

Age and Gender in Relation to Resilience After the Experience of Trauma among Internally Displaced Persons (IDPS) in Kiambaa Village, Eldoret East Sub-County, Kenya

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Abstract

Horroric events often come with shock, denial and long term reactions which include unpredictable emotions, flashback, strained relationships and even physical symptoms such as headaches and nausea. Trauma can be an overwhelming concept and it affects individuals, families and communities. It is necessary, however, that the affected individuals get help to recover and carry on with their lives normally. This paper sought to establish how age and gender relate to resilience among traumatized internally displaced persons in Kiambaa Village, Uasin Gishu County, Kenya. Findings were presented in form of tables, cumulative frequency counts, graphs and charts. The study found out that gender had a greater influence on individuals' resilience levels; age was also a contributing factor. Individuals between the age of 56 and 77 years were associated with higher levels of resilience while those aged 35-55years showed moderate resilience. The younger age group of 20-35years had the least level of resilience. The study recommends that there is need to strengthen these factors in intervention strategies of individuals facing extreme stress after adversities to enable them to overcome the traumatic situations. More focus should be put in the helping of women and younger age groups.

Keywords: Age, Gender, Internally Displaced Person, Resilience, Trauma.

Introduction

Age and Resilience

Trauma has been defined as an emotional response to horrific events such as accident, rape or natural disaster (Rowell & Thomley, 2013). After violence, people will most likely face challenges and experience significant psychological, social, vocational and emotional difficulties. Despite these challenges, there are individuals who are able to adopt and bounce back with minimal disruption to their lives. Others are eventually able to recover close to their pre-trauma level of functioning, though this is rare (Curtis & Nelson, 2003). Resilience lies in the power of recovery and in the ability to return once again to those patterns of adaptations and competence that characterized the individual prior to the stress period (Garnezy, 1985). Strong religious conviction has long been recognized as an important component of resilience for youth; the importance of religious beliefs is also evident for youth in settings of political violence (Barber, 2001; Eggerman & Panter Brick, 2010). Studies with children from places such as Afghanistan, Bosnia, Colombia, and Eritrea all conclude that hope, determination, and agency facilitate an orientation towards the future and foster senses of optimism and control that enable children to endure hardships (Berk, 1998). Research with adult survivors of torture and other war trauma found that coping styles employed by participants made a difference in how effectively they were able to use cognitive processes to manage the stressors of war. For example, in examining how coping styles interacted with the cognitive process of appraising war trauma as controllable, participants who favoured a withdrawal coping style showed more PTSD symptoms than did the participants who did not tend to withdraw.

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Furthermore, a disengaged coping style interacted with cognitive processes so that, for example, people who viewed situations to be controllable but who relied on a disengaged coping style were more at risk for mental health symptoms (Hooberman, Rosenfeld, Rasmussen, Keller, (2010). This suggests additional attention should be paid to the ways in which individuals use emotional and cognitive strategies to withstand the effects of political violence. Age can be explained by the perspectives of the Life span theory whose central concept is ontogenesis, the chronological unfolding of human development (Thelen & Smith, 1994), which includes size, change in complexity and differentiation of function such as change in motor reflexes at various stages of life (Smith-Osborne, 2007). Closely related to this view is the process of “epigenesis”, which indicates that human development unfolds from part to whole, with the elements of the chronologically appropriate ability or personality feature emerging gradually in a prescribed sequence until the functional whole is achieved (Erickson, 1950).

Researchers have suggested that it is important to understand resilience outcomes from the developmental perspective (Yates & Masten, 2004). People’s expectations and indicators of good outcomes change as they age, therefore, intervention strategies need to be designed to suit these developmental changes. These developmental approaches indicate the importance of defining resilience in relation to the changing nature of individuals particularly the positive age appropriate issues (such as positive peer relationships), resources and adaptive capabilities. This according to Yates and Masten (2004) will provide a better understanding of resilience. Empirical studies on age and issues related to health have conceptualized that successful aging is connected to psychological and social components such as quality of life (QOL) and the ability of an individual to engage in meaningful activities after adversity (Depp et al., 2007). Elements such as psychological well-being, social connectedness and ability to adapt to age associated changes have been regarded as important indicators to successful aging (Young, Frick & Phelan, 2009). Age is considered a vital factor in this paper that enable individuals to adapt successfully and develop the capacity to bounce back from adversity. In a study by Alexandra, on resilience, age and perceived symptoms in persons with long term physical disabilities the researchers found that older age was associated with high levels of resilience, while middle and younger ages recorded relatively low resilience. The middle aged recorded the lowest resilience levels and the researchers contended that this may have resulted from the high impact of life demands typically associated with this age (Alexandra et al., 2014). In a study on resilience in ambulance service paramedics and its relationship with the well-being and general health in Queensland (Australia), it was found that age was a strong indicator of resilience in both population and ambulance service paramedics. Individuals of higher age were found to be more resilient than younger individuals (Gayton& Lovell, 2012).

Gender and Resilience

This ambiguity about gender and resilience might be due, in part, to how gender affects the array of outcomes used to consider the effects of political violence. There is some evidence that girls exhibit fewer problem behaviours than boys after exposure to the same amount of political violence (Garbarino & Kostelny, 1996). Other studies, however, found girls to be more vulnerable to negative outcomes, demonstrating more PTSD and stress and less Post-Traumatic Growth (positive change resulting from adversity) (Kimhi et al., 2010; Qouta et al., 2003). Still other studies have shown that males and females exhibit similar levels of resilience (Dubow et al., 2010; Laor et al., 2006). The ways in which males and females experience political violence must be considered when looking at the question of resilience and gender, as this might be a reason for the discrepancy in outcomes across genders. For instance, although the authors of one study of children in Lebanon did not find gender to moderate the relationship between political violence and mental health, they did find that boys reported a higher number of war experiences in comparison to girls (Macksoud & Aber, 1996). The authors suggest a few reasons why this might have occurred, including that girls might be easier to control and protect, or were more apt to follow safety instructions and to be kept at home or inside during the fighting. Authors also noted that girls are more apt to be sent away to safer regions, whereas boys are kept at home to assist the family. Similarly, in study in Gaza, Barber (2008) found that boys experienced far higher rates of direct Political violence than girls, perhaps due to their increased involvement in political activity in comparison to girls; nearly two-thirds of boys reported that they had been hit or kicked by soldiers and one-quarter reported that they had been imprisoned.

Discussions about the role of gender within political violence might do well by not focusing on who is more resilient (boys or girls), but rather about how risk and resilience might manifest differently for boys and girls (Barber, 1999, 2001; Punamaki et al., 2001). Haj-Yahia (2008), for instance, found that in the face of political violence girls showed more internalizing symptoms, whereas boys showed more externalizing symptoms. As with gender, findings

are mixed regarding the role the age of a child plays in resilience. Some findings indicate no connection between political violence and mental health outcomes due to children's ages (Dubow et al., 2010; Qouta, et al., 2003). Other results suggest that older children may be somewhat more protected from the effects of political violence than younger children; perhaps due to the presence of a longer pre-conflict period of normalcy or due to advances in children's developmental trajectories, including increased abilities to process or make sense of political violence (Betancourt, 2011; Garbarino & Kostelny, 1996; Kuterovac-Jagodic, 2003; Qouta, et al., 2003). In contrast, two separate studies with Israeli adolescents found younger children actually had better mental health outcomes in the face of political violence (Kimhi, et al., 2010; Laor, et al., 2006). The finding that increasing age may impair resilience aligns with theories about the effects of chronic stress which posit that while body stress responses are initially adaptive, when stress responses remain consistently active, physiological reactions become maladaptive and cause wear and tear on the body (Geronimus, Hicken, Keene, & Bound, 2006).

In a study on age and gender effects on coping in children and adolescent Hampel and Peterman (2005) concluded that girls portrayed resilience factors more than boys. Gender differences in resilience factors are guided by the notion that men and women have different personality trait that influence the way they cope with adversity. For instance, men tend to communicate less during the time of adversity and they end up getting less help and empathy as compared to women who communicate more and earn empathy and other types of support (Sun & Stewart, 2007). Women tend to utilize familial and community protective factors, while men depend more on individual protective factors. Studies have shown that women tend to be more appreciative of spiritual and social support than men who tend to rely more on personal competence (Friborget al., 2003).

Gender has however been termed as an inconsistent and non-reliable predictor of resilience (Ballenger-Browning & Johnson, 2010). A study by Campbell-Sills, Cohan, Chavira and Stein (2006), on the relationship of resilience on personality, coping and psychiatric symptoms in young adults, showed that there was no significant difference in resilience among the males and females. Females have scored high resilience levels than males with the gender differences stronger among older women than younger women. This was evident in a study on mental health and resilience at older ages, bouncing back after adversity in the British Household panel survey (Netuveli et al., 2008). In their study on assessing strengths, resilience and growth Tedeschi and Kilmer (2005) indicated that internal qualities such as optimism, adaptability and perseverance help individuals in adversity cope and survive. A belief in one's own inner strength to deal with life's challenges (Brough et al., 2003), positive attitudes, and hope for a good future has helped individuals cope (Khawaja et al., 2008). There is also evidence from previous studies that have shown that determination to cope assists people to take control, rather than being victims of the adverse situations (Gorman et al., 2003). Studies have also shown that resilience is evident in individuals: male and female, children, adolescence, adults and the aged (Bonanno, 2004).

Materials and Methods

The study was carried out in Kiambaa Village, Kabongo sub-location, Ngeria location in Eldoret East sub-County of Uasin-Gishu county, Kenya. The target population comprised adults above eighteen years. The total adult population in the village was approximately four hundred (400) people. Of this population, 287 were male while 113 were female (IOM, 2009, Unpublished). Following the post-election violence in Kenya, the village of Kiambaa was left depleted and ravaged by the malice of the two groups trying to revenge. People lost their lives and property and some were forced to live in make-shift camps. The exposure to violence was a stressful experience leading to drastic psychological responses such as dissociation, numbing and hyper arousal (Kenya Red Cross Report, January, 2009, unpublished). Despite the devastating experience that the Kiambaa residents went through, it is notable that there were those who were resilient enough to overcome the difficulties and continue with their day to day lives. Therefore, this study explored how age and gender contributed to the people's resilience after the adversity. The focus of the study was on resilience after the trauma that the people experienced during the violence. The study is philosophically underpinned in the descriptive-interpretive qualitative research applied within a mixed method design. This study employed mixed methods research design which is a procedure for collecting, analyzing and "mixing" both quantitative and qualitative data in a single study to understand a research problem better (Creswell, 2012).

The study employed use of close ended questionnaires and unstructured interview schedule as well as the resilience scale for data collection. Connor-Davidson Resilience Scale (CD-RISC); developed in 2003, the CD-RISC is used to assess multiple aspects within people that demonstrate resiliency of an individual over time.

The CD-RISC consists of 25 questions that the individual answers on a 5-point Likert scale, where higher scores reflect a greater degree of resilience within the individual (Connor & Davidson, 2003). The CD-RISC measures the total resilience of individual assessing areas such as personal competence, trust in one's instincts, tolerance and the effects of stress (Connor & Davison, 2003). The scale is used to examine responses by individuals to determine how resilient an individual is at a particular moment.

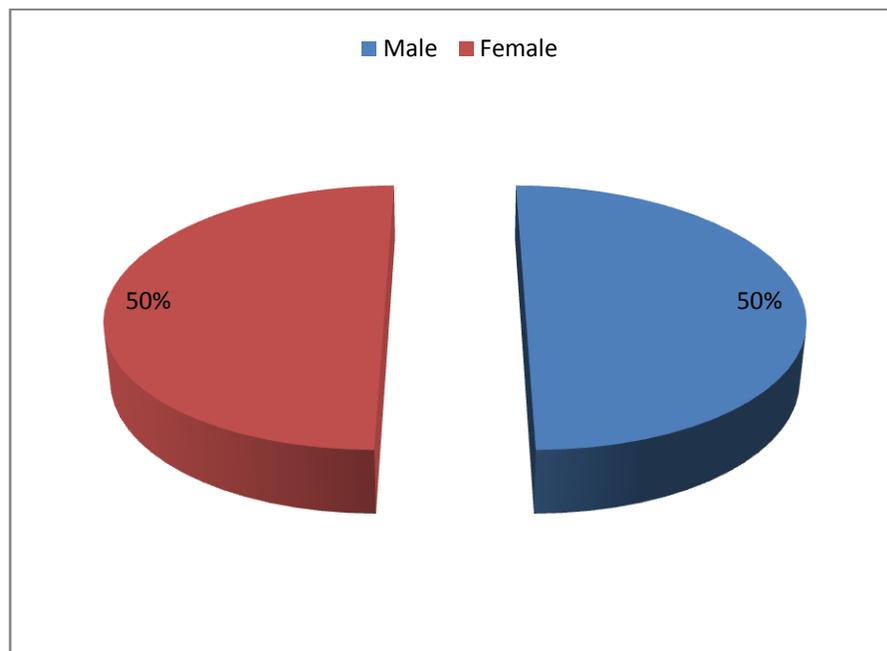
Purposive sampling was used to identify the respondents. According to Fraenkel and Wallen (2000), purposive sampling is carried out when the researcher purposely uses a sample of individuals based on the objectives of the study and also based on the specific knowledge of the population to be studied. The study focused on the sample population of the people who were in the church at the time of the fire tragedy (over 50 in number) thirty of whom lost their lives (IOM, 2009, unpublished). The sample for this study comprised 22 victims of the fire tragedy (11 males and 11 females). These are the individuals who were affected by the fire tragedy, were traumatized and later became resilient. The participants in this study were identified with the help of Chiefs, Assistant Chiefs, Social Workers and Elders who were trustworthy and were not biased towards the participants. Analysis of the collected data was done using SPSS. Descriptive data was organized into themes and presented thematically. Quantitative data were presented in form of cumulative frequency counts and percentages.

Findings

Demographic Data

The sample comprised eleven (11) males and eleven (11) females as illustrated in Figure 1.

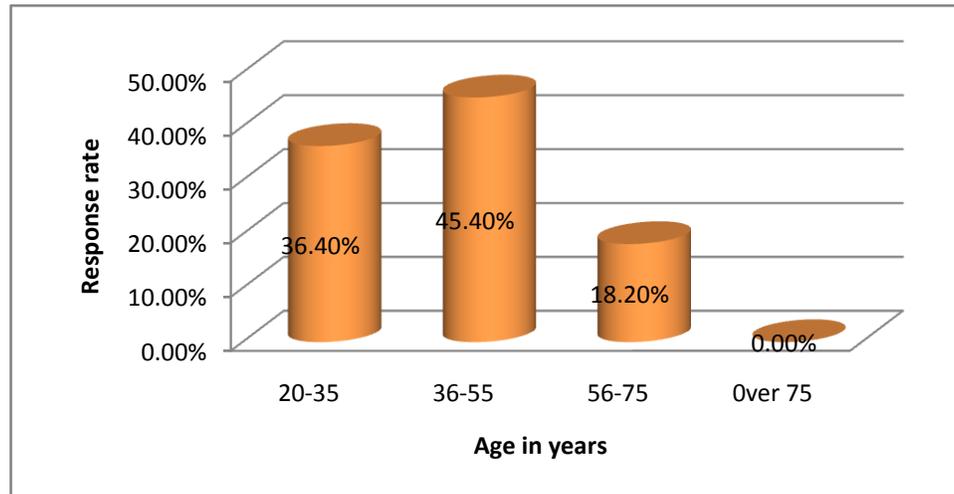
Figure 1: Proportion of Respondents by Gender



Source: Field Data (2014)

A proportion of 36.4% (8) of the respondents were aged between 20 and 35, 45.4% (10) were aged between 36 and 55, while 18.2% (4) were aged between 56 and 75. Figure 2 illustrates this information.

Figure 2: Proportion of Respondents by Age



³Source: Field Data (2014)

Age and Resilience

The Connor-Davidson Resilience Scale 25 (CD-RISC-25) was used to assess the extent to which internal factors influenced resilience levels among respondents. Score range for the 25-item scale was from 0-100 where a higher value indicated higher resilience. Respondents’ responses were measured on a resilience value-rated five-point likert scale. The mean resilience scores for the male respondents aged between 20-35 were 59.35 while the females score was 58. The age group of 36 to 55 had mean resilience score of 63.40 and 60.20 males and females respectively. The older age group of 56 – 75 had higher mean resilience scores of 65.67 and 61.50 males and females respectively. The oldest respondent in the sample was a female over 75 years old with a resilience score of 57. The values of the standard deviation are relatively small and this shows how tightly these are clustered around the mean. The values are tightly bunched together and the bell-shaped curve is steep; the standard deviation is small as opposed to when they are spread apart to make the bell curve relatively flat. There was no significant difference between the male and female respondents with respect to age but there was a significant difference between age and level of resilience whereby resilience increased with age.

The mean resilience scores for the male respondents aged 20-35 were 59.35 while the females score was 58. The age group of 36 to 55 had mean resilience score of 63.40 and 60.20 males and females respectively. The older age group of 56 – 75 had higher mean resilience scores of 65.67 and 61.50 males and females respectively. The oldest respondent in the sample was a female over 75 years old with low resilience score of 57. This information is denoted in table 1 and in figures 3 A and 3 B.

Table 1: Age Group, Gender and Resilience

Age	Male					Female					Mean (Male)	Mean (Female)	SD Male	SD Female
20-35	59	59	60			58	58				59.33	58.00	0.577	5.66
36-55	62	63	63	64	65	59	59	60	61	62	63.4	60.20	1.14	1.30
56-75	65	65	67			61	62				65.67	61.50	1.15	0.70
Over 75						57					0	57.00		

Source: Field data

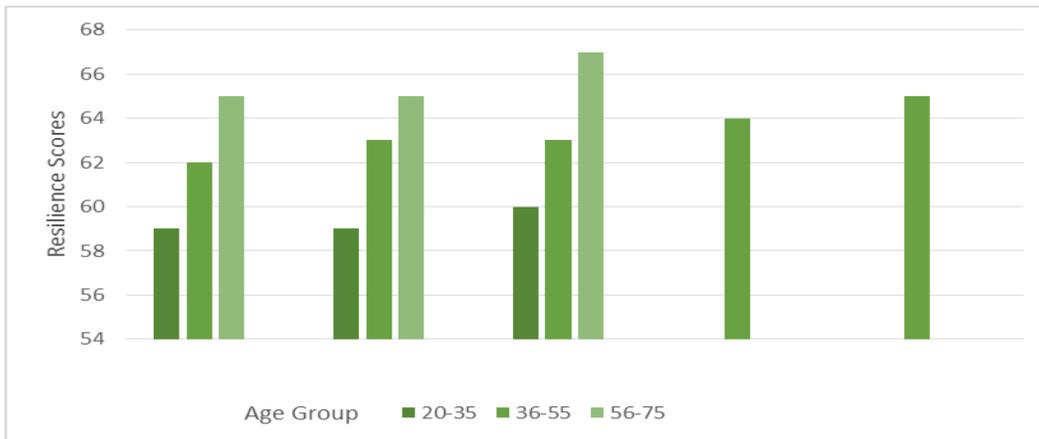


Figure 3 A: Male resilience levels

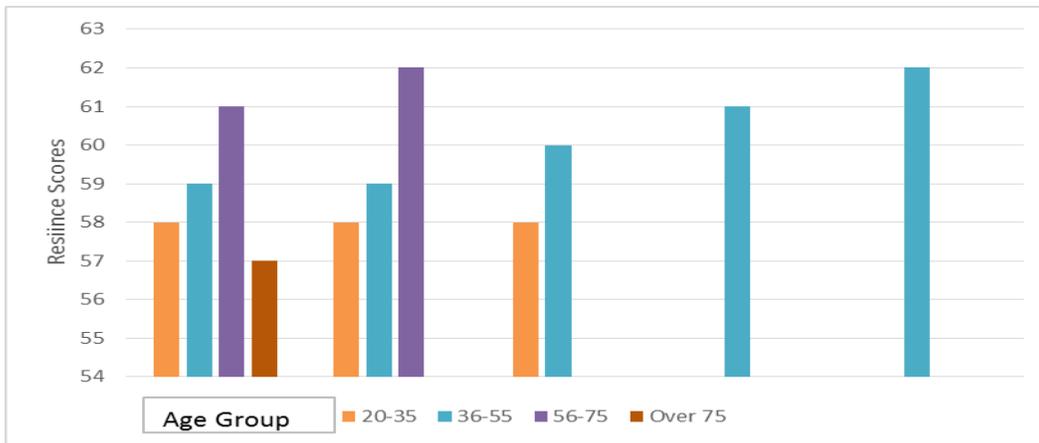


Figure 3 B: Female resilience levels

Mean Resilience Levels

The mean resilience levels of each age group were computed. The males of the age group of 20-35 had a mean resilience level of 59.33 while the females had 58. In age group of 36-55 the resilience levels were 63.4 and 60.2 for males and females respectively. The older respondents aged 56-75 had the highest mean resilience levels 65.67 and 61.5 for males and females respectively. One female respondent was aged over 75 years and her resilience score was 57. This information is denoted in table 2 and figures 4A and figure 4 B.

Table 2: Resilience levels, mean and standard deviation

Age	Male				Mean (M)	Female					Mean (F)	Mean (M)	Mean (F)	SD (Male)	SD (F)
20-35	59	5	6		59.3	58	5	5			58	59.3	58	0.577	5.66
36-55	62	6	6	6	63.4	59	5	6	61	62	60.2	63.4	60.2	1.14	1.3
56-75	65	6	6		65.67	61	6				61.5	65.67	61.5	1.15	0.7
Over 75						57					57		57		

Source: Field data

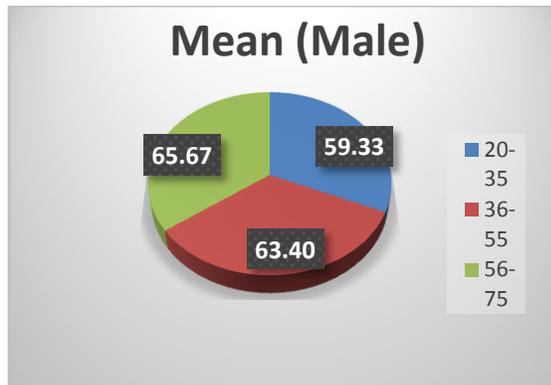


Figure 4A: Male mean resilience levels

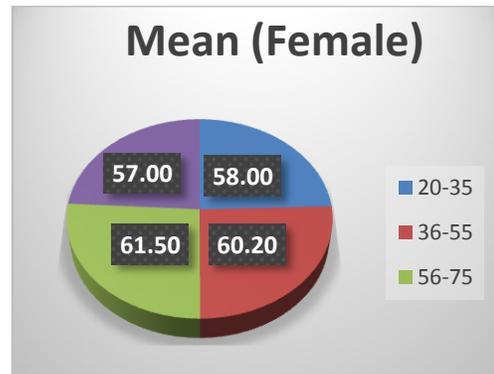


Figure 4B: Female mean resilience levels

Standard Deviation

The standard deviations of each age group were also computed. The males of age of 20 -35 had a standard deviation of 0.577, the age group of 36-55 had 1.14 and the older males had 1.15. The females of age group 20-35 had a higher standard deviation of 5.66 compared to males in the same age group. The older females of age groups of 36-55 and 56-75 standard deviations values were 1.3 and 0.7 respectively. Figure 5 A and 5 B denote this information.

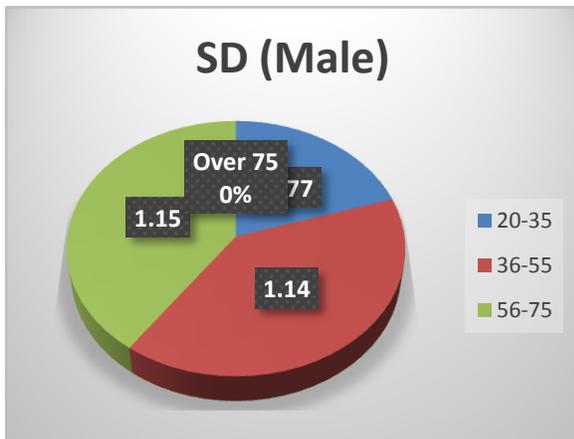


Figure 5 A: Male standard deviation

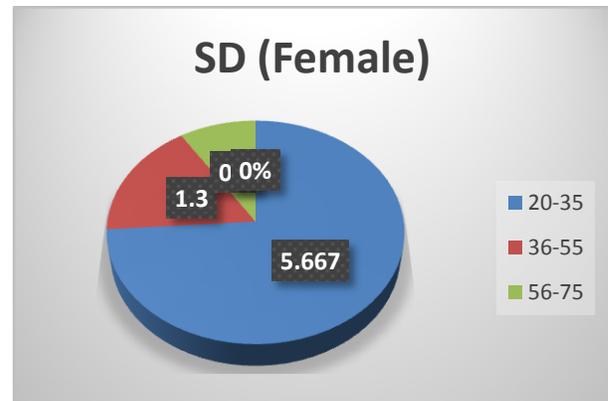


Figure 5 B: Female standard deviation

The values of the standard deviation are relatively small and this shows how tightly these are clustered around the mean. The values are tightly bunched together and the bell-shaped curve is steep; the standard deviation is small as opposed to when they are spread apart to make the bell curve relatively flat. There was no significant difference between the male and female respondents with respect to age but there was a significant difference between age and level of resilience whereby resilience increased with age.

Gender and Resilience

This study sampled 11 males and 11 females. The study assessed their resilience levels based on the items of Connor Resilience Scale 25 (CD-RISC-25) (Connor & Davidson, 2003). Score range for the 25-item scale was from 0-100 where a higher value indicated higher resilience. Respondents' responses were measured on a resilience valued five-point likert scale. Generally the majority of the respondents in the study exhibited high resilience scores, the lowest male score was 59 and the lowest female score was 57. The highest scores were 67 and 62 in males and females respectively. This is denoted in Figure 6 below. These results seem to suggest that males were more resilient than the females in relation to the adversity. This can be translated to mean that all the respondents developed resilience over time after traumatic fire episode.

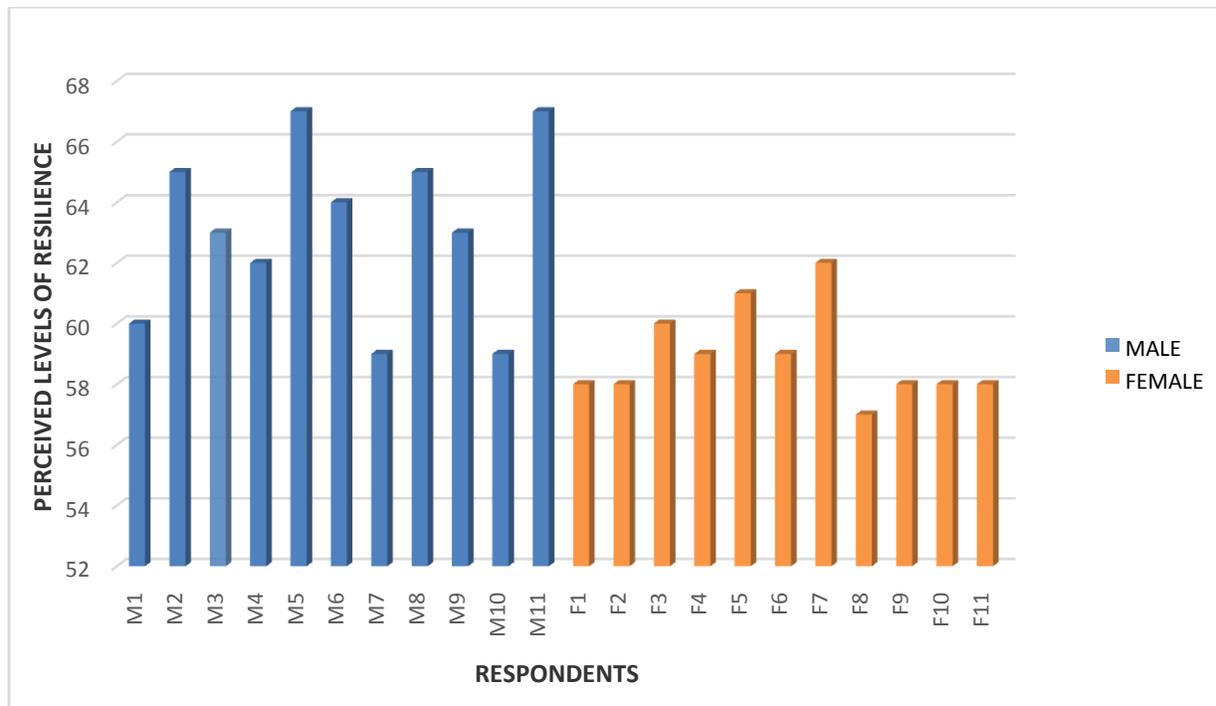


Figure 6: Perception levels of resilience

Discussion

Age as a Factor that Contributes to Resilience

Based on the findings, older respondents (56 – 77 years) were associated with higher resilience levels which are similar to findings reported by (Gooding et al., 2012). These findings could be explained by the indications that the older adults had experienced other similar forms of traumatic events before and had developed better coping abilities that could help them in adverse life changing situations. This was evident particularly among the respondents who indicated that they had experienced adversity which had disrupted their lives in the past years. Such exposure to adversities had enabled them to develop coping strategies and was useful in the fire tragedy adversity. High resilience levels with greater age may also reflect a higher ability to adjust to adverse life changes which leads to acceptance and better adjustment, similar to what Richardson (2002) theorize as positive re-integration. The respondents in this study experienced loss of life and property after the fire tragedy but developed some motivation to withstand the adversity. The middle/younger (35-55 years) respondents scored moderately in the resilience levels (56.23%). It may be interpreted that at these age times, individuals are faced with greater demands with regard to work, familial roles and other responsibilities which made them more overwhelmed during the adversity. Richardson (2002) posited that such individuals may have given up some motivation, hope or drive and recovered with loss because they were prompted by the demands of life. This may also suggest that resilience may also be related to lifespan challenges and experiences one is going through at a particular stage of their life. This notion is derived from developmental theories which describe resilience as a developmental process that changes in cognition, emotion and social environment (Erickson, 1950). The respondents of the youngest age group (20-35 years) had the lowest mean in the resilience levels (24.56%). This may be attributed to the realities that this young people were exposed to risks that affected the processes of developing resilience. Due to the displacement from their homes, the respondents were forced to live in make shift camps where the conditions were deplorable and insecure. The “playing field” was not level for these young people, particularly considering the hostilities they faced during the time of the conflicts.

They faced discrimination, stigma, poverty and environmental stress related to the conflicts and displacement from their homes. These individuals also lacked older adult support and encouragement and were more vulnerable to other negative coping strategies such as anger, distrust, bitterness and drug abuse. Richardson (2002) termed such individuals as those who have re-integrated negatively. It is evident that the older the age the more the resilience even when one is under pressure. One is also not easily discouraged by failure and one is in a position to handle painful feelings as well.

Gender and Resilience

The findings of the study are in tandem with findings of previous research (Mann et al., 2004). This shows that gender differences in resilience factors are guided by the notion that men and women have different personality traits that influence the way they cope with adversity. For instance, men tend to communicate less during the time of adversity and they end up getting less help and empathy as compared to women who communicate more and earn empathy and other types of support (Sun & Stewart, 2007). Women tend to utilize familial and community protective factors, while men depend more on individual protective factors.

Conclusions

Age and gender may be stated as two of the factors that contribute to resilience among traumatized individuals. However, gender has a greater influence on individuals' resilience levels than age. Males have a higher level of resilience than females in the same way, older individuals record a higher resilience scale than the younger age groups.

Recommendation

There is need to establish other factors besides the two (age and gender) levels of resilience among traumatized individuals. This may be done during trainings of the professionals who work with traumatized individuals to help cope.

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