

Traumatic Events Among Refugees Residing in Mbarara City in Southwestern Uganda

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Abstract:

Background: There is a high prevalence of traumatic events among refugees living in Mbarara city and all most all the respondents had encountered a traumatic event prior to fleeing their home country. The prevalence of traumatic events (TE) among refugees residing in Mbarara city is not clear Therefore, this study assesses the prevalence of TE among refugees residing in Mbarara city South Western Uganda.

Methods: A cross-sectional study among refugees was conducted using pre-coded questionnaires. Purposive sampling was used to recruit refugees and snowball was used to select participants until no more persons to fulfill the inclusion criteria appeared and they had been residing in Mbarara city for 6 months. Data were entered into excel and exported to Stata-15.0 for analysis. Descriptive and linear regression analyses were conducted.

Results: Out of 344 participants, 215 (62%) were females and 129 (38%) were males. The prevalence of TE was found to be high with the most traumatizing events being confiscation or destruction of personal property 307(89%), Lack of food or water 303(88%), Ill health without access to medical care 291(85%), Lack of shelter 287(83%), Forced Evacuation under dangerous conditions 287(83%), Combat situation (e.g. shelling and grenade attacks) 275(80%).

Conclusions and Recommendations: There is a high prevalence of TE among refugees residing in Mbarara city. Agencies that offer relief to refugees should consider providing access to mental health so the refugees in Mbarara city can be helped.

Keywords: Traumatic Events, Refugees, and Prevalence

Background of the study

Globally, there has been an increase in the number of refugees and most of these refugees reside in Africa. In 2021, United Nations High Commissioner for Refugees (UNHCR) estimated the number of displaced people to be 89.3 million globally. Of these, 53.2 million are internally displaced people, 4.6 million asylum seekers, 4.4 million Venezuelans displaced abroad, and 94.7 million refugees worldwide are of concern to the United Nations High Commissioner for Refugees (UNHCR, 2021a).

The high increase of refugees is majorly attributed to civil strife, organized violence, intertribal wars, and other terrorist-related activities (Ainamani et al., 2020). These wars have resulted in millions of people fleeing their countries of origin to neighboring countries while others have been resettled in developed countries (UNHCR 2020).

The exposure to traumatic events is a hindrance to opportunities, psycho-social dysfunction and refugee poverty levels (Ainamani et al., 2020), and significant risk for general health problems and particularly heightened levels of mental health disorders among refugees, like anxiety, depression and PTSD (Kartal & Kiroopoulos, 2016; Van der Boor et al., 2022), which in turn affect their general wellbeing, for example, studies in Sweden have reported poor health and well-being among refugees than the host population (Wångdahl et al., 2018).

In continents like Africa, Asia, and Latin America, refugee regimes are based on rural encampment, and urban refugees are widely viewed as anomalous people who stand outside a refugee regime (Marfleet, 2007). African host governments view refugees as exacerbating urbanization problems hence placed in government designated and spatially

segregated sites (camps or settlements) as a measure to control their behavior and political activities (Kibreab, 2007). They are required to seek permission whenever they want to leave such sites regardless of their educational, experiential and occupational backgrounds. Most of the refugees with urban backgrounds tend to move to urban centers in non-compliance of such policies where freedom of movement, employment opportunities and amenities exist (Kibreab, 2007).

Uganda is globally praised for her stance on refugees; open door host policy, whereby refugees have freedom of movement and right to work or be employed (Loiacono & Silva Vargas, 2019). Refugees are free to go to urban centers where they need to have the means to support themselves and their children to have access to national schools (UNHCR, Evaluation of UNHCR's Response to the L3 South Sudan Refugee Crisis in Uganda and Ethiopia, 2014). Literature defines Urban refugees as refugees who leave the settlement areas or camps to go and live in urban centers (Jacobsen, 2006). The number of refugees living in urban centers is increasing, but there is little information known about their exposure to traumatic events. A study about stigma and its association with depression symptom severity among urban refugees in Mbarara city estimated the total number of refugees living in Mbarara city to be 3500 (Bahati et al., 2020).

Problem Statement

Globally, forced migration has been of a public health concern and as a matter of fact, it has created a number of civilians fleeing from their home countries to neighboring countries and some abroad. Previous research has indicated that refugees experience a number of traumatic events during pre- and post-migration periods (Jesuthasan et al., 2018; Schock et al., 2016). These traumatic events are so distressing in that they affect the refugees' psychological wellbeing, including the ability to establish social support which is essential for establishing livelihood projects and living alongside other people or host communities (Carswell et al., 2011). Although there are numerous studies on refugees and refugee mental health, most of them have concentrated on PTSD, depression, anxiety, and other trauma-related disorders (Kartal & Kiroopoulos, 2016), thus, leaving out information on the association between exposure to traumatic events. Moreover, studies on mental health with the urban refugee population generally are limited. This proposed study, therefore, seeks to assess the

prevalence of traumatic events among the refugees living in Mbarara city South Western Uganda. It is hoped that the results from this study will provide a foundation for future studies and interventions to support urban refugees.

Significance of the Study

The findings from this study will provide a basis for further research and clinical interventions among the urban women refugees.

Results from the proposed study will provide policy makers with the evidence-based information concerning the plight of the urban refugees and perhaps change in the refugee support system under the UNHCR, to cater for urban refugees as well.

Literature Review

The Prevalence of Traumatic Events Among Refugees

Before being forced to flee, millions of people around the globe experience trauma, and they bear physical and psychological scars as a result of mass violence. The violence violates their physical and mental principles as well as the basic psychological human needs. (Rasmussen et al., 2018). They experience multiple traumatizing event before, during and after flight such as physical/sexual assault, rape, torture, natural disasters, loss of livelihood, imprisonment, extreme fear, loss of property, malnutrition, separation from their family members, forced to inflict pain or kill, witness torture robbed and other harsh events (Li et al., 2016; Lindert et al., 2016). In a study investigating traumatic experiences and mental health of Senegalese refugees, a high prevalence of traumatic event was reported with; Forced separation from family members 77.5% Lack of food or water 76.3% Combat situation 51.3% and Being close to death 47.5% (Tang & Fox, 2001).

They are also forced to kill or witnessing killing, assaultive violence, combat, witnessing dead bodies, bomb attacks, sniper attacks, burning houses, witnessing injury by a weapon, sexual violence, accidents, forced marriage, forced circumcision, life threatening situations to themselves and relatives, terror, separation from or death of family members, starvation, and imprisonment (Ainamani et al., 2020; Choi et al., 2017; Jesuthasan et al., 2018; Onyut et al., 2009; Schock et al., 2016).

Infact, the United Nations High Commissioner for Refugees (UNHCR), reported that refugees and asylum- seekers are tortured, held against their will, kidnapped, sexually and physically abused, or extorted, killed, exploited, and other terrible human rights abuses during their flight to North Africa (UNHCR, 2021b). The intentional infliction of pain to the refugees destroys their personal sense of self, identity, and trust in other people.

The dire health position and other socioeconomic challenges typically forecast psychological distress among refugees but post-migration challenges exert the dominant negative effect. A study among Afghan refugees in Turkey revealed that post-migration challenges like family related stressors, fears of being deported and related legal challenges, unemployment, and inability to access health facilities are the most compelling challenges (Alemi et al., 2016).

When refugees resettle to a host country most often not of their choosing, they experience post-migration challenges as they must adapt to a new place and language under uncertain circumstances coupled with uncertain futures, re-establishing a home and identity while trying to juggle the tasks of daily living. This is yet another significant challenge that the refugees must undertake. Postmigration challenges are socioeconomic, social and interpersonal factors. The resettlement phase coupled with the circumstances the refugees encounter when they reach the host country is also important to consider (Li et al., 2016). During the postmigration phase, refugees experience a number of difficulties for example, family separation, social isolation, economic strain, language problems, loss of social identity, loss of social support and status, limited host country integration, and economic (Alemi et al., 2014). They also encounter difficulties in obtaining suitable jobs, as most of them are unemployed or under employed hence financial difficulties, they face social and interpersonal difficulties like; separation from family, language barrier, discrimination from the host community (Li et al., 2016). This may hinder recovery from the traumatic experiences encountered earlier and significantly influences their emotional wellbeing and often provides a risk similar to or greater than war-related trauma.

A study among Somali and Rwandese refugees revealed the prevalence of traumatic events as follows; witnessing dead or mutilated bodies was at 73.5%, as the most reported event, bomb attacks at 69.3%, witnessing injury with a weapon at 67.7%, crossfire or sniper attacks at 60.3%, burning houses at 60.2%, torture at 59.1%,

witnessing combat at 50.9%, witnessing killing or murder at 50.9% and harassment by armed personnel at 48.7% (Onyut et al., 2009).

Another study among the Congolese refugees in Uganda reports the prevalence of traumatic events with the highest being 96.2% among women and 98.6% among men for witnessing harassment by soldiers, 96.7% among women and 97.2% among men for experiencing dangerous flight, 95.6% among women and 97.2% for witnessing looting by soldiers (Ainamani et al., 2020). However, these studies were done among refugees in the settlements, thus the need for a study among the urban female refugees because little is known about them.

Research among the Congolese refugees in Rwanda and Uganda puts it that positive mental health and physical health are associated with leading 'a good life', inability to present a good appearance, may cause refugees feeling of isolation, shame and be unable to gain self-respect and respect of others (Chiumento et al., 2020).

Methodology

The study was conducted in Mbarara City, the second largest city in Uganda, known for being a central business district and transport hub in the western region. The research focused on refugees residing in Mbarara's divisions of Kakoba, Kakiika, Kamukuzi, and Nyamitanga, which form the core of the city. Given the undocumented nature of the urban refugee population, a 50% prevalence rate was adopted for the study, and a sample size of 343 participants was determined using Saunders, Lewis, and Thornhill's method. Purposive and snowball sampling methods were employed to select the refugee participants, who were assessed for trauma, PTSD symptoms, and quality of life using pre-coded questionnaires in Swahili, English, and Kinyarwanda languages.

The study utilized a cross-sectional design with quantitative methods to examine the prevalence of traumatic events among the refugees. The research process included rigorous quality control measures, such as pilot testing the data collection tools, training research assistants, and conducting random checks on data entry to ensure accuracy and consistency.

Ethical considerations were thoroughly addressed, with clearance obtained from Bishop Stuart University Research and Ethics Committee, Uganda National Council for Science and Technology, and the Office of the Prime Minister. Informed consent was obtained from all participants, and data was analyzed using STATA version 14. The study acknowledged limitations such as

potential threats to internal validity and lack of control over some explanatory factors. The findings were disseminated through a dissertation, which was reviewed by faculty, submitted to the university's library, and shared with the Office of the Prime Minister in Mbarara City.

Results

The prevalence of traumatic events among refugees residing in Mbarara city South Western Uganda

The most traumatizing events were confiscation or destruction of personal property 307(89%), Lack of food or water 303(88%), Ill health without access to medical care 291(85%), Lack of shelter 287(83%), Forced Evacuation under dangerous conditions 287(83%), Combat situation (e.g. shelling and grenade attacks)

275(80%), Witnessing beatings to head or body 249(72%), Murder, or death due to violence, of other family member or friend 239(70%), Extortion or robbery 227(66%), Forced to hide 224(65%), Serious physical injury of family member or friend due to combat situation or landmine 215(63%).(Table 2)

The least traumatizing events were forced to desecrate or destroy the bodies or graves of deceased persons 3(1%), Forced to physically harm someone who is not family or friend 8(2%), Forced to physically harm family member, or friend 8(2%), Forced to destroy someone else's property or possessions 9(3%), Forced to betray someone who is not family or friend placing them at risk of death or injury 12(4%), Murder, or death due to violence, of spouse 24(7%), Rape 24(7%), Knifing or axing 26(8%), Murder, or death due to violence, of child 32(9%), Other types of sexual abuse or sexual humiliation 33(10%).(Table 1)

Table 1: showing the prevalence of traumatic events among refugees residing in Mbarara city South Western Uganda?

Event	Yes n(%)	No n(%)
Confiscation or destruction of personal property	307(89)	37(11)
Lack of food or water	303(88)	41(12)
Ill health without access to medical care	291(85)	53(15)
Lack of shelter	287(83)	57(17)
Forced evacuation under dangerous conditions	287(83)	57(17)
Combat situation (e.g. shelling and grenade attacks)	275(80)	69(20)
Witness beatings to head or body	249(72)	95(28)
Murder, or death due to violence, of other family member or friend	239(70)	105(31)
Extortion or robbery	227(66)	117(34)
Forced to hide	224(65)	120(35)
Serious physical injury of family member or friend due to combat situation or landmine	215(63)	129(38)
Disappearance or kidnapping of other family member or friend	214(62)	130(38)
Brainwashing	205(60)	139(40)
Witness torture	202(59)	142(41)
Witness killing/murder	198(58)	146(42)
Other forced separation from family members	194(56)	150(44)
Beating to the body	153(45)	191(56)
Someone was forced to betray you and place you at risk of death or injury	115(33)	229(67)
Enforced isolation from others	95(28)	249(72)
Prevented from burying someone	76(22)	268(78)
Witness rape or sexual abuse	66(19)	278(81)
Forced labor (like animal or slave)	61(18)	283(82)
Forced to find and bury bodies	51(15)	293(85)
Serious physical injury from combat situation or landmine	43(13)	301(88)

Kidnapped	42(12)	302(88)
Torture, i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering	41(12)	303(88)
Imprisonment	40(12)	304(88)
Disappearance or kidnapping of child	35(10)	309(90)
Disappearance or kidnapping of spouse	34(10)	310(90)
Other types of sexual abuse or sexual humiliation	33(10)	311(90)
Murder, or death due to violence, of child	32(9)	312(91)
Knifing or axing	26(8)	318(92)
Rape	24(7)	320(93)
Murder, or death due to violence, of spouse	24(7)	320(93)
Forced to betray someone who is not family or friend placing them at risk of death or injury	12(4)	332(96)
Forced to betray family member, or friend placing them at risk of death or injury	9(3)	335(97)
Forced to destroy someone else's property or possessions	9(3)	335(97)
Forced to physically harm family member, or friend	8(2)	336(98)
Forced to physically harm someone who is not family or friend	8(2)	336(98)
Forced to desecrate or destroy the bodies or graves of deceased persons	3(1)	341(99)

Discussion of Results

Prevalence of traumatic events among refugees residing in Mbarara city South Western Uganda

In this study among refugees in Mbarara city, it was found out that almost all respondents 89% had encountered a traumatic event prior to fleeing their home country. With the most traumatizing events being confiscation or destruction of personal property 307(89%).

Our work is consistent with a previous study investigating traumatic experiences and mental health of Senegalese refugees where a high prevalence of traumatic events was reported, Forced separation from family members 77.5% Lack of food or water 76.3% Combat situation 51.3% Being close to death 47.5% (Tang & Fox, 2001). These findings concur with those of (Onyut et al., 2009), that found high prevalence of traumatic events among the refugees in Nakivale refuge settlement . In line with the current findings, a study of (Ainamani et al., 2020) among Congolese refugees in Uganda, it was found out that refugees are highly exposed to war related traumatic events with the the most commom experienced event being danderous flight for both men (97%) and women (97%).

Conclusion and recommendation

There is a high prevalence of traumatic events among refugees residing in Mbarara city. From the findings, it is recommended that agencies that offer relief to refugees

should consider providing access to mental health so the refugees in Mbarara city can be helped.

Authors' abbreviations

BK: Brenda Kakai, NS: Nzamuhiki Stephen

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Authors' contributions

The authors of this manuscript made the following contributions to this manuscript Concept: BK, conceived the concept, Data collection; BK: Data analysis: First draft: BK, NS, Final revision: BK, NS; Read and approved final manuscript: BK, NS.

Competing interests

The authors declare that they have no competing interests.

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