ERIFARDA SYMPOSIUM 2022

October 20th & 21st 2022



Alcohol abuse among forcefully displaced yout is living in Bidibidi refugee settlement in Northern Uganda: Identifying risks.

Godfrey Makoha, BSWSA, MSW., Doctoral student, McGill University

Outline

- Background & Literature
- Conceptual framework
- Motivation and purpose
- Methodology
- · Findings
- Conclusion and recommendations
- · References



Background and literature

- Alcohol is a widely consumed substance globally (WHO, 2018). The world consumed around 245 billion liters of alcoholic beverages.
- Alcohol has strong roots in African culture. In many tribes, alcohol brewing has served as a livelihood (Otim et al., 2019; Ssebunnya et al., 2020).
- Uganda is ranked among African countries with the highest per capita consumption of 12.5 liters of pure alcohol per year among the population aged 15 years and older (WHO, 2018).
- Alcohol abuse is a pattern of drinking that has the potential harm to an individual's health, interpersonal relationships, and ability to work (Kane, 2018).



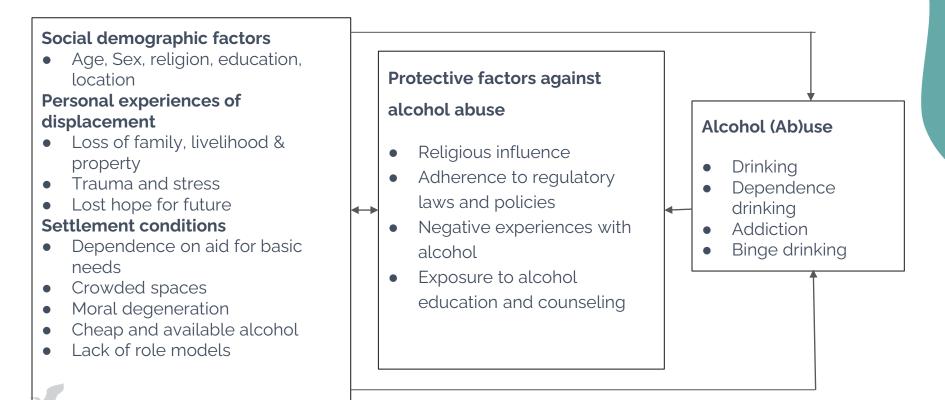
Cont'd Literature

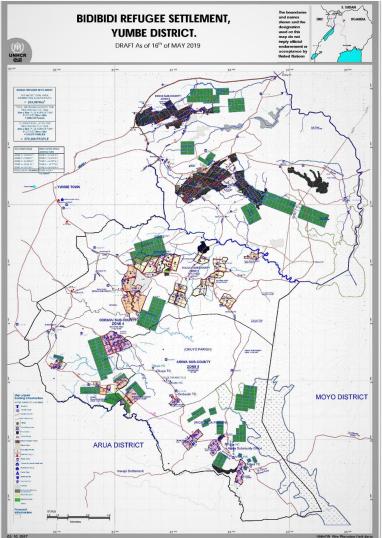
- Studies on alcohol abuse among migrants and forcefully displaced populations have mostly been conducted in high-income and middle-income countries (US, Australia).
- Flight and resettlement experiences have been associated with several traumatizing events such as unmet needs, killings, loss of property, and lack of hope for the future. Weaver & Roberts (2010) found a significant association between substance misuse and trauma among refugees.
- Alcohol abuse is a major health and social problem among the youths in Uganda (Nalwadda et al.,2018; Swahn et al 2018) with a growing acceptance that humanitarian settings such as refugee camps are no exception (Corcino et al., 2018).
- Available quantitative data provides a relatively limited description of contextual social migration experiences and the interplay of alcohol abuse in humanitarian settings.

Justification and motivation

- Uganda is ranked among the largest refugee-hosting countries globally and is the largest refugee-hosting country in Africa. Yet there is limited literature on alcohol use among refugees.
- Alcohol abuse has been found to undermine the achievement of sixteen out of seventeen of the global Sustainable Development Goals (SDGs).
- Therefore, to achieve the global SDGs without leaving anyone behind, the health needs of refugees including alcohol use must be addressed.
- This study creates opportunities for dialogue among different stakeholders on how alcohol use and related social impact in refugee settings can be addressed.
- This study is important because it addresses the gap in literature focusing on displacement experiences and alcohol use among refugees in Uganda.

Conceptual Framework





Bidibidi settlement

Bidibidi refugee settlement is home to about 287,000 South Sudanese.

Approximately 86% of the refugees are women and children (UNHCR, 2020).

Most of the youth in the settlement are of low literacy and unemployed (but looking for work). Informal sources of income range from the sale of food rations, fruits and vegetables, cereals, casual labor, agriculture, and humanitarian aid.

It is common to find "Waragi/Nguli", fermented millet or sorghum sold in the major trading centers. During social events such as parties or ceremonies, alcohol may be freely available and usually with minimal restrictions on minors.

Methodology

This study was approved by McGill University Research Ethics Board III. The researcher then sought approval from the Refugee Commissioner General in the Office of the Prime Minister (OPM) and contacted the Bidibidi refugee settlement Commandant Officer.

The study used a qualitative case study design.

Worked closely with the social workers from the Office of the Prime Minister (OPM) in Bidibidi to recruit 14 refugee youths aged 18-25, 3 Bidibidi settlement staff, 2 social workers, and 3 local council community leaders (were purposively selected).

Semi-structured interviews with 22 participants (Camp observation & document review).

All interviews were audio-recorded and transcribed verbatim by the researcher. The transcripts were coded thematically using NVivo.

Findings

Despite the findings having many particularities – they were categorized into three main themes:

- Individual risks related to migration-related stress and trauma.
- Risks related to having a sense of frustration and marginalization.
- Risks related to the socio-economic and political living environment.

The production, sale, and consumption of alcoholic beverages were widely found among refugees in the Bidibidi refugee settlement. Many households rely on alcohol production and sale for their livelihood.

"We have the local alcohol being brewed within here (waragi). Then we have the original ones manufactured in factories. They are the common ones in big numbers." (Female youth 1)

"Alcohol brewing is a source of income for many people who have joined the business. In this camp, we have some people who have lost their close support relatives, and others who have lost their husbands are staying under difficulties. They use this business to support themselves and the family." (KI 6)



Local brew "Nguli/Waragi"

Waragi is made from fermented cassava, sorghum, and millet yeast.

Distilling local brew "Waragi" in one of the homes within the settlement.

Factory-made alcoholic beverages (sold in small plastic packets and bottles)

"You know youths are very stubborn, they drink and at the same time, they want to show that they can enjoy life. At times they may not like this locally made but they prefer the manufactured alcohol brought in small, bottled containers, but it used to be in Sackets." (Female youth 4)

Cont. findings

The Risk of Pre- and Post-Migration Stress and Trauma

- Traumatizing and stressful events experienced prior to and during flight (mass killing, abduction, burning of villages, looting).
- Separation from family members and leading unsupervised life. (Unaccompanied youths in the settlement.

"... killing in South Sudan was too much and we decided to leave with my brother. On the road, we suffered from hunger and even water was a problem. On our way, my brother was shot dead. So, when I reached here, I found life was difficult and it was my brother who used to help me. By the time we reached here, there was nothing that I can get at hand, and I started thinking of my brother. I said, if my brother could be there then I should not be having this difficult life. So, because my brother was killed it gave me too much stress and I started drinking alcohol." (Male youth 8)

"Many of the youths you see are "UAM" Unaccompanied minors, children who ran after their parents, relatives killed, and property destroyed. They will drink alcohol to stop thinking about the past." (KI 2)

• The stress of navigating the myriad hardships of growing up in a refugee settlement(including crowded shelters, and scrambling for resources such as water, food, firewood, and construction materials) continuously made life extremely difficult following their arrival.

Cont. findings

The Risk of Frustration and Marginalization within the settlement

- Poverty and lost opportunities in South Sudan
- Disengagement from school education

"You know, the level of education. When you were in a high class in South Sudan, if you come here, they lower you into lower classes. And you find someone of fifteen years when he or she has been dropped to primary three. Then some of them lost their academic documents and tracing for it becomes a problem... it becomes very difficult here." (KI 4)

The Risk of the General Refugee Settlement Living Environment

- Friends and peers influencing young people to engage in alcohol use (drinking in groups)
- Availability and production and use of alcohol in the settlement (cheap local brew).
- The COVID lockdown and closure of schools (Exposure of youths to alcohol, the myth that alcohol cure the Covid-19 virus sanitizing the body).

Study limitations

- The major drawback was that this study was conducted in a period when Uganda was under high restrictions related to this COVID-19 pandemic.
- Only participants who comprehend the English language were accepted in this study. Some insightful discussions were surely missed with those who could not express their views in English.
- The main participants were predominantly refugee youths who live under very difficult conditions in the settlement and have profound fears. They responded very cautiously, and sometimes a few even avoided answering questions on issues they thought to be more personal and touching.
- However, exhaustive discussions were done with the participants who were more open to sharing.

Conclusion and recommendations

- Forced displacement experiences expose refugee youths to alcohol.
- Trauma and stress, peer influence, poverty, and unemployment were found to be major risk factors leading to alcohol consumption.
- The social space within homes and trading centers in the context of great alcohol availability, permissiveness, and acceptance – equally provides a conducive environment for alcohol.
- There is a need for literature on the individual and community impact of alcohol in Bidibidi to inform appropriate interventions for the population.
- Engage socially significant actors (refugees engaged in alcohol brewing, local and national stakeholders as well as policymakers) in the alcohol regulation debate.
- More grassroots discussions are required from all stakeholders to mobilize populationbased motivations and build local resilience toward recovery from harmful alcohol use among refugees.

References

- Carrico, R. M. (2018). Letter from the Editor-in-Chief: Journal of Refugee & Global Health Volume 1 Issue 2. *Journal of Refugee & Global Health*, 1(2), 1.
- Fine, S.L., Kane, J. C., Spiegel, P. B., Tol, W. A., & Ventevogel, P. (2022). Ten years of tracking mental health in refugee primary health care settings: an updated analysis of data from UNHCR's Health Information System (2009–2018). *BMC medicine*, 20(1), 1-16. https://doi.org/10.1186/s12916-022-02371-8
- Kane, J. C., & Greene, M. C. (2018). Addressing alcohol and substance use disorders among refugees: A desk review of *intervention approaches*. Geneva, Switzerland: United Nations High Commissioner for Refugees.
- Nalwadda, O., Rathod, S. D., Nakku, J., Lund, C., Prince, M., & Kigozi, F. (2018). Alcohol use in a rural district in Uganda: findings from community-based and facility-based cross-sectional studies. *International journal of mental health systems*, 12(1), 1-10.
- Otim, O., Juma, T., & Otunnu, O. (2019). Assessing the health risks of consuming 'sachet alcohol in Acoli, Uganda. *PloS* one, 14(2), e0212938.
- Ssebunnya, J., Kituyi, C., Nabanoba, J., Nakku, J., Bhana, A., & Kigozi, F. (2020). Social acceptance of alcohol use in Uganda. *BMC Psychiatry*, 20(1), 1-7.
- Swahn, M. H., Culbreth, R., Tumwesigye, N. M., Topalli, V., Wright, E., & Kasirye, R. (2018). Problem drinking, alcohol-related violence, and homelessness among youth living in the slums of Kampala, Uganda. *International journal of environmental research and public health*, 15(6), 1061.
- United Nations High Commission for Refugees (UNHCR). (2021). *Global Trends: Forced Displacement in 2020*. Geneva: UNHCR. https://www.unhcr.org/statistics/unhcrstats/60b638e37/global-trends-forced-displacement-2020.html
 World Health Organization (2018). *Clobal status report on global and health 2018*: executive summary (No. 1999).
- World Health Organization. (2018). *Global status report on alcohol and health 2018: executive summary* (No. WHO/MSD/MSB/18.2). World Health Organization.

Thank you so much

Questions

"my community, my concerns"