A Survey of Psychological Distress Among People in Ungwan Rukuba Community in Jos North Local Government Area of Plateau State, North Central Nigeria.

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ABSTRACT

Background

Nigeria, like many other countries in Africa is facing a great challenge of insecurity, terrorism and unprovoked attacks on innocent citizens. Ungwan Rukuba community came under heavy attack by gunmen recently, leaving scores of people dead and injured. The attack created panic and fear among the survivors. There is a visible sense of apprehension and fear among the residents of this area especially among those who sustained injuries from the recent attack as well as those who saw it happen but escaped unhurt. Even those who were not at home during the time of the attack but live in this area are also not spared from the palpable fear of a possible repeat of this kind of attack. This study estimated the level of psychological distress among the people in Ungwan Rukuba community.

Methods

A cross-sectional study was conducted among residents of Angwan Rukuba community where only adult respondents were studied. Data were collected using structured socio- demographic questionnaire and General Health Questionnaire (GHQ-28) to assess psychological distress among the respondents.

Results.

A total of 104 adults were studied comprising of 55 females and 49 males i.e 52.9% were females and 47.1% males. The prevalence of psychological distress was 67.2% among females compared to 52% in males. The poor, younger, less educated and unemployed were more prone to develop psychological distress.

Conclusion.

There is a very high burden of psychological distress among people in Ungwan Rukuba community who recently experienced terrorist attacks. There is a need to stem the tide of insecurity in our communities in order to safeguard the mental health of our people.

Keywords: Psychological distress, people, Ungwan-Rukuba, Jos, Nigeria.

INTRODUCTION

The city of Jos was visibly shaken by the brutal attack on Ungwan Rukuba area in Jos North Local Government on march 29, 2026 (Olokor F, 2026). The magnitude of the attack was so powerful that the state government had to declare a 48- hour curfew which practically brought the vibrant city of Jos to a standstill while security officers battle to calm the tense situation in the city.

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Psychological distress is broadly defined as a state of emotional suffering characterized by symptoms such as unhappiness, loss of interest, fear, anger. desperateness, feeling tense, anxious, restlessness, feelings of vulnerability, social isolation and so on, (Adzrago D, Williams DR, Williams F., Razavi AC, Vaccarino V, Blumenthal RS 2025). Psychological distress has been associated with poor physical heath, (Tyler J, Lam J, Scurruh K, Dite G, 2021). Factors contributing to psychological distress include trauma, violence, disasters, loneliness, job dissatisfaction, poverty, conflict and so on. Women are known to report more psychological distress than men,(Viertio S, Kiviruusu O, Piirtola M, et al. 2021).

Psychological distress has a high negative impact on the quality of life of people. It is known to be associated with gender, socio economic status level of education and health status. An Understanding of the above interplay will facilitate the development of effective mental health and psychosocial strategies for intervention.,(Wang Y, Kala MP, Jafar ,TH, 2020)

In another study, researchers looked at Ethiopia, India and Vietnam and examined the relationship between adversity, cognitive ability, social capital and mental distress among mothers with children aged between 6 and 18 months postpartum and found that types of adversity experienced varied by country , (Gausman J, Austin SB, Subramanian SV, et al. 2020). While some countries faced poverty and displacement as adversity, others faced more of unemployment and conflict.

Studies show that high psychological distress may lead to maladaptive coping mechanisms such as drug use, and sedentary lifestyle. (St -Pierre M, Sinclair I, ElgbeiliG, Bernard P, Dancause KN 2019,). It Kazemi M, etal 2024) It may also lead to loss of productivity, (,Forman-Hofmann VL et al 2014, Christensen MK etal 2020). There is a higher risk of mortality among people who have high psychological distress compared to the general population ,(Barry V etal 2020).

Studies in Iran show that low income groups are disproportionately affected by psychological distress with the poorest people bearing the greatest brunt of psychological distress compared to high income people in the same society (Najafi F etal 2020, Bauer GR, 2014).

Psychological distress is a widespread issue, it affects people from all parts of the world. Research from Saudi Arabia found that the intensity and frequency of moral distress among hospital nurses were approximately 52.28% and 51.54%, respectively, also signifying a moderately high level of distress in various communities, (Qu K, Zhu D, Yang P, Huo H, Liu H, Min Z, et al, 2026).

Culture is known to shape how psychological distress is experienced and expressed because cultural factors shape coping mechanisms and social support which influence resilience as well as help seeking behavior, (Kohrt BA,Rassmusseb A, Kaiser BN etal. 2013).

One of the challenging factors in the prevention and treatment of mental health problems is the lack of empirical data in low and middle income countries (LMICs), (Cohen A, Eaton J, Radtke B, et al, 2011). In 2008, the World Health Organization (WHO) reported significantly less access to treatment for severe mental, neurological and substance misuse disorders in LMICs compared to high income countries (HICs) (76%–85% in LMICs versus 35%–50% in HICs , (World Health Organization. mhGAP, 2008).

In Africa, some studies found high levels of psychological distress among various populations, for example, among Uganda adolescents, 57% prevalence of psychological distress was found, (.Anyanwu.MU, 2023). That study used the 10-item Kessler psychological distress scale (K10) which is different from GHQ used in this study.

Studies on Nurses in Rwanda found moderate levels of distress, (Maniraho E, Turikumwe JA, Niyonsenga G, Kanazayire C , 2026) among them which was said to be due to high workload and shortage of staff that predispose to burnout and fatigue.

Women from lower socio-economic groups are more affected by psychological distress, (Mirzaei-Alavijeh, M, Parsafar S, Moradinazar M, Jalilian F. 2025). The unemployed women as well as the less educated women were more likely to experience distress than others.

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Here in Northern Nigeria, studies (Hoene M, Batault F, Broeckhoven K, O'Neil S,Bukar M, and Yetcha F, Badu A, 2025) reveal that Women and girls report higher distress and face specific challenges than their male counterparts. Psychological distress has been found to be widespread among the population in the North East of Nigeria. Children are also particularly vulnerable, as the long-term impacts of early trauma often emerge later in life. Conflict experiences were found to be relevant risk factors linked to higher levels of psychological distress in Northern Nigeria.

In another Nigerian study, the prevalence rate of psychological distress among secondary school adolescents in Nigeria ranged between 15-50% . This is within the global prevalence range of 7.1% to 64% ,(Okwaraji F, E, Obiechina KI, Onyebueke GC, Udegbunam ON, Nnadum GS, 2018) for which urgent psychological treatment and intervention is required.

People who experience trauma manifest different levels of distress due to differences in their resilience which refers to is the process of negotiating, managing, and adapting to significant sources of stress or trauma, (Akanni OO, Otakpor AN, 2016). Two individuals can experience the same magnitude of trauma but may manifest different levels of distress in response to the trauma.

In the study of Mental health experiences of mothers in Jos, Nigeria: An interpretative phenomenological analysis, (Jidong, D. E., Husain, N., Francis, C, Murshed, M, Roche, A., Ike, T. J et al, 2021), three themes emerged, firstly, there was frequent experience of persisting psychological distress from the time of labour/birth, secondly, cultural practices that influence feelings are common among the women ; and thirdly, anxiety due to limited knowledge about childcare, access to support and healthy food.

Recently , a devastating attack was carried out on a settlement in Ungwan Rukuba area of Jos, Plateau state precisely in the evening of Sunday 29th march 2026 when gunmen invaded Ungwan Rukuba and shot and killed a large number of people who were at a relaxation spot that evening. The casualty figures according to reports are over 30 people dead and many more injured. The gunmen were said to have come on motorcycles, shot the victims in a commando- style and swiftly escaped before any help could reach there. This recent attack is one of many such attacks that have been unleashed on the helpless citizens at various times in the past in different communities. Any attack of this magnitude is capable of inflicting severe psychological trauma and bringing fear and apprehension on the inhabitants of any such community. This study therefore aims to assess psychological distress among the residents of this community.

METHODS

Study area

Plateau state, a predominantly Christian State is geographically located in the central part of Nigeria between the predominantly Moslem north and the predominantly Christian southern part of the country. Nigeria, like many other countries in Africa is facing a great challenge of insecurity. Acts of terrorism and violence in the form of unprovoked attacks are allegedly committed by extremist groups like Boko haram, armed bandits , Islamic state west Africa province (ISWAP) and other elements almost on a daily basis . These acts often leave the victims dead, injured, displaced from homes and psychologically traumatized .

Ungwan Rukuba is a settlement in Jos North Local Government area of Plateau state, North- central Nigeria. This settlement is cosmopolitan comprising of people from diverse ethnic background mainly from the indigenous tribes in Plateau state such as Berom, Anaguta, Mwaghavul, Ngas, Taroh, Goemai, Pan, Mupun, Buji etc as well as other Nigerians like Hausa, Igbo, Yoruba and other tribes.

Study design.and setting.

This is a cross-sectional study. Cross-sectional research is defined as a type of research that analyses collected data from the study population in single point in time, (Wang X, Cheng Z, 2020).

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Study population and Sampling method.

Ungwan Rukuba is a large area comprising of many settlements . Names of all the settlements were placed in a pot and Fudawa settlement was selected through a ballot . The number of households i.e residential compounds in Fudawa was obtained and a sampling interval of 10 was selected so that one tenth of all the households in Fudawa settlement were selected. Starting from one end of the settlement and using this sampling interval, every 10th household was selected for the study until the whole settlement was covered. In each household, two adults who consented to participate in the study were interviewed using the study instruments. Where there are more than two adults in a household who consented to participate in the study, two were randomly selected through a ballot.

Inclusion and exclusion criteria.

Members of each household who are below 18 years were excluded from the study. People aged 18 years and above who gave consent were included in the study. Adults found in the house who were not residing in the house during the attack were excluded.. Those who did not consent to participate in the study were excluded.

For the purpose of this study, a household refers to a group of people living together in one building/ compound but not necessarily related by blood or sharing from the same pot of food while adults refer to people who are 18 years or older and gender was defined as either male or female only. Before the study began, the researcher visited the leaders of the community to sympathize with them over the recent attacks and explained the purpose of the study and obtained their consent and permission. They were also informed about some of the benefits of this study which include referral for psychological care for respondents who may be found to have high psychological distress.

Data collection procedure and instruments.

Going from one household to the other until all the selected households were covered, each selected respondent was administered the study instruments i.e the socio-demographic questionnaire designed by the researcher to collect bio-data which include age, gender, education, occupation, income, religion etc. Each household was given a unique number for ease of tracing in case of referral for mental healthcare if found necessary. The General Health Questionnaire (GHQ-28) developed by Goldberg in 1972 was used to screen for mental health morbidity and psychological distress, (Goldberg DP, Hiller VF, 1972) . The GHQ-28 is a self- rated 28-item screening instrument, where each question has four possible responses, of which the respondent is asked to choose the single best response that most closely fits how he/she has been feeling recently. The conventional Likert scoring was used in which the responses are scored either 0,1,2, or 3. A total possible score ranges from 0 to a maximum of 84. Using this scoring method, a threshold score of 23/24 is the threshold for the presence of distress with higher scores indicating high level of distress. It is a self administered instrument that takes only about 5 minutes to complete. It has been used in many different settings with a good cross cultural applicability, (KiiIc C, RezakiM, Rezaki B, Kaplan I, etal, 1997). The GHQ has been validated for use in Nigeria,(Aderibigbe YA, Gureje O, 1992).

Data analysis.

Questionnaires were reviewed on site to ensure completeness and any unanswered question was pointed out to the respondent to complete. Data was analyzed using IBM SPSS Statistics for windows version 21.0. Descriptive statistics including means, frequency, percentages and proportions were calculated.

Ethical Considerations.

Permission for the study was obtained from the community leaders which include the chief of Ungwan Rukuba and the ward head of Fudawa community, and Jos University Teaching Hospital, research committee.

The principles of respect, dignity and confidentiality were conveyed to the respondents before the data collection process. Participants were informed of their right to participate voluntarily and to withdraw from

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the research at any time without prejudice or penalties, (Coates MK, Sava T V, Tashjian SM, 2025). Each respondent signed the consent form before participating in the study. The researcher assured the confidentiality of the research participants in all the processes and each step of the research following data collection. To safeguard participant anonymity, the questionnaire did not include names.

Access to participant information was restricted to the researcher and is solely for this research purposes. Each household had a unique number to aid identification and possible referral for further mental health care. Participants provided their informed consent by signing a consent form before taking part in the study. They retained the right to voluntary participation and could withdraw from the research at any point without facing condemnation or penalties.\

Justification for the study.

The recent horrible attack caused fear and panic across the entire Plateau State and Nigeria . This panic is likely more in people who reside in the areas within the vicinity of the recent attack. People in that area are now said to be living in fear. It is likely that the inhabitants of Ungwan Rukuba may be experiencing undue psychological distress as a result of this attack hence the rationale for this study

RESULTS

A total of 104 adults participated in the survey. This comprised of 52.9% females and 47.1% males. The prevalence of psychological distress was 67.2% among females compared to 52% in males as shown below.

Table 1. Socio- demographic characteristics and distress among Respondents.

Variable	N	(%)	Psychological distress	No Psychological distress
Gender				
Male	49	(47.1)	26 (53.1%)	23 (46.9%)
Female	55	(52.9)	37 (67.2%)	18 (32.8%)
Age (Years)				
18-35	15	(14.4)	13 (86.7%)	2(13.3%)
36-45	34	(32.7)	19 (55.9%)	15(44.1%)
46-55	42	(40.4)	25 (59.5%)	17(40.5%)
56-65	9	(8.7)	5 (55.6%)	4(44.4%)
>65	4	(3.8)	1 (25%)	3(75%)
Marital Status				
Single	23	(22.1)	18 (78.2%)	5 (21.8%)
Married	67	(64.4)	34 (50.7%)	33(49.3%)
Divorced	5	(4.8)	4 (80%)	1(20%)
Separated	2	(1.9)	2 (100%)	0 (0%)
Widow(er)	7	(6.7)	5 (71.4%)	2 (29.6%)
Education				
No formal Edu.	9	(8.7)	7 (77.8%)	2 (22.2%)
Primary	14	(13.5)	9 (64.3%)	5 (35.7%)
Secondary	65	(62.5)	44 (67.7%)	21 (32.3%)
Tertiary	16	(15.4)	3 (18.8%)	13 (81,2%
Occupation.				
Unemployed	21	(20.2%)	14 (22.2%)	7 (17.1%)
Farmer	18	(17.3%)	9 (14.3%)	9(21.9%)

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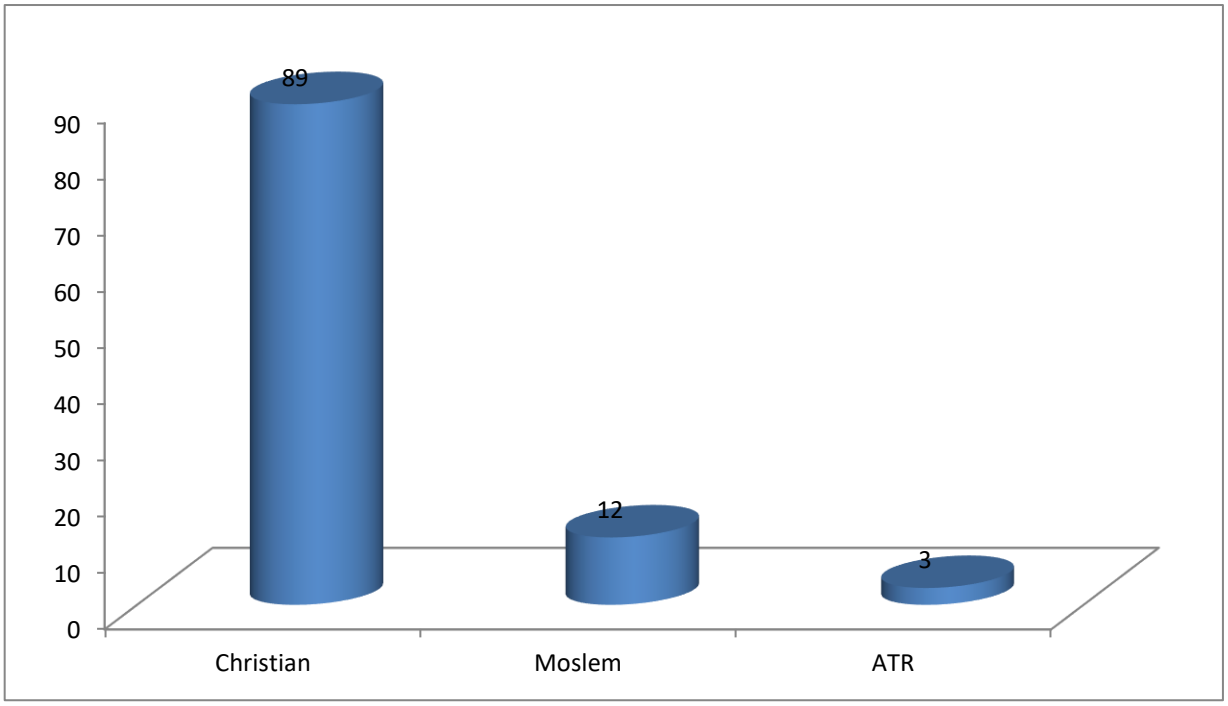
Trader	30	(28.8%)	22 (34.9%)	8(19.5%)
Student	16	(15.4%)	11 (17.5%)	5(12.2%)
Civil servant	12	(11.5%)	4 (6.3%)	8(19.5%)
Others	07	(6.7%)	3 (4.8%)	4(9.8%)

A majority of the respondents were adherents of the Christian religion and a few practiced African traditional religion as shown in figure 1.

Figure 1. Religion of the respondents.



The rate of poverty is high in this community because majority of the respondents' households lived on two dollars ($2) or less as shown in table 2 and figure 2 below.

Figure 2. Average Monthly family income of the respondents.

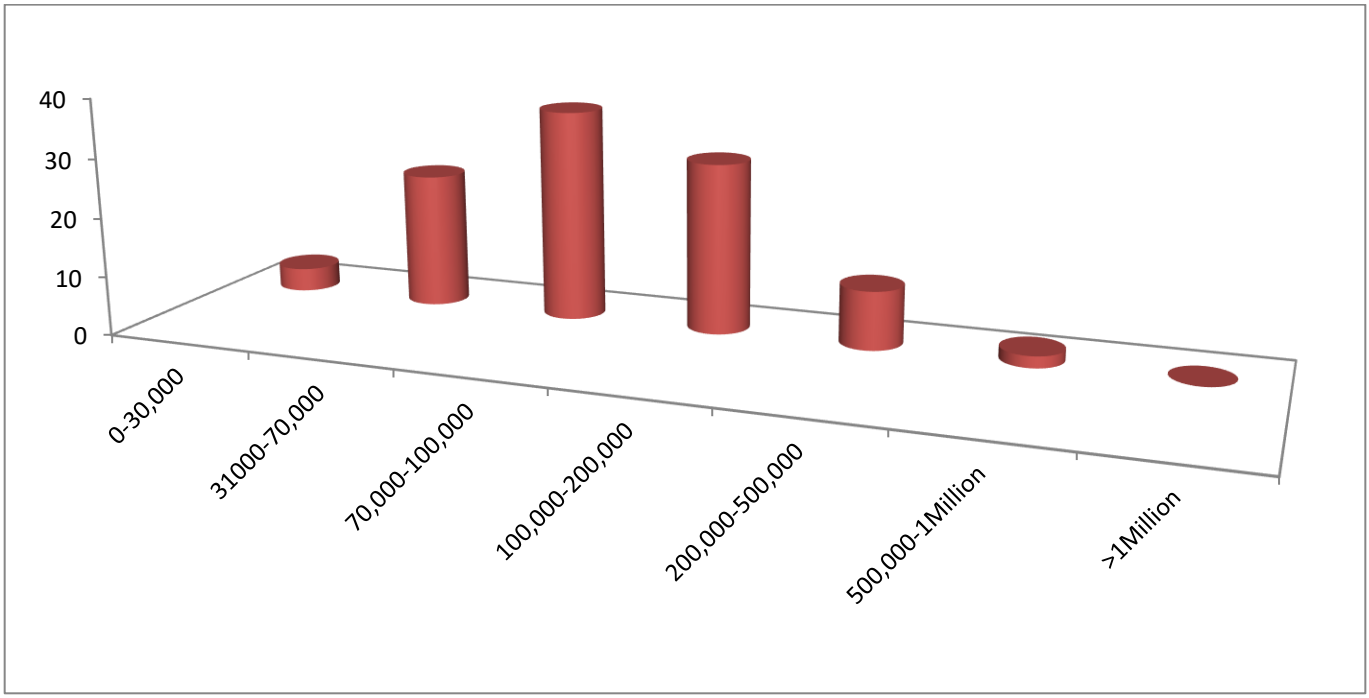


Table2. Distribution of respondents according to family income (1 USD = 1,400 Naira).

Monthly income Range (Naira)	Average Monthly (Naira)	**Monthly USD ($) Equivalent**	**Average Daily income (USD)**	**No of Respondents**	**%**
0.00 -30,000.00	15,000	10.7	0.36 /day	4	3.8
31,000 -70,000	50,000	35.7	1.2 /day	23	22.1
71,000 –100,000	85,000	60.7	2.0/day	36	34.6
101,000 -200,000	150,000	107.1	3.6/day	29	27.9
201,000 -500,000	350,000	250	8.3/day	10	9.6
501,000-1Million	750,000	535.7	17.9/day	2	1.9
1.1Million-2million	1.5Million	1,071.4	35.7/day	0	0.0
2.1million-5million	3.5million	2,500	83.3/day	0	0.0
>5 million	--	--	--	0	0.0

DISCUSSION

Socio-demography.

The community comprises of a predominantly young population with 47% of them being younger than 45 years and only 3.8% were older than 65 years. This reflects Nigeria's demographics with young people forming the bulk of the population. Majority of them (65%) were married, reflecting the typical Nigerian society where marriage is held in high esteem. Nigeria is a country with high rate of unemployment with many people employed in the informal sector as seen in this study. An overwhelming majority were Christians in this community.

Income.

The Nigerian government recently increased the National minimum wage from #30,000 per month to #70,000 per month. With the current exchange rate of approximately #1,400 to $1, many Nigerians live below the poverty line despite the increase in minimum wage. Also, most people are employed in the informal sector where the take home pay is much lower than the National minimum wage. In this study, majority of the respondents were low income earners with many households living below $2 per day.

Gender and Psychological distress.

Females showed a higher burden of psychological distress (67.2%) compared to their male counterparts (52%) although the distress in males was also high when compared to results of some previous studies . This unusually high level of distress is likely due to the psychological impact of the recent attack which led to the death and injuries of many people who are their neighbors, some of whom are their friends and relatives. Many studies consistently show that females experience higher psychological distress than their male counterparts, probably as a result of differences in genetics and/or cultural norms.

Age and Psychological distress.

This study found an inverse relationship between the respondent age and probability of manifesting psychological distress. More of the younger people manifested distress than the older people. Eighty-six percent

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(86%) of respondents aged between 18 to 35 years manifested distress compared to only 25% of those aged older than 65 years.

Marital status and psychological distress.

The widow, divorced and separated had the highest proportion of distress , followed by those who are single. Being married may be postulated as a possible protective factor for psychological distress because distress was least among married people in this study.

Education and psychological distress

The least educated were more distressed as 77.8 % of people with no formal education showed distress compared to only 18.8 % of those with tertiary level of education. This is not surprising because higher education is known to be a strong predictor of lower mental health problems such as psychological distress, depression and anxiety, (Di Novi C, Leporatti L, Montefiori M, 2021).

Poverty and psychological distress

The International labour organization (ILO) definition of poverty is that individuals are considered poor if they live in households with a daily per capita income of less than USD $1.90. In general terms, this is believed to be the monetary amount needed to cover the cost of basic food, clothing and shelter around the world. Nearly half of the world's population currently lives in poverty, defined as income less than $ 2 per day. Among those living in poverty, over 800 million people live in extreme poverty, surviving on less than $1.25 a day. In this study, majority (>60%) of the households live on $2 a day or less. This underscores the high rate of poverty in Nigeria. Poverty is known to be associated with psychological distress. This fact has been established by many studies in the past.

CONCLUSION

There is a very high prevalence of psychological distress in Ungwan Rukuba community among people who recently experienced terrorist attacks. Poverty, lack of education and female gender are the characteristics of respondents with psychological distress.

Recommendations.

Large scale community surveys need to be carried out to compare the prevalence of psychological distress and other mental disorders among communities. It is recommended that Primary Health Care centers across the state should be equipped with mental health personnel to offer psychosocial support and other services to mitigate the effects of these distress and prevent it from progressing to major psychiatric disorders like depression, Post Traumatic Stress Disorder (PTSD) and so on..

Limitations of the study.

This study covered only one settlement (Fudawa) in Angwan Rukuba. There are other settlements which were not included in the study. The study instruments are in English. Respondents who could not read and write had to rely on their children or other family members to help read and explain the questions and write out their responses for them. Only two adults were selected from each household due to logistic constraints.

Conflict of interest. None .

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The traditional ruler of Ungwan Rukuba coomunity, the ward head of Fudawa ward, Jos, All residents of Fudawa community, The entire members of department of Psychiatry, Jos University Teaching Hospital. Jos, Nigeria.

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