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## Occupation-based Intervention and Evidence of Happiness among Internally Displaced Jobless Workers in Times of Crisis

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**Abstract** Occupation-based intervention has become an important practice in the treatment of Internally Displaced Persons (IDPs) but it has received marginal attention in the integrated treatment plan. The paper argues that this is an oversight recognizing that IDPs suffer from job loss due to displacement and ensuing economic hardship, endemic psychological dependence and emotional disorders. It further submits that adult IDPs constitute a bulk of displaced workers and occupational therapy is capable of promoting life satisfaction, a dimension of psychological wellbeing for IDPs. Drawing from interventions on IDPs of the Anglophone crisis in Cameroon by some development agencies, the paper asserts that livelihood behaviors and vocational training constitute key determinants of happiness among the forcibly displaced. A quantitative survey was used and 268 participants (104 males; 164 females) were recruited from selected NGOs in Bamenda municipality using purposive sampling. A questionnaire with sub-scales and aggregate alpha,  $\alpha=0.833$ , was used to gather information and descriptive and inferential statistics used for analysis. Findings revealed that livelihood behaviors were able to predict variation in happiness of IDPs at 55.9%, while vocational training estimated the variation at 75.4%. It was evident that occupation-based intervention predicted happiness of the forcibly displaced. However, it was observed that the mean for livelihood behavior and happiness was low as compared to vocational training, indicating challenges faced in the design and implementation of occupational therapy. Findings from the study revealed that occupational therapy should be advocated and reinforced as a viable component of the integrated treatment plan for IDPs and as a driver of life satisfaction and more rigorous research should be promoted.

**Keywords** Occupational therapy; livelihood behaviors; vocational training; happiness; jobless IDPs; protracted-Anglophone-conflict

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## 1. Introduction

Today, acquiring essential life skills is crucial in order to adapt to changing environmental situations and meet with exigencies (Abaoğlu, Cesim, Kars & Çelik, 2017), particularly in times of crisis and ensuing humanitarian disaster. Internally Displaced Persons (IDPs) the world over constitutes a serious economic, social and cultural challenge (Torosyan, Pignatti & Obrizan, 2018), and their conditions are even worse in sub-Saharan Africa. As a response to growing needs of the jobless IDPs, many interventions have been initiated for job resettlement and restore happiness and psychological wellbeing through medical, economic and psychosocial support interventions. Under any condition, happiness is a much-cherished value in present day society and people do not only seek happiness for themselves but have a growing support to promote happiness in other people (Veenhoven, 2006). This justifies the place of Governments, communities, development agencies and individuals in using different strategies in their efforts to promote happiness for jobless IDPs. Despite the recognition that most IDPs have been displaced from their occupational activities and become jobless, occupation-based therapy is either undermined or casually integrated into the treatment plan. Although often underrated as a measure of performance occupational happiness remains a continuous subjective experience of happiness and a psychological state in which felt needs are satisfied, potentials brought into play, and self-worth realized by work teams in in a professional state (Mang, Luo, Sun, Luo, Wang, Wang, Ge, and Li, 2022). Considering that people from different parts of the world are different in many ways in terms of looks, interest, behavior, culture, and religious beliefs they are united in one thing which is the search for happiness (Stober, 2023), and forcibly displaced persons are not excluded in this search. Occupational therapy is a therapeutic approach designed to enable patients recover from physical or mental illness through the performance of day-to-day activities (Rehab Select, 2024). This is often neglected with ensuing return-to-job challenges of IDPs such as anxiety, frustration and consequent maladjustment in their host environments. Fleeing from the dangers of the crisis, they continue to put their lives at risk. Consequently, IDPs find themselves on a perilous journey to find safety and simultaneously face considerable challenges of socio-economic integration (Ivlevs & Veliziotis, 2018). For instance, conflicts such as wars claim the lives of many people, and forcefully displace the working population that finally transit from their original to host communities. Unfortunately, this goes with little or no response on labor market integration through occupation-base-interventions for the unemployed IDPs. Consequently, it is becoming increasingly imperative for occupational therapists to develop evidence-based practice for IDPs that will embrace all practice dimensions in everyday life occupations (Kristensen & Petersen, 2016), as a therapeutic facility for people on the move suffering from psychological, social and economic distress. In the process, one of the outcome measures is happiness and Austen (2016) explained that in the past, progress was measured only in economic and monetary terms as compared to the present day when life satisfaction and wellbeing are taken more into consideration and happiness has gained a prominent place in global policy. Although many determinants of happiness have been identified for IDPs such as education, food provision, cloths and health assistance, the present study submits that occupational therapy activities are core estimators of happiness in the forcibly displaced.

The Anglophone conflict in Cameroon has inflicted enormous injuries on the wellbeing of the population, and this is even more critical with Internally Displaced Persons (IDPs), who now experience forced and protracted displacement since 2017. In their quest for safety, the forcibly displaced lose their sources of sustenance, leave behind the normal support systems within their communities and consequently embark on involuntary journeys to unknown destinations (Haji, Mohammadkhani & Hahtami, 2011). One of their nightmares is the experience of joblessness or forced unemployment. Joblessness affects the mental well-being of the displaced since it deprives them of fundamental functions of work (Torosyan et al., 2018), and consequently affects their subjective wellbeing. In addition, they suffer from forced idleness due to their inability to integrate the labor market, and their state of happiness depends on benefactors. As IDPs run away from imminent disaster, they abandon the environment they perceived as theirs and are compelled to develop adaptive structures to cope with exigencies while moving on to settle where they find peace and security. In this process of forced displacement job loss is imminent following occupational disorganization and unemployment due to mobility. Job loss is a life event in which paid/unpaid employment is involuntarily taken away from an individual (McKee-Ryan, Song, Wanberg & Kinicki, 2005). This is the fate of the forcibly displaced of the Anglophone crisis, considering that they face several constraints to access the labor market and calls for integrated interventions (Schuettler & Caron, 2020).

Although the analysis of unemployment needs is often done alongside medical, social, economic and psychological needs, this runs short of an inclusive treatment plan that equally promotes the state of employment and return-to-employment strategies for the IDPs. In the treatment plan, it is rather unfortunate that occupational therapy does not constitute a viable component of available aid packages designed to respond to the plight of the IDPs. Anyway, one

could find elements of occupational therapy, but this is unsystematic and haphazardly administered by operating agencies. Main focus is on medical, psychosocial support and at times economic empowerment for IDPs but the lacuna in occupational support is visible and cannot give them the desired happiness. González-Velosa (2018) noted that regular cash transfer programs are frequently used in the forced displacement context but the unemployment effect is often overlooked and leaves the IDPs in a state of desperation. Practices of psychosocial support do not give enough opportunity for the displaced to explore the labor market, take risk, acquire higher-quality work and adapt sustainably to the host environment. This no doubt deprives them of happiness which is a fundamental dimension of mental health outcome. Massimiliano, Brugnara, Ramaci, Kuvačić and De Giorgio (2024) further explained that happiness is a basic human emotional state associated with positive life and work-related outcomes and currently considered a central topic in public health research and practice, and this cannot be undermined in alleviating the plight of the IDPs and therefore constitute the core interest of the study.

Today, occupational therapy is emerging as a viable component of treatment for survivors of disaster and there is a shift from pure physical therapy to work and livelihood activities. According to RehabSelect (2024) occupational therapists work with a multidisciplinary treatment team to gain a detailed picture of the patient as a whole person. Consequently, intervention on dimensions of occupational therapy with focus on livelihood activities and vocational training are capable of determining happiness. As a dimension of occupational therapy, life skills training is also important for homeless people since they may experience problems with unemployment, loss of income, lack of social security, inadequate access to social support and health services (Abaoglu et al., 2017). Anyway, some patchy initiatives on training and economic support or empowerment are observed on the platform of psychosocial support, but with very low intensity and the outcome do not often undergo systematic assessment and feedback. Occupational therapy considers the enhancement of hard and soft skills for return-to-work and execution of activities while investing in vocational training for specific occupations and this goes with cultural, social, economic and psychological benefits to the IDPs. It is also essential to provide opportunities that combine education, training, and work, including the use of internships and apprenticeships than can increase access to jobs and prevent IDPs from being perpetual beggars that tempers with their self-esteem and happiness. McKee-Ryan et al. (2005) explained that many studies have sought to examine the effects of unemployment on individuals' psychological well-being, with fewer focused on the relationship between displaced workers' psychological and physical well-being, and their reemployment probability. The present study submits that the forcibly displaced of the Anglophone crisis are equally displaced from their original communities and occupations occupational therapy is not being projected as part of the comprehensive treatment plan. This is why the study is interested in the overview of the economic plight of IDPs, social and health consequences and whether interventions are capable of producing the desired emotional effects on the IDPs in the host communities.

### **1.1 Occupational distress and plight of the forcibly displaced**

Recognizing the increased mobility drawn from forceful displacement, the Anglophone IDPs are compelled to abandon their occupational activities and experience acute state of joblessness and dependency that has implications on their life satisfaction. Under normal situation, work enables people to have income, meet felt needs with those of dependents, reduce poverty, promote a sense of community (Schuettler & Caron, 2020), and improves the state of pleasant emotions experienced by those in activities. Although this appears temporary and IDPs find challenges resettling in the host community and finding a job, it is complicated since they have to take care of other family members and depend on others for subsistence (ILO, 2016). Negative job market experience is also associated with worsened well-being of individuals, families and communities (Torosyan et al., 2018), and this is the plight of the Anglophone IDPs following protracted displacement. Generally, conflict and violence displace millions of people and the IDPs are the invisible majority of the forcibly displaced (Ivlevs and Veliziotis, 2018), and challenges with health, livelihood and occupations make it difficult for them to find happiness. McKee-Ryan et al. (2005), reiterated that job loss is a highly stressful experience and causes anxiety, depression, and frustration as compared to the employed. This is more critical with the forcibly displaced due to social disorganization and unpredictable mobility as they become strangers in their host communities with challenges of adaptability.

It would be noted that responses to the plight of IDPs of the Anglophone crisis have taken different turns and levels, but this runs short of expectation due the gap in occupation-based treatment. At the onset of the crisis, individuals, families and communities made great efforts to cope through mutual self-help support drawn from the spirit and values of community solidarity. This was often in terms of housing assistance, food supply, material assistance such as cloths and psychological assistance in terms of consolation and advice. The Government and humanitarian

agencies came in with a model of assistance focused on the administration of psychosocial support, counseling, case management and medical care. Although this was very useful and improved their psychosocial wellbeing, this raised more expectations and reinforced dependency complex due to conspicuous absence of a purposeful and systematic occupation-based intervention that could help in return-to-job, generation of income and self-reliance. Assessing and responding appropriately to labor market needs of IDPs allows them to become self-reliant, re-build their lives, regain their self-worth, integrate successfully into the host communities and contribute to the economy (Schuettler & Caron, 2020). Some Non-Governmental Organizations intervene from the standpoint of economic empowerment such as entrepreneurship, job skills, career orientation and petty business support, but this has not been intensive enough to promote return-to-jobs for IDPs. In order to impose order on the vast array of occupational related disorders experienced by the IDPs, occupational therapy is capable of promoting happiness as a responsive option.

The experience of forced displacement affects mental health and economic behavior of forced migrants and these changes have to be analyzed with responsive intervention patterns (Schuettler & Caron, 2020). Unfortunately, Torosyan et al. (2018) lamented that despite the criticality of the IDP employment situation, just a handful of studies have been identified investigating the issue of labor market outcome. Although some reviews on related topics exist and are useful, they are not enough and have not appropriately addressed the design of interventions on labor market integration taking into considerations the job market realities of the local context. For instance, initiatives and studies on job interventions in the context of forced displacement are scarce particularly in Cameroonian. Therefore, a missing link exists and since IDPs are not often satisfied with their financial and employment situation, there is an urgent need for a comprehensive approach to job placement of IDPs (ILO 2016). By understanding the occupational environment and the worker's current capacity to carry out the job, occupational therapy initiatives can design intervention programmes and implement them in a structured environment (Rehab Select, 2024). From the highlights on job loss experience and consequences on IDPs, it is imperative to have a close examination of livelihood activities and vocational training, which are core components of occupational therapy and capable of generating positive emotional experience. The present study uses the Canadian Model of Occupational Performance and Engagement (CMOP-E), necessitated by developments and improvements in knowledge of occupation-based, client-centred and evidence-based occupational therapy practice (Polatajko, Townsend, & Craik, 2007) to facilitate explanations about occupation-focused model. Therefore, the study intends to contribute to the gap in literature and action on joblessness experienced during protracted displacement by investigating dimensions of occupational therapy as determinants of the happiness of the IDPs in times of crisis.

## 2. Occupational therapy

As related by Söderback (2009), the term occupational therapy originated in the United States in 1914, drawn from the philosophical ideas of moral treatment movement, which valued work activities as having a desirable influence on the health of patients. The concept of occupational therapy knowledge emerged in the 19th century to respond to the needs of industrialization of society, spearheaded by a coalition of progressive nurses, social workers, teachers, artisans and activists (Turcotte & Holmes, 2027). At the onset, it was domesticated as a medical model with the use of arts and crafts as treatment strategies, but later on evolved as a health profession in the evidence-based movement. Today, occupational therapy is a person-centred profession that promotes health and wellbeing with the primary goal of helping people to participate in activities of daily living skills and increase their level of independence and autonomy (Abaoğlu, Cesim, Kars & Çelik, 2017). It provides a holistic perspective on human being and focus is on occupation as the core content of interventions and drawing in client-centered practical models that describe client-therapist interactions. Occupational therapy also extends to life skill training activities particularly with vulnerable individuals such as the forcefully displaced. Abaoğlu et al., (2017), observed that life skills training are important for homeless people since they experience problems of unemployment, loss of income, lack of social security, inadequate access to social support and health services due to unplanned mobility. Currently, there is a steadily growing engagement by occupational therapists (OTs) in international debates on how to implement evidence-based occupational therapy (Kristensen & Petersen, 2016), and this is the rationale of systematic research results and practice on specifics of labor market realities. Söderback (2009), further explained that an OTs is a health care practitioner who analyzes the impact of occupation on health and quality of life in order to restore a functional interaction between the person and the environment, with traditional roles designed to: (1) Manage internal, temporal, occupational, and environmental adaptations that affect occupational behavior and performance and that influence patterns of daily occupation. (2) Teach activities of daily living so that that client learns to accomplish desired and expected tasks at home, at work, at school, in leisure time, and in the community. (3) Enable the client to perform meaningful and purposeful occupations, which then promotes his or her recovery and well-being. (4)

Promote health and wellness, i.e., prevent accidents and illness. This is quite comprehensive and if these activities are well harnessed, they will promote happiness and life satisfaction for IDPs.

## **2.1 Livelihood behaviors**

According to Hall (2022), livelihood refers to harnessing capabilities, assets, material and social resources and activities required for a means of living, and this constitutes a core dimension of occupational therapy. Livelihood also means the process of supporting one's existence by realizing needful activities such as income generation, vocational skills development, land acquisition, water and food and farming for refugees, displaced people and host communities. In some cases, it supports access to quality basic services to IDPs such as education, energy, water, financial support and this requires active participation of the IDPs to achieve happiness. In-context livelihood activities are those that have been initiated by IDPs to satisfy needs or by others as a life support system for the forcibly displaced. Although providing forcibly displaced people with financial capital may help account for the loss of assets due to their displacement (González-Velosa, 2018), financial support to IDPs stand to reduce financial stress and improve wellbeing and level of happiness. It is possible that development-oriented interventions for the IDPs should promote strong social cohesion, happiness and psychological wellbeing as a whole. This is evident if they integrate or are integrated into occupational activities in their host environments. Conflict and displacement have also caused changes in livelihoods as families generally live in desperate conditions due to increasing pressure on available resources (Ousman, 2022), and this is often supported by initiatives from host communities through the spirit of solidarity. This gesture of initial recognition and support is capable of giving hope and generating smiles in the faces of the IDPs. Stober (2023) asserted that financial riches might not necessarily be the only path to happiness but having income provides greater opportunity to sense of fulfillment, work satisfaction and more leisure time. It was also noted that happiness is a subjective experience and how individuals spend, save, and think about money shapes how much joy they obtain from the way they live their life. Therefore, livelihood support as a dimension of occupation-based treatment can help IDPs to cope with exigencies of their host environment, recover from distress, shocks and improve on the state of their life-course development. This further enhances capabilities and activities through experiential learning in the host communities for future responsibilities and life challenges in the midst of scarce resources.

## **2.2. Vocational training**

Vocational assistance is a main component of occupational therapy, and it has a role in the enhancement of capacity of individuals in disabling and potentially disabling conditions. In occupation-based therapy, skills development is a performance component acquired through training and practice to enable people in distress function as part of the community (Abaoğlu et al., 2017). In addition, training equips them with skills and knowledge capable of business start-up and personal business management and equally kills addictive recipient attitude and reduces dependency complex on the host community thereby promoting wellbeing and happiness. This is why, Longe and Zuhumben (2023) asserted that stakeholders should build vocational centers and equip them with amenities that will help in skills sets of IDPs to enable them adapt to the labor market. Considering the unemployment state of the forcibly displaced due to mobility, it is fundamental for them to acquire vocational skills that can help them start petty businesses and grow them into big ventures. Söderback (2009) explained that such occupation-based approach to training uses real-life meaningful occupations, which must be generalized to the workplace in a supported therapy context that assists clients to develop self-awareness and set realistic occupational goals and implementation strategies. It would be noted that vocational training in itself is meaningless for the IDPs even with transfer of learning. Meaningfulness comes in when it brings happiness, which is generally perceived as the ultimate goal of life as all individuals want to achieve happiness.

Some investigations have been realized in assessing the link between vocational skills training and happiness-related variables. Haji et al. (2011) investigated the effectiveness of life skills training on happiness, quality of life and emotion regulation in students and results were significant. It is evident that life skills does not only influence quality of life as generally experienced but also promote happiness of individuals, and the state of the IDPs cannot be excluded under such conditions. Samatar (2018) also investigated vocational training and community empowerment among internally displaced persons and a significant correlation was realized implying that retraining, technical training and skills improvement play a major role in in promoting prosperity among the IDPs. Although the outcome measure was not happiness it is obvious that the latter could be a derivative of empowerment. Nwalado & Nwalado (2022) examined the link between entrepreneurial training and self-reliance of IDPs using emergency management



staff and reported significant benefits of entrepreneurial training to the forcibly displaced and also act as a driver of self-reliance among the IDPs. It should be noted that self-reliance is a critical variable when it concerns the management of IDPs considering that the majority have been displaced from their occupational activities, which are sources of income, needs satisfaction and happiness.

### 2.3. State of happiness

The United Nations general assembly in July 11, 2011, passed a resolution that members should measure the happiness of their citizens as a different measure of progress to financial indicators (Asten, 2016). This was indeed a different dimension of looking at development in advocating for the importance of happiness and the need to drive towards the achievement of this invaluable asset for all. The search for happiness is old as the existence of man on earth. Today, people try to understand what happiness is, how we can achieve happiness as an ultimate goal of life, and this desire is equally expressed by all forcibly displaced. Although the concept of happiness is understood and used in different ways, it boils down to one thing, that life is good. Although scholars have advanced definitions that give orientation to the understanding of the concept of happiness, it appears to be a difficult term to define and measure since it is often used interchangeably with life satisfaction, contentment and subjective wellbeing. Veenhoven (2006) defined happiness as the degree of positive evaluation of one's life-as-a-whole with the core element being the subjective evaluation referred to as satisfaction with life that draws from mental state. To Stober (2023) happiness is a state of well-being, pleasure, and fulfillment and a feeling that comes from within, and often influenced by our thoughts, emotions, and actions. This implies that subjective factors constitute the state of happiness, and it is perceived as a state of wellbeing, which is fundamental in the life of IDPs following resilience and adaptability in host environments. Happiness is a subjective experience that includes the expression of joy and pleasure as well as the evaluation of satisfaction with life, oneself and social relations based on the quality of life (Mang et al, 2022). The ultimate rationale for jobs, our relationships and conduct of our daily lives is the pursuit of happiness. It should be noted that happiness is not a static category and can be cultivated and nurtured within the self. This implied that the level of happiness of IDPs can be enhanced through occupational therapy dimensions. Consequently, if there is one particular approach in-context, occupational therapy is a means through which IDPs can achieve happiness. Asten (2016) observed that occupational choice could be happiness derived from being self-employed or being a wage-worker, and this is applicable to the state of IDPs in the current context. In general, many perceived hedonistic principles are soft sports of majority humans, and this is the case with the IDPs, and deprivation from happiness stand to increase their state of mental, emotional behavioral disorders.

### 2.4. Theoretical model of the study

According to Abaoğlu et al. (2017) life skills educators and occupational therapists deploy a client-centered approach to assess occupational needs, performance areas and associated environmental factors and this shows a degree of interaction among the person, environment and need. Theories of Occupational Therapy are deployed to promote all dimensions of the therapy process starting from assessment through goal setting, intervention and evaluation of clients and this is evident with occupation-focused intervention with IDPs. For the present study the Canadian Model of Occupational Performance and Engagement ([CMOP-E Model](#)) has been used. Founded by Polatajko, Townsend and Craik in 2007, as an expansion of the Canadian Model of Occupational Performance (CMOP), it was developed by the Canadian Association of Occupational Therapists (CAOT) in 1997. The theory provides a framework for supporting intervention with regards to the state of unemployment of the IDPs in organizing, interpreting and utilizing data in a holistic manner. Theories in occupational therapy are conceived as tools for setting and solving problems in clinical situations, and this is relevant in alleviating the plight of suffering IDPs, which are inter-alia drawn from occupational deprivation or deficiency. To Polatajko et al. (2007), occupational performance is the outcome of the dynamic interplay between the components of the model and which comprises the person, occupation and environment, which are core dimensions in the practice of occupational therapy. [CMOP-E Model](#) is a very versatile theory and appropriate with a good fit in any [OT practice setting](#) for any age range from children to older adults. The CMOP-E is just one of many models that focused on the interaction between occupation, performance, and the person. Informed by the principles of client centeredness, health, wellbeing and justice are attainable through occupation (Polatajko et al., 2007). This justifies the relevance of the model considering happiness of IDPs as a derivative of occupational therapy activities. In addition, the model believes that the person has the ability to adapt and acquire skills, and equally positions that space is an important component in human occupation and the achievement of positive emotional experience such as life satisfaction.

In the [CMOP-E Model](#), each component is often ascribed to a slightly different meaning that changes the use of the model in practice, which is interested in the client's perspective and the interplay of the three components. This shows the flexibility of the model, which is applicable in the context of forced displacement and emotional state of jobless IDPs. *The person* is the IDP situated at the centre of the model, within the environment and represents the place of cognitive, affective, physical and spirituality in human occupation. This is usually in terms of self, determination and meaning. Focus is on the physical, mental, emotional and spiritual aspects of being of the IDPs and how they could be employed in occupational-based therapy activities to seek for life satisfaction. *The environment*, which is like the host community, harbors that person, and where occupational activities of the IDPs take place, and equally influences the IDPs, occupations, and opportunities through physical, cultural, institutional and social dimensions. The *occupation* is any activity that an IDP takes part in. This includes categories of self-care, productivity, and leisure. The model classifies occupation into three categories; self-care, productivity and leisure while advocating occupational activities as core domains of concern having a key link between the IDP and context implying the manipulation of the environment. It is relevant in understanding the study since the core activities of livelihood and vocational training are those of the IDPs, and the main focus of occupational therapy is to promote psychological health outcomes. The interplay of the three components of the CMOP-E is a process capable of promoting happiness or related mental health benefit such as life satisfaction and contentment. Consequently, the model has the power to facilitate the understanding and analyses of livelihood behaviors and vocational skills training as determinants of happiness among IDPs in Mezam Division, North West Cameroon.

### 3. Methodology

#### *Participants*

The study on occupational therapy and happiness of forcibly displaced jobless workers was carried out in June 2023 in Bamenda municipality, North West Region of Cameroon. The design was quantitative, a survey for opinion gathering on the experience of IDPs on dimensions of occupational therapy and emotional state, the latter being the outcome of assistance being administered to IDPs by NGOs in different communities of the municipality. Data were quantitative and supplemented by descriptive information. A total of 268 (104 males; 164 females) participants were selected from 6 NGOs (N=1498), age range 15-50 years with a response completion rate of 90.9%. They were clients being supported of the International Rescue committee Tubah zone (55), COMISUD (70), Plan International Ngohmgham zone (72), Doctors of the world (38) and International Rescue Committee Bamendankwe zone (33) and Plan international Nkwen zone (200). The sampling size was purposefully drawn for the NGOs involved in psychosocial support with occupational therapy dimensions, and convenient sampling was used to recruit the participants who were clients of the respective organizations. Although the focus of these organizations was to administer psychosocial support to IDPs, livelihood activities and vocational skills training were also of interest and administered as components of psychosocial support. Majority of the IDPs were secondary school leavers (54.5%), followed by high school leavers (28, 7 %). Majority were married (51.5 %) and 28.6% were single. Among the participants 88% had duration of displacement 1-5 years. In terms of age range, 41-50 (32%) were dominant while the next cohort was 41-50 (28.7%). Most of the IDPs were involved in petite businesses (23.9%), while a good number were casual workers (20.1%). Despite the challenges faced in data gathering due to insecurity in the host communities, the willingness of respondents, interest in the study and collaboration of field workers in the study process were commendable.

#### *Measures*

In order to assess occupational therapy dimensions, measures of livelihood behaviours and vocational training were used to gather information. Each item contained behavioral characteristics, and participants were requested to indicate to what extent it applied to them. A four-point Likert-type scale was used for participants to rate their level of agreement and disagreement by choosing the best applicable option.

**Measure of livelihood behaviours:** This subscale was designed to measure the prevalence of livelihood behaviours of the forcibly displaced jobless persons. The scale was developed by the researcher and drawn from literature (Hall, 2022; Ousmanou, 2022; Stober, 2023). It was made up of 5 items with the following indicators: receiving business loan, receiving business assistance, cash vouchers for emergency, improved seedlings, farming tools and family financial assistance. The scoring norm was strongly disagree =1, disagree =2, agree =3 and strongly agree =4. The internal reliability analysis was performed ( $\alpha = 0.814$ ;  $M = 21.81$ ,  $SD = 3.77$ ).

### Measure of vocational training:

The scale was designed to assess the degree to which IDPs were able to acquire skill sets generated during learning, and measures were inspired by literature (Abaoğlu et al., 2017; Aletan et al. 2023). The scale had 7 items with the following indicators: learn different job opportunities, access learning workshops, safe workshop spaces, variety of learning opportunities, job creation skills, job search skills, choice of training programmes. The scoring norm was strongly disagree =1, disagree =2, agree =3 and strongly agree =4. The internal reliability analysis for the sub-scale was performed ( $\alpha = 0.877$ ;  $M = 16.94$ ,  $SD = 4.117$ ).

### Measure for happiness

The happiness measure was designed to assess the degree of mental and emotion state of the IDPs, and the Oxford Happiness Questionnaire (OHQ) (Hills & Argyle, 2002), and the short form of the 29-item Oxford Happiness Inventory with 8 items was used. It had the following indicators: Purposeful and meaningful life, supportive social relationship, interest on daily activities, happiness and wellbeing, activity competence, good life, optimism, respect. The items were scored on a 6-point Likert-type scale from 0=Very Strongly Disagree to 6=Strongly Agree to indicate the level of happiness among the participants. The internal reliability analysis for the sub-scale was performed ( $\alpha = 0.810$ ;  $M = 15.57$ ,  $SD = 4.317$ ). in all the aggregate alpha for the instrument used in information gathering was 0.833. With regards to ethical conducts, applicable codes of the American Psychological Association (APA) were strictly respected. Furthermore, authorization and ethical clearance was obtained from the North West Regional Delegation of Public Health in Cameroon. In addition, the NGOs whose clients were used as participants gave their consent prior to the administration of the instrument to the participants. The respect of confidentiality and integrity of the participants was of interest, and the participants could withdraw at any time from the study in case of any threat or discomfort.

## 4. Findings of the study

Findings have been presented under descriptive and inferential results. Table 1 presents bivariate correlational analysis and descriptive statistics, comprising the mean, maximum and minimum, standard deviation and variance of the variables used in the model. Vocational training had the highest mean score among the variables ( $M=21.60$ ;  $SD=3.77$ ) implying that the jobless IDPs achieved a higher level of vocational training from supporting NGOs during the crisis as compared to livelihood activities ( $M=15.85$ ;  $SD=3.27$ ) and happiness ( $M=13.97$ ;  $2.44$ ). The level experience with vocational training was very high indicating interest in probable return to job activities by the IDPs. There is no doubt that the mean score for happiness was the lowest suggesting distress from their current state of desperation and destitution. Analysis of reliability coefficients of the variables indicated that the scale was reliable to collection information.

**Table 1: Bivariate correlation analysis and descriptive statistics**

Variables	1	2	3	M	SD	SE	VAR	MIN	MAX	$\alpha$
Livelihood behavior (1)	1	.262**	.172**	15.85	3.27	.199	10.71	5.00	46.00	.814
Vocational training (2)	.262**	1	.868**	21.80	3.77	.230	14.21	10.0	31.00	.877
Happiness (3)	.172**	.868**	1	13.97	2.44	.149	5.958	6.00	22.00	.810

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Results of correlational analysis reported that livelihood behavior related significantly with vocational training ( $R=0.262$ ,  $p < .01$ ) and happiness ( $R=0.172$ ,  $p < .01$ ). Furthermore, vocational training was shown to have correlated significantly with happiness  $R=0.868$ ,  $p < .01$ ). Although the relations showed significant results, only that of vocational training and happiness was high, indicating experience with skills training in achieving a positive emotional state.

The study investigated the state at which livelihood behavior influenced the state of happiness among jobless IDPs in Bamanda municipality and results have been presented in Table 2.



**Table 2: Livelihood activities and happiness among IDPs**

Model	R	R Square	Adjusted Square	RStd. Error of the Estimate	Change Statistics	R Change	SquareF Change	df1	df2	Sig. Change	F
1	.748 <sup>a</sup>	.559	.555	3.43364	.559		135.628	1	266	.000	
Predictor	B	SE	βeta	t-value	P-value						
(constant)	6.812	1.770		3.849	.000						
Livelihood activ	.600	.052	.748	11.646	.000						

Predictors: (Constant), Livelihood behavior

a. Dependent Variable: happiness

Livelihood behaviours were able to influence variation in the happiness of IDPs,  $R=.748$ ;  $R^2=.559$ ;  $\Delta R^2=.555$ ,  $F(268)=135.628$ ,  $p<0.001$ . Considering the coefficient of determination ( $R^2=.559$ ), livelihood behavior was able to predict happiness at 55.9%. Taking into consideration the values  $\beta=0.748$ , and the coefficient of determination ( $R^2=.555$ ), livelihood behaviors were shown as significant determinants of happiness. These results suggest that IDPs who participated in livelihood behaviors achieved a significant level of happiness. Furthermore, the model had a good fit,  $F=135.628$  and analysis also showed that when livelihood activities are at zero, the level of happiness among the IDPs is 6.812. This implies that a unit increase in the level of livelihood assistance will lead to a corresponding increase in the level of happiness at 0.6 units. Therefore, the null hypothesis was rejected suggesting livelihood behavior as capable of promoting happiness among the jobless IDPs in the municipality.

**Table 3: Vocational training and happiness among IDPs**

Model	R	R Square	Adjusted Square	RStd. Error of the Estimate	Change Statistics	R Change	SquareF Change	df1	df2	Sig. Change	F
1	.868 <sup>a</sup>	.754	.753	1.21286	.754		815.427	1	266	.000	
Predictor	B	SE	βeta	t-value	P-value						
(Constant)	1.713	.436		3.931	.000						
Vocational T	.562	.020	.868	28.556	.000						

Predictors: (Constant), vocational training

a. Dependent Variable: happiness

In the next interest, vocational training was entered into the model as an estimator of happiness among the forcibly displaced and findings have been presented in Table 3. Reports showed that vocational training had a significant influence on happiness of the IDPs at,  $R=.868$ ;  $R^2=.754$ ;  $\Delta R^2=.753$ ,  $t(266)=28.556$ ,  $p<0.001$ . Considering the values  $\beta=.868$  and the coefficient of determination ( $R^2=.754$ ), vocational training was found to account for the variation in the happiness of the forcibly displaced by 75.4%. Therefore, one can deduce that IDPs engaged in livelihood activities exhibit higher levels of happiness. Furthermore, the fitness of the model ( $F=815.427$ ) as indicated in the table was significant suggesting that vocational training was a core model in predicting variation in the outcome measure. It showed that when vocational training is at zero, the level of happiness among the jobless IDPs is 1.713. This implies that a unit increase in the level of vocational training will lead to a corresponding increase in the level of happiness at 0.562 units. Consequently, the null hypothesis was rejected, suggesting that vocational training is a significant predictor of happiness among the jobless IDPs.

## 5. Discussion of findings

The study was designed to examine the influence of occupational therapy dimensions and livelihood behavior and vocational training were isolated to assess their effects on the emotional experience of jobless IDPs. Livelihood behavior was able to influence variation in the happiness of the forcibly displaced. This concurs with the findings of Stober (2023) that higher income guaranteed access to homes in safer neighborhoods, better healthcare, and nutrition, provide access to education for the family as well as a sense of fulfillment and satisfaction. Thus, encouraging livelihood behavior among jobless IDPs helps in enhancing their level of life satisfaction considering that work is a culture with economic and psychosocial benefits. In the present context, livelihood behavior could refer to managing their lives, self-help activities, collective occupational initiatives, teaching others on adaptive strategies and even performing household chores, which are capable of promoting level of happiness among the unemployed IDPs. Administering occupational therapy through livelihood activities could be in terms of managing, teaching, enabling, and promoting the clients' potential to be occupied with meaningful occupations, daily activities, and tasks that can help the forcefully displaced to adapt to exigencies in host communities. This is also in line with Ousmanou (2022) that IDPs who benefited from social support networks became culturally adapted to their host community and fostered their level of contentment. The forcefully displaced jobless workers suffer from maladjustment and require occupation-based- intervention to learn or relearn how to perform daily activities and reconstruct their lives. Recovery through participation in meaningful activities and tasks influences their physiologic and psychological healing, health and wellness (Söderback, 2009). Since happiness is a core dimension of psychological health for unemployment IDPs, it is fundamental to create opportunities and engage them in meaningful and rewarding occupational activities that can support existence and influence life satisfaction.

Another core dimension of occupational therapy was vocational training that was successfully positioned as a determinant of the happiness of the forcibly displaced jobless workers. This concurs with Haji et al. (2011) on the effectiveness of life skills training following intervention on happiness, quality of life and emotion regulation and Samatar (2018) on vocational training and community empowerment among internally displaced people to promote economic prosperity. This implies that it can support a wide range of outcome measures such as emotional and mental status, which are important to the IDPs. This equally conforms to Nwalado & Nwalado (2022) on the link between entrepreneurial training and self-reliance of IDPs. Self-reliance is a critical variable when it concerns the management of IDPs since majority have been displaced from their occupational activities and become dependent for subsistence. If the forcibly displaced are self-reliant and independent they will have their own sources of income, satisfy their needs, develop hope and achieve happiness in the midst of adversities. Managing adaptations of the IDPs should be encouraged through facilitation of skills building by therapists and this is at best achieved through occupations to regain functioning, and promote daily living skills that will possibly influence happiness and psychological wellbeing.

## 6. Conclusion

The study was designed to investigate the role of occupational therapy dimensions and influence on positive emotional state of jobless IDP workers who have been displaced from occupational activities due to forced mobility. This draws from the recognition that unemployment, on the average, has a negative effect on the psychological and physical well-being of the people (McKee-Ryan et al., 2005). It is evident that deprivation from meaningful occupational activities with economic base can promote physical, psychosocial wellbeing and this certainly affects contentment and life satisfaction. This is critical with internally displaced workers in different host communities due to labor market uncertainty. Internally displaced persons face specific challenges to integrate into the labor market even when they have the unrestricted right to work (Schuettler & Caron, 2020), and there is a dire need to build their skill sets to get into activities. The situation of joblessness for IDPs is even critical in an area with high unemployment rates and minimal reemployment opportunities. Therefore, it is essential to drive them into occupations recognizing that life satisfaction is a continuous subjective experience of happiness, and a psychological state in which felt needs are responded to, potentials brought into play, and self-worth realized by workers (Mang et al, 2022). This was the rationale of the investigation, and it is evident that livelihood behavior and vocational training can foster happiness among jobless IDPs of the Anglophone crisis in Cameroon.

The study unfolds within the background of occupation-based intervention as a therapeutic plan for the treatment of disorders associated with job loss or unemployment experience of IDPs. It therefore holds that studies on predictors of happiness among the forcibly displaced stand to augment the body of knowledge in the domain, and approaches towards an integrated approach in the treatment of IDPs. This builds on the premise that unemployment on the

average has a negative impact on individuals' psychological and physical well-being (McKee-Ryan et al., 2005), and this situation could be worse with IDPs who find themselves in a state of uncertainty. This justifies the goal of occupational therapy, designed to support the reintegration of individuals in daily living skills as well as to increase their independence and autonomy. This is realized with a clear focus on the needs, interests, and values that are of importance to clients to enhance or enable participation in daily life (Abaoğlu et al., 2017). This is at best offered in a unique and holistic approach and it is necessary to integrate this occupation-based intervention into mainstream treatment plans for IDPs displaced from their occupations and sources of subsistence.

Interest in livelihood activities and vocational training implies life skills activities for the jobless IDPs. To Abaoğlu et al. (2017), life skills constitute those abilities that handle life challenges and promote physical, mental, and emotional well-being and competence, which could be offered to clients at home and community settings through individual and group training. Field report showed a significant influence of livelihood activities on the happiness of the forcibly displaced jobless persons. This implies that livelihood behavior as a dimension of occupational therapy is able to estimate the level of happiness experienced by the IDPs, which is also a dimension of psychological wellbeing. Individuals desire greater happiness that from a rational mental calculus involve comparison with standard of the good life (Veenhoven, 2006), and the IDPs are not excluded. Despite the fact that the relationship is significant but low, it is evident that livelihood behavior has a link with happiness, and if occupational-based practice is properly harnessed the level of livelihood behaviors will increase.

The low relationship between livelihood activities and happiness suggests that much is desired in terms of livelihood measures and implementation for the adaptability of IDPs. This is because the IDPs have lost not only their jobs but their properties, significant others and severed their relationship with the spiritual environment. The situation is even worse when elderly IDPs have children and dependents and experience a sense of hopelessness and helplessness as they become beggars in their own country. Under this situation the occupational therapists can help create a lifestyle plan, teach supporting healthy eating and activity strategies, monitor progress, and help those in distress to stay motivated to achieve desired goals (RehabSelect, 2024). This strengthens livelihood opportunities for IDPs by financially supporting their social and economic needs, pending the stabilization and peaceful resolution of the conflict (Ousmannou, 2022). This can only be sustainable if jobless IDPs are integrated into meaningful occupational activities that will give them the necessary life satisfaction

The relationship between vocational training and happiness among IDPs was significantly high and indicating that the knowledge and skills acquired during the occupation-based therapy is relevant. This helps them gain employment and regain activities that will enable them derive economic, social and psychological benefits with implications on life satisfaction. This draws from the recognition that people who have lost everything can become more determined to reconstruct their destinies with determination and resilience, and may put a lot of pressure on their job activities to succeed in order to make up for what has been lost (Schuettler & Caron, 2020). In addition, the vocational training facilities should be active in the rehabilitation of IDPs by organize training programmes that will help them integrate into the world of work. This no doubt gives them a sense of hope, resilience and optimism in the midst of psychological distress in which they find themselves. Turcotte & Holmes (2027) advanced that the way occupational therapy evolves differently from creation requires the critical examination of its principles and practices in different contexts. This implies the creative and innovative application of occupation-based-interventions in local context as a mechanism to resolve felt needs of jobless IDPs is just unique in application to the realities of the state of the people and the environment. The situation remains optimistic because there are specific life skills that the IDPs can use to bounce back into active community life support activities in order to achieve happiness. This no doubt involves the promotion of core and functional skills that improve people's well-being, and help them to be active and productive in the community as a potential driver towards happiness.

Our study makes a number of important theoretical and practical contributions to the understanding of both occupational therapy interventions with IDPs and the validity of the various approaches to the investigation and the understanding of IDPs in the context of man-made disaster. For instance, the CMOP-E model of Polatajko et al. (2007), was relevant to context as observed with the manipulation of the three dimensions of the person, occupation and environment to produce the desired outcome for the IDPs that transcended to happiness. Although a Eurocentric model, the use of the model attracts value addition in-context and makes the local fit real. In addition, Söderback (2009) noted the principles of quality assurance and the prerequisites for judging the scientific evidence of the effectiveness of the occupational therapy interventions. The future of occupational therapy should not mean behaving according to the biomedical model but should be resistant to its war machine and craft its own terms through the release of new creative energy (Turcotte & Holmes, 2027). This implies that models of occupational

therapy and practice can be flexible and respond to client's needs in different context. *Changes in the health system require occupational therapy practitioners to focus their concerns on the long-term health changing health needs of people and help them develop healthy behaviors drawing from the realities of activities in their own locale.*

*Occupational therapy practitioners must initiate efforts in the community to integrate a range of services that promote, protect, and improve the health of the public. It would be recalled that these therapists provide life skills training for IDPs to facilitate their coping, management and employability skills, where health issues are associated with inadequate behaviors to cope with personal and social challenges (Kristensen & Petersen, 2016). This is the case with the forcibly displaced that is often drawn from unemployment, ensuing economic dependence and addictive recipient behaviors. Given the long-term nature of displacement and a policy shift from humanitarian to development interventions in situations of forced displacement, the number of jobs interventions has recently increased (Schuettler & Caron, 2020). It is therefore imperative for occupational therapist to develop evidence-based practice in given contexts that will holistically embrace different dimensions of clients' needs. This will enable them engage in everyday life occupations that will give them hope, happiness and life satisfaction. This calls for more research in occupational therapy in Cameroon and Sub Saharan to make evidence-based decisions for intervention by occupational therapists particularly within the context of disasters with the treatment of forcibly displaced jobless persons.*

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