

# The Triple Burden of War : An assessment of the mental health status and coping strategies of Sudanese female undergraduates for developing a psychosocial counsellor training program

Citation for published version (APA):

Badri, A. (2013). *The Triple Burden of War : An assessment of the mental health status and coping strategies of Sudanese female undergraduates for developing a psychosocial counsellor training program*. [Doctoral Thesis, Maastricht University]. Universitaire Pers Maastricht. <https://doi.org/10.26481/dis.20130314ab>

## Document status and date:

Published: 01/01/2013

## DOI:

[10.26481/dis.20130314ab](https://doi.org/10.26481/dis.20130314ab)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

## General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

[www.umlib.nl/taverne-license](http://www.umlib.nl/taverne-license)

## Take down policy

If you believe that this document breaches copyright please contact us at:

[repository@maastrichtuniversity.nl](mailto:repository@maastrichtuniversity.nl)

providing details and we will investigate your claim.

Download date: 20 Apr. 2024

# Summary

Civil war in the Sudan has produced up to ten million internally displaced people (IDPs) and refugees since the late 1950s. More recently, Darfur has seen its fair share of devastation on its population and infrastructure, with an average IDP population of 2.5 million (World Health Organisation, 2008). Heavy gun-fire, artillery attacks, and air raids, separation and loss of family members, injury, torture and death, kidnap, and shortages of essential life sustaining supplies occur in regularity (Hamid & Musa, 2010; Kim, Torbay, & Lawry, 2007; Morgos, Worden, & Gupta, 2008; Rasmussen & Annan, 2009).

The frequency of serious mental disorder, such as post-traumatic stress disorder (PTSD) and major depression disorder (MDD) (APA, 1999) has been investigated in projects worldwide among those who have experienced the devastation and trauma of armed conflict, indicating that even with the passage of time, these two mental disorders showed persistently high levels of symptoms (Kinzie et al., 1990; Mollica, Donelan, Tor, & al., 1993; Steel, Silove, Phan, and Bauman, 2002). Likewise studies carried out in low-income countries have identified a strong association between PTSD symptoms, generalized anxiety disorder (GAD) and MDD (De Jong et al., 2001; Tang & Fox, 2001). Furthermore the influence of post-displacement stressors demonstrated its effects in terms of symptoms of GAD, MDD, and other related mental disorders (Lee, Lee, Chun, Lee, & Yoon, 2001; Silove, Steel, McGorry, & Mohan, 1998).

This study was designed to shed light on the untold story of sufferings among Darfuri women IDPs. The intention of this project was to give a psycho-socio-cultural dimension to the severe problems faced by a group of female Darfuri undergraduates. Interviews were performed and subsequently epidemiological measurements of war-related traumatic exposures, post-displacement stressors, and war-trauma symptoms including PTSD, GAD, and MDD were carried out. We expected to find high levels of these war trauma symptoms, despite the passage of time. Additionally, post-displacement stressors were expected to influence mental health status by increasing distress levels.

The study also aimed to gain a broader and more differentiated overview of the psychological health status among war-traumatized and non-war-traumatized female undergraduates. In so doing, Darfuri and Omdurmani female undergraduates studying at Ahfad University for Women (AUW) were compared along GAD and MDD measures. Additionally these two ethnically and experientially different groups were compared on resilience levels, resilience characteristics and coping resources that help them deal

with daily academic, social/interpersonal, and financial stressors. We expected to find that Darfuri students would have higher mental health problems than their Omdurmani sisters and consequently Omdurmanis would show higher resilient scores. We also predicted that each group would utilize different coping resources and demonstrate dissimilar resilience characteristics.

In light of the anticipated hypotheses, the project would conclude by proposing a tailor-made mental health care provision within AUW in-house counseling office to cater for the psychosocial needs of its Darfuri internally displaced female undergraduate population.

The importance of context in the understanding of a Sudanese community's psychosocial sequelae to war-related traumatic exposures and post-displacement stressors confronts us with the ethical and professional challenge of delivering a well-informed and targeted mental health care provision. There is a need among Sudanese mental health care professionals for consolidation of characteristics, qualities, and awareness that pertain to more knowledge and counseling skills in the treatment of war-affected IDPs, especially young women.

The study reported in **Chapter 2** unveiled the personal accounts of twenty Darfuri undergraduates using a semi-structured interview protocol. The Darfuri students' stories illustrated that they were exposed to an array of traumatic war events, including fleeing/running away, forced to hide, forced separation from family, distance from family, living in displaced camps, burning of home, aerial bombardment, and seeing dead bodies. Also discussed during the interviews were their current on-going life challenges, emotional distresses, and coping strategies. The Darfuri students' stories illustrated that they were confronted with myriad current life hassles and urban-cultural challenges, and had high levels of emotional distress as they relocated to Omdurman city. Strong religious practices and beliefs (praying and reading the Quran), ability to form interpersonal relationships, availability of social support networks, and a positive future outlook seemed to lend to their ability to cope with their subsequent emotional distress, including extreme sorrow, grief, mourning, and constant worry owing to war-related exposures, current on-going life hassles and urban-cultural challenges.

Apparently the psychosocial effects of being exposed to armed warfare seem to be etched deeply in the memories of all twenty Darfuri IDP female undergraduates despite the noticeable passage of time. To capture the intensity and severity of war-related traumatic experiences and its association with post-traumatic stress disorder on a wider scale of Darfuri IDP female an exploratory cross-sectional study among a representative sample of Darfuri female university students at AUW (N=123) was the purpose of study presented in **Chapter 3**. Using an adapted version of the Harvard Trauma Questionnaire (HTQ), war-related exposures and post-traumatic stress disorder (PTSD) symptoms were assessed in February 2010. Means and standard deviations illustrated

the experiential severity of war exposure dimensions and PTSD symptom sub-scales, while Pearson correlations tested for the strength of association between dimensions of war exposures and PTSD symptom sub-scales. Approximately 42% of the Darfuri participants reported being displaced and participants have experienced an average of 28 war-related traumatic events either as victims or as witnesses (SD=14.24, range 0 – 40 events). Also, there was a strong association between the experiential dimension of war-related trauma exposures and the full symptom of PTSD. Moreover, the refugee-specific self-perception of functioning sub-scale within the PTSD measurement scored a mean of 3.2 (SD= .56), well above the 2.0 cut-off.

Even though the investigation has yielded similar results, if not higher, than those of previous studies among war-affected Sudanese, in terms of the association between traumatic war-related exposures and symptom rates of PTSD, a broader and more differentiated overview of the psychological health status among Sudanese female undergraduates was initiated with the expectation that war trauma and post-displacement stressors would yield higher psychological distress than those who have not experienced war and displacement. As such **Chapter 4** presented the results of a cross-sectional study in which Darfuri war-traumatized and Omdurmani non-war-traumatized female undergraduates (N=299) were assessed and compared in terms of generalized anxiety disorder (GAD), major depression disorder (MDD) (Hopkins Checklist HSCL-25; Hesbacher, Rickels, Morris, Newman, & Rosenfeld, 1980) and resilience scores (Resilience Scale; Wagnild & Young, 1993). Ethno-socio-eco- demographic variables were used as a set of proxy indicators to distinguish between the two groups experientially, ethnically, and economically. The data showed the 56% of the Darfuri sample manifested symptoms of GAD and 51% had MDD. Similarly 54% of the Omdurmani undergraduates were anxious and 58% depressed. The most commonly endorsed anxiety symptoms amongst both Darfuri and Omdurmani groups were headaches (84%), feeling fearful (80%), feeling restless and tense (73%), while depression symptoms mostly reported were self-blame (79%), feeling blue (78%), feeling no interest in usual activities (72%), and everything is an effort (89%). Fifty-seven percent of the total sample indicated a moderate to moderately low level of resilience, with very little variance between Darfuri and Omdurmani mean scores (5.3 and 5.1, respectively). Anxiety scores were positively correlated with depression scores ( $r = .68, p < .001$ ), but they were not correlated with resilience scores ( $r = -.09, p = .08$ ). Depression scores, however, were negatively correlated with resilience scores ( $r = -.19, p < .001$ ).

**Chapter 5** described and compared resilience levels, resilience characteristics and coping resources that both buffer and protect against daily academic, social/interpersonal, and financial stressors among these two ethnically and experientially different groups: Darfuri war-traumatized and Omdurmani non-war-traumatized female undergraduates. Implementing both internationally-used and culturally-

grounded assessment tools the findings of a cross-sectional study for 116 Darfuri and 299 Omdurmani undergraduate students was presented to determine the student's habitual use of external resources and internal resilient characteristics. An eight item checklist was developed to include external coping resources, such as family, friends from the same ethnicity, recreation and hobbies, and five internal resilience characteristics like self-reliance, perseverance, meaning, and equanimity to manage academic, financial and social/relationship stressors. Darfuris were more likely to use contact with and support from people of the same tribe and ethnicity as coping resource, while Omdurmanis were more likely to use friends and leisure activities as coping resources. Regarding internal resilience characteristics, the Darfuris relied more on attribution of meaning to cope with stressors in general. Darfuris were more anxious in comparison with Omdurmanis when resilience characteristics were taken into account. The Omdurmanis relied more on themselves for academic and financial/economical stressors and on equanimity and existential aloneness for social stressors. Each group of students used different external coping resources and possessed different resilience characteristics with regards to managing academic, financial and social/relationship stressors. In-house mental health services can benefit from this study when designing counselor training or intervention programs with regards to encouraging undergraduates to use their effective resilience characteristics and coping resources in their attempts to adapt and manage stressors.

Equipped with the knowledge of the totality of Darfuri IDP experience; both war-related exposures, post-displacement stressors and psychosocial sequelae, **Chapter 6** provides guidelines for qualification development, capacity building and skills consolidation of the existing Sudanese mental health care. In line with this objective and based on four previous interrelated studies among war-traumatized Darfuri internally displaced undergraduate women, the current study provides a contextual and conceptual framework that outlines explicit war-related psychosocial needs assessment tools, specific war-related trauma counselor training and recommends particular counselor characteristics, qualities, skills consolidation, and awareness that pertain to strengthening the efficacy of Sudanese trauma counselors with regards to their helpfulness in responding to the needs of special groups such as war-affected Darfuri women.

Based on the research presented in this dissertation, some general conclusions can be drawn on promoting the psychosocial health of war-affected Darfuri females. Firstly, for the most part our results replicated the studies made in other parts of the world where devastation is experienced by those exposed to war-related events (Paardekooper, De Jong, & Hermanns, 1999; Papadopoulos, 2002; Peltzer, 1999; Rogers & Leydesdorff, 2004) as well as the wide range of severe symptoms of psychological distress (Karunakara et al., 2004; Roberts, Damunda, Lomoro, & Sondrop, 2009; Roberts, Ocaka, Browne, Oyok, & Sondrop, 2009). Furthermore an association between PTSD

symptoms and war-traumatic exposures was strongly indicated amongst these Darfuri IDP women.

Contrary to popular belief, and our own expectations, very little differences were found in term of GAD and MDD scores amongst Darfuri war-traumatized and Omdurmani non-war-traumatized female undergraduates. These very similar levels of psychological disorder may be accounted for by the chronicity of low socio-economic status (SES) regardless of the predictive variables for urban-rural living ethnic diversities of Darfuris and Omdurmanis. The elimination of socio-eco-demographic barriers only seems to highlight that post-displacement stressors are more relevant in the explanation of psychosocial distress among Darfuri students (Adewuya, Ola, Olutayo, Mapayi, & Oginni, 2006; Joyce, 2010; Sharma, Parnian, & Spielberger, 1983), while the possibility of anticipatory anxiety symptoms are more pertinent amongst the Omdurmani undergraduates (Thabet, Abed, & Vostanis, 2002).

Also contrary to our expectations that Omdurmanis would show higher resilient levels than Darfuris, since the striking differences between the 'extra-ordinary' major life stressors experienced by the Darfuri participants (war-affected) and those 'normal' tertiary stressors (non-war-affected) experienced by the Omdurmanis. However we can conclude that both Darfuri war-traumatized and Omdurmani non-war-traumatized groups' resilience levels were the same. The prospect of associated factors such as the occurrence of daily life stressors amongst these undergraduate female students as a whole, might explain their shared experiences to current on-going daily stressors and reflecting a common cultural pragmatic capacity to bounce back from adverse conditions of everyday life in a least developed country (Lundberg, Cantor-Graae, Rukundo, Ashaba, & Östergren, 2009; Mumford, Minhas, Akhtar, & et. al., 2000).

As predicted resilience characteristics and coping resources to deal with daily academic, social/interpersonal, and financial stressors were very differently manifested. Darfuri undergraduates predominantly utilized religious practices and beliefs (praying and reading the Quran), formed interpersonal relationships with other Darfuris, used social support networks, and had a positive future outlook which collectively seemed to lend to their ability to cope with war-related emotional distress, current on-going life hassles and urban-cultural challenges, especially in terms of daily academic, social/interpersonal, and financial stressors. Furthermore, their ability to engage in a process of continuous reappraisal and reinterpretation (Wortman, Battle, & Lemkau, 1997) of their current lives signifies an interaction that draws from their repertoire of spirituality, religious practice, sense of appreciation, gratitude and thankfulness of being alive in an attempt to make meaning not only of the psychological effect of war exposure but also the context of the experience in their current lives indicating an urgency to adjust to university life, and an importance to successfully accomplish current goals; notwithstanding the pursuit of educational opportunity.

Omdurmani undergraduates reported that faced with family financial pressures, the effects of a chronic disadvantaged environment, a low socio-economic status, and a pervasive lack of resources enabled them to meet these challenges by being self-reliant, such as taking on a job and optimizing their income, equanimity, and existential aloneness all shown to boost competence and self-worth among the urban poor (Werner & Smith, 1992).

Furthermore, the assessment of needs and the subsequent treatment of PTSD, anxiety, depression and other comorbid symptoms should be embedded in contextual and conceptual frameworks relevant to the totality of experiences among war-affected groups, which have been consistently indicated by longitudinal studies (Constantine, Chen, & Ceesay, 1997; Tomoda, Mori, Kimura, Takahashi, & Kitamura, 2000). There seems to be a need for integrated rehabilitation efforts where socioeconomic influences and other cultural factors are essential in the promotion of psychosocial and mental health among war-affected groups.

Finally, to ensure the efficacy of psychosocial interventions for Sudanese war-affected groups, the war-trauma counselors must audit the tools and approaches undertaken to ensure contextual relevancy within their communities (Bryant & Njenga, 2006). As such, the description of psychosocial needs among Darfuri women recovering from war-related exposures, the assessment tools, therapeutic approaches such as a culturally sensitive cognitive behavioral therapy (CBT), counselor characteristics, qualities, skills and awareness that are outlined in this dissertation's guidelines are embedded in empirical cultural context pertinent to secure optimal benefit. The replication of these predictive variables, methodologies and conceptual frameworks are recommended as aids to verify the specific psychosocial needs, skills training, and efficacy among Sudanese war-trauma counselors' treatment approaches within their institutions, organizations and communities (Tarrier, Sommerfield, & Pilgrim, 1999).