DOI: https://doi.org/10.36094/sc.v88.2022.Prevalence_of_Depression_and_Anxiety.Debbarma.237

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Sci. and Cult. 88 (7–8) : 237-243 (2022)

PREVALENCE OF DEPRESSION AND ANXIETY IN BRU COMMUNITY: A STUDY ON INTERNALLY DISPLACED PERSONS RESETTLED IN THE STATE OF TRIPURA

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Internally displaced persons (IDP) are those who have been forced to leave their homes but unlike refugees they remain within their country's border. Mental health problems like depression and anxiety are very common among the IDPs because they experience armed conflict, violence, sexual assault and abduction, separation, situations of generalized violence and are deprived of their basic needs. The present paper is an attempt to assess the mental health status (particularly depression and anxiety) of the Bru community; an internally displaced community resettled in the state of Tripura. The paper also attempted to examine gender and age differences in the level of depression and anxiety among them. Present research was conducted on 284 IDPs respondents belonging to the age group of 18-50 years. Among them 173 were males and the rest 111were females. Purposive sampling technique was utilized to select the sample. Beck Depression Inventory-II (by Beck et al., 1996) and Hamilton Anxiety Rating Scale (by Hamilton, 1959) were used for data collection. Results showed that no significant difference in depression and anxiety among the male and female IDPs. However, significant difference in both depression and anxiety was observed among the different age groups. Young adults belonging to the age group of 18-28 years reported more depression. Anxiety was found to be more in the age group 29-39 years. The paper finally suggests implementation of psychosocial interventions for promoting mental health and wellbeing among the Bru IDPs.

Internally displaced persons (IDPs) are defined as those who have not crossed an international State border but who are forced to leave their homes or places of habitual residence as a result of natural and man-made disasters, civil war, armed conflict, terrorism, situations of generalized violence or other special circumstances of rights violations.[1] Internal conflicts causing coercive displacement of non-combatant populations are a widespread global incidence, [2] and usually related with extensive health and social impacts on the IDPs including acute and long-term effects on mental health.[3,4] Conflict exposes displaced populations to violence and high levels of stress, [5] causing heightened vulnerability to mental illness that can remain for years after armed conflict has ceased.[6-8] IDPs affected by armed conflict, violence, disaster, separation or loss from family members and friends and lack of access to basic needs and health care services are probable to experience instant and long-term distressing mental health complications[9] such as depression and anxiety disorder.[10] Therefore, Anxiety and depression are highly prevalent after displacement and armed conflicts. [11]

The Bru (or Reang)inhabit across the different parts of North-eastern states of India. They are largely resettled in Mamit and Kolasib districts of Mizoram. In the year 1995, the Young Mizo Association and Mizo Students'

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Association opposed saying that Brus were not indigenous to Mizoram and wanted them to be removed from the state's electoral rolls. This has created discontentment between the Mizos and Brus which further more led to armed movement. Situations worsen when Bru National Liberation Front (BNLF) militants killed a forest official in Mizoram on October 21, 1997, leading to retaliatory ethnic violence. This has triggered to an armed movement directed by the BNLF, and the Bru National Union (BNU). Conflict between the communities generated more when the Bru demanded autonomy within Mizoram and the BNU, claimed that many of their houses were burned and several people were raped and killed. The Bru-Mizo retaliatory ethnic violence resulted more than 40, 000 Brus to flee to the Panisagar and Kanchanpur subdivision of the North Tripura where they are settled in the seven relief camps. Conflict creates insecurity, which fractures social relations, breaks up families and communities, and displaces people. The relocation process includes challenges such as the loss of community, culture, and language as well as the discomfort needed to adapt to an unfamiliar environment.[12]

Research has indicated that IDPs experiencing traumatic events like violence, rape or sexual abuse and murder of family/friend, can contribute to depression and anxiety.[13-16] A traumatic event can provoke helplessness, fear or horror in response to the threat of injury or death.[17] People who were exposed to the traumatic events were more prone to increased risk for major depression and anxiety disorders than those who have not experienced traumatic events.[18]

A substantial body of literature revealed the influence of gender and age on the level of depression and anxiety among the IDPs. Alkhafaji, Jallab and Yassien, in their research found that the rate of depression was much higher among the females IDPs in comparison to males[19]. Research revealed that female IDPs were more prone to have probable depression and definite depression.[20] Similarly, research revealed that even when both the gender experienced similar types of stressors, the women may be more prone to develop depression and related anxiety disorders than men.[21] Displaced women and girls suffer more from depression and anxiety than displaced men and non-displaced women.[22-24] Research conducted by Akhunzada et al. found that age is related to depression and anxiety among the IDPs and younger people are more vulnerable to stress and disasters.[25] Salah et al. found that anxiety disorders were more predominant among those in the age group of 30-39 years (16%), while prevalence rate of anxiety disorder among those over 60 years was found to be 10%.[26] Literature reviews consistently found that depression and anxiety is most prevalent among young teens.[27]

It is well established that armed conflict resulting from either political or ethnic violence adversely affects mental health and overall wellbeing of the displaced people. Although many studies have been conducted on depression and anxiety among the internally displaced persons but there is still limited research done on Indian population. The present research has been conducted among the Bru community people resettled in the state of Tripura, a North Eastern region in India. Due to 1997 ethnic

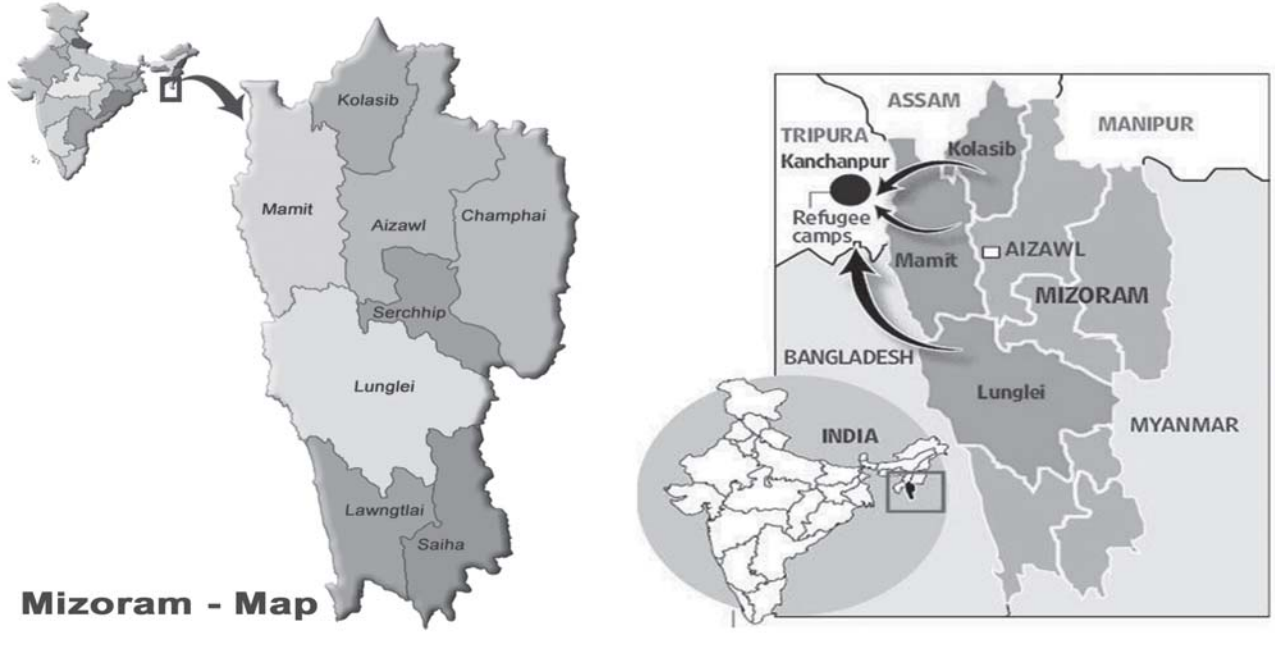
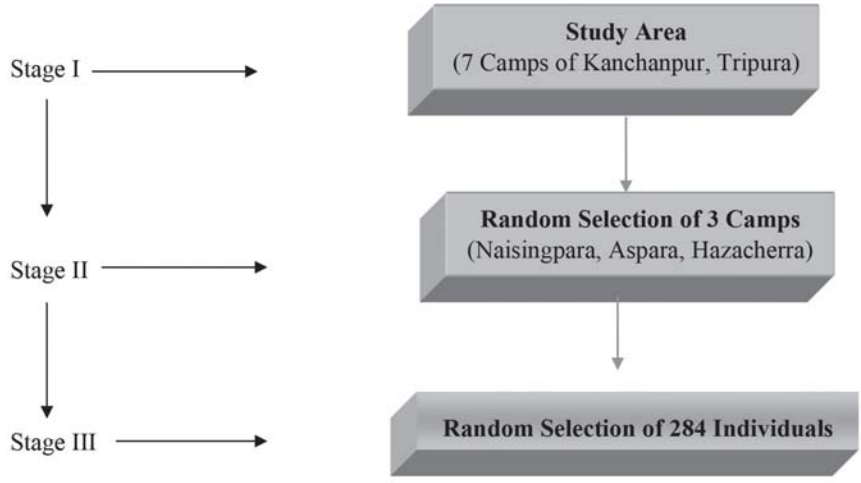


Figure 1: Location map of the study area (north Tripura district)

clash between Brus and Mizos, about half the Bru population were forced to fled and live in sub-human conditions in the tents of Tripura. The present research attempted to explore mental health status (particularly depression and anxiety) among the Bru community. Further, it investigated the gender and age difference on the level of depression and anxiety of the study population. Moreover, in order to enhance the wellbeing of the Bru community people, this research has suggested some need-based measures that can be taken in order to improve the mental health conditions of the community.



Material and Method

Study Area: The present study has been carried out on the Bru community (IDPs) resettled in the state Tripura, a North Eastern States of India.

Sample: The total number of populations of the Bru community people living in each relief camps (in total 7 camps) in the Kanchanpur subdivision of Tripura has been identified. Out of these 7 relief camps (namely Naisingpara, Aspara, Hazacherra, Kasau, Khakchang, Hamsapara and Naisou), three camps were randomly selected for drawing the sample. Finally purposive sampling technique has been utilized to select a total of 284 samples from this 3 relief camps (Naisingpara, Aspara, Hazacherra). The sample consisted of both male and female participants and they belonged to the age group of 18-50 years of age. Following is the schematic representation of the Multistage Random Sampling:

Study Tools:

- *Beck Depression Inventory-II (BDI-II):* It is developed by Beck, A.T., Steer, R.A., and Brown, G.K.(1996)[28]. It is self-report rating inventory. There are 21 items in this inventory with 4 options with each item. According to this, high score indicates higher depression, while low score indicates low level of depression.
- *Hamilton Anxiety Rating Scale:* It is developed by Max Hamilton in 1959)[29]*:* It is one of the first rating scales that was developed to measure the severity of anxiety symptoms. It is consisted of 14 items and high score indicates severe level of anxiety whereas the low score denotes mild level of anxiety.

Data Collection: Before conducting this research, a proper rapport has been established with the selected subjects and then they were requested to fill up the consent form. Subjects who were not willing to participate have been excluded for this study. For the collection of data at first Beck Depression Inventory-II was administered followed by Hamilton Anxiety Rating Scale. Data has been collected from the subjects individually by interview method and was analysed qualitatively and quantitatively. For quantitative analysis of the data and to interpret the findings appropriate statistical tools has been applied.

Data Analysis: The information collected has been tabulated and analysed with the help of statistical tools viz. Microsoft EXCEL and SPSS. For quantitative analysis of the data and to interpret the findings descriptive statistics like frequency, percentage, Mean, and SD were calculated. For testing the hypotheses, inferential statistics like t-test, and ANOVA analysis were computed. Finally, results were also presented graphically.

Results and Discussion

Table 1: Prevalence of depression in Bru community

Level of Depression	Frequency	Percentage
Minimal	3	1.06
Mild	24	8.45
Moderate	80	28.17
Severe	177	68.32

The table above represented the status of depression among the people of Bru community. Individual score analysis of level of depression indicated that out of 284 subjects, 68.32% subjects had severe level of depression. Among the rest 28.17% had moderate depression whereas 8.45% had mild level of depression. However, 1.06 %

subjects reported that they had minimal level of depression (figure 2). Research revealed that rate of depression was found to be higher among internally displaced persons.[30] Similarly, research conducted by Aluh, et al. also revealed that rate of depression was found to be higher among the displaced persons.[31] It was found to be higher among female than males.[32]

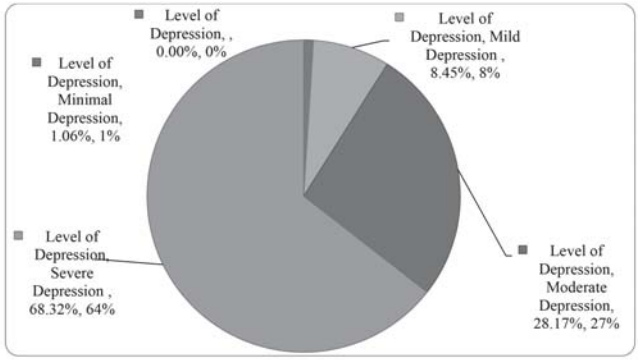


Figure 2: Level of depression in the Bru community.

Table 2: Prevalence of Anxiety in the Bru community

Level of Anxiety	Frequency	Percentage
Mild	59	20.77
Mild to Moderate	147	51.76
Moderate to Severe	64	22.54
Very Severe	14	4.93

The findings (table 2) indicated that out of 284 subjects, 51.76% subjects had mild to moderate level of anxiety. About 22.54% subjects had moderate to severe anxiety while 4.96% subjects had very severe anxiety. On the contrary, 20.77% subjects had mild anxiety (figure 3). The study conducted by Elbed our et al. cited in Mohammed et al., revealed that rate of anxiety was found to be severe among the people who got exposure to the war like circumstances.[34] In addition, Ayazi et al. indicated that the prevalence of anxiety disorders in a post-conflict setting were high (74.8%)[35].

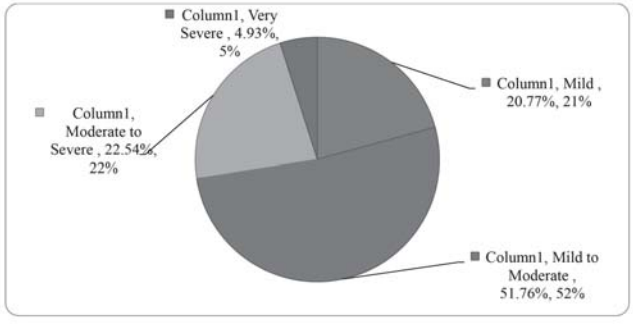


Figure 3: Level of anxiety in the Bru community

Table 3: Gender differences in the level of depression and anxiety among the Bru IDPS

Variables	Subjects	N	Mean	SD	't' Value	Level of Significance
Depression	Male	173	30.69	6.92	1.057	P>0.05
	Female	111	29.78	7.42		
Anxiety	Male	173	21.79	5.62	.592	P>0.05
	Female	111	21.50	5.13		

Table 3 represented gender differences in depression and anxiety among the Bru IDPs living in relief camps of Kanchanpur subdivision of North Tripura. The results indicated that in case of depression, the mean values of the male and female Bru IDPs were found to be 30. 69 and 29.78 respectively. The SD values were found to be 6.92 and 7.42 respectively. The 't' value (1.057) indicated no significant difference among the male and female IDPs in depression. Therefore, the first hypotheses that is 'the male and female IDPs will not differ significantly in their feeling of depression' has been rejected. The present research contradicts the previous research conducted on depression among the IDPs which explored that female IDPs were more vulnerable to depression as compared to the male IDPs.[36-38] Study focused on IDPs revealed that female was twice as likely to become depressed as men and level of psychological distress was significantly higher in women [39] because women were more exposed to sexual abuse, loss of children and partner and becoming a widow or single parent.[40]

In case of anxiety, the mean and SD values of male and female subjects were found to be 21.79 and 5.62; and 21.50 and 5.13respectively. The calculated "t" value (.592) showed insignificant difference between them in their level of anxiety. Therefore, the 2nd hypothesis 'the male and female IDPs will not differ significantly in their anxiety level' has also been rejected. This study contradicts research conducted by Kuznetsova et al. which confirmed that women exhibited higher level anxiety than men.[41] Similar findings were reported by Jarallah and Baxter indicating higher level of anxiety among the female immigrants than the male.[42] Research indicated that illiteracy and feeling of dejected in the new place are the factors which were independently associated with anxiety symptomatology.[43] IDPs women displayed anxiety related disorders like Generalized Anxiety Disorder (GAD). [44]

Age profile of IDPs subjects (Table 4) revealed that out of 284 subjects, 151 were in the age group 18-28years, while 93 subjects were in the age group of 29-30 years followed by 40 subjects belonging to the age group of 40-50 years. ANOVA analysis revealed significant age

Table 4: Age Differences in the Level of Depression and Anxietyamong the Bru IDPS

Variables	Age	N	Mean	SD	F	Sig.
Depression	18-28	151	30.99	7.27	3.391	0.35P
	29-39	93	30.40	6.69		<0.05
	40-50	40	27.72	7.07		
	Total	284	30.34	7.12		
Anxiety	18-28	151	21.60	4.99	4.251	.015P
	29-39	93	22.77	5.66		<0.01
	40-50	40	19.85	5.97		
	Total	284	21.74	5.42		

differences in both depression (F=3.391) and anxiety (F=4.251. Therefore, the 3rdand 4th hypotheses 'there will be no significant age differences in feeling of depression among the IDPs'' and 'there will be no significant age differences in anxiety level among the IDPs' have been accepted. On examining the mean scores of the subject, it has been found that depression was found to be more among the age group of 18-28 years of age which indicates that young adults are more prone to depression. Research conducted by Akhunzada et al. found that age is related to depression among the IDPs and younger people are more vulnerable to stress and disasters.[45] Compared to young adult's depression is less prevalent among older adults.[46] It has been found that young people affected by poor mental health, such as depression and have an increased risk of other kinds of poor mental health[47], as well as substance dependence, and suicide. [48-50] On the contrary, in case of anxiety people of 29-39 years were found to be more anxious than people of other age groups. This study is aligned with the research conducted by Salah et al. on IDPs settled in Sudan and in their study; they found that long term anxiety disorders are more common among the age group of 30-39.[51] Research has also revealed that married IDPs were more distressed, anxious, and showed more social dysfunction compared to unmarried.[52]

Conclusion and Suggestion

Finally, it can be concluded that majority of the Bru IDPs settled at Tripura experiences severe depression and mild to moderate level of anxiety. There was no gender disparity among the Bru IDPs in their feeling of depression and anxiety. Depression was found to be more among the young adults (18-28 years old); however middle adult age group (29-39 years) experiences more anxiety compared to other age groups.

Since 1997 the Bru IDPs has been living in a town Kanchanpur in Northern Tripura, on the Mizoram-Tripura border. According to leaders of the Bru Displaced People's Forum, people in the camps are deprived of their basic needs and still have little access to potable water and medical services.[53] Prolonged disposure to violence and deprivation of the basic needs has caused mental health issues like depression and anxiety among the Bru IDPs. Preventive measures should be taken in order to enhance the metal health and wellbeing of the Bru IDPs. Adequate housing and the general enhancement of living environments positively impact on mental health. The improvement of health care access and free medication and increasing the quality of medical services in general, is also seen as crucial.

It is interesting to note that many IDPs stated that support for more informal practices would also be helpful as it was noted that self-support groups and collective ways of coping with stress as community centres, church etc. were also found to be very important. Furthermore, it is very important to organise more events for IDPs which will enable them to go away from loneliness and isolation from the society. It is very important to create centre where psychologists and psychiatrists can monitor the mental health status of the Bru IDPs. Opportunities for providing psychosocial support in the community should be coordinated between different agencies including district health offices, academic departments of psychiatry and humanitarian agencies.[54] Psychologists and psychiatrists can introduce psychosocial interventions like psycho-education, relaxation techniques, cognitive behavioural therapies etc. to enhance the mental health of the Bru community. So, extensive and robust advocacy for mental health needs and services are essential.

Conflict of interest: Nil

Acknowledgment

The research work is a part of Post-doctoral research funded by ICSSR, New Delhi.

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