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Psycho-Demographic Predictors Of Resilience Among Internally Displaced Adolescents In Nigeria

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ABSTRACT

Researchers have indicated that internally displaced adolescents suffer series of Psychological problems. These have some adverse effects on their ability to develop resilience which is central to their psychological outcomes. This study therefore investigated Psycho- demographic predictors of resilience among institutionalized internally displaced adolescents in Abeokuta, Ogun state, Nigeria. Cross sectional survey research design was adopted for the study. Data was gathered from one hundred and ninety four (194) internally displaced purposively selected institutionalized adolescents from Abeokuta. Age range of the sample was 10-19 years with mean age of 15.13and Standard Deviation of 2.14. Three hypotheses were generated and tested in the study using multiple regression analysis and t-test for independent sample. Findings revealed that social support, depression and stress jointly predicted 27% variance of change observed in resilience ($R=.52, R^2=.27; F=23.41, df=3,190, p<.05$).Social support($B=.54, t=8.28$ $p<.001$) and depression ($B=.23, t=3.44 p<.001$) were the only independent predictors of resilience. The addition of religiosity moderated the joint prediction of resilience by social support, depression and stress ($R= .58$, $R^2 = .34$; $F = 17.52$, $df = 6, 187$, $p<.05$). Further analysis revealed that after the moderation of religiosity, only social support ($\beta = .55$, $t = 7.72$, $p<.001$) independently predicted resilience. It was found that socio-demographic variables (age and class of study) had no significant joint influence on resilience at {$R= .09$; $R^2= .01$ $F (2, 191) = .70$; $p>.05$}. Moreover, there were no significant gender differences in resilience among internally displaced adolescents in Abeokuta. It was concluded that depression and stress are predictors of resilience among internally displaced adolescents in Abeokuta. Based on the findings of the study, the researchers recommended that internally displaced adolescents should be given proper attention on their mental health. Also, government should provide necessary supports to the IDP camps by providing them with social amenities, education and counseling facilities which can in turn contribute to their mental health improvement and development.

Keywords: Depression, Institutionalized Internally Displaced Adolescents, Resilience, Social Support, Stress.

INTRODUCTION

Resilience is a vital phenomenon in every human psychological responses. According Rebecca, Florence, & Elizabeth (2015) resilience needs to be adequately addressed particularly in times of adversities or trauma. Resilience has been described as the ability to bounce back in times of stress or adversities (Smith, 2010). An understanding of the impact of trauma experienced by internally displaced adolescents and the factors that influence their resilience had recently made it to become more critical.

This is imperative because the effect of any trauma can be vicious to their mental health which can affect their resilience and their overall health (Şafa, Halit.and Uçar 2020). An insight to why adolescence stage is important was raised by Jones, (2013) He postulated that, 75% of mental health problems begin to manifest at adolescence. Here lies the need for close look at their level of resilience in times of trauma in relation to their mental health and the need for this study.

Many adolescents react differently to trauma due to so many factors like developmental processes, coping skills and other environmental cues. This could have implications on their mental health and their overall development (Trauma Informed Care, 2017; Sweeny, 2014; Carrmelade, Candia & Kathleen Guarino, 2015).According to United Nations Refugee Agency (2021), the global prevalence of internally displaced persons as at December, 2020 has been estimated to be 82.4 million of which 48 million IDPs as a result of conflict and violence in the world and 7 million from disasters (Internal Displacement Monitoring Center (IDMC), 2020).

Affected populations often settle in camp-like settings or within other communities. According to Adamu and Rasheed, (2016) in Internally Displaced Monitoring Committee, (2017) it was gathered that, the highest displacements were recorded in China with 7.4 million people, followed by the Philippines (5.9 million), India (2.4 million) and Indonesia (1.2 million).

According to International Organization for Migration (IOM) report in April (2015), in Nigeria, there are 1.3 million IDP in the three North East states, indicating

almost 300,000 newly displaced people since February 2015 which brings about the estimate of one million, three hundred and seven thousand, seven hundred and sixty-three (1,307,763) IDP in Borno, Yobe, and Adamawa states, 89.9 per cent live with host communities, while only 10.1 per cent live in camps.

The statistics of the prevalence in Nigeria is as follows as at April (2017);1,427,999(66.25%) in Borno,150,718 (6.9%)in Adamawa,134,415 (6.24%) in Yobe ,106,074 (4.92%)in Benue,63,731(2.96%)inBauchi,54,316(2.52%) in plateau,47,540 (2.28%) in Zamfara, 46,824 (2.17%)in Taraba,38,720(1.80%)in Nasarawa,1.45% in Kaduna, 26,634(1.34%) in Gombe 16,635 (0.77%) in Abuja (FCT) and 10,834(0.54%) in Kano. (Internally Displaced Monitoring Committee, 2017).

Moreover, according to UNICEF, as at February (2018), the total number of internally displaced children and adolescents globally is 28 million.12 million are child refugee and child asylum seekers while 16 million are living in internally displaced in IDP camps due to conflict and violence. (UNICEF, 2018). Similar in reports, United Nations, (2017) estimated that around the globe, close to 11.2 million to 13.7 million children are internally displaced as a result of conflict and violence. (United Nations, 2017).

However, Children and adolescents are seen to be the most vulnerable in conflicts and disaster, (United Nation Impact of Armed Conflict on Children, 1996). During conflict and displacement, children and adolescents are often separated from their families or caregivers, or those who would normally provide them with protection and care. This makes them experience various psychological disorders including depression (Laura, Lyndal and Sharon, 2015).

Globally, fewer studies both in and outside Nigeria have found association with resilience of internally displaced adolescents and their mental health such as stress and depression (Anteghini, Fonseca, Ireland, & Blum, 2001; Tahereh Ziaian et al., 2012; Durosaro & Ajiboye 2011;Sheila, 2013; Welsh, Laura, Lyndal &Sharon, 2015). Hence, the need for this research.

Durosaro and Ajiboye, (2011) studied 200 adolescents in problems and coping strategies of internally displaced adolescents. They theorized that emotional problem

like stress and anxiety are common in internally displaced adolescents. Similarly, Karam, Friedman,Hil,,McLaughlin and Petukhova (2014) postulated that, most people that are exposed to one (or more) potentially life-threatening traumatic experiences can influence mental health and result in stress conditions such as post-traumatic stress disorder.

Among the factors that also influence resilience of internally displaced adolescents is perceived social support. Considering an adolescent who enjoys good relationship with family members/relatives or enjoys peer and social relationships often will tend to be more resilient and have social adaptations in time of adversities. (Tahere, Helena de Antiss, Georgia, Peter &Micheal, 2012; Travis, Lyness & Shield, 2004; Saya, Checkley & Rees, 2002; Faith, Douglas &Southwick,2007).

Moreover, several studies have shown that many adolescents cope with traumatic or stressor events on the basis of their religious beliefs .This is due to the fact that,when people become traumatized, they often look for a new sense of meaning and purpose of their existence. Spiritual or religious beliefs and practices are important components of almost all cultures.it has been observed that religiosity and spirituality are strongly based on a personal quest to understand ultimate questions about life, meaning, and relationships with the sacred or transcendent (Moreira-Almeida & Koenig, 2006).

Religious frameworks and practices may have an important influence on how people interpret and cope with traumatic events and it is believed to be a resource of resilience in adversities and traumatic events. (Feder et al., 2012). Religiosity has been described as a belief or faith of a particular individual. Several studies have reported that individuals who become internally displaced during armed conflict will use their religious faith to cope with the trauma of displacement, thereby strengthening their religiosity (Borian, 2017; Bruno et al., 2015).Also, in Intrinsic religiosity, in a study by Stefano Lassis, et al., (2015) the role of religion and spirituality on mental health and resilience reviewed that there is a positive correlation between, religiosity especially in participation and mental health outcomes.

Moreover, gender has been found to influence resilience of internally displaced adolescents. Several researchers examined traumatized adolescents and found higher behavioral resilience among girls and higher emotional resilience found among boys (Arooj & Zubair, 2012; Schneider, Wise, Benson & Brozek, 2013).

According to Zian et al., (2008) in their research on resilience and its association with depression, emotional, behavioural problems and mental health service utilization among refugee adolescents living in South Australia, data was obtained from 170 multiethnic refugee adolescents aged 13–17 from South Australia and came up with results that, females tended to have higher resilience, as did those adolescents who had been living in Australia longer.

However, there had been several studies on Psychological predictors of resilience among internally displaced adults but few of these studies addressed it among adolescents. Hence, this study stands to fill this gap in the literature. The study therefore investigated Psycho-demographic predictors (gender, depression, stress and social support) of resilience among internally displaced adolescents in Abeokuta, Ogun State, Nigeria.

Three research hypotheses were formulated and tested in this study.

1. Stress, depression and social support will jointly and independently predict resilience among institutionalized internally displaced adolescents.

2. Males will report significantly higher resilience than females among institutionalized internally displaced adolescents.

3. Religiosity will significantly moderate the relationship that social support, depression and stress has with resilience among institutionalized internally displaced persons in Abeokuta

METHODS

Design and Sampling techniques

Cross-sectional survey was utilized to investigate the psychosocial predictors of resilience of internally displayed adolescents in Abeokuta, through the use of questionnaire. Purposive sampling was adopted to select the setting while simple random sampling technique was also adopted to select the participants in IDP camp.

One hundred and ninety- four N = 194) of adolescents were utilized in the study. Males were (n = 122) and males were (n = 72). Age range of the sample was 10-19 years with mean age of 15.13and Standard Deviation of 2.14. Sample included conflicts victims from different parts of Nigeria who were institutionalized by Stephens Foundation in Abeokuta. Inclusion criteria was participants between the ages of 10 to 19 years and were able to read and write in English Language or native languages.

Exclusion criteria is adolescents above 19 years old.

Procedure and Ethical consideration

Permission to conduct the survey was obtained from the management of the internally displaced persons camp selected for the study (Stephen foundation). A letter of Approval was given after a research proposal was submitted and the consent of the respondents were obtained before the administration of the questionnaires. The respondents were assured of confidentiality and anonymity of the information provided and that, the information provided would be used mainly for research purposes. Only the respondents who signed the consent form and indicated willingness participated in the study.

Measures

The questionnaire included respondents' socio demographic information such as age, gender, class, religion and ethnicity and two different multidimensional scales which are: Resilience Scale and DASS-IV (depression and stress).

The Connor-Davidson Resilience scale (CD-RISC)

The CD-RISC (Kathryn Connor and Jonathan Davidson, 2003) assesses individual's resilience. It comprises of 25 items, each rated on a 5-point scale (0–4), with higher scores reflecting greater resilience. The scale demonstrated good psychometric properties. Cronbach's alpha for the full scale was 0.89 for Group 1 (n ¼ 577) and item-total correlations ranged from 0.30 to 0.70.

Depression Anxiety Stress Scale (DASS)

This scae was developed by Lovibond and Lovibond, 1995; Aslam , 2007) it is a self-report inventory with three self-reporting subscales which are depression, anxiety, and stress. The number of total items is 42 with 14 items in each subscale. It is a 4-point scale in which "not at all" is scored as 0 and "all the time" as 3. Internal

consistency for each of the subscales of the 42-item and the 21-item versions of the questionnaire are typically high. Cronbach's of 0.96 to 0.97 for DASS-Depression, 0.84 to 0.92 for DASS-Anxiety, and 0.90 to 0.95 for DASS-Stress.

Results

Table 1: Descriptive Statistics showing the demographic characteristics of participants

Variables	*n(%)*	$\overline{X}$ *(S.D)*
Sex		
Male	72(37.1)	28.94(12.96)
Female	122(62.9)	28.57(13.48)
Age		
10 years	2(1)	22.00(9.90)
12 years	16(8.2)	23.06(8.68)
13 years	41(21.1)	28.26(13.04)
14 years	24(12.4)	35.38(11.40)
15 years	19(9.8)	23.79(16.30)
16 years	37(19.1)	27.65(14.36)
17 years	25(12.9)	31.32(13.20)
18 years	16(8.2)	32.94(10.41)
19 years	14(7.2)	26.00(12.97)
Religion		
Christianity	123(63.4)	26.73(13.45)
Islam	41(21.1)	32.85(12.18)
Others	30(15.5)	31.17(12.56)
Class		
SSS 1	32(16.5)	26.38(15.47)
SSS 2	91(46.9)	29.03(12.08)
SSS 3	71(35.6)	29.35(12.49)
TOTAL	**194**	**28.71(13.26)**

Table 1 presents the frequency distribution of participants. It is shown that more of the respondents 122 (62.9%) were females, while the other 72 (37.1%) were males. Frequency distribution for age revealed that more of the respondents 41 (21.1%) were 13 years old, 37 (19.1%) were 16 years old, 25 (12.9%) were 17 years old, 24 (12.4%) were 14 years old, 19 (9.8%) were 15 years old, 16 (8.2%) were 12 years old, another

16 (8.2%) were 18 years old, 14 (7.2%) were 19 years old, while the other 2 (1%) were 10 years old. Religion frequency revealed that more of the respondents 123 (63.4%) indicated to be Christians, 41 (21.2%) were Muslims, while the other 30 (15.5%) practices other religion. Finally, frequency distribution for class of respondents showed that more of the respondents 91 (46.9%) indicated to be in SSS 2, 71 (35.6%) were in SSS 3, while the other 32 (16.5%) were in SSS 1.

Table 2: Zero-order correlation among resilience, social support, depression, stress and religiosity

SN	Variable	1	2	3	4	5	6	7	8	9	10	Mean	SD
1	Resilience	-	.47**	.08	.04	.17*	-.01	.07	.17*	.07	.23*	28.71	13.26
2	Social support		-	-.29**	-.06	.41**	-.01	.05	.15*	.16*	.18*	49.26	19.13
3	Depression			-	.23**	-.11	.01	-.07	.09	-.11	-.01	12.26	6.76
4	Stress				-	-.21**	-.21*	-.05	.12	-.27*	-.31*	17.96	9.63
5	Religiosity					-	.03	.17*	.26*	.45**	.23**	78.32	24.77
6	Sex						-	-.04	.11	.16*	.06	1.63	.48
7	Age							-	.11	.20**	.01	15.14	2.14
8	Religion								-	.23**	.01	1.52	.75
9	Class of study									-	.29**	2.20	.70
10	Ethnicity										-	1.28	1.08

Table 2. presents the relationship between resilience, social support, depression, stress and religiosity. From table 4.2, it is presented that perceived social support (r= .47; p<.05) and religiosity (r= .17; p<.05) had significant positive relationship with resilience; this implies that the higher the perceived social support and religiosity, the higher the resilience. However resilience had no significant relationship with depression (r = .08; p>.05) and stress (r = .04; p>.05) had no significant relationship with resilience among institutionalized internally displaced persons in Abeokuta. It was also found that sex, age and class of study were no significant correlates of resilience (p>.05). It was also presented that religion was a significant and positive correlate of resilience (r = .17; p<.05). Finally, ethnicity was found to have significant

positive relationship with resilience among institutionalized internally displaced adolescents.

Hypothesis One

Stress, social support and depression will jointly and independently predict resilience among institutionalized internally displaced persons in Abeokuta. This was tested using multiple regression analysis and the result is presented on Table 3;

Table 3: Summary of Multiple Regression Showing stress, social support and depression as predictors of resilience

Dependent	Variables	B	t-value	Sig	R	R^2	F	P
	Social support	.54	8.28	<.01				
Resilience	**Depression**	.23	3.44	<.01	.52	.27	23.41	<.01
	Stress	.02	.34	>.05				

The result of hypothesis one revealed that social support, depression and stress jointly predicted 27% variance of change observed in resilience (R=.52,R2=.27;F=23.41,df=3,190,p<.05).Social support(B=.54,t=8.28,p<.001) and depression (B=.23,t=3.44p<.001) were the only independent predictors of resilience among institutionalized internally displaced adolescents in Abeokuta.

This partially confirm the stated hypothesis.

Hypothesis two

Religiosity will significantly moderate the relationship that social support, depression and stress has with resilience among institutionalized internally displaced persons in Abeokuta. This was tested using hierarchical regression analysis and the result is presented on table 4;

Table 4: Hierarchical regression analysis showing the moderated influence of social support, depression and stress on resilience by religiousity

DV	Predictors	β	T	β	t	R	R^2	Df	F	P
	Social support	.54	8.28*	.61	9.31*					
	Depression	.23	3.44*	.30	4.53*	.52	.27	3,190	23.41	<.01
	Stress	.02	.34	.01	.73					
Resilience	Social support* Religiosity			.55	7.72*					
	Depression * Religiosity			.13	1.45	.58	.34	6,187	17.52	<.01
	Stress * Religiosity			-.04	-.41					

Statistical Value significant at the 0.05 level (2-tailed).

The result of the hypothesis one revealed that social support, depression and stress significantly predicted resilience among institutionalized internally displaced persons in Abeokuta (R= .52, R^2 = .27; F = 23.41, df = 3, 190, p<.05). Social support, depression and stress jointly predicted 27% variance or change observed in resilience, while only social support (β = .54, t = 8.28, p<.001) and depression (β = .23, t = 3.44, p<.001) were the only independent predictors of resilience among the IDPs.

The addition of religiosity moderated the joint prediction of resilience by social support, depression and stress (R= .58, R^2 = .34; F = 17.52, df = 6, 187, p<.05). Further analysis revealed that after the moderation of religiosity, only social support (β = .55, t = 7.72, p<.001) independently predicted resilience among institutionalized internally displaced persons. This partially confirmed that stated hypothesis.

Table 5: Stepwise regression analysis showing the influence of social support, depression, stress and religiosity on resilience among institutionalized internally displaced persons.

	Model I		Model II		Model III		Model IV	
Predictors	**β**	**T**	**B**	**T**	**β**	**T**	**B**	**t**

Social Support	.46	7.35*	.54	8.30*	.54	8.28	.55	7.72
Depression			.23	3.61*	.23	3.44	.23	3.45
Stress					.02	.34	.02	.24
Religiosity							-.03	-.41
R	.47		.52		.52		.52	
R^2	.22		.27		.27		.27	
ΔR^2	.22		.26		.26		.26	
Df	1, 192		2, 191		3, 190		4, 189	
F	54.04		35.22		23.41		17.52	

Statistical value significant at 0.05 level (2-tailed)

The results on Table 5 present the stepwise regression of different models of the influence of social support, depression, stress and religiosity on resilience among institutionalized internally displaced persons. The results are presented in four models.

Model I comprise of social support as predictor of resilience. It was presented that social support significantly predicted resilience (R^2= .47, F = 54.04, df = 1, 292, p<.05). Social support predicted about 22% variance or change observed in resilience, social support also independently predicted (β = .46, t = 7.35, p<.001) independently predicted resilience.

The addition of depression formed the second model (Model II) on Table 4. The addition of depression led to significant change in the prediction of resilience (R^2= .52, F = 35.22, df = 2, 191, p<.05). Social support (β = .54, t = 8.30, p<.001) and depression (β = .23, t = 3.61, p<.001) independently predicted resilience among institutionalized internally displaced persons.

The addition of stress formed the third model (Model III) on Table 4.5. The addition of stress yielded no significant improvement in resilience (R^2= .52, F = 23.41, df = 3, 190,

p<.001). There was 27% change in the variance of reported resilience. Social support (β = .54, t = 8.28, p<.001) and depression (β = .23, t = 3.44, p<.001) independently predicted resilience, while stress (β = .02, t = .34, p>.05) had no independent influence on resilience.

The addition of religiosity formed the fourth model (Model IV) on Table 4.5. The addition of religiosity yielded significant influence on resilience (R^2= .52, F = 17.52, df = 4, 189, p<.001). There was 27% change in the variance of reported resilience. Social support (β = .55 t = 7.72, p<.001) and depression (β = .23, t = 3.45, p<.001) independently predicted resilience, while stress (β = .02, t = .24, p>.05) and religiosity (β = -.03, t = -.41, p>.05) had no independent influence on resilience. The hypothesis is thus partially supported.

Table 6: Summary of t-test For the Independent samples showing gender differences in resilience

	Gender	N	Mean	SD	Df	T	P
	Male	72	28.94	12.96			
Resilience					192	.19	>.05
	Female	122	28.57	13.49			

Table 2 presents the gender differences in resilience among institutionalized internally displaced persons in Abeokuta. From the table, there was no significant gender differences in resilience at [t (192) = .19; p>.05]. This negates the stated hypothesis, hence, will be rejected in this study.

Table 3: Cross-tabulation between psychological factors and resilience

	Resilience			
Social Support	**Low**	**High**	**χ^2**	**Sig.**
Low	70	24		
High	21	79	55.62	.000
Depression				
Low	46	67		

High	45	36	4.18	.043
Stress				
Low	39	60		
High	52	43	4.58	.044
TOTAL	**81**	**112**		

The table above presents the Chi-square relationship between psychosocial factors and resilience among institutionalized internally displaced persons. From the table, social support was found to have significant relationship with resilience (χ^2 = 55.62; p<.01). Also, depression has significant relationship with resilience (χ^2 = 4.18; p<.05). Finally, stress had significant relationship with resilience (χ^2 = 4.58; p<.05).

Discussion

The purpose of this study was to investigate the Psycho-demographic factors predicting resilience of institutionalized internally displaced adolescents in Abeokuta, Ogun State, Nigeria. The result indicated that, depression stress and social support jointly predicted 27% variance or change observed in resilience, while depression and Social Support were the only independent predictors of resilience among the IDPs.This reveals that depression has influence on resilience of internally displaced adolescents.This findings could be probably due to the traumatic experience of these adolescents.

The result of Arooj and Aisha, (2012) supports this result which revealed significant inverse correlation between resilience and stress, anxiety and depression of internally displaces persons in Pakistan Moreover, family loss during internal displacement was found to be significantly positively related with stress, anxiety and depression and negatively associated with resilience. The result also reflects that adolescents who have social support are high on resilience. This infers that availability of social support tend to strengthen internally displaced adolescents.

This finding is also in consonance with result of previous studies which found high quality social support and family support to be associated with increased resilience and lower levels of psychological problems in conflict-induced forced migration. This reflects findings on the effect of forced displacement on mental disorders (Beiser & Adebajo, 2010; Lewis, 2013).

According to winefred (2022) Internally displaced persons (IDPs) can gain resilience by adapting to their current locations, establishing internal camp and health

management structures, and advocating with external organisations. It was added that, IDPs can be active actors in their change and development if basic and essential management support is provided. supportive communal relationships were an integral element in their adaptation, social cohesion, setting up camp leadership committees, and seeking alternative means of income, protection, and healthcare management had also be found to enhance IDPs resilience. The observed association between camp types and provision of resources in Nigeria has also been reported that the habitations of IDPs determined the heir mental health, level of vulnerability and deprivation (Ibrahim, 2019; Shehu and Abba, 2020).

A result also showed how most of IDP participants reported high or very high levels of anxiety, sleep disturbances and depression. The result further revealed how keeping in touch with the family members serves as a protective factor in enhancing resilience, as well as a social support network. These findings underscored the importance of re-thinking our perception of "family" in a broader sense, considering the new facets it can take on in post-conflict situations.

Religiousity was also found in this research to moderate the influence of stress, depression and social support has on Resilience among internally displaced adolescents.

This was corroborated by the study of Abdulraouf (2015) in his study religion as a resilience tool to manage stress in adolescents: Islamic Approach: He postulated that, Islam acknowledges the importance of the spiritual status as an interior power that exists in young people and can be exercised to have a calm mind, healthy consciousness, and positive thoughts irrespective of trauma or adversities that they face.

Similarly, Vavuniya,et al (2016) in their research traumatized adolescents presents the causes and consequences of psychosocial impacts of war on a select cohort of traumatized adolescents. Sample of school going adolescents selected from the Southern Educational Zone of Sri Lankan Tamils. However, the results of their research revealed that nearly all of the selected samples of adolescents showed symptoms of having been traumatized at different levels, with many of them needing psychosocial support. It also showed least resilient to severe impacts of war and that their coping mechanisms varied due to varying factors such as their personality, social support, and spirituality.

Butler, (2011) in his research, racial pride and religiosity implication for American boys motivation and achievement. The sample for the studies included 158

adolescent boys with the age mean of 17.1. He found positive correlations between religiosity and adolescent boys achievement motivation.

Further findings of this study showed that there was no significant difference in gender among institutionalized internally displaced adolescents in Abeokuta. This negates the previous studies on gender and resilience by Durosaro and Ajiboye, (2011) in their findings that there are gender differences in adolescents responses and their coping strategies.

Furthermore, Kazmi (2015) in review of Stressful Life Events among Internally Displaced Persons after Military Operation revealed that females have high level of personal distress as compared to males. A study by Şafa, Halit.and Uçar (2020) among internally displaced adolescents of 102 in turkey revealed that female IDps showed ill mental health than in males.Generally, gender has been found to play a key role among internally displaced adolescents. (Emily, 2015; Jing sung & Donald 2007).

Conclusion

This study had shown that, stress and depression predicted resilience of internally displaced adolescents. This means that these psychological factors should be carefully monitored among internally displaced adolescents. However, gender did not predict resilience among these adolescents.

Recommendations

Considering the findings of this study, it was therefore recommended that internally displaced adolescents should be given proper attention on their mental health.

It was also recommended that government provide necessary supports to the IDP camps by providing them with social amenities, education and counseling facilities. Hasanovic, Sinanovic, Pavlovic, (2005) findings in acculturation and psychological problems of adolescents from Bosnia and Herzegovina during exile and repatriation. That Continuation of education was associated with lower anxiety levels of internally displaced children and adolescents than was being out of education.; As they need to recognize that national sovereignty implies responsibility, both as a national obligation and global imperative.(Francis, 2010)

Not only these, government should ensure that IDP camps are managed by trained officials. This will go a long way in ensuring accountability and proper management of the individuals in the IDP camps available in Nigeria. More studies should also be conducted on how best IDP camps could be managed effectively in order to cater for the IDP as they are also legal citizens of the country that needs complete Psychological wellbeing.

Therefore, if the government should direct a sustained political effort to the source(s) of conflicts and violence leading to internal displacement, millions of lives blighted by internal displacement will be improved and it will prevent others from suffering the same upheaval and trauma in the future. This is why Egeland,(2016) in Internally Displaced Monitoring Committee(IDMC 2016) declared that, displacement will continue unless we direct funding and political attention to the underlying drivers of poverty, states fragility and global environmental change.

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