

**DEPRESSION AND SOCIAL SKILL AS PREDICTORS OF INTERNALLY
DISPLACED CHILDREN'S SOCIAL ADJUSTMENT IN NORTH-EAST,
NIGERIA**

Mohammed Biri MOHAMMED

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SUPERVISOR:

CO - SUPERVISOR:

Dr Usman Tunde SAADU

Dr Temitayo OGUNSANWO

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CERTIFICATION

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Usman Tunde SAADU, Ph.D

Supervisor

Date

Temitayo OGUNSANWO, Ph.D

Head of Department

Date

Prof S.K, Subair

Dean, School of Post Graduate Studies

Date

External Examiner

DEDICATION

This thesis is dedicated to my beloved parents, (Late) Mallam Mohammed Biri, Anne Mohammed Biri, and my sister (late) Fatima Mohammed Biri , my nice, nephew Zainab Umar Suleiman, Mohammed Abubakar and Mohammed Abdullahi Biri.

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ABSTRACT

The internally displaced children, just like other humans, are individuals with profound need to connect with others and gain acceptance into social groups. These are children that have been forced to leave their homes or places of habitual residence and the problem has in recent years become a global concern with its implications. It is against this background that the researcher examined depression and social skill as predictors of internally displaced children social adjustment in North-East, Nigeria. Specifically the study examined levels of depression, level of social skill, level of social adjustment of internally displaced children, relationship between depression and social adjustment of the internally displaced children in North-East, Nigeria, relationship between social skill and social adjustment of internally displaced children, and relationship among depression, social skill and social adjustment of internally displaced children in North-East, Nigeria in which two hypothesis were raised and tested.

Descriptive research of correlational type was adopted for the study. The population for the study consisted of all internally displaced children in internally displaced camps in North-East Nigeria. The sample drawn for this study was 523 respondents. Purposive sampling technique was used to select three states with internally displaced camps in North-East Nigeria. Self-structured questionnaire which was validated by experts in the field of early childhood education, Test, measurement and evaluation was used as an instrument for data collection. Frequency count and percentage was used to analyze demographic information of the respondents. Mean was used to answer the research question and multiple regression, was used to test the hypotheses at 0.05 level of significance.

Results of the findings revealed that the level of depression of internally displaced children in North-East, Nigeria was high (2.58); the level of social skill of internally displaced children in North-East Nigeria was low (1.39); the level of social adjustment of internally displaced children in North-East Nigeria was low (1.44); there was negative relationship between social adjustment and depression ($R = -126$); the relationship between social adjustment and social skill was quite positive ($R = +386$); Depression and Social skill were significant in their composite contribution to the prediction of social adjustment of internally displaced children in North-East Nigeria ($F_{(2; 522)} = 50.554$; $R = .403$, $R^2 = .163$, Adj. $R^2 = .160$; $P < 0.05$). The predictor variables (depression and social skill) were significant in their relative contribution to the criterion variable (social adjustment) with social skill having a higher significant contribution to the criterion variable (Social skill: $\beta = .383$, $P < .05$; depression: $\beta = -.118$, $P < .05$).

It was recommended that mechanisms should be instituted to increase internally displaced children's exposure to and involvement with the camp environment; internally displaced camp management should endeavor to remove all kinds of barriers that prevent the displaced children from fully participating and engaging in the social interactions; government and authorities of internally displaced camps should assist the children in identifying and addressing potential barriers to social adjustment.

KEY WORDS: Depression, Social skill, Social Adjustment, Internally displaced children, North-East Nigeria

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CHAPTER ONE

INTRODUCTION

Background to the Study

Internally Displaced Children (IDC) are persons or groups of persons who have been forced to leave their homes or places of habitual residence in order to avoid the effects of armed conflict, situation of generalized violence, violation of human rights or man-made disasters and who have not crossed an internationally recognized state border (World Refugee Survey, 2004). The problem has in recent years become a global concern with its implications (Lodan, 2001). Among the implications is the menace of internally displaced who are suffering from the dislocation caused by boko-haram insurgency.

Government at various tiers have responded to this problem by creating camps to accommodate those dislocated by Boko-haram attacks. IDPs are people who are forced to flee their homes but unlike refugees, they remain within their country's borders. They are distinct from refugees who are displaced outside their national borders (World Refugee Survey, 2004). An IDP may have been forced to flee his or her home for the same reasons as a refugee, but the difference is that he or she has not crossed an internationally recognized border. Furthermore, IDPs are often more disadvantaged than refugees because they do not benefit from assistance provided by international agencies unless the national government requests such assistance (Olobo&Obaji, 2016). Most internally displaced children (IDC) live in low-income countries experiencing a war; their psychosocial health has not been well addressed (Lodan, 2001). This could be traced to Nigeria in the north-eastern part where the menace of terrorist attack is being experienced.

There are about fifty million (50m) IDPs worldwide, with the majority in Africa and Asia (Olobo&Obaji, 2016). Displacement across the country in Nigeria is as a result of communal violence, internal armed conflicts and natural disasters such as flood. In any conflict situation and particularly those with ethnic or religious underpinnings, the humanitarian needs are immense and the means to satisfy those needs within the conflict area are severely limited (Olobo&Obaji, 2016). A lot of affected areas in Nigeria are living without basic needs such as good food and shelter and are surging on the basic instinct to survive and there is virtually little or no means within those areas to improve their standard of living. Internally displaced civilian population move from one place to another seeking safety and protection within their own country. In Nigeria, conflicts arising from the activities of Boko Haram in the North East have resulted in high threats to lives and properties, death of thousands and displacement of millions of people (Torbiorn, 2002).

Children constitute a significant population of IDPs. Like other humans, children have a profound need to connect with others and gain acceptance into social groups (Deci& Ryan, 2000). They need to form bonds and organize much of their behaviour around establishing and maintaining those bonds. The need to organize much of behaviour around establishing and maintaining bonds brings the issue of social adjustment. Torbiorn (2002) defined adjustment as a subjective/psychological state that refers to changes which individuals actively create or passively accept in order to achieve or maintain satisfactory states within themselves (Deci& Ryan, 2000). It is in relation to this that Morriss, Yang, Chopra, Bentall, Paykel and Scott (2013) saw social adjustment as the inter-relationship between his environment, often examined from the perspective of the multiple different social roles that an individual has (example as a worker,

marital partner, parent, member of extended family, friend, and participant in social and leisure activities).

Social adjustment can also be examined dimensionally in domains of similar patterns of behaviour across roles (for example, performance, interpersonal behaviour, friction, dependency). Chibok girls who are alive to tell their experiences may live their life traumatized with a need to be accepted into the social groups they had been part of.

Social adjustment of children defines their degree of adaptation to social manner of their environment and the world around them (Elliot & Demery, 2001). It shows the amount of their ability to cope with the societal requirements and interpersonal demands of their life, such as taking part in group works, forming friendship with others and involving themselves in extra-curricular programmes both in the school and at home (Morriss et al., 2013). Individuals are said to show impairment in a social adjustment role if behaviorally they do not fulfill society's expectations of that role or they do not derive personal satisfaction from that role. Whether a child will show impaired social adjustment or not is dependent on certain factors resident in the child, and his or her immediate environment (Morriss et al., 2013). A child that is traumatized due to wars or conflicts and still lives in environment that he is pressured to take decisions that are not personally satisfying may be impaired in a social adjustment capacity.

People with a depressed mood may be notably sad, anxious, or empty; they may also feel notably hopeless, helpless, dejected, or worthless. Other symptoms expressed may include senses of guilt, irritability, or anger (Harrington, 2002). Further feelings expressed by these individuals may include feelings of shame or restlessness. These individuals may notably lose interest in activities that they once considered pleasurable to family and friends or otherwise experience

either a loss of appetite or overeating (Harrington, 2002). Experiencing problems concentrating, remembering general facts or details, otherwise making decisions or experiencing relationship difficulties may also be notable factors in these individuals' depression and may also lead to their attempting or actually dying by suicide (Kandel, 2005). Depressed children often report negative feelings about themselves, declined interest or pleasure in daily life activities, and persistent fatigue or loss of energy. Moreover, depressed children may experience difficulties in cognitive functioning, such as inability to concentrate or think, and dramatic changes in physical conditions, such as sleeping (Harrington, 2002). Evidence from longitudinal research programmes demonstrated that depression in childhood and adolescence may predict maladaptive outcomes including adulthood depression and suicidal behaviour (Kandel et al., 2005). This is the more reason why the social adjustment of Internally Displaced Children must be taken into cognizance because they may have been traumatized and depressed from the Boko-haram attack. In the light of this, social skills are highly needed to achieve their social adjustment.

Consistently, it has been found that by Bell-Dolan, Reaven and Peterson, (2005); Puig-Antichetal, (2006) that depression is associated with pervasive difficulties in social adjustment. It is believed that depressed children display socially immature behaviors, such as social withdrawal, feel insecure in challenging situations, and have problems in peer interactions and relationships. Determinant of good social adjustment or impaired social adjustment cannot be fully discussed without reference to moral reasoning.

Another inherent factor capable of influencing children's social adjustment is social skill. Social skill is thus another variable capable of influencing social adjustment either positively or

negatively. Social skill, as defined by Elliot and Demaray (2001), are socially tolerable learned behaviours that influence a person to interact with others in ways that provoke encouraging responses and assist in avoiding negative responses. Social skill is central to necessary social communication in the sense that it will enable individuals to succeed in social interactions without psychologically or physically hurting oneself and others. It aids one's understanding of his/her feelings, thoughts and conducts and that of others in interpersonal situations and to act in accordance with such understanding (Elliott & Demaray, 2001). Social skill belongs to the family of non-cognitive variables which embrace such interpersonal potentials as cooperation, assertion, responsibility, and empathy. Avcioglu (2005) expressed that social skills are necessary for realizing social integration and facilitating social survival, and that they play an important role in the formation of interpersonal relations and the realization of social purposes.

One of the places through which children gain social skill, apart from home, is the school. The school has been an imperative social setting for children in which social expectations and norms are established to facilitate self-regulating activities and harmonious interactions with both peers and teachers (Givner, 2003). This implies that social skill is indispensable for children to learn. Some of the skills expected of children according to Givner (2003) include ability to attend to instructions, ignore peers' distractions when doing class work, control temper in conflict situations with peers, respond appropriately to peer pressure, receive criticism well, invite others to join in activities, appropriately question rules that may be unfair, and ability to follow directions to the latter. When a child learnt such necessary social skill, it will assist him/her in managing his emotions. Effective emotional management aids children to focus their attention and to engage in class activities by relating positively with peers (Lopez & Salovey,

2006); and thus bring about meaningful social interaction and adjustment. Meaningful social adjustment can be acquired through social process at an inter-psychological level, followed by the development of the child's mental functioning at an intra-psychological level. If social skill of children is harnessed, it might assist them to adjust favourably. Children with low social skill tend to be easily withdrawn, and react to criticisms blindly.

Tangible numbers of scholars have reported that social skill significantly influence social adjustment at different age levels (Demaray 2001; Malecki & Elliott, 2002). Also, McClelland and Morrison (2003) reported a significant influence of children's social skill on their social adjustment. Similarly, Comedis (2014) found a highly positive correlation between social skill and social adjustment. He noted that when children's social skill is operational, they are considered to be socially proficient and are thus anticipated to be successful in their academic pursuits. This is because children who are socially interactive tend to relate more readily to situations and are more open to discussions that broaden their academic spectra (Comedis, 2014).

Studies by Halepota and Wasif (2001) and Harteup and Rubin (2013) explored the influence of depression and social skill on social adjustment without clear result. Clear results in the sense that most of the results fail to reveal the direction of the influence (positive or negative) of the independent variables of depression and social skill on the dependent variable of social adjustment. Among existing investigation, none might have been done on the social adjustment of internally displaced children, neither were the studies carried out in North-eastern Nigeria. It is on this basis that the researcher's interest is spurred to investigate how depression and social skill will predict social adjustment of internally displaced children in North-East, Nigeria.

Statement of Problem

Parents, psychologists and social workers have sincere and long-standing interest in the problems affecting social adjustment of the internally displaced children. Today, our society is dealing with a large population of culturally deprived youngsters who mostly have malnutrition. In most cases, neglect by parents in the process of seeking for safety of life, poor parenting behaviour, war, kidnapping, insecurity and other hostile activities of Boko Haram, have not provided the motivational basis for a well- balanced social interaction and adjustment. Internally displaced children are driven away from schools of their original home, civil insurrection, ethnic conflict and other negative activities. The children are becoming progressively inadequate and alienated from the activities of their schools, homes and society at large. Most of the children have lost their parents or are separated from them due to insecurity. Life has become unbearable for some of them to the extent that socializing with people is a problem arising from the traumatic experiences they are exposed to as a result of Boko Haram activities and other security challenges.

During fight and in displacement, the children become vulnerable to being forced to leave home, risk of forced labour, forced early marriage, domestic violence, sexual exploitation, and recruitment into armed groups. Many of the internally displaced children are depressed, many have lost sense of moral judgment and have problem adjusting favourably to social activities. When children have impaired social adjustment as a result of depressed and poor moral judgment (reasoning), they may be introduced to hard drug smoking that will stimulate them, lure them into armed robbery, cultism and other social vices.

Various literatures has been published in Nigeria on how depression and social skill influence social adjustment, especially of internally displaced persons however there is need for more information on the subject. It is on this note this study will be conducted to examine depression and social skill as a predictor of internally displaced children's social adjustment in North East Nigeria.

Purpose of the Study

The main purpose of the study was to determine how depression and social skill predict social adjustment of internally displaced children in North-East, Nigeria. Specifically, the study examined:

1. Level of depression of internally displaced children in North-East Nigeria;
2. Level of social skill of internally displaced children in North-East Nigeria;
3. Level of social adjustment of internally displaced children in North-East Nigeria;
4. Relationship between depression and social adjustment of internally displaced children in North-East Nigeria;
5. Relationship between social skill and social adjustment of internally displaced children in North-East Nigeria.
6. Relationship among depression, social skill and social adjustment of internally displaced children in North-East Nigeria.

Research Questions

The following research questions were raised to guide the researcher in the course of the study.

1. What is the level of depression of internally displaced children in North-East Nigeria?
2. What is the level of social skill of internally displaced children in North-East Nigeria?
3. What is the level of social adjustment of the internally displaced children in North-East Nigeria?
4. What is the relationship between predictor variables (depression and social skill) and the criterion variable (social adjustment) of the internally displaced children in the North-East Nigeria?

Research Hypotheses

The following null hypotheses were tested in the study.

H₀₁: There is no significant contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment).

H₀₂: There is no significant relative contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment).

Scope of the Study

The study examined how depression and social skill predicts social adjustment of internally displaced children. The study covered all internally displaced camps in North-east,

Nigeria. Specifically, the study involved only selected children between the ages of three and seven years in internally displaced camps in Borno, Adamawa and Yobe States.

The variables considered in this study were depression, social skill and social adjustment. Depression and social skill were treated as independent variables, while social adjustment was considered as a dependent variable in the study.

Significance of the Study

The outcome of this study would be of immense benefit to social workers, psychologists, parents, and other members of the public who may come across the findings of the investigation. The research findings would be of great help to the government and other stakeholders as it may be an eye opener how depression and social skill predicts social adjustment of internally displaced children.

The research finding from this study would also help social workers to gain a clearer insight of the variables that should be harnessed if the internally displaced children must adjust favourably. This might be done by orientating the children on the consequences of their behaviour, both good and bad, on their social adjustment. This could be an agenda to be discussed during a special forum or programme for the children whereby people that specialize on rehabilitative issues may be invited as resource speakers. Such interventions might help the children adjust better.

The results of the study would also provide the children with valuable information that could be used as basis for improving their own social adjustment. Findings of the study would give the children a clearer understanding of what they are made of and how to leverage on their

social skill in order to have good adjustment behaviours. The outcome of this study would be of help to parents in obtaining a deeper understanding of how depression and social skill can influence the social adjustment of their children. Such understanding would enable them to recognize their role in the development of their children's social skill that would ultimately lead to improvement in their children's social adjustment.

Finally, the findings of this study should be an invaluable asset to those that would want to conduct further researches in areas relating to depression, social skill and social adjustment of internally displaced children. The outcome of this study would be a reliable source of information for intending researchers.

Operational Definition of Terms

The following terms were operationally defined in the study.

Depression: mood or emotional state of the children involved in this study that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life.

Internally Displaced Children: kids within the range of 3 to 7 years who experience separation from their families and social settings due to several reasons such as war, armed conflict and disruption and separation for varied reasons.

Social Adjustment: behaviours that influence internally displaced children's ability to cope with the societal requirements and interpersonal demands of their life.

Social Skill: behaviour that aids internally displaced children's understanding of feelings, thoughts and conducts in interpersonal situations and to act in accordance with such understanding.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

The review of related literature is carried out under the following sub-headings:

1. Theoretical Review

Self-determination theory

2. Conceptual Review

Internal displacement / internally displaced Persons

Concept of social adjustment

Concept of depression

Concept of social skill

3. Review of Empirical studies

Relationship between depression and social adjustment

Relationship between social skill and social adjustment

4. Appraisal of the literature reviewed

Theoretical Review

Self-Determination Theory

Self-determination theory (Deci & Ryan, 2000) is an extensive motivational theory developed over decades of empirical research. Fundamentally, SDT states that development and psychological growth is natural to the human experience. Essentially, people instinctively experience a drive to master challenges and form a cohesive sense of self by the integration of his or her experiences. SDT consists of 4 micro theories; cognitive evaluation, organismic integration, causality orientations, and basic needs. Cognitive evaluation theory explains the effects of the environment and social context on facilitating or undermining of intrinsic motivation. Organismic integration theory focuses on the internalization process of completing a behavior. In other word, it focuses on how people can move along the motivation spectrum becoming more self-determined in engaging in behaviour as they start to internalize ownership of the activity. Causality orientations theory addresses individual differences in the predisposition toward a more self-determined behaviour. Finally, basic needs theory describes basic psychological needs that are universal human and vital for well-being. These needs are autonomy, adjustment, and competence.

SDT is to be related to adjustment in many domains. A review looking of children's adjustment to parental divorce revealed that children were better adjusted if parents were autonomous, supportive and despite divorcee's potential threat to the children life, if the basic psychological needs were still met children could thrive (Friendly & Grolnick, 2009). Social adjustment sometimes stem out of the need for satisfaction of wants. This justified the general satisfaction as explained by Deci and Ryan in their theory.

According to Deci and Ryan (2000), needs are defined as nutrients essential to a living individual's psychological growth, integrity, and health. They are said to be as vital to optimal development as light, water, minerals, and proper temperatures are to plants. Humans require these physical needs as well as three fundamental psychological needs: autonomy, competence, and adjustment to thrive (Deci& Ryan, 2000). The need for autonomy involves ownership and authenticity of one's activities - and refers to the need to feel that one's behaviours reflect one's true interests rather than pressures from others or oneself. An internally displaced child may feel independent when he or she volunteers at the local community center teaching children the basics of gardening. The ideal that natural food should be available for all may be a part of the children' core beliefs and they also love gardening and communicating information about their passion, and this reflects a personally-endorsed interest and behaviour.

The need for competence is fulfilled by the experience that one can achieve, creating learning new writing techniques, and noticing improvement in one's writing. Self-determination theory postulates that perceived competence will not lead to greater well-being unless the behaviour performed is autonomous (Ryan, Mims, &Koestner, 2000). The need for relatedness or adjustment is satisfied by feeling that one is close and connected to significant others. This could be met by having a passionate discussion about ways the university can become more environmentally friendly with an environmental studies major thus fostering feeling of belongingness and attachment with one's peers. Perceived need satisfaction is enhanced by social and environmental factors that facilitate the expression of and satisfaction of those needs for autonomy, competence, and adjustment. When any of these needs are neglected or unable to be met, suboptimal psychological outcomes are likely to follow (Deci& Ryan, 2000). In a 14-day diary study, fluctuations in daily well-being were related to psychological basic needs (Reis,

Sheldon, Gable, Roscoe, & Ryan, 2000). It was found that trait self-determination was correlated with positive mood and vitality, trait competence was negatively correlated with negative mood and physical illness symptoms, and trait relatedness was correlated with positive mood. Similar findings were found in daily assessments of need satisfaction over time. Autonomy was correlated with positive mood and vitality. Relatedness correlated significantly with positive mood and vitality. Competence was positively correlated with positive mood and vitality while negatively correlated with illness symptoms and negative mood.

In a study with incoming college students in the beginning of the academic year, Sheldon, Ryan and Reis (2000), autonomy predicted emotional and social adjustment in November as well as predicted GPA, in that those who were more autonomous had a higher GPA adjustment record. Autonomy accounted for as much variance in GPA and social adjustment. Those students who reported feeling more autonomous were also more intrinsically motivated and less extrinsically motivated in their college endeavors (Conti, 2000).

Psychological vitality and positive mood were positively correlated with autonomy, competence, and adjustment needs as competence was negatively correlated with negative mood (Wei, Shaffer, Young, & Zakalik 2005). Furthermore, autonomy, competence, and relatedness were each found to be positively related to life satisfaction, career. Subsequently, feelings of autonomy, competence, and adjustment toward environment would seem indispensable for internally displace children' growth subjective well-being, and vitality.

Self-determination theory explains that humans are naturally born to encounter and adapt to challenges and from a personality built by their experiences while Cognitive evaluation theory explains that the environment has an effect on the ability of humans to feel internally motivated

hence, this is relevant in this study to enable the government to provide an environment that encourages the motivation and adjustment of IDPs to the society.

Organismic integration theory explains that people tend to be more self-motivated as they start to adapt to a society that is equipped to encourage social adjustment while casualties orientations theory explains that they are behavioral differences in individuals when related to social adjustment hence relational methods to self-determination will differ from one individual to others(Reis et. al 2000). This brings to the height the importance of this theory to this study by considering individual difference in the process of instilling social skills in the IDPs. Basic needs theory explains that humans naturally need a sense of control over their activities, an ability to adapt and relate to the society as well as the competence to experience certain achievements in order to enable social adjustment.

SDT with relation to adjustment explains that once basic psychological needs are met, there is lesser risk of internal displacement. Sometimes, social adjustment is dependent on the need to satisfy wants. Physical needs are as important as psychological needs which are autonomy, competence and adjustment. When psychological needs are neglected or not met, there is every possibility of traumatic outcomes. This established the fact that this theory emphasized the importance of basic needs in ensuring social skills which is of importance to this study.

Conti, 2000 state that the need for autonomy involves the need to feel that one's behaviors reflect one's true interests rather than those of others. He further stated that the need for competence is met by the experiences that one can achieve, improve and become better and the need for adjustment is met by the feeling that one is important as well as significant to others.

Humans whose psychological needs are met have tendency to be so socially and emotionally adjusted. Psychological vitality and positive mood were positively correlated with autonomy, competence, and adjustment needs hence it is only natural that these needs will play a very essential role in the growth, well-being and vitality of internally displaced children.

Conceptual Review

Concept of Internal Displacement / Internally Displaced Persons

Accurate estimates of the number of IDPs are more difficult to determine. This is mainly because non-governmental organizations, particularly human rights and humanitarian aid agencies, are most heavily relied upon for the determination and collection of data on this group of people. Because of this, estimates vary widely. However, as an indication of the sheer scale of the problem, in 2002 the Global IDP Survey estimated the number of conflict-driven IDPs to be 50 million people.

There are currently nearly 50 million IDPs worldwide, roughly twice the total number of refugees (Norwegian Refugee Council, 2016). Literature shows that approximately 70 and 80% of all IDPs are women and children. Conflicts and disasters often cause large-scale displacement of people due to destruction of homes and environment, religious or political persecution or economic necessity (Inter-Agency Standing Committee, 2007). Global estimates indicate that the number of people displaced annually by conflict and violence has increased since 2003. According to Norwegian Refugee Council (2016), on the average, 5.2 million have been displaced annually in the past 13 years due to insurgency, political instability and terrorist activities of groups such as Islamic State of Iraq and Syria (ISIS) and Boko Haram, particularly in the Middle East and Sub-Saharan Africa. As of December 2015, the global estimate of IDPs

due to the conflict was 40.8 million. Three-quarters of these IDPs reside in ten countries of the world, and five of these are located in Sub-Saharan Africa. The total number of people displaced by conflict in the region is almost 12 million (Norwegian Refugee Council., 2016).

Kett, (2016), stated that in Nigeria, the insurgent activities of Boko Haram in the past six (6) years have forced over a million people to flee their homes. This has resulted in an unprecedented humanitarian crisis in the North-eastern part of the country and the Lake Chad region (Kett, 2016). Furthermore, inter-communal clashes resulting from ethno-religious disputes, tensions between Fulani herdsmen and farmers have resulted in over 700,000 people being displaced from the Middle Belt region of Nigeria (Owoaje, 2016). Apart from conflicts and violence, natural disasters resulting from floods, storms, wildfire, earthquakes and droughts have caused the displacement of 203.4 million people globally in the past 8 years.

Internal displacement has significant effects on public health and the well-being of the affected populations. These impacts may be categorized as direct due to violence and injury or indirect such as increased rates of infectious diseases and malnutrition (Owoaje, Uchendu, Ajayi& Cadmus, 2017). Several risk factors, which promote communicable diseases and depression, work in synergy during displacement. These factors include movement of mass populations and resettlement in temporary locations, overcrowding, economic and environmental degradation, poverty inadequacy of safe water, poor sanitation and waste management. Among others, these conditions are further compounded by the absence of shelter, food shortages and poor access to healthcare (Connolly, Gayer, Ryan, Salama, Spiegel &, Heymann, 2004). Depending on the location in Sub-Saharan Africa, the combined effects of these factors result in increased risk of diseases such as acute respiratory infections (ARI), diarrheal diseases, scabies

as well as psychological problems like social malfunction, depression, anxiety and the likes (Mujeeb, 2015).

The disruption in public health services also hinders prevention and control programs consequently resulting in the rise of vector-borne diseases such as malaria and yellow fever; all which could result to social and psychological problems (Connolly, Gayer, Ryan, Salama, Spiegel & Heymann, 2004). Similarly, routine immunization services are disrupted, thus increasing the number of individuals susceptible to diseases and the risk of epidemics of vaccine-preventable diseases (VPDs). Depending on the geographical location, outbreaks of VPDs which have been reported among IDPs include but are not limited to measles and meningococcal meningitis. Similarly, epidemics of cholera yellow fever and recently discovered hepatitis E have been reported in IDP and refugee camps across Africa (World Health Organization, 2008). Global polio eradication activities have been hampered in three countries in three conflict-torn countries which have large numbers of refugees and IDPs in Afghanistan, Pakistan and Nigeria. Epidemics of infectious diseases are quite common in IDP camp settings due to inadequate water and sanitation facilities combined with overcrowding (Amowitz, Reis, Lyons, Vann, Mansaray & Akinsulure-Smith, 2002).

Women and children constitute over 70% of internally displaced populations (World Health Organization, 2008); and they experience a wide range of health risks both socially and psychologically. They are extremely vulnerable to physical and mental health problems, and they also have unique health needs. A number of studies have also reported that women and girls were victims of physical and sexual violence in IDP camps. Women are at higher risk of unwanted pregnancies, unsafe abortions, maternal morbidity and mortality. The negative impacts of sexual

violence are significant and long term. These may include physical injuries, sexually transmitted infections including HIV, unwanted pregnancies and mental health effects like anxiety, depression and suicidal attempt (Halepota & Wasif, 2001).

Displaced persons, particularly those affected by conflicts, are at a high risk of social and mental problems. The commonly reported psychological reactions are post-traumatic stress disorders (PTSDs) in reaction to violence and depression as a reaction to loss (Amowitz et al., 2002). Other types of psychological problems which have been reported are panic attacks and anxiety disorders. The psychological distress occurring in the post-conflict environment also contributes to harmful behaviours such as hazardous drinking and increased smoking. These behaviours are linked to an increased burden of non-communicable diseases such as hypertension, chronic obstructive pulmonary disease and cancers.

A traumatic event has a capacity to provoke fear, helplessness, or horror in response to the threat of injury or death. The mind's and body's response to feelings (both perceived and real) are fear and intense helplessness. Symptoms may include anxiety, impaired judgment, confusion, detachment and depression. According to Ferris (2012), people who are exposed to such events are at increased risk for partial as well as for major depression, panic disorder, generalized anxiety disorder, and substance abuse, as compared with those who have not experienced traumatic events. They may also have physical illnesses, particularly hypertension, asthma, and chronic pain syndromes (Sim, 2013). Trauma and torture leave a permanent scar on the survivor with physical, psychological and social consequences. The two major psychiatric illnesses associated with trauma and tortures are major depression and post-traumatic stress disorder (Thapa & Hauff, 2004).

Health and psychosocial well-being of IDP is affected in a number of ways. There is an overwhelming loss of perceived power and self-esteem. Over 25% of displaced people, for example, said they no longer felt they were able to play a useful role. Widespread depression and feelings of fatigue and listlessness were common and may have prevented people from taking steps to improve their situation. Almost a quarter of internally displaced people had a high startle capacity and said they were constantly nervous. Most adverse psychosocial responses increased with age and in a population that includes many elderly people this possess serious problems (Halepota & Wasif, 2001). Presence of mental health problems contribute to difficulties in coping with resettlement in normal life. In torture and trauma survivors there may be a reluctance to discuss trauma related events or symptoms with a health' care practitioner because there are painful feelings which the patients often would rather put behind them. So,gathering accurate knowledge of traumatic event, its impact, resulting symptoms and properly, classifying them into a diagnostic category is fundamental for providing effective treatment and good therapeutic intervention.

Concept of Social Adjustment

Social adjustment as an important indication of psychological health is a topic attracting the attention of many psychologists. Social adjustment is the most important aspect of one's development and it is acquired through the relationship with others especially with the parents, peers and the teachers, and it is the assessing criterion of social growth related to the person's adjustment with him/herself and others (Hartup & Rubin, 2013). On the other hand, living in a human society has stemmed from a set of values and expectations paradigm, and to meet one's expectations and value framework a person needs a sufficient amount of adjustment. Without

adjustment, the person is not able to meet many of his/her basic needs. If one is incompatible with the society properly, he will feel isolated.

Sequel to the above assertion that Torbiorn (2002) defined adjustment as a subjective or psychological state that refers to changes which individuals actively create or passively accept in order to achieve or maintain satisfactory states within themselves. Hence, Morriss, Yang, Chopra, Bentall, Paykel and Scott (2013) saw social adjustment as the inter-relationship between his environment, often examined from the perspective of the multiple different social roles that an individual has (for example as a worker, marital partner, parent, member of extended family, friend, and participant in social and leisure activities). Social adjustment can also be examined dimensionally in domains of similar patterns of behaviour across roles (for example performance, interpersonal behaviour, friction, dependency).

Social adjustment defines the degree of adaptation to social manner of the environment and the world around us. It shows the amount of the ability to cope with the societal requirements and interpersonal demands of life, such as taking part in group works, forming friendship with others and involving in extra-curricular programmes both in the school and at home. Individuals are said to show impairment in a social adjustment role if behaviourally they do not fulfill society's expectations of that role and or they do not derive personal satisfaction from that role.

Adjustment is an effective factor for one's positive living. Hence, a person who has a positive living has a vast range of joy and interests. Rogers (1959) in Nasir and Lin (2012) indicated that one who does not have a clear mind and way of living is not compatible. Rogers makes a differentiation between one's living and adjustment rooted in one's experience and one's

ideal which one wants to gain. To Rogers, if these two (experience and ideal) are separated, one suffers more from incompatibility and vice versa, when one has positive experience feels more valuable for having behaving well and confidently enjoys high social adjustment (Nasir & Lin, 2012). Little wonder that Dhingra and Colleagues (2005) asserted that adjustment is a continuous process through which one changes to be in proper adjustment with his environment, others, and himself. The basic objective to adjustment is to set a balance between one's wishes and social expectations that affects all aspects of one's life. As a result, the person can respond properly to all environmental stimuli to acquire all favorable stimuli and reinforcement. Although adjustment contains many aspects like social, emotional, physical and educational dimensions; the best aspect is social adjustment which is the prerequisite to the other aspects of adjustment (Mazaheri, Baghiyan, & Fatehizadeh, 2006). Emotional and social adjustment can provide the person with some kind of ability to face the difficulties, and higher self-esteem strengthens one's ability to efficiently tackle with the psychological pressures (Wilbum & Smith, 2005).

Generally, social adjustment has been associated with a good climate of cooperation and adjustment (Gifford-Smith & Brownell, 2003; Hamm & Faircloth, 2005; Hartup, 2005), lower risk of bullying and cyber bullying, as well as of factors related to substance use, social anxiety, depression and suicide (McGloin, Sullivan, & Thomas, 2014; Smithyman, Fyremann, & Asher, 2014). Social adjustment among peers is associated with normative adjustment in so far as the latter regulates and guides relational processes and influences the behaviour and attitudes of children towards their mates or friends (Hughes & Kwok, 2006). Adjustment is understood as the set of attitudes and behaviors relating to compliance with basic social schemes that promote coexistence and interaction (Pozzuoli, 2012).

Adjustment is likely to be influenced, according to Rodkin and Ryan (2012), by self-perception of social satisfaction with social performance. Self-perception of social satisfaction refers to the cognitive schemas that support the beliefs and attitudes that individuals hold about their ability to successfully perform a social task (Rodebaugh, 2009). One's mindset about his ability to successfully interact and favourably socialize with his peers goes a long way in determining the rate of adjustment. This is based on the fact that interpersonal nature of social adjustment includes the context and mutual interaction (Gilman & Anderman, 2006).

Concept of Depression

One of the factors capable of influencing one's social adjustment is depression. Depression is defined as a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. It is an illness that involves the body, mood and thought that affects the way a person does ordinary activities (Gardner & Bell, 2000). Depressed people usually exhibit symptoms such as sadness, hopelessness, low self-esteem, decreased ability to take pleasure in ordinary activities, thoughts of death or suicide attempts and insomnia (Ferris 2012). In the same vein, Sim (2013) also noted that people with depressed mood may be notably sad, anxious, or empty; they may also feel notably hopeless, helpless, dejected, or worthless. Other symptoms expressed may include senses of guilt, irritability, or anger. Further feelings expressed by these individuals may include feeling ashamed or an expressed restlessness. These individuals may notably lose interest in activities that they once considered pleasurable to family and friends or otherwise experience either a loss of appetite or overeating (Harrington, 2002). Experiencing problems concentrating, remembering general facts or details, otherwise making decisions or experiencing relationship difficulties may also be notable factors

in these individuals' depression and may also lead to their attempting or actually dying by suicide.

Depression is a psychological disorder that interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her. As a disorder, it is not the same as a passing blue mood (Altshuler, Hendrich & Cohen, 1998). It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years (Rohan, Lindsey, Roecklein & Lacy, 2004). Depression is a common but serious illness, and most people who experience it need treatment to get better. Appropriate treatment, however, can help most people who suffer from depression. Depressive disorders come in different forms, just as is the case with other illnesses such as heart disease. Three of the most common types of depressive disorders are described here. However, within these types there are variations in the number of symptoms as well as their severity and persistence (Rohan, Lindsey, Roecklein & Lacy, 2004).

However, not all scientists agree on how to characterize and define these forms of depression. They include psychotic depression which occurs when a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucinations, and delusions; postpartum depression, which is diagnosed if a new mother develops a major depressive episode within one month after delivery; and seasonal affective disorder (SAD), which is characterized by the onset of a depressive illness during the winter months, when there is less natural sunlight (Cochran & Rabinowitz, 2000). The depression generally lifts during spring and

summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not respond to light therapy alone.

Research indicates that depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain responsible for regulating mood, thinking, sleep, appetite, and behaviour appear to function abnormally. In addition, important neurotransmitters-chemicals that brain cells use to communicate-appear to be out of balance. But these images do not reveal why the depression has occurred. Some types of depression tend to run in families, suggesting a genetic link. However, depression can occur in people without family histories of it as well (Rohan, Lindsey, Roecklein & Lacy, 2004). Genetics research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors. In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Subsequent depressive episodes may occur with or without an obvious trigger.

Depression in Internally Displaced Children

Depression in childhood is similar to adult major depressive disorder, although young sufferers may exhibit increased irritability or aggressive and self-destructive behaviour, rather than the all-encompassing sadness associated with adult forms of depression. Children who are under stress, experience loss, or have attention, learning, behavioral, or anxiety disorders which are at a higher risk for depression. Childhood depression is often associated with mental disorders outside of other mood disorders; most commonly anxiety disorder and conduct disorder (Chakraborty, 2011).

According to Chakraburttty (2011), about 8% of children suffer from depression. Research suggested that the prevalence of young depression sufferers ranges from 1.9% to 3.4% among primary school children and 3.2% to 8.9% among adolescents. Studies have also found that among children diagnosed with a depressive episode, there is a 70% rate of occurrence within five years (Kessler et al., 2001). Furthermore, 50% of children with depression will have a recurrence at least once during their adulthood (Hallfors et al., 2004). While there is no gender difference in depression rates till the age 15, after that age the rate among women doubles compared to men. However, in terms of recurrence rates and symptom severity, there is no gender difference. In an attempt to explain these findings, one theory asserts that pre-adolescent women, on average, have more risk factors for depression than men. These risk factors then combine with the typical stresses and challenges of adolescent development to trigger the onset of depression.

Like their adult counterparts, children depression sufferers are at an increased risk of attempting or committing suicide (Chakraburttty, 2011). In the 1990s, the National Institute of Mental Health (NIMH) found that up to 7% of children who develop major depressive disorder may commit suicide as young adults. Such statistics demonstrate the importance of interventions by family and friends, as well as the importance of early diagnosis and treatment by medical staff, to prevent suicide among depressed or at-risk youth. However, some data showed an opposite conclusion. Most depression symptoms are reported more frequently by females, such as sadness, which was reported by 85.1% of women and only 54.3% of man crying (approximately 63.4% of woman and 42.9% of man). Women have a higher probability to experience depression than men, with the prevalence of 19.2% and 13.5% respectively (Chakraburttty, 2011). In childhood, boys and girls appear to be at equal risk for depressive

disorders; during adolescence, however, girls are twice as likely as boys to develop depression. Before adolescence rates of depression are about the same in girls and boys, it is not until between the ages of 11-13 that it begins to change. Young girls around this age, physically, go through more changes than young boys which put them at a higher risk for depression and hormonal imbalance. The gender gap in depression between adolescent men and women is mostly due to young women's lower levels of positive thinking, need for approval, and self-focusing negative conditions (Hallfors et al., 2004). Frequent exposure to victimization or bullying was related to high risks of depression, ideation and suicide attempts compared to those not involved in bullying. Nicotine dependence is also associated with depression, anxiety, and poor dieting, mostly in young men. Although causal direction has not been established, involvement in any sex or drug use is cause for concern (Chakraburttty, 2011). Children who develop major depression are more likely to have a family history of the disorder (often a parent who experienced depression at an early age) than patients with adolescent- or adult-onset depression (Hallfors et al., 2004).

Gender Differences in Depression

Girls experience depression about twice as often as boys. Biological, life cycle, hormonal, and other factors unique to girls may be linked to their higher depression rate (Cochran & Rabinowitz, 2000). Researchers have shown that hormones directly affect brain chemistry that controls emotions and mood. Some girls may be susceptible to a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD) (Reynolds et al., 2006). Girls affected by PMDD typically experience depression, anxiety, irritability, and mood swings the week before menstruation, in such a way that interferes with their normal functioning. Girls with debilitating PMDD do not necessarily have unusual hormone changes, but they do have

different responses to these changes (Tsuang & Bar 2004). They may also have a history of other mood disorders and differences in brain chemistry that cause them to be more sensitive to menstruation-related hormone changes. Scientists are exploring how the cyclical rise and fall of estrogen and other hormones may affect the brain chemistry that is associated with depressive illness (Cochran & Rabinowitz, 2000).

For example, females are particularly vulnerable to depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming (Dreher, Schmidt, Kohn, Furman, Rubinow & Berman, 2007). Many females experience a brief episode of the "baby blues," but some will develop postpartum depression, a much more serious condition that requires active treatment and emotional support for the new mother. Some studies suggest that women who go through postpartum depression have had prior depressive episodes. Treatments by a sympathetic physician and the family's emotional support for the new mother are prime considerations in aiding her to recover her physical and mental well-being as well as her ability to care for and enjoy the infant (Tsuang & Bar 2004).

Many females also face additional stresses of work and home responsibilities, single parenthood and caring for children and aging parents, abuse, poverty, and relationship strains. It remains unclear why some women faced with enormous challenges develop depression, while others with similar challenges do not. Depression is not limited to women, men are also liable to be depressed.

Researchers estimate that at least 1.2 million males in the Nigeria suffer from a depressive disorder every year (Dreher, et al). Research and clinical evidence reveal that while both male and female can develop the standard symptoms of depression, they often experience

depression differently and may have different ways of coping with the symptoms. Men may be more willing to acknowledge fatigue, irritability, loss of interest in work or hobbies, and sleep disturbances rather than feelings of sadness, worthlessness, and excessive guilt (Altshuler, Hendrich & Cohen, 1998). Some researchers question whether the standard definition of depression and the diagnostic tests based upon it adequately capture the condition as it occurs in men.

Depression can also affect the physical health in males differently from females. One study shows that, although depression is associated with an increased risk of coronary heart disease in both men and women, only men suffer a high death rate (Dreher, et al). Instead of acknowledging their feelings, asking for help, or seeking appropriate treatment, men may turn to alcohol or drugs when they are depressed, or become frustrated, discouraged, angry, irritable, and, sometimes, violently abusive. Some men deal with depression by throwing themselves compulsively into their work, attempting to hide their depression from themselves, family, and friends. Other men may respond to depression by engaging in reckless behaviour, taking risks, and putting themselves in harm's way (Tsuang & Bar 2004).

Causes of Depression

There is no single known cause of depression, rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors. With respect to this study, only environmental and psychological factors resulting from exposure to violence will be considered. Exposure to violence is the factor with the strongest evidence base for the risk of subsequent psychological disturbances. Many displaced children have been exposed to several distressing events (Reynolds et al., 2006). The range of violent and potentially traumatic events

is extensive, not only within the country of origin but also during migration and resettlement; however, in most studies, the cumulative exposure to violence is reported as liable to cause depression. The degree of direct exposure to threat (Giacaman, 2007), cumulative number of adverse events, and duration of exposure (World Bank, 2009), all consistently increased the odds of mental health symptoms. Risks are increased not only by actual and threatened violence to an individual, but also by witnessing violence to others. The type of event that matters are those that directly imperil or disrupt the integrity of the individual, family, or home are particularly consequential. Specific events such as a house search, witnessing a family member's death, injury, or torture, abduction, hiding for protection, rape, being forced to harm relatives, and the duration of captivity were all factors associated with increased psychological difficulties which are made manifest in the form of anxiety and depression.

In relation to social adjustment, there exists minimal research on how it can be predicted by depression. The little available ones paint it that depressed children often report negative feelings about themselves, declined interest or pleasure in daily life activities, and persistent fatigue or loss of energy. Moreover, depressed children may experience difficulties in cognitive functioning, such as inability to concentrate or think, and dramatic changes in physical conditions, such as sleeping (Harrington, 2002). Evidence from longitudinal research programmes demonstrated that depression in childhood and adolescence may predict maladaptive outcomes including adulthood depression and suicidal behavior (Kandel & Davies, Myers, McCauley, Calderon, & Treder, 2005). Consistently, it has been found that depression is associated with pervasive difficulties in social adjustment (e.g. Bell-Dolan, Reaven, & Peterson, 2005; Puig-Antich et al., 2006). Depressed children display socially immature behaviours, such as

social withdrawal, feel insecure in challenging situations, and have problems in peer interactions and relationships.

Concept of Social Skill

Social skill is another variable capable of influencing social adjustment either positively or negatively. Social skill, as defined by Elliot and Demaray (2001), are socially tolerable learned behaviours that permit a person to interact with others in ways that provoke encouraging responses and assist in avoiding negative responses. Social skill is central to necessary social communication in the sense that it will enable individuals to succeed in social interactions without psychologically or physically hurting oneself and others. It aids one's understanding of his/her feelings, thoughts and conducts and that of others in interpersonal situations and to act in accordance with such understanding (Elliott, Malecki & Demaray (2001). Social skill belongs to the family of non-cognitive variables which embraces such interpersonal potentials as cooperation, assertion, responsibility, and empathy. It is in relation to this that Avcioglu (2005) expressed that social skill are necessary for realizing social integration and facilitating social survival; and that they play an important role in the formation of interpersonal relations and the realization of social purposes.

Every child is expected to possess certain skills and experiences that will enable him or her to obtain desirable social achievement in life. In order to successfully accomplish planed goals, a child should develop expressive and receptive language abilities, the ability to follow instructions, problem- solving skills, and a range of social skill. Gresham et al. (2010) stated that social skill encompass specific behaviours which will enable successful accomplishment of social tasks. This implies characteristics, skills or strategies that enable people to communicate

and connect successfully with others in their surroundings (Botsford, 2013). Social skill is that specific skill the child uses to interact and communicate with others: resolving conflicts, communicating clearly, and following directions.

Social skill is behaviour that helps people interact with others. The interaction may be with classmates, teachers, and others staff. In later life the interaction may be with co-workers, supervisors, friends, and others that a person meets (Seevers & Jones, 2008). In support of this, several studies have found that from childhood through adulthood, socially retarded people show poor or inadequate social interactions with others (Seevers & Jones, 2008). Children and adolescents with social disabilities sometimes have behaviours that are awkward or unacceptable in social interactions. The lack of appropriate social behaviours may be a characteristic of their maladjustment. Children may lack a specific social behaviour, apply an inappropriate social behaviour to a particular situation, or not be aware that a particular situation calls for a specific behaviour (Soresi & Nota, 2000). Social skill deficits and problematic peer relations can lead to difficulties including externalizing problems, such as maladaptive behaviour and antisocial behaviour and internalizing problems, such as lack of confidence, anxiety and depression (Bloom, 2007). Deficits in social skill are at the most important of the difficulties experienced by persons with social retardation. Social skill deficits can lead to isolation from friendships and diminished peer interactions and can limit further opportunities to improve social skill. This is problematic because deficits in social skill often lead to negative experiences and avoidance of social interactions as a whole, thus limiting opportunities for learning positive social skill and behaviours (Dodge, 2008). These limitations can create a cyclic pattern of isolation or peer rejection. Improving children' social skill can offset the development of more serious maladjustment (Bloom, 2007). Therefore, it is critically important to persons with social disorder

that accurate assessment and treatment of social skill be part of any credible effort to improve quality of life (Dodge, 2008). Social skill is a set of abilities that initiate and maintain positive social relationships, develop friendships with peers and to create adjustment in the school. The socialization of children is the acquisition of social skill. In the process of socialization, norms, skills, values, attitudes and behaviour are shaped.

Children with poorly developed social skill often have not only problems in achieving planned goals, but also long-lasting problems in psychosocial development (Bloom, 2007). Children with deficient social skill mostly lack cooperation and communication skills, as well as the ability to respond positively to peers and the ability to develop friendships (Bilić-Prčić, 2007). Social skill, which is sometimes called competence, entails understanding, planning, and performance in order to achieve better social interaction. Shahrur (2012) stated that social skill has a constructive role in shaping adjustment abilities both in childhood and adulthood. Children with greater social skill are generally better accepted by their peers and emotionally healthier. They show a greater degree of readiness and develop better interpersonal relationships and better social adjustment. On the other hand, children with a deficit of social competence have issues with positive social interactions as well as peer acceptance, and demonstrate less pro-social behaviour (Bloom, 2007).

Getting along with other people is an important part of life. Examples of social skill include cooperation, assertion, responsibility, self-control, and empathy (compassion). There are plenty of strategies and actions that can be taken in the field of children's education. The most important ones are social skill and peer interaction strategies (Terpstra, 2008). Eliot (2002) defines social skill as a favorable acquired behaviour that enable one to interact with others in an

effective way and gain their positive reactions and avoid their negative reactions (Botsford, 2013). Lack of social skill had a negative effect on the man and results in various problems such as behavioural disorders and lack of reconciliation in interpersonal relationships. Poor social skills of children are susceptible to those with psychological disorders (Segrin & Taylore, 2007). Therefore, a child with poor necessary social skill will have difficulty with joining social groups, finding friends, and socializing with their relatives. So, their feeling of isolation can damage their communicative effort in turn and social and behavioural problems threaten their normal growth and development.

Review of Empirical studies

Relationship between Depression and Social Adjustment

Different scholars have worked on the relationship between depression and social adjustment. The reports of some of the scholars are as follows: Deniz, Mehmet and Ebru (2008) compared psychological responses of internally displaced and non-displaced Turkish Cypriots. The sample of this study was derived from a sample of a larger household survey study conducted on 408 adult people taken randomly from three different districts. The outcomes indicated that the internally displaced persons (IDPs) were subjected to traumatic incidents at a higher degree due to killing, displacement, captivity, or killing of family members and relatives and the rate of posttraumatic stress disorder (PTSD) of IDPs is 20%, and is significantly higher than for non-displaced persons.

Also, Marina, Ebru, Tanja and Metin (2011) using a cross sectional survey investigated factors associated with posttraumatic stress disorder and depression in war- survivors displaced in Croatia. A cross-sectional survey was conducted between March 2000 and July 2002 with a

sample of 173 internally displaced persons or refugees and 167 matched controls in Croatia. Clinical measures included Structured Clinical Interview for DSM-IV and Clinician-Administered PTSD Scale. In two logistic regression analyses, the strongest predictor of PTSD and depression was high level of perceived distress during trauma exposure. The most important determinant of psychological outcomes was perceived stressfulness of war stressors. These findings suggest that it would be effective to use a trauma-focused approach in rehabilitation of war survivors.

Richard, Min, Arun, Richard, Eugene and Jan (2013) studied differential effects of depression and mania symptoms on social adjustment: prospective study in bipolar disorder. Multilevel modeling analysis of correlation coefficients between depression and mania-type symptoms with roles and domains of the modified social adjustment scale (overall, work, social /leisure, extended family, marital, parental social adjustment roles, performance, interpersonal behaviour, friction, dependency, over activity domains) was used. The relationships of depression symptoms with the other roles were weak, non-significant, or not stable. For mania-type symptoms, only the correlation with interpersonal friction was moderately strong and reasonably stable over time. Mood episodes, substance use disorder, and borderline /antisocial personality disorder increased role impairment, while employment and marriage mildly decreased it. Depression and mania-type symptoms have specific effects on social adjustment in bipolar I disorder. Depression symptoms are correlated strongly with performance and moderately with interpersonal behaviour, while mania-type symptoms are correlated moderately with interpersonal friction.

Similarly, Xinyin and Boshu (2013) examined the contributions of depressed mood to social and school adjustment in Chinese children. A sample of children in the People's Republic of China, initially aged 12 years, participated in this two-year longitudinal study. Data concerning depressed mood, and social and academic performance were obtained from multiple sources including self-reports, peer assessments, teacher ratings, and school records. It was found that depressed mood was stable over the two years. Moreover, depression contributed negatively to later social and school achievement and positively to the development of adjustment difficulties. These results suggest that depressed mood is a significant phenomenon in social and psychological development in Chinese children and thus deserves attention from parents, teachers and professionals.

Taiwo, Mohammed, Samuel, Ike, Bill, Oluwatosin (2014) studied the correlates of depression among internally displaced persons after post-election violence in Kaduna, North Western Nigeria. Cross-sectional systematic random sampling was used to select 258 adults IDPs. The researchers used the Hopkins symptom checklist to diagnose probable depression, composite international diagnostic interview for diagnosis of definite depression and communal trauma event inventory to determine exposure to psycho-trauma. Social adjustment was assessed using social provision scale and Harvard trauma questionnaire to diagnose “symptomatic PTSD”. Multiple logistic regression was used to determine independent predictors of depression.

Of the 258 IDPs, the researchers found that 154 (59.7%) had probable depression, and 42 (16.3%) had definite depression. Females were more likely to have probable depression (1.68, 95% CI 1.02–2.78; $p \leq 0.04$) and definite depression (2.69, 1.31–5.54; $p \leq 0.006$). IDPs with co-morbid PTSD were more likely to have probable depression (16.9, 8.15–35.13; $p \leq 0.000$) and de

finite depression (3.79, 1.86–7.71; $p=0.000$). A comorbid CIDI diagnosis of PTSD (AOR 16.6, 7.2–38.6; $p=0.000$) and psycho-trauma of getting beaten (AOR 2.7, 1.6–4.7; $p=0.004$) remained as independent predictors of probable depression among the IDPs. The male gender remained a protective factor against probable depression (AOR 0.3, 0.1–0.7; $p=0.006$). IDPs living in Hajj camp in Kaduna, northern Nigeria developed post-conflict probable depression and definite depression. Female gender, experienced beating and comorbid diagnosis of PTSD were independent predictors of probable depression among the IDPs, while IDPs that were unemployed or retired had more of definitive depression.

Abu and Noriah (2014) examined the levels of depression, anxiety, stress, and adjustments (psychological, social and emotional) faced by Malaysian gifted learners in school. It also investigates the relationship between all these variables under study. A total of 112 students aged 16 years old were involved in the study. The study employs a cross-sectional survey design, and the data was collected using two sets of questionnaires namely, the Depression, Anxiety, and Stress Scales (DASS), and the Social Well-Being Questionnaire (SWBQ). Data shows that local gifted learners experienced some form of depression, anxiety and stress. It is also found that the participants have high levels of psychological, social and emotional adjustments. Strong positive correlations were found between depression with anxiety and stress, whereas negative correlation was found between depressions with all forms of adjustment. The findings of this research provided a fundamental basis to be used in the future development of counseling provision for gifted educational programmes in local school context.

Relationship between Social Skill and Social Adjustment

Many scholars (Demaray 2001; DiPerna, Volpe, & Elliott, 2001) have reported that social skill significantly correlated with social adjustment at different age levels. Also, McClelland and Morrison (2003) reported a significant relationship between children's social skill and their social adjustment. Similarly, Comedis (2014) found a highly positive correlation between social skill and social adjustment. When children's social skill is operational, they are considered to be socially proficient and anticipated that they will be successful in school their academic endeavors.

For instance, Betancourt, Carmel, Stephen, Jennifer, Gillian, and Felton (2012) explored factors associated with internalizing emotional and behavioural problems among children displaced during the most recent Chechen conflict. The researchers used cross-sectional survey (N=183) to examine relationships between social support and connectedness with family, peers and community in relation to internalising problems. Levels of internalising were higher in displaced Chechen youth compared to published norms among non-referred youth in the United States and among Russian children not affected by conflict. Significant inverse correlations were reported between family, peer and community connectedness and internalising problems. In multivariate analyses, family connectedness was indicated as a significant predictor of internalising problems, age, gender, housing status and other forms of support were evaluated. Sub-analyses by gender indicated stronger protective relationships between family connectedness and internalising problems in boys. Results of the study indicated that family connectedness is an important protective factor requiring further exploration by gender in war-affected adolescents.

Similar to the above, Faustine (2015) investigated the relationship between social skill and social adjustment among college students in Tanzania. The findings of the study showed that social skill and social adjustment were significantly related to each other ($r = .431, p < .01$). The study, among other things, recommended that institutions of higher learning should assist students in identifying and addressing potential barriers to social skill and social among college students in Tanzania.

Furthermore, Mauricio, Eva, Rosario and Olga (2015) studied the influence of social motivation, self-perception of social efficacy and normative adjustment on the peer setting. The validation confirmed the three-factor structure of the original scale: social development goals, social demonstration-approach goals and social demonstration-avoidance goals. The structural equation model indicated that social development goals and normative adjustment have a direct bearing on social adjustment, whereas the social demonstration-approach goals (popularity) and self-perception of social efficacy with peers and teachers exert an indirect influence. The Spanish version of the Social Achievement Goal Scale (Ryan & Shim, 2006) yielded optimal psychometric properties. Having a positive motivational pattern, engaging in norm-adjusted behaviours and perceiving social efficacy with peers is essential to improving the quality of interpersonal relationships.

Raza (2015) studied the prevalence of anxiety and depression in internally displaced persons (IDPs). Besides being displaced from their residence exposure to trauma come out to be the important causative factor in creating psychological disturbance among internally displaced persons.

Appraisal of literature reviewed

Taiwo, Mohammed, Samuel, Ike, Bill, Oluwatosin (2014) studied the correlates of depression among internally displaced persons after post-election violence in Kaduna, North Western Nigeria. Also, Deniz, Mehmet and Ebru (2008) compared psychological responses of internally displaced and non-displaced Turkish Cypriots.

Furthermore, Marina, Ebru, Tanja and Metin (2011) investigated factors associated with posttraumatic stress disorder and depression in war- survivors displaced in Croatia. A cross-sectional survey was conducted between March 2000 and July 2002 with a sample of 173 internally displaced persons or refugees and 167 matched controls in Croatia.

Raza (2015) studied the prevalence of anxiety and depression in internally displaced persons (IDPs) in KachaGhari camp and Sheikh Yaseen camp. In addition, Abu and Noriah (2014) examined the levels of depression, anxiety, stress, and adjustments (psychological, social and emotional) faced by Malaysian gifted learners in school.

It is evident from the forgoing that studies abound to show that depression and social skill exert considerable effect on children's social adjustment. The reviewed literature has revealed to the researcher that apart from the fact that most of the studies on the two variables in relation to social adjustment were done outside Nigeria, none of those carried out in Nigeria combined depression and social skill in relation to social adjustment. It is on this basis that this study was carried out to examine how depression and social skill will predict social adjustment of internally displaced children in North-east, Nigeria

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the research design, population of study, sample and sampling techniques, research instrument, procedure for data collection and method of data analysis.

Research Design

Descriptive research of correlational type was adopted for this study. It was considered appropriate because of the nature of the research which involves looking for relationship between two or more variables Depression, Social skill which were independent variables and Social adjustment which was dependent variable. Correlational design according to Waters (2017) is a quantitative method of research in which two or more quantitative variables from the same group of respondents are explored to determine if relationship exists between the variables.

Population of Study

Population for this study was all internally displaced children in internally displaced camps in North-East Nigeria. The target populations consisted of all children between the ages of 3 and 7 years in all the internally displaced camps in Adamawa, Borno and Yobe states in North-East part of Nigeria.

Sampling Technique and Sample

Purposive sampling technique was used to select three states with internally displaced camps in North-East, Nigeria. Also, all the children in internally displaced camps in Adamawa, Borno and Yobe States were purposively selected for this study. Purposive sampling is a sampling technique used when random sampling technique is not possible as a result of few numbers of people with the characteristics of interest. The reason for using purposive was because there were only three internally displaced camps in North-East zone of Nigeria which made simple random sampling impossible to be adopted. Also, considering the age of the children that were involved in the study, simple random sampling was not possible. Hence, this justifies the adoption of purposive sampling in selecting respondents for the study.

Research Instrument

The instrument titled "Depression, Social Skill and Social Adjustment Scale" was used by the researcher for collection of data. It was produced in the three dialects of the local communities in which the research was conducted, that is; Hausa, Fulani and Kanuri language. The languages were used as a means of communication between the researcher, research assistants and the children. The instrument has four sections. Section A contained the background information of the respondents such as age and gender. Section B consisted of 10 items that measured the children's level of depression. Section C contained 10 items that measured social skill, and section D also contained 10 items that addressed the children's social adjustment. Also, Likert scale of 3 points scale choice was adopted for the study in which the children were rated base on the researchers' and research assistant's observation. The different sub-scale are:

Depression Rating Scale (D R S)

These are items which the researcher designed on depression related behaviours. The researcher and research assistants observed the children very well and selected the item that is most applicable to him or her by making a tick (✓) against one of the three options provided. There were no wrong answers to the items but each was carefully rated. Hausa, Fulani and Kanuri language were used as means of communication with the children. This made the children interact and relate in their natural ways since the observers were seen as been part of the children.

Validity and Reliability of Depression Rating Scale: To ensure validity of the instruments, the research instrument was validated by experts in Test and Measurement and Evaluation and other lecturers in the department of Early Childhood and Primary Education after which it was given to the researcher's supervisor for approval.

The reliability of the instrument was determined using test-retest method and Pearson Product Moment Correlation Co-efficient was used to determine the reliability level of the research instrument. Test retest method of reliability enabled the researcher to determine stability of the scales over time. For this, the instrument was administered to some selected internally displaced children in Benue state who share the same characteristics with the intending respondents. After administering the instrument to the pilot group, two separate scores were generated for every respondent in each of the instrument. One score from the first test and the other score from re-test. The two scores of each sub-scale were computed with the aid of Statistics Package for Social Science (SPSS) software. The scale yielded a reliability coefficient

of 0.81. This provided strong basis for the appropriateness of the instrument for the purpose of the study.

Social Skill Rating Scale (S S R S)

The items in the questionnaire were constructed in line with social skill expected of children. The observers observed the children very well and selected the item that is most applicable by making a tick (✓) against one of the three options provided. There were no wrong answers to the items but each should be carefully rated. Hausa, Fulani and Kanuri language were used as means of communication with the children. Examples of the limitations that the researcher and research assistants observed are problems from peers, acceptance of peers' ideas for group activities, initiation of conversations with peers, joining ongoing activity or group without being told to do so, working well with peers, cooperating with peers, giving compliments to peers, inviting others to join in activities, saying good things about himself/herself when appropriate and easily making transition from one group activity to another.

Validity and Reliability of Social Skill Rating Scale: To ensure validity of the instruments, the research instruments was validated by experts in Test and Measurement and Evaluation and other lecturers in the department of Early Childhood and Primary Education after which it was given to the researcher's supervisor for approval in which the instruments was subjected to both face and content validity.

The reliability of the instrument was determined using test-retest reliability and Pearson Product Moment Correlation of Co-efficient of stability of the instrument. Test retest method of reliability enabled the researcher to determine stability of the scales over time. For this, the

instrument was administered to some selected internally displaced children in Benue state who share the same characteristics with the intending respondents. After administering the instrument to the pilot group, two separate scores were generated for every respondent in each of the instrument. One score from the first test and the other score from re-test. The two scores of each sub-scale were computed with the aid of Statistics Package for Social Science (SPSS) software. The social skill sub-scale yielded a reliability coefficient of 0.74. This provided strong basis for the appropriateness of the instrument for the purpose of the study.

Social Adjustment Rating Scale (S A R S)

Observation from social adjustment related behaviours were measured. Where by the researcher and his assistants observed the children very well and select the item that is most applicable to him or her by making a tick (✓) against one of the three options provided. There are no wrong answers to the items but each should be carefully rated. These three languages Hausa, Fulani and Kanuri were used as means of communication with the children.

Validity and Reliability of Social Adjustment Rating Scale: To ensure validity of the instruments, the research instruments was validated by experts in Test and Measurement and Evaluation and other lecturers in the department of Early Childhood and Primary Education after which it was given to the researcher's supervisor for approval in which the instruments was subjected to both face and content validity.

The reliability of the instrument was determined using test-retest reliability and Pearson Product Moment Correlation of Co-efficient of stability of the instrument. Test retest method of reliability enabled the researcher to determine stability of the scales over time. For this, the

instrument was administered to some selected internally displaced children in Benue state who share the same characteristics with the intending respondents. After administering the instrument to the pilot group, two separate scores were generated for every respondent in each of the instrument. One score from the first test and the other score from re-test. The two scores of each sub-scale were computed with the aid of Statistics Package for Social Science (SPSS) software. The social adjustment sub-scale yielded a reliability coefficient of 0.74. This provided strong basis for the appropriateness of the instrument for the purpose of the study.

Procedure for Data Collection

Observation of the internally displaced children were personally done by the researcher with the assistance of three (3) research assistants, the research assistants were trained based on the objectives and purpose of the instruments for the study and the training lasted for four days. The researcher firstly visited the internally displaced camps to obtain permissions from the camp authority with the letter of introduction from the Head of Department, Early Childhood Education that enabled the researcher to gain formal access into the internally displaced person's camps. This facilitated smooth administration of the research instruments. Thereafter, the researcher personally observed the children. The researcher and research assistants observed the children as they interacted and related to their peers and significant others in the camp.

Methods of Data Analysis

Descriptive statistics of frequency counts, percentage were used to describe demographic data of the respondents. Research questions were answered using percentage and mean rating, while the hypotheses were tested with multiple regression, at 0.05 level of significance.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

This chapter is concerned with data analysis and the result of study. Descriptive statistics of frequency counts and percentages were used to analyze demographic information of the respondents, the research questions generated were answered using frequency count, percentage and mean while the research hypotheses formulated were tested using inferential statistics of simultaneous multiple regression. The hypotheses were tested at 0.05 level of significance

Analysis of Demographic Information

Table 1: Distribution of respondents based on Gender

Gender	Frequency	Percentage
Male	255	48.8
Female	268	51.2
Total	523	100.0

Table 1 shows the distribution of respondents based on gender. 255 of the respondents representing 48.8% were male while 268 of the respondents were female representing 51.2%. From the analysis above, it is apparent that female respondents were found to be more in number than male respondents.

Analyses of Research Questions

Research Question One: What is the level of depression of internally displaced children in North-East Nigeria?

Table 2: Table showing the level of depression of internally displaced children in North- East, Nigeria

S/N	Statements	Severe	Mild	Nil	Mean
1	Depressed mood	430(82.2)	91(17.4)	2(.4)	2.82
2	Anxiety	376(71.9)	116(22.2)	31(5.9)	2.66
3	Sadness	395(75.5)	92(17.6)	36(6.9)	2.69
4	Lack of reactivity to pleasant events	324 (62.0)	127(24.3)	72(13.8)	2.48
5	Irritability	286(54.7)	96(18.4)	141(27.0)	2.28
6	Mood-congruent delusions	342(65.4)	149(28.5)	32(6.1)	2.59
7	Physical complaints	402(76.9)	99(18.9)	22(4.2)	2.73
8	Agitation	323(61.8)	152(29.1)	48(9.2)	2.53
9	Paranoid symptoms	335(64.1)	184(35.2)	4(.8)	2.63
10	Depersonalization	316(60.4)	79(15.1)	128(24.5)	2.36
Weighted Mean					2.58
Absent: 0.00 - 1.49		Mild: 1.50 - 2.49		Severe: 2.50 - 3.00	

Table 2 shows the level of depression of internally displaced children in North-East Nigeria. It was observed that the children severely exhibited the following: Depressed mood (Mean = 2.82), Anxiety (Mean = 2.66), Sadness (Mean = 2.69), Mood-congruent delusions (Mean = 2.59), Physical complaints (Mean = 2.73), Agitation (Mean = 2.53), Paranoid symptoms (Mean = 2.63).

However, it was observed that the children intermittently exhibited the following: Lack of reactivity to pleasant events (Mean = 2.48), Irritability (Mean = 2.28), Depersonalization (Mean = 2.36). The weighted mean is 2.58 which is a numeric indicator that the level of depression of internally displaced children in North-East, Nigeria was Severe.

Research Question Two: What is the level of social skill of internally displaced children in North-East Nigeria?

Table 3: Table showing the level of social skill of internally displaced children in North-East Nigeria

S/N	Statements	Always	Sometimes	Never	Mean
1	Invites others to join activities	113(21.6)	107(20.5)	303(57.9)	1.64
2	Accepts peers' idea for group activities	49(9.4)	99(18.9)	375(71.7)	1.38
3	Initiates conversations with peers	100(19.1)	76(14.5)	347(66.3)	1.53
4	Joins ongoing activity or group without being told to do so	28(5.4)	114(21.8)	28(5.4)	1.33
5	Work well with peers	25(4.8)	130(24.9)	368(70.4)	1.34
6	Cooperates with peers without prompting	27(5.2)	132(25.2)	364(69.6)	1.36
7	Gives compliments to peers	23(4.4)	127(24.3)	373(71.3)	1.33
8	Get in problems with peers	29(5.5)	106(20.3)	388(74.2)	1.31
9	Says nice things about himself/herself when appropriate	25(4.8)	90(17.2)	408(78.0)	1.27
10	Makes transition from one group activity to another with ease.	59(11.3)	72(13.8)	392(75.0)	1.36
Weighted Mean					1.39
Low: 0.00 - 1.49		Average: 1.50 - 2.49		High: 2.50 - 3.00	

Table 3 shows the level of social skill of internally displaced children in North-East, Nigeria. It was observed that the children sometimes exhibit the following: Invites others to join activities (Mean = 1.64), Initiate conversations with peers (Mean = 1.53). However, the children never exhibited the following: Accepts peers' idea for group activities (Mean = 1.38), Joins ongoing activity or group without being told to do so (Mean = 1.33), Work well with peers (Mean = 1.34), Cooperates with peers without prompting (Mean = 1.36), Gives compliments to peers (Mean = 1.33), Get in problems with peers (Mean = 1.31), Says nice things about himself/herself when appropriate (Mean = 1.27), Easily makes transition from one group activity to another (Mean = 1.36). The weighted mean is 1.39 which is a numeric indicator that the level of social skill of internally displaced children in North-East, Nigeria was low.

Research Question Three: What is the level of social adjustment of internally displaced children in North-East Nigeria?

Table 4: Table showing the level of social adjustment of internally displaced children in North-East, Nigeria

S/N	Statements	Very well	Fair	Poor	Mean
1	Gets on well with people	19(3.6)	233(44.6)	271(51.8)	1.52
2	Goes to places with friends	50(9.6)	77(14.7)	396(75.7)	1.34
3	Plays with the opposite sex	168(32.1)	83(15.9)	272(52.0)	1.80
4	Interest in playing with others	31(5.9)	143(27.3)	349(66.7)	1.39
5	Gets on well with people around him/her	23(4.4)	123(23.5)	377(72.1)	1.32
6	Responds appropriately when pushed or hit by other children	29(5.5)	100(19.1)	394(75.3)	1.30
7	Engages in appropriate relationship	23(4.4)	138(26.4)	362(69.2)	1.35
8	Have cordial relationship with people	41(7.8)	107(20.5)	375(71.7)	1.36
9	Cooperates with peers without prompting	14(2.7)	150(28.7)	359(68.6)	1.34
10	Controls temper in conflict situations with peers	144(27.5)	45(8.6)	334(63.9)	1.64
Weighted Mean					1.44
Low: 0.00 - 1.49		Average: 1.50 - 2.49		High: 2.50 - 3.00	

Table 4 shows the level of social adjustment of internally displaced children in North-East, Nigeria. The children exhibited the following fairly: Get on well with people (Mean = 1.52), Plays with the opposite sex (Mean = 1.80), Controls temper in conflict situations with peers

(Mean = 1.64). However, the children exhibited the following poorly: Go to places with friends (Mean = 1.34), Interest in playing with others (Mean = 1.39), Get on well with people around him/her (Mean = 1.32), Responds appropriately when pushed or hit by other children (Mean = 1.30), Appropriateness of relationship (Mean = 1.35), Have a good relationship with people (Mean = 1.36), Cooperate with peers without prompting (Mean = 1.34). The weighted mean is 1.44 which is a numeric indicator that the level of social adjustment of internally displaced children in North-East, Nigeria was low.

Research Question Four: What is the relationship between the predictor variables (depression and social skill) and the criterion variable (social adjustment)?

Table 5: Table showing the relationship between the predictor variables (depression and social skill) and the criterion variable (social adjustment)

Variables	Social Adjustment	Depression	Social Skill
Social Adjustment	1	-.126*	.386*
Depression	-.126	1	-.022
Social Skill	.386	-.022	1
Mean	14.32	24.39	19.85
S.D	4.556	6.483	4.616

Table 5 shows the relationship between the predictor variables and the criterion variable. There was negative relationship between social adjustment and depression (-.126) while the relationship between social adjustment and social skill was quite positive (.386).

Analysis of Research Hypothesis

Research Hypothesis One: There is no significant composite contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment).

Table 6: Summary of regression analysis showing composite contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment)

Model	df	Sum of Square	Mean Square	F	Sig.
Regression	2	1762.029	882.014	50.554	.000
Residual	520	9072.361	17.447		
Total	522	10836.390			

R = .403

R² = .163*

Adj. R² = .160

Table 6 shows the composite contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment). The table reveals that predictor variables (depression and social skill) were statistically significant to the criterion variable (social adjustment) as the (F_(2; 522) = 50.554; R = .403, R² = .163, Adj. R² = .160; P < 0.05) were realized. This implies that about 16% of the variation in social adjustment of internally displaced children in North-East was accounted for by the predictor variables (depression and social skills).

Research Hypothesis Two: There is no significant relative contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment)

Table 7: Summary of regression analysis showing relative contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment)

Model	Unstandardized Coefficients		Standardized Coefficients T		Sig.	Ranking
	B	Std. Error	Beta			
Constant	8.836	1.071		8.247	.000	
Social Skill	.378	.040	.383	9.550	.000	1
Depression	-.083	.028	-.118	-2.940	.003	2

Table 7 shows the relative contribution of the predictor variables (depression and social skill) to the criterion variable (social adjustment): Social skill ($\beta = .383$, $P < .05$) and depression ($\beta = -.118$, $P < .05$). This indicates that the predictor variables (depression and social skill) were significant in their relative contribution to the criterion variable (social adjustment). The table further revealed that social skill has an higher significant contribution to the criterion variable (depression).

Summary of Findings

- a) The level of depression of internally displaced children in North-East Nigeria was severe.
- b) The level of social skill of internally displaced children in North-East Nigeria was low.
- c) The level of social adjustment of internally displaced children in North-East, Nigeria was low.
- d) There was negative relationship between social adjustment and depression while the relationship between social adjustment and social skill was quite positive.
- e) Depression and social skill were significant in their composite contribution to the prediction of social adjustment of internally displaced children in North-East Nigeria.
- f) Predictor variables (depression and social skill) were significant in their relative contribution to the criterion variable (social adjustment) with social skill having a higher significant contribution to the criterion variable (social adjustment).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

The study examined how depression and social skill predict social adjustment of internally displaced children in North East Nigeria. This chapter contains the discussion of findings, conclusion of the study, recommendations for relevant stakeholders and suggestions for further studies.

Discussion of Findings

The thrust of the study is on how depression and social skill predicts social adjustment of internally displaced children in North East, Nigeria. The finding of the study showed that the level of depression of internally displaced children in North-East, Nigeria was high. This means that majority of the internally displaced children have experienced depression. This finding is possible because some children have had traumatic experiences as a result of neglect by parents in the process of seeking for safety of life, poor parenting behaviour, war, kidnapping, insecurity and other malicious activities of Boko Haram in their environment. The result was also plausible where children could not meet their profound need of connecting with others and gaining acceptance into social groups (Deci & Ryan, 2000). This result is in line with that of Reynolds et al. (2006) who reported that many displaced children became depressed when exposed to several distressing events. This result also supported the observation of Raza (2015) that besides being displaced from their residence exposure to trauma come out to be the important causative factor in creating psychological disturbance among internally displaced persons.

The second finding of this study revealed that the level of social skill of internally displaced children in North-East Nigeria was low. This means that majority the internally displaced children have poor social adjustment skill. This result was plausible where there is no avenue for the children to socialize as a result of the security challenges facing the North-East part of Nigeria. The finding is also possible where the internally displaced children are overwhelmed by the thought of the problems happening in their environment thereby preventing them from socializing. This result corroborates the earlier work of Seevers and Jones (2008) who found that internally displaced children through adulthood show poor or inadequate social interactions with others. In the view of Wilbum and Smith (2005), emotional and social adjustment can provide the person with some kind of ability to face the difficulties, and higher self- esteem strengthens one's ability to efficiently tackle with the psychological pressures

Another finding of this study shows that the level of social adjustment of internally displaced children in North-East Nigeria was low. This result could be so when children have poor or low level of social skill. Every child is expected to possess certain skills and experiences that will enable him or her to obtain desirable social achievement in life. In order to successfully accomplish planned goals, a child should develop expressive and receptive language abilities, the ability to follow instructions, problem- solving skills, and a range of social skill. This finding is supported with Gresham et al. (2010) opinion that social skill encompasses specific behaviours which will enable successful accomplishment of social tasks and social adjustment. Similarly, Comedis (2014) opined that when students' social skill is operational, they are considered to be socially proficient and anticipated that they will be successful in school their academic endeavors as he found a positive correlation between social skill and social adjustment in displaced children

Furthermore, the finding of this study revealed a significant negative relationship between social adjustment and depression while the relationship between social adjustment and social skill was quite positive. This means that as depression level increases, the social adjustment level decreases while increase in social skill leads to considerable increase in social adjustment of internally displaced persons. This result is significant where depression negatively affected peoples' relationship with others and prevent them from adjusting favourably to their immediate environment. This is inconsistency with the view of Xinyin and Boshu (2013) who noted that depression contributed negatively to later social and school achievement and positively to the development of adjustment difficulties. These results suggest that depressed mood is a significant phenomenon in social and psychological development in children and thus deserves attention from parents, teachers and professionals. However, Abu and Noriah (2014) reported a negative correlation between depressions and all forms of adjustment.

Finally, the finding of the study revealed a significant composite contribution of depression and social skill to the prediction of social adjustment of internally displaced children in North-East, Nigeria. This means that depression and social skill jointly predict social adjustment of internally displaced children in the North-Eastern part of Nigeria. Apart from the composite contribution, the variables (depression and social skill) were also significant in their relative contribution to the criterion variable (social adjustment) as social skill was found to have a greater contribution to the criterion variable (social adjustment).

Thus, teaching appropriate social skill and providing opportunities and experiences, enhancing social interactions will help children practice and utilize social strategies and skills in all real life situations and environments. Teaching social skill to children can create a sense of

competence, effectiveness, self-belief, planning, as well as purposeful and appropriate behaviour (Segrin & Taylore, 2007). As a matter of fact, it will enhance their capabilities and improve their social skill and also help create a healthy society.

One of the places through which children gain social skill, apart from home, is school. School has been an imperative social setting for children in which social expectations and norms are established to facilitate self-regulating activities and harmonious interactions with both peers and teachers. This implies that social skill is indispensable for children to learn. Some of the skills expected of children according to Givner (2003) include ability to attend to instructions, ignores peers distractions when doing class work, control temper in conflict situations with peers, respond appropriately to peer pressure, receive criticism well, invite others to join in activities, appropriately questions rules that may be unfair, and ability to follow directions to the later. When a child learnt such necessary social skill, it will assist him/her in managing his emotions. Effective emotional management aids children to focus their attention and to engage in class activities by relating positively with peers (Lopes & Salovey, 2006); and thus bring about meaningful social interaction and adjustment. Meaningful social adjustment can be acquired through social process at an inter-psychological level, followed by the development of the child's mental functioning at an intra-psychological level. If social skill of children is harnessed, it might assist them to adjust favourably.

Conclusion

This study examined how depression and social skill predicts social adjustment of internally displaced children in North East, Nigeria. Based on the findings of this study, it can be concluded that majority of the internally displaced children are depressed since it has been revealed that the level of depression of internally displaced children in North-East, Nigeria was high. One can also conclude from this study that the social life of the internally displaced children was not encouraging as it has been revealed from this study that their social skill and social adjustment was low.

It can also be concluded that internally displaced children's social adjustment is a function of depression (mood) and social skill. This conclusion is premised on the finding of the study that revealed a positive relationship between social skill and social adjustment, as well as negative relationship between depression and social adjustment. This means that both depression and social skill predicts social adjustment just that depression negatively predicted social adjustment.

Recommendations

Based on the findings of this study, it is hereby recommended that:

1. It is recommended that mechanisms such as increasing positive interactions and involvement in social related activities should be instituted to increase internally displaced children's exposure to and involvement with the camp environment
2. It is recommended that internally displaced person's camp management should remove all kinds of barriers that prevent the displaced children from fully participating and engaging in

the social interactions. Equipping them with critical social skills, for example, may deepen their involvement in the environmental activities, leading to better social outcomes.

3. Government and authorities of states where camps for internally displaced persons should assist the children in identifying and addressing potential barriers to social adjustment. Effective counseling-based interventions, for example, have been found to be effective in assisting children who have difficulties in adjustment. Other appropriate interventions can also be planned to assist internally displaced children who have problems in coping with demands and challenges of the environment.
4. It is recommended that authorities of internally displaced camps and other stakeholders should continue focusing on creating good environment and ensure availability of social support to internally displaced children.
5. Trained professional workers should be employed to handle the camp activities.
6. Social agencies should endeavor to package programs that could diminish depression in the camps.
7. Religious organization should link up with camp officials to stimulate the attitudes of children in displaced camps.

Limitation of the study

Although displacement occurs in different parts of the country, due to time and budgetary constraints, field work was limited to three of the north-east states; namely: Borno, Adamawa and Yobe, where the highest number of displacement occurs. Assessment of IDP settlements in north-east were only limited to the state capitals of the three states due to high levels of

insecurity. Also, due to time constraint for the study, the researcher could not extend the population of the study to cover IDP camps in North West and North central. The data obtained would have been more robust and complete and this study would have been richer if the researcher covers all internally displaced persons and employ Hopkins symptom checklist to diagnose probable depression for diagnostic of definite depression and communal trauma.

Furthermore, lack of focus on major problems in the camps over many issues like political, economic, social and cultural issues. Although this research intends to explore more on these issues, due to the scope of this study the researcher has omitted it. Also, on arrival to Maiduguri in particular, it was discovered that some IDP camps that the researcher intended to select for the study which has been part of the last camps standing had just been closed and all IDPs reintegrated into diverse areas in the state.

Lastly, Members of the IDPs management agencies and camps officials were reluctant to supply information and assistance, as a direct result of an attack launched by suspected members of the boko haram in one of the camps.

Suggestions for Further Studies

This study analyzed how depression and social skill predict social adjustment of internally displaced children in North East, Nigeria. Based on the findings of the study, future studies should be conducted using internally displaced parents.

This study could even be replicated using a larger sample size with inclusion of some other variables like gender and school location. This study can also be extended outside North-

east, Nigeria with more robust statistical techniques to enhance the generalizability of the findings.

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Appendix A

DEPARTMENT OF EARLY CHILDHOOD AND PRIMARY EDUCATION COLLEGE OF EDUCATION KWARA STATE UNIVERSITY, MALETE

INFLUENCE OF DEPRESSION AND SOCIAL SKILL ON SOCIAL ADJUSTMENT

ENGLISH VERSION

Section A: Personal Information.

Gender: Male (), Female ().

Age Range: 3-7 years

Section B: Depression Rating Scale

S/N		Severe	Mild	Nil
1	Depressed mood			
2	Anxiety			
3	Sadness			
4	Lack of reactivity to pleasant events			
5	Irritability			
6	Mood-congruent delusions			
7	Physical complaints			
8	Agitation			
9	Paranoid symptoms			
10	Depersonalization			

Social skill Rating scale

S/N		Always	Often	Never
1	Get in problems with my peers			
2	Accepts peers' ideas for group activities.			
3	Initiates conversations with peers.			
4	Joins ongoing activity or group without being told to do so.			
5	Work well with peers			
6	Cooperated with peers without prompting			
7	Gives compliments to peers.			
8	Invites others to join in activities.			
9	Says nice things about himself/herself when appropriate			
10	Easily makes transition from one group activity to another.			

Social Adjustment Rating Scale

S/N		Very well	Fairly	Poor
1	Get on well with people			
2	Go to places with my friends			
3	Plays with the opposite sex			
4	Signs of having special friends			
5	Get on well with people around him/her			
6	Responds appropriately when pushed or hit by other children.			
7	Appropriateness of relationship			
8	Have a good relationship with people			
9	Cooperates with peers without prompting.			
10	Controls temper in conflict situations with peers			

Appendix B

JAMI'AR JIHAR KWARA TA JAHA, MALETE, KWARA STATE

HAUSA VERSION

INFLUENCE OF DEPRESSION AND SOCIAL SKILL ON SOCIAL ADJUSTMENT

Sashi A: bayanin akaisirri.

jinsi: Na miji(), Na mache ().

Shekarun yara: 3-7 shekara

Sashi B: muntukusga ujiskeli

S/N		Mai tsanani	Mild or intermittent	Fakowa
1	Tawayaryanayi			
2	Tashin hankali			
3	Bakinciki			
4	Rashin marmariga abubuwan birge wa			
5	Abundayake fustar			
6	Yanayi congruent delusions			
7	Masalolin zahiri			
8	Tada hankali			
9	Halamun firgita			
10	Maida mutumbakomaiba			

Zamanfasahagaujiskeli

S/N		sosai	Damada ma	kokadan
1	Samunmalasa da sa'anni			
2	Yarda da shawaransa'anniaaiyuka.			
3	Farahira da sa'annijuna.			
4	Shiga chin aiyukan da yakegudanaba tare da anyiumarni da hakanba.			
5	Aiki tare da sa'anni			
6	Hadinguwaba tare da hakanyasa			
7	Badayabogasa'anni.			
8	Gayyatasaurasushigoaiyuka.			
9	Fadainabumaikyaugamai da kaikoitalokacindayadache			
10	Komawa a sauwakedagakungiyazuwawanikungiya a sauwake.			

ZamangyaragaujiSkeli

S/N		sosai	Damada ma	Mara kyau
1	Zamanlafiya da mutane			
2	Zuwawajaje da abokane			
3	Wasa da wanijinsi da banakaba			
4	Halamunabokina mu saman			
5	Kyakyawadangatakatskanika da mutane			
6	Daukanmatakidayadachelokachin da yarasukadake .			
7	Dachewandagan taka			
8	Kyakywandangataka da mutane			
9	Hadinkai da abokaniba tare da kaingantaabun.			
10	Rikepushilokachinsabani da sa'ani			

Appendix C

KWARA STATE UNIVERSITY, MALETE, KWARA STATE

INFLUENCE OF DEPRESSION AND SOCIAL SKILL ON SOCIAL ADJUSTMENT

KANURI VERSION

Section A: Personal Information.

Gender: Male (), Female ().

Age Range: 3-7 years

Section B: Depression Rating Scale

S/N		Severe	Mild or intermittent	Absent
1	Hangalnumza'ata			
2	Karukam			
3	Hangalza'a			
4	Hangalza'anankaro, karukijinzimiflezinyi			
5	Awohungalnumsangamd ma			
6				
7	Awa nyazukan			
8	Tawadtuwu			
9				
10				

Social skill Rating scale

S/N		Very well	Fairly	Never
1	Nyajamr'anatta			
2	Sawarijamigoye gone kalloloktuawo			
	klakillediwue ma			
3	Nyasawanummamanaklewadiyo			
4	Lamar jami'soyerogayewandesarnyiro de gulzaiyaba			
5	Klemankidanonya jam so'a			
6	Jamisoklewannamnoluwalaba'ro			
7	Anojamisoyesadinaroaskime			
8	Amma bone kallokida no			
9	Awongalaklenummugulle			

Social Adjustment Rating Scale

S/N		Very well	Fairly	Poor
1	Nyaammakilewa			
2	Nyaammana'ro leno			
3	Nyaferokamunabikke no			
4	Aman ma nan ngalambeji			
5	Nyaammaklewanumno			
6	Wandegranimiloktunyabaksanelan awn nyalezanaro			
7	Namnoklewanyajamiso'a			
8	Klewanyajamiso'a			
9	Jamiso'aklewanamno, luwalaba			
10	Lokfuyisorokanadi gone wandekarumuzatayi			