POLITICAL RISK FACTORS ASSOCIATED WITH POST TRAUMATIC STRESS DISORDER AMONG INTERNALLY DISPLACED PERSONS IN POST- ELECTION VIOLENCE OF 2007/2008 IN KENYA: CASE OF MAI MAHIU CAMPS IN NAKURU COUNTY

BY

NANCY NJOKI NJONJO

647050

A Thesis Submitted to the School of Humanities and Social Sciences (SHSS) in Partial Fulfilment of the Requirement for the Degree of Master of Arts in International Relations

UNITED STATES INTERNATIONAL UNIVERSITY - AFRICA

SUMMER 2017
DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University in Nairobi for academic credit.

Signed: __________________________ Date: __________________

Nancy Njoki Njonjo

This thesis has been presented for examination with my approval as the appointed supervisor.

Signed: __________________________ Date: __________________

Mr. Weldon K Ng’eno

Signed: __________________________ Date: __________________

Dr. Tom L S Onditi

Dean, School of Humanities and Social Sciences (SHSS)

Signed: __________________________ Date: __________________

Amb. Prof. Ruthie C Rono

Deputy Vice Chancellor (Academic Affairs)

United States International University – Africa
DEDICATION

This thesis is dedicated to all those who believed in me and gave me hope to take this journey: my daughter Sasha – the apple of my eye and encourager-in-chief, thank you, I love you; my fellow residents of Molo, you have inspired me through your resilience and resolve – I hope this thesis in some way aids your full restoration as rightful citizens of our great Republic; my family and friends for reminding me that I was called to do this – I finally have; my late parents, Susan and Benson Njonjo, I can only hope that you are proud of me and that you see in me the daughter you imagined I would become – thank you for inspiring me through your legacies.

Finally, to Almighty God, through whom and in whom I have my being, thank you for enabling me to come this far and do this much. May all glory always belong to you through your precious Son and my Saviour.
ACKNOWLEDGEMENT

First, I must thank God for his unending love, blessings and mercies which are new every morning. I also thank my family, Uncle KK – words cannot describe what you mean to me, Zippy, Njeri, Foi and Shiru- the best sisters in the world and of course my daughter, Sasha.

I am grateful for my friends, who helped along the way, Maryanne and Nish, and of course, Paul for always believing in me and not giving up on me.

My fellow USIU classmates, I have learnt so much from you all and you have made this journey worthwhile. I particularly want to thank Kevin for checking up on me and cheering me on, through his great example.

Dr. Ng’eno, my supervisor, Dr. Mwambari and Dr. Mashiwa, my reader, thank you for your guidance, encouragement and inspiration – you have made me a better student of life.

Finally, Tony, you mean the world to me and I hope you are in some way, proud of this achievement so far. Thank you for standing beside me.
TABLE OF CONTENTS

DECLARATION

LIST OF TABLES

Table 2.1: IDPs’ Social demographic characteristics ................................................................. 19
Table 2.2: IDPs PTSD symptoms ................................................................................................ 21
Table 2.3: Political risk factors (a) ........................................................................................... 22
Table 2.4: Regression of political risk factors on PTSD prevalence ......................................... 25
Table 2.5: Regression of social demographic characteristics on PTSD prevalence 27

LIST OF ABBREVIATIONS

ABSTRACT

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study ....................................................................................................1
1.2 Statement of the Problem ....................................................................................................5
1.3 Purpose of the Study ..........................................................................................................12
1.4 Research Questions ...........................................................................................................12
1.5 Hypothesis ........................................................................................................................12
1.6 Significance of the Study ..................................................................................................12
1.7 Definitions of Terms
1.8 Chapter Summary

CHAPTER TWO: LITERATURE REVIEW

2.1 Literature Review ..............................................................................................................14
2.2 Theoretical Framework .....................................................................................................28
2.3 Conclusion .......................................................................................................................31
CHAPTER THREE: METHODOLOGY

3.1 Introduction ........................................................................................................31
3.2 Research Design ...................................................................................................40
3.3 Study Location .....................................................................................................40
3.4 Target Population .................................................................................................41
3.5 Sample Determination .........................................................................................41
3.6 Sampling Procedures ............................................................................................42
3.7 Data Collection Procedure ...................................................................................43
3.8 Reliability tools and Validity ...............................................................................43
3.9 Research Procedure ...............................................................................................44
3.10 Data Analysis ........................................................................................................44
3.11 Ethical Consideration ..........................................................................................45
3.12 Chapter Summary ................................................................................................46

CHAPTER FOUR: DATA ANALYSIS

4.1 Introduction ............................................................................................................47
4.2 Findings ..................................................................................................................47
4.3 Conclusion ...............................................................................................................48

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of key findings .......................................................................................49
5.2 Discussions ..........................................................................................................49
5.3 Recommendations ................................................................................................50
5.3.1 Recommendations on IDPs ..............................................................................51
5.3.2 Legislative and policy recommendation ........................................51

BIBLIOGRAPHY...................................................................................54

APPENDICES.........................................................................................60
LIST OF TABLES

Table 2.1: IDPs’ Social demographic characteristics .......................................................... 19
Table 2.2: IDPs PTSD symptoms ......................................................................................... 21
Table 2.3: Political risk factors (a) ..................................................................................... 22
Table 2.4: Regression of political risk factors on PTSD prevalence ................................. 25
Table 2.5: Regression of social demographic characteristics on PTSD prevalence .......... 27
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDP</td>
<td>Internally displaced persons</td>
</tr>
<tr>
<td>KCPE</td>
<td>Kenya Certificate of Primary Education</td>
</tr>
<tr>
<td>PEV</td>
<td>Post-Election Violence</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
</tbody>
</table>
ABSTRACT

Post-election violence (PEV) witnessed in Kenya in the year 2007 - 2008 mostly in the informal settlements of major towns. The violence peculiarly created a traumatic event that increased risk for post trauma stress disorder (PTSD) among other many psychiatric conditions and psychological disorders. PTSD is influenced by a number of risk factors that are demographic or external. This study sought to establish current levels of PTSD and associated political risk factors among the post-election violence internally displaced persons (IDPs). This study was a cross-sectional descriptive survey design incorporating both qualitative and quantitative research methods in a case of Mai Mahiu Camps in Nakuru County. Yamane (1967:886) formula was used to compute the sample of 145 internally displaced persons sampled using stratified and simple random sampling methods to complete researcher administered questionnaires containing Impact of Events Scale. Data tools were pretested and Cronbach Alpha coefficient of 0.7 used to ascertain validity and reliability in the study. Quantitative data collected was coded, processed and cleaned off any inconsistencies and outliers. Statistical Package for Social Sciences (SPSS Version 21) software was used to analyze the quantitative data using descriptive and inferential statistics. Factor analysis was carried out to reduce dimensions of multidimensional variables. Chi square tests of association, correlation and multiple linear regression models were used to determine the relationship between variables. Qualitative data was analyzed through content analysis and results presented in verbatim. Findings were presented in the form of text, charts, graphs and tables. The findings indicated that all the internally displaced persons had symptoms of PTSD. PTSD was influenced by political factors and social demographic characteristics. Political risk
factors included oncoming elections supporters’ activities; while social demographic factors included age, gender, level of education completed, and marital status. The study recommended that the government should prioritize on their resettlement and guarantee their security and provision pre and post-election periods. Law should be enforced to ensure law, order and respect for humanity in conducting political activities including addressing both supporters and non-supporters. Politicians should be advised to spread messages of peace and prosperity. The public should be sensitized on tolerance, cohesion and integration. Internally displaced persons should be given education, support and therapy to reduce prevalence of PTSD.
CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Internally displaced people (IDPs) are among the most vulnerable people in the world. Internally displaced persons are persons who flee their homes for different reasons and stay within their own country under the protection of the government; even if the government is the reason for their displacement (UNHCR, 2016). The number of internally displaced persons suffering globally stands at over 26.4 million with majority of them living in low-income countries like Kenya (Getanda, Papadopoulos, & Evans, 2015).

In Kenya, United Nations High Commissioner for Refugees (UNHCR) provided the informed estimate of 412,000 Internally displaced persons which does not include those displaced by natural disasters, development projects and pastoralist Internally displaced persons in January 2013. In addition, the estimate did not include any of the estimated 300,000 people who fled post-election violence in 2007. Internally displaced persons living in protracted displacement continue to identify as protection concerns inadequate access to land, basic services and livelihood opportunities. In most cases, majority of the internally displaced persons are mostly displaced in environmentally and economically vulnerable areas within a country. This is reported to contribute and result in lots of varied stressors that increase chances of poor mental health (Feikin, et al., 2010).

A lot of evidence indicates that the burden on mental health is higher in conflict and post-conflict areas of the world compared to regions with no conflict. This includes areas that have experienced targeted ethnic violence and conflict as a result of civil and political unrest (de Jong, Komproe, & Van Ommeren, 2003). Social dislocation and displacement affects all gender
groups across all ages, although, the weak and vulnerable members of the society including the aged, women and children suffer the most (Chinwokwu & Arop, 2014).

Mental health is recognised as a key public health issue for conflict-affected populations. People experiencing poor mental health suffer substantial distress, and may be more vulnerable to violence, suicidality, and poor physical health and harmful health practices such as substance abuse (de Jong, Komproe, & Van Ommeren, 2003). High levels of poor mental health can affect the ability of individuals, communities and societies to function both during and after conflict (Roberts, Damundu, Lomoro, & Sondorp, 2009). Elevated rates of mental distress have been recorded amongst diverse adult populations that have experienced conflict. This can be either general measures of mental health, or specific conditions of which the most commonly researched tend to be post-traumatic stress disorder (PTSD) and depression (De Jong, Komproe, & Van Ommeren, 2003).

Post-traumatic stress disorder is a potentially enfeebling anxiety disorder that includes intrusive memories of trauma, avoidant behaviour and heightened arousal. It is a psychiatric condition which develops after a person is exposed to one or more traumatic events such as sexual assault, serious injury or the threat of death (Gathuru, 2014). The itinerary of PTSD varies; in most cases symptoms begin within 3 months of the traumatic incident, years afterwards in others (Gene-Cos, 2006).

PTSD symptoms must last more than a month and be severe enough to interfere with relationships or work. These symptoms among adults include minimum of: one re-experiencing symptom; one avoidance symptom; two arousal and reactivity symptoms; and two cognition and mood symptoms (Chemtob, et al., 2016). PTSD in adults is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders (Bromet, et al., 2016). Some
people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic (O’Toole & Catts, 2008).

Exposure to traumatic events may also have somatic symptoms and physical illnesses, particularly hypertension, asthma, and chronic pain syndromes (O’Toole & Catts, 2008). Exposure to a range of various traumatic events including motor vehicle accidents, sexual abuse, domestic, political or community violence, hijacking and violent crime develop PTSD (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). PTSD is concomitant to social and economic costs. PTSD is reported to have resulted in domestic violence, work absenteeism, attempted suicide, disruption to families and relationships, low enrolment in schools and poor performance; physical illnesses; and health care costs (Gathuru, 2014).

1.1.1 PTSD among Internally displaced persons (IDPs)

At least two-thirds of the countries in Africa have experienced conflict leading to displacement of millions of people (Getanda, Papadopoulos, & Evans, 2015). Poor mental health has been argued to be particularly prevalent among internally displaced persons who are exposed to trauma due to political conflict and oppression, and subsequent forced displacement into camps often unequipped to ensure safety and meet basic health and social care needs (de Jong, Komproe, & Van Ommeren, 2003).

Refugees are regarded as one of the highest risk groups for mental disturbances. More than 50% of them manifest mental health problems ranging from chronic disorders to severe trauma (Hamid & Musa, 2010). The commonly reported psychological reactions are post-traumatic stress disorders in reaction to violence and depression as a reaction to loss. Other types of mental health problems which have been reported are panic attacks and anxiety disorders (Owoaje, Uchendu, Ajayi, & Cadmus, 2016).
Studies on prevalence of PTSD among Internally displaced persons have recorded high burden of mental disorders and disability persisted among people affected by conflict. The prevalence of PTSD among Internally displaced persons in Georgia was 23.3% (Makhashvili, Chikovani, McKee, Bisson, Patel, & Roberts, 2014) and 54% among Darfurian Internally displaced persons (Hamid & Musa, 2010). In Northern Nigeria, 42.2% post-election violence internally displaced persons were diagnosed with PTSD (Taiwo Lateef Sheikh, Agunbiade, Ike, Ebiti, & Adekeye, 2014).

High prevalence can be attributed to the fact that those internally displaced persons experience and witnessed extreme violence in terms of burning and looting of properties, mass destruction, and killing of family members and relatives (Hamid & Musa, 2010). Accommodation post displacement is positively associated with mental health. Internally displaced persons who are resettled in permanent, private accommodations having significantly better mental health than those resettled in institutional and temporary private accommodations. Economic opportunities (right to work, access to employment, and maintenance of socioeconomic status) also have a linear relationship with better mental health (Porter & Haslam, 2005).

The statistically significant predictors of PTSD symptoms can be grouped into 4 major categories: socio-demographic characteristics (age and sex), cumulative traumatic exposure, proximity to conflict and ethnicity and ethnic distance (Pham, Weinstein, & Longman, 2004). The combined impact of gender disparities and sustained stressors, such as low socioeconomic status, are known critical determinants of PTSD (Kim, Torbay, & Lawry, 2007)
1.1.2 Political risk factors.

Exposure to a range of various traumatic events including political or community violence develop PTSD (Calitz, De Jongh, Horn, Nel, & Joubert, 2014) especially among Internally displaced persons who experience political conflict and oppression, and forced displacement into unequipped camps (de Jong, Komproe, & Van Ommeren, 2003). Among adults, re-experiencing symptoms of PTSD can start from the person’s own thoughts and feelings and may cause problems in a person’s everyday routine (Chemtob, et al., 2016).

Dangerous events and some experiences can also cause PTSD (Bromet, et al., 2016). Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms (Chemtob, et al., 2016). Risk and protective factors for development of PTSD can be conceptualized based on pre-traumatic, traumatic event, and posttraumatic factors (Sareen, 2014). Post trauma risk factors are ranked as the most powerful predictor for the outcome of PTSD across different trajectory types (Lebens & Lauth, 2016). Political risk factors include on coming elections; politicians’ activity; supporters’ activity; political parties alliances/coalitions composition.

Politics and political activities play a major role in triggering PTSD especially among post-election violence internally displaced persons due possibilities of political violence, that is, violence resulting from the nature of political structure (Chinwokwu & Arop, 2014). Poorly managed political risk factors would resort to the use of force and armed struggle by different political alliances and their supporters in the pursuit of incompatible and particular interest and goals by contending groups or individual (Oraegbunam, 2006). Political violence is associated with loss of life, displacement of people, separation from family members, physical injury and
starvation, abduction and sexual abuse, disruption of social services, and emotional and psychological sufferings all which contribute to PTSD (Chinwokwu & Arop, 2014).

History of prior exposure to traumatic event (Bromet, et al., 2016) or expectation of another traumatic event influence development of PTSD (Nyaga, 2010). On coming elections pose mixed reactions on creation of traumatic event that in one way or another triggers PTSD. Political activities including politicians’ utterances can have varied effects on supporters’ activity. Utterances that foster peace building and advocacy initiatives; in addition to material support can lessen occurrence of PTSD (Gene-Cos, 2006).

Social support increases well-being and limits distress; and is one of the keys to recovery after any trauma. It involves being connected to others which makes it easier to obtain knowledge needed for recovery (Gene-Cos, 2006). Little or no social support after exposure to a traumatic event increases risk for PTSD (Nyaga, 2010). Political utterances or programme that threaten, are abusive or that make use of insulting words or behaviour can stir up ethnic hatred, that is, hatred against a group of persons defined by reference to colour, race, nationality (including citizenship) or ethnic or national origins increasing risk for PTSD (NCLR, 2012).

Kenyans indicate clear tribal lines characterized by a high degree of mistrust of members of other ethnic groups and consideration that the behaviour of other groups to be influenced primarily by ethnicity (Bratton & Kimenyi, 2008). In order to contain the transmission of undesirable political content by political leaders and their supporters via short message send (SMS) and Social Media platform, the National Cohesion and Integration Commission (NCIC) and Communications Authority of Kenya (CA) developed guidelines on transmitting of political messages (NCIC and CA, 2017).
Supporters’ activities especially in rallies and campaigns if not well managed can increase the risk of PTSD particularly among internally displaced persons. This is due to violation of other persons’ dignity; or creating an intimidating, hostile, degrading, humiliating or offensive environment for them (NCLR, 2012). Voting in Kenya is defensively and fundamentally an ethnic census (Bratton & Kimenyi, 2008). Similarly, political affiliation is in most cases is ethnic based. Low tolerance between and among the Kenyan tribes in line with the composition of political parties alliances/ coalitions increases the risk of PTSD.

1.1.3 Social demographic characteristics associated with PTSD

Anyone can develop PTSD at any age (Alisic, et al., 2014). Across a wide range of disasters, community studies indicate that elevated symptoms of PTSD are common among youth during the first few months following a high impact disaster and that symptoms decline over the first year or more post disaster (Bonanno, Brewin, Kaniasty, & Greca, 2010). Based on previous studies, age at which traumatic experience happened was a risk factor for the development of PTSD (Calitz, De Jongh, Horn, Nel, & Joubert, 2014).

Gender is also a risk factor for PTSD (Gene-Cos, 2006). This might be partially due to more exposure to interpersonal trauma (Alisic, et al., 2014). Girls and women are more likely to develop PTSD than boys and men, and genes may make some people more likely to develop PTSD than others (Chemtob, et al., 2016).

Low socioeconomic status influences incidence of PTSD (Karsberg & Elklit, 2012). Low socioeconomic status is associated with PTSD due to exposure to hunger, disease, sexual/physical abuse and violence (Karsberg & Elklit, 2012). Marital status, religious affiliation, level of education, and number of traumatic events ae also associated with risk of
developing PTSD (Essizoglu & Keser, 2014) (Kinyanjui, 2009). Cognitive vulnerabilities (for example, low IQ or previous history of head injury) are also associated with increased vulnerability for PTSD (Sareen, 2014).

1.2 Statement of the Problem

Kenya, a middle class, food-deficient country is ranked seventh amongst countries with high numbers of internally displaced persons in Africa due to forced domestic migration resulting from cultural inter-clan conflicts, social/communal tensions, politically influenced violence, and government evictions (Getanda, Papadopoulos, & Evans, 2015). Post-election violence was witnessed in Kenya in 2007 - 2008 mostly in the informal settlements of major towns (Harder, Mutiso, Khasakhala, Burke, & Ndetei, 2012). During the post-election violence, a total of 1,133 people died as a consequence of the post-election violence. The geographical distribution of the deaths was unequal, with most of the post-election violence related deaths concentrated in the provinces of Rift Valley (744), Nyanza (134) and Nairobi (125). The districts of Uasin Gishu (230), Nakuru (213) and Trans Nzoia (104) in the Rift Valley Province registered the highest number of deaths related to post-election violence.

A total of 3,561 people suffered injuries inflicted by or resulting from sharp pointed objects - 1229, blunt objects - 604, Soft tissue injury - 360, Gunshot - 557, Arrow shots - 267, Burns -164, Assault - 196, etc. A total of 117,216 private properties (including residential houses, commercial premises, vehicles, farm produce) were destroyed, while 491 Government owned properties (offices, vehicles, health centres, schools and trees) were destroyed.
Gunshots accounted for 962 casualties out of whom 405 died. This represented 35.7% of the total deaths, making gunshot the single most frequent cause of deaths during post-election violence. It was followed by deaths caused through injuries sustained as a result of sharp pointed objects at 28.2%. The post-election violence was attributed to historical and long-term tensions in the conflict red spots that seem to have endured since independence, and intermittently boiled over to active violence (investigated in part by the Akiwumi Commission in 1997) as well as immediate trigger of perceived rigging of the 2007 December presidential polls.

1.2.1 On Causes and Patterns of the Post-Election Violence

According to the Commission of Inquiry (Kriegler and Waki Reports on 2007 Elections) into Post Election Violence, the causes of the post-election violence are multi-fold. They can be analyzed as below;

1.2.1.1 In contrast to the pre-election violence, which was mainly between candidates and their supporters, the post-election violence had a distinct ethnic dimension.

1.2.1.2 Initial violence witnessed in the Rift Valley was spontaneous and was in part a reaction to the perceived rigging of elections. In areas like the Rift Valley and the Coast, it targeted members of the Kikuyu and Kisii communities perceived to be associated with the PNU and with President Kibaki who were seen as the beneficiaries of the “rigged” election, while in Nyanza and Western, the spontaneous violence was mostly directed towards government facilities and gradually took the form of looting and destruction, and while it also targeted Kikuyus and Kisii, the intention appeared to be not to kill them but rather to expel them and destroy their property.

1.2.1.3 Subsequently the pattern of violence showed planning and organization by politicians, businessmen and others who enlisted criminal gangs to execute the violence. That was the case
particularly in Rift Valley and Nairobi. In places like Naivasha, Nakuru and the slum areas of Nairobi, Kikuyu gangs were mobilized and used to unleash violence against Luos, Luhyas and Kalenjins and to expel them from their rented residences and, similarly, organized Kalenjin youth particularly in the North Rift attacked and drove out Kikuyus living there.

1.2.1.4 Some of the pointers to the organization include the fact that: In instances, warnings were issued to the victims before the attacks; The violence involved large numbers of attackers, often mobilized from areas outside the location of the violence; Petrol and weapons were used in various places to carry out the attacks and destruction, which required arrangements as regards acquisition, concealment and transport; and sometimes the attacks specifically targeted only members of given ethnic groups to the exclusion of others.

1.2.1.5 Some responsibility for the violence remains with the country’s politicians who precipitated the violence by among other actions and omissions:

- Conducting the election campaigns in a strident and confrontational manner, thereby creating an atmosphere of tension;
- For party political ends, casting the majimbo debate in ethnically divisive terms; and
- Failing to create confidence among voters around the electoral processes and institutions.

1.2.1.6 The administrative authorities, including the police, the security forces and the provincial administration take responsibility for various omissions and commissions in regard to the violence arising from:

- Failure to act on intelligence regarding the possibility of violence following the elections;
- Failure to respond appropriately and adequately to the violence and its effects, thereby aggravating the suffering of the victims;
• In the case of the security agents and the police, resorting to an unjustified use of force and causing death and injury unnecessarily; and finally, the
• Failure to act with discipline and impartiality and at times descending into acts of serious crime against civilians.

The violence peculiarly created a traumatic event and increased risk for PTSD and substance abuse across all the population sections in affected areas (Musau & Wasanga, 2013) (Muchai, Ngari, & Mumiukha, 2014). Women experienced sexual violence and rape incidents. This resulted into among many psychiatric conditions, into anxiety in particular PTSD, depressive and other unknown psychological disorders (Nyaga, 2010).

Internally displaced persons as a result of post-election violence were reported to suffer from fear, despair, insomnia, sadness, bitterness and breakdown of families which delineated psychological distress (Musau & Wasanga, 2013). They were ‘unhappy with the Government’ highlighting their dissatisfaction with the lack of support from their Government and the view that political leaders’ primary motivation was power and votes and not their well-being (Getanda, Papadopoulos, & Evans, 2015). All internally displaced women at Mai Mahiu camp, Naivasha Kenya presented with PTSD (Njoki, 2009).

The general prevalence rate of PTSD in Kenya was found to be 10.6% (Jenkins, et al., Probable post traumatic stress disorder in Kenya and its associated risk factors: A cross-sectional household survey, 2015). The post-election violence was triggered by political activities.

Literature supports that a number of risk factors are associated with prevalence of PTSD. This study sought to explore political risk factors associated with prevalence of PTSD among Internally displaced persons who are as a result of post-election violence. It is noteworthy that no other study of a similar nature had been conducted before.
1.3 Purpose of the Study

The main objective of this study was to establish the political risk factors associated with PTSD among 2007/2008 PEV IDPs in Naivasha. The specific objectives of this study included:

1.3.1 To establish the prevalence of PTSD among PEV IDPs
1.3.2 To determine the political risk factors among PEV IDPs
1.3.3 To explore the influence of political risk factors on PTSD prevalence among PEV IDPs
1.3.4 To determine the social demographic characteristics associated with PTSD prevalence among PEV IDPs

1.4 Research Questions

1.4.1 What is the prevalence of PTSD among PEV IDPs?
1.4.2 What are the political risk factors associated with PTSD among PEV IDPs?
1.4.3 What is the influence of political risk factors on PTSD prevalence among PEV IDPs?
1.4.4 What social demographic characteristics are associated with PTSD prevalence among PEV IDPs?

1.5 Hypothesis

1.5.1 There is no political risk factor associated with PTSD prevalence among PEV IDPs
1.5.2 There are no social demographic characteristics associated with prevalence of PTSD among PEV IDPs

1.6 Significance of the Study

Information from this study would be relevant to national and county government; non-governmental; and internally displaced persons' camp management authorities. Explicitly, the National Cohesion and Integration Commission together with other interested stakeholders would use the findings to enhance cohesion and integration especially during elections.
The findings would inform formulation of strategy map through which individual, family and community cohesion and integration interventions could be instituted. The findings would further provide literature on political risk factors associated with PTSD which was non-existent in the Kenyan context.

1.7 Scope of the Study

1.8 Definition of Terms

1.9 Chapter Summary
CHAPTERS TWO: LITERATURE REVIEW

2.1 Literature Review

2.1.1 Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is an anxiety disorder which develops after exposure to one or various traumatic events that caused great physical harm or psychological distress (Ombok, 2011). PTSD was first recognized during the Vietnam War when American soldiers manifested severe symptoms as a result of experiencing war (Bergman, Przeworski, & Feeny, 2017). PTSD is an anxiety disorder that develops in response to an extreme psychological or physical trauma which lasts more than thirty days (Santrock, 2003). It is mostly associated with psychological and physical dysfunctions such as exaggerated startle, insomnia, hyper vigilance, and distorted information processing (Bergman, Przeworski, & Feeny, 2017). Factors that may affect PTSD outcomes include gender, exposure to traumatic events, experience of forced displacement, poverty, living conditions and access to basic goods and services (Porter & Haslam, 2005).

Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD (Alisic, et al., 2014). However, not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. All individuals who experience traumatic events are prone to psychological disorders (Nyaga, 2010). Events perceived as traumatic can change brain chemistry and can result in behaviours such as violence, crime, depression, change in thinking patterns and other behaviours (Muchai, Ngari, & Mumiukha, 2014). In a study done in Pakistan it was found that IDPs scored lower on mental health indexes than displaced and resettled refugees, thus concluding that internal displacement may have greater negative effects.
on mental health. This may be due to the recent trauma that internally displaced persons have experienced (Husain, et al., 2011).

2.1.2 PTSD among Internally displaced persons (IDPs)

According to UNHCR Internally displaced persons are on the run at home and do not cross a border to find safety (UNHCR, 2016). A study done in Georgia to determine mental disorders among internally displaced persons established that the prevalence of PTSD was 23.3% where a high burden of mental disorders and disability persisted among people affected by conflict in Georgia (Makhashvili, Chikovani, McKee, Bisson, Patel, & Roberts, 2014). A study done among Darfurian Internally displaced persons established PTSD and general health distress were highly prevalent. 54% of internally displaced persons were classified as possible PTSD cases (Hamid & Musa, 2010). Study done in Kaduna after a post-election violence conflict in Northern Nigeria found out that out of the 258 Internally displaced persons, 109 (42.2%) had a diagnosis of PTSD (Taiwo Lateef Sheikh, Agunbiade, Ike, Ebiti, & Adekeye, 2014). In Uganda over half (54%) of the respondents met symptom criteria for PTSD, this was after the 20 year war in northern Uganda between the Lord's Resistance Army and the Ugandan government (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2008). Also in Uganda reported rates of PTSD and depression amongst internally displaced persons have varied between 75.3% and 54.3%, and 44.5% to 67.4%, respectively (Vinck, Pham, Stover, & Weinstein, 2007). The levels of PTSD and depression recorded in this Uganda are amongst the highest recorded globally.

2.1.3 Political risk factors

Political activities including; on coming elections; politicians’ activity; supporters’ activity; political parties alliances/ coalitions composition are risk factor for PTSD. History of prior exposure to traumatic event or expectation of another traumatic event is a risk factor for PTSD.
The expectation of another traumatic event, after having experienced one, raises the PTSD. Higher prevalence of PTSD was reported among Kenyan secondary students during Constitution referendum period (2010) since they had witnessed the post-election violence (Nyaga, 2010). Bromet et al. (2016) reported that history of prior stress exposure influenced development of PTSD (Bromet, et al., 2016). Hence the oncoming election can be considered as a risk factor for PTSD.

Negative life events are associated with PTSD. The precarious nature of conflict likely makes the impact of these events stronger (Mugisha, Muyinda, Wandiembe, & Kinyanda, 2015). Political conflict undoubtedly has profound effects on those who experience it directly such as internally displaced persons. However, organized violence also generates or exacerbates a host of highly stressful conditions or daily stressors, such as poverty, social marginalization, isolation, inadequate housing, and changes in family structure and functioning (Miller & Rasmussen, 2010)

Political activities including material support to internally displaced persons can lower the risk of PTSD. In a study done in an Internally displaced persons camp in Nakuru ten participants who did receive governmental support scored significantly better than others on the quality of life measure, this showed that this source of support was an important means towards improving wellbeing. A third of the sample reported receiving help from friends and these individuals scored significantly higher in terms of mental health. This is indicated that perceived social support plays a powerful role in protecting against poor mental health, even among internally displaced persons which such poor mental health and wellbeing outcomes (Getanda, Papadopoulos, & Evans, 2015).
2.1.4 Social demographic characteristics associated with PTSD

PTSD is more common in females. A study in the Nile delta of a refugee war population found prevalence rates of 31.6% and 40.1% in males and females respectively (Jenkins, et al., Probable Post Traumatic Stress Disorder in Kenya and Its Associated Risk Factors: A Cross-Sectional Household Survey., 2015). Adolescents were also at greater risk of developing PTSD than either adults or children (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). At the adolescent stage, suicide, academic problems, substance abuse, poor social support, and poor physical health were risk factors associated with PTSD (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). A study suggested that more than a third of all Kenyan adolescents fulfil the symptom criteria for PTSD (Karsberg & Elklit, 2012). Prior traumatic event or stress exposure can take different forms including problems at school, isolation, fear or anxiety, problematic family relationships, emotional and physical abuse, and lack of social support (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). Pre-existing mental disorders influenced the probability of developing PTSD (Bromet, et al., 2016). Time progress after traumatic event is associated with decreased level of PTSD. A study conducted eight years after the Rwanda genocide found a PTSD rate at 24.8% from 50% (Jenkins, et al., Probable Post Traumatic Stress Disorder in Kenya and Its Associated Risk Factors: A Cross-Sectional Household Survey., 2015). The study variables that were; age, gender, religious affiliation, level of education, family socio-economic level and number of traumatic events were significantly associated with PTSD among the Internally displaced persons involved in post-election violence in Kenya (Kinyanjui, 2009).

In a study done in Turkey to investigate the prevalence of posttraumatic stress disorder (PTSD) among internally displaced persons subjected to internal displacement, when the PTSD and non-PTSD groups were compared in terms of socio demographic characteristics, PTSD was
more prevalent among married subjects (30.5%) than single (20.0%) or divorced/separated (14.3%) subjects. The PTSD rate was higher in persons who were 15 years of age or older (30.3%) at the time of internal displacement (Essizoglu & Keser, 2014). Other significant characteristics associated with being with PTSD include sex (women), older age, and bad/very bad household economic situation and community conditions are factors that increase the possibility of acquiring PTSD (Makhashvili, Chikovani, McKee, Bisson, Patel, & Roberts, 2014). In a study done in Kaduna there was no significant difference in the PTSD prevalence between the genders. The study also suggested that women have a higher risk of developing PTSD due to lower threshold from exposure to psycho-trauma compared to men (Taiwo Lateef Sheikh, Agunbiade, Ike, Ebiti, & Adekeye, 2014). In Northern Uganda the prevalence for PTSD for men was (45.6%) whereas for women was (60.1%).

In a study done to predict positive mental health in internally displaced persons in Indonesia internally displaced persons with higher level of education were more likely to improve personal economic conditions compared to those with lower education. Those with higher education were mostly younger internally displaced persons. This indicates that it was easier for younger people to improve their economic conditions in the post-conflict situation (Saragih Turnip, Sörbom, & Hauff, 2016).

Other demographic variables associated with mental distress include the marital status of respondents, with respondents who were no longer married (divorced/separated, widowed, or forced separation) more likely than married respondents to exhibit symptoms of PTSD. The study also showed that while men reported higher exposure to traumatic events than women, men reported lower levels of mental distress (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2008). In another study done in Kenya a strong positive correlation between traumatic experiences and
level of PTSD severity was found, also the study found the relationship between traumatic experiences and levels of PTSD severity was stronger among primary survivors than secondary survivors. This was due to the fact that the primary survivors had higher number of traumatic experiences than the secondary survivor especially in the category of loss (King’ori, Odera, & Oboka, 2014).

2.1.5 Social demographic characteristics

This study used a sample of 145 internally displaced persons. The mean age of the internally displaced persons was 38.1 years within the range of 18 to 63 years. The distribution of the ages varied (p value= 0.532). Similar proportions of internally displaced persons were male and female (p value= 0.031). A proportion of 42.1% of the internally displaced persons had completed primary education however 10.3% were illiterate (p value =0.062). Similar proportions of internally displaced persons were single or never married (28.3%), married and living together (37.9%) and either separated or divorced or widowed (33.8%) (p value =0.003). A greater section of 59.3% of the internally displaced persons composed of job seekers and 24.1% homemakers. Only a portion of 9.0% internally displaced persons were engaged in consistent formal or informal income generating activities (p value =0.078). Social economic status was assessed based on household monthly income and number of dependants.

Most 91.0% internally displaced persons households’ were characterized by low social economic status (p value =0.698). Small proportions of the internally displaced persons consumed drugs including local alcohol (20.0%), brewed alcohol (17.9%) and chewing ‘muguka’ (leafy miraa) (13.1%) (p value =0.114) (Table 2.1).

Table 2.1: IDPs’ Social demographic characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>P-value</th>
</tr>
</thead>
</table>

19
<table>
<thead>
<tr>
<th>Age groups</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-27</td>
<td>29</td>
<td>20.0%</td>
<td>0.532</td>
<td></td>
</tr>
<tr>
<td>28-37</td>
<td>45</td>
<td>31.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38-47</td>
<td>37</td>
<td>25.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48-57</td>
<td>29</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58-67</td>
<td>5</td>
<td>3.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>73</td>
<td>50.3%</td>
<td>0.031</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72</td>
<td>49.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>15</td>
<td>10.3%</td>
<td>0.062</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>61</td>
<td>42.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>49</td>
<td>33.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-secondary training</td>
<td>13</td>
<td>9.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary institution</td>
<td>7</td>
<td>4.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/ Never married</td>
<td>41</td>
<td>28.3%</td>
<td>0.003</td>
<td></td>
</tr>
<tr>
<td>Married/ Living together</td>
<td>55</td>
<td>37.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated/ Divorced/ Widowed</td>
<td>49</td>
<td>33.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working (Formal/ Informal)</td>
<td>13</td>
<td>9.0%</td>
<td>0.078</td>
<td></td>
</tr>
<tr>
<td>Seeking work</td>
<td>86</td>
<td>59.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemakers</td>
<td>35</td>
<td>24.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly/ Disabled</td>
<td>11</td>
<td>7.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social economic status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>132</td>
<td>91.0%</td>
<td>0.698</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>13</td>
<td>9.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs consumption</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol (local)</td>
<td>29</td>
<td>20.0%</td>
<td>0.114</td>
<td></td>
</tr>
<tr>
<td>Alcohol (breweries)</td>
<td>26</td>
<td>17.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.1.6 Prevalence of PTSD among PEV IDPs

Assessment of PTSD levels was conducted using the Impact of Events Scale - Revised (IES-R) that assesses the intensity of trauma related events on two separate dimensions i.e. intrusive thoughts and avoidance behaviour. The IES-R total scale score was grouped into; no symptoms-(0-8); mild symptoms (9-25); moderate symptoms (26-43); and severe symptoms (> 44) (Njoki, 2009). A greater proportion of 68.3% internally displaced persons had moderate symptoms while the rest (31.7%) had severe symptoms (p value =0.352) (Table 2.2).

Table 2.2: IDPs PTSD symptoms

<table>
<thead>
<tr>
<th>PTSD symptoms</th>
<th>Frequency</th>
<th>Percent</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>99</td>
<td>68.3%</td>
<td>0.352</td>
</tr>
<tr>
<td>Severe</td>
<td>46</td>
<td>31.7%</td>
<td></td>
</tr>
</tbody>
</table>

2.1.7 Political Risk Factors

Each of the political risk factors was assessed using a likert scale of 1 to 10 where 1 was totally unlikely and 10 was very likely. The internally displaced persons scored the likelihood of how specific political affiliated activities reminded them of happenings during the post-election violence 2007/08 and probably scared them.

The oncoming elections including political materials; politicians’ images and voices and words; supporters’ activities including organization, chaotic campaigns, shouting politicians’ names, meeting supporters of different politician from yours; and composition of different political parties alliances/ coalitions reminded the internally displaced persons of the happenings.
during the post-election violence 2007/08. The mean score and conclusion of each of the assessed activities was as indicated in Table 2.3 below.

Table 2.3: Political risk factors (a)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Mean</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oncoming elections</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncoming elections</td>
<td>8.1</td>
<td>Very likely</td>
</tr>
<tr>
<td>Viewing anything that is related to politics including poster, newspapers,</td>
<td>5.6</td>
<td>Likely</td>
</tr>
<tr>
<td>Hearing anything that is related to politics including poster, newspapers,</td>
<td>5.3</td>
<td>Likely</td>
</tr>
<tr>
<td><strong>Politicians’ activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viewing specific political leaders in face to face, TV or newssprint</td>
<td>6.4</td>
<td>Likely</td>
</tr>
<tr>
<td>Hearing the voices of specific political leaders in Radio or live</td>
<td>2.9</td>
<td>Somehow unlikely</td>
</tr>
<tr>
<td>Words used by specific political leaders</td>
<td>6.3</td>
<td>Likely</td>
</tr>
<tr>
<td>Politicians offering material support</td>
<td>2.1</td>
<td>Somehow unlikely</td>
</tr>
<tr>
<td><strong>Supporters’ activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporters a specific political leader holding small groups</td>
<td>7.3</td>
<td>Likely</td>
</tr>
<tr>
<td>Supporters wearing clothes branded with specific political parties</td>
<td>3.6</td>
<td>Somehow unlikely</td>
</tr>
<tr>
<td>Peaceful campaigns</td>
<td>4.5</td>
<td>Somehow likely</td>
</tr>
<tr>
<td>Chaotic campaigns</td>
<td>7.8</td>
<td>Very likely</td>
</tr>
</tbody>
</table>
Listening to persons around you affiliated to a different political coalition to your preferred
6.2 Likely

Supporters shouting a specific political leader
5.3 Likely

**Political parties alliances/ coalitions composition**

When a specific political party is mentioned
5.1 Likely

Hearing of different political coalitions
5.7 Likely

2.1.8 Influence of political risk factors on PTSD prevalence

The means of the political risk factors were weighted based on likelihood; grouped into oncoming elections; politicians’ activity; supporters’ activity, and political parties’ alliances or composition of coalitions. The grouped means were further converted into ordinal variables based on weighted scores to compute inferential statistics.

Multiple logistic regression was conducted to establish how political risk factors influenced PTSD prevalence. Multivariate analysis indicated that oncoming elections and supporters’ activity significantly influenced the prevalence of PTSD. Oncoming elections and reminders of the elections including politics material and utterances increased the probability of developing PTSD (OR .4, 95% CI .02 to 8.5). This meant that reminders of the oncoming elections were significant sources of PTSD. Activities of supporters of different parties and politicians including organizing themselves into small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names heightened the chances of developing PTSD among the internally displaced persons (OR .6, 95% CI .03 to 14.3).

This implied that activities by supporters of different parties and politicians were significant risk factors and cause of PTSD among the internally displaced persons. Structuring of
the political parties alliances and politicians’ activities did not significantly influenced the prevalence of PTSD among the internally displaced persons (p value>0.05) (Table 2.4). This implied that political structuring did not cause PTSD among the internally displaced persons.
Table 2.4: Regression of political risk factors on PTSD prevalence

<table>
<thead>
<tr>
<th>Political risk factors (score ≥ 5)</th>
<th>Treatment outcome</th>
<th>P-value</th>
<th>Multivariate OR(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Oncoming elections</td>
<td>65</td>
<td>25</td>
<td>.023</td>
</tr>
<tr>
<td>Supporters’ activity</td>
<td>23</td>
<td>10</td>
<td>.008</td>
</tr>
<tr>
<td>Political parties alliances/ coalitions composition</td>
<td>6</td>
<td>5</td>
<td>.069</td>
</tr>
<tr>
<td>Politicians’ activity</td>
<td>5</td>
<td>6</td>
<td>Referent</td>
</tr>
</tbody>
</table>

*OR* - Odds ratio; *CI* - Confidence interval

2.1.9 Social demographic characteristics and PTSD prevalence

Multiple logistic regression was conducted to establish how social demographic characteristics influenced PTSD prevalence. Multivariate analysis indicated that age, gender, highest level of education completed, and marital status significantly influenced the prevalence of PTSD. Internally displaced persons aged between 18 and 27 years were more likely (OR .97, 95% CI .6 to 1.7) to develop severe PTSD than internally displaced persons aged 28 and 37 years who were also at a higher risk (OR .3, 95% CI .4 to 1.0) compared to the rest. Male internally displaced persons were less likely to develop severe PTSD compared to the female internally displaced persons (OR .8, 95% CI .3 to 2.2). This implied that the younger population was at greater risk of PTSD compared to the other section of the internally displaced persons' population. Internally displaced persons who had only completed primary education were more likely to develop severe PTSD compared to those who had tertiary education (OR .6, 95% CI .2 to 2.6).
This implied that high levels of illiteracy increased the risk for PTSD. High literacy levels could be associated with accessing information which may have reduced the chances of developing PTSD among internally displaced persons with post primary education. Married (living together) internally displaced persons were more likely to develop severe PTSD compared to separated or widowed internally displaced persons (OR .4, 95% CI .1 to 1.4). This implied that internally displaced persons who had families were at more risk of developing PTSD which may have been due to the logistics in securing security and sustenance among others for the family members.

Employments status, social economic status, and drugs consumption did not significantly influence the prevalence of PTSD (p value>0.05). Employments status, social economic status, and drugs consumption indicated no influence due the homogeneity of the internally displaced persons, that is, significant proportions of internally displaced persons were unemployed, low social economic status and didn’t use drugs (Table 2.5).
Table 2.5: Regression of social demographic characteristics on PTSD prevalence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>PTSD Moderate</th>
<th>PTSD Severe</th>
<th>P-value</th>
<th>Multivariate OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td>18-27</td>
<td>14</td>
<td>15</td>
<td>.012</td>
<td>.97 (0.6-1.7)</td>
</tr>
<tr>
<td></td>
<td>28-37</td>
<td>32</td>
<td>13</td>
<td>.019</td>
<td>.29 (0.4-1.0)</td>
</tr>
<tr>
<td></td>
<td>38-47</td>
<td>28</td>
<td>9</td>
<td>.417</td>
<td>3.2 (0.2-5.4)</td>
</tr>
<tr>
<td></td>
<td>48-57</td>
<td>22</td>
<td>7</td>
<td>.397</td>
<td>3.4 (0.2-5.8)</td>
</tr>
<tr>
<td></td>
<td>58-67</td>
<td>3</td>
<td>2</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>53</td>
<td>20</td>
<td>.011</td>
<td>0.8 (0.3-2.2)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>46</td>
<td>26</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Highest level of education completed</td>
<td>None</td>
<td>10</td>
<td>5</td>
<td>.059</td>
<td>1.7 (0.9-2.8)</td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>40</td>
<td>21</td>
<td>.043</td>
<td>0.6 (0.2-2.6)</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>37</td>
<td>12</td>
<td>.059</td>
<td>0.9 (0.3-2.6)</td>
</tr>
<tr>
<td></td>
<td>Post-secondary training</td>
<td>6</td>
<td>7</td>
<td>.220</td>
<td>2.0 (0.7-6.2)</td>
</tr>
<tr>
<td></td>
<td>Tertiary institution</td>
<td>6</td>
<td>1</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Marital status</td>
<td>Single/ Never married</td>
<td>32</td>
<td>9</td>
<td>.657</td>
<td>0.8 (0.3-2.3)</td>
</tr>
<tr>
<td></td>
<td>Married/ Living together</td>
<td>31</td>
<td>24</td>
<td>.026</td>
<td>0.4 (0.1-1.1)</td>
</tr>
<tr>
<td></td>
<td>Separated/ Widowed</td>
<td>36</td>
<td>13</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Employment status</td>
<td>Working</td>
<td>4</td>
<td>9</td>
<td>.371</td>
<td>0.2 (0.1-6.6)</td>
</tr>
<tr>
<td></td>
<td>Seeking work</td>
<td>66</td>
<td>20</td>
<td>.072</td>
<td>0.5 (0.2-1.4)</td>
</tr>
<tr>
<td></td>
<td>Homemakers</td>
<td>20</td>
<td>15</td>
<td>.054</td>
<td>1.3 (0.3-5.1)</td>
</tr>
<tr>
<td></td>
<td>Elderly/ Disabled</td>
<td>9</td>
<td>2</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Social economic status</td>
<td>Low</td>
<td>Medium</td>
<td>Used</td>
<td>Not used</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>--------</td>
<td>------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>94</td>
<td>5</td>
<td>13</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>8</td>
<td>17</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.144</td>
<td>Referent</td>
<td>.101</td>
<td>Referent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.1(1.0-5.9)</td>
<td>Referent</td>
<td>0.3(0.1-0.6)</td>
<td>Referent</td>
<td></td>
</tr>
</tbody>
</table>

*OR- Odds ratio; CI- Confidence interval*

### 2.2 Theoretical Framework

This study is based on structural functionalist, dialectical materialism, fear conditioning and dual representation theories. Structural functionalist theory looks at conflict as a function of the structural constituents of the society. In this case, politics on poverty, unemployment, crime, social inequality, marginalization, relative deprivation, corruption, injustice, oppression and exploitation are regarded as sources of conflict which could lead to political violence. Peace is achieved where existing social structures perform their functions adequately, and supported by the requisite culture, social norms, and values.

The dialectical materialism theory propounded by Karl Marx (1818-1883) argues that peace can only be achieved on the basis that there are classless people in the society and calls for a rethink in the political and economic structure to address the imbalance in the society. The consequence is that, political violence and war will continue to exist in society so long as unequal relations exist within societies (Chinwokwu & Arop, 2014). The post-election violence experienced in Kenya in 2007-2008 was an example of war created by political structure to address the imbalance in the society.
The disorder’s fear conditioning theory postulates that PTSD has, at its core, an acquired (conditioned) fear response in which the traumatic event serves as conditioning stimulus (CS), the immediate reaction to the event is an unconditioned response (UCR) and the disorder consists of an abnormal conservation of strong associative link between reminders of the CS and fear responses (Conditioned responses or CRs) (Shalev, 2009). According to dual representation this theory, many of the features and details of some traumatic event—the sounds, smells, and sights, are initially retained in situationally accessible memory, somewhat akin to episodic memory. Cues or stimuli in the environment that are associated with this traumatic event will tend to activate or prime the contents of this memory system. Individuals will thus experience intrusive images and flashbacks—hallmarks of PTSD.

Accordingly, dissociation immediately after some traumatic event should predict subsequent PTSD (Moss, 2016). This study presumed that 2017 election activities activated the traumatic events—intrusive images and flashbacks that occurred in line with the 2007-2008 post-election violence and probably lead to PTSD.

The structural functionalist and dialectical materialism theories define Kenya as a political violence zone catalysed by the tribal lines. Due to inequalities, there is possibility that political activities would influence PTSD among internally displaced persons as illustrated by fear conditioning and dual representation theories. Politicians have repeatedly divided Kenyans on tribal lines to win votes.
Independent variable | Moderating variable | Dependent variable
--- | --- | ---

**Social demographic characteristics**
- Age
- Gender
- Socioeconomic status
- Marital status
- Level of education
- Substance abuse

**Political risk factors**
- Oncoming elections
- Politicians’ activity
- Supporters’ activity
- Political parties alliances/coalitions composition

**Prevalence of PTSD**
2.3 Conclusion

This study used a sample of 145 internally displaced persons whose gender had similar distribution and the mean age was 38 years. Most of the internally displaced persons had completed primary education, were job seekers, and low social economic status. Small proportions of the internally displaced persons consumed drugs including local alcohol and ‘muguka’ (leafy miraa).

All the internally displaced persons had symptoms of PTSD according to an assessment using the Impact of Events Scale - Revised (IES-R). A greater proportion of 68.3% internally displaced persons had moderate symptoms while the rest (31.7%) had severe symptoms.

Political factors including the oncoming elections, supporters’ activities; structuring/composition of political parties and alliances; and politicians’ activities reminded the internally displaced persons of the happenings during the post-election violence 2007/08. Oncoming elections and reminders of the oncoming elections including politics material and utterances increased the probability of developing severe PTSD. Politicians and political parties supporters’ activities including organization into small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names heightened the chances of developing severe PTSD among the internally displaced persons. Structuring and composition of political parties alliances and politicians’ activities did not significantly influence PTSD.

Internally displaced persons demographic factors including age, gender, and highest level of education completed, and marital status significantly influenced the prevalence of PTSD. Internally displaced persons aged between 18 and 37 years; female internally displaced persons, internally displaced persons who had only completed primary education; and married (living together) internally displaced persons were more likely to develop severe PTSD compared to the
rest. Employments status, social economic status, and drugs consumption did not significantly influence the prevalence of PTSD.
CHAPTERS THREE: METHODOLOGY

3.1 Introduction

This study was conducted among internally displaced persons considered to be among the most vulnerable people in the world (UNHCR, 2016). The study internally displaced persons were among the estimated 300,000 people who fled post-election violence in 2007 (Feikin, et al., 2010).

This study used a sample of 145 internally displaced persons whose gender had similar distribution and the mean age was 38 years. The distribution of demographic characteristics of study internally displaced persons supported findings in which the social dislocation and displacement affected all gender groups of all ages (Chinwokwu & Arop, 2014).

Most of the internally displaced persons had completed primary education, were job seekers, and low social economic status. The condition of the internally displaced persons in this study reflects internally displaced persons’ living condition previously defined by inadequate access to land, basic services and livelihood opportunities (Feikin, et al., 2010). Small proportions of the internally displaced persons consumed drugs including local alcohol and ‘muguka’ (leafy miraa).

A third of the internally displaced persons had either separated or divorced which was not directly attributable to PTSD as previously reported that PTSD resulted in domestic violence, disruption to families and relationships (Gathuru, 2014), and breakdown of families (Musau & Wasanga, 2013). All the internally displaced persons had symptoms of PTSD according to an assessment using the Impact of Events Scale - Revised (IES-R). A greater proportion of 68.3% internally displaced persons had moderate symptoms while the rest (31.7%) had severe symptoms. Exposure to a range of various traumatic events including political or community...
violence were attributed to the high prevalence of PTSD among the internally displaced persons (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). Poor mental health including PTSD is particularly more prevalent among internally displaced persons who experience trauma due to political conflict, subsequent forced displacement into socially-unequipped and insecure camps (de Jong, Komproe, & Van Ommeren, 2003).

In Mai Mahiu camp, Naivasha Kenya all internally displaced women were also found to have PTSD (Njoki, 2009). There was possibility that some of the internally displaced persons in this study had developed chronic PTSD (O'Toole & Catts, 2008). Further, the high prevalence could be attributed to the fact that some of the internally displaced persons experience and witnessed extreme violence including mass destruction of property and killing of family members and relatives (Hamid & Musa, 2010). Failed post displacement permanent accommodation could be associated with PTSD (Porter & Haslam, 2005). The prevalence was similar to a study in Juba where over one third (36.2%) of respondents met symptom criteria for PTSD (Roberts, Damundu, Lomoro, & Sondorp, 2009).

The prevalence among the internally displaced persons was higher than the general prevalence rate of PTSD in Kenya that is 10.6% (Jenkins, et al., 2015). Other studies among internally displaced persons affected by conflict have also reported high prevalence of PTSD. Among internally displaced persons in Georgia, the prevalence of PTSD was 23.3% (Makashvili, Chikovani, McKee, Bisson, Patel, & Roberts, 2014); among Darfurian internally displaced persons the prevalence was 54% (Hamid & Musa, 2010); and in Northern Nigeria the prevalence of PTSD among internally displaced persons was 42.2% (Taiwo Lateef Sheikh, Agunbiade, Ike, Ebiti, & Adekeye, 2014). Previously, studies have indicated that the burden on mental health is higher in conflict and post-conflict areas of the world as a result of civil and
political unrest compared to regions with no conflict (de Jong, Komproe, & Van Ommeren, 2003).

The prevalence of PTSD in this study was presumed to be higher than that in the other regions due to the political and election activities that were in progress as at the time of the study. Further many internally displaced persons are displaced in environmentally and economically vulnerable areas of the country which contributes to various stressors that increase chances of poor mental health (Feikin, et al., 2010).

Political factors including the oncoming elections oncoming elections; supporters’ activities; composition political parties and alliances; and politicians’ activities reminded the internally displaced persons of the happenings during the post-election violence 2007/08. Oncoming elections and reminders of the elections including politics material and utterances increased the probability of developing severe PTSD. This is due to the fact that PTSD includes intrusive memories of trauma which develops after a person is exposed to one or more traumatic events (Gathuru, 2014). Further, political violence is associated with loss of life, separation from family members, physical injury and starvation, abduction and sexual abuse, disruption of social services, and emotional and psychological sufferings all which contribute to PTSD (Chinwokwu & Arop, 2014).

The possibility of words, objects, or situations of elections would serve as reminders of the post-election violence events and also trigger re-experiencing symptoms (Chemtob, et al., 2016). As reported by Bromet et al. (2016), history of prior stress exposure in this case elections influenced development of PTSD. Proximity to conflict which in this case implied the elections outcome was a significant predictor of PTSD symptoms (Pham, Weinstein, & Longman, 2004). Similarly, higher prevalence of PTSD was reported among Kenyan secondary students during
Constitution referendum period (2010) since they had witnessed the post-election violence (Nyaga, 2010).

Supporters’ activities including organization of small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names heightened the chances of developing severe PTSD among the internally displaced persons. Similarly, politics and political activities played a major role in triggering PTSD especially among post-election violence internally displaced persons due possibilities of political violence (Chinwokwu & Arop, 2014). In addition, abusive, threatening and insulting political behaviour and utterances can stir up ethnic hatred that increased risk for PTSD (NCLR, 2012).

Structuring and composition of political parties alliances and politicians’ activities did not significantly influence PTSD. Structuring and composition of political parties alliances and politicians’ activities did not significantly influence PTSD. Besides, there was need for proper management of political activities as different political alliances and their supporters would resort to the use of force and armed struggle in the pursuit of particular interests (Oraegbunam, 2006). Since Kenyan citizens indicated clear tribal lines (Bratton & Kimenyi, 2008) relevant authorities should closely implement developed guidelines on transmitting of political messages (NCIC and CA, 2017).

Age, gender, highest level of education completed, and marital status significantly influenced the prevalence of PTSD. internally displaced persons aged between 18 and 37 years; female internally displaced persons, internally displaced persons who had only completed primary education; and married (living together) internally displaced persons were more likely to develop severe PTSD compared to the rest. Study conducted in 2010 among internally displaced persons involved in post-election violence in Kenya established that age, gender, religious
affiliation, level of education, family socio-economic level and number of traumatic events were significantly associated with PTSD similar to this study (Nyaga, 2010). Marital status, religious affiliation, level of education, and number of traumatic events are also associated with risk of developing PTSD in a different study (Essizoglu & Keser, 2014) (Kinyanjui, 2009). Similarly, elevated rates of PTSD have been recorded amongst diverse adult populations that had experienced conflict (De Jong, Komproe, & Van Ommeren, 2003).

Previously, age and sex had been reported to be significant predictors of PTSD symptoms (Pham, Weinstein, & Longman, 2004). Moreover, combination of gender disparities and sustained stressors, such as low socioeconomic status were reported to impact on PTSD (Kim, Torbay, & Lawry, 2007). In this study, females were greater of developing PTSD. Study conducted previously also reported that girls and women were more likely to develop PTSD than boys and men (Chemtob, et al., 2016). Gender was also a risk factor for PTSD (Gene-Cos, 2006) which might have been partially due to more exposure to interpersonal trauma (Alisic, et al., 2014). Social dislocation and displacement was reported to affect all gender groups of all ages, however, the weak and vulnerable members of the society including women are more affected leading to higher chances of developing PTSD (Chinwokwu & Arop, 2014). Adolescents were also at greater risk of developing PTSD than either adults or children (Calitz, De Jongh, Horn, Nel, & Joubert, 2014). In the Nile delta, prevalence rates were higher in females than males (Jenkins, et al., 2015).

In Uganda, marital status and gender influenced PTSD. The study also showed that men and no longer married persons reported higher prevalence of PTSD (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2008). Also in Uganda There was no significant difference in the PTSD prevalence between the genders. This could suggest that women have a higher risk of developing
PTSD due to lower threshold from exposure to psycho-trauma compared to men (Taiwo Lateef Sheikh, Agunbiade, Ike, Ebiti, & Adekeye, 2014). In Turkey PTSD was more prevalent among married subjects (30.5%) than single (20.0%) or divorced/separated (14.3%) subjects. The PTSD rate was higher in persons who were 15 years of age or older (30.3%) at the time of internal displacement (Essizoglu & Keser, 2014). This highly contradicts a study done in Juba where women were at particularly high risk of poor mental health, and also people who are no longer married (Roberts, Damundu, Lomoro, & Sondorp, 2009).

Employments status, social economic status did not significantly influence the prevalence of PTSD. On the contrary, low socioeconomic status was associated with PTSD due to exposure to hunger, disease, sexual/physical abuse and violence (Karsberg & Elklit, 2012). Even though drug consumption did not influence prevalence of PTSD in this study, negative coping style was associated PTSD in a study in Uganda. Though the link is not direct, negative coping style consequences may exacerbate posttraumatic stress symptoms by promoting negative coping strategies such as alcohol abuse and high risk sex behaviour (Mugisha, Muyinda, Wandiembe, & Kinyanda, 2015). Interventions designed to impact on negative coping may help to some extent offset this risk to PTSD.

In Darfur Sudan age was negatively related to PTSD score also there was significant difference between the married and single internally displaced persons in avoidance symptoms. The single participants reported more PTSD prevalence than the married participants. No significant sex differences were found in PTSD, prevalence and symptoms (Hamid & Musa, 2010). Displacement and war experience were major factors endangering internally displaced person’s mental health. Results of this study imply that psychological support services should be among the prime relief services provided by aid agencies. They also imply that living conditions
inside camps need to be improved and security should be provided or enforced (Hamid & Musa, 2010).

Employments status, social economic status, and drugs consumption did not significantly influence the prevalence of PTSD. The study internally displaced persons were defined with high levels of PTSD, unemployment and low social economic status which supports the fact that high levels of poor mental health affect the ability of individuals, communities and societies to function both during and after conflict (Roberts, Damundu, Lomoro, & Sondorp, 2009). Economic opportunities including right to work, access to employment, maintenance of socioeconomic status also have a linear relationship with better mental health (Porter & Haslam, 2005). Re-experiencing symptoms of PTSD among adults could also start from the internally displaced persons’ own thoughts and feelings everyday low social economic routine (Chemtob, et al., 2016). Low socioeconomic status influences prevalence of PTSD due to exposure to hunger, disease, sexual/physical abuse and violence (Karsberg & Elklit, 2012) (Karsberg & Elklit, 2012). Little or no social support after exposure to a traumatic event increases risk for PTSD (Nyaga, 2010).

Use of drugs was common in a small proportion of the population. The onset of drug use was not related to the violence irrespective of the fact that the internally displaced persons were more vulnerable to harmful health practices such as substance abuse (Roberts, Damundu, Lomoro, & Sondorp, 2009). Drugs consumption did not significantly influence the prevalence of PTSD in this study. Unlike in this study, PTSD in adults was often accompanied substance abuse (Bromet, et al., 2016).
3.2 Research Design

The study was cross-sectional descriptive in nature to establish the political risk factors associated with PTSD among post-election violence internally displaced persons in Kenya. The design was appropriate since the study tested the degree of relationship between the variables within a specific point in time (Clive, 2006) and was concerned with hypotheses formulation and testing (Best & Khan, 2007). The study used both qualitative and quantitative research methods. Qualitative methods provided a depth of understanding of issues which is not always possible through quantitative methods (Creswell, 2009).

3.3 Study Location

This study was carried out among post-election violence internally displaced persons in Case of Mai Mahiu Camps in Nakuru County (See map below).
Map 1: Map of Nakuru District

3.4 Target Population

A population consists of the total number of items that is used to make an inference (Cooper & Schindler, 2006). The target population for the study was 198 IDPs in Mai Mahiu Camps in Nakuru County.

3.5 Sample Size Determination

The study sample size was determined by the Yamane (1967:886) formula to yield a representative sample for proportions as cited in (Nkurunziza, 2016).
\[ n_0 = \frac{N}{1 + Ne^2} \]

Where

- \( n_0 \) is the sample size
- \( e \) is the desired level of precision (5%)
- \( N \) is the target population size (263).

Required sample

\[ n_0 = \frac{198}{1 + (198 \times 0.05^2)} = 132.4 \approx 132 \]

To cater for attrition (10%), the desired sample size (calculated) was 145 internally displaced persons.

**3.6 Sampling Procedure**

The sample of 175 internally displaced persons were selected using stratified and systematic sampling technique from the purposively sampled Mai Mahiu internally displaced persons camps. All internally displaced persons formed the sampling frame. The internally displaced persons were stratified into respective camps from which proportionate, random and representative samples were selected using systematic sampling technique. Systematic random sampling involved a number of procedures.

Internally displaced persons’ names were alphabetically arranged in each of the camps. The total number of internally displaced persons in each camp (N) was then divided by the required sample (n) to obtain a number k, that is, N/n=k. The number k internally displaced person in the sampling frame of each strata was first selected; after which the k\(^{th}\) internally displaced person after first sampled person was also selected from the list until the required sample size was achieved. That is, 1\(^{st}\) sampled internally displaced person was position k in each
departmental sampling frame; 2nd sampled internally displaced person was position 2k; 3rd sampled internally displaced person was position 3k; and the rest followed similar procedure.

3.7 Data Collection Procedure and Tools

The researcher used both primary and secondary data. Secondary data was collected by reviewing relevant reports and available literature. Primary data was collected using structured questionnaire to capture political risks factors and social-demographic characteristics (Appendix II); and Impact of Event Scale tool was used to determine levels of PTSD (Appendix III) (Njoki, 2009).

Questionnaires were the main primary data collection tool. Questionnaires provide data in the same form from all respondents which make both content and descriptive analysis easier (Johnson & Christensen, 2008) (Babbie, 2007). These tools were researcher administered to ensure accuracy and completeness. The tools used were structured (Gene-Cos, 2006); using closed and open ended questions; and likert scales for more expansive responses to capture required information.

3.8 Reliability and Validity

Quality control was a continuous process throughout the study to maximize validity and reliability of the findings of the study. Validity estimates how accurately data obtained in the study represents a given variable or construct in the study (Mugenda, 2008). Validity in this study was ensured by pre-testing the questionnaire among 30 internally displaced persons from a different camp that was not used in the study sample.

This ascertained capability of target audience to give effective response and test their understanding of the questions in the tool. The research tools were reviewed appropriately. The content of the tools were also examined for logical or content validity. Content validity is the
extent to which a measuring instrument provides adequate coverage of the topic under study (Best & Khan, 2007).

Reliability refers to the level of internal consistency and stability of score obtained over time, of a measuring instrument (Fraenkel & Wallen, 2001). This was ensured by minimizing the external sources of variation and only considering the relevant variables of the study being measured only. Reliability was measured using the Cronbach Alpha coefficient- 0.7 is considered highly reliable.

3.9 Research Procedure

The researcher first obtained an authorization letter from the United States International University (USIU), Nakuru County government and Naivasha, Sub-County to conduct the study. Sampled internally displaced persons consented and signed the consent form at the beginning of data collection. The tools had an introductory part verifying the purpose of the study, how confidentiality was maintained and precise instructions on how to respond to the items. The questionnaires were researcher administered to minimize errors. The study respondents were guided through the study and requested to provide as much data as possible. Any clarifications needed by the respondent were addressed on the spot.

3.10 Data Analysis

Data analysis involved reducing accumulated data to manageable size, developing summaries, looking for patterns and applying statistical techniques necessary to extract usable information (Cooper & Schindler, 2006). Research tools were cross checked for completeness and any missing entries corrected.

Quantitative data collected was coded, processed and cleaned off any inconsistencies and outliers. Statistical Package for Social Sciences (SPSS Version 21) software was used to analyze
the quantitative data using descriptive and inferential statistics. Chi square tests of association and correlation were used to determine the relationship between variables. Factor analysis was carried out to reduce dimensions of multivariate variables and thereafter relationship between the independent variables and the dependent variable was established using multiple linear regression models. Qualitative data was analyzed through content analysis and results presented in verbatim. Findings were presented in the form of text, charts, graphs and tables.

3.11 Ethical Considerations

The research was approved by the University and the relevant County government authorities. Consent was sought from the sampled internally displaced persons (Appendix I). Confidentiality was assured to all the respondents. Respondents were not required to reveal their identity or names. All completed questionnaires were stored under lock and key. Information collected was solely for academic purposes only.
3.12 Chapter Summary

All the internally displaced persons had symptoms of PTSD according to an assessment using the Impact of Events Scale - Revised (IES-R). This was similar to other studies conducted among internally displaced persons and different in other studies that reported lower levels of prevalence.

Political factors including the oncoming elections; supporters’ activities; composition political parties and alliances; and politicians’ activities increased odds of developing PTSD as reported in other studies. This is due to the fact that they reminded the internally displaced persons of the post-election violence events.

Demographic characteristics including age, gender, level of education completed, and marital status significantly influenced the prevalence of PTSD similar to; and different from other studies. Employments status, social economic status, and drugs consumption did not significantly influence the prevalence of PTSD contrary and similar to other studies.
CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter will outline the findings of the study.

4.2 Findings

All the internally displaced persons had symptoms of PTSD. A greater proportion of the internally displaced persons had moderate symptoms and the rest had severe symptoms. This implied need for evaluation of risk factors to mitigate occurrence of PTSD; and therapy to reduce the prevalence of PTSD.

Political risk factors among post-election violence internally displaced persons included oncoming elections and reminders of the elections including politics material and utterances; supporters’ activities including organization of small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names; and composition of political parties’ alliances and politicians’ activities. Political risk factors that influenced PTSD among post-election violence internally displaced persons included the oncoming elections and reminders of the elections including politics material and utterances; and supporters’ activities including organization of small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names.

These political factors reminded the internally displaced persons of some of the traumatic events that happened during the post-election violence of 2007-2008. Memories of post-election violence were presumed to trigger onset of PTSD.

Age, gender, highest level of education completed, and marital status significantly influenced the prevalence of PTSD. Internally displaced persons aged between 18 and 37 years; female internally displaced persons, internally displaced persons who had only completed
primary education; and married (living together) internally displaced persons were more likely to develop severe PTSD compared to the rest. This implied that the younger internally displaced persons were at more risk of developing PTSD. Similarly, female, illiterate and married internally displaced persons were at higher risk of developing PTSD. The sampled internally displaced persons had low social economic status which is presumed to have indirectly contributed to PTSD.

4.3 Conclusion
CHAPTER FIVE: GENERAL CONCLUSIONS

5.1 Summary of Key Findings

All the internally displaced persons had symptoms of PTSD. PTSD was influenced by political factors and social demographic characteristics. Political risk factors included oncoming elections and reminders of the elections including politics material and utterances; and supporters’ activities that included organization of small groups, chaotic campaigns, utterances, shouting of specific political leaders’ names. Social demographic factors included age, gender, highest level of education completed, and marital status. Internally displaced persons aged between 18 and 37 years; female internally displaced persons, internally displaced persons who had only completed primary education; and married (living together) internally displaced persons were more likely to develop severe PTSD compared to the rest.

5.2 Discussions

There was urgent need to address the high prevalence of PTSD. The government should have prioritized on the resettlement of internally displaced persons and guarantee their security and provision pre and post-election periods. Internally displaced persons should be given education, support and therapy to reduce prevalence of PTSD.

The law should be enforced to ensure law, order and respect for humanity in conducting political activities including addressing both supporters and non-supporters. Politicians should be advised to spread messages of peace and prosperity. The public should be sensitized on tolerance, cohesion and integration at national level, county level, community level, family level and individual levels.
There is need to conduct future research on the effect and management of political risk factors for PTSD on a larger scope. Comprehension of effect and management of political risk factors would go hand in hand with clear definition of root causes of divisive politics whose outcome is violence. Clear understanding of root causes of divisive politics which in one way or another imply political risk factors for PTSD, would aid in provision of guidelines that enhance national tolerance, cohesion and integration especially during elections periods.

5.3 Recommendation

The fact that all the internally displaced persons had symptoms of PTSD there is urgent need to address factors that influence the prevalence of PTSD. In addition, the government should prioritize on their resettlement and guarantee their security and provision pre and post-election periods. Internally displaced persons should be given education, support and therapy to reduce prevalence of PTSD. Strategies put in place to reduce incidence and prevalence of PTSD should be customized to fit the younger generation, women and girls, and the illiterate-cum-those with low levels of education.

There is need for law enforcement to ensure law, order and respect for humanity in conducting political activities including addressing both supporters and non-supporters. Politicians should be advised to spread messages of peace and prosperity. Explicitly, the National Cohesion and Integration Commission together with other interested stakeholders should closely monitor and regulate information from politicians through media to the public. This will ensure that divisive information and the perpetrators are well managed.

The government of Kenya and other peace stakeholders should formulate an elaborative strategy map through which individual, family and community cohesion and integration
interventions could be instituted. Public should be sensitized on tolerance, cohesion and integration by the government and non-governmental organizations including civil based organizations; and internally displaced persons camp management authorities. Further, the authorities should discourage supporters of political parties and leaders from indulging in chaotic campaigns, utterances, and forming any unrecognized organizations.

5.3.1 Recommendations on IDPs

The CIPEV (Commission of Inquiry into Post Election Violence) recommended that the Government of Kenya enact and implement a clear policy on refugees and internally displaced persons in respect to the promotion and protection of the rights of vulnerable groups. It also recommended that the Government of Kenya, provide a benchmark for the needs of those displaced by PEV and make certain that they are submitted to the Truth, Justice and Reconciliation Commission (TJRC) for follow up.

Finally, the Commission, recommended the successful return of IDPs based on three outcomes of the safety of returnees, namely, restitution and return of property to the displaced and the creation of an economic, socially and politically-conducive environment that promotes their overall sustainability and well-being. This is consistent with the recommendations of this study.

5.3.2 Legislative and Policy Recommendations

This study further recommends the following legislative and policy actions:

- Establishment of an Independent Complaints Directorate
• Fast-tracking of the International Crimes Bill (2008) for enactment by Parliament to facilitate the investigation and prosecution of crimes against humanity.

• Full utilization of the Witness Protection Act (2008) in the protection of all witnesses in the course of investigation, prosecution and adjudication of PEV cases.

• Immediate enactment of the Freedom of Information Bill to enable state and non-state actors have full access to information which may lead to arrest, detention and prosecution of persons responsible for gross violations of human rights.

• Suspension of all persons holding public office and public servants who have been charged with criminal offences related to post-election violence until the matter is fully adjudicated upon. Upon conviction of any person charged with post-election violence offences of any nature, such persons shall be barred from holding any public office or contesting any electoral position.

• Urgent development and implementation of the National Security Policy, as articulated in the Kenya National Dialogue and Reconciliation Agenda Item 4 and the First Medium Term Plan (2008-2012).

• Development and implementation of the Conflict and Disaster Early Warning and Response systems, articulated in the First Medium Term Plan (2008-2012) as a matter of priority.

• Development of joint operational preparedness arrangements by State Security Agencies develop, under the oversight of a National Security Advisory Committee (NSAC), including desk top scenarios and full operational exercises to assist in their readiness for dealing with high level security and emergency situations. This should comprise all key participants and be carried out at least every two years.
• The NSAC take up greater leadership in determining security priorities, focused on preventive strategies and actions, and providing clear direction to state security agencies.

• The NSAC develop and implement security review arrangements to ensure that agencies’ performance in security events such as the PEV are assessed, lessons learned and appropriate improvements and modifications to standard operating procedures are implemented.

• The NSIS be required to report annually to Parliament and the annual report be made public.
BIBLIOGRAPHY


University of Nairobi.


King’ori, J. N., Odera, P., & Oboka, W. A. (2014). Relationship between Traumatic Experiences of Primary and Secondary Survivors and PTSD Severity in areas affected by Post-


NCIC and CA. (2017). *Guidelines for Prevention of Dissemination of Undesirable Bulk Political SMS and Social Media Content via Electronic Communications Networks* . Nairobi:
National Cohesion and Integration Commission (NCIC) and Communications Authority of Kenya (CA).


Appendix I: Consent Form

Dear Sir/ Madam,

My name is Nancy Njoki Njonjo, an International Relations masters student at the United States International University – Africa. I am carrying out a study on “Political Risk Factors Associated With Post Traumatic Stress Disorder among Internally Displaced Persons in Post-Election Violence of 2007/2008 in Kenya: Case of Mai Mahiu Camps in Nakuru County”.

You have been randomly selected to participate in this study either by filling in the questionnaire.

Note that information you provide will be treated with high confidentiality and at no particular time will they be divulged to anybody. No reference will be made in oral or written reports which could link you to any information collected and your name will not appear anywhere. No risks are anticipated as a result of taking part in this exercise. Your participation in this exercise is voluntary and you may refuse to participate or withdraw at any time without penalty. If you agree to participate in this study please sign the consent slip below before you start.

CONSENT

I have read and understood the above information and all questions pertaining to this research study have been answered to my satisfaction. I also understand that by signing this consent form, I have agreed to participate in this study voluntarily, honestly and completely.
Signature of participant  Date
Appendix II: Questionnaire

Section A: Individual factors

1. What is your age:

2. Gender: Male [ ] Female [ ]

3. Highest level of education completed:
   a. None [ ]
   b. Primary [ ]
   c. Secondary [ ]
   d. Certificate [ ]
   e. Diploma [ ]
   f. Degree [ ]
   g. Masters [ ]
   h. PhD [ ]

4. Marital status
   a. Single/ Never married [ ]
   b. Married/ Living together [ ]
   c. Separated/ Divorced [ ]
   d. Widowed [ ]
   e. Other………………………………………………

5. Employment status
   a. Working (Formal/ Informal) [ ]
b. Seeking work  [  ]

c. Homemakers  [  ]

d. Elderly/ Disabled  [  ]

e. Other……………………………………..

6. What is your average monthly income (Ksh)……………..

7. How many heads of persons depend on you?

8. How frequent do you consume the following?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-Never</td>
<td>1-Once in last 3 months</td>
</tr>
<tr>
<td>1-Never</td>
<td>2-Once monthly</td>
</tr>
<tr>
<td>2-Never</td>
<td>3-Once weekly</td>
</tr>
<tr>
<td>3-Never</td>
<td>4-Twice to Thrice a week</td>
</tr>
<tr>
<td>4-Daily</td>
<td>5-Daily</td>
</tr>
</tbody>
</table>

Alcohol (local)

Alcohol (brewed by established companies)

Tobacco (Smoking, sniffing, placing in mouth)

Bhang

Miraa

Muguka

Other
**Section B: Political Risk Factors**

On a scale of 1 to 10 where 1=Totally unlikely and 10 = Very likely, please rate how the following remind you of what happened during the POST-ELECTION VIOLENCE 2007/08.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
</tr>
</thead>
</table>
| Oncoming elections
| Viewing anything that is related to politics including poster, newspapers, |
| Hearing anything that is related to politics including poster, newspapers, |
| Hearing of different political coalitions |
| When a specific political party is mentioned |
| Viewing specific political leaders in face to face, TV or newsprint |
| Hearing the voices of specific political leaders in Radio or live |
| Words used by specific political leaders |
| Peaceful campaigns |
| Chaotic campaigns |
| Listening to persons affiliated to a different political coalition to your preferred |
| Supporters shouting a specific political leader |
| Supporters a specific political leader holding small groups |
| Supporters wearing clothes branded with specific political parties |
| Politicians offering material support |
Section C: PTSD Assessment (Impact of Events Scale - Revised (IES-R))

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (your problem), how much were you distressed or bothered by these difficulties? This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a health professional.

<table>
<thead>
<tr>
<th>Statement</th>
<th>0 = Not at all</th>
<th>1 = A little bit</th>
<th>2 = Moderately</th>
<th>3 = Quite a bit</th>
<th>4 = Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any reminder brought back feelings about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I had trouble staying asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other things kept making me think about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt irritable and angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I avoided letting myself get upset when I thought about it or was</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reminded of it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I thought about it when I didn't mean to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I felt as if it hadn't happened or wasn't real</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I stayed away from reminders about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Pictures about it popped into my mind</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I was jumpy and easily startled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. I tried not to think about it

12. I was aware that I still had a lot of feelings about it, but I didn't deal with them

13. My feelings about it were kind of numb

<table>
<thead>
<tr>
<th>Statement</th>
<th>0 = Not at all</th>
<th>1 = A little bit</th>
<th>2 = Moderately</th>
<th>3 = Quite a bit</th>
<th>4 = Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found myself acting or feeling like I was back at that time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had trouble falling asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had waves of strong feelings about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I tried to remove it from my memory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had trouble concentrating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had dreams about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt watchful and on guard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I tried not to talk about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Appendix III: Budget**

<table>
<thead>
<tr>
<th>Core Activity</th>
<th>Cost (Ksh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typing, printing and binding (Stationery)</td>
<td>25,000</td>
</tr>
<tr>
<td>Data collection logistics</td>
<td>150,000</td>
</tr>
<tr>
<td>Data processing, analysis and report writing</td>
<td>50,000</td>
</tr>
<tr>
<td>10% contingency and institutional costs</td>
<td>17,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>242,500</strong></td>
</tr>
</tbody>
</table>