

Psycho-Social and Health Problems of Hostage-Taking among the Residents of Bayelsa State, Nigeria

Adeyanju Awoniyi Babafemi¹, Gbobbo Josphine Eweinumua² and Dada Ayoola Adekunle^{3*}

¹Department of Community Health Nursing
Faculty of Nursing, College of Health Sciences
Niger Delta University, Nigeria

²Department of Nursing
Faculty of Clinical Sciences, College of Health Sciences
University of Port Harcourt, Nigeria

³Department of Sociology
School of Social Sciences, Howard Campus
University of Kwazulu-Natal, South Africa

*Corresponding author's email: [dadaayoola \[AT\] yahoo.com](mailto:dadaayoola@yahoo.com)

ABSTRACT---- *The study examined the specific experiences, the feelings, the coping strategies of the residents of hostage-taking areas and determined the roles of government and non-governmental organizations in finding a lasting solution to hostage-taking with a view to understanding the challenges they faced as well as assisting practicing nurses and social workers to understand special care and social support needs of the sub group. The study adopted descriptive exploratory approach. Quantitative and qualitative data were collected from 1600 (male and female) residents. Two hundred persons were randomly selected from each of the eight local government headquarters in Bayelsa state and they were interviewed. An interview guide was used and the interview schedule was tested for validity and reliability using the test and retest method. Data from the study were analyzed using descriptive and inferential statistical method along with content analysis of the in-depth interviews. The results indicated medical complaints of pains, malnutrition, malaria, injuries, cholera, HIV/AIDS as a result of rape and displacement as well as social constraints such as poverty, homelessness, neglect, fear, hostility, assaults from military and militants and financial constraints. It was found that the grievance that arose from many years of neglect and social decay was responsible for massive unemployment and restiveness among the youth in the region. Highly educated residents reported better health, and they were more knowledgeable about problems that are associated with hostage taking than less educated residents. Added to that, it was revealed that resident's health status is strongly related to their level of income, level of psycho - social support and accessibility to nursing care. Furthermore, it was revealed that as the residents get older, their health gets deteriorated and their psycho – social supports get reduced and worsens. It is therefore recommended that youth should be engaged in activities that will fetch them money and discourage them from involving in hostage taking.*

Keywords--- Health status, psycho-social condition, militant, Hostage-taking, Niger Delta

1. INTRODUCTION

The Niger-Delta region is today embroiled in violent conflicts over oil (Lubeck, Watts and Lipschutz, 2007; Oghoghomeh and Ironkwe, 2012). Hostage taking kidnapping and armed attacks have intensified in the Niger Delta region, hardly does any day end without account of hostage taking, violence and destruction, recorded in the oil rich but troubled region in which Bayelsa State is among (Uzo, 2007; Oghoghomeh and Ironkwe, 2012). Exploration and mining of natural resources have been known to always affect and change the geophysical environment of the areas where they are carried on. The environmental effect of oil exploitation in the Niger Delta region of Nigeria has contributed in no small measure to the devastation of the fragile ecosystem, thus making the region 'one of the world's most severely petroleum impacted ecosystems and one of the 5 most oil-polluted environments in the world' (Niger Delta Natural Resource Damage Assessment and Restoration Project, 2006; Oluduro and Oluduro, 2012).

The Niger Delta is believed to have been mistreated by government and the oil industries thus forcing the people into abject poverty. The land and rivers are no longer available for farming and fishing (Eloma and Ugwumba, 2014). These was due to struggle for resource control between the States and the federal Government on one hand and the host communities and the government on the other hand, it has led to neglects which have resulted into youth restiveness, militancy, kidnapping and hostage taking of oil and non-oil workers by the aggrieved communities in the region (Effiong

and Etowa, 2012). These have made armed militancy to be identified with the Niger Deltan youths (Eloma and Ugwumba, 2014).

Furthermore, the grievance that arose from many years of neglect and social decay is responsible for the massive unemployment and restiveness among the youth in the region. The criminal act is perpetrated by armed militant groups claiming to have adopted the violent option as a last option to get their demands for resource control met (The Punch, 2007; Eloma and Ugwumba, 2014).

However, the resort to taking innocent people hostage, the frequency of kidnap operations, the swift manner in which release of hostages are often negotiated and ransoms paid raise the suspicion that the huge cash reward involved is the sole reason for the alarming rate of hostage taking and kidnapping in the oil producing areas of Bayelsa State (Central Niger Delta) (The Punch, 2007). The inability of government to sincerely address this underemployment and poverty constitutes another major reason for the persistent crisis in the Niger Delta (Eloma and Ugwumba, 2014).

Kidnapping and hostage taking have made insecurity in the Niger Delta worse (Jacob, Mato and Akintola, 2015). It is sad to note that the pattern of unarmed peaceful protests and demonstrations used by these groups against the unwholesome activities of the oil companies operating in the Niger Delta region has been shifted to a violent one by the armed militant groups, like the Movement for the Emancipation of the Niger Delta (MEND), Movement for the Survival of Ogoni People (MOSOP), Egbesu Boys, Niger Delta People's Volunteer Force (NDPVF), Movement for the Survival of Ijaw Ethnic Nationality (MOSIEN), among others to the extent that the whole region had become highly militarized (Oluduro and Oluduro, 2012; Obioma, 2013; Jacob, Mato and Akintola, 2015). It is basically a militant agitation against environmental degradation, unemployment, poverty, deprivation and marginalisation. These groups usually involve in oil theft, illegal oil bunkering and sea piracy, kidnapping, hostage taking (Albert, 2014; Jacob, Mato and Akintola, 2015), pipeline vandalism, arson and ambush of oil workers, politicians, actors, children, and other important personalities either by kidnapping or taking them hostage which they used as proxies to get government attentions (Oyeniyi, 2010; Jacob, Mato and Akintola, 2015).

The health and psychosocial effects of these have forced government to put in palliative measures and yet it is discovered that Niger Delta still remains largely militarized (Oluwadare and Oyeboode, 2013). Hostage taking has troubled the peace of the individual; and the peace of the society through the activities of the militants because human suffering, destruction of livelihood, constant displacement, fear and acute insecurity disturbs the individual's peace. Hostage taking is disrupting their economics, affecting their health and psychosocial wellbeing and increasing their woes (Oghoghomeh and Ironkwe, 2012).

Oil spillage and gas flares are a great hazard to the ecology of the Niger Delta because (Oluduro, 2012; Oluwadare and Oyeboode, 2013; Eloma and Ugwumba, 2014). The flaring produces acid rain, delays crop yield and creates gases such as methane, which is known for its high warming potentials. All of this contributes to the pollution of the air, which in turn negatively impacts the health of the local inhabitants (Thomas-Roberts 2009; Oluduro, 2012). Unfortunately, Oil spillage and most of the gas flare sites are located within residential areas in the Niger Delta, these have a lots of health implications (Faucon 2009; Idowu 1999; Oluduro, 2012; Effiong and Etowa, 2012; Eloma and Ugwumba, 2014). The toxic waste and chemicals of these spill and flares pollute the land, rivers and the entire atmosphere destroying the soil nutrients and fish. Farming and fishing as the only livelihood of the people is this made almost difficult (Oluduro, 2012; Oluwadare and Oyeboode, 2013; Eloma and Ugwumba, 2014).

The Niger Delta crisis is gendered and has a hidden epidemic of sexual violence against women. Rape, sexual slavery and forced prostitution are all the vices perpetrated against women in the region. All these have physical, psychological and social consequences on the womenfolk and family as a whole (Ola, 2013). The act of rape has not only harshly affected the physical, psychological, socio-economic and socio-cultural aspect of lives of the victims themselves as individuals but also their families, communities and the nation at large (Ola, 2013).

The Amnesty or reintegration programme granted militants are skewed towards the male gender as if the female were not part of it. Militancy is associated with both the male and female youth, therefore, whatever must be done must also consider and accommodate the female gender, the children and the elderly (Ering, Basse and Odike, 2013). Furthermore, the psychological damage of civil strife cannot actually be measured but its effects are however large and highly persistent. For a start, survivors have lost family members, friends, livelihoods and identity. Many are forced by circumstances to live in make-shift tents in refugee camps. Such experience of trauma suffered on a wide scale has psychological consequences and the experience of trauma continues even after the period of crisis (Eloma and Ugwumba, 2014). There are knowledge gaps in the socio-political conditions that have led to the emergence of hostage taking by the militant and the health and the social implication of these have not been addressed.

2. OBJECTIVES

The objectives of the study are to:

1. Identify the psycho-social effects and health problems of the hostage taking rural communities in Bayelsa state.
2. Evaluate why militants indulge in hostage-taking and the effects of the presence of military on the residents.
3. Determine the effects of hostage-taking on the development and provision of infrastructures in the region.
4. Identify the coping strategies concerning hostage-taking among the residents of the area.

5. Document the role of government and non-governmental organizations in finding a lasting solution to hostage-taking
6. Evaluate the effectiveness of nursing and medical services available for the residents of the region.

3. SIGNIFICANCE OF THE STUDY

The study provided knowledge about the psycho-social and health problems of hostage taking among the residents of Bayelsa state, Nigeria. The knowledge and experience of hostage-taking among the residents, psycho-social, cultural, economic, developmental, nursing and health problems had led to the development of interest shown for this study. It is hoped that the findings of the study would serve as an instrument of enlightening the hostage-takers concerning their attitude towards the studied population and besides, the findings will also assist the social workers, nurses, other health care providers and government to understand special needs of the people in the central Niger Delta region.

4. HYPOTHESIS

1. Educational status of residents of hostage-taking region of Bayelsa will determine the psycho-social support of majority of them.
2. The psycho-social support received by the majority of the residents of hostage-taking region of Bayelsa will vary with their age.
3. There will be no significant difference in the psycho-social support received by male residents and female residents.
4. The health status of the majority of the residents of Bayelsa state will vary with their age.
5. The majority of the residents of Bayelsa state will have a significant knowledge of problems that are associated with hostage-taking
6. Easy accessibility to nursing care will affect the health status of majority of the residents of hostage-taking region of Bayelsa state.
7. The health status of majority of the residents of hostage-taking region of Bayelsa state will vary with level of income (finance).
8. The health status of majority of residents of hostage-taking region of Bayelsa will vary with their level of psycho-social support.

Theoretical framework : Robert Merton's Theory of Deviance

Merton's theory of Deviance was used to explain the activities of militants and hostage taking. It was also used to explain what militant and human right activists have in common. Each is working to fight for the right the people in the community. As this example illustrates, behavior that violates accepted norm (such as militants) may be performed with the same basic objective in mind as those of people who pursue more conventional lifestyles Sociologist Robert Merton (1968) adapted Durkheim's notion of anomie to explain why people accept or reject the goal of a society, the socially approved means of fulfilling their aspirations or both.

Merton reasoned that people adapt in certain ways, either by conforming to or by deviating from cultural expectations. Consequently, he developed the anomie theory of deviance, which posits five basic forms of adaptation thus: modes of individual adaptation he used includes:

(1) Conformity	(2) Innovation	(3) Ritualism	(4) Retreatism	(5) Rebellion.
Conformity ++				
innovation +-				
Ritualism -+				
Retreatism --				
Rebellion xx				

In this diagram a "+" means acceptance, a "-" signifies reject, and an "X" means rejection of prevailing values and substitution of new ones (Merton, 1957).

Robert Merton Anomie theory sometimes also termed strain theory or means - ends theory. His primary interest is not so much why a particular individual deviates but why the rate of deviance differs so dramatically in different subgroups within a single society. Anomie referred to a situation in which cultural norms break down because of rapid change. Anomie suicide, for example, can occur during a major economic depression when people aren't able to achieve the goals that they have learned to pursue.

Merton changes the concept slightly, to refer to a situation in which there is an apparent lack of fit between the culture's norms about what constitutes success in life (goals) and the culture's norms about the appropriate ways to achieve those goals (means) (Merton, 1957).

Viewing deviance as a violation of social norms, sociologists have characterized it as any thought, feeling or action that members of a social group judge to be a violation of their values or rules (Douglas and Waksler, 1982), violation of the norms of a society or group (Thomson 2004), conduct that violates definition of appropriate and inappropriate conduct shared by the members of a social system (Jensen, 2007) and violation of certain types of group norms where behavior is in a disapproved direction and of sufficient degree to exceed the tolerance limit of the community (Clinical and Meier, 1968).

5. METHOD

The setting of the study

The study was conducted in all the eight local government areas of Bayelsa state in the central Niger Delta region of Nigeria. All the eight local government headquarters were selected for easy data collection. Bayelsa state is one of the 36 states of Nigeria, it is one of the 8 states that are within the Niger Delta region and it is located in the heart of the Niger Delta (Central Niger Delta) and is the centre of the crude oil which sustains the Nigerian nation. By 1991 census, Bayelsa state had a population of 1,121,693 spread over a land of area of 12,000 square kilometers, most of it is in fact wetland (Dantori Ventures, 2007). In spite of producing the oil wealth that keeps Nigeria afloat. Bayelsa state also constitutes one of the most difficult terrains ever known to man for habitation and management (Dantori, 2007). Bayelsa State was selected as the universe of the study because it possess a very significant number of militants, military, oil workers and expatriates

Design and Participants

The study adopted descriptive exploratory approach to document the psycho-social and health problems of hostage taking among residents of Bayelsa state. Random sampling techniques were used in selecting the respondents. The local government headquarters were also purposively selected because of their ethnic diversity. A sample population of 1600 (male and female) residents constituted the respondents whose ages averaged 38.15 years with a range of 18 to 80 years. Two hundred persons were randomly selected from each of the 8 local government headquarters, and they were interviewed and this cut across the 6 dialectical groups in the state viz: Ijaw, Ogbia, Nembe, Urhobo, Epie and Itsekiri.

Random samplings were used to select the participants by casting of lots to pick the selected ones and the same method was used to select the houses used per each local government headquarter. About 38.1% were single, 54.2% were married, and 50.3% had secondary education while 330.6% of the respondents had only primary education. Majority 87.5% were Christian, 35.8% engaged in farming and fishing, 18.9% were traders while 21.1% were office workers. More than half (51.6%) of the respondents sourced their income through self-employment while 56.6% were from polygamous family.

Instrument

Data was collected with the use of observation and a structural interview guide. The 55 items questionnaire consisted of four (4) sections designed to explore the socio-demographic characteristics of the respondents, the causes, the health problems and psycho-social effects of hostage-taking on the residents, the psycho-social support, the effects of hostage taking as well as the effectiveness of nursing and medical services available for the residents. The questionnaire was translated to pidgin English for less educated respondents. A test retest analysis of the instrument yielded a correlation co-efficient of 0.84. Chi square statistics was used to test the hypotheses at 0.05 level of significance.

Ethical considerations

Permission was obtained from the head of the household and the consent of the respondents and their significant others was obtained and confidentiality was assured, before embarking on data collection. The interview day and time was dictated by each respondent through the family head.

Procedure

The interview guide was used and the fieldwork lasted for 18 weeks. The field work was done by the researchers to ensure that problems that arose in the field were given prompt attention in order to minimize errors. Each interview session lasted between 20 to 30 minutes with an average of 25 minutes. Every one of them was interviewed separately with a short introduction about the purpose of the interview. A sample population of 1600 male and female resident constituted the respondents who were randomly selected from each of the 8 local government headquarters in Bayelsa state. About 200 persons were randomly selected from each of the 8 local government headquarters and they were interviewed. The chiefs were the first point of contact in the community and later the family heads that permitted the researcher to interview the respondent. The consent of the resident to participate in the study was also obtained and confidentiality was assured. Random samplings were used to select the respondents by casting of lot to pick the selected ones in all the local government headquarters in the state. The home addresses and telephone numbers of the residents and their chiefs were collected on the first day of the visit, this enhanced high response rate and made them to cooperate.

Data analysis

The numbers and percentages of the respondents in each group and response category were determined. Furthermore, Pearson's chi square test was used to assess whether the numbers of residents in the categories were significantly different with respect to health and psycho-social variables.

6. RESULTS

As shown in table 1, the common health problems encountered by the residents as related to the activities of the militants include malaria (27.4%) due to exposure to mosquitoes, hypertension (17.5%), Diarrhea (14.9%) which might be due to the effects of drinking water from unhygienic source since the pipelines that supply water to some of the communities had been damaged by the militants, Headache (13.1%), injury from accidents (9.0%). Typhoid fever (7.6%), cholera (5%), and Asthma/chest pain (5.5%).

Table 1: Common Health Complaints of the residents as related to the activities of the militants

S/N	AILMENTS	FREQUENCY	PERCENTAGE
1	Diarrhoea	242	14.9
2	Typhoid fever	123	7.6
3	Cholera	82	5.0
4	Malaria	447	27.4
5	Injuries from accidents	147	9.0
6	Hypertension	286	17.5
7	Headache	214	13.1
8	Asthma/chest pain	89	5.5
	Total	1630	100.0

Some of the respondents have more than one health problem

It was deduced that the most significant strategies of health promotion/maintenance of the residents were good care of oneself like personal and environmental hygiene (26.8%), running away from militants operating areas to prevent injuries, accidents and rapes (26.3%), Good diet (13.5%), boiling of water before drinking (11%), and prayers (9.3%).

Table 2: Psycho - Social and Health Promotion Strategies Employed by the Residents

S/N	CATEGORIES	FREQUENCY	PERCENTAGE
1	Good care (personal & environmental hygiene)	492	26.8
2	Medical check up	113	6.2
3	Exercise	82	4.4
4	Prayer	172	9.3
5	Boiling of water before drinking	201	11
6	Using of mosquito net	45	2.5
7	Running away from militants operating areas to prevent accident, injuries & rape	482	26.3
8	Good diet/adequate rest	247	13.5
	Total	1834	100.0

Some of the respondents have more than one psycho-social and health promotion strategies.

Respondents are divergent in their option and consistent to the extent that not less than 33.2% gave nurses and medical practitioners a pass mark for their sufficient on the residents of militants operating areas of Bayelsa State. Only 380 (23.8%) of the respondents criticized nurses and medical practitioners over their care free disposition to the welfare of the residents of the militants operating areas of Bayelsa State. However, 25% responses were in favour of no attention at all. A Pearson chi square test was used to assess whether the psycho-social support received by the residents could be categorized in terms of how educated they were. Table 3 shown the result that more than 17.5% of the residents of hostage taking areas who did not had more than primary school education also had poor psycho-social support while 53% of those who had at least secondary school education reported good psycho-social support [$\chi^2(2) = 634.71, p < 0.01$].

Table 3; Summary of chi -square showing education and social support

CATEGORIES	f	%	df	X ²	P
At most primary education/poor psycho – social support	280	17.5			
At most primary education/fair psycho – social support	187	11.7			
At most primary education/good psycho – social support	188	11.8	2	634.71	<0.01
At least secondary education/poor psycho – social support	52	3.2			
At least secondary education/fair psycho – social Support	44	2.8			
At least secondary education/good psycho-social Support	849	53			

To test whether age would determine the psycho-social support received by the residents, a Pearson's chi-square test was used and it was deduced that 16.2% of the residents that had poor psycho-social support were 35 years and above. Also majority of the residents 55.5% with good psycho-social support were less than 35 years in age; [$\chi^2(2) = 574.36, p < 0.01$].

TABLE 4: Summary of chi -square showing age and psycho- social support

Categories	F	%	Df	χ^2	P
Less than 35 years/poor psycho-social support	55	3.4			
Less than 35 years/fair psycho-social support	141	8.8			
Less than 35 years/good psycho-social support	888	55.5	2	574.36	<0.01
35 years and above/poor psychosocial support	259	16.2			
35 years and above/fair psychosocial support	130	8.1			
35 years and above/good psychosocial support	127	8.0			

Two sets of Pearson chi square test were conducted to ascertain the extent to how sex influenced the residents' health status, and whether the age of the residents *could* be categorized in terms of their health status. Tables 5 showed the results, that 5.4% of the residents that are male had poor health status while 23.2% of the female residents had poor health status. Also, 23.9% of the male residents had good health while 17.8% of the female respondents had good health. This is because [$\chi^2(2) = 174.9, p < 0.01$].

Similarly, 12.5% of the respondents that had poor health status were 35 years and above and majority 55.6% of the respondents with good health status were less than 35 years in age [$\chi^2(2) = 377.53, p < 0.01$]

TABLE 5: Summary of chi -square showing sex, health status and age

Categories	f	%	df	χ^2	p
Male/poor health status	86	5.4			
Male /fair health status	240	15			
Male /good health status	383	23.9	2	174.9	<0.01
Female/poor health status	372	23.2			
Female/fair health status	235	14.7			
Female/good health status	284	17.8			
Less than 35 years/ poor health status	82	5.1			
Less than 35 years / fair health status	113	7.1			
Less than 35 years / good health status	889	55.6	2	377.53	<0.01
35 years and above/ poor health status	200	12.5			
35 years and above / fair health status	141	8.8			
35 years and above/ good health status	175	10.9			

The result in table 6 indicated that those that were knowledgeable (very knowledgeable and knowledgeable) about the problems that are associated with hostage-taking were significantly more than those that were unknowledgeable [$\chi^2(3) = 391.74, p < 0.01$].

Table 6: The chi-square computation of respondents as per the knowledge of problems of hostage taking

CATEGORIES	f	%	df	χ^2	P
Very knowledgeable	643				
Knowledgeable	545	34	3	371.74	0.01
Unknowledgeable	232				
Very unknowledgeable	180				

The extent to which accessibility to health care (nursing care) affected the health status of the resident was also evaluated. As shown in table 7 more than 48.6% of the respondents reported that accessibility to nursing care strongly affected their health status [$\chi^2(3) = 624.81, p < 0.01$]. Thus, the null hypothesis was accepted;

Table 7: Summary of chi - square showing the influence of Accessibility to health care (nursing care) on the residents health status

CATEGORIES	F	%	df	X ²	p
Strongly affects	778	48.6			
Affects	471	29.4	3	624.81	0.01
Do not affect	151	9.4			
Do not strongly affect	200	12.5			

To test whether income (finance) would determine the percentage of residents with good health status, and whether resident with low psycho-social support would also report poor health, the data was further subjected to two sets of Pearson's chi-square test. The results are presented in table 8.

Table 8: Summary of chi - square showing income (finance), health status and psycho - social support

Categories	f	%	df	X ²	p
Low income/poor health	219	13.7			
Low income/fair health	107	6.7			
Low income/good health	150	9.3	2	341.02	<0.01
High income/poor health	121	7.6			
High income/fair health	122	7.6			
High income/good health	881	55.1			
Poor health/poor psycho-social support	301	18.8			
Poor health/fair psycho - social support	62	3.9			
Poor health/good psycho-social support	58	3.6	2	619.47	<0.01
Good health/poor psycho-social support	82	5.1			
Good health/fair psycho - social support	140	8.8			
Good health/good psycho-social support	957	59.8			

219 (13.7% of the residents that earned low income had poor health status while a larger number (55.1%) of the residents that earned high income had good health status {X² (2) = 341.02, p >0. 01}. The result in table 8 also indicated that 59.8% of the residents who received good psycho - social support also reported good health. However, 18.8% of those who had poor psycho-social support also experienced poor health [x² (2) = 619.47, p< 0.01], this result supports hypothesis 8. The health status of the residents increases as their psycho-social support increases.

Discussion

Residents of hostage taking areas complained of medical conditions such as fever, gastro-intestinal disorders, cholera, malnutrition, sexually transmitted infections, injury from accident, generalized pains, hypertension and other related heart diseases. They are living in these terrible conditions of health because of the cumulative effects of the destruction of the ecological system through oil spills and air pollution from noxious gases that have critically affected their land and water which consistently affect the inhabitants' livelihood as well as causing health hazards

It was gathered from this study that in addition to having a very high infant mortality rate, communities in Bayelsa had the least access to nursing and medical services, housing and safe drinking water. Some of the residents claimed that their children were malnourished because fishes in most of their rivers are dead, and this is their main source of protein and income. Furthermore, it was also revealed that susceptibility to infection like HIV/Aids and rape that they were posed to was due to the activities of the militants and the military that were operating in the region. These are part of their health problems resulting in low life expectancy rate. This was supported by Ola (2013) that infection, illnesses and injuries such as HIV, hepatitis, and other sexually transmitted diseases are also some of the effect of rape in the Niger Delta. UNIFEM (2007) as well as Ola (2013) also reported it further that violence against women such as rape, domestic violence, murder, and sexual abuse, are significant causes of female mortality and a leading cause of injury for women in the Niger Delta.

Residents of hostage taking areas complained of series of psycho-social complaints such as limited opportunities, homelessness, neglects, fear, anxiety, displacement, harassment and frustration. Activities of the militants resulting into hostage taking in the Niger Delta over the years have resulted in a number of environmental, socio-economic and health problems in the region. Niger Delta has become a war zone with devastating impacts on the health, economy and the psychosocial lives of the residents of the region. These activities are impacting on every aspect of their lives and have caused a collapse of traditional communal values of peace they were known for.

The socio-economic problems of the residents of hostage taking areas include, amongst others, poverty, unemployment, ecological deficiencies, malnutrition and poor infrastructural development all resulting in poor psychosocial and health problems. It was revealed that amnesty was offered to thousands of militants that surrendered their arms and ammunition and pledged full loyalty to the government leading to a resurgence of militant activities in the region because other people want to take their own share. These do not solve the problems of the residents because it was not directed to the real problem. This was supported by Ering, Bassey and Odike (2013) that it is important for government to look beyond the amnesty to address the key issues of underdevelopment such as widespread poverty, high level of unemployment and lack of basic infrastructure and amenities and environmental degradation in the region.

It was revealed that residents living around the water side in Yenagoa, Ogboinbiri and her surrounding communities had fled their homes for fear of being caught in a cross fire between the military and the militants and they were yet to confidently return to their homes, hereby complicating accommodation problems in the already congested and overcrowded Inland areas of Yenagoa. As a result of these, their health, economic and social activities have been affected because they lack physiological needs like water and shelter. This agreed with Maduagwu (2007) report that the instability in Niger Delta region is probably the most crucial concern for the country's survival, this could cause psychological problems for the residents and hence health problems.

Women were mostly affected health wise by the activities of these militants and the military. Rape, sexual slavery and forced marriage by the militants are all acts of violence against women. Socially and psychologically, women who have been raped are traumatized and may engage in social vices such as prostitution and substance addicts, This is a significant cause of female mortality, family crisis and a leading cause of injury for women and their family, this might be one of the reasons for women protest because this study revealed that thousands of Niger Delta women took to the streets of Yenagoa, the Bayelsa state capital to protest against women kidnapping. This was supported by Marshall (2004), and Ola (2013) that sexual violence as a tool of war has left hundreds of thousands of women raped, brutalized, impregnated and infected with HIV/AIDS.

Conventional education could also determine the psycho-social support of the residents. This study results confirmed the hypotheses that conventional education provides opportunities for employment, knowledge about health related issues and psycho-social supports. These might have instilled some confidence in the residents and enabled them to face the challenges of hostage-taking activities.

This study results also confirmed the hypotheses that the level of income of the residents of Bayelsa State is strongly related to their health status and the higher the income, the healthier residents become.

Easy accessibility to nursing and health care facility would affect the respondents' health status. This was in line with Oghoghomeh and Ironkwe (2012) and Eloma and Ugwumba (2014) findings that the absence of these basic necessities and infrastructural facilities like pipe-borne water, roads, electricity, hospitals and educational facilities affects the peoples' health and psychosocial wellbeing hereby frustrates their hope for survival and forces them into violent protest.

The health status of the residents was also found to increase as their psycho-social support increases. The health status of the residents are also related to age, that is as the residents get older, their health get deteriorated and worsen and suffered from different kinds of health problems and complications. Similarly the psycho-social support of the residents of hostage-taking areas of Bayelsa state are related to age, that is as the residents get older, their psycho-social support get reduced and worsen this was supported by Ndiribe (2007) report that never-the-less the high incident of kidnapping in Niger Delta particularly that of children and the aged is affecting their health and social status; and it has generated serious concern across the country and has tended to project the agitation of the people of Niger Delta in negative light.

It was also deduced that the resident of the hostage-taking areas of Bayelsa State had a significant knowledge of problems that are associated with hostage-taking This was agreed to by the report of Minwoo (2007) that a distinctive pattern of terrorist hostage taking and kidnapping depending on a particular geographical region which provided practical information and guidelines for the management of similar cases in the future.

Finally, The respondents also stated that the militants should allow government and Niger Delta Development commission (NDDC) to draw up a master plan, that would become a road map for development in the region which will provide a pathway for the building of a rapidly growing economy to eliminate the prevailing extreme poverty as well as foster prosperity through the region because security problem have adversely affected the revenue allocation accruing to the state adding that all hands must be on deck to check the incidence of youth restiveness in the region.

7. IMPLICATIONS FOR NURSING PRACTICES

Both public health and occupational health nurses in the central Niger Delta area should ensure that there is need for the development of oil producing area by observing rules for safety, social and environmental impacts which should be maintained strictly and must not be violated by the oil companies to reduce the damage to their host land and consequently restore the live hood of their communities and hence improve their feeding pattern and health status. This will reduce the environmental hazards posed to the communities by their activities.

The health and social lives of the rural dwellers had been badly affected due to the effects of hostage- taking, the presence of militants and military men in their communities which had exposed them to some health and psychological problems like HIV/Aids, rape, fear, anxiety and homelessness. These was due to their activities since most of the

residents living around the areas where militants operate had been internally displaced so as not to be caught in a cross fire between the military and the militants. Provision of infrastructures such as shelter, roads, water, health centers and hospitals should be ensured by nurses to reduce high infant mortality rate as a result of least access to medical services, safe drinking water as well as giving psychological education to the people concerning the behaviours that promote health and mental wellbeing to alleviate much suffering by laying more emphasis on direct care, health awareness and community education of the residents.

8. CONCLUSION

Many problems that plague hostage-taking areas are problems of finance, fear, anxiety, assault from the militants and military, lack of access to nursing and medical attention, diarrhea which might be due to the effect of drinking water from unhygienic source, cholera, Typhoid fever, malaria, least access to medical services, housing and malnutrition. Care of nurses, health education and conventional education were associated with increased health status and the ability of the residents to cope with militants activities. The level of psycho-social support received affects the health status and was also related to age.

It was recommended that people that were displaced by the militants should be adequately cared for by providing for emergency, food, medical aids and negotiate on their behalf to their safety return to their homes. Future studies should compare the health and psycho-social complaint of young and elderly residents in order to ascertain whether age is really a salient factor in the health and psycho-social status of the residents living in the hostage-taking region.

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