# Effects of Anglophone Crisis on the Mental Health of Teachers in Bui Division North West Region of Cameroon

Dr. Foncham Paul Babila (Ph.D.), Dr. Azinwi Terence Niba (Ph.D.)

Department of Educational Psychology, Faculty of Education, The University of Bamenda, Bamenda, Cameroon

## **ABSTRACT**

The purpose of this study was to investigate the effects of the Anglophone crisis on the mental health of teachers in Bui Division, North West Region of Cameroon. The study employed a crosssectional survey research design using an explanatory sequential mixed method. Quantitative data were collected using questionnaire while focus group discussions guide was used to collect qualitative data. Questionnaire were filled by 163 teachers, selected using simple random sampling technique while 18 teachers were purposefully selected for the qualitive data. The data were analysed with the aid of the Statistical Package for Social Sciences (SPSS) version 23.0 for windows where descriptive statistics such as percentages, mean scores and standard deviation were gotten. Equally SPSS was also used for regression analysis and tested the effects between the independent and dependent variables. The qualitative data were analysed using thematic analysis method. The findings showed that terrorism had negative effects on the health outcomes or mental health of teachers in Bui Division from both quantitative and qualitative analyses. Therefore, the study recommends that there should be investment in mental health which will help to strengthen mental health of affected communities, providing counselling services and sustainable care options.

"Effects of Anglophone Crisis on the Mental Health of Teachers in Bui Division North West Region of Cameroon" Published in International Journal of Trend in Scientific Research

*How to cite this paper*: Dr. Foncham Paul Babila | Dr. Azinwi Terence Niba

Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-1, February 2024, pp.766-774, URL:



www.ijtsrd.com/papers/ijtsrd63510.pdf

Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development

Journal. This is an Open Access article distributed under the



terms of the Creative Commons Attribution License (CC BY 4.0) (http://creativecommons.org/licenses/by/4.0)

KEYWORDS: Anglophone crisis, terrorism, teachers, mental health

#### 1. INTRODUCTION

Terrorism is looked upon in this study as the deliberate use of violence or threat against innocent people, with aim of intimidating them, or people into a course of action they otherwise would not take, such as kidnapping for ransom payments, torture, and seizure of personal belongings or property and killings. These threats generate fear on the individual against whom the violence is carried out (Primoratz, 1990). This violence has been very rampant in the North West and South Regions in the advent of the Anglophone crisis from 2016 till present day, 2024. This violence against students and teachers has completely neglected Cameroon endorsement of the safe school declaration in September 2018 at the Hilton Hotel of the Nation capital; from the safe school declaration conference held in Abuja, Nigeria. This endorsement of the safe school declaration signals the government's commitment to better safeguard learning and mitigate the devastating damage caused on education from attacks of school community by terrorists. This implies that the

extreme fear that arises from an individual due to the violence may lead to some psychological consequences such as mental health disorders. Therefore, the research aims to investigate the effect of terrorism on the mental health of Basic Education teachers of Bui Division of North West region of Cameroon.

English (2016) argues that terrorism is one of the most significant security threats that the world at large faced in the 21st century. Thus, since terrorism involve threats or violence (English 2016), it therefore means that the non- combatants usually develop fear of violence which lead to some mental illness such as anxiety (Primoratz 1990). The Anglophone crisis started with peaceful demonstration in 2016 and was seized by some groups of individuals with violent attacks on the people within the community and most especially teachers. These groups thought their protest was to enable the government of Cameroon redress issue of cultural marginalization which the government understood and took some measures such as creation of Bilingualism Commission and Decentralization. As a result, in the two regions of North West and South West terrorist groups emerged and called themselves "separatist fighters" or Ambazonian Fighters who sought to regain some proclaim rights as English speaking citizens in the Republic of Cameroon. Consequently, they proclaimed aspects of cultural marginalization of the English-speaking zone of the Republic of Cameroon. Quite unfortunately, the "separatist's fighters" called "Amazonian fighters" groups and based their interest in terrorizing Government institutions in the English-Speaking Cameroon. Consequently, they sort to create violence on teachers of the Public schools by carrying out kidnappings, ransom payments, killings and sexual harassment. These acts created fear and panic among these teachers of the Nursery and Primary schools in Bui Division which was observed as the epicenter of the Anglophone crisis in the North West region of Cameroon. It is therefore certain that the fear of unknown could easily generate some mental health disorders among these teachers.

Alexandar (1999), argues that many governments have failed to appreciate the extent and implication of terrorist threats to modern societies. He therefore put forward that terrorism is not a new phenomenon in the world today because the term terrorism can be traced since the 20<sup>th</sup> century but its effects on mental health disorder is recently being traced. In another note, Novothy (2007) argues that terrorism could be looked upon in four different ways such as: (1) Terrorism being the act committed by an individuals or group of individuals privately, that is without legitimate political authority of a recognized state (2) It is directed indiscriminately against non-combatants (3) The goal of it is to achieve something politically relevant and (4) This goal is pursued by means of fear-provoking violence

Novothy (2007), also pointed out that large number of countries including Western democracies, have not yet developed strong commitments to deal effectively with the challenges of terrorism. Thus, terrorism was recognized in the United states (US), according to "the Arkanan criminal code, which state that a person commits the offence of terroristic threatening if with the purpose of terrorizing another person, he threatens to cause death or serious physical injury or substantial property damage to another person" (Alexandar 1999). Therefore, from this perspective of the U.S law one can understand that the crisis in the in the North West and South West regions involved aspects of terrorism.

Blin and Chaliand (2007) argued that terrorism is the long-standing challenge of the world till present date. The authors have traced the history of terrorism from the Zealots of antiquity; their contributions discuss the assassins of the Middle Ages, in 1989 terror movement in Europe, Bolsevik terrorism during the Russians Evolution, Stalinism (resistance) terrorism during World War II and Latin American Revolutionary Movements of the late 1960s. Blin and Chaliand (2007) therefore concluded that the emergence of the modern transnational terrorism was focused on the route point of the country involvement in terrorism. It has been observed that from the advent of Anglophone crisis in 2016 terrorist activities such as kidnappings for ransom payment, threats of lives, damage of properties and killing of innocent civilians or non-combatants have been rampant. Therefore, this has inflicted fear on the victims and others thus the implication of mental illness is eminent from intense

Fischer and Ai 2008 traced that terrorism has a negative effect on mental health such as emotional stress and post-traumatic stress disorder (PTSD). This is because terorism actually lead to the fear from kidnappings, death or rampant killings observed in the communities. Therefore, the Anglophone Crisis which is recently ongoing with violent attacks by armed groups against the government military and innocent civilians of the English-Speaking Regions of the North West and South West could obviously have an effect on the mental health of teachers who are the most targeted community with the intention to stop the functions of public schools in the two Regions. Fischer and Ai (2008) also declared that these violence attacks could have a significant short term and long-term threat on mental health. This then implies that these teachers of the North West and South West Regions who are faced with constant threats or violence on them may develop some negative mental health conditions. It is therefore a call for concern for the interventions of psychological health experts to give some psychosocial supports (PSS) or treatments on these teachers.

#### 2. STATEMENT OF THE PROBLEM

The educational authorities in the North West have observed that many teachers within the period of 2016 to 2023 have suddenly developed non-communicable diseases such as high blood pressure, diabetes among others. Some have even lost their lives as a result of their mental health deteriorations.

The socio-political crisis in North West and South West Regions otherwise known as the Anglophone Crisis started timidly in 2016 with grievance of cultural marginalization. The crisis suddenly

transformed into armed groups called "separatists' fighters "with their bases in the bushes in the two Regions to fight the Cameroon Military against these aspects of cultural marginalization of the English speaking Cameroon. These groups then engaged in violence attacks on the civilians within the two Regions. This violence attacks involves kidnappings, killings, mass shootings, hostage takings which could therefore be termed terrorist attacks on teachers in the two regions. It is assumed that this violence could develop fear and anxiety among the teachers who are the main targets. Consequently, some mental health issues could develop which could be short term or long term. From these back drops, the researcher investigated on the effect of violence (terrorism) on mental health of Teachers of Basic Education Bui Division North West Region of Cameroon.

## 3. EMPIRICAL LITERATURE

Hussein, Iqbal, Taji and Khan (2012) assessed the effect of terrorism on mental health of men and women in Islamabad (Capital of Parkistan) over a period of one month, in the month of September to October 2011 which was done through a cross sectional survey with the sample consisted of 25 males and 25 females with age range of 22 to 60 and their education level was Bachelor/PhD Level. The targeted population was various populations like doctors, engineers, lawyers and students (colleges and universities). These authors made use of purposive sampling technique and questionnaire to collect data on concerns about fear of terrorism, thinking and talking about terrorism, measuring altitude about terrorism, mental health impacts on terrorism, behavioral impact of terrorism and effectiveness of public institutions. The T-test was computed to see the effect of terrorism and mental health and behaviour patterns. There was a significant difference shown by males and females included in the sample on the concerns about threat of terrorism (main score males=8.00 and main score females=8.48). It also showed that males and females had a significant difference in thinking and talking about terrorism and significant difference among the altitude of male and female. From this research conducted by these authors, there was no significant difference between males and females on the effects of terrorism on mental health and as well as behaviour of males and females but there was a significant difference observed in male and female on the effectiveness of public institutions. This author thus concluded that terrorist attacks significantly affect the mental health of individuals in Islamabad despite the Gender.

Richman, Cloninger and Rospendes (2008) assessed the extent to which terrorist attack affect the mental health of people in America during the September, 11 2001. In this research the six-waved longitudinal mail survey was conducted where the respondents completed questionnaire before and after the attack. A regression analyses was done which focused on measures on negative terrorism-related to beliefs and fears as well as psychological stress and deleterious alcohol use, measured both before and after September, 11. The findings showed that terrorism was a negative effect on mental health which is related to beliefs and fears in 2003 and lots of alcohol intake in 2005. The author concluded that terrorism has a negative effect on the mental health of the American Population.

#### 4. METHOD

A cross sectional survey design was employed with the use of a mixed methods of research approaches where this both quantitative and qualitative data were collected in the form of questionnaire and interview respectively from the respondents. In this study an explanatory sequential mixed method was used.

This study was carried out in Bui Division of the North West Region of Cameroon which was the known as epicenter of the Anglophone Crisis in the North West Region of Cameroon with extreme terrorist attacks on teachers such as aggressions, kidnappings, ransom payment etc. These violence attacks on teachers were means to stop the functioning of public schools as a form of weakening the socio-political power of the government. Despite this violence attacks on the education community, the teachers remained resilient for the interest of the children education in their communities. This could be seen in the 2023 to 2024 the Basic education enrolments stands at 32653 pupils and 1298 teachers (public and private), (statistical enrolment from the Basic Education Authority in Bui, 2023)

Therefore, the population of this study was made up of teachers from the six sub divisions of Bui (Jakiri, Kumbo, Mbven, Noni and Oku). The population was made of 421 males and 877 females for Bui Division.

The sample size that represented the population was determined according to Krejecie and Morgan (1970) to achieve a sample size of 163 teachers of nursery and primary schools of the six sub divisions of Bui. These 163 teacher were administered questionnaire to fill and three teachers from each of six sub divisions were administered a focus group discussion guide.

The sampling techniques used for the study was the simple random sample technique and purposive sample techniques to select teachers for the investigation. The teachers who were administered questionnaire were selected through random sampling

techniques. In this case teachers of both public and private, who assembled for a Divisional pedagogic seminar in Kumbo, the head quarter of Bui Division in November, 2023 were randomly selected for the study. In this case pieces of papers on which "yes" or "No" were written on them folded and put in the basket with equal number of "yes" and" No", shuffled. Those who picked "yes" were immediately given a questionnaire to fill. This gave a total of 163 respondents. On the other hand three teachers of each sub division making a total of 18 were also selected through purposive sampling techniques for the for a focus group discussion. These were teachers who have had some violence attacks in the period range from 2016 to 2023.

The instruments used for the collection of data for the study were: questionnaire and focus group discussion guide that were all focused on terrorism and mental health of Basic Education teachers of Bui Division.

The Cronbach's alpha coefficient of 0.7 was used as the coefficient to measure data's reliability level. This helps to establish internal consistency, thus, determined internal consistency among respondents if any. This is because the coefficient of the Cronbach's alpha which is represented by the acceptable values with respect to an acceptable established standard coefficient from 0.7 and above signifies an excellent level of internal consistency, therefore it was observed that the questions were reliable for the study.

Two types of statistical methods used in analysing the collected data were descriptive and inferential statistics for quantitative data and thematic analysis for qualitative data.

The quantitative data was analysed through multiple correspondence analysis (MCA) where linear regression was used to compute the relationship between terrorism and mental health of teachers. The ethical issues that were properly handled in this study

concerned aspects such as informed consent, confidentiality, voluntary participation, creation of friendly rapport, privacy and anonymity.

## 5. FINDINGS

The findings in table 1, below indicate demographic information of respondents who participated for this study. Compared to men, we found that women made up the majority of the primary school instructors in Bui Division. Since most primary school pupils are teenagers between the ages of five and fourteen and require a great deal of attention, female instructors are more prevalent than male teachers. Secondly, the age distribution spans from 20 to 60 years, and since the bulk of the teachers were in this age range, we can also conclude that they have a great deal of experience because they have been teaching for a long time. Another explanation for why most teachers in Cameroon were older than twenty is that the country's government sets a retirement age of sixty and starts accepting applications at the age of seventeen.

The findings also revealed that married teachers participated in the study at a higher rate than single and widow (er) instructors. The results continued to show that teachers have disabilities such as physical and visual impairments. However they account for less than 20% of the respondents. When we looked at the religious backgrounds or denominations of the instructors, we discovered that there were more Christian teachers than Muslim teachers. Furthermore, there were teachers who had noncommunicable diseases (NCDs) such as high blood pressure, diabetes and rapid heart bits. Holding other factors constant, just 25.2% had none of the disorders listed. As a result, we may conclude that the majority of primary school teachers in Bui-Division have NCDs. Finally, teachers from public schools were more likely to participate than those from private schools.

Table 1 Demographic Information of Respondents

Variables	Modalities	Frequency	Percentage (%)	
Gondar of Basnandants	Female	116	71.2	
Gender of Respondents	Male	47	28.8	
	20-30 years	5	3.1	
A go distribution	31-40 years	33	20.2	
Age distribution	41-50 years	95	58.3	
	51-60 years	30	18.4	
	Single	27	16.6	
Marital Status	Married	130	79.8	
	Widow (er)	6	3.7	
	Visual	20	12.3	
Disability	Physical	10	6.1	
	None	133	81.6	

Daligion	Christian	143	87.7
Religion	Muslim	20	12.3
	High blood pressure	62	38
Non-communicable disease	Diabetes	16	9.8
	Fast Heat bits	44	27
	None	41	25.2
Type of School	Public	118	72.4
Type of School	Private	45	27.6

Source: Author, (2024)

The descriptive statistics used to assess the quality of the variables in table 2 included mean, standard deviation, minimum and maximum values. Using multiple correspondence analyses (MCA), the synthetic index on health outcome was 8.57e-10. We discovered that terrorist acts such as kidnappings, explosives, gunshots, hostage abduction, hijackers, suicide bombers, car bombs, house destruction, regular violence, and torture have a significant impact on health outcomes. Among these acts, house demolition has the highest mean compared to others, indicating that on average, teachers' homes were damaged. This is followed by frequent kidnappings, explosives being common in the community, and others having mean values more than 3.4, such as frequent violence and torture, frequent gun shots, and frequent hostage snatching. Based on our data, we established that the occurrence of terrorist actions was classified based on the mean value in table 2.

Table 2 Summary of Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
Health Outcomes	163	8.57e-10	1.003082	9160636	4.669282
Frequent Kidnappings	163	3.631902	.6935065	2	4
Explosives common around the community	163	3.613497	.6118698	2	4
Frequent gun shots	163	3.570552	.8237922	1	4
Frequent hostage taking / P International	163	3.552147	.7868783	1	4
Frequent hijackers	163	3.453988	.5578005	2	4
Frequent suicide bombings	163	3.134969	.9719227	1	4
Frequent mass shootings	163	3.092025	1.126613	1	4
Frequent car bombing	163	3.245399	.8755388	1	4
Destruction of houses \( \sigma \ \ \sigma \ \ \sigma \sigma \sigma \sigma \ \sigma \	163	3.680982	.5294479	2	4
Frequent violence and torture	163	3.588957	.5525481	2	4
Gender (1=Being Female,0=0therwise)	163	.7116564	.4543877	0	1
Religion (1=Being Christian, 0=Otherwise)	163	.8773006	.3291029	0	1

Source: Author, (2024)

As observed in table 3, there were positive and negative correlations among the variables. Most of the correlation coefficients were below 1.0, which indicate that there were weak correlations among the variables, which may presume no multicollinearity. For example, in cases such as between Health Outcome (HO) and Terrorist Activities (TA), HO and Gender, HO and Religion, HO and Type of school. The existence of weak correlations among the independent variables therefore calls for no formal test of multicollinearity to ascertain if there is serious problem of multicollinearity. According to Kleinbaum *et al.* (1988), a variable is supposed to be highly collinear when the value of variance inflation factor (VIF) is more than 1.0. This situation creates the problem of multicollinearity (Kabir, 2008). However, the VIF values of all independent variables in our study do not exceed the threshold level of 1.0, indicating the absence of multicollinearity issue in the model.

**Table 3** Correlation Analysis

= 0.000 0 0 0000 0000 0000 0000 0000 00							
	TERROR_ACT	Female	Christian	Public			
НО	1.0000						
TERROR_ACT	-0.3466	1.0000					
Female	-0.2538	0.1412	1.0000				
Christian	0.0758	-0.1351	-0.0317	1.0000			
Public	0.0316	-0.0049	-0.1810	-0.1055	1.0000		

SOURCE: Author (2024)

Table 4 Relationship between terrorism activities and health outcomes among primary school instructors in Bui-Division, North West Region

Mental health outcomes	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
Frequent Kidnappings	.2911**	.1365	2.13	0.035	.0212	.5610722
Explosives common around the community	0914	.1690	-0.54	0.589	4254	.2424808
Frequent gun shots	1004	.1085	-0.93	0.356	3149	.1139603
Frequent hostage taking	2099**	.1064518	-1.97	0.050	4202	.0003996
Frequent hijackers	3217**	.1358987	-2.37	0.019	5903	0532696
Frequent suicide bombings	3939***	.0909052	-4.33	0.000	5735	2143542
Frequent mass shootings	.2739***	.0882456	3.10	0.002	.0995	.4483129
Frequent of car bombing	1865**	.0865075	-2.16	0.033	3574	015609
Destruction of houses	.3477**	.1512653	2.30	0.023	.0488	.6465873
Frequent violence and torture	.3655**	.1691555	2.16	0.032	.0312	.6997657
Gender (1= if Female, 0=Otherwise)	4902***	.1750273	-2.80	0.006	836	1444392
Religion (1=if Christian, 0=Otherwise)	1210	.2334206	-0.52	0.605	3402	.5822233
_cons	.1335	1.476499	0.09	0.928	-2.783	3.050968
Number of obs = 163 $F(12, 150) = 7.57$ $Prob > F = 0.0000$ $R-squared = 0.3771 ernational Journal$ $Adj R-squared = 0.3273 end in Scientific Root MSE = .82272 Research and$				Mean VIF=1.82 Breusch-Pagan / Cook-Weisberg test for heteroskedasticity Ho: Constant variance Variables: fitted values of HO chi2(1) = 207.36 Prob > chi2 = 0.0000		

Source: Author, (2024)

Findings in table 4 below show the relationship between terrorism activities and health outcomes among primary school instructors in Bui-Division, North West Region. The findings showed that 37.71% changes in health outcome of primary school teachers is influenced by terrorist activities as explained by the R-squared (0.3771). Holding other factors constant, a unit increase in kidnappings will increase health outcome by .2911652, significant at 5% level. Secondly, a unit increase in explosives around the community, will lead to a .0914875 decrease in health which is insignificant. Also, the findings show that gun shots reduce health outcome by .1004899 which is insignificant. In another dimension, frequent hostage taking has a negative effect on health outcome by .209939 statistically significant at 5% level. More so, a unit increase in hijackers will lead to a .3217925 decrease in health outcome and significant at 5% level. We also see that; a unit increase in suicide bombings reduce health by .3939743 which is significant at 1% level. Holding other factors, the same, mass shootings positively affect health outcome by .2739479 significant at 1% level. The findings further showed that car bombing has a negative effect on health outcomes among primary school teachers, it reduces health by .1865397 significant at 5% level. Everything being equal, a unit increase in destruction of houses, increase health by .3477013 significant at 5%level. Female teachers are less likely to poor health than male teachers by .4902766 significant at 1% level. Finally, Christians are less likely with poor health outcome by .1210063 compared to Muslim, hence statistically insignificant.

Findings in table 5 indicate the effect of terrorism activities on health outcomes by type of school (public and private). We observed that 24.15% change in health outcome is influenced by terrorism activities as indicated by R-squared (0.2415), the result showed that a unit increase in terrorism activities in Bui-Division affected public school teachers by -.431616 compared to private school teachers statistically significant at 1% level. Secondly, female teachers from public schools are less likely to have poor health by -.6107183 compared to those in the private. Finally, Christian female teachers in public schools are more likely to increase health issues than their female counterparts in private schools.

Table 5 Effect of Terrorism Activities on Health Outcomes by Type of School (Regression Results by

Type of School)

Type of School							
НО	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]	
Terrorism Activities	4316167***	.0855298	-5.05	0.000	.2621829	.6010506	
Gender (1= if Female, 0=Otherwise)	6107183***	.1804155	-3.39	0.001	9681199	2533166	
Religion (1=if Christian, 0=Otherwise)	4145287*	.2467093	-1.68	0.096	0742005	.9032579	
_cons	.0696964	.2644933	0.26	0.793	4542628	.5936557	
Number of obs= $118$ F(3, 114) = 12.10 Prob > F = 0.0000 R-squared = $0.2415Adj R$ -squared = $0.2215Root MSE = .92249$				Mean VIF=1.03 Breusch-Pagan / Cook-Weisberg test for heteroskedasticity Ho: Constant variance Variables: fitted values of HO chi2(1) = 114.56 Prob > chi2 = 0.0000			

Source: Author, (2024)

Conversely, from the qualitative data, majority of the cases (12 respondents) of those who participated in the focus group discussion ,11 (83%) agreed that the Anglophone crisis generated into terrorism and has affected the mental health of the teachers negatively as opposed to one that disagreed (17%).

This signifies that an overwhelming majority of the cases expressed dominant positive views on the relationship between terrorism (violence attacks) and mental health of teachers of Basic education in Bui division North West Region of Cameroon. All cases selected for thematic illustration expressed particularly strong positive views on the topic

From the 6 males and 12 women who were respondents for focus group discussion, the researcher could hear from majority of the cases:

## Themes 1: Fear of unknown and safety

In our community the teachers are really the main targets as they are usually kidnapped, tortured, ransom paid, home destroyed and some even killed. There has been general fear of the unknown. They teachers are worried and always looking for means to escape to other regions for safety.

#### Theme 2: Violent attacks and illnesses

"We are really traumatised by the "boys" as they are called within the community from rampant gun shots as these" boys" fight against the military. This has generated fear and so many teachers have developed constant headache and high blood pressure. These violence attacks have significantly affected our health negatively.

These thematic explanatory excerpts illuminate the fact that the Anglophone crisis which has generated

into violence attacks on teachers have affected the mental health of teachers in Bui Division, North west Region of Cameroon. The "separatist's fighters" or 'Amazonians fighters' carried out kidnappings, torture, killings, ransom payment etc among the teachers of Bui division and elsewhere in the North West and south West regions of Cameroon. This is because they did not want to recognise government institutions functioning within the communities. These violence attacks have generated fear among the teachers which has caused illnesses (noncommunicable diseases) such as anxiety, high blood pressure, diabetes and trauma among the teachers.

### 6. DISCUSSION OF FINDINGS

The findings show that frequent kidnappings, frequent mass shootings, destruction of houses and frequent violence and torture have a positive effect on health outcomes of primary school teachers in Bui-Division, North West Region, Cameroon. It is important to approach such findings with a comprehensive understanding of the broader literature and research in related areas.

Some studies within the field of trauma psychology have explored the concept of post-traumatic growth, emphasizing that individuals can experience positive psychological changes following traumatic events (Tedeschi and Calhoun, 2004; Joseph and Linley, 2005; Zoellner and Maercker, 2006). In the context of frequent kidnapping, frequent mass shootings, destruction of houses and frequent violence and torture, it is conceivable that nursery and primary school teachers might demonstrate a capacity for resilience, personal growth, and strengthened psychological well-being in response to their experiences.

The impact of frequent kidnapping, frequent mass shootings, destruction of houses and frequent violence and torture on the broader community and the supportive response from colleagues, students, and the community at large is a critical aspect to consider. Community support and unified action in response to such events can have a significant influence on individual well-being. Studies focusing on the role of communal support in the aftermath of traumatic incidents can shed light on the potential for positive outcomes amid adversity. We then conclude the findings are in line with (Calhoun and Tedeschi, 2013; Joseph, 2012; Weiss and Berger; 2010; Shakespeare-Finch and Lurie-Beck, 2014; Tedeschi and Calhoun, 2014).

Findings also showed that explosives common around the community, frequent gun shots, frequent hostage taking, frequent hijackers, frequent suicide bombings and frequent car bombing have a negative and significant effect on health outcome of nursery and primary school teachers in Bui-Division. Exposure to such events results in severe trauma, leading to a range of mental health challenges, including posttraumatic stress disorder (PTSD), anxiety, and depression. Witnessing or experiencing these events can cause profound emotional distress, impacting overall mental well-being and contributing to longterm psychological issues. Explosions, gun violence, and other violent events can lead to direct physical injuries, resulting in immediate pain, disability, and long-term physical health issues (Aly et al., 2014; Daniels et al., 2007; Slone et al., 2006). Frequent violence and insecurity can lead to increased rates of displacement, housing instability, and overall community upheaval, impacting the health and wellbeing of individuals and families (Releigh, 2011; Somasundaram and Sivayokan, 2013). Findings further indicated that female teachers are more affected than male teachers, the study is in line with Hussein et al., (2012) assessed the effect of terrorism on mental health of men and women in Islamabad. Furthermore, the findings showed that Christians teachers are more affected than Muslim teachers, hence in line with (Hedges, 2008; Jinkins, 2007).

#### 7. CONCLUSION

Terrorist activities undoubtedly had devastating impacts on health, both physically and mentally, with the ripple effect extending to healthcare systems and community well-being. The main objective of the study was to assess the extent to which terrorism activities affects the health outcome of Basic Education teachers in Bui Division, North West Region of Cameroon. Findings showed that frequent kidnapping, frequent mass shootings, destruction of

houses and frequent violence and torture have positive and significant effect on teacher's health everything being equal. The findings were aligned to the concept of post-traumatic growth, emphasizing that individuals experienced negative psychological changes following traumatic events. Also, explosives common around the community, frequent gun shots, frequent hostage taking, frequent hijackers, frequent suicide bombings and frequent car bombing had a negative and significant effect on health outcome of nursery and primary school teachers in Bui-Division.

#### Recommendations

- There should be investment in mental health which will help to strengthen mental health support systems for the affected communities, providing counselling services and sustainable care options.
- 2. 2.The school health service within the region should be well equipped with health personnel and infrastructure to handle the need of these teachers. Therefore, a health psychologist should be included as part of the regional health service in the North West and South West regions.
- 3. The study recommend community resilience programs which help to establish and fund programs aimed at addressing trauma, fostering psychosocial support (PSS) and promoting collective healing.
- 4. Enhanced emergency response which continuously improve and invest in emergency response systems to mitigate the impact of future attacks on health outcomes.

## REFERENCES

- [1] **Alexander, Y**. (1999). Terrorism in the twenty -first century: threats and response. DePaul
- [2] Aly, A., Taylor, E., & Karnovsky, S. (2014). Moral disengagement and building resilience to violent extremism: An education intervention. Studies in Conflict & Terrorism, 37(4), 369-385.
- [3] **Blin, A. &Chliand, G**. (2007). The history of terrorism: from antiquity to alnQueda.
- [4] Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2013). Handbook of posttraumatic growth: Research and practice. Routledge.
- [5] Daniels, J. A., Bradley, M. C., & Hays, M. (2007). The impact of school violence on school personnel: Implications for psychologists. Professional psychology: research and practice, 38(6), 652.

- [6] **English, R**. (2016). Does terrorism work? a history.
- [7] **Fischer, P. & Ai.A.L.** (2008). International Terrorism and Mental Health: Recent Research and Future Directions. *Journal of Interpersonal and Violence* 23 (3), 261-339. https://doi.org/10.1177/088620507312292
- [8] **Hedges, C**. (2008). American fascists: The Christian right and the war on America. Simon and Schuster.
- [9] Hussain, J., Iqbal, S., Taj, R. & Khan, A.M. (2012). Impact of terrorism on the mental health. *Annals of Pakistan Institution of Medical Sciences* 8 (1) 46-49.
- [10] **Jenkins, P.** (2007). God's continent: Christianity, Islam, and Europe's religious crisis. Oxford University Press.
- [11] **Johnson. J., Hobfoll, S.E., Beulaygue, I.** (2017). Mental health and Terrorism. A handbook for the study of mental health: Social contexts, theories and system, pp 357-385.
- [12] **Joseph, S., & Linley, P. A.** (2005). Positive psychological perspectives on posttraumatic stress: An integrative psychological and social perspective in posttraumatic-stress.
- [13] **Joseph, S**. (2012). What doesn't kill us: The arch an new psychology of posttraumatic growth. Basic lopmer Books.
- [14] **Novotny, D., D**. (2007). What is terrorism? Focus on terrorism 8 (2)
- [15] **Primoratz, I**. (1990). What is terrorism? *Journal of applied philosophy* 7 (2), 129-138.
- [16] **Raleigh, C**. (2011). The search for safety: The effects of conflict, poverty and ecological influences on migration in the developing world. Global Environmental Change, 21, S82-S93.
- [17] **Richman, J. A. Cloninger, L. & Rospenda,** M. K. (2008). Macrolevel Stressors, terrorism, and mental health outcome: Broadening the stress paradigm. *American Journal of Public*

- *health* 98 (2), 323-329. https://doi.org/10.2105/AJPH.2007.113118
- [18] Shakespeare-Finch, J., & Lurie-Beck, J. (2014). A meta-analytic clarification of the relationship between posttraumatic growth and symptoms of posttraumatic distress disorder. *Journal of Anxiety Disorders*, 28 (2), 223-229
- [19] Slone, M. I. C. H. E. L. L. E. (2006). Promoting children's coping in politically violent environments: Suggestions for intervention in educational contexts. Protection of children during armed political conflict: A multidisciplinary perspective, 169-195.
- [20] **Somasundaram, D., & Sivayokan, S.** (2013). Rebuilding community resilience in a post-war context: developing insight and recommendations-a qualitative study in Northern Sri Lanka. *International journal of mental health systems*, 7(1), 1-25.
- [21] **Tedeschi, R. G., & Calhoun, L. G**. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological inquiry*, 15 (1), 1-18.
  - Tedeschi, R. G., & Calhoun, L. G. (2014). The foundations of Posttraumatic Growth: An expanded framework. In Posttraumatic Growth and Culturally Competent Practice (pp. 27-37). Routledge.
  - Weiss, T., & Berger, R. (2010). Reliability and validity of a Spanish version of the Posttraumatic Growth Inventory. *Research on Social Work Practice*, 20(3), 285-291.
- [24] WHO (2022). Mental Health Disorder.
- [25] **Zoellner, T., & Maercker, A.** (2006). Posttraumatic growth in clinical psychology: A critical review and introduction of a two-component model. *Clinical psychology review*, 26 (5), 626-653.
- [26] **Zoellner, T., & Maercker, A.** (2010). Posttraumatic growth in clinical psychology: A critical review and introduction of a two-component model. *Clinical psychology review*, 26 (5), 626-653.