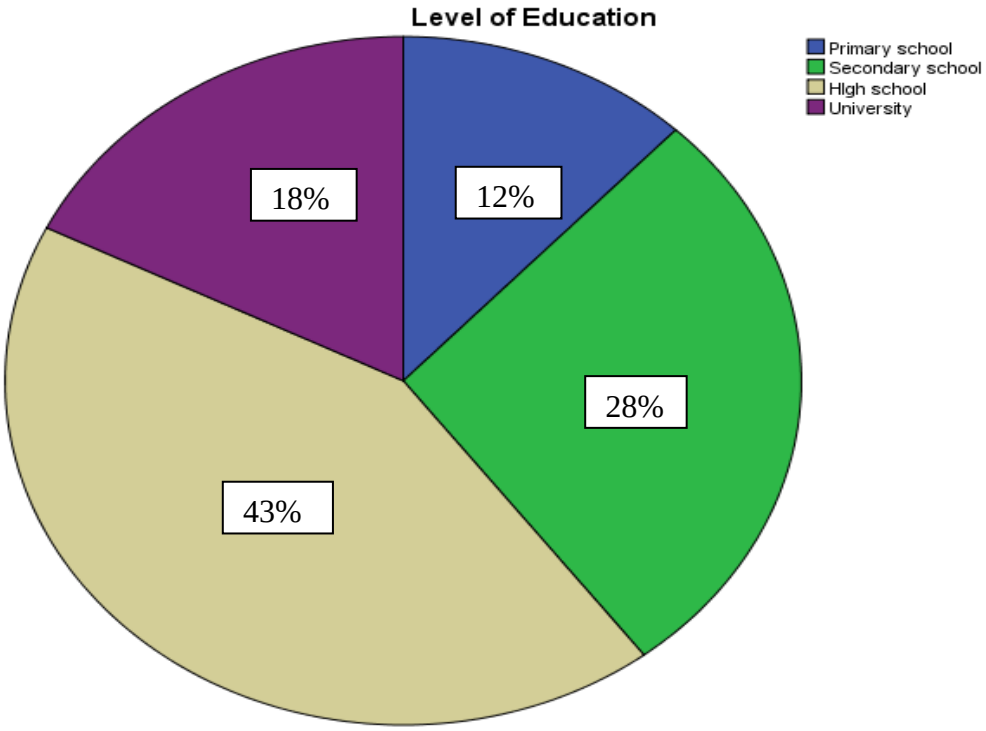
The study examined the education level of the young people of Bamenda city council. The data obtained in this regard was analyzed and is summarized in figure 4.5




Data shows that the level of education of the respondents for this study is unfairly distributed. Most of the respondents (46%) had secondary school education, followed by those with university education (39%) while the least (15%) had high school education.

**Figure 4.6: Level of Education of respondents in the self-administered questionnaires**

The study examined the education level of those who participated in the self-administered questionnaires and the data obtained in this regard was analyzed and is summarized in figure 4.6



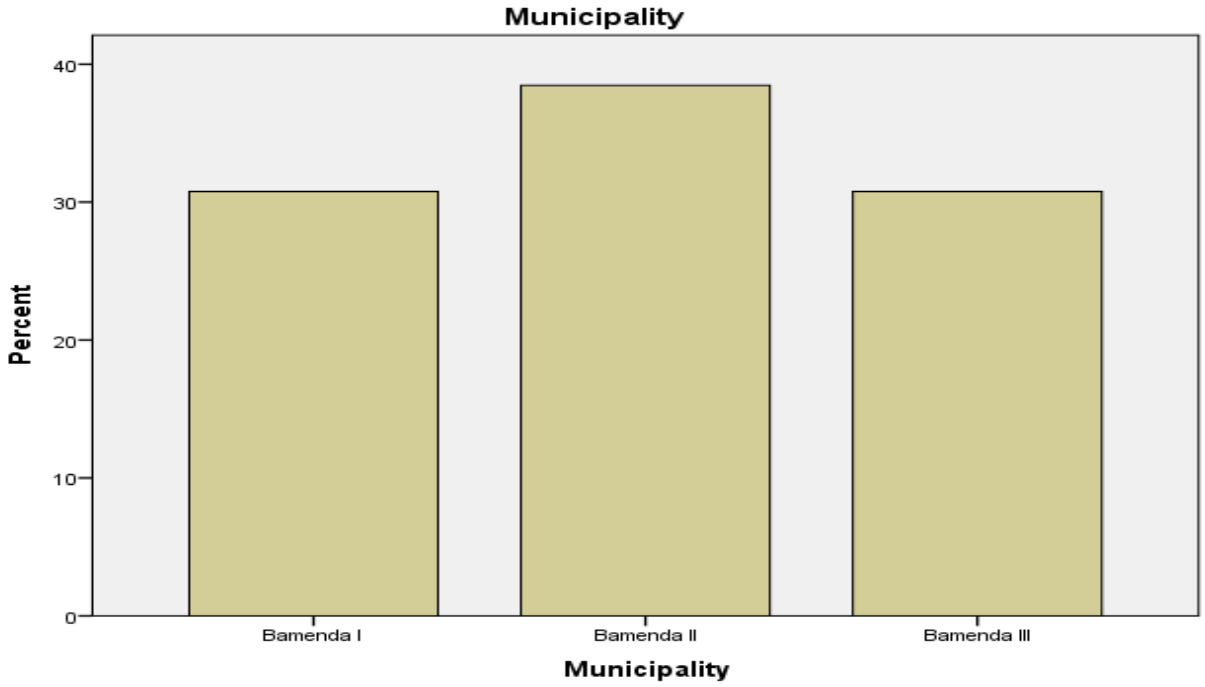

There is an unequal distribution of the participants in terms of the level of education. However, most of the participants had high school education (128, 43%) followed by those with secondary school education (83, 28%), then University education at 53 (18%). The least number came from those with primary school education at 36 (12%).

A comparison of the two sets of information shows that most of the respondents in the qualitative data had secondary education (46%) while most of the respondents in the self-administered questionnaires had High school education (46%). It is an equal distribution in terms of the percentage of the level of education and that clearly shows that a majority of the

participants had from secondary education and above. Respondents who had just primary education were the least in the self-administered questionnaires (12%) and none of them participated in the interview guide. This implies that most of the participants could understand the items in the questionnaires and respond appropriately.

**Figure 4.7: Distribution of respondents in terms of the municipality**

This study identified the various respondents in terms of the municipality of the Bamenda city council. The data gathered was analyzed and the information presented in figure 4.7

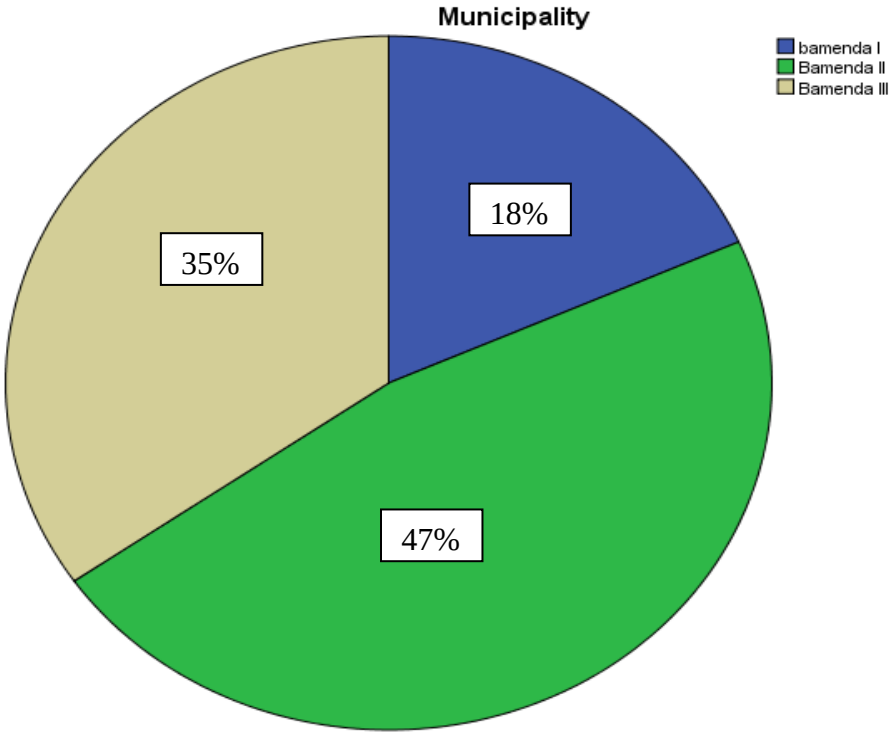



There is a fair distribution of the respondents in terms of the municipalities that make up Bamenda city council. However, more of these respondents were from Bamenda II municipality (38%), and closely followed were the respondents from both Bamenda III (31%) and Bamenda I (31%) consecutively. This can be summarized that most of those who participated in the interviews came from the 19-22 age bracket, had secondary school education, and came from

Bamenda II Municipality. From the interviews, it emerged that most of them had wasted at least two years without going to school.

**Figure 4.8: Distribution of respondents of the self-administered questionnaires in terms of the municipality**

This study identified the various respondents of the self-administered questionnaires in terms of the municipality of the Bamenda city council. Data gathered was analyzed and the information presented in figure 4.8




The information shows that there is unfair distribution of the respondents in terms of the municipality. Bamenda II and III produced most of the participants at 141 (47%) and 104 (35%) respectively while Bamenda I had the least respondents at 55 (18%). The presentation of the two data sets reveals that there is a fair distribution of the respondents in terms of their municipality for the qualitative interviews while there is an unequal distribution of the respondents in terms of self-administered questionnaires. All these have no negative influence to the study because it

matches with the structure of the sample size allocation, especially for the quantitative sample size. Bamenda III produced most of the participants while the least came from Bamenda I in both quantitative and qualitative findings. However, this is an indication that all the Bamenda areas that were affected by the skirmishes were represented albeit in different proportions.

## 4.3 Presentation and Analysis of the Findings

### 4.3.1 The level of war trauma among young people of the Bamenda city council

The study investigated the level of war trauma among young people of the Bamenda city council area. Data obtained in this regard was analyzed and is presented in 4.2

**Table 4.2: Level of War Trauma Inventory**

| **I witnessing villages and houses burnt down** | **Frequency** | **Percent** |
|---|---|---|
| Yes | 254 | 85 |
| No | 46 | 15 |
| **Witnessing Burning schools and dormitories** | | |
| Yes | 169 | 56 |
| No | 131 | 44 |
| **Forced to leave home to take refuge in the bush** | | |
| Yes | 230 | 77 |
| No | 70 | 23 |
| **Witnessing killings of close relatives or friends** | | |
| Yes | 250 | 83 |
| No | 50 | 17 |
| **Suffered molestation and torture** | | |
| Yes | 187 | 62 |
| No | 113 | 38 |
| **Suffered from Kidnaps, detention, and paying of ransom** | | |
| Yes | 88 | 29 |
| No | 212 | 71 |
| **I have suffered an invasion of military or Amba** | | |

| | | |
|---|---|---|
| Yes | 220 | 73 |
| No | 80 | 27 |
| **I was threatened with death by being used as a human shield** | **Frequency** | **Percent** |
| Yes | 85 | 28 |
| No | 215 | 72 |
| **Was caught in the midst of shooting** | | |
| Yes | 242 | 81 |
| No | 58 | 19 |
| **Have suffered sexual abuse in the course of crises** | | |
| Yes | 80 | 27 |
| No | 220 | 73 |
| **Living as an IDP** | | |
| Yes | 212 | 71 |
| No | 88 | 29 |
| **Was working and have gone jobless** | | |
| Yes | 121 | 40 |
| No | 179 | 60 |
| **Witness assassination of people** | | |
| Yes | 194 | 65 |
| No | 106 | 35 |
| **Deprivation of electricity and water for an abnormal period** | | |
| Yes | 288 | 96 |
| No | 12 | 4 |
| **Watch mutilated bodies on the streets** | | |
| Yes | 274 | 91 |
| No | 26 | 9 |
| **Total** | **300** | **100.0** |

The results of the analysis show that the majority of the respondents (254, 85%) reported having witnessed villages and houses burn while 46 (15) did not witness such events. This is a strong indication that most of the respondents had witnessed the burning of villages and houses. This fact was collaborated through interviews by Participant C who reported that he had seen cars and houses burnt, people who were taken to unknown destinations, and others killed.

Participant D led his voice to this argument by stating that:

> I have experienced the killing of innocent souls; many people have been displaced and are now living in the bushes because their houses and all properties have been burnt. Many are facing difficulties such as homelessness and not being able to feed themselves (Interview, January 14, 2021).

Similarly, a majority of the respondents (169, 56%) reported to had witnessed the burning of schools and dormitories while 131 (44%) did not witness such. This is a clear indication that houses and schools have been burnt during the crisis. Another 230 (77%) were forced to leave home to take refuge in the bush while 70 (23%) did not leave. Regarding witnessing killings, the majority of the respondents (250, 83%) reported to had witnessed the killings of close relatives or friends while 50 (17%) did not witness such. This is a strong indication that many respondents had witnessed killings.

The interview responses validate what the majority of the respondents had indicated. For instance, Respondent A narrated how he witnessed the killing of a close friend whom he had intended to rescue but could not manage. He had the following to say about this tragic incident:

> I was retreating to my house one day from a neighboring quarter at night and met with the military beating one guy I knew and I had to stop to intervene telling them I know the guy to be a cigarette trader but they ignored my plea and instead asked me to kneel. So, when I inquired from them what I had done to deserve the punishment? they just told me, I will be the next to be killed when they are done killing the man. However, they finally let me go and before I could arrive home, I heard the sound of the gun, and behold on returning the next morning to check, they had killed the guy (Interview, January 14, 2021).

These views were also collaborated by those of Participant K who indicated that she had experienced her relatives and neighbors die in her presence. Participant G had similar sentiments when he stated that, “I have a very bad experience. I have seen my neighbor leave for work and never returned because he was shot by the military.” The atrocities committed by the military seem to have been many and critical as witnessed by Participant H noted that, he had witnessed too many deaths that can be attributed to the military. He stated that “I have seen many dead bodies lying on the streets and it has traumatized me” (Participant G; Participant H; Participant K; Interview, 14 January 2021).

Regarding molestation, a majority of the respondents (187, 62%) suffered molestation and torture while 113 (38%) were neither molested nor tortured. However, the majority of the respondents amounting to 212 (71%) did not suffer from kidnaps, detention, and paying of ransom unlike 88 (29%) that reported to have suffered from Kidnaps, detention and paying of ransom. Those who suffered from military invasion or Amba were a majority of 220 (73%) while 80 (27%) had not suffered invasion from the military. A majority of 215 (72%) had not been threatened with death by being used as human shields. However, 85 (28%) reported having been threatened with death by being used as human shields.

Those that were caught in the midst of shooting were 242 (81%) while 58 (19%) did not encounter such. Hence, the majority of the respondents had been caught in the crossfire. This was collaborated by evidence from the interviews. Participant H had the following to say about being caught up by stray bullets: “I think of brutal killings; I think of those I lost in the course of the crisis. I think especially of one of my very good friends who died from a stray bullet (Interview, 14 January 2021).

Regarding sexual abuse, the majority of the respondents (220, 73%) did not suffer sexual abuse in the course of crises unlike 80 (27%) who underwent sexual abuse. A majority (212 (71%) of the respondents are living as IDP while 88 (29%) are not. Those who were rendered jobless were 121 (40%) while 179 (60) either had no jobs before the war or their jobs were not affected. Families have been rendered jobless as voiced by Participant B who opined that his education has been cut short due to lack of school fees. He had the following to say about his situation:

> The Anglophone crisis has affected my education because the parents can't be able to pay my school fees. I have been out of school since 2017 and my father does not even have the money for me to go to school in another town like Douala or Yaoundé (Interview, January 14, 2021).

The majority of the respondents amounting to 194 (65%) witnessed the assassination of people while 106 (35%) did not witness assassinations. This implies that there have been many assassinations as observed earlier by those who witnessed killings. On the deprivation of electricity and water, an overwhelming majority of the respondents (288, 96%) suffered deprivation of electricity and water for an abnormal period whiles a meagre 12 (4%) were not affected. The majority of the respondents (274, 91%) watched mutilated bodies on the streets while 26 (8%) did not witness such bodies. This implies that many people were killed and left on the streets unattended. This kind of situation is likely to aggravate the problem of the mental wellbeing of the residents.

From the results of these analyses, it is evident that the level of war trauma among young people in Bamenda City Council Area of Cameroon can be described as high (64%) and therefore their problem is critical and needs urgent attention. These findings are very similar to

several types of research conducted in this regard. For instance: Somasundaram, et al. (2010) whose findings exposed the indirect and direct stressors brought about by conflict/war, in the study they conducted on the types of war-related stress and their psychosocial sequelae in those seeking health care in a situation of chronic conflict in Jaffna.

Jong, et al. (2014) in their study brought out the effect of exposure to war-traumatic events on mental health in children and adolescents in the presence of other stressors such as stressful life events, even though the sample for his study is not completely the same it can be seen that the level of war trauma has a very huge impact on young people. Martin et al.'s (2014) whose work showed how the different levels and types of traumas affect young people. Quota, et al. (2013) in a series of ten years' studies, revealed that the most prevalent types of trauma exposure for children and young people were witnessing funerals, witness to the shooting, seeing injured or dead strangers, and family member injured or killed.

When you place the Quantitative and the qualitative findings alongside in terms of the trauma exposure and experience, one can deduce the presence of both direct or indirect and indirect trauma exposure among young people of Bamenda city council in Cameroon. By direct exposure, we are referring to personal experience with a traumatic incident, and by indirect exposure, it could occur through media or hearing others talk about a traumatic event and that produce significant distress.

When young people are exposed to these war-related traumas and other forms of trauma that have come as a result of the crisis in Cameroon, it may likely mediate psychological outcomes and distress in their life, and often they may experience difficulty identifying, expressing, and managing emotions. All these are likely to open their lives to the uncontrolled emotional life of irritations, outbursts anger, and a significant level of fear, depression, and

anxiety. Constant prolonged exposure of young people to all these forms of crisis-related trauma may likely result in Major Anxiety Disorder marked by either generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, or varied forms of phobias.

With the high level of war trauma-related exposure that the young people have gone through in Bamenda city council, there is a need for timely interventions of professional psychological support, spiritual/cultural support, and other forms of psychosocial support to care for their mental health. For all these to take effect, there is a need for ceasefire and amnesty granted to those directly perpetrating this crisis so that a favorable environment can be created for the different entities to engage in meaningful discussion to negotiate and end the war.

According to Boundless (2016), Karl Marx in his conflict theory that grounded this study stipulated that if negotiations are genuine to address the road cause of the conflict and appease the grievances of those revindicating, this will give rise to a new system that would result to class consciousness and hence, peace and stability would be achieved. On the contrary, if the measures taken end up not addressing what led to the revindication and instead maintains the position of the dominant class, then a new cycle of conflict would arise. This further exposes the masses to traumatic experiences, and worsen conditions of their mental health hence, resulting in complex mental disorders.

### 4.3.2 The prevalence of Generalized anxiety and major depressive symptoms

The study set out to explore the prevalence of anxiety and depressive symptoms among young people of Bamenda city council area, Cameroon. Data was collected and analyzed and the information presented in table 4.3

**Table 4.3: Anxiety and Depression DSM-5 Diagnostic Criteria**

| **Feeling just stressed out (prolonged)** | **Frequency** | **Percent** |
|---|---|---|
| It doesn't apply to me | 18 | 6.0 |
| Some of the time | 108 | 36.0 |
| Undecided | 17 | 5.7 |
| A good extent of my time | 35 | 11.7 |
| Most of the time | 122 | 40.7 |
| **Have been going through excessive anxiety and worry** | | |
| It doesn't apply to me | 15 | 5.0 |
| some of the time | 64 | 21.3 |
| Undecided | 60 | 20.0 |
| A good extent of my time | 63 | 21.0 |
| Most of the time | 98 | 32.7 |
| **Feeling lonely, fatigue, and restless** | | |
| It doesn't apply to me | 37 | 12.3 |
| some of the time | 56 | 18.7 |
| Undecided | 39 | 13.0 |
| A good extend of my time | 76 | 25.3 |
| Most of the time | 92 | 30.7 |
| **Feeling worthless and life is meaningless** | | |
| It doesn't apply to me | 47 | 15.7 |
| Some of the time | 73 | 24.3 |
| Undecided | 38 | 12.7 |
| A good extend of my time | 56 | 18.7 |
| Most of the time | 86 | 28.7 |
| **Prolonged depressed mood (feeling low)** | | |
| It Doesn't Apply to Me | 38 | 12.7 |
| Some of The Time | 60 | 20.0 |

| | | |
|---|---|---|
| Undecided | 48 | 16.0 |
| A Good Extend of My Time | 74 | 24.7 |
| Most of the time | 80 | 26.7 |
| **Feeling angry (get irritated easily)** | **Frequency** | **Percent** |
| It Doesn't Apply to Me | 51 | 17.0 |
| Some of The Time | 73 | 24.3 |
| Undecided | 43 | 14.3 |
| A Good Extend of My Time | 57 | 19.0 |
| Most of the time | 76 | 25.3 |
| **Weight loss or weight gain** | | |
| It Doesn't Apply to Me | 32 | 10.7 |
| Some of The Time | 40 | 13.3 |
| Undecided | 100 | 33.3 |
| A Good Extend of My Time | 71 | 23.7 |
| Most of the time | 57 | 19.0 |
| **Excessive worry and fear** | | |
| It doesn't apply to me | 17 | 5.7 |
| Some of the time | 40 | 13.3 |
| Undecided | 31 | 10.3 |
| A good extend of my time | 69 | 23.0 |
| Most of the time | 143 | 47.7 |
| **Sleep difficulties** | | |
| It Doesn't Apply to Me | 34 | 11.3 |
| Some of The Time | 37 | 12.3 |
| Undecided | 23 | 7.7 |
| A Good Extend of My Time | 44 | 14.7 |
| Most of The Time | 162 | 54.0 |
| **Inability to concentrate** | | |
| It Doesn't Apply to Me | 21 | 7.0 |
| Some of The Time | 103 | 34.3 |

| | | |
|---|---|---|
| Undecided | 23 | 7.7 |
| A Good Extend of My Time | 59 | 19.7 |
| Most of the time | 94 | 31.3 |
| **Loss of interest/ motivation in life** | **Frequency** | **Percent** |
| It Doesn't Apply to Me | 46 | 15.3 |
| Some of The Time | 42 | 14.0 |
| Undecided | 52 | 17.3 |
| A Good Extend of My Time | 69 | 23.0 |
| Most of The Time | 91 | 30.3 |
| **Fear of specific objects or places** | | |
| It Doesn't Apply to Me | 13 | 4.3 |
| Some of The Time | 27 | 9.0 |
| Undecided | 23 | 7.7 |
| A Good Extend of My Time | 48 | 16.0 |
| Most of The Time | 189 | 63.0 |
| **Fear of being negatively judged or evaluated** | | |
| It Doesn't Apply to Me | 21 | 7.0 |
| Some of The Time | 29 | 9.7 |
| Undecided | 26 | 8.7 |
| A Good Extend of My Time | 50 | 16.7 |
| Most of The Time | 174 | 58 |
| **Total** | **300** | **100.0** |

The respondents that reported having a prolonged feeling of stressed-out were 122 (41%). They were followed closely by 108 (36%) which indicated that they felt so for some of the time. Another 35 (12%) were affected to a good extent of the time. Nevertheless, 18 (6%) never experienced any kind of stress. This implies that a total of 89% of the respondents had experienced some kind of stress from the trauma caused by the conflict in question. This finding

is also validated by the interview responses. For instance, Participant B reported being in a situation of hopelessness. Her words capture the situation on the ground as he states:

> I feel sad, depressed, and discouraged. I had high ambitions before the crisis started but now that feeling has seriously dropped. Nothing moves me again. For example, in 2016, I had written the GCE examination but did not make it hoping to retake the exam the following year but unfortunately, the crisis started. Since then, I have been home all these times. Meanwhile, if I had continued, I am sure I would have been at a much more advanced level (Interview, January 14, 2021).

Regarding anxiety and excessive worries, a combined total of 225 (75%) of the respondents reported to have been going through excessive anxiety and worry at varying degrees. Those undecideds were 60 (20%) while 15 (5%) were not affected at all. This implies that the majority of the respondents suffered from mental anguish in terms of anxiety and worry about the situation brought about by war atrocities. The problem of anxiety and excessive worries was noted during interviews also. For instance, Participant E reported having thoughts of the killings, bloodshed, and loss of life and property. Participant F reported having constant thoughts of death and about the future which has been replaced by feelings of hopelessness and about lives that have been lost. Some participants expressed giving up on life altogether. This feeling was captured in the words of Participant A who was categorical when he indicated that ‘this crisis may never end’ (Interview, 14 January 2021).

This kind of hopelessness was exacerbating the problem of stress and depression and therefore worsening the residents’ state of mental wellbeing. This finding is supported by Wani, et al. (2018), who postulated that in many armed conflicts arising all over, a majority of the sufferers are children and young people. According to Mann, et al. (2016), in the systematic

review comprising 35 studies to examine the effects of exposure to war, conflict, and terrorism on young people, the results showed that effects include post-traumatic stress disorders and post-traumatic stress symptoms, behavioral and emotional symptoms, sleep problems, disturbing play, and psychosomatic symptoms.

All these are confirming the findings from Quantitative data supported by qualitative findings from the interview guides and presenting the mental health wellbeing of young people who have been affected by the crisis as an urgent area that needs proper interventions. The reviews exposed a majority of children and young people suffering from prolonged stress, anxiety, and depressive symptoms as a result of armed- conflict. This raises serious concern on the mental wellbeing of young people already affected by the Anglophone crisis in Cameroon. As the crisis continues, the sense of helplessness is bound to expose these young people to an unhealthy lifestyle of compensation and this may likely open them to social ill and bring about unhealthy societal concerns.

Regarding loneliness, fatigue, and restlessness, most of the respondents were affected. Those that experienced some varying degree of loneliness, fatigue, and restlessness were a combined total of 224 (75%), 39 (13%) were undecided while 37 (12%) were not affected by this condition at all. This is a strong indication that most of the respondents were experiencing loneliness, fatigue, and restlessness. A combined majority of the respondents amounting to 215 (72%) believed that their life was worthless and meaningless. Those undecideds were 38 (13%) while those not affected by this feeling were 47 (16%). This is an indication that most of the respondents were feeling worthless and meaninglessness in their lives.

A total of 214 (72%) of the respondents had a feeling of prolonged depressed mood, albeit in different proportions. Another 48 (16%) were non-committal while 38 (13%) had no

such feelings whatsoever. This implies that most of the respondents were experiencing prolonged depression which is likely to result in stress or depression. Cumulatively, 206 (68%) were feeling angry or getting irritated easily, 43 (14%) were undecided while 51 (17%) were not experiencing such feelings. This is an indication that most of the respondents were feeling angry or getting easily irritated.

Apparently, 168 (56 %) had experienced either weight loss or weight gain at some varying degrees. However, 100 (33%) were undecided while 32 (11%) had no such weight variations. The slight majority is an indication that most of the respondents were experiencing symptoms of stress. Those suffering from excessive worry were an overwhelming majority of 252 (84%), 31 (10%) were undecided while 17 (6%) were not affected by this problem. This implies that a majority of the respondents were suffering from excessive worry and fear. Those experiencing varying degrees of sleep difficulties were 243 (81%), while 23 (8%) were non-committal while 34 (11%) never had sleeping difficulties. This implies that most of the respondents were experiencing sleep difficulties which is a sign of mental anguish and may lead to depression.

From the findings, 256 (85 %) of the respondents were unable to concentrate, 21(7%) had no concentration problem while 23 (8%) were undecided. The overwhelming majority is an indication that most of the respondents were unable to concentrate. Some of the participants reported being unable to concentrate in class. This was also evident during interviews. Participant H for instance reported that:

> Since the crisis started, I have been visiting the hospital more than I used to do. I always feel sick and sad. I no longer perform very well in my academics. I always think of the

brutal killings, I think of those I lost in the course of the crisis (Interview, January 14, 2021).

A total of 202 (67%) of the respondents reported had lost interest or motivation in life, 46(15%) had no problem while 52 (17%) were undecided. This is an indication that most of the respondents had lost interest in life. Cumulatively, 264 (88 %) of the respondents had experienced a fear of objects or places, 13 (4%) had no such fears while 23 (8%) were undecided. The overwhelming majority is a strong indication that most of the respondents had experienced the fear of objects and places. An overwhelming majority of the respondents amounting to 253 (85%) had experienced the fear of being judged or evaluated or humiliated, 21 (7%) had no such challenges while 26 (9%) were undecided. This shows that most respondents had fear of being negatively judged.

This finding shows overwhelmingly that the majority of young people of Bamenda city council in Cameroon are already living with and manifesting symptoms of anxiety (79%) and depression (71%). This finding is supported by Mohan, et al (2013) who found out that the psychological effects of conflicts are always profound on the civilian population especially young people and further revealed that young people had higher mental health morbidity and were more vulnerable to stress as a result of stress, anxiety, and depression.

According to Thabit et al. (2008), children and young people are more emotionally vulnerable to the devastating effects of a disaster as a result of their developmental statutes, this is evident in the findings gotten from the sample population which was young people in the Bamenda city council area. The study further proved that a child with posttraumatic stress disorder (PTSD) developed symptoms such as intense fear, disorganized and agitated behavior, emotional numbness, anxiety, or depression after being directly exposed to or witnessing an

extremely traumatic situation involving threatened death. All these symptoms were confirmed in the findings of this study as a majority of the young people were already manifesting these symptoms and many others, attesting to the high prevalence of fear, anxiety, and depression.

A study carried out in Somalia by UNICEF in 2015, found evidence of the psychological effects of the prolonged conflict situation in a high proportion of a sample of 10,000 children which justify the prevalence of anxiety, depression, and post-traumatic stress disorders among young people of Bamenda city council area, Cameroon due to the Anglophone conflict. Wani, et al. (2018) affirms this assertion in their study, which says armed conflicts are on the rise all over and the majority of the sufferers of these conflicts are children and young people and also the prevalence of mental disorders in children and young people exposed to armed conflict is far greater than the general population. A similar study carried by Charlson, et al. (2019) brings out the prevalence of depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, and schizophrenia which young people suffer from as a result of the conflict.

With all these corroborations of the findings, the overwhelming majority of young people suffering from anxiety and excessive worry (79%), and the overwhelming majority suffering from depressed mood (71%) all raise a great concern in the mental wellness of young people and the subsequent consequences to their emotional and behavioral life, to the society and the nation at large. Since they are young people and a majority of them are still students, the excessive anxiety and prolonged depression may likely affect their interpersonal relationship, open them to lives of compensation, and create in them an existential vacuum that may likely distort their purpose in life and affect their meaning of life. With these emotional and psychological impact, they young people may likely find themselves getting into trouble in schools, avoiding work,

school, family get-togethers, and other social situations that might trigger or worsen their symptoms. They may show more reckless behavior and abuse drugs and alcohol.

With the crisis still going on in the two regions of Cameroon and young people are still faced with a lot of fear, anxiety, and depression, it becomes evident that these symptoms if not properly managed may become severe and lead to acute fear disorder, generalized anxiety Disorder and Deep depression disorder that further damages the mental health of the young people and bring about a spectrum of personality Disorders. The reason for the crisis still going one could be validated by Marx's conflict theory which stipulates in one of its assumptions that;

> Human relationships and social structures all experience inequalities of power and so, the privileged groups of individuals that benefit from a particular system often make sure they work very hard to maintain those structures to retain and enhance their power.

There is a strong need to immediately stop this war and look for lasting solutions to bring about normalcy so that those affected can seek available psycho-social supports and gradually recuperate from these traumas to better reintegrate their life in society.

### 4.3.3 Examining the symptoms of general PTSD in the young people of Bamenda

The study set out to examine the effects of the Anglophone crisis on the mental health of young people of Bamenda city Council area, Cameroon. Data was collected and analyzed and the information was presented in 4.4

**Table 4.4: PTSD DSM-5 diagnostic Criteria**

| **Detachment (isolation) from others often marked by fear, cautiousness, and mistrust** | **Frequency** | **Percent** |
|---|---|---|
| Never | 18 | 6.0 |
| Rarely | 18 | 6.0 |
| Sometimes | 68 | 23 |
| Often | 25 | 8.0 |
| Always | 171 | 57.0 |
| **Flashbacks** | | |
| Never | 15 | 5.0 |
| Rarely | 12 | 4.0 |
| Sometimes | 87 | 29.0 |
| Often | 71 | 23.7 |
| Always | 115 | 39 |
| **Nightmares** | | |
| Never | 33 | 11.0 |
| Rarely | 23 | 8.0 |
| Sometimes | 99 | 33.0 |
| Often | 51 | 17.0 |
| Always | 94 | 31.3 |
| **Avoiding reminders of particular events** | | |
| Never | 29 | 9.7 |
| Rarely | 38 | 12.7 |
| Sometimes | 95 | 31.7 |
| Often | 47 | 15.7 |
| Always | 91 | 30.3 |
| **Insomnia** | | |
| Never | 37 | 12.3 |
| Rarely | 38 | 12.7 |
| Sometimes | 105 | 35.0 |

| | | |
|---|---|---|
| Often | 48 | 16.0 |
| Always | 72 | 24.0 |
| **Into Drug Use, Alcohol, or Overeating** | **Frequency** | **Percent** |
| Never | 99 | 33.0 |
| Rarely | 63 | 21.0 |
| Sometimes | 55 | 18.3 |
| Often | 27 | 9.0 |
| Always | 56 | 18.7 |
| **Hyper-vigilant about who I meet** | | |
| Never | 22 | 7.3 |
| Rarely | 36 | 12.0 |
| Sometimes | 54 | 18.0 |
| Often | 40 | 13.3 |
| Always | 148 | 49.0 |
| **Feel jumpy** | | |
| Never | 42 | 14.0 |
| Rarely | 134 | 44.7 |
| Sometimes | 57 | 19.0 |
| Often | 31 | 10.3 |
| Always | 36 | 12.0 |
| **Feeling toxic guilt and shame** | | |
| Never | 77 | 25.7 |
| Rarely | 73 | 24.3 |
| Sometimes | 55 | 18.3 |
| Often | 43 | 14.3 |
| Always | 51 | 17.0 |
| **Involvement in an unhealthy relationship** | | |
| Never | 106 | 35.3 |
| Rarely | 60 | 20.0 |
| Sometimes | 59 | 19.7 |
| Often | 26 | 8.7 |

| | | |
|---|---|---|
| Always | 49 | 16.3 |
| **Depression** | **Frequency** | **Percent** |
| Never | 21 | 7.0 |
| Rarely | 26 | 8.7 |
| Sometimes | 64 | 21.3 |
| Often | 51 | 17.0 |
| Always | 138 | 46.0 |
| **Poor self-Confidence** | | |
| Never | 39 | 13.0 |
| Rarely | 24 | 8.0 |
| Sometimes | 60 | 20.0 |
| Often | 43 | 14.3 |
| Always | 134 | 44.7 |
| **Disassociation** | | |
| Never | 39 | 13.0 |
| Rarely | 32 | 10.7 |
| Sometimes | 39 | 13.0 |
| Often | 23 | 7.7 |
| Always | 167 | 55.7 |
| **Total** | **300** | **100.0** |

From the findings, 264 (88%) had some feeling of detachment (isolation) from others often marked by fear, cautiousness, and mistrust. This is against a meager 18 (6%) that never experiences that and another 18 (6%) that rarely experiences that kind of feeling. This is however a strong indication that most of the respondents were experiencing feelings of detachment (isolation) from others often marked by fear, cautiousness, and mistrust. This was also reported in the interviews. For instance, Participant A reported being fearful of going out of his house for fear of being harmed (Interview, January 14, 2021).

A minority of 27 (9%) are the only respondents who either never (15, 5%) or rarely (12, 4%) experienced a feeling of flashbacks which was trying to relive past painful experiences. The rest, amounting to 273 (92%) had experiences of flashbacks either sometimes (87, 29%), often (71, 24% and always (115, 39%). This is a strong indication that most of the respondents are still suffering from the past painful experiences of war atrocities meted against them. Regarding the experience of nightmares, the results of the analysis show that a majority of 244 (81%) of the respondents had a varying degree of experiencing nightmares against 56 (19%) that either never or rarely experienced those nightmares. This implies that the majority of the respondents were experiencing nightmares.

A majority of the respondents (233, 78 %) did not want to be reminded about particular events of the war albeit at some varying degrees while 67 (23%) either never or rarely had any problem being reminded about particular events of the war. This is an indication that most of the respondents still have unresolved issues about the war. Those who suffered insomnia of some sort were a whopping 225 (75%) against 75 (25%) that either never or rarely experienced insomnia. This implies that the majority of the respondents still suffer from insomnia which is highly associated with the mental anguish resulting from the war atrocities. Despite undergoing war trauma, the majority of the respondents (162, 54%) never (33%) or rarely (21%) abused drugs or food. However, a substantial number of the respondents amounting to 138 (46%) are sometimes, often, or always abusing drugs. This is a huge number that is a course for worry, especially regarding their long-term mental wellbeing.

An overwhelming majority 242 (80%) reported being in a state of hyper-vigilant while 58 (19%) either were never or were rarely affected. This implies that most of the respondents suffer from being hyper-vigilant which is a sign of not trusting people around them. Fortunately, the

majority of the respondents (176, 59%) were not experiencing jumpy or feeling surprised all the time unlike 124 (41%) that had sort of such experiences. This, therefore, was a rare occurrence among respondents. Concerning the feelings of toxic guilt and shame, half of the respondents (150, 50%) reported never or rarely experienced it while the other half (150, 50%) reported to had experienced some sort of such feelings. This, therefore, was a tie between those affected and those not affected.

In line with involving themselves in unhealthy relationships, 166 (55%) of the respondents never or rarely involved themselves as was the case with 134 (45%) who were affected at varying degrees. Although a majority of the respondents were not affected, 45% was a substantial number that needed help. In terms of depression, the situation was critical. The majority of the respondents (253, 84%) were found to be experiencing depression of some sort. Those who sometimes experienced depression were 64 (21%), those who did it often were 51 (17%) while those who always experienced it were 138 (46%). Only 47 (16%) of the respondents never or rarely experienced depression. This is a huge challenge to this population that was affected by depression.

On suffering from poor self-confidence, the majority of the respondents reported experiencing the feeling of poor self-confidence (237, 79%) against a minority of 63 (21%) who either never or rarely experienced poor self-confidence. This shows that majority of the respondents were suffering from poor self-confidence. The feeling of fantasies was a major problem as shown by a majority of the respondents (229, 77%) who had those feelings in different frequencies ranging from sometimes (13%), often (8%), and always (56%). This implies that a majority of the respondents experienced fantasies in some instances.

From the findings, it was revealed that a majority of the young people are living with many symptoms of PTSD (70%) as a result of the Anglophone crisis. It was statistically significant as most of the responses gotten from the questionnaire proved most of them had flashbacks, fear, mistrust, suffered from detachment, isolation, and many others which are a result of poor mental health because of the conflict.

This is in line with the findings of Cohen, (2017), which says, exposure of young people to emotional trauma can be catastrophic. And as a result, reactions to traumatic experiences include fear and anxiety, sleep disturbances, physical complaints (such as headaches or stomach pain), antisocial behavior, depression and sadness, and fear of separation from loved ones which are all indications of mental health illness. The finding is equally similar to those of Jayuphan, et al. (2020), which revealed that children living in armed conflict areas although without any direct exposure to traumatic events, also suffer from mental health problems. This is a clear indication that young people in conflict-affected areas more likely to have mental health problems as a negative outcome of the conflict.

Jong, et al. (2014) in their study confirmed this finding and went further to extend to both parents and young people and revealed in their findings that the exposure to war trauma impacts both parents' and children's mental health, whose emotional responses are inter-related. This is the extension that the present study did not capture and the researcher finds it very important for collective interventions. Hence universal and targeted interventions should preferably involve families; parents and guardians of these young people.

However, Ellis, et al. (2008) set out to examine the relationship between trauma exposure, post-resettlement stressors, perceived discrimination, and mental health symptoms in adolescents and provided how drastic the mental health of young people could be affected by

conflicts such as the Anglophone crisis in Cameroon. This further confirms the finding of the present study to corroborate that indeed, the crisis has affected the mental wellbeing of a majority of the young people, especially in Bamenda city council.

This is confirmed by the American Psychiatry Association (APA, 2013), stipulating that hyperarousal- causes nervousness, jumpiness, and quickness to startle; Re-experiencing- that brings about an intrusive image, sensations, dreams, and memories; Dissociation and negative emotional state; avoidance and withdrawal that are clearly expressed in feeling numb, shutdown or separated from normal life, pulling away from relationships and/ or activities, and avoiding things that trigger memories of trauma are the various responses to trauma/ traumatic events that are components of post-traumatic stress disorder.

Unaddressed mental health problems may likely have a negative influence on homelessness, poverty, employment, safety, and the local economy, and looking at it from a bigger picture, this may impact the productivity of local businesses and health care costs, impede the ability of children and youth to succeed in school, and lead to family and community disruption. Mental health disturbance may result in a poor-quality life, lack of control, self-doubt, low self-esteem and confidence, a sense of not being part of society, diminished activity, and a sense of hopelessness and demoralization, and risk of social isolation.

There is a great need for professional Mental health practitioners to bring in proper interventions to help all these families and young people suffering already from mental health illness as a result of the crisis in Cameroon. If proper attention is not given to the treatment of mental health distress caused by this crisis, it may likely escalate to the lifelong impact of complex disorders that may bring about behavioral dysfunctionality and personality disorders.

### 4.3.4 Psycho-Social Support & other Interventions for Young People of Bamenda

The study conducted purely interviews in this section to establish the presence of psychosocial support and other forms of interventions for the young people of Bamenda city council area. The interviews were transcribed, analyzed and the finding classified into coping strategies, psycho-spiritual supports, and individual resiliency factors.

**Coping Strategies**

From the interviews, it is evident that the crisis has put most of the residents in abject poverty. Therefore, individuals were found to be trying to engage in minor businesses to keep them going and to meet their financial obligations. For instance, Participant I reported to be engaging in plaiting as a side hustle, Participant A was doing decorations during weddings, funerals, and birthdays and so on. Participant D was helping her mother to sell foodstuff while Participant C was selling dresses and socks to meet her basic needs. Participant G was buying and reselling fruits on the roadside Participant K and M rode commercial motorcycles to help keep them busy and also enable them to meet their basic financial obligations. Participant L was engaging in decorations and tailoring while Participant J managed a small easterly (Interview, January 14, 2021).

**Socio-cultural Support**

The interviews showed that there was very minimal intervention in terms of psychological support from professional therapists. However, there was an element of group counseling in the church which was conducted during church seminars. Unfortunately, there was no financial support and instead, prayers were the most common as reported by Participant A. (Interview, January 14, 2021). This implies that most of the victims of crisis were missing important interventions to help them cope effectively with their mental anguish.

**Individual resiliency factors**

The reports from the interview showed that a majority of young people relied so much on personal resiliency factors since professional supports were not made available to them. Participant B reported support from family, friends, and classmates. Participant M reported a sense of safety especially at home, at school, and in the community. Participant L reported a higher level of self-esteem, a positive sense of self-worth, and a higher level of self-efficacy as he went about doing his things and being careful in the place. Participant J reported that she found a lot of strengths in her spiritual activities and that she just needed to be strong amid the crisis. According to this participant, "there is a need to see how one can cope in this kind of a situation since the crisis is still going on ever since it started like a joke" (Interview, January 14, 2021).

There is statistically enough evidence that has proven the various psycho-social support and other interventions that are best for young people in the Bamenda City Council area of Cameroon who are victims of the Anglophone crisis, like the Coping Strategies, the Social-cultural supports, and resiliency factors. These findings have equally raised a serious concern for the lack of professional psychological support for young people affected by the crisis. Torre (2019) pointed that psychosocial support (PSS) has become a frequent component of assistance programs in ongoing and post-conflict contexts and is increasingly becoming an area of interest and action for agencies working in such environments in the past ten decades, and thus a need for it to be used in conflict-affected areas like the Bamenda City Council in Cameroon.

Griffith, et al. (2015), also supports this as they pinpointed five intervention principles as "essential elements" of immediate and midterm mass trauma interventions, which need to promote a sense of safety, calming, a sense of self-and-community efficacy, connectedness, and

hope, as children and young people exposed to armed conflict are at high risk of developing mental health problems.

Shoshoni (2020), highlighted different types of clinical interventions that have been proven effective for use amongst people affected by war conflict traumas such as the case of young people in the Bamenda city council area of Cameroon. Recommended therapies that can offer great professional help and interventions to young people include trauma/grief-focused group intervention in adolescents such as Psycho-spiritual approach, cognitive behavioral therapy (CBT), interpersonal psychotherapy (IPT), Rational Emotive Behavioral Therapy (REBT), Cognitive Processing Therapy, Prolonged Exposure Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Stress Inoculation Training (SIT), Person-Centered Therapy, Gestalt Therapy, Logotherapy, Art Therapy and mindfulness-based cognitive behavioral therapy (MBCBT).

A combination of any of these with other Psychosocial interventions such as structured counseling, motivational enhancement, case management, care coordination, and relapse prevention will certainly bring about mental wellbeing to those whose mental health has been affected as a result of the Anglophone crisis in Cameroon. Nsengimana, et al. (2019) and Gordon, et al. (2011) in findings also prove the importance of using other intervention strategies like traditional methods in solving mental issues amongst young people in war-affected areas, and surprisingly, no single participant in the interview pointed out any traditional intervention for either coping, socio-cultural support or resiliency factor.

The outcry by an overwhelming majority of the complete absence of professional support and even the lack of knowledge of such is a clear indication that the sector of mental health professional is not well developed in the Bamenda city council area of Cameroon. Evidence

showed that at the time of this study just one Mental health unit could be identified many kilometers away from the Bamenda city council area. This unit was poorly equipped with facilities and with just one psychiatry nurse. In the interview with participant K, her understanding of this particular mental health unit is a place meant for mad people or people suffering from Schizophrenia. In her very words, participants K said:

> That place in *Babungo* is meant for the treatment of mad people. The trauma is just too much, young people are dying, elderly people are dying, even old mothers cannot even run away when the guns are being shot and killed just like that. Many people are losing hope in life because they can be killed at any time. We are just confused and no longer know what to do. (Interview with participant K, January 14, 2021).

This is a clear indication that many young people have very little or no understanding of what the mental health unit is all about and need psychoeducation on mental health wellbeing. This calls for the incorporation of Mental health education in the educational curriculum of Cameroon and in every center where young people gather for any training or capacity building. The fact that no single interviewee was able to boast of the services of professional psychological help becomes a serious outcry for keen attention to be paid in the training and availing of mental health practitioners as well as availing handsome pay packages for this profession to attract a good number of persons to be trained as clinicians in the field of mental health.

It is equally very important to improve on the quality of services available in the lone mental health unit identified at the time and advocate for a more standard and inclusive Mental health unit established in Bamenda city council to offer adequate professional mental health services to the masses whose mental health wellbeing have been affected as a result of the

anglophone crisis in Cameroon. The trauma that many young people have experienced as a result of the conflict or crisis area seriously needs to be addressed and given immediate attention.

**4.4 Chapter summary and Conclusion**

The findings from the quantitative data and the qualitative data placed alongside each other in this concurrent nested design have expressed a remarkable reinforcement, confirmation, and merging to the fact that the crisis in North West and South West of Cameroon have negatively affective the mental health of young people of the Bamenda city council in Cameroon. This brings about a very strong corroboration from a good number of related studies conducted in other places in line with the findings and the reinforcement brought about by the Quantitative findings, added so much value, supported, and confirmed the validity of the quantitative findings in terms of young people's experience of crisis-related trauma, the prevalence of anxiety and depression amongst young people in the Bamenda city council area, manifestation of symptoms of PTSD and the various forms of coping, psycho-social support and individual resilient factor. The conspicuous absence of professional mental health supports became so evident from the findings and raises a serious call for concern.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

## 5.1 Introduction

This final chapter talks about the general summary of the work and proceeds to summarize the findings of the study concerning the research objectives. This is followed by the various recommendations directed to the government, the ministries of public health, Education, and Small/medium size Enterprise. It continues with further recommendations to the parents, caregivers, and young people. The chapter ends with suggestions for further research.

## 5.2 Summary of the Study

The purpose of this study was to explore the influence of the Anglophone crisis on the mental health wellbeing of young people of Bamenda City Council in Cameroon. The study was guided by the following objectives: To identify the level of war trauma among young people in the Bamenda city council area of Cameroon; To find out the prevalence of generalized anxiety disorder and major depressive symptoms among young people of Bamenda city council area, Cameroon; To examine the symptoms of general PTSD in the life of the young people in Bamenda city council area of Cameroon; To discover the various psycho-social support and other interventions for young people of Bamenda City Council area of Cameroon.

Similarly, the study was grounded on Karl Marx's theory on social conflict in which he reasoned that, as the socio-economic conditions worsened for the proletariat, they would develop a class consciousness that revealed their exploitation at the hands of the wealthy capitalist class of bourgeoisie, and then they would revolt, demanding changes to smooth the conflict. A conceptual framework was also developed to show the relationship between independent, intervening, and dependent variables. Similarly, a review of the literature was conducted from a

variety of empirical studies from global to regional, and local levels. The studies were essential in enhancing a clear understanding and synthesis of the current study. Although there are myriad studies on armed conflicts and their effect on the mental health of those affected, the current study is completely new and unique and therefore has a place in enhancing the generation of new knowledge.

The study adopted a concurrent nested design where 314 respondents were sampled from a target population of 3000 young people aged 15 – 30 years living in Bamenda, Cameroon. Both questionnaires and interview schedules were used to collect quantitative data and qualitative data consecutively. Statistical Programme for Social Sciences (SPSS) version 25 was used to get descriptive statistics while qualitative data were analyzed using thematic analysis. This chapter embarks on discussing the findings of the study and offering the recommendations as follows:

## 5.3 Summary of the Findings

### The Level of War Trauma Among Young People in Bamenda

The study revealed that the level of war trauma among young people in the Bamenda City Council area of Cameroon is extremely high and therefore their problem is critical and needs urgent intervention measures. For instance, most of the respondents had witnessed the burning of villages and houses, killings of close relatives or friends, and had suffered molestation and torture. Most of them are also living as IDPs without basic needs such as electricity and water.

### Prevalence of anxiety and depressive symptoms among young people in Bamenda

The study established that there was a high prevalence of anxiety, and depression. For instance, the study revealed that most of the respondents had experienced stress from trauma, anxiety, and worry. Most of them were also found to be experiencing loneliness, fatigue, and

restlessness while others were feeling worthless and meaninglessness in their lives. More others were experiencing prolonged depression, getting easily irritated, excessive worry and fear, sleep difficulties, inability to concentrate, and fear of objects and places. In general, most of the respondents had lost interest in life.

**General PTSD symptoms in the young people of Bamenda**

Regarding the mental health of the youth, the study established that most of them had serious mental disorders that needed urgent intervention. For instance, it was revealed that the majority of the respondents were experiencing detachment (isolation), flashbacks and panic attacks, nightmares, fantasies, insomnia, poor self-confidence, and depression. These are all manifestations of post-traumatic stress disorder (PTSD).

**Psycho-Social Support for Young People in Bamenda**

The study established that the crisis had put most of the residents in abject poverty. This situation was found to be exacerbating their mental anguish. Therefore, individuals were found to be trying to engage in minor businesses to keep them going and to meet their financial obligations. Regarding psycho-social support, the study revealed that very minimal intervention was offered in terms of group counseling and limited to specific church seminars. Therefore, most of the victims of war were missing important interventions to help them cope effectively with their mental anguish.

## 5.4 Conclusion

The study concludes that the level of war trauma among young people in the Bamenda City Council area of Cameroon is extremely high and needs urgent intervention measures. There is also a high prevalence of anxiety, depression, and post-traumatic stress disorders. The study also concludes that the victims of war have serious mental disorders that needed urgent

intervention. The study also concludes that the crisis had put most of the residents in abject poverty which was exacerbating their mental anguish. Unfortunately, the only psycho-social support they have received was group counseling and prayers during church seminars.

The researcher stands strongly to say that with this prolonged exposure of young people of Bamenda city council to all these crisis-related traumas and other trauma exposures that have come as a result of the crisis that rocking for the past four years if adequate awareness and professional attention are not directed to respond to and curb down the effects of this crisis on the mental health of young people in Bamenda city council, the repetitive trauma events are likely going to cause their alarm system to no longer function as they are supposed to function. This will intend to affect their sense of safety and as a result, affect their sense of trust in others. Finally, all these are likely going to create emotional and physical responses to stress resulting in emotional numbing, psychological and severe mental health disorders associated with complex PTSD that would result in personality disorders.

**5.5 Recommendations**

This study strongly recommends that the government, young people, and all the perpetrators of the crisis should immediately stop the war and get into honest-inclusive dialogue to concretely find lasting solutions and that the services of professional mental health practitioners be made available by the government to immediately attend to all those suffering from the trauma caused by the crisis in Cameroon. The study, therefore, recommends the following:

**I. The Government:**

The government needs to should negotiate to end the war and to create a favorable environment for the different entities to engage in meaningful discussions. This can be done by

immediate cease-fire/Amnesty, organizing genuine inclusive dialogue among the two parties at a negotiation table to look for long-lasting solutions, and making Reforms in the system of government that will attend to the grievances of the people.

II. **The Ministry of Public health**:

The ministry of Public health needs to should start creating Mental Health Units in every Divisional Head Quarters of the affected region to offer professional mental health care. The management and services of the two centers already created for Disarmament, Demobilization, and Reintegration (DDR) of Ex-fighters need urgent restructuring to offer adequate professional mental health care and to enable them to reach the goal of social re-integration.

**III. The Ministry of Education:**

The Ministry of Education needs to train mental health workers and need to launch a campaign to integrate professional mental health workers into all the levels of the educational sectors from primary school to Universities to offer adequate psychological help to young people already suffering from the mental health effects of the crisis in Cameroon. These supports include a sense of safety and hope, calming, self - and community efficacy, social connectedness, counseling, education, spiritual support, group support, and other services for re-integration of those who have been fighting this war.

**IV. The Church Hierarchy and Religious Institutions**

The church hierarchy and other Religious Institutions need to get well professional Psycho-spiritual Therapist and well-trained Counselors at all levels of their schools, hospitals, and youth centers to offer quality psychological counseling for the mental well-being of those affected.

**V. The Parents and Caregivers**

The parents and caregivers of these young people should be ready to avail themselves and bring along their children to all programs organized to address mental health-related issues.

**VI. The Young People**

The young people directly involved in this war need to rise against all forms of manipulation and take responsible actions to disengage themselves from this war and make a better living of their lives. They should avail themselves of psychological and mental help from professional mental health practitioners to work on their fears, anxieties, depression, grievances, and other personal concerns that have affected their mental wellbeing for social reintegration.

## 5.6 Suggestions For Further Research

This study only focused on the influence of the Anglophone crisis on the mental health wellbeing of young people of Bamenda City Council in Cameroon. The study, therefore, suggests for further research:

i. Research on War trauma that will involve parents and children in the context of the Anglophone crisis in Cameroon.

ii. Research to explore traditional interventions and cleansing ceremonies for the mental wellbeing of those affected by exposure to war-related trauma and other forms of trauma.

## References

Alleyne-Green, B., Kulick, A., Grocher, K. B., DeLoach McCutcheon, K. P., & Betancourt, T. S. (2019). The impact of war violence exposure and psychological distress on parenting practices among a sample of young adults affected by war post-conflict Sierra Leone. Peace and Conflict: *Journal of Peace Psychology*, 25(4), 325–334.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, VA: American Psychiatric Publishing

Amuk, A.A., & Akol (2020). Mental disorders among young war-affected adults in post-war communities in The Republic of South Sudan. *The Ahfad Journal*, 37(1), 30-39.

Barnard, A., Burgess, T., and Kirby, M. (2004). *As and a level sociology*. Cambridge: Cambridge University Press.

Bashir, M. U., Geidam, A. I., & Mu'azu, I. (2019). Boko haram insurgency and violence against women in North-Eastern Nigeria. *International Journal*, *2*(10), 57–66.

Benner, D., Barbara, J. S., & Woodside, D. (2017). *Psychological trauma and social healing in Croatia.* Med Confl Surviv.

Boundless (2016). The Conflict Perspective. Available at: https://www.boundless.com/sociology/textbooks/boundless-sociology-textbook/sociology-1/theoretical-perspectives-in-sociology-24/the-conflict-perspective-156-974/

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: A systematic

review and meta-analysis. *The Lancet, 394*(10194), 240–248. https://doi.org/10.1016/S0140-6736(19)30934-1

Cohen, J. (2017). *Treating trauma and traumatic grief in children and adolescents.* New York: Guilford.

Crossman, Ashley. (2020). A Brief Biography of Karl Marx. Retrieved from https://www.thoughtco.com/karl-marx-biography-3026494

Crossman, Ashley. (2020). Understanding Conflict Theory. Retrieved from https://www.thoughtco.com/conflict-theory-3026622

Mello Kenyon, G., & Schirmer, J. (2020). Common practice elements of school-based trauma interventions for children and adolescents exhibiting symptoms of post-traumatic stress disorder: A systematic review. *Journal of Psychologists and Counsellors in Schools*, 17(9) 1–17.

Edward, M., Frederick, B. J., Sonal, S., Michel, J., Rachel, M., & Vindya, A. (2009). *Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children, Medicine, Conflict and Survival,* 25:1, 4-19, 10.1080/13623690802568913.

Ekah, R. E. (2020). The Anglophone Crisis in Cameroon: A Geopolitical Analysis. *Available at SSRN 3529815*.

Ellis, A. (2019). The evolution of Albert Ellis and rational emotive behavior therapy. In *the Evolution of Psychotherapy* 7(3), 69–82

Gordon, J. S., Staples, J. K., He, D. Y., & Atti, J. A. A. (2016). Mind-body skills groups for posttraumatic stress disorder in Palestinian adults in Gaza. *Traumatology, 22*(3), 155-167

Gordon, JS., Abdel, A. J., & Staples, J. (2011). Mind-body skills groups for posttraumatic stress disorder and depression symptoms in Palestinian children and adolescents in Gaza. *International Journal of stress 6(2), 27-55*

Green, R. M. (2019). Ethical considerations. *Principles of Regenerative Medicine* 23(11), 1331–1343

Griffith, J., Ukshini, S., & Weine, S. (2015). A family approach to severe mental illness in post-war Kosovo. *Psychiatry 68(8), 17–27.*

Hassan, G., Ventevoge, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. (2016). Mental health and psychosocial well-being of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences, 25(2), 129-141. DOI:10.1017/S2045796016000044*.

Jong, J. T., Sipsma, H., Ntamutumba, P., Ndayisaba, A., Jordans, M. J., Komproe, I. H., & Tol, W. A. (2014). *School-based mental health intervention for children in war-affected Burundi: A cluster randomized trial. BMC Medicine, 12(1). Doi:10.1186/1741-7015-12-56*

Jung Y.M. (2019) Data Analysis in Quantitative Research. In: Liamputtong P. (eds) Handbook of Research Methods in Health Social Sciences. Springer, Singapore. https://doi.org/10.1007/978-981-10-5251-4_109

Jürges, H., Stella, L., Hallaq, S., & Schwarz, A. (2017). *The cohort at Risk: Long-Term Consequences of Conflict for Child School Achievement*.

Kadir, A., Shenoda, S., Goldhagen, J., & Pitterman, S. (2018). The effects of armed conflict on children. *Pediatrics*, *142*(6), 112-146

Katzenbach RJ., Layne CM, Campbell JE, Burlingame GM, Davies DR, & Cox J. (2007). *Effectiveness of a trauma/grief-focused group intervention: A qualitative study with war-exposed Bosnian adolescents.* Int J Group Psychotherapy.

Kyngäs, H., Kääriäinen, M., & Elo, S. (2020). The trustworthiness of content analysis. *The Application of Content Analysis in Nursing Science Research* (pp. 41–48). Springer.

Longman, Weinstein, H., & Pham, P. (2010). *The physical and mental health problems of the survivors of the genocide in Rwanda have been well-documented Trauma and PTSD symptoms in Rwanda: Implications for attitudes toward justice and reconciliation.* JAMA. 292(5), 602-612.

Machel, G. (2012). *Promotion and protection of the rights of children: Impact of armed conflict on children United Nations, Retrieved: Http://www.un.org/rights/introduc.htm*.

Mann, S., & Slone, M. (2016). Effects of war, terrorism, and armed conflict on young children: a systematic review. *Child Psychiatry & Human Development, 47(6), 950– 965. Doi:10.1007/s10578-016-0626-7*.

Martin, B., Francine, L., & Martine, H. (2014). Post-Traumatic Stress Disorder/PTSD in adolescent victims of sexual abuse: Resilience and social support as protection factors. *Ciência & Saúde Coletiva, 19(3), 685-694*.

Marxists Internet Archive (1848) "Manifesto of the Communist Party." https://www.marxists.org/archive/marx/works/1848/communist-manifesto/ch01.htm#007 Accessed August 10, 2020

McClelland, K. (2000). *Conflict Theory*. [online] Web.grinnell.edu. Available at: http://web.grinnell.edu/courses/soc/s00/soc111-01/IntroTheories/Conflict.html

Raskind IG, Shelton RC, Comeau DL, Cooper HLF, Griffith DM, Kegler MC (2019). A Review

of Qualitative Data Analysis Practices in Health Education and Health Behavior Research.46(1):32-39. 10.1177/1090198118795019.

Mohan, P., McGorry, P., Bird, K., Silove, D., & Steel, Z. (2013). Pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants. *Journal of Trauma Stress. 12(3), 421-435.*

Nsengiyumva, H., & Abiosseh, D. (2019). Healing trauma and building trust and tolerance in Rwanda. *Interpeace Peacebuilding in Practice, 13(4), 11-55*.

Ortega-Toro, E., García-Angulo, A., Giménez-Egido, J. M., García-Angulo, F. J., & Palao, J. M. (2019). Design, validation, and reliability of an observation instrument for technical and tactical actions of the offense phase in soccer. *Frontiers in Psychology, 10(5), 22-51*

Paardekooper, B., de Jong, J., & Hermanns, J. (2014). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An exploratory study. *Journal of Child Psychiatry, 40(4) 529-536*.

Pardede, Parlindungan (2019) Mixed Methods Research Designs in EFL. In: proceeding English Education Department Collegiate Forum (EED CF) 2015-2018. UKI Press, Indonesia, Jakarta. ISBN 978 623 7256 25 0

Qais Alemi, Emma Mefom, Susanne Montgomery, Patrick Marius Koga, Carl Stempel & Joachim O. F. Reimann (2021) *Acculturative stress, stigma, and mental health challenges*: emic perspectives from Somali young adults in San Diego county's 'Little Mogadishu', Ethnicity & Health, 10.1080/13557858.2021.1910930

Robert, N. B. (2020). Uprising and human rights abuses in Southern Cameroon-Ambazonia. *In Education, Human Rights, and Peace in Sustainable Development*. 34(10), 341-367

Shoshani, A. (2020). Transcending the reality of war and conflict: Effects of a positive psychology school-based program on adolescents' mental health, compassion, and hopes for peace. *The Journal of Positive Psychology,11(3),1–16.*

Shrotryia, V. K., & Dhanda, U. (2019). Content validity of assessment instrument for employee engagement. *Sage Open, 9(1), 21-56*

Somasundaram, Daya & Jamunanatha, C. (2010). Psychosocial Consequences of War. 10.1007/0-306-47675-4_4.

Thabit, A. A., Tawahina, A. A., & El, S. E. (2008). Exposure to war trauma and PTSD among parents and children in the Gaza strip. *European of Journal of Child Adolescent Psychiatry 17(5), 191-210*

Toman, C. (2020). Foreword: The Anglophone problem as seen through the eyes of some of Cameroon's most prominent veteran and emerging scholars. *Journal of the African Literature Association*, 33(7), 1–7.

Torre, C. (2019). Psychosocial support (PSS) in war-affected countries: A literature review. *Sage Open, 9(1), 21-56*

Uppendahl, J. R., Alozkan-Sever, C., Cuijpers, P., de Vries, R., & Sijbrandij, M. (2019). Psychological and psychosocial interventions for PTSD, depression, and anxiety among children and adolescents in low-and middle-income countries: A meta-analysis. *Frontiers in Psychiatry*, *10*(6), 46-67

Wallace and Wolf (2016). *Conflict theory and the critique of society*. [online] Spot.colorado.edu. Available at <http://spot.colorado.edu/~wehr/40RD8.TXT

Wani, M., & Phogat, P. (2018). Effects on the mental well-being of children facing armed conflict: A systemic review. *Indian Journal of Health & Wellbeing*, *9*(1), 19-56

Wong, E. C., & Bryant-Davis, T. (2013). *Faith to move mountains:* Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist, 68(8), 675–684. Https://doi.org/10.1037/a0034380*.

World Health Organization. (2014) *International Classification of Diseases (ICD).* http://www.who.int/classifications/icd/revision/en/

World Health Organization. (2015). *Mental health: A state of well-being. http://www.who.int/features/factfiles/mental_health/en/*.

Yeung, W.-J. J., & Li, H. (2019). Educational Resilience Among Asian Children in Challenging Family Environment. *Social Indicators Research, 13(7), 1–11*.

# Appendices

## A. Letter of Introduction of the Researcher

PSYCHO-SPIRITUAL INSTITUTE (PSI)

MARIST INTERNATIONAL UNIVERSITY
(CATHOLIC UNIVERSITY OF EASTERN AFRICA, NAIROBI, KENYA)
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Rev Brother Evaristus Mbiydzenyuy
Marist Brothers of the Schools
Marist International Center
Nairobi, Kenya

**Regional delegation of Public Health**
**North West Region, Bamenda,**
**Cameroon**

**To whom it may concern,**

**A letter of Application for Research Permit**

I am Rev. Brother Evaristus Mbiydzenyuy, a finally professed member of the Religious Congregation of Marist Brothers of the Schools, a bonafide citizen of Cameroon, and a holder of Cameroon National Identity Card (NID) Number 117269495. I am a final year Master's degree student Psycho-Spiritual Therapist/Counsellor in Psycho-Spiritual Institute (PSI) at the Marist International University College, Constituent College of the Catholic University of Eastern Africa, Nairobi Kenya, Admission No. PSI/73/EM/19. After successful completion of my professional course work and defend of my thesis proposal, I write to your office, to humbly request for an approval letter to collect data for the academic purpose of my research work on the Anglophone Crisis and the Mental health Wellbeing of young people of Bamenda city council in Cameroon.

The study sets out to examine the various consequences of the Anglophone crisis on the mental health of young people in Bamenda City Council area, Cameroon and it is informed by the social conflict theory of Karl Marx. The researcher shall use a concurrent nested design to identify the types of socio-political crisis-related trauma, the prevalence of depression, anxiety, and post-traumatic stress disorders (PTSD) among the young people of Bamenda city council area in Cameroon. This design shall also be used to examine the effects of the crisis on the mental health of young people of the Bamenda city council area in Cameroon, and to discover the various psycho-social support and other forms of interventions for these young people located in the area.

The researcher shall use a simple random sampling technique to sample 300 participants from the target population, of young people ages 15-30, to take part in the quantitative data set, and a purposive sampling technique to select 14 participants for the qualitative data set. Data shall be collected using standardized diagnostic instruments (adopted from DSM-5) for the quantitative data set and semi-structured interview guides for the qualitative data set. The researcher shall use the Statistical Package for Social Science (IBM SPSS V25) to analyze the quantitative data set and thematic approach to analyze the qualitative data set, and the two analyzed data sets shall be merged for further interpretation.

The major ethical considerations in conducting this research include obtaining research clearance from PSI/approval letter from the research location, Participant's informed consent, beneficence, respect for anonymity and confidentiality, Research Assistance Ethical Guide, and respect for privacy.

**Thank you for your collaboration**
**Rev Brother Evaristus Mbiydzenyuy, FMS**

## B. Approval Letter to collect data from PSI

Psycho-Spiritual Institute

08/12/2020

TO WHOM IT MAY CONCERN

REF: **AUTHORITY TO COLLECT DATA**

The bearer of this letter by the name: **Evaristus Mbiydzenyuy** Admission No: **PSI/73/EM/19** is an MA student in **Psycho-Spiritual Therapy & Counselling** at Psycho-Spiritual Institute, Marist International University College.

Having completed the course work, he is ready to conduct a research through collection of data. We are therefore requesting you or your Institution to assist him to collect the necessary data to enable him complete his research.

Thank you in advance, for your support.

Yours,

*Rev.Dr. Joyzy Egunjobi*

PSYCHO-SPIRITUAL INSTITUTE, KENYA 8 DEC 2020 Official Office of the Director

*PSI ACTING DIRECTOR.*

**MARIST INTERNATIONAL UNIVERSITY COLLEGE**
Off langata road, Marist lane P.O.BOX 24450 - 00502 Nairobi, Kenya
Adminstration:psimickenya@gmail.com / director@psi-online.org Tel: 0715 978 013
Academic office: psiacademicdesk@gmail.com

www.psi-online.org

## C. Approval Letter from the Research Location

REPUBLIC OF CAMEROON
Peace - Work – Fatherland

REPUBLIQUE DU CAMEROUN
Pais –Travail – Patrie

MINISTRY DECENTRALISATION & LOCAL DEVELOPMENT

BAMENDA CITY COUNCIL

GENERAL SECRETARIAT

DEPARTMENT OF ADMINISTRATIVE AFFAIRS AND HUMAN RESOURCES

DATE: 10 MARS 2021

Ref. No.BCC 965 /SG/DAAHR/CSPVT/CSC SAF/VOL.20/2021

REV. BROTHER EVARISTUS MBIYDZENYUY,
MARIST INTERNATIONAL CENTRE,
NARIOBI KENYA

**SUBJECT: AUTHORISATION**

I acknowledge receipt of your Application dated 23/02/2021, requesting to carry out research study within the Bamenda Municipality from **11th to the 31st of March 2021**. Objective: **Study of Mental Health of young People within the Bamenda Municipality**.

Authorisation is hereby granted for a period of a month from **Thursday 11th to 31st March 2021.** You will have to work in collaboration with all the sub divisional councils.

THE 1ST DEPUTY MAYOR,
BAMENDA CITY COUNCIL,

NDOH DAVID CHI.

CC:
- FILE/ARCHIVE

P.O. Box 495, Bamenda, Mezam Division, North West Region, Republic of Cameroon.
Tel /Fax: +237.3336.17.67 / +237.3336.13.13 www.bamendacity.com

## D. Informed Consent of the Participants

**PSYCHO-SPIRITUAL INSTITUTE**

**MARIST INTERNATIONAL UNIVERSITY**
**(CATHOLIC UNIVERSITY OF EASTERN AFRICA, NAIROBI, KENYA)**

---

### PARTICIPANT'S INFORMED CONSENT FORM

Dear participant,

We happily welcome you to participate in the study to find out how the Anglophone crisis has affected the mental health of young people across the municipalities of Bamenda city council in Cameroon.

The information we about to collect from you shall only be used strictly for academic purposes and we want to assure you that no information that may disclose your identity or implicate you would be displaced in any way or given to anyone. During and after this study, data protection policies shall remain strictly observed- no publication of your responses/interview on media, and sorting out the participant's consent before recording any interview for this study.

To further assure you of your protection, we urge you not to put your name or any information anywhere in this questionnaire, that may disclose your identity. As a team, we want to assure you of our respect for anonymity, confidentiality, and respect for your privacy. We shall avoid anything that may lead to danger, exploitation, or cause anxiety in the lives of the participants, and not disclosing any sensitive information from the respondents shall remain a very important guiding principle for the research team.

We count on your voluntary participation and your honest responses to these questions for it would help us to understand various ways that the Anglophone Crisis has affected the mental health of young people in Bamenda city council to establish professional mental health interventions for resilience, health, and wellbeing.

**APPROVAL/ SIGNATURES**

**RESPONDENT**

_____

**RESEARCH ASSISTANCE TEAM**
*For Shufai Evaristus Mbiydzenyuy (fms)*
*Student Psycho-Spiritual Therapist/Counsellor*

_____

**DATE**

_____

## E. Ethical Guide for the Research Assistance Team

**PSYCHO-SPIRITUAL INSTITUTE**

**MARIST INTERNATIONAL UNIVERSITY**
**(CATHOLIC UNIVERSITY OF EASTERN AFRICA, NAIROBI, KENYA)**

### ETHICAL GUIDE FOR RESEARCH ASSISTANCE TEAM

The major ethical considerations in conducting this research include informed consent, beneficence, respect for anonymity and confidentiality, and respect for privacy. The researcher shall communicate the purpose of the research and ensure permission is obtained from the rightful gatekeepers before setting out to collect data for this study. Informed consent to the respondents shall be established to give them the autonomy of voluntary participation and to assure them of their protection and safety during and after the research. Since the interview schedules shall be done through phone calls by the researcher, further data protection policies shall be strictly observed; no publication of interview on media, and the consent of the participants shall be sort for, to record the interviews. The research team shall ensure fair treatment and respect of all the participants in their right to make their own decisions without coercing anyone to participate in the study.

Throughout this process of data collection, the research team shall ensure all our actions and words are guided by the principle of non-maleficence- *do no harm*, by remaining focus, professional, and avoiding anything that may lead to danger, exploitation, or anxious concerns in the lives of the participants. Also, the team shall avoid any form of deceptive practices, respect vulnerable populations, remain aware of potential power issues in data collection, respect the indigenous cultures as well as any regulation from the Bamenda city council. Respecting anonymity, privacy, confidentiality, and not disclosing any sensitive information from the respondents shall remain a very important guiding principle for the research team. Staying professional before during and after the research especially in line with professional, legal, and ethical boundaries to bracket any possibility of a dual relationship or anything that may cause harm to the respondents.

**Shufai Evaristus Mbiydzenyuy (FMS)**

*Student Psycho-Spiritual Therapist/Counsellor*

*Psycho-spiritual Institute, Nairobi, Kenya*

## F. Research Instruments

### i. Questionnaires for Young People of Age Group (15-30) Of Bamenda City Council

*The purpose of this questionnaire is to collect data to find out how the anglophone crisis has affected the mental health wellbeing of young people in Bamenda city council- Cameroon.*

**Section A: This section needs information concerning socio-demographic data**.

It captures variables such as age, sex, level of education, and municipality in the Bamenda city council, Cameroon. Kindly indicate by a tick **(√)** in the box next to the variable that concerns you. Please do not write your name so that your identity should be protected. I count so much on your honesty.

1. **Age group:** 15-18 ☐ 19-22 ☐ 23-26 ☐ 27-30 ☐
2. **Sex** : Male ☐ Female ☐
3. **Level of education:** Primary school ☐ Secondary school ☐ Highschool ☐ University ☐
4. **Municipality**: Nkwen ☐ Mankon ☐ Bamendakwe ☐

**Section B- War Traumatic Event checklist**:

This section contains items, checked by "Yes" or "No", and identifies the various kinds of war traumatic events that young people experienced during the Anglophone Crisis. Kindly tick (√) in the box next to Yes, if you identify yourself to the particular event. If you do not identify with it, kindly tick (√) in the box next to No. We again count on your honesty in this checklist.

| SN | Types of Traumatic Events Exposure due to the Anglophone Crisis | Yes | No |
|---|---|---|---|
| 5 | Witnessing villages and houses burnt down | | |
| 6 | Witnessing the burning of schools and dormitories | | |

| | | | |
|---|---|---|---|
| 7 | Forced to leave home to take refuge in the bush as a result of threats | | |
| 8 | Witnessing killings of close relatives or friends | | |
| 9 | Suffered molestation/ torture from either military or Amba-boys | | |
| 10 | Suffered from kidnaps, detent, and paying of ransom | | |
| 11 | Have suffered an invasion of military or Amba-boys and torture | | |
| 12 | Threatened with death by being used as a human shield | | |
| 13 | Was caught in the midst of shooting by the military and Amba-boys | | |
| 14 | Have suffered from sexual or violet abuse in the course of the crisis | | |
| 15 | Living as an Internally displaced person (IDP) | | |
| 16 | Was working and have gone jobless | | |
| 17 | Witness assassination of people | | |
| 18 | Deprivation of electricity and water for an abnormal period | | |
| 19 | Watched mutilated bodies on the streets | | |

**Scoring of the Psychometric Research Tools**

Level of trauma = (Sum all % confirmed) / Total No. of items

**Section C: Anxiety and Depression DSM-5 Diagnostic Criteria**

This section contains items that will indicate the presence of common mental health especially Anxiety and Depression among young people in the Bamenda city council. Please read each of the statement and select a number 0,1,2,3 or 4 that indicates how much the statement applies to your over the past month. There is no right or wrong answer. Do not spend too much time on any

statement. The rating scale is as follows: 0=It doesn't apply to me 1=some of the times 2= Undecided 3=a good extend of my time 4=most of the time

| SN | Statements to show the presence of Depression and Anxiety | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 20 | Feeling just stressed out (prolonged) | | | | | |
| 21 | I have been going through excessive anxiety and worry in my life | | | | | |
| 22 | Feeling lonely, fatigue, and restless | | | | | |
| 23 | Feeling worthless and life is meaningless | | | | | |
| 24 | Prolonged depressed mood (feeling low) | | | | | |
| 25 | Feeling angry (get easily irritated) | | | | | |
| 26 | Weight loss or weight gain | | | | | |
| 27 | Excessive worry and fear | | | | | |
| 28 | sleep difficulties | | | | | |
| 29 | Inability to concentrate | | | | | |
| 30 | Loss of interest/motivation in life | | | | | |
| 31 | Fear of specific objects or places | | | | | |
| 31 | Fear of being negatively judged or evaluated (humiliated) by others | | | | | |

**Scoring of the Psychometric Research Tools**

- Prevalence of Anxiety = (Sum all % even numbers confirmed for 1,3,4) / Total No. of items
- Prevalence of Depression= (Sum all % even Odd numbers confirmed for 1,3,4) / Total No. of items

**Section D- PTSD DSM-5 diagnostic Criteria:**

This section contains items that conceptualize the various effects of the Anglophone crisis on the mental health of young people in Bamenda city council. The questions are designed to measure symptoms that meet the criteria for general post-traumatic stress disorder (PTSD) and the scale runs from **1= Never, 2=rarely, 3=Sometimes, 4=often, and 5=always**. Kindly indicate with a tick (√) in the box that best describes the extent to which you find a particular statement applies to you

| **SN** | **Statements indicating the effects of the crisis on mental health** | **5** | **4** | **3** | **2** | **1** |
|---|---|---|---|---|---|---|
| 32 | Detachment(isolation) from others often marked by fear, cautiousness, and mistrust | | | | | |
| 33 | Flashbacks (reliving past painful experiences) | | | | | |
| 34 | Nightmares (frightful dreams that cause anxiety upon waking up) | | | | | |
| 35 | Avoiding reminders of particular events (not to relive them again) | | | | | |
| 36 | Insomnia (High time sleeping or staying asleep) often from anxiety | | | | | |
| 37 | Have gotten into drug use, alcohol, self-medication, or overeating | | | | | |
| 38 | Hypervigilant about who I meet (to those I meet, perceived the world filled with malice, constantly observing people) | | | | | |
| 39 | Feel jumpy (just being surprised all the time) more than normal | | | | | |
| 40 | Feeling toxic guilt and shame in me | | | | | |
| 41 | Involvement in an unhealthy relationship often (you have become sexually vulnerable) | | | | | |
| 42 | Depression (feeling sadness, low energy, moody, not motivated, no interest, low self-esteem) | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 43 | Poor self-confidence (self-doubt and lack of self-confidence) | | | | | |
| 44 | Disassociation (Compartmentalization of self) marked by a lot of fantasy-not real. | | | | | |

**Scoring of the Psychometric Research Tools**

PTSD = (Sum all % confirmed in 3,4,5) / Total number of Items

### ii. Interview Scheduled for Qualitative Data in The Three Municipalities

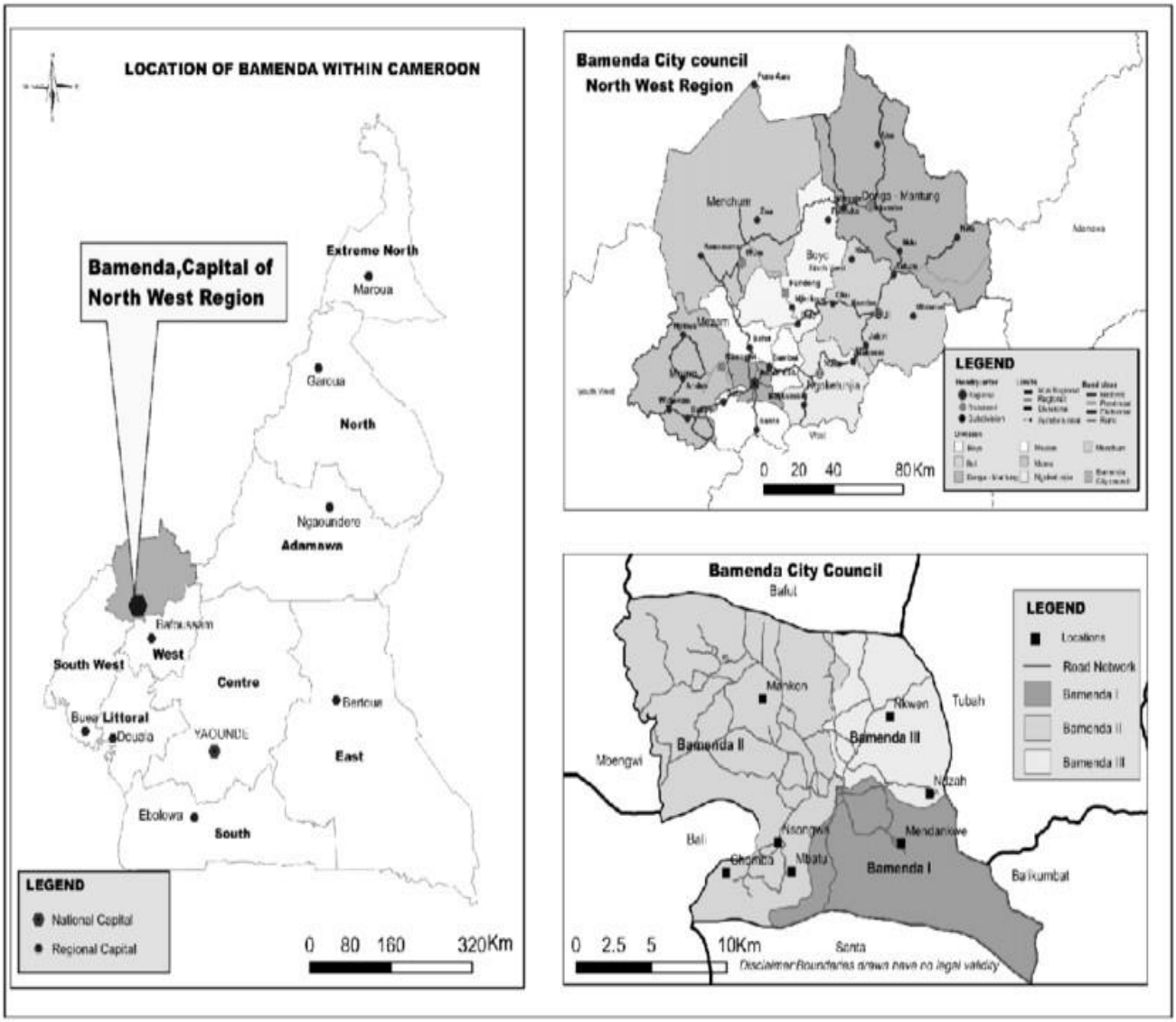
This section consists of open-ended questions (semi-structured interviews). You are free to express yourself in-depth as far as your experience of the Anglophone crisis, is concerned. The Interview is guided by carefully designed open-ended questions to enable the respondent (you) to share your experiences in line with the research objectives. You (the respondent) shall remain very anonymous and all information gathered from this interview shall strictly be used only for this study, to enable the researcher to find out ways in which the Anglophone crisis has affected the mental health wellbeing of young people in Bamenda city council.

a) What can you say has been your experience of the anglophone crisis?
b) When you think about the anglophone crisis in Cameroon, what are the things that come to your mind? You can just name them.
c) How has the Anglophone crisis affected you as a person when you compare your life before the crisis and ever since the crisis started until now?
d) What are the activities that you have been involved in during the crisis which have been helping you to cope with life or find meaning in life amid the anglophone crisis?

e) Are there some psychological supports that you can say you received from professionals (e.g., workshops, seminars, talks, etc.) as an individual or in a group, aimed at helping you to cope or better manage yourself amid the Anglophone crisis?

_____

## G. Map of Bamenda City Council in Cameroon




**Source:** (BBC, 2016)

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A Study on The Anglophone Crisis and Mental Wellbeing of Young People of Bamenda City Council in The North West Region of Cameroon

Rev Bro Shufai Evaristus Mbiydzenyuy, FMS

Reg No: PSI/73/EM/19

Thesis Submitted to The Psycho-Spiritual Institute, Marist International University College in Partial Fulfilment of The Requirements for The Award of The Master of Arts Degree in Psycho-Spiritual Therapy and Counseling of The Catholic University of Eastern Africa

April 2021