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Depressive Disorders in Refugees in Uganda; A Case of Nakivale Refugee Camp

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Abstract

Globally, there are studies on refugees regarding different aspects. That notwithstanding, there are limitations in the available literature which makes it difficult to build on such studies as a basis for interventions especially in Africa. Exposure to the traumatic events like violence, persecution, armed conflicts, murder, mass rape and other threats may lead to the development of mental disorder. In Uganda, although suspected, there is limited evidence of depression among refugees. This study intended to examine the prevalence of depression in a refugee sample in the Nakivale refugee camp in Uganda. Data was collected using a community cross-sectional design. A total of 146 refugees were selected randomly for the study. Data was collected using the Patient Health Questionnaire and a Socio-Demographic Questionnaire. Descriptive statistics and Pearson's Chi-Square test were used in data analysis. All statistics were tested at .05 significant levels. The results showed that 81% of the respondents had symptoms of depressions. Also the study showed that gender difference in depression was not statistically significant. Age and marital status had statistically significant correlation with depression. Based on the results, there is need for screening of mental health in refugees using tools especially custom-made for refugee group. Also there is need to develop the culturally appropriate interventions to improve the quality of mental health of refugees in Uganda.

Keywords : Depression, Nakivale Camp, Uganda, Refugees

Background

The refugee crisis has become one of the biggest challenges of the 21stcentury. According to the United Nations High Commission for Refugees (UNHCR), the number of refugees in the world reached 25.4 million and that of asylum seekers reached 3.4 million in 2017. Globally, 28.8 million people are refugees or asylum seekers. Uganda is the third-largest refugee-hosting nation after Turkey and Pakistan with refugees from Southern Sudan, Rwanda, Burundi, Sudan, Ethiopia and the Democratic Republic of Congo (DRC) [1]. Statistics indicate that 1,293,582 individuals biometrically registered as refugees currently stay in Uganda [2]. However, with more refugees expected to arrive from DRC, South Sudan and Burundi, 1.73 million refugees are likely to be in Uganda by the end of 2020 [3]. Uganda's refugee response is far from perfect, and many pressure points on the system risk giving way to deep fractures. Though the policy landscape itself is exceptionally generous in Uganda, studies show that traumatic and ongoing adverse experiences, as well as social risk factors, can lead to depression [4,5].

Reports indicate that people who are displaced by violence, conflicts, mass rapes, persecutions and the like are exposed to high levels of psychological stressors and at high risk of developing mental disorders including depression [6,7,8]. Adjusting to new and different environment, new culture, settling without basic needs and memories left behind may be challenging to the refugees' mental health [8,9]. Studies show that exposure to traumatic materials like disappearances or witnessing murder and death of loved ones, torture, mass rapes and others are associated with depression [7,9,10].

Studies show that neuropsychiatric disorders are common in refugees with depression ranging from 9.8% to 67.4% [7,11]. Karenni refugees on the Burmese-Thai border had a higher

prevalence of depression at 41% compared to United States general population which rates between 7 and 10% [12]. Also a study among the refugees in Thailand-Cambodia border camps reported that 82.6% of the respondents had major depression [10]. Another study in Mexico among the Guatemalan refugees revealed that the lifetime prevalence of depression was 38.8%. Also, Pampati et al. in their study on Arab American refugees reported higher levels of depression [13]. In Africa, studies among refugees reported major depression [14,15]. Nonetheless, there are limitations in the available literature which makes it difficult to build on such studies as a basis for interventions especially in Ugandan context. The tools used to determine depression in refugees are not culturally sensitive.

Major depression impacts the quality of life and can reduce a person's motivation to make positive lifestyle choices. It may also be an independent risk factor for heart health problems [16]. Studies have shown that the lifetime suicide risk among patients with untreated depression is nearly 20% and up to 15% of clinically depressed patients actually commit suicide [17,18]. Studies have shown that the situation is even worse among refugees; a view supported by International Organization for Migration (IOM) which observed that the suicide rate among Bhutanese refugees was almost twice the rate in general population in the United States [19]. While high levels of depression have been documented, the burden in Nakivale refugees in Uganda is not characterized in the available literature. There is need to understand the burden of depression in Nakivale refugees in order to develop culturally appropriate resources and interventions to improve the quality of mental health of refugees in Uganda.

Nakivale refugee settlement, approximately 200 km away from Kampala, is one of the oldest settlements in the country having already been in existence by 1952. It currently hosts 119,587 refugees from the DRC, Burundi, Somalia, Rwanda, Ethiopia, Eritrea, and others. Although many refugees in the area have been living there for several years, recent conflicts in the nearby countries are increasing the number of arrivals per day. Limited research on depression has been conducted among refugees in Uganda. The available evidence however, shows that 67.4% of refugees in northern Uganda had symptoms of depression [15]. The situation in Western Uganda and Nakivale refugee settlement camp in particular is unclear. This study intended to examine the prevalence of depression among refugees living in Nakivale camp. To achieve this aim, the following objectives were set;

1. To determine the prevalence of depression among refugees in Nkivale refugee camp
2. To determine whether there was a relationship between demographics and levels of depression among refugees in Nkivale refugee camp

Methods

Data was collected using a community cross-sectional design. Adults aged 18 years and above in Nakivale refugee settlement camp at the time of the survey were included. The study excluded the ill and those who could not communicate in the three languages used.

Participants

The participants in the study included refugees who resettled in the Nakivale refugee camp in Isingiro district, Uganda. The sample size of the respondents was conducted putting into consideration the average depression prevalence of 30.7% among the East African refugees with 4% precision and a 95% confidence level. The researcher added 10% for the likely non-response and used a single population formula of n= N* X/(X+N-1) to determine the sample size. Thus applying the formula, the sample size was 146.

Instruments

The survey instruments included Socio-Demographic and Patient Health Questionnaire (PHQ-9). The PHQ-9 is a nine-item self-administered instrument designed to screen for depression. It is the depression module, which scores each of the 9 DSM-IV criteria as "0" (not present at all) to "3" (nearly every day). The standard cut-off score for screening to identify possible major depression is 10 or above. The PHQ-9 was administered to all the respondents, to screen for depression, until the estimated sample size of 146 was obtained. The score for the severity of depression varied from 0 (not present at all) to 3 (present nearly every day), yielding a total score between 0 and 27. Once all the items were scored, depression levels of respondents were rated as normal 0-9, mild 10–14 moderate 15–19 and severe 20–27. This study reported a Cronbach alpha reliability of $\alpha = .82$

Procedure

This study was conducted at the Nakivale refugee settlement camp. Nakivale is one of the refugee camps accommodating currently119, 587 refugees from the DRC, Burundi, Somalia, Rwanda, Ethiopia, and Eritrea. The researcher recruited and trained 4 research assistants who were fluent in Kinyarwanda, Kiswahili and English to collected data. They were trained on ethical issues of informed consent and confidentiality, aims of the study and depression. The data collection took place for two weeks in May 2019. Questions were read out for participants who could not read and write.

Ethical Considerations

The researcher obtained ethical approval from Institutional Review Board (IRB) of Makerere University and letter from the prime minister's office. Ethical issues like informed consent, freedom of participation and confidentiality were maintained. The respondents had a right to withdraw from the study without any penalty.

Data analysis

Data analysis was conducted with help of SPSS version 23. The normality of distribution was tested using the Shapiro-Wilks test. Descriptive statistics were used for the description of the study sample. Chi-square test was used to establish statistical significance. The statistical hypotheses were tested at the significance level of $p \leq .05$.

Results

The respondents completed a demographic characteristic questionnaire, including age, gender, and marital status. In the current study, information on the demographics of the participants was of importance because the researcher wanted to assess their influence on levels of depression among refugees. To summarize this information, descriptive analysis was conducted as shown in Table 1

Category	Demographics	Frequency (n)	Percentage
Male	Male	66	47
Female	Female	74	53
Age	18-30	26	19
	31-44	42	30
	44-59	45	32
	60 and Above	27	19
Marital Status	Married	95	68
	Single	45	32

Table 1: Demographic characteristic of the Respondents

Table 1 shows that over half (53%) of the respondents were female and males were 47%. The majority (68%) of respondents were married. Over one-third, (32%) of the participants was aged between 44-59 years. The results indicate that the participants were mature enough to express the intensity of the personal experience with depression before, during and post conflicts. Results show that the number of female respondents was 8% bigger than that of the male respondents. This difference notwithstanding, the size of females and males was significant enough for the study to capture gender-balanced experiences of refugees in the camp of the survey.

Objective one of the study was to determine the prevalence of depression among refugees at the Nakivale refugee camp in Isingiro district, Uganda. To achieve the objective, the respondents completed the PHQ-9 scale. Depression levels were descriptively analyzed and the scores are summarized in Table 2.

Gender	0-9 Normal	10–14 Mild	15–19 Moderate	>20 Severe	Total
Male	13	8	24	25	70
Female	14	8	20	34	76
Total	**27**	**16**	**44**	**59**	**146**

Table 2: Levels of depression among refugees

Utilization of interpretation guidelines from the PHQ-9 scale manual, Table 2 suggests that the clinical symptoms of depression ranging from mild to severe are prevalent. The results indicate that 119 (81%) of respondents had symptoms of depression ranging from mild to severe levels. 59 (40%) were severely depressed, 44 (30%) moderately depressed and 16 (11%) had mild depression.

Objective two was to examine the correlation between demographic variable and depression among refugees. To achieve this objective it was hypothesized that; there is no statistically significant relationship in levels of depression and demographics (gender, age, and marital status) of refugees in the Nakivale refugee camp. To analyze the hypothesis Chi-Square was used to establish the implied variable relationship. The level of significance was set at 0.05. The results are summarized and presented in Table 3.

Patient Health Questionnaire							
Demographics		Normal	Mild	Moderate	Severe	Total	Chi-Square test
Gender	Male	13	8	24	25	70	$x^2 = 1.467$
	Female	14	8	20	34	76	Df= 3
Total		**27**	**16**	**42**	**58**	**146**	**P=0.693**
Age	18-30	10	4	7	6	27	$X^2 = 22.245$
	31-40	8	8	14	12	42	Df= 3
	41-59	6	4	14	23	47	P= 0.007
	>60	3	3	6	16	30	
Total		**27**	**15**	**41**	**57**	**146**	
Marital Status	Single	10	8	12	19	50	X2 =0.68
	Married	17	10	29	40	96	Df =3
Total		**25**	**15**	**41**	**57**	**146**	**P=0.891**

Table 3: Depression and demographics

Table 3 reveals that the male and female respondents experienced depression. Table 3 also indicates that more than half (57%) of the female respondents experienced a high level of depression and 43% of the male respondents experienced high-level depression. Slightly more females experienced higher levels of depression than the males, though the gender differences had no statistical significance since the p-value (P=0.693) is greater than the alpha value (p=0.05). Thus, the null hypothesis that there is no statistically significant difference in depression based on the gender of refugees was accepted. The result of this study implies that both sexes do not differ significantly in the experience of depression.

The results in Table 3 also show that 68% of those aged 41-59 years experienced a high level of depression followed by those aged 60 years and above constituting 31%. The results indicate that there were progression trends in which depression increased with the increase in age. Data, $p = 0.007$; $p<0.05$ in Table three support the claim. Therefore, the null hypothesis that there is no statistically significant difference in depression based on age was rejected.

The results in Table 3 also show that those who are married (40%) had high levels of depression compared to those who were single. The results revealed that there were progression trends in which depression increased with the increase in marital responsibility. This trend was backed by the data. $p = 0.891$; $p<0.05$. Therefore, the null hypothesis that there is no statistically significant difference in depression based on marital status was rejected. The implication of this result is that marital status may be a first step for understanding and explaining depression among refugees.

Discussion

Objective one of the study determined the prevalence of depression among refugees at the Nakivale refugee camp in Isingiro district, Uganda. A high prevalence of refugees with depression (81%) was identified in this study, well almost equal to or above that of findings of the available literature. The depression level in the current study was way above the reported 5% in a meta-analysis conducted in refugees in the West [20]. These results are not surprising given the challenges the refugees experience before, during and after resettlement. There is remarkable evidence indicating that refugee exposure to stressors, increases susceptibility to developing mental disorders [5,21]. Also lack of employment opportunities and difficulties in integrating into society may precipitate severe levels of depression among refugees living in Nakivale camp [21,22]. The results are in tandem with the results of the past literature on depression among refugees. These studies report the prevalence rate ranging from 3% to 85% for depression [23,24]. The results of present study again mirror the results of a study conducted among Cambodian refugees in Thailand-Cambodia border camps. 82.6% reported major depression at 55% [10]. Also, Pampati et al, in their study on Arab American refugees reported higher levels of depression [13].

The results of the present study showed that there was no adequate proof from the data linking male or female respondents to low or high depression levels among refugees. This was an unexpected finding that nevertheless has a basis in the literature. The results of current study mirrored the results of the study conducted by Sanjana and colleague which showed that there was no significant difference between men and women (p=0.401). The result of the current study was contrary to the study of Afolabi et al, which indicated that women experienced more depression than men. The results also contradicted the findings Roberts and colleagues which revealed a strong statistical association between depression and sex and marital status, (p-value = 0.000) [15,25,26]. The results of the current study also disagreed with the studies conducted by Desai and Jann and Sabin et al, which showed that females scored higher in depression compared to males [27,28]. These differences may be due to the heterogeneous nature of the refugee sample, difference in sample size and instruments used.

The results of the current study indicated that there were progression trends in which depression increased with the increase in age of the respondents which is in consistence with previous investigations [13,29]. According to these findings, there was a strong statistical correlation between depression and age. Gomez-Restrepo and colleagues (2004) reported a higher prevalence of depression in persons older than 45 years. Similarly, depression was reported to be twice in the older age group than in younger adults in Butajira refugees, Ethiopia [30]. Note should be taken that there is age-related upsurge in chronic condition and functional disability which may precipitate depression [31]. Therefore, the observed correlation between age and higher levels of depression may be attributed to change in lifestyle. Additionally, loss of loved ones, reduced social support and retirement may lead to depression [31].

In this study, the married reported heightened levels of depression as opposed to those who were not married. This means that family obligations may lead to increased levels of depression in Nakivale refugees. The result of the present study was in agreement with the results reported by Roberts et al. study [15]. The study showed a strong statistical relationship between depression and marital status. This result however did not support of the findings of Sabin et al., who established that marital status had no bearing on the experience of depression [28].

Conclusion and Recommendation

High levels of depression among refugees were observed in this study. Being married, and aged, are determinants of depression in refugees. However, being a man or female does not determine levels of depression among refugees. Based on the results, the researcher recommends for mental screening for refugees employing tools especially custom-made for refugee population. The researcher also recommends that referral linkage should be established with mental institutions of professionals for the benefits of the refugees. There is a need

to develop culturally appropriate resources and intervention programs to improve the quality of life for refugees in Uganda. Most of the interventions used are culturally biased and based on western research and data. More culturally sensitive approaches as a way of "Africanizing" psychometrical tools is recommended.

This study did not examine the duration of stay in the refugee settlement camp, cultural diversity of the refugees, levels of social support and other aspects that have impact on mental health of refugee population. Future research on refugee depression interventions can greatly build on the foundation that has now been established

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