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Article

Impact of Social Support in Reducing Anxiety and Depression of Women Exposed to Violent Conflicts in Plateau State, Nigeria

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ABSTRACT

This study investigated the impact of social support in reducing anxiety and depression among women exposed to violent conflicts in Plateau State, Nigeria. Using a quasi-experimental design, 100 women in Internally Displaced Persons (IDP) camps were selected through a multi-stage sampling process and assigned to either a treatment group receiving social support or a control group. The Depression and Anxiety Scale (DASS), with a reliability index of 0.90, was used to assess participants' psychological status. Analysis of Covariance (ANCOVA) revealed significant differences in post-test mean scores on anxiety and depression levels between the treatment and control groups. The finding indicates that social support was effective in reducing anxiety and depression symptoms. The findings highlight the importance of prioritizing social support as a key component of interventions to promote the psychological well-being of women affected by conflict. The study's results underscore the need for a comprehensive approach that incorporates social support, mental health services, and community-based initiatives to support the mental health and well-being of women exposed to violent conflicts.

KEYWORDS

Anxiety, depression, social support, violent conflicts, women.

1. Introduction

Social support and psychological well-being are essential for women exposed to violent conflicts. Social support refers to the emotional, informational, and tangible assistance provided by others, which can help women cope with the trauma and stress of conflict. Psychological well-being, on the other hand, refers to the positive emotional and cognitive states that enable women to thrive despite adversity. Social support can directly affect psychological symptoms and mediate the effects of stress. Despite this knowledge, the mechanisms through which supportive relationships lead to psychological benefits are still unknown. This lack of understanding poses challenges in developing effective supportive intervention programmes. (Thoits, 2015).



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Women exposed to violent conflicts often experience a range of negative emotions, including anxiety, depression, and post-traumatic stress disorder (PTSD). Social support from family, friends, and community members can help alleviate these symptoms by providing a sense of safety, security, and connection. Additionally, social support can also promote psychological well-being by fostering a sense of hope, optimism, and resilience.

Research has shown that social support is a critical factor in promoting psychological well-being among women exposed to violent conflicts. For example, a study by Sullivan et al. (2018) found that women who received social support from their communities had lower levels of PTSD and depression than those who did not. Similarly, a study by Hammock and Oesterle (2017) found that social support from family and friends was associated with greater resilience and coping capacities among women exposed to conflict.

However, social support is not always available or accessible to women exposed to violent conflicts. In some cases, women may be isolated or displaced, making it difficult for them to access social support networks. Additionally, cultural and social norms may restrict women's ability to seek support or disclose their experiences of violence.

To address these challenges, it is essential to develop and implement interventions that promote social support and psychological well-being among women exposed to violent conflicts. This may involve training community members to provide emotional support, establishing support groups for women, and promoting cultural and social norms that support women's well-being.

Depression and psychological well-being are critical concerns for women exposed to violent conflicts. Depression is a common mental health disorder that can arise from the trauma, stress, and loss experienced during conflict. Women may exhibit symptoms such as persistent sadness, loss of interest in activities, changes in appetite or sleep patterns, fatigue, and difficulty concentrating.

The psychological well-being of women exposed to violent conflicts is also severely affected. They may experience anxiety, post-traumatic stress disorder (PTSD), and other mental health issues. The trauma and stress of conflict can lead to feelings of hopelessness, helplessness, and a loss of control over one's life. Research has shown that women exposed to violent conflicts are at a higher risk of developing depression and other mental health issues. For example, a study by Sullivan et al. (2018) found that women in conflict-affected countries had higher levels of depression and anxiety than those in non-conflict countries. Another study by UNHCR (2019) found that women refugees experienced high levels of PTSD, depression, and anxiety.

Women exposed to violent conflicts are at a higher risk of developing depression and experiencing poor psychological well-being. The trauma of experiencing or witnessing violent events, such as physical and sexual violence, torture, and forced displacement, can lead to post-traumatic stress disorder (PTSD), depression, and anxiety. The loss of loved ones, homes, and communities can also lead to anxiety, prolonged grief and depression.

Displacement and migration can further aggravate depression and anxiety because women are forced to flee their homes and experience uncertainty and instability. Social isolation, stigma, and discrimination can also contribute to depression and poor psychological well-being, as women may feel disconnected from their communities and struggle to access support. The lack of access to healthcare, including mental health services, can also make it difficult for women to manage their depression and psychological distress.

Cultural and societal factors, such as gender roles and expectations, can also play a role in depression and poor psychological well-being among women exposed to violent conflicts. Women may be expected to fulfil certain roles, such as caring for family members, and may face discrimination and stigma if they are unable to fulfil these roles. Economic insecurity, poverty, and unemployment can also contribute to depression and anxiety, as women struggle to provide for themselves and their families. Historical trauma, including intergenerational trauma, can also have a lasting effect on women's mental health and well-being. Women may experience ongoing stress, anxiety, and depression as a result of historical trauma, and may struggle to access support and resources to address these experiences. It is essential to recognise the unique experiences and challenges faced

by women exposed to violent conflicts and provide tailored support to promote their psychological well-being and resilience (Obiefuna & Adams, 2021).

The depression, anxiety and psychological well-being of women exposed to violent conflicts can have severe consequences on their daily lives. They may struggle to care for themselves and their families, maintain social relationships, and engage in economic activities. Moreover, the trauma and stress of conflict can be passed down to future generations, perpetuating a cycle of violence and poverty. To address these concerns, it is essential to develop and implement interventions that promote psychological well-being and address depression among women exposed to violent conflicts. This may involve providing access to mental health services, promoting social support networks, and addressing the root causes of conflict and violence. Existing research has largely focused on descriptive assessments of trauma symptoms rather than intervention-based evaluations that test the effectiveness of specific psychosocial support strategies. Furthermore, limited empirical attention has been given to the role of organized social support programmes within IDP camps in Nigeria, where violent conflicts and displacement have created significant humanitarian and mental health challenges.

Against this background, the present study investigates the impact of a structured social support intervention on anxiety and depression among women exposed to violent conflicts in Plateau State, Nigeria. By employing a quasi-experimental design involving treatment and control groups within IDP camps, the study provides empirical evidence on whether organized social support programmes can significantly reduce psychological distress among displaced women. The findings contribute to the growing body of literature on psychosocial interventions in conflict settings and provide practical insights for humanitarian agencies seeking to design effective mental health support strategies for vulnerable populations.

1.1. Statement of the Problem

Women exposed to violent conflicts in Plateau State, Nigeria, are disproportionately affected by the trauma, stress, and loss associated with conflict. As a result, they experience high levels of anxiety, depression, and psychological distress, which can have severe consequences on their daily lives, social relationships, and overall well-being. The trauma of experiencing or witnessing violent events, displacement, and loss of loved ones can lead to prolonged grief, anxiety, and depression.

Despite the critical role of social support in promoting psychological well-being, many women in conflict-affected areas lack access to supportive relationships and networks. Social isolation, stigma, and cultural norms can restrict women's ability to seek support or disclose their experiences of violence. Furthermore, the lack of access to healthcare, including mental health services, exacerbates the psychological distress experienced by these women.

The mechanisms through which social support leads to psychological benefits are not well understood, posing challenges in developing effective interventions. There is a need to investigate the impact of social support in reducing anxiety and depression among women exposed to violent conflicts in Plateau State, Nigeria. This study aims to address this knowledge gap and inform the development of targeted interventions to promote the psychological well-being of women affected by conflict.

By exploring the difference in anxiety and depression levels among women exposed to social support and those in a control group, this study seeks to provide insights into the effectiveness of social support as an intervention strategy. The findings of this study will contribute to the development of evidence-based interventions for conflict-affected areas to support the mental health and well-being of women.

1.2. Theoretical Perspective: Social Support and Social Capital

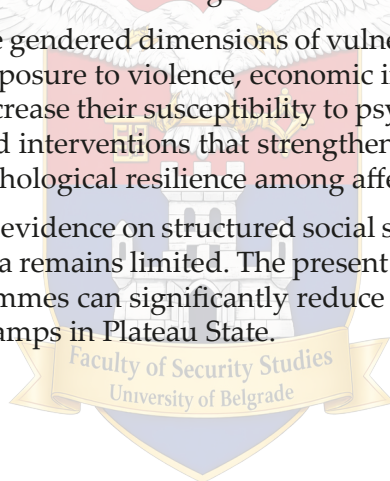
The present study is anchored in social support theory and social capital theory, which emphasize the role of interpersonal relationships and community networks in promoting psychological well-being. Social support theory posits that supportive social relationships provide emotional comfort, practical assistance, and informational resources that help individuals cope with stressful life events. According to Thoits (2015), supportive social ties can reduce psychological distress by fostering a sense of belonging, increasing self-esteem, and strengthening individuals' coping capacity.

Closely related to this perspective is the concept of social capital, which refers to the resources embedded within social networks that individuals can access through relationships and community participation. Social capital may exist in the form of bonding ties within close relationships, bridging connections between social groups, and linking relationships with institutions. These networks can provide critical support during times of crisis by facilitating access to emotional, informational, and material resources.

In conflict-affected environments, the disruption of social networks can significantly weaken the availability of social capital, thereby increasing psychological vulnerability among displaced populations. Research has shown that women living in disaster- and conflict-affected settings often rely heavily on informal social networks for emotional support and coping strategies (Cvetković & Svrđlin, 2020). Similarly, Kutub, Cvetković, and Huq (2017) found that social support networks play a crucial role in enhancing coping mechanisms among women living in high-risk environments.

Studies have also highlighted the gendered dimensions of vulnerability in crisis contexts. Women frequently face disproportionate exposure to violence, economic insecurity, and social marginalization during conflicts, which may increase their susceptibility to psychological distress (Kalanj, 2025). At the same time, community-based interventions that strengthen social connections and peer support can significantly improve psychological resilience among affected populations.

Despite these insights, empirical evidence on structured social support interventions targeting internally displaced women in Nigeria remains limited. The present study, therefore examines whether organized social support programmes can significantly reduce symptoms of anxiety and depression among women living in IDP camps in Plateau State.



1.3. Purpose of the Study

The purpose of this study is to investigate the difference in the post-test mean scores on the anxiety and depression levels of women exposed to violent conflicts in the control group and social support.

1.4. Research Questions

The following research questions guided the study:

1. To what extent will there be any difference in the post-test mean scores on the anxiety levels of participants exposed to social support and control group?
2. What is the magnitude of difference in the post-test mean scores on the depression levels of participants exposed social support and control group?

1.5. Research Hypotheses

The following hypotheses were formulated to guide this study:

H₀₄ There is no significant difference in the post-test mean score on the anxiety levels of participants exposed to social support, and control group.

H₀₅ The mean post-test scores on depression levels are not equivalent for participants in the social support and control groups.

1.6. Limitations of the Study

Despite its contributions, the present study has several limitations. First, the study did not directly measure participants' social network characteristics, such as network size, density, or interaction frequency. Since social support operates within broader social networks, the absence of such measures limits the ability to determine how existing social connections influenced intervention outcomes. Future studies should incorporate social network analysis to provide a more comprehensive understanding of the mechanisms through which social support affects psychological well-being.

Second, the study was conducted within IDP camps located in two local government areas of Plateau State, which may limit the generalizability of the findings to other conflict-affected regions with different socio-cultural conditions. Finally, the quasi-experimental design, although appropriate for field interventions, does not provide the same level of causal control as randomized controlled trials.

2. Methodology

This study employed a quasi-experimental design, specifically a pre-test-post-test control group design, to investigate the effect of social support on women affected by violent conflicts in IDP camps in Plateau State, Nigeria. The study consisted of two groups: a treatment group that received social support and a control group that did not receive any treatment. This design was chosen for its ability to control for extraneous variables that could impact the experiment's internal and external validity.

The study was conducted in internally displaced persons (IDP) camps located in Barkin Ladi and Qua'an Pan Local Government Areas of Plateau State, Nigeria. These areas have experienced repeated episodes of violent conflict and communal clashes, resulting in large numbers of displaced persons. Women living in the camps often face multiple stressors including loss of homes and livelihoods, insecurity, limited access to healthcare services, and prolonged displacement. These conditions create significant psychological burdens and increase vulnerability to mental health challenges such as anxiety and depression.

The study's population comprised 1,523 women displaced across the state's three Senatorial Zones, according to the Plateau State Peace Building Agency (2022). A multi-stage sampling process was used to select participants. First, two Local Government Areas (Barkin Ladi LGA and Jos South LGA) were selected using stratified sampling. Then, one IDP camp was selected from each LGA using purposive sampling. Finally, 50 participants were selected from each of the two IDP camps using simple random sampling, resulting in a total of 100 participants.

Although 100 participants were initially recruited for the study, six participants were unable to complete the intervention and post-test assessment due to relocation and personal circumstances within the IDP camps. Consequently, data from 94 participants were included in the final analysis.

The Depression and Anxiety Scale (DASS) was used to assess participants' psychological status and determine the degree of negative emotional states. The DASS has been shown to have construct validity, with factor loads ranging from .36 to .80 for depression and .31 to .64 for anxiety. It also has high compliance validity with the Beck Depression Inventory and Beck Anxiety Inventory, and a test-retest reliability coefficient of .90. In the present study, the scoring of the DASS instrument was adjusted such that higher scores reflect improved psychological well-being and lower levels of anxiety and depression. Consequently, higher post-test scores indicate improvement following the intervention.

Data were analysed using descriptive and inferential statistics, including mean, standard deviation, and Analysis of Covariance (ANCOVA). Statistical Packages for Social Sciences (SPSS) was used for data analysis, and hypotheses were tested at a 0.05 level of significance.

The social support intervention consisted of structured group sessions designed to provide emotional, informational, and peer support to women affected by violent conflicts. The sessions were facilitated by trained counsellors and community support workers within the IDP camps. Participants were encouraged to share personal experiences, discuss coping strategies, and provide mutual emotional support. Psychoeducational components were also included to help participants understand common psychological reactions to trauma and develop adaptive coping strategies. The intervention aimed to strengthen interpersonal connections, reduce feelings of isolation, and enhance psychological resilience among the participants.

2.1. Structure of the Social Support Intervention

Component	Description
Intervention Type	Structured group-based social support programme
Theoretical Basis	Social Support Theory and Community Resilience Framework
Duration	6 weeks
Session Frequency	One session per week
Session Length	60–90 minutes
Delivery Format	Small group sessions within the IDP camps
Facilitators	Trained counsellors and community support workers
Core Activities	Emotional sharing, peer discussion, psychoeducation, coping strategies, stress management techniques
Key Objectives	Strengthen social connections, reduce emotional isolation, improve coping mechanisms, and provide psychological encouragement

Participant Flow

Participants recruited (n = 100)

Random assignment

Social Support Group (n = 50)

Control Group (n = 50)

Dropouts (4)

Dropouts (2)

Completed study (n = 46)

Completed study (n = 48)

Final sample analysed = 94

3. Results

Hypothesis Two

The null hypothesis states that there is no significant difference in the post-test mean score on the anxiety level of participants exposed to social support and control group. The hypothesis was tested using an Analysis of Covariance statistics. The result of the analysis is presented in Tables 1 and 2.

Table 1. Descriptive Data on Pre- and Post-Test on Anxiety of Experimental Groups.

Experiment Condition	n	Pre-Test Mean Std		Post-Test Mean Std		Mean Difference
Social Support	46	34.93	7.06	54.65	7.19	-19.72
Control	48	35.58	6.45	37.32	4.27	-1.64
Total	94	34.29	11.7	50.21	14.76	-15.92

Table 1 shows the descriptive statistics of mean and standard deviation comparing the pre-test and post-test scores of anxieties of the participants. The table shows that the social support and control groups have mean values of 34.93 and 35.58 respectively at the pre-test stage. At the post-test stage, the mean scores of the experimental group increased significantly to 54.65 while that of the control group marginally increased to 37.32. Hence, the mean differences of -19.72 indicate that social support followed the order of ranking. In order to determine if the differences in mean values were significant, the Analysis of Variance was applied as shown in Table 2.

Table 2. Analysis of Covariance on the Effect of Anxiety.

Source of Variance	Sum of Square	Df	Mean of Square	F-ratio
Corrected Model	1474.06	5	294.81	2.98
Intercept	297.78	1	297.78	3.01
Pretest	273.05	1	273.05	2.76
Experimental Group	690.54	1	345.27	3.49*
Anxiety	393.74	1	393.74	3.98*
Exp. Group/anxiety	274.04	1	274.04	2.77
Within Group (Error)	13058.76	88	98.93	
Total	16461.97	93		

* Significant at 0.05; df = 1, 2 α 132; critical F = 3.96 α 3.05

Table 10 reveals that a calculated F-value of 3.49 resulted in the effect of experimental treatment on the anxiety level of psychological well-being of women in IDP camps. This calculated F-value is significant since it is higher than the critical F-value of 3.05 given at 2 and 98 degrees of freedom at a 0.05 level of significance. Hence the null hypothesis was rejected.

Table 2 further indicates that a significant calculated F-value of 3.98 resulted in the effect of anger on the psychological well-being of women in IDP camps when compared to the critical F-value of 3.96 given at 1 and 88 degrees of freedom at 0.05 level of significance. This means that women who are exposed to treatment have higher anxiety management than those who do not. Consequently, the null hypothesis was rejected.

Hypothesis Two

The null hypothesis stated that there is no significant difference in the post-test mean score on the depression level of participants exposed to social support and control group. The hypothesis was tested using an Analysis of Covariance statistics. The result is presented in Tables 3 and 4.

Table 3. Descriptive Data on Depression of Experimental Group.

Experiment Condition	N	Pre-Test Mean Std		Post-Test Mean Std		Mean Difference
Social Support	46	35.68	9.65	56.13	10.36	-20.45
Control	48	34.66	7.36	37.06	8.47	-3.27
Total	138	35.47	13.27	49.05	10.26	-13.58

Table 4 reveals the descriptive statistics of mean and standard deviation comparing the pre-test and post-test scores of depressions of the participants. The table shows that the social support and control groups have mean values of 35.68 and 35.66 respectively at the pre-test. At the post-test stage, the mean scores of the two experimental groups increased significantly to 56.13 while that of the control group moderately increased to 37.06. Hence, the mean difference of -20.45 indicates that social support followed the order of ranking. To determine if the differences in mean values were significant, the Analysis of Variance was performed as shown in Table 4.

Table 4. Analysis of Covariance on Depression.

Source of Variance	Sum of Square	Df	Mean of Square	F-ratio
Corrected Model	1862.80	5	372.56	3.68
Intercept	304.73	1	304.73	3.01
Pretest	290.56	1	290.56	2.87
Experimental Group	664.14	1	332.07	3.28*
Depression	297.65	1	297.65	2.94
Experimental/Depression	271.32	1	271.32	2.68
Within Group (Error)	13363.68	88	101.24	
Total	17054.88	94		

*Significant at 0.05; df = 1, 2 α 132; critical F = 3.96 α 3.05

Table 4 found that a calculated F-value of 3.28 resulted in the effect of depression on the psychological well-being of women in the violent conflict zone. This calculated F-value is significant since it is greater than the critical F-value of 3.05 at the 0.05 level of significance. Consequently, the null hypothesis was rejected.

4. Discussion

The findings showed that there was a significant difference in the post-test mean score on the anxiety level of women exposed to violent conflicts under the social support and control group. The findings of this hypothesis implied that women who partook in social support had a significantly lower post-test mean score on anxiety levels compared to the control group, who did not receive the intervention. This indicates that the intervention had a positive effect on reducing anxiety levels in women who have experienced violent conflicts. The finding revealed the importance of addressing anxiety as a critical aspect of trauma recovery and the potential benefits of social support in this process. As Hassan, Maina and Shuaib (2021) opine, vocational and social support is imperative in managing the anxiety of people who face the challenges of insurgencies. This led to the rejection of the null hypothesis.

The finding furthermore indicates that there is a notable difference in the post-test mean score on depression levels among women exposed to violent conflicts who received social support, compared to those in the control group. This suggests that the intervention had a positive effect on reducing depression levels among women exposed to violent conflicts. The findings also revealed that the intervention was effective in reducing depression symptoms and improving mental health outcomes

for internally displaced women. The social support likely provided a sense of purpose, confidence, and connection, helping to alleviate depressive symptoms and improve overall well-being. This opinion is supported by Olamide and Audu (2020), who opined that if there are proper social supportive programmes for the vulnerable women in the IDP camps it would lead to better psychological lives for the women and their children. These opinions led to the rejection of the null hypothesis. The notable difference in post-test mean scores on depression levels among women exposed to violent conflicts who received social support compared to the control group, can be attributed to the multifaceted benefits of the intervention. Social support as an intervention offered women a sense of connection and belonging, alleviating feelings of isolation and loneliness that often exacerbate depressive symptoms. The synergistic effect of these interventions likely contributed to the significant reduction in depression levels and improvement in mental health outcomes among internally displaced women.

The findings of this study should be interpreted within the specific socio-cultural and humanitarian context of internally displaced women in Plateau State. While the results suggest that social support interventions can reduce psychological distress among displaced women, variations in cultural norms, conflict dynamics, and available support systems may influence the effectiveness of such interventions in other contexts.

5. Conclusion

This study demonstrates the effectiveness of social support in reducing anxiety and depression among women exposed to violent conflicts in Plateau State, Nigeria. The findings highlight the importance of prioritizing social support as a key component of interventions aimed at promoting the psychological well-being of women affected by conflict. By investing in social support programs and mental health services, policymakers and humanitarian organizations can help mitigate the psychological impact of conflict on women, promoting their resilience and overall quality of life. Ultimately, this study's results underscore the need for a comprehensive approach that incorporates social support, mental health services, and community-based initiatives to support the mental health and well-being of women exposed to violent conflicts. Based on the findings of this study, it was recommended that:

1. **Integration of Social Support Programs:** Humanitarian organizations and policymakers should integrate social support programs into existing interventions for women affected by conflict. This can include community-based initiatives, support groups, and counselling services.
2. **Training Community Members:** Training community members to provide emotional support and connect women to resources can help alleviate symptoms of anxiety and depression. This can be achieved through workshops, training sessions, and community outreach programs.
3. **Accessible Mental Health Services:** Mental health services should be made accessible and available to women affected by conflict. This can include providing counselling services, psychological support, and psychiatric care in IDP camps and other conflict-affected areas.

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