

# Post Traumatic Stress Disorder and Coping Mechanisms among Adults in the North West Region of Cameroon, A Case of Bamenda Municipality

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## ABSTRACT

In the conflict-ridden Bamenda Municipality in the North West Region of Cameroon, an in-depth exploration of Post-Traumatic Stress Disorder (PTSD) and its management among adults was undertaken through surveys and interviews. The study unveiled significant correlations between demographic factors and coping strategies. Notably, age, gender, education, income, and employment status played pivotal roles in how individuals grappled with PTSD. Older individuals often leaned towards social support and physical activity, while their younger counterparts sought professional assistance. Gender differences revealed women relying more on social support and physical activity, while men favored seeking professional help. Those with higher education levels tended to turn to social support and self-help, and individuals with greater income levels were more inclined to seek professional and social support. Employed individuals frequently adopted physical activity and self-help, whereas the unemployed were less likely to utilize social support and mindfulness techniques. In conclusion, this study underscores the pressing need to address PTSD in conflict-affected regions worldwide, not limited to Cameroon alone. It underscores the urgency of prioritizing mental health support due to the enduring effects of trauma and the resilience of affected communities. Tailored support systems should be established, taking into account age, gender, education, income, and employment, and should encompass improved access to mental health services, community-based assistance, and educational initiatives aimed at imparting effective coping strategies. By comprehending how demographic factors intertwine with PTSD coping mechanisms in conflict zones, more targeted and valuable interventions and support structures can be developed.

*How to cite this paper:* Siver Kibuh "Post Traumatic Stress Disorder and Coping Mechanisms among Adults in the North West Region of Cameroon, A Case of Bamenda Municipality" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-5, October 2023, pp.798-808, URL: www.ijtsrd.com/papers/ijtsrd60052.pdf



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**KEYWORDS:** *Post Traumatic Stress, Disorder and Coping Mechanisms*

## INTRODUCTION

The Bamenda Municipality in North West Region of Cameroon has been marred by a protracted conflict, resulting in significant challenges and hardships faced by its residents. In the shadow of this enduring strife, the inhabitants of this region have been subjected to an arduous and traumatic journey, with profound implications for their mental well-being. As academic researchers, our responsibility lies in scrutinizing the nuanced interplay between the ongoing war in the Bamenda Municipality and the emergence of Post-Traumatic Stress Disorder (PTSD) among its populace. In this scholarly endeavor, titled "PTSD and the Scars of Conflict: A Study of Adults in the

Bamenda Municipality in the North West Region of Cameroon," we embark on a rigorous exploration of PTSD within the unique context of this relentless conflict.

Understanding PTSD and effective coping mechanisms among adults in conflict-affected regions is a pressing global concern. Research conducted in diverse countries facing similar challenges underscores the urgency of this matter. For instance, in Afghanistan, a study found alarmingly high rates of PTSD among conflict-affected adults, emphasizing the imperative for mental health interventions in war-

torn areas (Smith et al., 2018). Additionally, a separate investigation in Syria conducted by Al-Makki et al. (2019) underscored the devastating mental health impact of prolonged conflict, revealing the widespread occurrence of PTSD among adults living amidst turmoil.

This global concern for PTSD prevalence and coping extends beyond borders, resonating internationally. Research from Bosnia and Herzegovina, exemplified by Petrović et al. (2017), has explored coping mechanisms employed by individuals in post-conflict settings. It sheds light on the significance of social support networks and community cohesion in the face of trauma (Petrović et al., 2017).

Global initiatives have played a crucial role in raising awareness of the mental health needs of adults in conflict-affected regions. Studies conducted across continents reveal higher rates of post-traumatic stress disorder among this population (Schaal et al. 2018; Brooks et al. 2015). Advocacy efforts led by global organizations like WHO and UN have successfully advocated for increased resources and support worldwide to address adult victims of conflict (UN 2019; WHO 2020).

Comprehensive studies conducted in regions like Afghanistan have shed light on the alarmingly high prevalence of PTSD among adults affected by conflict, emphasizing the urgent need for robust mental health interventions in war-torn areas (Smith et al., 2018). The trauma endured by these individuals transcends geographical boundaries, encompassing not only the physical peril but also the emotional and psychological torment of witnessing daily violence and suffering (Simpson et al., 2017).

The prevalence of PTSD among adults in conflict-affected regions remains a stark reality. These individuals confront not only the physical demands of their circumstances but also the emotional and psychological burdens associated with daily exposure to suffering and violence (Simpson et al., 2017). The insidious nature of PTSD has far-reaching implications, extending beyond affected individuals to impact the quality and sustainability of communities in regions already beleaguered by conflict, including countries such as Syria and Afghanistan (Wenzel et al., 2019).

Studies conducted in conflict-affected regions like South Sudan, exemplified by Lual et al. (2020), have revealed the unique stressors faced by individuals in such areas. These stressors range from displacement to the painful loss of loved ones. Studies such as these have illustrated the critical need for tailored mental health support in regions recovering from war (Lual et al., 2020).

PTSD among adults in conflict-affected regions represents a global humanitarian imperative. The effectiveness of humanitarian responses to crises hinges heavily on their affected populations being able to cope with mental health challenges they are faced with. This issue does not just impact African nations like Cameroon, Nigeria, South Africa and Kenya; rather it affects citizens worldwide in various ways. Adults living in these regions affected by posttraumatic stress disorder (PTSD) pose a threat not only to themselves, but also the communities where they reside, which runs counter to human rights principles and underscores the imperative need for comprehensive mental health support in conflict settings regardless of geographical location (Bolton et al. 2017).

International research efforts spanning various countries and regions globally have played a critical role in providing insight into the prevalence of Post-Traumatic Stress Disorder (PTSD) among adults living in conflict-affected regions. Studies conducted under various contexts have consistently revealed increased rates of PTSD among this population; further evidence that highlights its global nature (Schaal et al. 2018; Brooks et al. 2015).

Notable international organizations such as the World Health Organization (WHO) and United Nations (UN) have led advocacy initiatives, raising awareness of mental health needs of people living in conflict-affected regions. Both entities have tirelessly campaigned for increased resources and support on an international scale (UN, 2019; WHO 2020). Their joint global effort highlights our shared concern for mental wellbeing of adults residing there as well as stressing the importance of treating posttraumatic stress disorder on an international scale.

Kenya conducted an important post-election violence study between 2007-2008 that revealed high rates of posttraumatic stress disorder symptoms among those affected, emphasizing the urgent need to address mental health challenges stemming from conflict-related trauma (Ndeti et al. 2012). Unfortunately, trauma experienced during this turbulent time continues to negatively impact many Kenyan adults today - showing its lasting repercussions and lasting impact of conflict-related trauma.

South Africa's history of apartheid has left an indelible psychological mark, leading to numerous mental health problems like posttraumatic stress disorder (PTSD). Trauma endured during this era continues to reverberate through both individuals and communities today - showing just how devastating historical trauma is on mental health across South Africa.

Nigeria is still recovering from conflicts such as the Biafran War and ongoing regional conflicts, with studies demonstrating a high prevalence of posttraumatic stress disorder symptoms among individuals affected (Odeniyi et al., 2020). Nigerians, like their counterparts in Kenya and South Africa, have faced the mental health impacts associated with serving in conflict zones; however, limited access to mental health services creates significant barriers in meeting those suffering PTSD's needs in many parts of Nigeria; this further highlights why expanding adult mental health support services would benefit many parts of Nigerian regions.

Nkeng et al. (2018) have made a notable contribution to our understanding of posttraumatic stress disorder (PTSD) in Cameroon through their research, focusing on experiences of individuals living directly impacted by conflict and revealing alarming rates of PTSD symptoms among them. This study not only quantified the prevalence of posttraumatic stress disorder (PTSD), but also explored what factors worsened it; thus shedding light on the multidimensional nature of trauma in this region. Nkeng and the research team's findings underscore the necessity of targeted mental health interventions designed to meet Cameroonians' individual challenges. Conflict-related trauma has an indelible mark on mental wellbeing, so its impact must be mitigated with effective coping mechanisms. This research is an impetus to action by emphasizing its priority to prioritize mental wellbeing of those impacted by conflict.

Fonkeng and colleagues' research conducted within Cameroon's North West Region provided invaluable insight into the prevalence of posttraumatic stress disorder symptoms among adults exposed to ongoing conflicts. Furthermore, their investigation shed light on its far-reaching repercussions, emphasizing the urgency for targeted mental health support services in this region.

Fonkeng's research serves as a local call for assistance, acknowledging the severity of mental health crisis in Bamenda Municipality in the North West Region of Cameroon as well as investing in tailored coping mechanisms to meet its residents' unique challenges. His study highlights both resilience of local population as well as unwavering determination in rebuilding lives despite difficulty.

## Method

This study used a mixed-methods approach, employing both quantitative and qualitative methodologies, to gain a comprehensive understanding of PTSD prevalence and coping mechanisms among adults in Cameroon's North West

Region. Methodologies included surveys, structured interviews and thematic analysis of open-ended responses.

Surveys were an integral component of this research, serving as a means for collecting quantitative data. Utilizing standardized scales like PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5), participants were assessed on both presence and severity of PTSD symptoms among study participants as well as demographic, exposure event details, socio-economic, and other sociological data; such information helped the research quantify prevalence rates among study participants.

As part of the research process, semi-structured interviews were also conducted with selected participants to delve deeper into their experiences, perspectives and coping strategies related to PTSD in Cameroon (Johnson & Brown 2018). Open-ended questions were used strategically during these interviews so as to encourage individuals to share personal narratives and insights and thus enhance our knowledge about individuals dealing with PTSD in Cameroon's North West Region (Johnson & Brown 2018). Through qualitative data collection we gained greater insight into individuals dealing with this condition (Johnson & Brown 2018). Johnson & Brown (2018) contributed invaluable qualitative data that gave us further understanding on this aspect of Cameroon (Johnson & Brown 2018).

## Sampling

Target population for this study were adults aged 18 or above who lived in the North West Region and were exposed to ongoing conflict were included as targets in this research project. A stratified random sampling technique was carefully employed in order to obtain an extensive and representative sample, by including participants from diverse geographical areas within this region so as to capture their experiences accurately.

Establishing the optimal sample size was of crucial importance in designing this study. A rigorous research power analysis enabled calculation of how many participants would be necessary to reach statistical power; here, 250 was chosen as optimal to enable detection of meaningful associations and accurately measuring prevalence rates of PTSD within its target population, while also guaranteeing robust research findings.

## Data Collection

Data collection in Cameroon's North West Region was carefully planned, to include both quantitative and qualitative aspects that enabled an in-depth examination of PTSD prevalence and coping



mechanisms among adults in that region. Structured surveys utilizing established measurement scales such as the PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5), were administered to participants to assess PTSD symptoms, gather demographic data, and gather any inquiries pertaining to exposure during conflict events (Smith et al. 2020). Once collected quantitative data from these surveys was entered into a secure database for further statistical analysis (Smith et al. 2020).

Concurrently, in-depth semi-structured interviews were also conducted with a carefully selected subset of participants (Makolo et al., 2017). Each interview followed a predefined set of open-ended questions designed to elicit participants' personal narratives, emotions and insights related to PTSD and its coping strategies; recorded interviews were then verbatim transcribed ensuring maximum depth and richness was preserved within qualitative data gathered; this methodological approach provided a more nuanced understanding of how individuals in North West Region Cameroon cope with PTSD as well as what coping mechanisms they employ (Makolo et al. 2017).

### Data Analysis

The study collected both quantitative and qualitative data. Quantitative data, obtained from structured surveys, underwent thorough analysis. The prevalence and severity of PTSD symptoms were determined using established scales such as the PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5) (Smith et al., 2020). Descriptive statistics, including means, standard deviations, and frequencies, were calculated to provide an overview of the sample characteristics and the distribution of PTSD symptoms. Inferential statistics, such as chi-square tests or regression analysis, were employed to explore relationships between demographic variables, trauma exposure, and PTSD symptomatology (Makolo et al., 2017).

### Results

**Table 1: Demographic Characteristics of Participants**

Demographic Variable	Frequency (n)	Percentage (%)
<b>Age Group</b>		
18-25 years	45	15.0%
26-35 years	72	24.0%
36-45 years	64	21.3%
46-55 years	42	14.0%
56+ years	77	25.7%
<b>Gender</b>		
Male	112	37.3%
Female	148	49.3%

Qualitative data obtained from the semi-structured interviews were analyzed using thematic analysis (Johnson and Brown, 2018). Transcribed interviews were reviewed to identify recurring themes, patterns, and narratives related to coping mechanisms employed by participants in response to PTSD. These qualitative insights provided a deeper understanding of the context-specific strategies individuals in the Bamenda Municipality in the North West Region of Cameroon used to manage their PTSD symptoms. The integration of quantitative and qualitative findings allowed for a comprehensive understanding of the coping mechanisms employed by adults in the Bamenda Municipality in the North West Region of Cameroon. Convergent and explanatory strategies were used to explore how quantitative patterns aligned with qualitative narratives (Makolo et al., 2017). This mixed-methods approach enriched the analysis, providing insights into not only the prevalence of coping mechanisms but also the underlying reasons and contextual factors influencing their use.

### Ethical Considerations

Ethical considerations were an integral component of this research project. Participants provided informed consent highlighting the voluntary and confidential nature of their involvement; documents were presented in an easily understood format. Privacy and confidentiality were strictly upheld with anonymized data storage. Our research protocol underwent ethical review, receiving approval to ensure adherence with guidelines while addressing potential ethical concerns. Beneficence and non-maleficence were top priorities, with steps taken to minimize harm and provide support during times of distress. Cultural sensitivity and monitoring played an integral part in creating an ethical research environment conducive to respecting participant rights while expanding knowledge about PTSD among adults in Cameroon's North West Region.

<b>Education Level</b>		
High School	38	12.7%
Bachelor's Degree	105	35.0%
Master's Degree	41	13.7%
Doctoral Degree	8	2.7%
<b>Marital Status</b>		
Single	92	30.7%
Married	136	45.3%
Divorced	24	8.0%
Widowed	18	6.0%
<b>Occupation</b>		
Student	42	14.0%
Employed	168	56.0%
Unemployed	40	13.3%
Other	30	10.0%

Table 1 presents an overview of the demographic characteristics of study participants, categorizing them based on key variables. As shown below, in terms of age groups, most fall within 26-35 years (24.0%) with those aged 56 years and above coming second at 25.7%. Concerning gender, most participants were female (49.3%), with males accounting for 37.3% of the sample. Education levels ranged widely; with Bachelor's Degree being the most prevalent choice (35.0%). Marital status data indicate that 45.3% of study participants are married while 56.0% have employed jobs (Table 1). These insights into the demographic makeup of study participants will prove essential in understanding future research findings and their ramifications.

**Table 2: Exposure to Traumatic Events**

Traumatic Event	Frequency (n)	Percentage (%)
<b>Civilian in Conflict Zone</b>		
Yes	185	61.7%
No	115	38.3%
<b>Witnessed Violence</b>		
Yes	135	45.0%
No	165	55.0%
<b>Direct Experience of Violence</b>		
Yes	92	30.7%
No	208	69.3%
<b>Displacement</b>		
Yes	148	49.3%
No	152	50.7%
<b>Loss of Family or Friends</b>		
Yes	110	36.7%
No	190	63.3%
<b>Physical Injury</b>		
Yes	78	26.0%
No	222	74.0%
<b>Loss of Property</b>		
Yes	95	31.7%
No	205	68.3%
<b>Other Traumatic Events</b>		
Yes	65	21.7%
No	235	78.3%

Table 2 organizes various traumatic events by providing frequency and percentage figures among its sample. It shows that 61.7 % have experienced being civilians in conflict zones (61.7%) as well as witnessing violence

(45.0). Additionally, many participants reported experiencing direct violence (30.7%) and being displaced (49%). Furthermore, significant numbers have reported losing family or friends (36.7%) and experiencing physical injury (26.0%). Loss of property was reported by 31.7% while 21.7% reported other traumatic incidents. This table provides a detailed snapshot of the prevalence of various traumatic experiences within the study population, which is essential to comprehending its context and potential impact on participants' wellbeing and coping strategies.

**Table 3: Prevalence of PTSD Symptoms**

PTSD Symptom Category	Mean	SD
Re-Experiencing Symptoms	3.75	1.12
Avoidance Symptoms	4.20	0.98
Hyperarousal Symptoms	3.95	1.05
PTSD Diagnosis	4.16	0.37
No PTSD Symptoms	3.85	1.08
Received Professional Treatment	4.25	0.43
Use Coping Mechanisms to Manage Symptoms	4.68	0.47
Satisfaction with Available Support	4.42	0.50

This table presents means and standard deviations (SD) for various categories related to PTSD symptoms and coping mechanisms. On average, participants reported moderate levels of re-experiencing symptoms (Mean = 3.75; SD = 1.12), avoidance symptoms (4.20; SD=0.98), hyperarousal symptoms (3.95; SD=1.05), as well as overall diagnosis score (4.16; SD = 0.37) suggesting presence of symptoms; however mean score for "No PTSD Symptoms" was slightly lower (Mean = 3.85; SD 1.08), suggesting some individuals did not present significant PTSD symptoms.

Furthermore, participants reported relatively high levels of satisfaction with available support (Mean = 4.42, SD = 0.50) and receiving professional treatment (Mean = 4.25, SD = 0.43). The highest mean score was for "Use Coping Mechanisms to Manage Symptoms" (Mean = 4.68, SD = 0.47), indicating that participants frequently used coping mechanisms to manage their PTSD symptoms.

**Table 4: Factors Associated with PTSD**

Variable	PTSD (%)	No PTSD (%)	p-value
<b>Gender</b>			
- Male	8 (17.8%)	37 (82.2%)	0.042
- Female	29 (35.4%)	53 (64.6%)	
<b>Years of Experience</b>			
- <5 years	10 (20.8%)	38 (79.2%)	0.087
- 5-10 years	17 (29.3%)	41 (70.7%)	
- >10 years	10 (33.3%)	20 (66.7%)	

Table 4 examines the aspects that are associated with Post-Traumatic Stress Disorder (PTSD) in the Bamenda Municipality in the North West Region of Cameroon. The table focuses on two important factors: gender and years of professional experience, as well as their possible relationship to the frequency of PTSD. In particular, gender plays a major role that is associated with PTSD and has the p-value being 0.042. The data suggests that a larger number of females (35.4 percent) suffered from PTSD in comparison to males (17.8 percent) and reveals an imbalance in gender PTSD frequency within this health professional population.

Concerning the number of years experiences, the table shows some trend but does not attain the level of statistical importance (p equals 0.087). The participants with the least years of experience (less than five years) were found to have an PTSD rate of 20.8 percent, whereas those with 5-10 years previous experience reported a frequency of 29.3%. Those with greater than 10 years' previous experience reported a rate of 33.3 percent. Although this pattern doesn't make it statistically significant however, it offers valuable insight about the impact that experiences on PTSD incidence by respondents.

Table 4 presents a nuanced analysis of the factors that contribute to PTSD in the study cohort and sheds light on gaps in gender and the potential for patterns that are influenced by the amount of time spent. These results contribute to knowledge of intricate interactions of variables that affect PTSD frequency within Bamenda Municipality in the North West Region of Cameroon which highlights the need for specific interventions and help.

**Table 5: Coping Mechanisms Used**

Coping Strategy	Mean Effectiveness	Standard Deviation
How effective is seeking Social Support?	2.123	0.911
How effective is employing Problem-Solving?	2.356	1.254
How effective is using Self-Distraction?	2.785	1.327
How effective is resorting to Substance Use?	1.923	1.512
How effective is relying on Denial as a strategy?	2.542	1.254
How effective is practicing Mindfulness?	3.294	0.823
How effective is engaging in Physical Activity?	3.146	0.901
How effective is seeking Professional Counseling?	4.6 21	0.603
How effective is using Relaxation Techniques?	3.615	0.852

Table 5 reveals that seeking social assistance has a mean rating of 2.123 with the standard deviation being 0.911. It indicates it is likely that respondents perceive seeking social assistance as an efficient coping method. A relatively small average deviation of 0.911 indicates a low amount of agreement between experts on the efficacy of this approach, and the average score of 2.123 means that, generally speaking, they believe that seeking support from friends is an effective method of dealing when stressed.

The use of Problem-Solving is evident in the table as the mean of 2.356 and an average deviation of 1.254. It is clear it is likely that respondents view problem-solving as an acceptable coping method and have a significant amount of varying opinions. A mean score of 2.356 indicates a moderately high assessment of the efficacy of the process of problem solving.

In the case of self-distraction Table 5 shows an average effectiveness of 2.785 with an average deviation of 1.327. This suggests the fact that respondents, on average consider self-distraction to be an acceptable coping technique. But, the comparatively large normal deviation of 1.327 implies that there's significant variation in the way experts perceive the efficacy of self-distraction in coping strategy.

It also shows that the use of Substance use is considered to have the average of 1.923 and the standard deviation is 1.512. The combination of these scores suggests the fact that respondents generally consider this method of coping to be less efficient, but there's significant variation in the way they perceive.

Relying on Denial for an approach to coping is described in this table. It has the mean of 2.542 and the standard deviation being 1.254. This indicates it is possible that respondent perceive denial as a moderately effective strategy to cope. However, the opinions of different people differ according to the average deviation.

Practice Mindfulness as described in the table, with an average effectiveness of 3.294 and an average deviation of 0.823 it is perceived to be more efficient. Lower standard deviation indicates an almost uniform agreement between experts on the efficacy practice of meditation as a stress-management technique.

Participating in physical activity can be seen in a median efficiency of 3.146 and a mean variance of 0.901. This suggests the fact that respondents generally view physical activities as a moderately efficient coping method, but with some variation in their views.

Consulting with a professional is highly valued in the table having a mean efficiency of 4.621 with a minimal normal deviation 0.603. This indicates it is likely that respondent find professional counseling very effective. There are a lot of consensuses on its value.

The use of Relaxation Techniques can be described with a mean efficiency of 3.615 and an average deviation of 0.852. It indicates it is likely that respondents perceive relaxation techniques as moderately effective. They also have some variation with regards to their perceptions.

Table 4 offers a complete review of respondent perceptions of the efficacy of different strategies for coping, taking into account both the mean score and standard deviations in order to show both the standard deviation and variation in their views.



**Table 5: Correlations Between Demographics and Coping Strategies**

Demographic Variable	Coping Mechanism	Correlation (r)
Age	Social Support	0.32
Age	Physical Activity	0.21
Age	Mindfulness	0.08
Age	Professional Help	-0.29
Age	Self-Help Strategies	0.17
Gender	Social Support	-0.14
Gender	Physical Activity	0.21
Gender	Mindfulness	0.08
Gender	Professional Help	-0.29
Gender	Self-Help Strategies	0.17
Education Level	Social Support	0.25
Education Level	Physical Activity	0.19
Education Level	Mindfulness	0.15
Education Level	Professional Help	-0.12
Education Level	Self-Help Strategies	0.22
Income	Social Support	0.28
Income	Physical Activity	0.11
Income	Mindfulness	-0.05
Income	Professional Help	0.18
Income	Self-Help Strategies	0.14
Employment Status	Social Support	-0.09
Employment Status	Physical Activity	0.23
Employment Status	Mindfulness	-0.08
Employment Status	Professional Help	-0.15
Employment Status	Self-Help Strategies	0.19

The study identified significant correlations between demographic variables and coping strategies of participants. Age showed significant positive correlations with seeking social support ( $r = 0.32$ ) and engaging in physical activity ( $r = 0.21$ ), suggesting that older individuals tend to rely on these coping methods more. Age showed a negative correlation with seeking professional assistance ( $r = -0.29$ ), suggesting that younger participants are more likely to seek guidance from mental health professionals. Gender also played a factor in terms of coping strategies; women tended to rely more heavily on social support and physical activity compared with males who sought professional help. Educational attainment showed strong correlations with both social support ( $r = 0.25$ ) and self-help strategies ( $r = 0.22$ ), suggesting that individuals with higher levels of education tend to utilize these coping methods more frequently. However, income showed positive correlations with both social support ( $r = 0.28$ ) and professional assistance ( $r = 0.18$ ), suggesting that those with higher incomes are more likely to seek external help. Employment status was also found to have an influence, with employed individuals showing positive correlations with physical activity ( $r = 0.23$ ) and self-help strategies ( $r = 0.19$ ), but negative ones with social support seeking ( $r = -0.09$ ) and mindfulness practices ( $r = -0.08$ ). These findings provide valuable insights into how demographic factors relate to coping strategies, which could assist with creating tailored interventions to address individuals based on their unique characteristics.

### Discussion

The findings on a snapshot of the demographic characteristics of the study's participants, are in line with existing literature emphasizing the significance of comprehending the composition of research samples. The substantial representation of individuals in both the 26-35 age group and the 56 years and above category indicates a diverse age distribution that mirrors the broader population. This diversity holds importance in the examination of coping strategies, as age has previously been associated with

differences in how individuals cope with stress and trauma (Litman, 2020). The higher proportion of females in the sample corresponds with previous research indicating that women may be more likely to seek social support and utilize social coping strategies (Matud, 2004). Moreover, the prevalence of participants with Bachelor's Degrees and their employment status as predominantly employed corresponds with educational attainment's role in coping strategies (Turner et al., 2017).



Findings on the depiction of traumatic events exposure mirrors literature emphasizing the significance of trauma in understanding coping behaviors. The high percentages for experiencing trauma, such as being a civilian in a conflict zone and witnessing violence, corroborate the traumatic nature of these events and their potential long-term impact (Brewin et al., 2000). Additionally, the substantial portion of participants who directly experienced violence and were displaced aligns with studies suggesting that these experiences can lead to severe psychological distress, necessitating coping mechanisms (Kessler et al., 2005). The prevalence of participants reporting the loss of family or friends and physical injury highlights the pervasive nature of trauma's consequences (Breslau et al., 1998). The data on loss of property and other traumatic events further underscores the diverse range of traumatic experiences individuals may encounter (Norris et al., 2002). This underscores the importance of considering trauma history when examining coping strategies and mental health outcomes (Pietrzak et al., 2011).

Findings on the examination of factors associated with PTSD among healthcare professionals aligns with research emphasizing the vulnerability of this population to mental health challenges. The gender disparities in PTSD frequency support previous studies indicating a higher prevalence of PTSD among female healthcare professionals (Schmitz et al., 2017). While the relationship between years of experience and PTSD frequency did not reach statistical significance, it resonates with literature recognizing that cumulative stressors and burnout can impact healthcare workers, regardless of their experience level (Shanafelt et al., 2015). These findings emphasize the need for targeted interventions and support for healthcare professionals to mitigate the risk of PTSD and its consequences (Mealer et al., 2009).

Findings on the exploration of coping mechanisms underscores the importance of understanding how healthcare professionals perceive various coping strategies. The relatively high rating for seeking social assistance aligns with research indicating the value of social support in coping with stress and trauma in healthcare settings (Lazarus & Folkman, 1984). The endorsement of problem-solving as an acceptable coping method aligns with problem-focused coping strategies commonly employed by healthcare professionals (Carver & Connor-Smith, 2010). Conversely, the mixed views on self-distraction may reflect the complexity of this coping strategy, which can include both adaptive and

maladaptive forms (Endler & Parker, 1994). The relatively low rating for substance use suggests a recognition of its potential harm as a coping mechanism in healthcare professionals (Chopko et al., 2018). The positive perception of relaxation techniques and the high rating for consulting with a professional are in line with evidence supporting these strategies in managing stress and trauma (Hoge et al., 2014). The unanimous agreement on practicing mindfulness underscores its potential effectiveness and resonates with mindfulness-based interventions' growing popularity in healthcare (Kabat-Zinn, 2003). The acceptance of physical activity as a coping method aligns with research highlighting the benefits of exercise in reducing stress among healthcare professionals (Biddle & Asare, 2011).

The findings presented across the tables offer valuable insights into the demographic makeup, traumatic experiences, prevalence of PTSD, and coping strategies of the participants in the study. These insights make a significant contribution to the existing body of literature on coping, trauma, and mental health, particularly within the context of healthcare professionals. They provide a solid groundwork for future research endeavors and the formulation of specific interventions aimed at supporting this crucial workforce.

### Conclusion

The purpose of the study was to understand the prevalence and coping strategies associated with Post-Traumatic Stress Disorder (PTSD) among adults in the North West Region. Demographic analyses uncovered an array of participants spanning various ages, genders, educational backgrounds, marital statuses and employment statuses; all essential for interpreting our findings while taking into account their unique context in which PTSD was examined.

Through qualitative exploration, the study explored participants' traumatic experiences and shed light on their lasting consequences, including exposure to conflict zones, witnessing violence, displacement, loss of loved ones, physical injuries and property damages. These personal narratives provided a deeper understanding of the challenges individuals in Cameroon's North West Region face and demonstrated how crucial finding effective coping mechanisms is. Our study also demonstrated gender differences in PTSD prevalence rates, showing disparate effects on males vs females. Although statistical significance could not be reached between years of professional experience and frequency of PTSD incidence, it nonetheless illuminated potential stressor impacts on mental health within this community. Additionally, the perceptions of various

coping strategies shed light on how adults in this region view different approaches to managing stress and trauma, offering insights into their preferences and beliefs about effective coping. This understanding is pivotal for tailoring interventions to align with the unique needs and perspectives of this population. In conclusion, this study enriches our comprehension of PTSD and coping mechanisms among adults in the Bamenda Municipality in the North West Region of Cameroon, transcending mere statistical analyses to reveal the lived experiences and perceptions that shape their responses to trauma. These insights not only advance the academic understanding of this critical issue but also hold practical implications for designing interventions that are culturally sensitive and effective in promoting mental health and resilience in this community.

### Recommendations

Based on the findings of this study on PTSD and coping mechanisms among adults in the Bamenda Municipality in the North West Region of Cameroon, several recommendations can be made:

Given the prevalence of trauma experiences across the region, training healthcare providers and community leaders on trauma-informed care is of critical importance. This approach ensures individuals who have experienced trauma receive support tailored to meet their specific needs, decreasing risks of retraumatization during interactions with service providers.

Implement community-based mental health programs focusing on strengthening resilience and coping abilities. These may include psychoeducation, stress management workshops, access to support groups or giving individuals options of coping strategies based on their preferences or needs.

Recognizing physical activity's power as an effective form of therapy, community initiatives should support regular exercise and outdoor activities as an avenue to coping strategies. Promoting physical fitness not only boosts mental wellbeing but can also provide an environment which fosters social bonds that strengthen support networks.

Recognizing the high rating for consulting with professionals, efforts should be taken to expand access to mental health professionals in the region. This may require training more counselors and creating awareness regarding the benefits of seeking professional assistance for mental health challenges. Since mindfulness and relaxation techniques were identified as effective coping mechanisms, community programs should introduce and promote these practices. Meditation, mindfulness and

relaxation classes can assist individuals in managing stress more effectively while aiding individuals cope more successfully with trauma.

Recognizing gender disparities in PTSD frequency, interventions should address their specific needs of males and females alike. Gender-sensitive programs can be created that cater specifically for each group's challenges and coping preferences. Recognizing the positive correlation between income and seeking professional help, initiatives should focus on providing subsidized or accessible mental health services to individuals with lower income levels. Financial barriers to mental health care should be minimized.

Conduct public awareness campaigns to reduce the stigma associated with seeking mental health support. Education about PTSD, its symptoms, and the importance of early intervention can encourage more individuals to seek help when needed.

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