

INFLUENCE OF SOCIAL SUPPORT ON THE MENTAL HEALTH OF INTERNALLY DISPLACED PERSONS IN BAMA, BORNO STATE.

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ABSTRACT

The displacement of individuals due to conflicts is a major concern worldwide. People displaced by insurgency in Nigeria are at risk of developing mental health challenges such as depression, anxiety and stress. Social support however, plays a role in alleviating these mental health challenges. This study examined the influence of social support on the mental health of internally displaced persons (IDPs) in Bama Local Government Area of Borno State. A cross-sectional survey design was adopted in the study. Participants were three hundred and ninety six IDPs, (157 males and 239 females) drawn from the Government Senior Secondary School IDP Camp Bama, using simple random sampling. Data was collected using the Depression Anxiety Stress Scale (DASS-21) and the Multidimensional Scale of Perceived Social Support (MSPSS). Three research hypotheses were generated and tested using linear regression and independent sample t-test. The study found social support to have a significant influence on depression among IDPs at $[F(1, 394) = 7.554 R^2 = .019, p < 0.01]$, social support have a significant influence on perceived stress among IDPs $[F(1, 394) = 8.400 R^2 = .021, p < 0.01]$ whereas social support have no significant influence on anxiety among IDPs $[F(1, 394) = .028 R^2 = .000, p > 0.05]$. The study concluded that social support has significant influence on mental health by alleviating symptoms of depression and stress among IDPs but not with anxiety. It recommends among others that organizations and government agencies involved in providing humanitarian services to IDPs should prioritize and enhance social support programs such as counselling services, support services, and community-building initiatives to strengthen the social support network for IDPs.

Key words: IDPs, Mental Health, Depression, Anxiety, Stress and Social support

INTRODUCTION

Each year a significant number of individuals are displaced from their homes due to violent conflicts and environmental disasters (Internal Displacement Monitoring Center, 2017). According to the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), they reported that in 2021 the devastating effect of Boko Haram insurgency and banditry in Nigeria led to the displacement of over 3.9 million individuals with approximately 2.1 million of the total number been internally displaced. These activities compelled innocent citizens to flee their homes in pursuit of safety thus forcing them into camps (Akuto, 2017).

Internally Displaced Persons (IDPs) is a term used to describe person(s) or groups of people who flee their homes due to, or in order to avoid the effects of armed conflicts or natural/human-made disasters but who are still within the boundary of their country (United Nations Commission on Human Rights, 1998). Even though some IDPs eventually managed to find refuge among friends or relatives, an appreciable percentage of the Nigerian IDPs are settled into makeshift shelters in camps where their basic needs and amenities such as potable water, food, clothing, healthcare, education, and security are either inadequate or not available (International Organization on Migration (IOM) 2018). As a result of the unfavorable camps environment, many IDPs are faced with poverty, malnutrition, overcrowding, poor living conditions, and poor health care (IOM, 2018), risk of diseases such as malaria, acute respiratory infection, malnutrition, and diarrhea (Owoaje, Uchendu, Ajayi & Cadmus, 2016) as well as other mental health challenges such as post-traumatic stress disorder, depression, and anxiety (Roberts, Odong, Browne, Ocaka, Geissler & Sondorp, 2009).

Often times, IDPs are faced with physical displacement, loss of means of livelihood, physical injuries, and loss of loved ones (Seidi & Jaff, 2019; Charlson et al., 2019; & Adesina et al., 2020).

Ugbe, Esu, Efut, Bisongedam, Awa and Ekpo (2022) are of the view that people who flee their homes due to conflict face many challenges both during and after their displacement; and these challenges could be physical and or mental.

The mental health of IDPs following displacement is often characterized by shock, stress, trauma, sadness, anxiety, depression and post-traumatic stress disorder (Olufadewa, Adesina, Oladele & Ayorinde, 2022). Blackmore et al, (2020) assessed the frequency of mental disorders among young refugees and asylum seekers in five different nations and found a prevalence of Post-traumatic Stress Disorder, depression, and anxiety disorders among participants. In a related study, Kaiser et al (2020) found a maximum of 60% of internally displaced persons (IDPs) in Borno State as experiencing at least one symptom related to mental health deficit.

Social support is a protective factor identified that helps reduce the severity of mental health challenges in IDPs. It acts as shields against mental health challenges that may arise as a result of one's exposure to traumatic events (Wright, Kelsall, Sim, Clarke, & Creamer, 2013). Social support involves a form of assistance received by an individual. This form of support may include emotional, material or otherwise. Additionally, social support can be distinguished by the source of support, which may come from a spouse, relatives, friends, or other individuals (Gariépy, Honkaniemi & Quesnel-Vallée, 2016). It has also been found to enhance treatment outcomes among victims of trauma (Danielson et al., 2017; Panagioti, Gooding, Taylor & Tarrier, 2014).

Bama is a local government in Borno state that have witnessed violent attack from Boko Haram, leading to the displacement of a large number of individuals. These attacks and subsequent displacements have exposed inhabitants to mental health challenges such as depression, anxiety, and stress. While several literatures have identify the consequences of displacement on mental health, there have been dearth of studies like Oginyi, Mbam and James (2017); Kaiser, Ticao, Boglosa, Minto, Chikwiramadara, Tucker and Kohrt (2020), which focus on social support and its influences on the mental health of IDPs in Nigeria. This study therefore seeks to examine the influence of social support on the mental health with reference to depression, anxiety and stress of IDPs in Bama, Borno State.

Objectives of the Study

The primary objective of the study was to examine the influence of social support on the mental health of IDPs in Bama Borno State. The specific objectives include:

- i. To determine the influence of social support on depression among IDPs in Bama.
- ii. To determine the influence of social support on anxiety among IDPs in Bama.
- iii. To determine the influence of social support on perceived stress among IDPs in Bama.

Significance of the Study

Armed conflict and its consequences on the mental health of IDPs have been researched on. However, less is known on the influence of social support on their mental health. This study will therefore add to the existing but minimal body of literature regarding the influence of social support on mental health.

An understanding of the influence of social support on the mental health of IDPs in Bama, will provide evidence-based recommendations that can be used by humanitarian organizations and mental health practitioners involved in the provision of support services for IDPs.

Findings from this study will contribute to the minimal literatures on factors that influence mental health with particular focus on the role of social support in post-conflict settings. The research will

serve as relevant reference material for future researchers interested in conducting related research.

Research Hypotheses

It is hypothesized in this study that:

- i. Social support will have a significant influence on depression among IDPs in Bama.
- ii. Social support will have a significant influence on anxiety among IDPs in Bama.
- iii. Social support will have a significant influence on stress among IDPs in Bama.

LITERATURE REVIEW

Mental health is an integral part of our overall well being. World Health Organization (WHO) (2022) defines mental health as a state of well-being which enables people cope with life stresses, actualize their potentials, learn and work well, as well as contribute positively to their community. It is one area of our health that can impacts on an individual in terms of the quality of life. Hence, poor mental health can create a lasting detrimental effect on the individual, his/her relationships as well as work.

Among the determinants mental health deficits, displacement of persons due to armed conflicts and other natural or human made disaster is one that do have long-term negative consequences on their mental health (Burns, Wickramage, Musah, Siriwardhana & Checchi, 2018). Compared to others not displaced, IDPs face higher rates of mental health challenges such as depression, anxiety, posttraumatic stress disorder as well as other emotional problems (Debbarma, Majumdar & Bhattacharjee, 2021). Social support is however an important factor that influences mental health by alleviating the negative symptoms (Wright, Kelsall, Sim, Clarke, & Creamer, 2013).

Social support and Depression

Depression is a widely observed mental health disorder globally which affect approximately 3.8% of the world population (WHO, 2022). The American Psychological Association (2022) describes it as an illness involving changes in mood characterized by excessive sadness, loss of interest in things/activities one usually enjoy, significant changes in appetite, weight gain or loss, sleep problem, feelings of worthlessness or excessive guilt, inability to concentrate as well as recurring thoughts of death or suicidal ideation lasting for at least two weeks.

Social support has been identified to influence depression. A study conducted by Andersen, Elklit and Pihl-Thingvad (2023) on the role of social support in mitigating depressive symptoms on individuals exposed to work related violence and threats, found that social support significantly predicted lower level of depression after three months. In other words, depressive symptoms were significantly lower among employees who experienced stable or increased level of crisis social support in contrast to employees who experienced lower crisis social support over the same period. In a similar study, Grey, Arora, Thomas, Saneh, Tohme and Abi-Habib (2020) examined the influence of social support on different measures of psychological health among young people undergoing self-isolation during Covid-19. The study found those who reported higher levels of social support were less likely to experienced depression compared to those who received low social support. Furthermore, those with higher social support also experience better sleep quality compare to their counterparts with lower social support.

In Ile-Ife Southwest Nigeria, Ayamolowo, Olajubu and Akintola (2019) examined the relationship between perceived social support and depression among pregnant and child-rearing teenagers. Finding showed social support correlated negatively and significantly with depression.

Various sources of social support may have different impact on depression. Kugbey, Osei-Boadi and Atefoe (2015) examined the impact of social support from family, friends and significant

others on the levels depression, anxiety and stress among undergraduate students of University of Ghana. Results showed that levels of depression in participants was significantly influenced by support from friends and significant others, level of anxiety was not significantly predicted by any form of social support whilst level of stress experienced by students was significantly influenced by social support from family. Similarly, a study carried out by Alsubaie, Stain, Webster and Wadman (2019) also had similar outcome.

From the literature reviewed, it can be concluded that social support do influence mental health by ameliorating the symptoms of depression due to the presence of social support which may be through family, friends and significant others; with support from families and friends as having the more influence.

Social support and Anxiety

Anxiety is a mental health challenge that involves excessive fear, worry, avoidance, and compulsive behaviors (Marsh, 2015). Wiedemann (2015) describes anxiety as an intense feeling of fear and unease, accompanied by physiological reactions like trembling, sweating, increased heart rate and blood pressure, and muscle tension. These symptoms can significantly impact the daily functioning and causes distress. Almost everyone experiences feelings of anxiety occasionally, which can be seen as a normal aspect of been humans (Obi-Nwosu, Charles, Chinenyenwa & Kingsley, 2016). It is considered an illness only if it causes distress and impaired functioning.

Social support has demonstrated to significantly influence anxiety in previous studies. For instance, Scardera, Perret, Ouellet-Morin, Gariépy, Juster, Boivin, Turecki, Tremblay, Côté and Geoffroy (2020) carried out a study to investigate the influence of social support on anxiety and found that social support have positive significant influence on anxiety. Wang, Zhong and Fu (2022) while anchoring on their research on the buffering model of social support in reducing the psychological effect of exposure to stressful events, examined the perception of social support in health workers at its influences on anxiety symptoms during the COVID 19 pandemic. Result showed that perceived social support was negatively associated with symptoms of anxiety.

Contrary to the outcomes of social support and anxiety from many literatures, a study by Fatimah, Rachmi and Indracahyani (2019) found insignificant relationship between social support and mental health measured in terms of depression, anxiety and stress. Fatimah (2019) and colleagues examined the influence of social support on emotional status among patients with chronic obstructive pulmonary disease (COPD) and found that none of measures of emotional status namely depression ($p = 0.921$), anxiety ($p = 0.184$) and stress ($p = 0.795$) had significant relationship with social support.

From the literature reviewed above, there are mixed results regarding the relationship between social support and anxiety. While studies like Ebrahimi, Hosseini and Rashedi (2018) found a positive relationship between the two variables, Fatimah et al (2019) found no correlation between the two variables. This could be ascribed to factors relating to the age and gender of the participants.

Social Support and Stress

Greenberge and Baroon (2000) define stress as an individual's personal, physiological, and emotional responses to stimuli. Similarly, Lazarus and Folkman (1984) explain that stress is a mental or physical experience that arises from one's cognitive evaluation of a stimulus which is influenced by their interaction with the surrounding environment. Stress occurs when there is a perceived mismatch between the demands of the environment (stressors) and the person's ability to meet those demands (Malach-Pines & Keinan, 2007). Perceived stress encompasses an individuals' subjective assessment of their inability to control and predict their life in relationship

to the frequency of hassles they encounter, the amount of change happening in their life, and their confidence level in handling problems or difficulties (Lazarus & Folkman, 1984).

Studies on the influence of social support on stress have been carried out. Deegan and Dunne (2022) examined social support in coping with stress and psychological well-being among a sample of 196 farmers. Outcome showed higher levels of social support were associated with better psychological well-being. In other words, social support particularly from family was significantly associated with farm and financial related stresses; while social support from friends and significant others had stronger effect on psychological well-being compared to social support from family.

In another study, Samson (2020) examined the levels of depression, anxiety and stress and perceived social support among 680 female nursing students in Kathmandu, Nepal. The study found that perceived social support had a significant impact on the levels of stress, anxiety, and depression among Nepalese nursing students.

Baqutayan (2011) conducted an experiment to assess the importance of social support in dealing with academic stress. While the experimental group received classes on social support as a way to cope with stress, the control group did not. Findings showed significant differences between the experimental group and the control group in terms of stress and social support. Ultimately, the experimental group demonstrated better coping mechanisms for academic stress compared to the control group.

METHOD

Research Design

The study adopted a cross-sectional survey research design. The survey evaluated the influence of social support on the mental health of IDPs in Bama Local Government Borno State.

Population, Sample and Sampling Techniques

Participants were IDPs resettled at the Government Senior Secondary School (GSSS) IDP Camp in Bama Local Government Area of Borno State. The Camp was set up in 2017 and equipped to accommodate 25,000 IDPs but as it stands currently, the camp plays host to 43,901 persons comprising of 14,556 households including adult males and females as well as children.

Sample for the study was determined from the total population (43,901) using the Taro Yamani formula as shown below:

$$n = \frac{N}{1+N(e^2)}$$

Where N is total population and e is tolerable error 0.5%

$$n = \frac{43,901}{1+43,901(0.05^2)}$$

$$n = \frac{43,901}{1 + 109.75}$$

n = 396.39. This figure was later approximated to 400.

Simple random sampling was used to select the 400 participants for the study. Participants were made to choose from a hat containing paper written on Yes or No respectively and rolled into balls. Only those who picked **Yes** written on the paper were selected whereas those with NO written on their papers were excluded.

Instruments

Instrument used to collect data include the Depression Anxiety Stress Scale (DASS-21) and the Multidimensional Scale of Perceived Social Support (MSPSS).

Depression, Anxiety and Stress Scale (DASS-21)

The DASS-21 is a self-report instrument developed by Lovibond and Lovibond (1995). It has three sub-scales ie the Depression, Anxiety and Stress sub-scales respectively (Tran, 2013). Each subscale contains 7 items, making a total of 21 items in the questionnaire. The DASS 21 item scales have high alpha values 0.91 for Depression, 0.84 for Anxiety, and 0.90 for Stress (Lovibond & Lovibond, 1995). Coker, Coker, and Sani (2018) assessed the psychometric properties of the DASS-21 among Nigerian population and found it to demonstrate good internal consistency and validity in terms of discrimination, concurrent validity, and convergent validity.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) is a self-report tool comprising 12 items designed to measure perceived levels of social support (Zimet, Dahlem, Zimet, & Farley, 1988). Responses are rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). According to Zimet et al (1988), the MSPSS demonstrates strong reliability with Cronbach alpha ranging from 0.85 to 0.91. Also, Bello et al., (2022), reported a Cronbach Alpha reliability index of 0.93 and a mean split half correlation coefficient of 0.89 which both indicate that the MSPSS is a reliable instrument for the measurement of social support among Nigerian population (Bello et al., 2022).

Procedure

Permission was sought and obtained from the IDP camp administrator to conduct the research. Collaboration was later sought with local organizations, NGOs and government agencies working in the camp to gain access to prospective participants. The purpose of the study was explained to the sampled participants after which their consent to participate in the study were sought. Questionnaires were then administered to them. The researcher and team took time verbally to translate the items into Hausa for those who don't understand English.

Ethical Considerations

The research adhered strictly to ethical guidelines in conducting research through the following:

- I. The purpose of the research was first explained to participants after which their consents were sought verbally.
- II. Participants' decision to either continue or withdrawn from the research was respected.
- III. Privacy and confidentiality were strictly observed all throughout the research process.

Data Analysis

Data collected was analyzed using descriptive and inferential statistics. While frequency and percentage were used for the demographic data, linear regression analysis was employed to test the hypotheses.

RESULT

Data Presentation

A total of 400 questionnaires were administered and all retrieved successfully. However, only 396 of the questionnaires were included in the final analysis while four were discarded due to incomplete responses.

Table 1: Demographic Characteristics of Participants.

Variable	Frequency (n)	Percentage (%)
Age (M = 31.37, SD = 9.82)		
13 - 25 years	108	27.3
26 - 38 years	196	49.5
39-51 years	79	19.9
52 - 64 years	12	3.0
Sex		
Male	157	39.6
Female	239	60.4
Religion		
Christianity	38	9.6
Islam	344	86.9
Others	4	1.0
Marital Status		
Single	75	19.1
Married	237	60.3
Separated	37	9.4
Divorced	27	6.9
Widowed	17	4.3

Table 1 shows the demographic characteristics of participants. The age of the respondents ranged between 13 and 64 years with an average of 31.37 years. Participants aged between 26-38 years were the majority 196 (49.6%) while those aged between 52-64 years were the least with 12 (3%). Females constituted a larger percentage of the participants 239 (60.4%) compared to male respondents 157(39.6%). Majority of the respondents 344 (96.9%) practice Islam, 38 (9.6%) practice Christianity while 4 (1%) are adherents of other religions. Of the total participants, 237 (60.3%) of the respondents were married, 75 (19.1%) were single, 37 (9.4%) were separated, 27(6.9%) were divorced and 17(4.3%) are widowed.

Test of Hypotheses

The study postulated three hypotheses based on the research objectives. These hypotheses were inferentially tested and the results presented in this section.

Hypothesis 1: The first research hypothesis stated that, social support will have a significant influence on depression among IDPs in Bama Local Government Area. The hypothesis was tested using linear regression. Summary results of the analysis are presented below.

Table 2: Regression of Social Support on Depression among IDPs

Variable	B	T	R	R ²	F	Sig.	Remark
(Constant)	56.430	49.436	.137 ^a	.019	7.554	.006 ^b	Significant
Depression	-.278	-2.749					

a. Dependent Variable: Social Support

b. Predictors: (Constant), Depression

The summary results of linear regression presented in table 3 indicates that social support have a significant influence on depression [$F(1, 394) = 7.554$ $R^2 = .019$, $p < 0.01$]. The standardized coefficient (B) value of -.278 indicates that a unit increase in social support leads to 0.278 unit decrease in depression. Also, as indicated by the coefficient of determination, depression explains 1.9% of the variance in depression among IDPs in Bama Local Government Area. The hypothesis was therefore confirmed.

Hypothesis 2: Social support will have a significant influence on anxiety among IDPs in Bama Local Government Area. The hypothesis was tested using linear regression and summary results presented in Table 3.

Table 3: Regression of Social Support on Anxiety among IDPs

Variable	B	T	R	R ²	F	Sig.	Remark
(Constant)	53.891	47.588					
Anxiety	.018	.169	.009 ^a	.000	.028	.866 ^b	Not significant

a. Dependent Variable: Social Support

b. Predictors: (Constant), Anxiety

Table 3 shows the summary regression results of social support on anxiety among IDPs in Bama Local Government Area. It indicates that social support has no significant influence on anxiety [$F(1, 394) = .028$ $R^2 = .000$, $p > 0.05$]. The hypothesis was therefore not confirmed.

Hypothesis 3: Social support will have a significant influence on perceived stress among IDPs in Bama Local Government Area.

Table 4: Regression of Social Support on Stress among IDPs

Variable	B	T	R	R ²	F	Sig.	Remark
(Constant)	56.555	49.680					
Stress	-.297	-2.898	.144 ^a	.021	8.400	.004 ^b	Significant

a. Dependent Variable: Social Support

b. Predictors: (Constant), Stress

The summary results of linear regression presented in table 5 indicates that social support have a significant influence on depression [$F(1, 394) = 8.400$ $R^2 = .021$, $p < 0.01$]. The hypothesis was therefore confirmed.

DISCUSSION

The present study examines the influence of social support on mental health of IDPs in Bama Borno State. To achieve its objectives, the study postulated and tested three hypotheses.

Findings from analysis of the first research hypothesis showed that social support have a significant influence on depression among the IDPs. Specifically, social support influences depression such that the presence was associated with a decrease in depression as revealed by the result of the regression analysis. In other words IDPs who experience social support were likely to be less depressed compared to those with low or no support. This finding is supported by findings of Andersen et al., 2023; Ayamolowo et al., 2019; Olajubu & Afolabi, 2019. Social support consists of emotional, instrumental and informational assistance from ones social network such as family, friends and community. IDPs are people who have been displaced from their original homes. Before now, were surrounded by loved ones and community members who provided support. But due to the displacements, have lost loved ones, friends and relatives. But because the camp have provided them with care, love and supports, mental health challenges such as depression have reduced. The finding shows that IDPs who still have some level of social support or those who were able to build meaningful relationships after their loss have lower odds of being depressed.

Results of analysis from the second research hypothesis showed that social support have no significant influence on anxiety on the IDPs. In other words, findings showed that social support does not have a significant influence on anxiety among the IDPs. This finding agrees with Fatimah et al (2019) who found that social support have no significant relationship with anxiety among a hospital sample in Jakarta, Indonesia. The finding however disagrees with most other studies which examined the influence of social support on anxiety (Priego-Cubero, et al., 2023; Zhong &

Fu 2022; Scardera et al., 2020). These studies all found that social support have significant influence on anxiety. The disagreement between the finding of this study and those of previous may be explained by the possibility that the most IDPs in this study have developed coping strategies that effectively manage their anxieties regardless of the social support received and therefore, the direct influence of social support on anxiety may be less noticeable. It may also be ascribed to the reason that many of the IDPs are aware or accustomed to the activities of insurgency and may have developed resilience over anxiety over time.

Findings from the third research hypothesis analyzed indicates that social support has a significant influence on perceived stress on the IDPs. In other words, the presence of social support significantly reduces stress. The finding suggests that IDPs who have access to supports from families, friends or significant others are considerably less likely to feel the stress of displacement compared to those without access to social support. The finding align with other findings such as Deegan and Dunne (2022); Samson (2020) and Marhamah and Hamza, (2016) who found that social support have a significant influence in reducing stress among individuals exposed to trauma. The finding is also in line with the stress-buffering hypothesis of social support. As suggested by the hypothesis, social support helps reduce the perceived threat of stressful events by altering the way they are evaluated and that, social support can minimize the negative impact of stress on the immune system and behavioral patterns. Social support provides an individual with a sense of belonging and community engagement which are psychologically comforting. The presence of trust and solace which social support offers, enables the IDPs to have a place to turn to especially during this challenging phase of their lives thus help reduce feeling of helplessness. This sense of connection can counteract the psychological impact of stressors commonly faced by IDPs, such as trauma, loss of homes and uncertainty about the future.

In summary, displacement on individuals through violence and armed conflict is of utmost concern and more worrisome is the impact displacement has on the mental health of the individuals. However, some IDPs experience positive mental health due to the presence of personal or environmental factors. Social support is considered one factor which helps in alleviating the mental health deficits experienced by IDPs. From the data collected and analyzed, the study found social support does have a significant influence on depression and perceived stress but doesn't significantly influence anxiety.

Conclusion

The present study sought to examine the influence of social support on the mental health of IDPs in Bama, Borno State. Outcome from the study showed that social support do have significant influence on alleviating symptoms of depression and stress but not with anxiety among IDPs. It can be concluded that the presence of social support in whatever form do help in reducing the mental health challenges particularly depression, anxiety and stress among IDPs exposed to violence.

Recommendations

Based on the findings of the study, the following recommendations are made:

- i. Given that social support significantly influences mental health by alleviating symptoms of depression and perceived stress among IDPs, it is recommended that organizations and government agencies prioritize and enhance social support programs such as counseling services, support groups, and community-building initiatives to strengthen the social support network for IDPs.
- ii. Mental health challenges still exist among the IDPs, mental health services should be made available for those who may be experiencing these issues with periodic assessments conducted to help identify individuals who may require social or other supports.

Limitations of the Study

The study is not without limitations; they include:

- i. In the cause of data collection, researcher encountered challenges owing to language barrier particularly for participants who don't understand English. Researcher and his team had to spend more time and effort in translating each items to them in their local dialect.
- ii. As it is with studies that rely exclusively on self-administered questionnaire, the data collected may be limited by response bias where participants give socially acceptable responses that do not reflect their true feelings thus influencing the study results.

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