

Forced displacement and alcohol abuse among refugee youths:

A study of Northern Uganda

Godfrey Makoha

School of Social Work

McGill University, Montreal

December 2021

**A thesis submitted to McGill University in Partial Fulfillment of the requirements of the
degree of Master of Social Work**

© Godfrey Makoha 2021

Table of contents

Abstract	5
Acknowledgments	8
Contribution to original knowledge	9
Contribution of Authors	10
1. Introduction	11
Rationale	13
2. Review of the related literature	15
Understanding who is a youth	15
Understanding who is a refugee	15
Defining alcohol abuse	16
The dangers of alcohol abuse in the population	17
Socio-demographic factors.	19
The personal displacement experiences associated with alcohol abuse among refugee youths	19
Drinking to cope with pre-migration and post-migration stress and trauma.	20
Drinking to cope with frustration and marginalization.	21
The living environment of refugee youths that expose them to alcohol abuse	22
Location and site of the refugee settlement.	22
Experience of unemployment.	24
Group or peer influence.	25
Prior exposure to alcohol use and abuse.	26
The protective mechanisms for refugee youths who stay away from alcohol abuse	26
Exposure to alcohol education.	26
Restrictive rules and regulations.	27
Religious affiliations	27
Negative experiences after drinking.	27
Gaps in the reviewed literature	28
3. Conceptual framework	30
4. Methodology	33
Research design	33
Scope of study	34
Time scope	34
Geographical scope	34
Content scope	36
Study participants	36
Inclusion into the study;	36
Exclusion from the study;	37
Sampling techniques	37

Data management and security	40
Data analysis and interpretation	41
Ethical considerations	41
Study limitations and delimitations	43
5. <i>Profile of alcohol use in Bidibidi refugee settlement</i>	45
Demographic Characteristics of the study participants	46
Profile of alcohol use in Bidibidi refugee settlement	48
Availability of alcohol to the youths in the settlement	49
Locally brewed alcohol in the settlement	50
Factory manufactured alcoholic beverages in the settlement	51
Consequences of alcohol use among the youths	52
Summary of alcohol use in Bidibidi	55
6. <i>Risk factors for alcohol use in Bidibidi refugee settlement</i>	56
Experienced trauma and stress	56
Peer influence	58
Poverty and lost opportunities	60
Low literacy and disengagement from school	61
Separation from family and failure to provide necessities for the youths	62
Unregulated alcohol production and use in the settlement	63
Covid-19 pandemic	63
Summary of risk factors for alcohol abuse	64
7. <i>Protective factors for alcohol use in Bidibidi refugee settlement</i>	65
Religious Teachings	65
Alcohol education and counselling	67
Legal consequences and bad experiences after drinking alcohol	68
Friends who have other pass-times	71
Summary of protective factors against alcohol abuse	72
8. <i>Interventions for protection of youths from alcohol abuse</i>	74
Sensitization on dangers of alcohol use	74
Skills training of the youths.	75
Sports and recreational activities.	76
Strengths, facilitators in the local host community	77
Limitations or challenges to interventions	79
9. <i>Discussion of the findings</i>	81
Profile of alcohol in the settlement	81

Risk factors for alcohol abuse among refugee youths	83
Protective factors against alcohol use in the settlement	86
Interventions for protecting refugee youths from alcohol abuse	87
Implications for policy, practice and research	89
Summary of the findings	91
Conclusion	92
<i>References</i>	93
Appendix A: Letter to Potential Interviewees (Refugee Youths)	98
Appendix B: Letter to Potential Interviewees (Key Informants)	99
Appendix C: Interview Guide for Refugee Youths	100
Appendix D: Key Informant Interview Guide for Local Community Leaders and Resettlement Staff	104
Appendix F: Initial Phone Screening Script	107
Appendix G: Community Observation Check List	110
Appendix H: Study Budget and Work plan	111
Appendix I: Completion of Research Ethics Training Certificate	113
Appendix E: Blank Participant Consent Form	1

Abstract

This thesis explores the influence of forced displacement experiences on alcohol abuse among refugee youths living in Bidibidi refugee settlement in Northern Uganda. Since 2016, thousands of South Sudanese have found their way into Uganda, the majority of whom are women and children. A variety of risk factors for developing harmful alcohol use in humanitarian settings has been reported, including exposure to war trauma, forced displacement and coexisting mental health problems. Studies on alcohol abuse in Uganda largely comprise quantitative methods and focus on secondary and university students living in urban towns. This study therefore used a qualitative approach to explore contextual experiences of displacement influencing alcohol use among refugee populations.

This thesis looks at the forced displacement experiences during flight and resettlement of South Sudanese refugees with the purpose of exploring their influence on the use of alcoholic beverages among young people living in Bidibidi refugee settlement. The key source of information for this report are the refugee youths themselves, local community leaders and settlement staff working with the refugees in Bidibidi refugee settlement. Semi-structured interviews were conducted through purposive sampling to allow only those knowledgeable about the study topic to participate in the study. The total of 22 participants were involved in this research study comprising of 14 refugee youths, 3 local community leaders, 2 social workers and 3 settlement staff living in Bidibidi refugee settlement.

Findings indicate that alcohol brewing and consumption in Bidibidi refugee settlement is on the increase. It is common to find numerous alcohol brewing points within all the five zones of the settlement as a source of family livelihood. Loss, trauma, stress, poverty, and unemployment related to forced displacement experiences and peer influence were found to be among the major risk factors for alcohol abuse among the young population within a context of less restrictive laws and regulations.

Résumé

Cette thèse explore l'influence des expériences de déplacement forcé sur l'abus d'alcool chez les jeunes réfugiés vivant dans le camp de réfugiés de Bidibidi dans le nord de l'Ouganda. Depuis 2016, des milliers de Sud-Soudanais ont trouvé leur chemin en Ouganda, dont la majorité sont des femmes et des enfants. Divers facteurs de risque de développement d'une consommation nocive d'alcool ont été signalés dans les situations humanitaires, notamment l'exposition à des traumatismes de guerre, des déplacements forcés et des problèmes de santé mentale coexistant. Les études sur l'abus d'alcool en Ouganda ont largement compris les méthodes quantitatives et se concentrent sur les étudiants du secondaire et de l'université vivant dans les villes urbaines. Cette étude a donc utilisé une approche qualitative pour explorer les expériences de déplacement contextuel influençant les populations réfugiées consommatrices d'alcool.

Cette thèse examine les expériences de déplacement forcé pendant la fuite et la réinstallation de réfugiés Sud-Soudanais dans le but d'explorer leur influence sur la consommation de boissons alcoolisées chez les jeunes vivant dans le camp de réfugiés de Bidibidi. La principale source d'information pour ce rapport est les jeunes réfugiés eux-mêmes, les dirigeants de la communauté locale et les intervenants travaillant avec les réfugiés dans le camp de réfugiés de Bidibidi. Des entretiens semi-structurés ont été menés par échantillonnage raisonné pour permettre uniquement aux personnes connaissant le sujet de l'étude de participer à l'étude. Un total de 22 participants a été impliqué dans cette étude de recherche comprenant 14 jeunes réfugiés, 3 dirigeants communautaires locaux, 2 travailleurs sociaux et 3 intervenants vivant dans le camp de réfugiés de Bidibidi.

Les résultats indiquent que le brassage et la consommation d'alcool dans le camp de réfugiés de Bidibidi sont en augmentation. Il est courant de trouver de nombreux points de brassage d'alcool dans les cinq zones de la colonie comme source de subsistance familiale. Les

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

traumatismes, le stress, la pauvreté, et le chômage liés aux expériences de déplacement forcé et l'influence des pairs ont été trouvés parmi les principaux facteurs de risque d'abus d'alcool parmi la population jeune, dans un contexte de lois et de réglementations moins restrictives.

Acknowledgements

First and foremost, I would like to extend my appreciation and thank my supervisor Professor Jill Hanley for the overall guidance and support, without which this thesis would not have been possible at this time. I am grateful for her intellectual integrity, patience, material support, honesty and constructive criticism.

Secondly, my thanks extend to the examiner who took time and serenity to proofread and edit evaluate my thesis. At the same time, I thank the whole administrative staff of the School of Social Work for their assistance.

My heart felt appreciation also goes to my family for their encouragement, inspiration, thoughts and prayers for me to succeed in life. More especially, my wife Rosette Nangira whose love for me goes beyond my imagination and that has enabled me to always remain strong during trying situations, including this unprecedented time of Covid-19 pandemic.

I would also like to extend my appreciation to all my friends in Uganda and Canada as well for their company during trying moments and the unforgettable memories.

Most of all my gratitude is due to the Almighty God for His generous provision, and protection. I would like to thank Him for giving me life to celebrate these achievements and the strength to face challenges.

Contribution to original knowledge

I, Godfrey Makoha, declare that this research project represents original scholarship. My goal is to make a distinct contribution to the body of knowledge in the field of social work regarding forced displacement and alcohol use among refugees. The thesis is being submitted for the degree of Master of Social Work at McGill University. This thesis represents an original investigation and has not been submitted for the award of any other degree in any academic institution.

Contribution of Authors

I am the sole author of this thesis. I prepared this thesis under the close supervision of Professor Jill Hanley who was instrumental in formulating and executing this thesis. Additionally, youth participants, engaged partner organisations collaborators, community leaders and practitioners played an integral role in this research project, especially during data collection.

1. Introduction

Forced displacement is an increasing social phenomenon in this 21st century United Nations High Commission for Refugees (UNHCR, 2020). As the human tragedy of massive forced displacement continues to unfold, an unprecedented 82.4 million people were forced to flee their homes, of whom more than half are children (UNHCR, 2021). Similarly, forced migrants have been associated with experiences of pre-migration and post-migration stress, trauma particularly related to flight and resettlement challenges (Horyniak, Melo, et al., 2016). Forced migrants from South Sudan are the focus of this thesis, basically they are forcefully displaced migrants from a country where successive conflicts and tribal wars have had longstanding repercussions on general population, disrupting the life of many communities and affecting individual humans in all walks of life (Blanchard, 2014; Nyadera, 2018).

According to the World Health Organization Global Status Report on alcohol and health 2018, the world consumed around 245 billion litres of alcoholic beverages. Uganda is ranked among countries with the highest per capita consumption of 12.5 per cent (Litres of pure alcohol) in African among the population age 15 years. Alcohol abuse is a pattern of drinking that has potential of harm to an individual's health, interpersonal relationships and ability to work (Kane, 2018). Long term use and abuse of alcohol has been linked to numerous health impact including stroke, high blood pressure, liver cirrhosis and certain cancers. Worldwide, there are around 38.8 deaths attributed to alcohol per 100,000 people as of 2016 with the highest deaths occurring in Africa and Europe (WHO, 2018). Despite these worrying statistics, alcohol remains the most widely consumed intoxicating substance worldwide of which humanitarian settings are not exceptional. According to Osaki, Mshana, Mbata, Kapiga, & Chagalucha (2018), alcohol consumption is increasing in Africa, with the region reported to have the highest prevalence of heavy episodic drinking. To make the situation even worse, young people of 18 years and even below are reported to be involved in alcohol abuse (The Uganda Alcohol

Policy Alliance, 2014). In a recent study interviewing university students around Kampala, the prevalence of alcohol abuse was found to be higher than 55% (Uchechukwu, Victoria, & Komuhangi, 2018).

Most tribes in Uganda have been associated with a culture of brewing alcohol as a source of income (Otim et al., 2019). Although alcohol generates domestic revenue for the government of Uganda, its availability precipitates the risk of abuse among the population. Even though the laws of Uganda do not permit the sale to and consumption of alcoholic beverages by young people below the age of 18 years (Constitution of the Republic of Uganda, 1995), alcohol abuse among such demographics has remained on the increase and is a major public health problem in Uganda today (Uganda Youth Development Link, 2008). The region of West-Nile has on several occasions been reported to have the highest prevalence of alcohol and drug abuse in Uganda.

A review of the available literature has illustrated that alcohol abuse disorders in adolescents and young adults contribute to a significant proportion of disease burden (Marquez, 2016). When taken in large quantities, alcohol may also lead to elevated risks of non-communicable diseases (NCDs) such as cancers, mental distress, stroke, dementia, cardiac diseases and a wide range of social problems (Kabwama et al., 2016). Amidst such alcohol related risks, alcohol abuse has also remained on the increase among those humanitarian populations living in Uganda (Kane, 2018; Streel & Schilperoord, 2010a).

Although several risk factors for developing harmful alcohol use have been reported to exist in humanitarian settings (for example, exposure to war trauma, forceful displacement and coexisting mental health risk problems), epidemiological literature on alcohol abuse among refugee and other displaced population has remained extremely limited. Most of the studies conducted with refugees focused on refugees in high income countries where availability of

evidence-based interventions are far greater than low and middle-income countries (Adel et al., 2019). The few studies conducted on the area of alcohol abuse in Uganda largely comprise quantitative data. Such studies provide relatively limited understanding of how contextual experiences of forced displacement influence alcohol abuse.

In order to achieve the 2030 Sustainable Development Goals (SDGs) without leaving anyone behind, the health needs of refugee populations (including alcohol-related problems) must be adequately addressed (New York General Assembly Declaration for Refugees and Migrants 2016; UNHCR, 2019a). Yet prevention efforts and programs that promote responsible drinking behaviour and treatment options for young people in Uganda are generally few, grossly underfunded and are mostly urban based while most of the refugee settlements in Uganda are in rural communities. While there are no official statistics from refugee populations in Uganda, it is also not guaranteed that refugee populations are any safer from alcohol abuse and associated problems. Research has indicated that alcoholism is a common problem among internally displaced persons (UNHCR 2019; Uganda Youth Development Link, 2008).

Rationale

To bridge these existing gaps in literature, it was imperative to conduct a qualitative exploratory study on the influence of forced displacement and alcohol use among refugee youths living in Uganda. Despite the known consequences of alcohol abuse on the young population, alcohol has continually existed in Uganda for a long period of time. Although research has found alcohol to be harmful among young people, little is known among young migrant populations living in Uganda. It is apparent that thousands of young people have been forcibly displaced from South Sudan and resettled in Bidibidi refugee settlement in northern Uganda. Many migrants in humanitarian settings are struggling with high prevalence of alcohol and drug abuse, of which those living in Bidibidi are not exceptional.

Even though many youths in Uganda are vulnerable if not susceptible to alcohol abuse, literature on alcohol abuse among young refugee populations in Uganda remains minimal. Most studies that have been conducted on alcohol abuse in Uganda comprise of quantitative data, with many of the studies focused on secondary school and University students around Kampala district and other major towns in the urban settings yet, most refugee settlements and camps are in remote rural environments. Although some studies conducted have shown that alcohol abuse is a major health and social problem among the youths in Uganda, there continues to be a significant gap in the literature related to forced displacement and alcohol abuse among refugee youths. It is against this background that I am particularly interested in understanding the influence of forced displacement experiences on alcohol abuse among refugee youths living in Bidibidi refugee settlement in Northern Uganda.

This study was guided by three specific objectives:

1. To explore personal displacement experiences associated with alcohol abuse among refugee youths living in Bidibidi refugee settlement in northern Uganda.
2. To document the living environmental conditions that expose refugee youths to alcohol abuse in Bidibidi refugee settlement in northern Uganda.
3. To establish the protective mechanisms for refugee youths who keep away from alcohol abuse in Bidibidi refugee settlement in northern Uganda.

2. Review of the related literature

This literature review provides an overview of current knowledge on forced displacement and alcohol abuse among refugee populations including dangers of alcohol use to the refugee population, forced displacement experiences associated with alcohol abuse, settlement conditions exposition young people to alcohol use as well as protective mechanisms for keeping away from alcohol use by refugee young populations. This is presented in sub-themes derived from the research topic and specific study objectives. The gaps identified from the literature reviewed are also presented in this section.

Understanding who is a youth

The World Health Organization WHO (2018) defines youths as “people between 17 and 35 years of age, who experiment with adult aspects of life”. Such young people prefer establishing their own identities, enjoy making close relationships outside the family, and usually want to try out new things. Youths are interested in taking risks with their lives, often without fear of danger to themselves or of causing harm to significant others in the society. Universally, studies have established that young people, especially those in their ending stage of adolescence, are more vulnerable to different influences and challenging behaviours such as substance abuse, delinquency, as well as violent behaviours, including high risk of poverty (Tekle, 2021).

Understanding who is a refugee

There seem not to be a universal understanding and conclusive meaning of the concept of refugee. Some scholars draw the meaning of the concept of refugee based on the principle of protection of the individual from persecution. However, on the other hand, other researchers base their interpretation on human vulnerability and failure of the state in the fulfilment of citizens' needs (Gissi, 2019). Non the less, the commonly and universally accepted definition is the one enshrined by the United Nations Geneva Convention and its protocols in 1967.

According to them, a refugee is a person who; “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself for the protection of that country”. The same definition was also highlighted in the United Nations report on refugees in the 1950s (Weis, 1961). Throughout our course of life, circumstances leading to forced displacement are usually inevitable and do not discriminate against age, gender, colour, ethnicity, height, economic status among other social factors.

The notion of refuge extends far back into ancient history. Uganda’s modern experience in hosting refugees dates back to the Second World War with influxes from Poland, Germany, Romania and Austria (UNDP, 2017). For over 50 years now, Uganda has continually been hosting refugees coming from neighboring countries and the wider African region, including Rwanda, Democratic Republic of Congo (DRC), Somalia, Burundi, Sudan, Eritrea, Kenya and South Sudan (Frank, 2019) . Studies have ranked the above-mentioned countries among the leading refugee producing countries in the world (Williamson, 2017). According to the UNHCR (2020), youths and adolescents constitute more than half of the global refugee population. The same report notes that, currently Uganda hosts over 1,524,532 refugees.

Defining alcohol abuse

According to Kabwama et al. (2016), alcohol abuse is referred to as a pattern of drinking that has potential of harm to an individual’s health, interpersonal relationships and ability to work. However, for the purpose of this study, a definition by McArdle, (2008), was adopted. To him, the term alcohol abuse means “a maladaptive pattern of alcohol use leading to clinically significant impairment or distress, failure to fulfil major role obligations at work, school and at home or other place, recurrent use of alcohol in situations where it is physically hazardous,

recurrent legal, persistent social or interpersonal disorders caused or exacerbated by alcohol” (McArdle, 2008, p. 525).

The dangers of alcohol abuse in the population

Alcohol abuse is embedded in many African social norms, beliefs, customs and cultures (Ssebunnya et al., 2020). Research further indicates that alcohol accounts for more than forty percent of the global disease burden each year (Swahn et al., 2018). Alcohol consumption has been linked to major health, social and economic problems including cancer, stomach ulcers, mental illnesses, stroke, dementia and cardiac diseases (Emyedu Andrew et al., 2017). In their study entitled, “Assessing knowledge about the dangers of alcohol consumption,” Emyedu Andrew and colleagues add that alcohol affects the central nervous system, restraining an individual’s functionality and behaviour. On the same note, Kane (2018) adds that alcohol, as a sedative, impairs an individual’s judgement, affects coordination and is associated with heart, liver and pancreatic diseases. He further adds that alcohol abuse increases the risk for suicidal tendencies, especially among the young population. According to Horyniak, Melo, et al. (2016), alcohol abuse is linked to numerous health impact including stroke, high blood pressure, liver cirrhosis, cancer and digestive diseases.

From the above literature, alcohol abuse affects an individual’s own health and well-being. However, alcohol abuse can also have adverse effects on the alcohol abuser’s family, relatives, friends, neighbours and, at times, the community as a whole (Horyniak, Melo, et al., 2016). Worth noting, still, is that most people who abuse alcohol and even other intoxicating substances often do so without fear of harm to themselves or to other people in their families, neighbourhood and the community (Ahimbisibwe, 2018). Further literature has associated alcohol abuse with violent activities such as fights, riots and domestic violence especially against children and women in Africa, for example Uganda in particular, a study conducted

among the youths living in the slums of Kampala provided that early alcohol initiation has a significant influence on violence (Swahn et al., 2018).

Some studies have also established that parental and childhood alcohol abuse facilitate family conflict resulting in fights. Research conducted in northern Uganda revealed alcohol abuse is a major cause of violence in homes, leading to family separation, divorce and broken homes (Gulu District Council Report, 2015; Otim et al., 2019). Alcohol abuse has also been associated with road accidents. According to Emyedu Andrew et al., (2017) there are increased cases of road accidents for both young people and older populations drinking alcohol in Uganda result into death or permanent disability among the victims. Likewise, Mehanovic et al. (2020) have also indicated that alcohol abuse, especially among adolescents, is associated with reckless driving and antisocial behaviour. When it comes to humanitarian and post-conflict situations, a study conducted by Hanna (2017) on alcohol and substance use found alcohol abuse as a major health problem among soldiers and veterans in conflict and war zone areas worldwide.

Although the above literature does not quantify the health-related danger and cost of harm caused by alcohol abuse among the population and or specifically in Uganda, it remains quite clear that the financial burden of treating alcohol-related health conditions is relatively challenging, and it would be even more so in humanitarian settings. This literature raises hypothetical questions that if youths and adolescents in normal life situations, living under the stewardship and guidance of their parents, relatives and guardians have such high rates of drug and alcohol abuse-related risks and dangers, then what happens among young people in humanitarian situations commonly faced with multitude of problems such as lack of space, reduced livelihood opportunities, breakdown in community social support systems and dependence on foreign aid as well as the erosion of cultural values?

Socio-demographic factors.

For a very long time, different personal socio-demographic factors have been associated with social behaviour. According to Weaver & Roberts (2010), gender is one of the key risk factors for alcohol abuse among forcibly displaced persons. In their study, they noted that males have higher drinking rates and stand more chances of being diagnosed with harmful alcohol use than their female counterparts, especially during humanitarian crisis. As advanced by Kane (2018), individual characteristics such as gender, age, marital status, socio-economic status, education and religion have been significantly associated with antisocial behaviour among the young population in humanitarian situations. In addition, the same study noted that young unmarried adults with low education and income statuses were at increased risk of alcohol abuse among migrant population.

Relatedly, research studies conducted in Uganda have found parallel results. Nalwadda et al. (2018) established a high prevalence of heavy drinking and alcohol dependence among males. On the same note, Ukechuku et al., (2018), in a study conducted among university students in Kampala, Uganda, also found gender to have an influence on alcohol abuse. This study further concluded that youths aged between 21-26 years are most susceptible to alcohol abuse, with this age category holding the highest prevalence of alcohol use among university students in Kampala. Further research shows high prevalence of alcohol abuse among the young population and, particularly in Uganda, where children of school going age were involved in alcohol use (Gulu District Council Report, 2015; Otim et al., 2019).

The personal displacement experiences associated with alcohol abuse among refugee youths

This section provides literature on forced displacement experiences that has been associated with influencing young refugees to alcohol consumption. In recent years, increased conflicts

in different parts of the world have resulted into death, separation from family or relatives leaving many young people unaccompanied and isolated in the refugee camps and settlements. Many people are forced to flee their homes because of the well-founded fears of persecution, rights violations, conflict, tribal wars among other life-threatening experiences. There is growing acceptance with the fact that alcohol is a widely consumed substance globally, and therefore humanitarian settings such as refugee camps and settlements are not exceptions to this reality. Although some migrant population may experience low alcohol prevalence in given contexts, relatively higher numbers are particularly vulnerable to alcohol abuse for several factors as the reviewed literature expound below.

Drinking to cope with pre-migration and post-migration stress and trauma.

Forced displacement is a journey that begins with heightened trauma and anxiety. During flight and resettlement, forced migrants are subject to a great number of traumatising events. In general, forced migrants witness, if not always experience directly, pre-migration and post-migration stressors including, but not limited to: loss of their homes, death of close family members, loss of property and livelihood (Horyniak, Melo, et al., 2016). In assessing forced displacement and harmful alcohol use Weaver & Roberts (2010) found a significant association between substance misuse and trauma. They concluded that substance abuse was a form of self-medication to the physiological, cognitive and behavioural symptoms of the Post-Traumatic Stress Disorders (PTSD) that originated from forced displacement. In the same vein, a study conducted among refugees in the United States revealed that pre-migration and post-migration stressful experiences among refugees resulted in substance abuse either as a coping strategy or as an escape mechanism from psychological distress (Adel et al 2019).

Furthermore, research has raised concern about alcohol abuse among migrant populations with mental health problems such as depression, anxiety and stress. According to Corcino et al

(2018), stressful outcomes arising from numerous social situations (including conflict, family problems and displacement) affect individuals differently. He adds that forced migrants with mental health challenges are at increased risks for developing alcohol abuse traits. In addition, Hanna (2017), on the same note, adds that people with extremely stressful conditions may use alcoholic substances to relieve stress or mental distress. However, Streel & Schilperoord (2010) on the other hand, note that, even though alcohol use can be an additional stressor for many forced migrants, it is also a consequence of several other stressors emanating from humanitarian emergencies with multiple and interrelated factors leading to displacement.

On a specific note, Tol et al., (2020, p. 6-8), tell us that “most of the South Sudanese refugees have directly or indirectly suffered or witnessed violence and indiscriminate killing of family members and neighbors either by the government forces or the armed militia groups in South Sudan. Research with forced migrants from South Sudan has further reported experiences with sexual and gender-based violence including rape, torture and indiscriminate killings of the civilian population (Liebling et al., 2020). Such abuses are reported to be inflicted by both South Sudanese government forces and the opposition armed militia groups. Therefore, we may be right to concur with Mogga, (2017), as he indicates that most South Sudanese forced migrants arrived in Uganda exhibiting symptoms of serious trauma with observable manifestations of stress, anxiety, drug and alcohol abuse and in dire need of psychosocial support and assistance. Bidibidi refugee settlement is home to people living under hard life conditions and profound fears of insecurity, originating largely from their past and present displacement experiences.

Drinking to cope with frustration and marginalisation.

Forced displacement and the resulting life in refugee camps or settlements can be extremely frustrating and leads to loss of hope for the future among forced migrants. Furthermore, Weaver

& Roberts (2010) have pointed out that, in humanitarian situations, frustration is associated with unmet basic essential needs such as education, lack of access to food, water, shelter, loss of income and health services. In addition, experiences related to sexual and psychological abuses have been reported to cause a lot of pain and frustration, especially among women and girls (Liebling et al., 2020).

Epidemiological evidence indicates that the desire to adhere to mainstream norms and to gain acceptance in host communities result in assimilation behaviours for many migrants (Horyniak, Melo, et al., 2016). Growing evidence from related literature has also indicated that the process of cultural and psychological contact with a new culture other than the person's own poses a challenge among forced migrants. Morris and colleagues (2009, p. 534-535) assert that "migrant populations must confront the burden of coming to terms with the circumstances that forced their relocation to a new territory". In a study conducted in Australia on heavy alcohol consumption among young African refugees in Melbourne, it was asserted that while some young people consume alcohol to cope with frustration and discrimination, other youths consumed alcohol as an escape strategy from frustration (Horyniak, Higgs, et al., 2016).

The living environment of refugee youths that expose them to alcohol abuse

Alcohol use does not occur in a vacuum. However much as the risk factors for alcohol abuse vary among individuals and contextual circumstances, no single factor is sufficiently enough to lead to harmful use of alcohol and other alcoholic beverages especially in humanitarian crisis situations emanating from conflict and disastrous emergencies. Therefore, related literature has been reviewed on contextual risk factors for alcohol abuse among forcibly displaced persons.

Location and site of the refugee settlement.

Different locations are faced with varied risk factors related to alcohol abuse. Some communities are at an increased risk of alcohol abuse when compared to others, even when

they are faced with similar challenges. Holding other factors constant, crisis and humanitarian settings are more vulnerable to anti-social behaviour than any other normal localities (Osaki et al., 2018). Refugee settlements are faced with a multitude of interrelated problems ranging from lack of space, reduced livelihood opportunities, breakdown in community structures, social support networks, friction from the host communities, dependence on foreign aid, to erosion of cultural beliefs and values (Somani & Meghani, 2016).

Alcohol has strong roots in the African culture. Most tribes in Northern Uganda earn part of their livelihood from brewing alcohol (Otim et al., 2019). It is a common practice to find cane juice liquor, palm wine, fermented millet or sorghum sold in the major trading centres. Accordingly, the region being home to many refugees, such availability of alcoholic beverages leaves them more susceptible to alcohol use. While the Uganda Youth Development Link (2008) reported alcoholism as a common problem among both young and older persons within the internally displaced persons (IDP) camps in northern Uganda, a report on substance and drug abuse among conflict-affected and internally displaced persons in Gulu, Kitgum and Pader Districts of Northern Uganda also highlights a situation of serious alcohol consumption among IDPs (Gulu District Council Report, 2015). Greene (2018), in his study entitled, “Addressing alcohol and substance abuse disorders,” found the situation echoed internationally, documenting that there is widespread production of alcohol and harmful consumption in most refugee camps and settlements in Liberia, Kenya and Thailand.

For over decade, Yumbe district just as other districts in the West-Nile region has been struggling with poor implementation and enforcement of policies on drug abuse. Most districts in the region have long complained about being underfunded by the central government, arguing that this has affected the functionality and performance of public sectors such as schools, hospitals, markets and law enforcement. Yumbe district hosts over 690,000 refugees

from South Sudan. It is ranked as one of the poorest districts in Uganda (Urban Institute of High-Tech Humanitarians, 2018). In addition, the declining rule of law during humanitarian situations has provided fertile ground for increased access to drugs and other substance use, alcohol inclusive (Hanna, 2017). Research has further indicated that persuasive commercial advertisement strategies draw several youths to use alcoholic beverages. According to Swahn et al., (2013), the tendency of giving out free alcoholic drinks on advertisement crusades in Kampala as well as other urban towns resulted in increased drunkenness among the youth population.

Experience of unemployment.

Migrations and particularly forced migration have major impacts on both people and societies. While forced migrants must meet the minimum job requirements for any given opportunity, just like any other job seeker, they are faced with a great number of challenges for employment in the foreign host countries. Although employable skills and expertise vary for specific job opportunities, key economic determinants (for instance, legal status, language fluency and education) have hindered job acquisition for many migrants. According to Streel & Schilperoord (2010), migrants commonly suffer unemployment and they are therefore pushed to lead extreme poverty conditions in refugee settlements. Usually, unemployment makes individuals feel redundant and this has become a breeding ground for alcohol abuse among migrant populations. Worth noting, still, is the underlying poverty and unemployment levels in the host countries to which refugees migrate. According to the World Bank Report 2017, insufficient economic opportunities, coupled with limited resilience, usually worsen the overall poverty levels for refugees in their host communities.

On the same note Osaki et al. (2018) stressed that “challenging economic circumstances cause stress among the youth which eventually draws them to start consuming alcohol”. Even though Uganda has a progressive refugee policy that provides refugees with freedom of movement,

access to education and employment opportunities (Uganda Refugee Act, 2006), many refugees living in settlement areas remain with minimal if not no opportunities of unemployment despite their qualifications. Social and financial difficulties resulting from lack of employment precipitate the use of substances as a coping mechanism and propels other pre-existing risks and vulnerabilities among refugee adolescents. Although literature indicates that Ugandan nationals and refugees are faced with challenges in accessing education, housing, employment and markets facilities, refugee populations are inherently more vulnerable due to their uncertain legal rights, broken social support networks and constrained opportunities to access livelihood and social services in the host communities. Within such unprecedented life circumstances, it becomes entirely difficult to keep away from alcohol especially while living in places where cheap alcohol is often readily available.

Group and peer influence.

For a very long time, close friends and peers have been recognized as major influencers of social activities and social behaviour. In order to fit in as members of a particular group, one must abide by the group norms and interests. According to Osaki et al. (2018), young people are often persuaded by friends to initiate both social and anti-social behaviour, alcohol abuse inclusive. Similarly, an assessment of knowledge on the dangers of alcohol consumption among students of Makerere University concluded that the increasing alcohol consumption prevalence among university students was a result of the band wagon effect (Emyedu Andrew et al., 2017). This study further noted that most students drinking alcohol at school had relatives and friends engaged in the same act. Similarly, a report from Gulu District Council indicated that “alcohol consumption increases as young people reach adolescence due to influence from their peers” (Gulu District Council Report, 2015).

Prior exposure to alcohol use and abuse.

Osaki et al. (2018, p.7), in a study entitled, “Social space and alcohol abuse initiation,” noted that “parental encouragement” influenced children to start consuming alcohol at a very young age in Northern Tanzania. The study further elaborates that it is a common practice for African parents to invite their children to drink or taste alcohol, especially when alcohol is available at the home. During social events such as parties or ceremonies, alcohol may be freely available and usually with minimal restrictions of drinking even to the adolescents. Therefore, we may not be wrong to assert that alcohol initiation especially among the young people usually starts within our home environments and probably by the people who are very close to us. For instance, living with parents and relatives who consume alcohol propels most youth people and adolescents into the vice.

The protective mechanisms for refugee youths who stay away from alcohol abuse

This section provides literature related to protective mechanisms and strategies used by refugee youths to keep away from alcohol abuse. It is important to note that not all forced migrant populations will have an increased risk of alcohol abuse. Different groups have varied alcohol consumption prevalence based on their protective mechanisms. In some contexts, for example high-income countries, Kane, (2018), noted that refugee populations had a lower alcohol consumption rate compared to non-refugee population. However, literature on alcohol abuse protective mechanisms among the young refugee population in Uganda remains scanty.

Exposure to alcohol education.

Research has indicated that exposure to alcohol education is a preventive mechanism to harmful drinking in the community. According to Swahn et al. (2013), alcohol education was associated with reduced drinking among the youths in Kampala slums. This is due to the fact that alcohol education informs the youths about the dangers of alcohol consumption making

such persons confident to refuse an alcoholic drink when offered. Swahn et al. (2013), further indicate that knowledge about such dangers reduces the likelihood of harmful alcohol use among forcibly displaced young populations.

Restrictive rules and regulations.

In addressing the vice of alcohol abuse among school going population in Uganda, the Ministry of Education and Sports introduced school rules and regulations that prohibit students from drinking alcohol at school. The guidelines also prohibit the use of other substances and drugs among children (Uganda Youth Development Link, 2008). In addition, the Constitution of the Republic of Uganda 1995, prohibits the sale of or use of alcohol to persons below the age of 18 years in Uganda as well as harmful alcohol use among the adult population.

Religious affiliations

Religious sects have different doctrines regarding alcohol. While some denominations condemn the use of alcohol as a sinful act, others hold no objections to the use of alcohol. There seems to be a universal agreement, however, that religion is one of the most protective mechanisms enabling youth to stay away from alcohol abuse. According to Emyedu Andrew et al., (2017), in their assessment of knowledge about the dangers of alcohol consumption among Makerere university students, it was indicated that, among students who had stopped consuming alcohol, most reported it was because of a change in religion. It was indicated that in both Islam and Pentecostals religions, alcohol is prohibited and therefore a sinful act among the believers.

Negative experiences after drinking.

Different individuals have different experiences with alcohol use. While some people become addicted, many have kept away from drinking alcohol as a result of their negative experiences after drinking. According to Debnam et al., (2018) early alcohol initiation results in negative

psychological, social and physical health consequences. The literature further adds that risky drinking of alcohol, in particular frequent consumption and drunkenness, not only affects an individual's health, but livelihood as well (Otim et al., 2019). According to Swahn et al. (2018), alcohol abuse results in many risky behaviour among the youths including, but not limited to: suicidal attempts, blackouts, academic failures, sexual recklessness and sexually transmitted diseases. Similarly, Emyedu Andrew et al. (2017) have also noted that bar violence and unintentional fights are common occurrences among youthful populations engaged in alcohol abuse. It is not unusual that such behaviours will result into common assaults, fatal and non-fatal injuries among young drinkers. Therefore, such nasty experiences with alcohol may influence the individual choice in one way or the other.

Gaps in the reviewed literature

The epidemiological literature on alcohol abuse among refugees and displaced populations in Uganda is extremely limited. Literature available on the youths and other adolescent alcohol abuse behaviour is largely quantitative, providing relatively limited description of contextual social migration experiences and the interplay of alcohol abuse in humanitarian settings. As indicated above, during humanitarian emergencies, limited attention is given to alcohol and substance abuse, especially when physical health, accommodation, food, water and wash plus other necessities of life are seemingly more pressing.

It is further evident that most of the research studies conducted on alcohol abuse among migrants and humanitarian settings are in high-income and middle-income countries. However, a few studies conducted in low-income and some developing countries, Uganda inclusive, are mostly urban based yet most refugee settlements are in rural and remote communities.

Much as West-Nile and Northern Uganda are host to more than half of the refugees in the country, these regions have also reported high prevalence of drug and alcohol abuse, especially

among the youths. Given the reality that the youths of today are the leaders of tomorrow, it is imperative to grow as responsible individuals in their societies. All these aspects have generated a great need for more in-depth, qualitative inquiry examining alcohol abuse among forced migrant youths living in the Northern Uganda and Bidibidi refugee settlement.

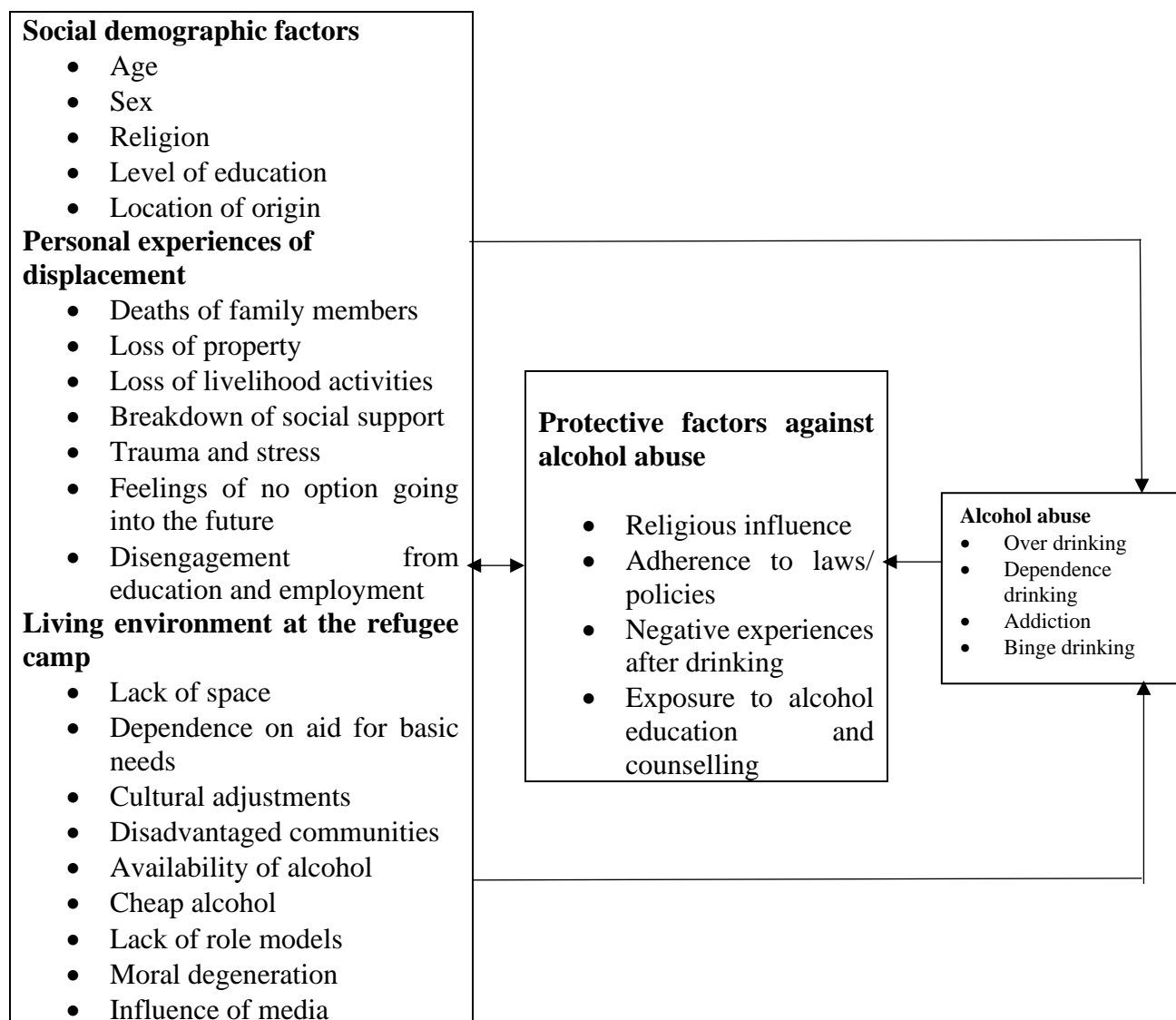
It is long overdue that this gap in the literature is addressed, hence this study to explore the influence of forced displacement experiences on alcohol abuse among refugee youths living in Bidibidi refugee settlement. This research project intends to provide significant insights and the evidence needed to protect and promote the inherent human rights for refugee youths to the government of Uganda, the government of South Sudan, non-governmental organisations, the United Nations partners and human rights advocates. Based on the variations in the contexts and needs of refugee youths, this research is further intended to provide examples of social support systems interventions that can bring about tangible progress in protecting and promoting the wellbeing for such vulnerable migrant populations in Uganda.

3. Conceptual framework

The conceptual framework below shows different levels and alternatives of social experiences with alcohol use among forcefully displaced refugee youths. It highlights the interplay that exists among the socio-demographics, lived experience and environmental conditions in the settlement, and protective mechanisms (religious influence, adherence to rules and regulations, exposure to alcohol educations etc.) on the issue at the centre of this study: alcohol abuse (dependence drinking, binge drinking and over drinking).

As indicated by the World Drug Report (2018) stressful experiences such as loss of property, death of family members, and trauma, increase the risk for alcohol and drug use among young migrant populations. In terms of age, older adolescents are likely to face peer pressure. This eventually nudges the youths to engage in similar social behavior and activities such as parties or ceremonies. It has been highlighted that it is in such environments that alcohol initiation begins for most young people. In the long run, many such young people develop an alcohol drinking habit in order to fit in with their peers. Experiences of traumatizing events, including loss of family members, property and livelihood can either directly or indirectly propel the youths into alcohol use as a coping mechanism (Horyniak, Higgs, et al., 2016). Youths may also be tempted to taste the cheaply available alcohol brands (local brews) within their neighborhoods. In addition, much as adapting to major life changes in the new host country is extremely difficult for many migrants, the youths must also come to terms with the circumstances that forced their relocation, which perhaps exacerbates their vulnerability to alcohol use.

Figure 1 showing risk factors influencing for alcohol abuse among refugee youths



Source: Secondary data (Liebling et al., 2020; World Drug Report, 2018; Horyniak, Higgs, et al., 2016).

It was further noted that crowding within the camp, hostility from peers or those around the camp, poverty and feelings of uncertainty among the youths cause them stress and even depression (Somani & Meghani, 2016). These psychological conditions have the potential of propelling the youths into alcohol use (Liebling et al., 2020). While some youths remain resilient to keep away from alcohol abuse, many are vulnerable as a result of pre-migration and post-migration experiencesfrustration (Horyniak, Higgs, et al., 2016). Although religious

beliefs, adherence to societal and public rules and regulations help in protecting the youths against alcohol abuse (Debnam et al., 2018), others chose to stay away from alcohol after events of negative experiences with alcohol use, for instance: fighting, accidents, personal mood alterations, violence (Uganda Youth Development Link, 2008).

4. Methodology

Research methodology is defined as “the total strategy from identification of the problem to the final plans for data gathering and analysis” (Smith, 2000). It also refers to the specific procedures or techniques used to identify, select, process and analyse information about a particular topic. In a research paper, the methodology section usually allows the reader to critically evaluate the study’s overall validity and reliability (Rubin & Babbie, 2017). The ultimate objective of this research study was to explore the influence of forced displacement experiences on alcohol abuse among refugee youths living in Bidibidi refugee settlement in Northern Uganda. I sought to explore the relationship between forced displacement and alcohol abuse. This section presents the study design, study participants, sampling techniques, data collection methods and tools, data analysis and interpretation, ethical considerations and limitations of the study.

Research design

This study adopted a qualitative, exploratory research design, using the case study method to explore the influence of forced displacement on alcohol abuse among refugee youths living in Bidibidi refugee settlement in Northern Uganda. As advanced by Smith, (2000), qualitative research is suitable for emphasising the dynamic, holistic and individual aspects of human experience within the context of those experiencing them. Exploratory research refers to research conducted to gain new insights, discover new ideas and add to the body of knowledge about a given phenomenon (Reiter, 2017). A case refers to an event, an entry, an individual or even a unit of analysis (Rubin & Babbie, 2017). Case studies are usually concerned with how and why things happen and allows the investigation of contextual realities and differences between social phenomena. For the purposes of this study, Bidibidi refugee settlement was selected as a case among other settlements in Northern Uganda.

Scope of the study

This section provides the scope of the study presented in terms of time, geography and content as indicated below.

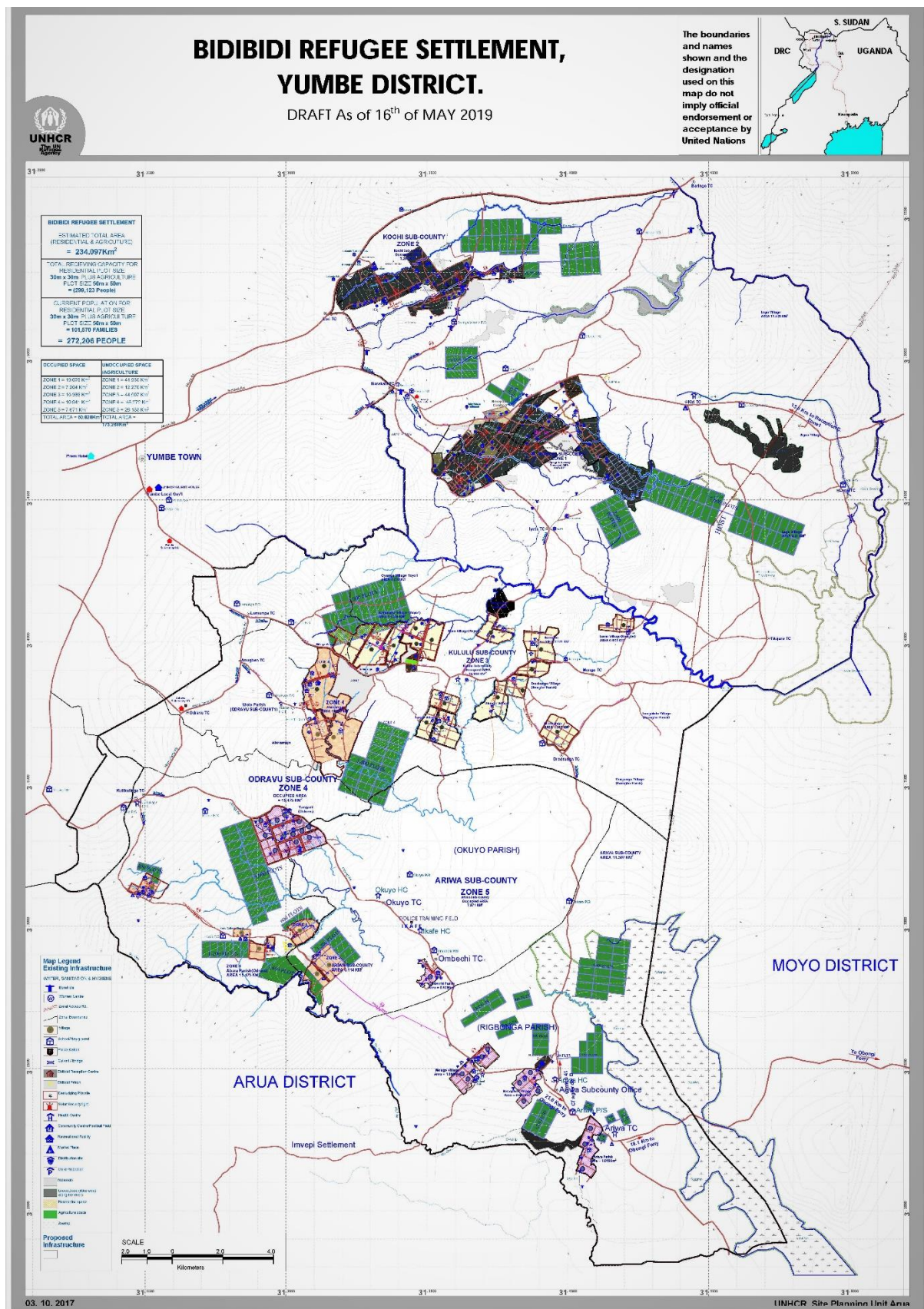
Time scope

This study took a duration of seven (8) months (May 2021-December 2021), from the time of proposal approval to the submission of the final thesis. The study started with data collection in May and June, data transcription in July and August, coding and analysis was conducted in September-October, submission of first thesis draft in November and final thesis was submitted in early December 2021. The details of the duration scope of this research study are clearly described in the study time frame included in Appendix H

Geographical scope

The study was conducted in Bidibidi Refugee Settlement located in Northwestern Uganda. The Bidibidi area covers 250 square kilometres of the Eastern part of Yumbe district. It stretches southward from the South Sudanese border and spills over into Moyo district along the western bank of Kochi River. Bidibidi Refugee Settlement is the largest in Africa and second largest refugee settlement in the world accommodating over 270,000 South Sudanese refugees who fled the ongoing civil war in South Sudan and a few migrants from DRC Congo (UNHCR, 2019a).

Map Showing Bidibidi Refugee Settlement in Yumbe District.



Content scope

In terms of content, this study was limited to exploring personal displacement experiences associated with alcohol abuse among refugee youths, the living environment of refugee youths that expose them to alcohol abuse, as well as the protective mechanisms for the refugee youths who stay away from alcohol abuse in Bidibidi Refugee Settlement.

Study participants

This study sought the views of (14) refugee youths, (03) Bidibidi settlement staff members, (02) social workers and (03) local council community leaders (key informants to the study). The Principal Investigator (PI) had an existing relationship with the social work department in Bidibidi through Kyambogo University School of Social Work. The camp social work department under the Office of the Prime Minister (OPM) already operates youth programs in collaboration with Save the Children, International Refugee Committee (IRC), the UNHCR and World Vision, where all these organisations are in contact with many youths. One social worker from the team was assigned to help the researcher mobilize youths for the inclusion or exclusion criteria.

Inclusion into the study

The eligibility criteria for inclusion of the youths in this study was that one must be a refugee youth aged between 18-25 years. The youth must have also lived in Bidibidi refugee settlement for a period of at least six months by the time data was collected. Both men and women who could speak English were selected. The youths in this age bracket were preferred because the age of majority in Uganda is 18 years. The youths in this age category were also mature enough to remember and comprehend the circumstances associated with their forced displacement and alcohol abuse experiences. They were also able to respond to the research interview questions appropriately.

The community leaders and Bidibidi settlement staff member were selected as key informants (expert source of information). Drawing on their personal and professional experience and their knowledge base in this community, they were able to provide deeper insights on the subject being investigated. Only community leaders involved in working with the youths at community level in Bidibidi refugee settlement were included in the study (Local Council officials and Law enforcement officers). On the other part of settlement staff members, only those who interacted with refugee youths regularly on case matters concerning their health and wellbeing were included in the study (refugee wardens, social workers, health workers and counsellors). Only those who had worked with the youths in Bidibidi for at least 1 year were included in the study.

Exclusion from the study

All individuals who were currently living with distress (ex. family, health, social crisis) were excluded from the study. This was ascertained after successful completion of an initial phone screening assessment conducted by the principal investigator.

Sampling techniques

In qualitative research, the sampling strategy aims to reflect a diversity of viewpoints rather than just a statistical representation of the study population. Therefore, this study's participants were purposively selected, a commonly used sampling method in case study inquiries (Smith, 2000). Purposive sampling was also used because the researcher wanted to choose only participants who were knowledgeable and capable of providing required information on the study topic. Therefore, in this research study, a total of (22) participants were recruited as follows; (14) refugee youths were recruited with consultations and guidance from a Bidibidi refugee settlement case worker, who helped with mobilisation of the youths. The PI worked closely in collaboration with the social workers from the Prime Ministers office in Bidibidi

Base Camp for recruitment of participants where both girls and boys were selected. Only youths in the age bracket of 18-25 years were selected by ascertaining the age from their attestation cards. In terms of alcohol experiences, both youths with and without prior alcohol abuse experience were identified with the help of a social worker based in Bidibidi refugee settlement. The social worker excluded youth who are currently experiencing difficulties or who were emotionally fragile. The researcher wrote a letter to potential interviewees seeking their acceptance to participate in this study (See Appendix A). These letters were delivered to each potential interviewee through the Social Work section in Bidibidi settlement and youths were asked to contact me if they are interested. The youths were told in advance that there were limited slots for participation, so not everyone who was interested would ultimately be able to participate. The Principal Investigator (PI), who is a trained social worker, conducted an initial phone or WhatsApp screening for current distress (see Appendix F) After the screening, the social work department was not informed of which youths were ultimately selected to participate in the study. The age of the individual youth was ascertained from their attestation cards. In terms of alcohol experiences, youths with or without alcohol abuse experience were selected.

This study also sought the views of (03) Bidibidi settlement staff members, (02) social workers and (03) local council community leaders (key informants to the study). The key informants were recruited based on their responsibilities, knowledge and experience in working with the youths in Bidibidi refugee settlement. key informants were selected to participate in this research study based on their responsibilities, knowledge and experience in working with the youths. The key informants had worked with refugees in Bidibidi settlement for at least one year by the time of data collection. The researcher wrote to the potential key informants and the letter (See Appendix B) was delivered through the social work section in Bidibidi settlement. Only key informant who could speak English were selected.

Data collection methods and tools

Individual interviews were conducted to collect data from the study participants. Interviews were regarded as the best way of exploring and gathering experiential narrative materials that may serve as a source of developing a rich and deeper understanding of social phenomena. An interview guide for refugee youths was developed and used to collect data from the refugee youths. A set of questions on major themes originating from the review of related literature was prepared in advance to guarantee that, as much as possible, the same questions were asked during the interviews. Individual interviews were preferred because they allow probing for further information from the participants and may allow some participants to speak more freely about this sensitive topic.

Key Informant Interview Guide was developed by the researcher and used to collect data from the local community leaders and the resettlement staff members in Bidibidi refugee settlement. Key informants were asked about their experience of working with refugee youths, existing laws and policies on alcohol abuse and their knowledge about the study area under investigation. This tool of data collection was also preferred to allow participants to share their stories in their own words without necessarily being coerced to pre-established lines of thinking developed by the researcher.

A Community Observation Guide was developed and used to collect data on the settlement conditions that expose the youths to or keep them away from alcohol abuse in Bidibidi refugee settlement. With the community observation guide the principal Investigator took field notes on observation of the settlement environment.

Document review was used to collect data from other sources, for instance published books, journal articles, Bidibidi refugee settlement reports, settlement rules and policies and grey literature. This was guided by the emerging themes in the data collected from the study

participants and field notes taken by the Principal Investigator. Data collection continued until the saturation point was reached. All data were collected by the researcher within a period of two months. All the study participants were interviewed within Bidibidi refugee settlement.

Data management and security

All interviews were audio-recorded and transcribed in English. Audio recordings were made on the PI's password-protected phone and downloaded onto his password-protected computer as soon as he returned to his quarters. A copy was uploaded to the McGill OneDrive system and subsequently deleted from the phone. The transcriptions were made by the PI, without using an app. Any potentially identifying information shared by the participants during interviews was deleted from the transcripts. Audio recordings were deleted after verification of the transcriptions. McGill OneDrive was used as a backup of recordings and transcripts. The aim was to secure data from getting lost and for protection of access to data from unauthorised persons. Only the transcripts were accessed by other research team members, and the research supervisor. However, on request, study participants could be permitted access to only their personal data.

The Principal Investigator used paper consent forms in the field, which were kept in his personal backpack. Upon returning to the quarters, the Principal Investigator took a photo/scan of the signed consent forms, uploaded the scanned copies to his password-protected computer and a backup folder on McGill OneDrive, then the paper originals were destroyed. Identifiable data (only consent forms) were kept in one part of the PI's document folders and given a code (Interview#/mm/yy). All recordings and transcripts were kept in another part of the document folder and identified only with this code. The identifiable data will be destroyed upon graduation, recordings were destroyed after transcription and verification, and the transcripts will be kept for a minimum of 7 years.

Data analysis and interpretation

All interviews were audio recorded and transcribed verbatim by the researcher. The transcripts were coded using the Nvivo qualitative research analysis software. A coding tree was developed following the emerging themes from the transcripts and was updated during data entry. Content thematic analysis was used because of its suitability for analysing multifaceted, important and, even more so, sensitive phenomenon. Accordingly, forced displacement and alcohol abuse among refugee youths were deemed sensitive issues in the study population. Therefore, content thematic analysis allows breaking down the transcribed interviews into small units subjecting them to descriptive treatment for deriving meaning. In a study conducted by Vaismoradi et al., (2013), it was noted that content thematic analysis was suitable for and in answering questions about concerns people had on a given event, reasons for using or not using a particular service or even procedure. On the same note this study sought to explore the displacement experiences of refugee youths that exposed them to or kept them away from alcohol use in Bidibidi refugee settlement in Northern Uganda.

Ethical considerations

Ethical approvals were sought by the researcher. First, this study was approved by McGill University Research Ethics Board III. The researcher then contacted the Office of the Prime Minister through the Refugee Commissioner General and sought approval from Bidibidi refugee settlement Commandant Officer who is a representative of the Office of the Prime Minister (OPM), for authorization to proceed with data collection.

Participation in this study was voluntary. Consent of the study participants was sought, and each participant was requested to sign a consent form. For any of the youth participants, they were informed that they were welcome to have an advocate of their choosing to review the consent or accompany them at the interviews. The study participants received the details about

the study and its processes before they agreed to participate in this study. The participants were also informed that they were at liberty to opt out of the study at any time and any attempt to withdraw from this research study would not affect their relationship with any person and could not affect the services they were receiving at the time. If the participant decided to withdraw from the study during or right after data collection, any information provided could be destroyed. On the other hand, once the code key linking the participant's name to his or her data was destroyed (expected December 2021) the data could not be withdrawn. Similarly, once combined for publication, data can only be removed from further analysis.

The researcher observed maximum protection of the study participants from any harm accruing from the research procedures and processes. The social work department in the camp offers counselling and had indicated a willingness to debrief with participants if they felt the need and wanted to be referred by the PI. Also, the PI is a trained social worker and was able to address distress directly should any arise in the moment. Apart from emotional support, the PI was aware of other services in the camp (educational support, health facilities, recreation). He contacted these service providers in advance to know how to refer any youths so that he could provide realistic information about waiting lists, exact nature of services, etc. The risks to key informants and settlement staff members were minimal as they were interviewed in their professional capacities and professional assessments. However, if they shared any particularly sensitive or critical information, the Principal Investigator was sure to make it difficult to identify the source of the information and avoided direct quotes.

To ensure privacy and confidentiality, any information that could put the study participants into difficulty to receive any services, hinder the existing social relationships with their clients, employer, staff or funders was not shared, except for information that suggests that someone was being harmed (but no such information was shared). All recordings were made on the PI's

password-protected phone and downloaded onto his password-protected computer as soon as he returned to his quarters. A copy was uploaded to the McGill OneDrive system and subsequently deleted from the phone. Audio recordings were deleted once the interviews were transcribed and verified. There was no use of participants' names or job titles in reporting the findings of the study as a way of maintaining privacy and confidentiality of the information shared by the study participants.

Study limitations and delimitations

As with any other research endeavour, this research study had its own limitations and delimitations. The major drawback was that this study was conducted in a period when Uganda was on high restrictions related to this COVID-19 pandemic. It was more difficult than usual to access participants and conduct interactive interviews due to the strict standard operating procedures put in place by the Ministry of Health in Uganda and other institutional measures requiring social distancing among individuals. However, the researcher followed all public guidelines and standard operating procedures in force at the time of data collection, by maintaining social distancing, providing procedural face masks and hand sanitizer for all the study participants throughout the data collection process.

The other limitation factor was that the research subjects (main participants) are predominantly refugee youths who live under very difficult conditions in the settlement and profound fears. As a result of their profound fears and insecurity, they responded very cautiously and sometimes a few even avoided answering some questions on issues they thought to be more personal and touching. However, I do not believe that such challenges caused any fundamental change to the results of this research study. In fact, exhaustive discussions were done with the participants who were much open to share.

Conducting a research study requires financial, time and human resources. These proved to be constraint and major challenges to the research process. Although the researcher made thoughtful budgets and increased the number of interviews conducted daily in order to reduce cost, funding from McGill University Graduate Research Travel Award (\$6000) was a great boost as it facilitated for transport, accommodation, meals as well as hand sanitizer and procedural face masks for all the study participants making this research successful.

Most of the refugees resettled in Northern Uganda came from South Sudan and they speak different languages to that of the Principal Investigator. There was a strong possibility of communication barriers in cases where the study participants could not sufficiently comprehend the English language. Here, only participants who could speak and understand the English language were selected. The principal Investigator also worked hand in hand with the social worker assigned by Bidibidi settlement social work department. The social work was well versed with the common local languages as well as English and therefore solved communication challenges.

5. Profile of alcohol use in Bidibidi refugee settlement



A photo showing part of the entrance to Bidibidi Refugee settlement Base Camp.

The thematic analysis using Nvivo software helped me to identify four main themes: the profile of alcohol use, risk factors for alcohol use, protective factors against alcohol use and the interventions for the protection of youths against alcohol abuse in Bidibidi refugee settlement which were all divided into additional subthemes. This chapter starts with a description of the demographic characteristics of the study participants and the profile of alcohol use among the youths in Bidibidi refugee settlement to contextualise the experiences of alcohol use in the settlement. In subsequent chapters, the risk factors for and protective mechanisms against

alcohol use are presented according to the themes and divided subthemes respectively. Lastly the interventions for protection of refugee youths from alcohol abuse are presented.

Demographic Characteristics of the study participants

Participant	Age	Religion	Education Status	Occupation	Country of Origin
Refugee Youth male 1	25	Anglican	Primary Education	Volunteer	South Sudan
Refugee Youth male 2	24	Anglican	University education	Volunteer	South Sudan
Refugee Youth male 3	25	Catholic	Secondary Education	Not in School	South Sudan
Refugee Youth male 4	25	Catholic	Primary Education	Not in School	South Sudan
Refugee Youth male 5	25	Catholic	Secondary Education	Not in School	South Sudan
Refugee Youth male 6	23	Catholic	Secondary Education	Schooling	South Sudan
Refugee Youth male 7	22	Muslim	Secondary Education	Schooling	South Sudan
Refugee Youth male 8	24	Anglican	Secondary Education	Not in School	South Sudan
Refugee Youth Female 1	24	Catholic	Secondary Education	Volunteer	South Sudan
Refugee Youth Female 2	19	Anglican	Secondary Education	Schooling	South Sudan
Refugee Youth Female 3	21	Catholic	Secondary Education	Schooling	South Sudan
Refugee Youth Female 4	19	Catholic	Primary Education	Schooling	South Sudan
Refugee Youth Female 5	22	Muslim	Primary Education	Not in School	South Sudan
Refugee Youth Female 6	23	Anglican	Primary Education	Schooling	South Sudan
Key Informant male 1	34	Anglican	Diploma	Religious Leader	South Sudan
Key Informant male 2	43	Catholic	Diploma	Community Leader	South Sudan
Key Informant Female 1	25	Born Again	Primary Education	Community Mobilizer	South Sudan
Key Informant male 3	45	Born Again	Secondary Education	Community Leader	South Sudan
Key Informant male 4	28	Catholic	University Education	Social Worker	Ugandan

Key Informant male 5	65	Muslim	Primary Education	Community Leader	Ugandan
Key Informant male 6	30	Catholic	University Education	Social Worker	Ugandan
Key Informant male 7	41	Muslim	Diploma	Community Leader	Ugandan

The table above represents the demographic characteristics of twenty-two participants of whom fourteen were refugee youths aged 18-25 years and eight were key informants, including five community leaders, two social workers and one religious' leader. Fifteen participants were males while seven were females. All the youths were from South Sudan and were forcefully displaced in 2016 during the war and tribal conflicts in South Sudan which started in 2013 and escalated in 2016. Most of the refugee youths mentioned that they arrived in Uganda between 2016 and 2017 and were resettled in Bidibidi refugee settlement in Yumbe district. They have lived in Bidibidi refugee settlement for a period of 5 years on average. The key informants were involved in the administration and provision of services to the youths in Bidibidi refugee settlement.

Profile of alcohol use in Bidibidi refugee settlement



A photo showing Part of Bidibidi Refugee settlement Reception Centre.

Bidibidi is the largest refugee settlement in Uganda and the second largest in the world. It's located in the north-western Yumbe district covering an area of 250 square kilometres. Bidibidi refugee settlement is made up of five zones hosting over 287,000 refugees from South Sudan (UNHCR, 2021) of whom more than half are women and children as indicated by UNHCR Bidibidi settlement profile 2020. Most of the youths in the settlement are of low literacy, unemployed (but looking for work) and their sources of income range from sale of food rations, fruits and vegetables, cereals, casual labour, agriculture and humanitarian aid. Due to limited

land, most of the young people in the settlement has less reliance on agriculture and spend most of their time in trading centres with friends playing cards, Web sports machines and drinking alcohol. However, many women are involved in alcohol brewing to facilitate their other unfulfilled basic needs by humanitarian assistance.

Many young people visit the trading centre within the settlement on almost a daily basis so that they can meet and socialise with friends from different villages and zones within the settlement and those from the host communities as well. More than half of the youth participants reported consuming alcohol on a daily or nearly daily basis. It was observed that young people in the settlement routinely arrive in the trading centres or other drinking joints among the homes between early and mid-morning and they remained there until late evening, consuming alcohol. It was further noted that some young people in the settlement walk around with small plastic bottled alcoholic drinks in their pockets throughout the day. Some youths reported pooling money with friends to purchase alcohol.

Availability of alcohol to the youths in the settlement

The production, sale and consumption of alcoholic beverages was mentioned to be a common practice in Bidibidi refugee settlement. The study participants revealed that many households in the settlement rely on alcohol production as their main economic activity and source of livelihood. This makes alcohol readily available, accessible and affordable to the youths, and even more so with the minimal restrictions regarding alcohol within the camp. Some of the youth participants stated as below:

“We have the local alcohol being brewed within here (waragi). Then we have the original ones manufactured in factories. They are the common one in big numbers”
Refugee Youth Female 3.

“The ones which I know one is called Ola, then another one is Jonnie, then the Kick. Then another one is called “Best Wine.” This one very many people are using it”
(Refuge Youth Female 5).

“There are also these concentrated brands, I mean Kick, Challenger, this one Signature and many others around here. Also, this Coke alcohol, they call it Coke Gin” Refugee Youth Male 3.



A photo showing distillation of local brew (Nguli) in one of the homes in Bidibidi refugee settlement.

Locally brewed alcohol in the settlement

Locally brewed crude spirits, processed from distilling a mixture of fermented cassava flour and yeast called “Nguli” or “Waragi”, was reported to be the most popular alcoholic drink available in the settlement. Brewing of local alcohol at home within the settlement is a common occurrence and it was reported to be the most lucrative business among refugee women and is commonly used by the youths in the settlement. For example, the youth participants had this to say,

“The brands are many, there is this local one, there is even someone who is making it just right there (she points to the neighbourhood), yes there is that one” Refugee Youth Female1.

“Locally here we have what they call “Nguli” which is made from cassava and yeast which is made either from millet or sorghum. It is a bit risky but locally made from here. It is the most common and the cheapest” Key Informant Male 6.

Nguli is even attracting buyers from outside the settlement. It was further reported that alcohol production in the settlement and the use of alcohol among the youths is on the increase at present as compared to the past. The study participants identified several factors for the increasing production of local brew in Bidibidi refugee settlement most notable of which was reduction in food rations provided by the World Food Program (WFP), the need for cash to change diet or buy scholastic materials for the children among other necessities of living.

“Alcohol brewing is a source of income to many people who have joined the business. In this camp we have some people who have lost their close support relatives, others have lost their husbands and, they are staying under difficulties. They use this business to support themselves and the family all” Refugee Youth Male 6.

“In this settlement production of local alcohol is not reducing, the reason being these women are brewing this alcohol in order to get money for grinding their maize that has been given by the World Vision. At the same time, they can use this money from alcohol maybe for changing diet, for medication” Refugee Youth Male 9.

Factory manufactured alcoholic beverages in the settlement

The availability of imported alcoholic beverages into the settlement was also reported. The participants noted that there are several brands of alcoholic beverages brought by the business community into the settlement. It was further reported that these brands range from that alcohol packed in small plastic bags, walagi (local liquor), spirits, wine to bottled beer. From the factory-made alcoholic beverages, brands such as Best-wine, Cheza, Royal Vodka, Kick, Uganda Waragi, Ola, Jonnie, etc were reported to be among the most used drinks by the youth because they are in small plastic bottles available at affordable prices to the youths.

“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” Key Informant Male 2.

Although bottled beer and wine were available in the settlement, it was less affordable for the youths and therefore not their preferred choice because it was expensive as compared to other

brands within the settlement. Heavy trucks were reported to bring these factory-made alcoholic beverages to the settlement and alcohol advertisement crusades were common before the Covid-19 pandemic-related restrictions and curfew. In line with this, a youth participant noted that:

“Actually, here in the settlement there is local waragi where the women brew and most of the youths are actually get engaged in drinking it. Because those others, for example the beer, these youths are not able to afford because they are expensive” Refugee Youth male 9.

However, introducing children to alcohol especially at a young age was reported to be a common practice in Bidibidi refugee settlement. It was observed that some parents even administer alcohol to the young children as a medicine as they hold the belief that alcohol cures malaria, flu and other intestinal complications. A youth participant also stressed that:

“Most of the young children others even below the age of 18 years they are taking alcohol at home and there is a type of alcohol called best wine because of this name ‘best’ they think that this name means something good that is why they are drinking” (Refugee youth Male 1).

The youths from families where alcohol production is a source of livelihood were often directly involved in production and sale of alcohol in the settlement. Some of the youths held a belief that alcohol cures Covid-19 and reported that they drink alcohol to sanitise their intestines to kill Covid-19 virus.

Consequences of alcohol use among the youths

When asked about the ways in which alcohol had affected their lives, the youths identified several social, physical, and health consequences of their alcohol use. Health issues that youth linked to their alcohol consumption included digestive diseases, dehydration, lack of appetite, headache, fatigue, poor nutrition and cancer. Many participants reported having difficulty eating after drinking alcohol or intoxication, with several episodes of unconsciousness where

some youths could be found lying on the road. The youths also reported two deaths and several suicidal cases in which alcohol was believed to be a contributing cause of occurrence among the youth. This was reported to have happened in the settlement prior to my study. A key informant stated that:

“.... the other major consequence is suicidal acts. We have cases of attempted suicide, and we have successful suicide which have happened here in this settlement due to alcoholism” Key Informant Male 3.

Another participant also narrated that:

“.. there are people who have died after repeated abuse of alcohol in the settlement here” Key Informant Male 6.

The study participants further identified several social consequences of alcohol abuse. The major concern of most youths was the impact that alcohol use had on their interpersonal relationships with friends and family members. Many foster families in the settlement were reported to have broken up as a result of uncontrollable alcohol consumption among fostered children. Drinking alcohol was reported to influence the youth-parent relationships in the home. Some participants reported that incidences of violent behaviour within families and among groups of young people were generally a result of minor disagreements which had escalated as a result of the effects of alcohol abuse, leading some youths to have criminal sanctions against them at the police station in the settlement. Some youths were even sent to prison as a result of alcohol induced criminal acts including stealing, pickpocketing (especially at night), and even some serious offences such as gang rape.

Although there are limited employment opportunities for the youths in the settlement, alcohol abuse was mentioned to be a contributing factor to increasing poverty among the youths. Participants mentioned that many youths spent money on alcohol, depleting their meagre

earnings from casual labour. And yet they continue leading unproductive lives as they spend most of their time in the bars or at home sleeping after heavy drinking. Some heavy drinking youths were reported to sell off their personal properties to purchase alcohol. For instance, some interviewed youths affirmed selling food rations in order to raise money for buying alcohol. The study participants affirmed that youths engaged in alcohol drinking had difficulty and less ability to gain and maintain meaningful employment. For example, a male youth participant noted that:

“... when you are addicted to alcohol, you will never think of doing any kind of good work for your life because all the time you are thinking of just when will you get money for drinking alcohol and when you get the money you are the first person in the bar”
Refugee Youth Male 1.

Many youths drinking alcohol were reported to be disengaged from school due to early teenage pregnancies especially among teenage girls. Some youths admitted having conflicts and fighting with fellow alcoholics over girlfriends or boyfriends in the bar on several occasions. The participants reported that some youths drinking alcohol often got involved in risky behaviours under the influence of alcohol including theft, sexual activities including rape, violence and assaults. Some of the youths admitted having been involved in unintended fights and regretted later after sustaining unforgettable injuries. For example, a key informant stressed that:

“... once the youth got involved in drinking alcohol, they lose ability of responsibility, honesty and become careless with their lives, and they get involved in un-protected sexual affairs under the influence of alcohol and intoxication” Key Informant Male 1.

A female youth participant also noted that:

“... And once you are caught alone maybe you are two and for those boys, they are many in a group they may turn to rape you and at times beat you up. That is the problem we have seen with them” Refugee Youth Female 3.

Summary of alcohol use in Bidibidi

The summary on the profile of alcohol use in Bidibidi refugee settlement indicates that there is an avalanche of alcohol beverages in the refugee settlement, as several households rely on alcohol production for main economic activities. The participants also reported an increase in the availability of locally brewed alcohol, which are made from distilling a mixture of a fermented cassava, millet and sorghum, a lucrative business for women. It was further reported that alcohol production in the settlement and the use of alcohol among the youths is on the increase at present as compared to the past. Key reasons why refugees reported increased brewing of alcohol was the reduction of the food ration of the World Food Program, lack of educational materials and their unmet health (among other) basic needs. Furthermore, it could be summarised that there is frequent importation of factory-made alcohol beverages into the settlement and sold in cheap quantities. Reports from the participants indicates that there social, psychological, physical and economic impacts of alcohol consumption among the youth in Bidibidi refugee settlements. Many of the participants reported experiencing or witnessing such things as difficulty in eating after alcohol, extreme in-toxification, seizure disorder, suicidal ideation and even death related to the abuse of alcohol.

6. Risk factors for alcohol use in Bidibidi refugee settlement

The study participants identified several reasons and risk factors associated with alcohol use among the youth living in Bidibidi refugee settlement, the most notable of which are trauma, stress, poverty, peer influence, parental neglect, disengagement from school as presented in the sub themes below:

Experienced trauma and stress

The idea that drinking alcohol relieves stress was commonly discussed among the study participants. The study participants reported that several traumatising and stressful events experiences prior to their relocation were key motivators and influencers for alcohol abuse among the youths. The study participants commonly described traumatising and stressful experiences that forced their relocation from their country of origin such as witnessing indiscriminate killing of their close family members, experiences of violence, forced recruitment of boys and men into the militia groupings, burning of villages, massive killing of livestock, looting, abduction and egregious human rights violations. One key informant noted that:

“... when people were running, people lost a lot of their properties and of course when you are a visitor in another land you will never be the same. For quite a period you will be thinking about what you have been having and you will be thinking about how you will recover and now when you see limited opportunity that is when you will get confused and you will think a lot. For you to reduce the thinking you will have to drink”
Key Informant Male 2.

The study participants further reported exposure to challenges associated with transportation during flight as causing them stress to initiate alcohol. Participants narrated that while on their long journey of walking from South Sudan to Uganda, they met several ambushes and roadblocks mounted by either the ruling government forces or the local Equatorial Sudan People’s Liberation Army in the opposition SPLA-IO. The participants stressed that their entire journey was risky and abductions, looting, rape of women and girls and indiscriminate killing

was the order of the day once you landed in an ambush, a situation that left many young people traumatised. This led to their initiation of alcohol use to deal with the emotions. Some participants reported their first use of alcohol was a response to what they described as a traumatizing environment with the hope that alcohol would help them to stop thinking about the situation and overcome the trauma. One youth participant narrated that:

“... killing in South Sudan was too much and we decided to leave with my brother. On the road we suffered 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 that 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” Refugee Youth Male 8.

In addition, many participants reported the stress of navigating the myriad hardships of growing up in a refugee settlement. Stressful events were described to occur in numerous social situations within the settlement (including crowded shelters, scrambling for resources such as water, food, firewood and construction materials) continuously made life extremely difficult following their arrival in Bidibidi. Furthermore, many participants reported ongoing challenges since arriving in Bidibidi particularly in relation to accommodation, disengagement from and lack of family support. For example, a youth participant stated that:

“... there is a very big challenge of congestion because at home we are very many. We have our uncles with their children, our brothers and aunt’s children. So, at our home we were gathered very many and there is congestion really. Then even in Bidibidi there is congestion because when we came, we were given just carpets for constructing huts where we sleep. When you come home, you feel disturbed because there is too much noise, so you go out there to drink and then just come home to sleep because you don’t want to be disturbed. Yaa this also contributes to alcohol use” Refugee Youth Male 2.

As a result of these traumatic and stressful experiences, many youths reported continuous loss of motivation in self, feelings of hopelessness, anger, sadness, and difficulty in sleeping. For many youths in Bidibidi refugee settlement alcohol was used as a means of escaping from these disturbing feelings in their mind. Alcohol was used to help them overcome such disturbing thoughts and manage the situation.

Peer influence

Friends and peer groups were mentioned to influence the young people into alcohol consumption in the settlement. Alcohol is seen as part of the social interaction and friendship among many youths in the settlement. Many youths had a history of alcohol use way back from their country of origin and had known each other prior to arriving in Uganda. Given the fact that they come from the same country and speak the same language, they commonly referred to each other as friend, brother, my people. Therefore, sharing alcohol with these close contacts was seen as fun and relaxing the mind. The youth who consume alcohol were reported to influence their friends to start drinking alcohol after discovering that they did not previously drink. Non-drinkers may imitate the drinking behaviour of those who drink alcohol in order to fit into the group.

“... that group influence, as I am gifted with the talent of music, so I used to have that musical group where we used to drink, like when you are going for a performance, shows. We were encouraged that when you drink first, that is when you get that morale of performance. So basically, that influence got us into drinking” Refugee Youth Female 1.

Some youth participants stressed that drinking alcohol in isolation is not tasty and therefore they call on their friends and mates to drink together. In this way, even those youths without money can get free alcohol from peers. Participants further revealed that some youths drinking alcohol have formed groups and they usually have meeting places where they drink and smoke in circle, either at the trading centres or in the bush. Such peer groups were reported to expose minors to drinking alcohol at a very early stage. Some of the key informant participants noted that peer groups are a very serious problem in the settlement at present. In comparing males and females, more male youth participants stated being influenced into drinking alcohol by their peers.

This study also sought to understand how the youths spent their time in Bidibidi refugee settlement. When asked about how they spend their social time, home time and responsibilities in a typical week of living in the settlement, most of the youth attending school mentioned that

from Monday to Friday they used to be at school, but since schools were closed due to the Covid-19 pandemic, most of the working days they spend their time in the garden digging and helping their parents. Some youths also mentioned that they are engaged as volunteers with different organisations, and they spend most of their time at work. Some participants also mentioned that during the weekend, especially on Sunday, they spend their time in the church unless it is closed due to COVID. For example, one youth participant stated that:

“... if we get free time like this, we shall spend all the time in the garden. We go and dig and when we come home, we just rest at home maybe during weekends on Sunday we go for prayers but right now because of lockdown there is no prayers even when we are staying at home. You find that on Sunday we are just staying at home” Refugee Youth Male 6.

Another youth also asserted that:

“I am an instructor for hair dressing here at Ebenezer and I normally spend my time here teaching the girls and sometimes we get clients who want me to work on them, So, I come and work from Monday to Friday and at times even Saturday. But mostly Saturdays. And Sundays I spend my time at home. While at home I help my parents and then I also go to church” Refugee Youth Female 1.

However, on the other hand other youths spent their time differently. Some youths mentioned that since they had nothing to do, they spend most of their time with friends in the trading centres and in the market area. It was also observed that many youths gather in the trading centres as early as 9:00am where they are engaged with friends in playing cards, playing web games on gaming machines and drinking alcohol. During data collection in the settlement, it was common to find some youths on the road already intoxicated from drinking alcohol even early in the morning. It was also observed that in the afternoons and during weekends most of the drinking joints in the settlement were crowded young people buying and drinking alcohol.

For example, one youth participants narrated that:

“...actually, spending a week here is not something easy because we the youths, we are actually idle and there nothing that we are doing. You find that if the day starts like this, we shall just be loitering around, playing cards, drinking alcohol and playing dominos (gaming machines) and there is not any other help that we can get from that. And life is not all that fine” Refugee Youth Male 8.

“During that time, like when I want to stay with my friends, I will go to the market area. We stay together with my friends, we enjoy life together and when time comes, we also depart to our barracks place” Refugee Youth Male 7.

Poverty and lost opportunities

This study also sought to explore whether living in poverty or experiences of lost job opportunities as a result of forced displaced influenced the youth to initiate alcohol use in Bidibidi refugee settlement. Participants described their economic history back in South Sudan before the displacement. They mentioned that most of the youths had better jobs and businesses while others were landlords in their home country. The participant narratives revealed that the war in South Sudan stripped many of their economic resources, pushing many of the youths to a situation characterised of limited affordability and deprivation of many essential necessities of life. Upon settling in Bidibidi, living conditions for many residents, including the youth, were shaped by the existing pervasive economic resource scarcity. The study participants reported that they live in an overcrowded environment. A participant noted that:

“Loss of property is really a key issue to someone’s involvement in drinking and, education-wise, limited slots for scholarships. Now when time comes for scholarships, this issue of age bracket had made many youths to give up, that they have no future of education. Because someone qualifies but because of age limit, that person is left out. Now someone here is UAM or Unaccompanied minor, has no support network, the only thing is to resort to drinking” Key Informant male 2.

Participants described that an individual person is allocated a 30 x 30 metre plot of land in the settlement for construction and agriculture yet, apart from being small, the land is also rocky and does not support crop farming, hence keeping them in poverty. With the reduction of food rations provided by the World Food Program (WFP), many families experience food shortage, prompting them to engage in alcohol brewing as an alternative source of livelihood to supplement their essential necessities in the settlement.

Most of the youth participants noted that, after completing high school, it becomes difficult for most refugee youths to join tertiary institutions and university education. It is expensive for most parents and there are also limited scholarships for the youths for both vocational and other

higher learning. Bidibidi refugee settlement was described as located in the rural outskirts of Yumbe district so finding employment after primary and secondary school qualifications was very difficult for the youths. The participants further noted that this was the reason why most of the youths in the settlement are unemployed and redundant in the settlement. It was reported that even those who had their qualifications from South Sudan faced challenges finding employment, as their documents were either lost during an emergency or they were left back in South Sudan.

The study participants further noted that even those who had their documents were required to equate them to the Ugandan standard, a process that was seen to be unfair because of being based only in Kampala and requiring payment of processing fees which most refugee youths cannot afford. Participants also reported that most job opportunities in Yumbe district require experience, which most of the youths do not possess. With all these challenges and recalling the better life they had in South Sudan before the war, some youths revealed that they developed feelings of helplessness and lost hope for their future and drinking alcohol was the only option to manage the stress.

Low literacy and disengagement from school

The participants reported that most of the youths in Bidibidi refugee settlement have low literacy rates because they have not gone to school. Therefore, they cannot read and write, and a majority do not have qualifications for the jobs. Some youths reported dropping out from studies after realising that they were not eligible to register for Uganda Certificate of Education (UCE) since they lost the paperwork confirming their primary school results from South Sudan. Some participants mentioned that many youths got frustrated and staying idle in the settlement made them start drinking alcohol, which has ruined their future expectations. A key informant noted that:

“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, more especially P8 that is primary leaving paper in South Sudan. So, if you lost it tracing for it becomes very difficult here. So, you must remain because if you continue up to senior four, they need that result slip before you are allowed to register which also affects such a student”
Key Informant Male 2

Separation from family and failure to provide necessities for the youths

Parent- children relationship was also stressed as a risk factor for alcohol abuse among the youths in the settlement. The youth participants reported that some parents were very quarrelsome to the youths and not supportive in providing youths with their needs. Therefore, other youth drink alcohol as a way of coping or dealing with their frustrations and unhealthy domestic relationships. For example, a key participant explained that:

“... they are supposed to head the family but here is a situation where these men can not provide any more. Their hands are tied up, almost everything has failed for now. I should say the economic aspect traumatises them so alcohol is used so that the wives, children, or relatives can not ask them, they will know this is now a drunkard, So, one factor is they are doing it to dodge responsibilities at home, that is true. Then two, most youths are also using alcohol because they don't have anything keeping them busy, so they are stressed for that matter they use alcohol as a viable option to keep them busy” Key Informant Male 6.

It was also observed that most youth people are living in the settlement without their parents. Some parents have returned to South Sudan and left the children in the settlement without providing for their basic needs. In leading unsupervised lives some youths end up relying on friends who expose them to alcohol use. One respondent had these to share:

“... most of these children you see around are fostered children. Many are UAM they are Unaccompanied. UAM means Unaccompanied minors. Those are children who ran when they have lost their relatives, when they have lost their parents making them flee because of fear of being also killed as it happened to others. So those are the conditions that made people to come. You see some of the family members are being killed then you see all your properties are being destroyed or collected you remain there alone. Automatically to stop thinking about that, they will be forced to drink alcohol” Key Informant Male 2

Unregulated alcohol production and use in the settlement

Alcohol consumption in Bidibidi refugee settlement was generally acceptable, especially among the youths aged 18 years and above. The study participants reported that society is not very concerned about one's drinking habits, especially if he or she does not inconvenience others. Similarly, the laws that prohibit the sale and consumption of alcohol to minors is not implemented in this settlement setting. The enforcement is further compromised by the fact that the positions on the Refugee Welfare Council (RWCs 1, 2, 3) are elected positions. Therefore, those elected not only fear to annoy their potential electorates but they themselves often buy and give out alcohol to the youths when soliciting for votes.

Covid-19 pandemic

Participants also reported negative community impacts of the Covid-19 pandemic that was mostly associated with fear, anxiety and panic alongside increased requirements of social isolation, which drastically affected businesses, schools and churches. The study participants further added that most of the youths, including those who were in school, are just idle at home doing nothing. This redundancy was reported to exacerbate their involvement in drinking, as they tried to kill boredom.

However, there was concern about the increasing number of new youths who have joined alcohol drinking. Some participants noted that, due to the COVID lockdown and closure of schools imposed to control the spread of the deadly corona virus, many youths, including those who were in school, are commonly found drinking alcohol. This was also observed by the researcher, that young children of school-going age were found in the trading centres drinking alcohol with their peers.

Summary of risk factors for alcohol abuse

In summary, then, this study's findings document that experiences of trauma, lost opportunities, stress, family separation, and low literacy – all related to the youths' forced displacement journey – are risk factors for alcohol initiation to cope with the situation. These factors were exacerbated by peer influence, unregulated alcohol production and use, as well as the Covid-19 pandemic control measures and associated lockdown. These findings suggest that forced displacement experiences prior to relocation are key motivators and influencers for alcohol abuse among the youths. The war in South Sudan stripped many of their economic resources, pushing many of the youths to a situation characterised by limited affordability and deprivation of many essential necessities of life, and introduced great uncertainty about the future. Frustrations from all these feeling drew many young people into alcohol use. Perhaps not surprising the hardships and stress of growing up within the settlement (including crowded shelters, scrambling for resources such as water, food, firewood and construction materials) continuously made life extremely difficult for young people in Bidibidi. As a result of poverty and limited opportunities, most youths spend most of their time with friends in the trading centres and markets, where they are exposed to alcohol. Worth noting still is the unregulated alcohol production and its use in the settlement, which was worsened by the COVID lockdown and closure of schools.

7. Protective factors for alcohol use in Bidibidi refugee settlement

Report of protective factors against alcohol use among young persons in Bidibidi refugee camps were from engagement in religious activities, educational programmes provided in the camp, understanding that there are legal implications for taking alcohol in the refugee camp. Participants also affirmed that they had stopped drinking because of the above actions and support received from diverse people and law enforcement agencies in the Bidibidi refugee settlement.

Religious Teachings

Religion emerged as playing a role to help young people living in Bidibidi refugee settlement to stay away from alcohol use. During the interview with participants, several expressed the magnitude of support they have received from religious organisations within and even those visiting the Bidibidi refugee settlement. There are only two religions in the refugee camp known to the researcher: Christianity and Islam. Some participants reported that they were not involved in alcohol use because they adhere to the teachings they receive in their respective religion. Ascription includes the constant participation in church activities such as bible study, song practice, prayer meetings, youth meetings, counselling session and helping parents while at home in the settlement. Some participants affiliated with evangelical Christianity reported that their pastors often visited them at home. The youth participant stated that:

“.... the church pastors and leaders give advice to the youths and mostly how to live because they say that being a youth is not an easy thing. But now it is on how they should live in a way that pleases God. And most of the things we find in the bible and the bible itself rebukes taking of alcohol. That is where you find youths are counseled and told not to take alcohol and their other behaviour youths like doing, like chewing of “mayirungi”, things like fornication. Youths are supposed to avoid that and that is why they are changing for those ones who have joined the church. But for the ones who are outside, to be sincere they don’t get the information” Refugee Youth Female 2.

On the other hand, participants from the Muslim denomination considered alcohol to be against the Islamic tenets and punishable by Allah. Participants mentioned that according to the shariah

laws, as outlined in the Coran, it was sinful according to their religious beliefs to drink alcohol. Religious teachings and beliefs have kept significant numbers of religiously observant young people away from alcohol consumption in Bidibidi. The summary of their report was that the religious community has been significantly supportive in serving as guardian and it is even more helpful when the parent or caregivers are devoted Christians or Muslims. An excerpt from one of the participants is presented below:

“Yaa, that can help only if that youth, or one of the parents or guardians, is a devoted Christian. Anyway, I am not proud of myself, I am a preacher in my church and, I am an elder. You know, in other churches they call us catechist or lay leader, so we call them elders in the church. So, I oversee the youths in the church, then I make sure in every evening we have a different purpose, different studies and so on, like for those going to school. And that has changed my family, my children and those whom we are staying with in the family are not involved in those things. So, gospel can contribute, as I have earlier mentioned. Two, if the parent is not a devoted Christian but he has a friend who loves God, I think it can help” Key Informant Male 3.

In addition, Islam is also a prominent religion in Yumbe district, with most of the local host communities ascribing to this faith. Relatedly, some participants from Bidibidi settlement were also strong followers of the Islamic faith. When asked about their experience of support from the Islamic religion perspective, some of the participants stated that every Friday they used to move to the mosque for prayers and the teaching discouraged them from drinking alcohol. For example, a youth participant reported as follows:

“I am a Muslim, so in our religion it is not allowed for us to take this alcohol. Those ones who are taking it are people who do not believe at all. So, you find if you have that faith and you believe in your religion, you must know that this thing here, it’s bad. And it is not allowed, it is prohibited so you must leave it. For that case, me, I am not taking. And it is my religion that has guided me to keep away from such things” Refugee Youth Female 5.

A participant who practiced the Islamic religion also narrated that religion played a very important role in protecting young people in the settlement from the use of alcohol. He indicated that while at the mosque youths were encouraged to do productive work and domestic chores, assisting their families in agriculture, rather than spending time drinking alcohol. The participant added that alcohol spoils the body and therefore it is not good to drink:

“.... For our religion, especially on Friday if we go for prayer, they will give us advice that young people should not go and drink alcohol. Let them not go and take these cigarettes smoking. What they just want is let the youths go and dig and help their parents” Refugee Youth Male 7

Therefore, overall, it was observed that religion was commonly mentioned as key in promoting responsible behaviour among the youth living in Bidibidi refugee settlement. The religious experience of young persons in Bidibidi refugee settlement who participated in this study has been positive. Youth participants also expressed that they rely on their different religious denominations for spiritual strength and healing throughout their trying moments including displacement. Other participants mentioned that if it wasn't for their strong religious belief, they would have lost hope and given up on their lives following the past experiences of the war in South Sudan and the continued challenges of growing up in a refugee settlement without any parents.

Alcohol education and counselling

Another emerging protective mechanism from the interviews indicated that alcohol education and exposure to counselling play a significant role in reducing the prevalence of involvement in alcohol consumption in Bidibidi refugee settlement. Participants were asked to provide their views on the protective mechanism that help to keep the youth away from alcohol use and education and counselling were commonly mentioned. The participants stated that alcohol education helps the youths to know about the dangers of alcohol to human life. Some participants noted that when the youths understood how dangerous alcohol is to an individual's life, they will try to avoid drinking alcohol. Other participants mentioned education keeps the youths busy in school so that they will not have free time to go and drink alcohol. For example, one participant mentioned that:

“That is very true, like in the area of education, like I said before, if they are given opportunity to be in class. You know at school they are cared for and when they come home the parents also care for them, the church is also taking the responsibility. So,

you find at the end, these youths may learn something to move away from such kind of life” Key Informant Male 1.

Participants also reported that counselling helps the youth to change their behaviour and become responsible. Some youths confessed receiving advice and counselling from their parents, relatives and the Refugee Welfare Officers (RWOs). Some youths also reported that they stopped drinking alcohol after receiving counselling from UNHCR and Office of the Prime Minister (OPM) team members who went to the community for awareness meetings with the youths.

Legal consequences and bad experiences after drinking alcohol

The participants mentioned that some of the youths who drink alcohol and commit other criminal offences such as assaults, stealing, rape and malicious damage to property were reported to the police for legal processes. Some of the youths were sentenced to imprisonment and that, while a few were released after serving their legal consequences, others were still in prison at the time of data collection. Some youth participants reported that after the arrest of their friends, with whom they used to drink, they decided to quit drinking alcohol. On this note one participant stated that:

“One of the factors that motivates these youths is when they see that somebody has been punished there because of violating the laws with influence from alcohol and this person is either taken to police or prison. He will say if I do this, tomorrow I will be taken like this. So that one acts as a correction measure. Then secondly it stops the youths from exposing themselves to the community when they are drunk, they will know that they will easily be identified” Key Informant Male 6

Participants also reported that they have set up bylaws within different zones within the settlement, which provides for legal consequences in the face of the entire community to any person who commits petty offences under the influence of alcohol. Among the legal sanctions in the settlement were community service in the settlement, such as cleaning at the health centre, water sources, slashing the roads among other. One of the motivating factors for the youths to keep away from drinking alcohol is when they see someone being punished because

of drinking alcohol and then they know it is dangerous. Participants further noted that some youths who did not want to be ashamed in the face of the public have withdrawn from drinking alcohol. One of the leaders reported that:

“... in zone 2 here we have set up specific rule and regulations. When we identify you, that you drink too much or at a wrong hour, that one, you are liable for punishment. If you drink and assault someone, then you face the law. You will understand how too much drinking can result in what. And for your information, that is how other youths have been taught: through implementing some of these guiding rules and regulations”
Key Informant Male 2

Another participant from zone 3 also stated that:

“Like for zone 3, yes, fine under Okululu sub-county. One, they limit them on the hours first, being out of the home. You can’t bang your disco the whole night; you affect your neighbours. You can’t. This alcohol really is limited according to hours. You cannot go up to very late... to do whatever they do without the eyes of the law. And then you see me, I am thinking that these people who bring alcohol, the companies that bring alcohol - much more attention should be paid to them. I know they pay taxes, and I am thinking if somehow they are also regulated, it would help.” Key Informant Male 4

However, in contrast, when asked about rules and regulations that control alcohol production (brewing) within the settlement, the participants reported not to know if there are rules in the community. Some youths mentioned that they have not heard of any rules regulating alcohol use in the settlement. Some participants reported that there were strict rules on alcohol use prior to the settlement of refugees in Bidibidi but since the refugees were resettled, such rules have never been implemented in the settlement. Participants attributed this situation to the fact that most administrative powers within the settlement are under the partner organisations and not the local government.

“Previously, we had our rules here but because of misunderstandings, these people will not follow the rules. At the time when we arrived here, people could not take alcohol. And if you are under eighteen years, if any person meets you in the alcohol place, you will be punished. But now it is not there. There are no rules. Even children who are three or four years also can drink, their mothers are the ones who give them alcohol”
Refugee Youth Female 5

Despite the lack of clear rules, it seems the use of law enforcement agents remains an important strategy for regulating alcohol abuse among the youths in Bidibidi refugee settlement. Participants commonly mentioned the involvement of police, Refugee Welfare Officers (RWOs), prison services, courts of law and officials from the Office of the Prime Minister were involved in the provision of correction measures to the youth, especially to those who committed other offences under the influence of alcohol. When asked about the existence of organisations providing rehabilitation and addressing alcohol use disorders such as addiction, drunkenness, depression etc, most of the participants reported that they have not seen any organisation providing these services within the settlement.

Participants also acknowledged that the existing laws on alcohol use in Uganda prohibit the sale or consumption of alcohol to persons below the age of eighteen years. However, it was observed that such laws were not fully implemented in the Bidibidi refugee settlement. Participants noted that there is not any law that prohibits alcohol brewing in the settlement because people are doing it as a business to meet their basic needs. A key informant noted that:

“...it is in existence and [the police] have laid down some measures like, if they get you around drunk, then you have to face some measures. But this is not enforced so strongly, by the way. They are put in place and not enforced. So, the police are one area to enforce this, so much together with the Office of the Prime Minister in putting some regulations or some measures because it can create some control. And, the alcohol brewers, they should be checked why are they getting involved in this kind of business. They say, ‘Do you supply us with money? Where do I get the money? This is my income, so who are you to say I should stop?’ That is another kind of thing that is really making it hard” Key Informant Male 2.

When asked about what motivated them to stop drinking alcohol, some youths reported bad experiences after alcohol drinking. Some youths mentioned that they could get hungover, involved in unintended fights, accidents and risky sexual behaviour under the influence of alcohol and intoxication. Other youths mentioned that drinking alcohol resulted in misunderstanding with their parents, relatives and at times with neighbours, which in some

cases led to their imprisonment by the police. Some youths also reported that they stopped drinking alcohol after realising they were having some health complications such as ulcers, digestive complications, loss of appetite and body weight. Some of the participants narrated that:

“Like you find the person is drunk and trying to ride a motorcycle. Then with the reckless driving, this person ended up getting an accident. It happened and one boy got an accident because of reckless driving after taking alcohol and broke his leg” Refugee Youth Female 2.

Friends who have other pass-times

Some youths mentioned that their friends were also helpful in helping them stay away from alcohol. It was observed that youths who were focused on education advised their friends not to drink or to stop drinking alcohol. Some youths mentioned that they were on the settlement leadership committee representing the youths and they mobilised other youth to form helpful groups. In addition, they emphasised creative leisure activities such as sports, recreational activities, computer trainings, attending church choir practices, among other useful, innovative activities that can help them develop a career path for the sustainable future. Some of the youth participants stressed that they are the future leaders of South Sudan, therefore they were not happy with the youth who appeared to be wasting themselves in drinking. They mentioned starting up a youth soccer academy to help grow the talent of the young people in Bidibidi refugee settlement for a sustainable future tomorrow. For example, one of the youths narrated that:

“Yes, I even have one of my friends, we reached out to him as a team and then we tried to talk to him. The question was he told us we should not waste our own time because of him. He said he has lost very many things in his life; he wants to take alcohol so that he can also lose his life like he has been losing his people. Then we tried talking to him that maybe you will be the root of your family. So, we try to advise these youths. [Some] understand while others they do not understand. We have one of our friends, also, who has lost both parents on the road to Uganda. And since we came here, all the time he was taking alcohol, but he had some young children to take care of. We came as a team to talk to him, and we told him it is better for him to be the first person to bring his

family up. We advised him to take care of the siblings and he should leave those groups of alcohol. He really understood and took our advice and right now he has turned away from those things... He is taking care of the children and the children are in school. Now even he also joined school and they are all in school. But during this lockdown, schools are closed, and we are all back home and I know if the lockdown is finished, they will join school. Because we also, as a group, we shall not leave them. We ensure after at least a week we shall reach out to them and then we also give them advice at home” Refugee Youth male 6

Another youth participant stated that:

“Previously we had our group, Amazing Child Protection Services, there in Village 3 in zone 1. Every weekend we could go and discuss with the children and our friends. On that day, we are very smart and comfortable because we were not drinking alcohol. And we shall discuss things about alcohol, then early marriages, then fighting, stealing, how to advise the community. These are the things we are discussing there with our friends. In 2019, when we had this group, youths were not drinking alcohol too much. But these days, because of Covid and now lockdown measures nothing is being done. You find people are commonly drinking alcohol” Refugee Youth Female 5.

In collaboration with the views of the youth, one key informant also stated that:

“... and then the programming. There are some recreational activities that are being created within the settlement. You will get service points like youth recreational centres, innovation centres, they are able to spend much time there. Innovation centres have the internet, these centres have so many programs that they can be able to participate recreationally and do other developmental activities. I think these are the key things that I have seen that they are really keeping the youths” Key Informant Male 4.

Summary of protective factors against alcohol abuse

This section provides a summary on the protective factors against the use of alcohol among young people in Bidibidi refugee settlement. Many participants expressed the desire to stay away from alcohol use. Among the strategies employed in managing to keep away from alcohol were religious activities, educational programs, understanding the legal implications and alternative leisure activities. Churches and mosques provided a range of activities such as bible study, choir practice, prayer meetings, youth meetings, counselling session and guided the young people to helping parents at home in the settlement. Because of alcohol education and counselling, many youths changed their behaviour and became responsible. Despite the lack of

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

clear rules, law enforcement agents such as the police, prisons, Refugee Welfare Officers among other remains equally important as far as alcohol abuse in the settlement is concerned.

8. Interventions for protection of youths from alcohol abuse

This study also sought to understand the availability and accessibility to alcohol use services and intervention programs directed to the youths in Bidibidi refugee settlement. The study participants mentioned that interventions against alcohol abuse or promoting help seeking behaviour for alcohol related problems among the youths were a rare occurrence in Bidibidi. The only exception mentioned by the study participants was for emergencies, especially where someone is experiencing a life-threatening condition due to alcohol. It was further stressed that, after realising adverse alcohol related health effects, commonly it is the family members, relatives or, at times, significant others who attempt to seek help for their family members or devise means of assisting them to stop their drinking habits. However, some participants stressed that general youth counselling services are provided at Bidibidi health centre III in zone one, counselling that could be used to address alcohol abuse without the counsellors necessarily being fully trained in the topic.

When asked about their recommendations for protecting youths from alcohol abuse, study participants mentioned among other things, alcohol awareness programs, access to different forms of education and training, sports activities, and enacting strict by-laws on alcohol use in the settlement.

Sensitization on dangers of alcohol use

Participants reported there used to be sensitization meetings held within the settlement to talk about the conduct and behaviour among the youths. Key stakeholders such as Office of the Prime Minister and the UNHCR were mentioned as organisations involved in providing such services. Most of the participants reported that it has been a long while since youths had engagements to talk about alcohol use in the settlement. From the observation and interaction with the youths in the settlement, it was noted there is no single organisation in Bidibidi that specifically runs alcohol use programs to help the youth. Participants asserted that there had

been one organisation called GOAL Uganda which used to run such services but, after two years, it withdrew from providing such services for the youths. Some youths mentioned the importance of awareness raising as helping the young population to understand the danger of alcohol in their life. Other participants noted that awareness raising for other issues through community sensitization is a model that is used by many community organisations in the settlement, for example: the International Refugee Committee (IRC), World-Vision, and Save the Children, among other partner organisations. Participants further reported that most programs and youth services only target the girl child while the boys are often left out, while at the end of the day they felt it was these very boys after drinking alcohol who come to influence or harass the girls.

Skills training of the youths.

Participants reported that access to both primary and secondary education in the settlement is free and provided by the government of Uganda under the universal education program. Participants also reported that there are efforts towards hands-on skilling of the youths. More vocational training centres have been established in the settlement, for example Ebenezer Youth Training Centre, Yoyo Vocational Centre, among others. The participants acknowledged the low enrolment and cited shortage of instructors as a challenge. One participant said that:

“...There are some trainings where UNHCR or OPM want some children here in the settlement. And when you are chosen, thank God! With those vocational trainings... they can keep you away from drinking alcohol” Refugee Youth Male 1.

In line with the above, a key informant also narrated that:

“... all these schools you see here, these are all free, quality education that are received. It is a sponsorship itself because it is free. So, at the age of 18-25 you have no excuse to tell me that you have been staying in Bidibidi and you did not go to school. Because if you are not going for formal education there are other vocational institutions around, technical life skills training, hairdressing, tailoring, computer training etc., you will at least get. And more so, these partners give it on a very low minimal entry

scale. They will tell you that as low as p7 level. We know that there are those who have not even acquired formal school-going education, but we categorise them and give them these courses.

And then the programming. There are some recreational activities that are being created within the settlement. You will get service points like youth recreational centres, innovation centres. They can spend much time there. Innovation centres have the internet. These centres have so many programs that they can be able to participate recreationally and do other developmental activities. I think these are the key things that I have seen that they are really keeping the youths. Key Informant Male 4.

In collaboration with the above statements another youth participant narrated that:

“Here at Ebenezer, we have ICT training, basically Microsoft applications, because of our capacity. And we even give out scholarships and half bursaries to the youths and if you can afford to pay then you come and enroll.... We also help the vulnerable people in the settlement through cleaning, sweeping, fetching water. So, these are the things that are really keeping the youths busy from our organisation. Then we have also hair dressing and tailoring courses where we train the youths and to keep them busy” Refugee Youth Male 2.

Sports and recreational activities.

As observed during the data collection process, there are several youth sports and recreational centres in all the five zone of Bidibidi refugee settlement. The participants reported that most of the recreational facilities were for the minors below the age of 18 years. However older youths can also use the football and netball pitches during the evening hours and on weekends.

A Youth participant stated that:

“Here in the settlement the only thing where you see that young people can do to keep them away from alcohol is only sports, like the football matches...” Refugee Youth Female 5.

We also have outreach programs done by the youths in the soccer academy, where they train like from Monday to Friday and Saturdays we go to the community.” Refugee Youth Male 2

It was further observed that on every normal day of the week especially from around 4:00pm to 5:00pm, it is common to see several young boys and girls routing to different sports grounds within the settlement. While the youths entertain themselves with their unique athletic abilities, older persons were seen taking positions for a better view to cheer up on the actions. Discussions with the youths revealed that sports were not played just for leisure, entertainment

or therapy but it has also been used as a uniting factor among different refugee ethnic groups from South Sudan. Participants mentioned that sports had helped them to come together. One refugee youth mentioned that:

“... I play for Bidibidi United soccer team and with football you must be sober all the time. We have our regulations as a team where drinking alcohol is prohibited. I see many boys are leaving alcohol and joining sports activities in our camp here” Refugee Youth Male 2.

A key informant also noted that:

“... you see here, some of the refugees who never saw eye to eye while in their home country just because of the tribal differences can now manage to shake hands with each other because football is a friendly sport, and this is a very big achievement in addition to keeping the young people busy not to think about drinking alcohol” Key Informant Male 4.

Strengths, facilitators in the local host community

This study also sought to understand the interactional relationships between the refugee youth and the host communities as a key factor of acculturation in their coexistence. The study participants reported that there is a peaceful interaction between among the youths from both communities. They further stated that refugee youths were at liberty and freely mingle with other youths from the host communities in all places of social convenience including markets, trading centres, schools, places of worship, water points, and on the land, among other resources. Although there is this free interaction across both communities, participants reported that alcohol was rarely accessible in the host community, including the host community marketplaces and trading centres. Participants explained that over 90 percent of the host communities were Muslims and alcohol use was highly condemned by the religion and therefore alcohol was hardly accessible to the refugee youths in the host communities.

Some participants mentioned, however, that although there is increased use of other substances such as khat (locally known as mayirungi) and opium among the host community youth, alcohol was rare to find and hard to access by the refugee youths outside the refugee settlement.

It was also further observed that some youths from the host community also freely come to the settlement to drink alcohol with their friends since alcohol is readily available with minimal strictions on drinking as compared to their homes. One participant noted that:

“Yumbe is quite unique in the sense that the highest population here in Yumbe are Muslims. So, in most of the local markets, you cannot get alcohol... But this alcohol is openly sold... [in] those markets in the settlement where people mix freely. And you find that there are also a few locals who abuse alcohol. So, alcohol access in the settlement is very free. People move freely, including the host community members, and there are also a few people from among the hosts who deal in it and sell to the refugees”
Key Informant Male 6.

When asked about the availability of organisations and what activities they provide for the youths, participants mentioned several organisations including: Office of the Prime Minister, UNHCR, International Rescue Committee, World Vision, Safford and Caritas Uganda which have worked in a collaboration with the local host community in providing services and activities to the refugee youths. Among the services are provision of child-friendly spaces in schools, counselling, provision of sanitary pads etc. Participants noted that among other partner organisations, Caritas Uganda is providing quality vocational skills training to equip the youths with knowledge and skills required in the job market. It was also observed that with the generous financial support from Caritas Denmark, Caritas Internationalis and Caritas Norway, youths from both host community and within the settlement are offered skills through a 6-months vocational training such as carpentry and joinery, brick laying, saloon and hair dressing, tailoring among others, for alternative income generation and a 3-months community-based skills training for adolescents and women. However, participants also indicated that there is no organisation specifically providing alcohol abuse-related services for the young people living in Bidibidi refugee settlement. A key participant noted that:

“.. we have DCA, they have some activities supporting the youths. Then we have SAFFORD, they have activities supporting the youth. We have CARITAS, they also have these activities for supporting the youths. Then we have Yumbe District Local Government. When they have some sports activities there, they also bring our youths on

board. But a specific organisation helping those youths drinking alcohol, it's not there"
Key Informant Male 3.

Participants also commended Yumbe district local government and the government of Uganda for extending electricity into the settlement and there are high hopes of facilitating more vocational skills training such as computer training, hair dressing, welding, and carpentry using the newly available power supply. The participants noted that these services are helpful in their community since majority of the youths have low levels of education. Some youth participants noted that, due to smooth coexistence with the host communities, they have been able to hire plots of land for agriculture and they have been able to start up small-scale businesses like hair salons, retail shops and others bought popcorn machines, and these have changed their livelihood. Participants also noted that Caritas Uganda has extended agricultural training skills in the settlement and youths who are not passionate in agriculture were offered non-agricultural skills.

Limitations or challenges to interventions

The interaction with key informants revealed that addiction is a major challenge to interventions aimed at reducing alcohol use among the youths, especially after developing strong attachment to drinking. Similarly, it was also observed that some youths in the settlement had developed alcohol dependence habits and could not forego daily alcohol drinking.

Most youth programs targeting young people in the settlement were commonly described as being donor funded and therefore suffer a lack of sustainability due to lack of both funds and physical equipment. It was reported that some organisations come with important youth programs and activities for the young people, however, due to budget constraints, they end up withdrawing their services prematurely, leaving the youths without any achievable outcome

and in suspense. This has made many youths idle, lose trust in organizations, lose focus and sense of direction and see alcohol drinking as a viable, reliable and available option for life.

In summary, much as many organisations are striving to provide alternative income generation ideas, the enrolment in such activities has remained very minimal while alcohol brewing has continued to be the most lucrative business among many households in Bidibidi refugee settlement. Alcohol use interventions and programs for the youths in the settlement appear to be disjointed from the mainstream services and programs in several organisations and mostly hampered by the reluctance of the government of Uganda and local authorities in the district to implement and enforce corrective measures partly because it's a source of revenue to the local government or some of them are also involved in the sale of alcohol.

9. Discussion of the findings

This section provides a discussion on how this study findings relate to the key issues – the intersection of forced migration with risk and protective factors of alcohol abuse – indicated in the conceptual framework in Chapter 3 above. This section further extends to highlight how the findings address the gaps from earlier literature and how findings from this study agree or disagree with some existing literature on forced displacement and alcohol abuse among refugee populations. The discussion is presented in line with the main themes of findings including profile of alcohol abuse in the settlement, risk factors for alcohol abuse among refugee youths, protective factors against alcohol use in the settlement, interventions for protecting refugee youths from alcohol abuse as well as implications for policy, practice and research.

Profile of alcohol in the settlement

This study is the first study in Bidibidi refugee settlement to unveil links between forced displacement and alcohol abuse among refugee youths. The focus was on the refugee youths who were forcefully displaced from South Sudan and resettled in Bidibidi refugee settlement in Yumbe district in Uganda. As reported in this study findings, alcohol production and heavy drinking among the youths in Bidibidi refugee settlement is a common practice. Findings revealed that there are numerous small operations brewing alcohol and youths can commonly be seen drinking and intoxicated in the settlement. This is in line with earlier studies that investigated alcohol abuse among forcefully displaced populations. As mentioned earlier, a study conducted by (Otim et al., 2019) has reported that alcohol use among the Acholi tribe in northern Uganda is generally an accepted social norm because it is a source of livelihood to many families as well as constituting a relatively large percentage of both local and national revenue. However, the findings from this study contradicts the literature as it was found out that alcohol use was low in the host communities because of their strong Muslim culture especially in Yumbe district. The study findings revealed that although there is increasing

production of local brew within the settlement, importation of factory-made brands has equally contributed to the availability and accessibility of alcoholic beverages by young people living in Bidibidi refugee settlement. This exposure to has resulted into increased prevalence of alcohol abuse among the youths in the settlement. These findings agree with some earlier studies that have documented the impact of importing alcohol and other substance drugs into the refugee camps, citing access as one of the leading determinants of alcohol abuse among the young migrant populations (Streel & Schilperoord, 2010).

Findings from this study indicated that the youth preferred local brew and other factory processed alcohol brands packed in small plastic bottles (formerly sold in plastic bags because it was cheap and affordable to the young people, as compared to beer and wine. Participants mentioned that the youths want to explore new and strong alcohol brands on the market, and they prefer highly concentrated beverages that can get them drunk as quickly as possible. These findings are in line with the findings from a systematic review of the influence of forced displacement and harmful alcohol use on studies conducted in low and high income countries (Weaver & Roberts, 2010). It was noted that most young people prefer strong alcohol beverages that can get them drunk as quickly to make them forget of their stressful experiences.

Findings from this study further illustrate that alcohol abuse has both direct and indirect consequences among the youth. The commonly described consequences include physical health, socio-economic, behavioural and psychological. These consequences are not only for the alcohol abuser but also for non-alcohol users and the community in general. It was revealed that alcohol abuse was a leading cause of unintended fights, accidents, suicide, theft and stealing, violence, rape, unplanned pregnancies, and other risky sexual behaviour among the youths. Furthermore, the findings indicate that residents in Bidibidi associate alcohol abuse with major social complications including family conflicts, sexual and gender-based violence, theft and stealing to get money for buying alcohol, accidents, suicidal tendencies and death.

Their feelings are supported by numerous studies (Otim et al., 2019; Emyedu Andrew et al., 2017; Streel & Schilperoord, 2010) that indicated major health risks of alcohol use. These findings imply that alcohol abuse not only affects an individual's health but also community development as well since it renders the individual person to spend most of the daytime sleeping due to alcohol-related hangovers. Subsequently, other studies have revealed that the cost of providing alcohol treatment interventions for alcohol use disorders in a financially constrained economy such as Uganda is burdensome (Swahn et al., 2018).

Risk factors for alcohol abuse among refugee youths

The findings from this study illustrate the behaviour of young people living in Bidibidi refugee settlement in relation to alcohol abuse. Findings show that these young refugees mainly initiate drinking alcohol to deal with stressful conditions. In this settlement, the main factor influencing alcohol abuse seems to be the experiences related to their past journey of escaping the war in South Sudan and resettlement in Bidibidi. In these findings we see that trauma and stress were reported as being dominant in influencing alcohol abuse among the young people. Most of the participants are people who fled the war-torn South Sudan, and many had multiple experiences of trauma. They themselves, or if not, their family members or friends, were victims of torture, rape, abduction, indiscriminate killings, destruction of property. Experiences of persecution and recurring memories of trauma influenced many youths to initiate alcohol drinking in order to relieve themselves from such thoughts and overcome the situation. These findings are in line with the findings from the study conducted by Sowe (2005) about the increasing risks of substance misuse among refugee populations. Similarly Horyniak et al., (2016) also found alcohol use as a coping mechanism for stress and frustration among African refugees in Australia.

This study's findings further revealed that most of the participants had suffered losses which began back in their country of origin and continued through their journey to Bidibidi, especially

when their possessions and homes were seized or looted, or their loved ones killed. It was revealed that during flight and even when settled in Bidibidi, many youths are acutely aware of the loss of social networks, feel uprooted and always homesick. They reported that feelings of powerlessness and frustration drove them into alcohol consumption. These findings are also in agreement with the study conducted on translation, adaptation, and pilot of a guided self-help intervention to reduce psychosocial distress among South Sudanese refugees in Uganda (Tol et al., 2018). Similarly, a study conducted in the US also found post-traumatic stress as a risk factor for alcohol and substance abuse among migrants (Adel et al, 2019).

It was documented that many youths had stress from having to navigate the myriad hardships of growing up in a refugee settlement with crowded shelters. Continuously scrambling for resources such as water, food, firewood and construction materials made life extremely difficult following their arrival in Bidibidi, while the war in South Sudan stripped many of their economic resources. Steel & Schilperoord (2010) had similar findings in their study on the economic conditions of forced migrants, reporting that migrants commonly suffer unemployment, which pushes them to suffer extreme poverty. Similarly, World Bank Report 2017 also revealed that refugees' increased unemployment levels exacerbate their vulnerability to poverty within refugee settlements. In this sense therefore, findings revealed that due to limited resilient shock absorbers and insufficient viable economic opportunities for the youth in Bidibidi refugee settlement has left many young people idle and they spend most of their time drinking alcohol. In addition, Osaki et al., (2018) stressed that challenging economic circumstances cause stress among the youth which eventually draw them to alcohol use initiation.

Although literature from earlier studies indicated that the process of acculturation forces migrant populations to come to terms with and often adopt some of the cultural practices of their host communities (Sowey, 2005). This study revealed that alcohol abuse was more in the

refugee settlement than in the host community as the participants reported that majority of the host communities were Muslim, and alcohol was rare in the host community. This indicated that forced displacement experiences was a major factor for alcohol use among the youths rather than the local environment. Some participants reported early alcohol initiation from their country of origin as a result of experiences of conflict and existing tribal wars. In addition, this study's results also differ from the findings from several quantitative studies conducted in low and middle income countries by (Kane, 2018; Horyniak, Higgs, et al., 2016) which indicated that refugee have a lower alcohol consumption rate compared to non-refugee population.

It was also found out that disruption and family separation left many youths to lead a single and unsupervised life, which exacerbated their risks for alcohol use as they had to rely on only friends and peers to rely upon for support. Participants stressed initiating alcohol use through the influence of their friends and mates. In this way, even those youths without money could get free alcohol from peers. Such peer influences were reported to expose minors to drinking alcohol at a very early stage. These findings are similar to what Emyedu Andrew et al. (2017) revealed in their study with selected Makerere University students.

Beyond the context of forced displacement, policy and implementation gaps were also highlighted as contributing factors for increased alcohol brewing and consumption among the youths in Bidibidi. Participants commonly mentioned lack of stringent legal restrictions and laxity of the local authorities when it comes to implementation of the alcohol regulatory policies. This context provides fertile ground for the general population, including youths as well as minors, to consume alcoholic beverages at their own liberty. This finding therefore cements a strong culture of alcohol acceptance in Uganda and Northern region in particular (Gulu District Council Report, 2015), a situation further exacerbated by the lack of an alcohol control policy and poor enforcement of the laws in the country (Otim et al., 2019). Although the constitution of the Republic of Uganda prohibits sale and consumption of alcohol to minors

below the age of 18 years, young children of school-going age were observed drinking alcohol with few restrictions in Bidibidi refugee settlement.

Protective factors against alcohol use in the settlement

Although factors leading to forced displacement were universal and affected the community in general, coping and adaptation mechanisms differ among different individuals. Much as it is important to establish forced displacement as a risk factor driving the youths to use alcohol, it is equally necessary to understand the resilience factors facilitating some youths to keep away from alcohol use in Bidibidi refugee settlement. Findings from this study revealed that exposure to alcohol education helped young people to understand the dangers of alcohol misuse and that counselling and guidance provided by parents, teachers, relatives and social workers were key in protecting some youths from drinking alcohol. These findings were found to be in collaboration with the results from the study conducted in Kampala slums where Swahn et al., (2013), revealed that alcohol education was associated with reduced drinking among the youths. These findings are also similar to the report from Emyedu Andrew et al. (2017), in their assessment of knowledge about the dangers of alcohol consumption among Makerere University students.

This study also documented that some youths managed to stay away from alcohol use because of their strong spiritual foundations. Participants from both Christianity and Islam noted that their religious denominations condemn the act of drinking alcohol and that it is considered sinful, convincing them to avoid it. On the same note, a study assessing knowledge about the dangers of alcohol consumption among Makerere University students also found religion to be a protective mechanism for students who were non-alcohol users (Emyedu Andrew et al., 2017). A study conducted by Debnam et al. (2018) on the moderating role of spirituality in the association between stress and substance use among adolescents in the United States of

America (USA) also found spirituality as a moderator of substance use among students and administrative staff from Maryland Safe and Supportive Schools Initiative (MDS3).

Existing literature indicates that dangerous experiences after alcohol use can serve as motivation for alcohol user to stop drinking. This study's findings are affirmative that many youths in the settlement reported they could not continue drinking alcohol after such bad experiences as involvement in unintended fights, accidents and risky sexual behaviour under the influence of alcohol and intoxication. This study found out that youth in Bidibidi also sometimes managed to stay away from drinking alcohol in fear of punishments or after the arrest and conviction of their peers with whom they used to drink alcohol.

Interventions for protecting refugee youths from alcohol abuse

Findings from this study revealed that interventions against alcohol abuse or promoting help seeking behaviour for alcohol-related problems among the youths have remained minimal in Bidibidi refugee settlement. Although the government of Uganda provided free primary and secondary education for refugee children, the rate of disengagement from school to get involved in alcohol use has remained high; more awareness raising on the dangers of alcohol in the lives of the young people is urgently required. Even as partner organisations have introduced vocational and technical skills training in the settlement, youths have to part with some fees to enrol, fees that are not affordable to many. Observations further revealed that most programs targeting young people in the settlement are donor funded and therefore suffer sustainability issues due to a lack of both financial resources and physical equipment. Sports activities seems to be a reliable measure in reducing idleness and is an appropriate strategy for leisure among the youths. The findings show that much as the youths use sports as a leisure activity, entertainment or therapy, it also serves as a uniting factor among youth from different refugee ethnic groups. Participants mentioned that sports not only keep them busy, and they do not think about drinking alcohol but also help them to come together. On a similar note,

findings from a study conducted on alcohol and substance use in humanitarian and post-conflict situations (Hanna, 2017) found that humanitarian settings tend to be neglected areas for public health and availability of information on needed resources. On a similar note, this was also highlighted by the UNHCR, (2019) on approaches to mental health and psychosocial support in displaced and forced migrants.

This study's findings further revealed that despite several non-governmental organisations working and providing programs in the settlement, alcohol abuse-related interventions were less incorporated into the service delivery structure, with the only exception being for emergencies, especially where someone is experiencing a life-threatening condition due to alcohol. This study found out that after realising adverse alcohol related health effects, family members, relatives or at time significant others attempt to seek help for their family members or devised means of assisting them to stop their drinking habits. Alcohol use interventions and programs for the youths in the settlement were reported to be hampered by the reluctance of the government of Uganda and local authorities in the district to implement and enforce corrective measures partly because alcohol production and consumption is a source of revenue to the local governments and some of the authorities are personally involved in the sale of alcohol. A study conducted by McCleary (2017) among Karen refugees from Burma suggests that culturally relevant alcohol treatment models may need to consider the involvement of the community. This study also suggests that effective approaches need to expand alcohol interventions beyond family and peers. Consideration should be geared towards the involvement of community leaders, ethnic community-based organisations and other community assets available in the settlement, such as religious institutions, that can provide community care and the necessary alcohol prevention support.

Implications for policy, practice and research

There is great need for the government of Uganda to finalise and operationalise the National Alcohol Policy to guide strategies and efforts for regulating alcohol production, consumption and the associated problems in the population. Ssebunnya et al., (2020), recommends the need to finalise and disseminate the national alcohol control policy for the implementation of guided strategies. Advertisement of alcoholic beverages on public media platforms should be regulated and instead, such platforms could be used to promote prevention programmes with specific refugee youth target audiences so that access and usability can be maximised. Efforts should be channelled towards improving information provision for both host and refugee communities.

Yumbe local district administration should put in place and enforce strict bylaws and regulations on the sale and consumption of alcohol among minors. Similarly, some key informants stressed the need for the political administration of Yumbe district to strictly regulate open and closure of bars and all-night disco hall in the settlement. Regulating opening times will help to keep away the youths from drinking in the rest of the day so that they can be involved in other activities, like education, work or helping their families and neighbours

The use of top-down approaches in service delivery should be avoided and creating ways to strengthen already existing programs should be explored. Alcohol interventions should be integrated within the existing services and programs for the youth and tailored to connect refugee youths to alcohol use treatment resources (McCleary et al., 2016). Community-based interventions and programs with strong informative messages on the potential harms of alcohol use should be promoted to children in the early stages of their education. McCleary (2017), suggests that a strong and cohesive community is essential in reducing harmful alcohol use. All primary and secondary schools within refugee settlements should be involved in these prevention programmes for early identification and intervention. There should be concerted

efforts towards developing more flexible models and therapeutic interventions for the young refugee population. TPO Uganda is one of the NGOs that have championed the use of indigenous interventions of psychosocial support for emergency response.

Youths in Bidibidi have a clear and important understanding of the context of alcohol abuse in the settlement. Therefore, they should be involved to take part in coordinated actions, and they should be placed in the centre of any interventions. Community-based peer-led programs and training of partners (health care workers and social workers) in alcohol use treatment options in refugee settings in Uganda may be feasible in reducing stigma associated with help seeking and treatment use behaviour among young refugee population. This therefore means that youth partnerships in community-based approaches and coordinated actions are the cornerstones for efficient and sustainable interventions to curb alcohol abuse among refugee youths in Uganda.

Yumbe District Health Department should prioritize youth-based services and interventions including community-wide awareness campaigns in collaboration with the settlement community highlighting the health, social, psychological and economic risks associated with alcohol abuse. Increasing and strengthening the engagement of the marginalised refugee youths in decision making on matters that affect their wellbeing alcohol abuse inclusive is imperative.

Further studies adopting a participatory action research methodology would be helpful in informing pilot projects on interventions addressing alcohol use in the population. There is also a need to conduct a systematic quantitative or mixed method study with a larger sample using specific measurement instruments in order to evaluate and clearly understand the impact of alcohol abuse among the young people living in Bidibidi refugee settlement. There is need for more qualitative studies to explore the underlying societal alcohol use norms to better understand how these norms shape and influence alcohol use among the youths and their role in youth interactions in these social environments.

10 Summary & Conclusion

This section provides the summary of the study findings as well as the conclusions made by the researcher.

Summary of the findings

Alcohol brewing and consumption in Bidibidi refugee settlement is on the increase. It is a common thing to find numerous alcohol brewing points within all the five zones of the settlement. Despite its associated direct and indirect consequences including physical health, socio-economic, behavioural and psychological to the young population, the alcohol sale business has remained a major source of livelihood to many families in this setting. Loss, trauma, stress, poverty, unemployment, separation and myriad hardships related to forced displacement experiences are key risk factors for youth initiation to and consumption of alcohol in Bidibidi refugee settlement. These risks were exacerbated by peer influence and absence of restrictive laws and regulations on alcohol production and consumption among the youth. However religious teachings, education and alcohol counselling, legal consequences and bad experiences after drinking and constructive friends are the most reliable sources of resilience and protection against alcohol abuse for many youths in the settlement. There are concerted efforts from the government of Uganda through provision of free education and health services. Partner organisations are also working to provide youth friendly spaces, vocational and technical skills training, sports and recreational activities as protective measures to engage the youths and keep them away from alcohol abuse. Although there are many organisations working in the settlement, relatively few engage the youths with alcohol abuse-related information while interventions and programs are less integrated in their service delivery strategies with only exceptions for emergencies especially where someone is experiencing a life-threatening condition due to alcohol.

Conclusion

This study shows that alcohol use among refugee youths often begins at an early age. Although trauma and stress from past forceful displacement, peer influence, poverty and unemployment were found to be major risk factors leading to alcohol consumption, social space within homes and trading centres in the settlement – in the context of great alcohol permissiveness and acceptance – equally provides conducive environment for the increasing alcohol use prevalence among the young population. The study, therefore, answered the set questions and objectives as clearly elaborated in the research findings. In addition, these findings, therefore, indicate that interventions intended to address alcohol abuse among refugee youths need to address the stressors as well as social spaces in which consumption occurs, while engaging socially significant actors as discussed above. Much more effort is urgently required from all stakeholders to gather more population-based epidemiological data to inform practice experience on effective interventions to curb the growing vice among the young population that threatens to diminish their capacity to attain a self-sustaining future.

Further to the needed youth interventions, the alcohol brewing in Bidibidi refugee settlement needs to be urgently addressed by partner organisations, community and civil society organisations as well as the government of Uganda. The abundance of alcohol and easy access to it within the settlement also has attracted the attention of some young people from the host communities. In the same way, chewing khat among host communities need to be addressed too. Like alcohol, khat chewing has also started in Bidibidi refugee settlement by some refugee youths. Finally, this study serves as an eye-opener to all stakeholders to appreciate viable alternative youth engagement and support the interests of those young people making their way through education as a measure of reducing alcohol abuse among the refugee youth in Uganda and Sub-Saharan Africa in general.

References

- Adel, F. W., Bernstein, E., Tcheyan, M., Ali, S., Worabo, H., Farokhi, M., & Muck, A. E. (2019). San Antonio refugees: Their demographics, healthcare profiles, and how to better serve them. *PloS one*, 14(2), e0211930.
- Ahimbisibwe, F. (2018). Uganda and the refugee problem: challenges and opportunities (No. 2018.05). *Universiteit Antwerpen, Institute of Development Policy (IOB)*.
- Andrew, E., Babua, P., Nabukalu, J., Mugarura, D., Ochwo, C., Nahereza, T. I., ... & Wabinga, H. (2017). Assessing Knowledge about the Dangers of Alcohol Consumption: A Cross-sectional Descriptive Study, among Makerere University Undergraduate Students. *Journal of Health Science*, 5, 121-127.
- Assembly, U. G. (2016). *New York declaration for refugees and migrants: resolution/adopted by the General Assembly, 3 October 2016. A/RES/71/1, Annex II: Towards a global compact for safe, orderly and regular migration*.
- Blanchard, L. P. (2014). *The Crisis in South Sudan*. Washington: Congressional Research Services.
- 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.
- Debnam, K. J., Milam, A. J., Mullen, M. M., Lacey, K., & Bradshaw, C. P. (2018). The moderating role of spirituality in the association between stress and substance use among adolescents: Differences by gender. *Journal of youth and adolescence*, 47(4), 818-828.
- Frank, A. (2019). Uganda and the refugee problem: Challenges and opportunities. *African Journal of Political Science and International Relations*, 13(5), 62-72.
- Gissi, A. (2019). 'What Does the Term Refugee Mean to You?': Perspectives from Syrian Refugee Women in Lebanon. *Journal of Refugee Studies*, 32(4), 539-561.
- Government of Uganda. (1995). *Constitution of the Republic of Uganda*. Kampala: Uganda Print and Publishing Corporation.
- Government of Uganda. (2006). *Refugees Act*. The Government of the Republic of Uganda. Uganda. Print and Publishing Corporation
- Gulu District Council. (2015). *Towards an Alcohol Ordinance Report*. Gulu, Uganda: Gulu District Council. 1–38.
- Hanna, F. B. (2017). Alcohol and substance use in humanitarian and post-conflict situations. Geneva, Switzerland. *Eastern Mediterranean health journal*, 23(3), 231.
- Horyniak, D., Higgs, P., Cogger, S., Dietze, P., & Bofu, T. (2016). Heavy alcohol consumption among marginalized African refugee young people in Melbourne, Australia: motivations for drinking, experiences of alcohol-related problems and strategies for managing drinking. *Ethnicity & health*, 21(3), 284-299.

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

- Horyniak, D., Melo, J. S., Farrell, R. M., Ojeda, V. D., & Strathdee, S. A. (2016). Epidemiology of substance use among forced migrants: a global systematic review. *PLoS one*, 11(7), e0159134.
- Kabwama, S. N., Ndyabangi, S., Mutungi, G., Wesonga, R., Bahendeka, S. K., & Guwatudde, D. (2016). Alcohol use among adults in Uganda: findings from the countrywide non-communicable diseases risk factor cross-sectional survey. *Global health action*, 9(1), 31302.
- Kamali, M., Munyuzangabo, M., Siddiqui, F. J., Gaffey, M. F., Meteke, S., Als, D., ... & Bhutta, Z. A. (2020). Delivering mental health and psychosocial support interventions to women and children in conflict settings: a systematic review. *BMJ global health*, 5(3), e002014.
- 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.
- Liebling, H., Barrett, H., & Artz, L. (2020). South Sudanese refugee survivors of sexual and gender-based violence and torture: health and justice service responses in northern Uganda. *International journal of environmental research and public health*, 17(5), 1685.
- Marquez, Patricio V. 2016. *Mental Health Among Displaced People and Refugees: Making the Case for Action at the World Bank Group*. Washington, DC: World Bank. <https://openknowledge.worldbank.org/handle/10986/25854> License: CC BY 3.0 IGO.”
- McArdle, P. (2008). Alcohol abuse in adolescents. *Archives of disease in childhood*, 93(6), 524-527.
- McCleary, J. S. (2017). Applying a collective resilience framework to refugees’ perceptions of recovery from harmful alcohol use. *Traumatology*, 23(1), 82.
- McCleary, J. S., Shannon, P. J., & Cook, T. L. (2016). Connecting refugees to substance use treatment: a qualitative study. *Social work in public health*, 31(1), 1-8.
- Mehanović, E., Virk, H. K., Akanidomo, I., Pwajok, J., Prichard, G., van der Kreeft, P., & Vigna-Taglianti, F. (2020). Correlates of cannabis and other illicit drugs use among secondary school adolescents in Nigeria. *Drug and Alcohol Dependence*, 206, 107457.
- Mogga, R. (2017). Addressing gender-based violence and psychosocial support among South Sudanese refugee settlements in northern Uganda. *Intervention*, 15(1), 9-16.
- Morris, M. D., Popper, S. T., Rodwell, T. C., Brodine, S. K., & Brouwer, K. C. (2009). Healthcare barriers of refugees’ post-resettlement. *Journal of community health*, 34(6), 529-538.
- 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.

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

Nyadera, I. N. (2018). South Sudan conflict from 2013 to 2018: Rethinking the causes, situation and solutions. *African Journal on Conflict Resolution*, 18(2), 59-86.

Osaki, H., Mshana, G., Mbata, D., Kapiga, S., & Changalucha, J. (2018). Social space and alcohol use initiation among youth in northern Tanzania. *PLoS one*, 13(9), e0202200.

Otim, O., Juma, T., & Otunnu, O. (2019). Assessing the health risks of consuming 'sachet' alcohol in Acoli, Uganda. *PloS one*, 14(2), e0212938.

Reiter, B. (2017). Theory and methodology of exploratory social science research. *International Journal of Science & Research Methodology*, 5(4), 129-150.

Rubin, A., & Babbie, E. R. (2017). *Research methods for social work*. Boston: Cengage Learning.

Smith, C. P. (2000). Content analysis and narrative analysis. In H. T. Reis & C. M. Judd (Eds.), *Handbook of research methods in social and personality psychology* (pp. 313-335). Cambridge University Press.

Somani, S., & Meghani, S. (2016). Substance abuse among youth: A harsh reality. *Emerg Med (Los Angel)*, 6(330), 2.

Sowey, H. (2005). *Are refugees at increased risk of substance misuse*. Sydney: Drug and Alcohol Multicultural Education Centre.

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.

Streel, E., & Schilperoord, M. (2010). Perspectives on alcohol and substance abuse in refugee settings: lessons from the field. *Intervention*, 8(3), 268-275.

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.

Swahn, M. H., Palmier, J. B., & Kasirye, R. (2013). Alcohol exposures, alcohol marketing, and their associations with problem drinking and drunkenness among youth living in the slums of Kampala, Uganda. *International Scholarly Research Notices*, 2013.

Tekle Abegaz, S. (2021). We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists.

Tol, W. A., Augustinavicius, J., Carswell, K., Brown, F. L., Adaku, A., Leku, M. R., ... & Van Ommeren, M. (2018). Translation, adaptation, and pilot of a guided self-help intervention to reduce psychological distress in South Sudanese refugees in Uganda. *Global Mental Health*, 5.

Tol, W. A., Leku, M. R., Lakin, D. P., Carswell, K., Augustinavicius, J., Adaku, A., ... & van Ommeren, M. (2020). Guided self-help to reduce psychological distress in South

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

Sudanese female refugees in Uganda: a cluster randomized trial. *The Lancet Global Health*, 8(2), e254-e263.

Uganda Alcohol Policy Alliance (2014). *Underage Alcohol Consumption in Uganda*. Kampala: Uganda Alcohol Policy Alliance.

Uganda Youth Development Link. (2008). *State of Drug and Alcohol Abuse in Uganda: young people drinking deeper into poverty*. Kmapala, Uganda. Uganda Youth Development Link.

United Nations Development Programme (UNDP). (2017). *Summary of Study Uganda's Contribution To refugee protection and management*. Kampala, Uganda: UNDP.

United Nations High Ccommission for Refugees (UNHCR). (2019a). *Global Trends Forced Displacemnet in 2018*. Geneva, Switzerland: UNHCR.
<https://www.unhcr.org/globaltrends2018/>

United Nations High Ccommission 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>

United Nations High Commission for Refugees (UNHCR). (2020). *Trends at a glance: Global trends forced displacement in 2019*. Geneva: UNHCR.
<https://www.unhcr.org/flagship-reports/globaltrends/globaltrends2019/>

United Nations High Commission Refugees (UNHCR). (2019). *UNHCR's Approach To Mental Health and Psychosocial Support in displacement*. Geneva: UNHCR.
<https://reporting.unhcr.org/node/24328>

United Nations Office on Drugs and Crime (UNODC). 2018. *World Drug Report 2018* Vienna, Austria: UNODC.

Urban Institute of High-Tech Humanitarians. (2018). *A case study of the Refugee Response in Uganda*. Washington, DC. Urban Institute of High-Tech Humanitarians.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & health sciences*, 15(3), 398-405.

Victoria, O., Oluwole, I., Kolawole, A. K., & Komuhangi, G. The Demographic and Socio-economic Factors Influencing Alcohol Abuse Among Students in Selected Universities in Kampala Uganda.

Weaver, H., & Roberts, B. (2010). Drinking and displacement: a systematic review of the influence of forced displacement on harmful alcohol use. *Substance Use & Misuse*, 45(13), 2340-2355.

Weis, P. (1961). The convention relating to the status of stateless persons. *International & Comparative Law Quarterly*, 10(2), 255-264.

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

World Health Organization. (2018). *Global status report on alcohol and health 2018: executive summary* (No. WHO/MSD/MSB/18.2). World Health Organization.

Appendix A: Letter to Potential Interviewees (Refugee Youths)

This letter will be delivered to each potential interviewee through the Social Work section in Bidibidi settlement and youth will be asked to contact me if they are interested.

The social worker will exclude youth who are currently experiencing difficulties or who are emotionally fragile.

To: Potential Youth participant

Warm Greetings!

I am a master's student at McGill University in Montreal, Canada.

I am doing a project for my master's in social work, to talk about alcohol in the lives of youth who live in Bidibidi settlement.

I will be talking with refugee youth, local community leaders and some Bidibidi settlement staff members.

Would you be interested in talking about your experiences? I would come to meet you and we would talk (privately) about this issue for about an hour. It is a way for you to let others know what is important for young people in Bidibidi, without having to use your name directly.

If you are interested, please get in touch with me using my contacts on this letter. I can explain more details, answer your questions and, hopefully, arrange a good time for us to meet.

Looking forward to hearing from you.

Best wishes,

Godfrey Makoha

Tel. 0773484782 (WhatsApp)/0759399619

Email: makohagod@gmail.com/ Godfrey.makoha@mail.mcgill.ca

Appendix B: Letter to Potential Interviewees (Key Informants)

To: Potential key informant

Warm Greetings!

I am a master's student at McGill University in Montreal, Canada. I am currently doing research for thesis requirements of my master's in social work. The study aim explores the influence of forced displacement on alcohol abuse among refugee youths settled in Bidibidi settlement. This exploration will be partly done through interviewing refugee youths, local community leaders and Bidibidi settlement staff members. You were identified as a good person to be interviewed as a key informant about your experience on forced displacement and alcohol abuse in Bidibidi settlement.

I will provide you with necessary details about this study and your rights as an interviewee. As soon as I receive your positive reply to this letter, I will contact you for the appropriate timing of the interview that suits you. When we meet, you will be asked to sign a consent form as a sign of your acceptance to be interviewed and the session audio recorded.

Looking forward to hearing from you.

Best wishes,

Godfrey Makoha

Tel. 0773484782 (WhatsApp)/0759399619

Email: makohagod@gmail.com/ godfrey.makoha@mail.mcgill.ca

Appendix C: Interview Guide for Refugee Youths

Section A: Socio-demographic characteristics of the participant

1. Record the following socio-demographic characteristics of the participant.

- i. In terms of age in complete years, tell me how old you are.
- ii. Gender
- iii. Which religion are you affiliated to?
- iv. What is your highest level of education?
- v. Tell me your country of origin.
- vi. How long have you stayed in the settlement (months, years)?
- vii. Are you currently studying? (What level)
- viii. Are you currently working? (Job description, salary, job security)

Section B: Living environment conditions exposing refugee youths to alcohol use

2.0 Tell me about a typical week for living here in Bidibidi? How do you spend your time? Responsibilities? Social time? Family time? Economic struggles?

2.1 As you know, I'm especially interested in youth's use of alcohol. In this environment, what conditions do you think expose young people to alcohol use? *Probe for.*

- i. *Accommodation challenges, congestion and overcrowding in the settlement*
- ii. *Peer influence*
- iii. *Lack of close role models*
- iv. *Gender mostly drinking alcohol in the settlement & Reasons for gender disparity*

2.2 Tell me about the availability of alcoholic beverages in this settlement. What are the most common alcoholic beverages consumed by the youths in this settlement? *Probe for; brands*

available, most consumed brands, people engaged in alcohol sale, brewing alcohol in the settlement.

2.3 Tell me about how you interact with the local host communities. *Probe whether freely mingle with the locals for example in markets where alcohol is easily accessed and consumed openly, acculturation forces,*

2.4 In your view, what are the consequences of alcohol use among young people of your age and other youths in this refugee settlement? ***Probe fore;****(psychological, social, health, physical effects).*

2.5 What are the dangers alcohol use might pose to the people living in this settlement? When do you consider that alcohol use can become alcohol abuse?

2.6 Why has alcohol use among young people and youths in this settlement remained on the increase?

Section C: Personal experience and characteristics associated with alcohol use

3.0 Tell me about the conditions/factors that forced you to come to Bidibidi settlement (**probe for**)

- i. Causes of refugee status*
- ii. Experience before leaving*
- iii. Means of transport used (**challenges faced**)*
- iv. Experience during transit (**challenges faced, how long it took to travel**)*
- v. Experience on arrival (**challenges faced and how managed to settle in/cope**)*

3.1 How do you find access to basic social needs such as education and employment. ***Probe for;*** *any issues of disengagement from education and unemployment due to displacement and how it influences alcohol abuse among youths in Bidibidi refugee settlement.*

3.2 Tell me about your experience of alcohol use in this settlement, (probe for)

- i. Whether the participant has ever consumed an alcoholic drink or beverage?*

- ii. *Age at which alcohol abuse is started*
- iii. *What feelings make you to consume alcohol at one point?*
- iv. *What are the reasons for your choice to drink or not to drink alcohol?*
- v. *Perception about alcohol use (any good or bad uses of alcohol)*

3.3 From your experiences of forced displacement, what do you think makes the youths consume alcohol? Tell me a bit about what draws your motivation for alcohol consumption?

Probe for, whether personal experienced stress related to

- i. *Social experience – are there alternatives?*
- ii. *Loss and separation from family members*
- iii. *Loss of property and livelihood*
- iv. *Breakdown in social support systems influences alcohol abuse and reasons why*

3.4 Have you or your friends had negative experiences after drinking alcohol in this settlement?

Probe whether such negative experiences make adolescents to stay away from alcohol drinking.

3.5 As a youth living in this settlement, what do you think about the future?

Section D: Protective mechanisms keeping refugee adolescents away from alcohol use

4.0 What motivations do you or (any other youth) have to keep away from drinking alcohol?

4.1 How do your religious beliefs influence your behavior related to alcohol in this settlement?

4.2 Do you think exposure to alcohol education and counseling in Bidibidi refugee settlement make you to stay away from alcohol abuse? Yes or No. how and why do you think so?

4.3 In your view what are the rules or regulations that prohibit alcohol drinking in this settlement? *Probe for; why drinking despite the existing rules.*

4.4 What strategies are being used to manage drinking alcohol among young people and youths in this refugee settlement? ***Probe for***

- i. *Which organizations are available in the settlement?*
- ii. *What exact activities do they provide for the youths in this settlement?*
- iii. *What problems do they address?*
- iv. *whether they are working or helping to mitigate alcohol abuse or not and reasons why?*

4.5 What do you think needs to be done to protect the young people and youths from alcohol abuse in this settlement?

4.6 Is there anything you want to add? Do you have any questions for me?

Thank you so much for your active participation, we have come to the end of this session, and I really appreciate your willingness to be part of my study.

Appendix D: Key Informant Interview Guide for Local Community Leaders and Resettlement Staff

Section A: Socio-demographic characteristics of the participant.

1. Record the following socio-demographic characteristics of the participant.

- i. In terms of age in complete years, how old are you?
- ii. Gender
- iii. Which religion are you affiliated to?
- iv. What could be your highest level of education?
- v. Tell me about your position of service in the settlement
- vi. For how long have you worked in this settlement?

Section B: Living environment conditions exposing refugee youths to alcohol use

2.0 Tell me about the conditions/factors that forced youth to come to Bidibidi settlement (**probe for**)

- i. *Causes of refugee status*
- ii. *Experience before leaving*
- iii. *Means of transport used (**challenges faced**)*
- iv. *Experience during transit (**challenges faced, how long it took to travel**)*
- v. *Experience on arrival (**challenges faced and how managed to settle in/cope**)*

2.1 How do youth find access to basic social needs such as education and employment. **Probe for; any issues of disengagement from education and unemployment due to displacement and how it influences alcohol abuse among youths in Bidibidi refugee settlement.**

2.2 As you know, I'm especially interested in youth's use of alcohol. In this environment, what conditions do you think expose young people to alcohol use? *Probe for.*

- v. *Accommodation challenges, congestion and overcrowding in the settlement*

vi. *Peer influence*

vii. *Lack of close role models*

viii. *Gender mostly drinking alcohol in the settlement & Reasons for gender disparity*

2.3 Tell me about the availability of alcoholic beverages in this settlement. What are the most common alcoholic beverages consumed by the youths in this settlement? **Probe for;** *brands available, most consumed brands, people engaged in alcohol sale, brewing alcohol in the settlement.*

2.4 Tell me about how youth interact with the local host communities. *Probe whether freely mingle with the locals for example in markets where alcohol is easily accessed and consumed openly, acculturation forces,*

2.5 In your view, what are the consequences of alcohol use among young people in this refugee settlement? **Probe fore;***(psychological, social, health, physical effects).*

2.6 What are the dangers alcohol use might pose to the people living in this settlement? *When do you consider that alcohol use can become alcohol abuse? What is your understanding of the term alcohol abuse? When you hear the term alcohol abuse, what thing do you first think about.*

2.7 Why has alcohol use among young people and youths in this settlement remained on the increase?

2.8 What do you think makes the youths consume alcohol? **Probe for,** *whether personal experienced stress related to*

v. *Social experience – are there alternatives?*

vi. *Loss and separation from family members*

vii. *Loss of property and livelihood*

viii. *Breakdown in social support systems influences alcohol abuse and reasons why*

2.9 What do you think about the future for youth in this settlement?

Section C: Protective mechanisms keeping refugee youths away from alcohol use

3.0 What motivations do youth have to keep away from drinking alcohol?

3.1 How do religious beliefs influence youth behavior related to alcohol in this settlement?

3.2 Do you think exposure to alcohol education and counseling in Bidibidi refugee settlement make youth to stay away from alcohol abuse? Yes or No. how and why do you think so?

3.3 In your view, what are the rules or regulations that prohibit alcohol drinking in this settlement? *Probe for; why drinking despite the existing rules.*

3.4 What strategies are being used to manage drinking alcohol among young people and youths in this refugee settlement? ***Probe for***

- v. *Which organizations are available in the settlement?*
 - vi. *What exact activities do they provide for the youths in this settlement?*
 - vii. *What problems do they address?*
 - viii. *whether they are working or helping to mitigate alcohol abuse or not and reasons why?*
- 3.5 What do you think needs to be done to protect the young people and youths from alcohol abuse in this settlement?
- 3.6 Is there anything you want to add? Do you have any questions for me?

Thank you so much for your active participation, we have come to the end of this session, and I really appreciate your willingness to be part of my study.

Appendix F: Initial Phone Screening Script

(Adapted from: Alessi, Kahn & Chatterji, 2015)

Alessi, E.J., Kahn, S. & Chatterji, S. (2015) 'The darkest times of my life': Recollections of child abuse among forced migrants persecuted because of their sexual orientation and gender identity, *Journal of Child Abuse and Neglect*, Elsevier Ltd.

Hello, my name is Godfrey Makoha. I am an MSW. student at McGill School of Social Work in Canada. Thanks for getting back to me about this project. I would like to check with you the possibility to take part in a research project. In my research I will be interviewing young persons that are 18-25 years, Settlement leaders and community leaders on Forced displacement and alcohol abuse among refugee youths in Bidibidi Refugee Settlement in Northern Uganda. The purpose of this study is to bridge the gap in the literature on the influence of forced displacement on alcohol abuse among refugee youths living in Bidibidi refugee settlement in Northern Uganda. This study will greatly contribute to the existing body of knowledge on forced displacement and alcohol abuse within refugee settings, and Northern Uganda in particular, which will be useful to other related fields and further academic engagements.

If you agree to participate in this interview, you will be interviewed by me. Participation in this study involves participation in one interview that will last approximately one hours.

The interview has the following sections in the first section you will be asked to tell your demographic information. In the second section, I will ask some clarification questions regarding the living environment conditions exposing youths to alcohol use in the settlement, in the third section, I will ask you about your personal experience in relation to alcohol use.

Finally, I will ask you questions about the things that have helped you to cope and overcome alcohol use and its difficult experiences in your life as a young immigrant in Uganda.

The interview will be conducted in English. At any point in the interview, you will be able to stop the interview or refuse to answer specific questions, with no penalty to you.

Interviews will be conducted in-person, at a location and time that is convenient for you. All interviews will be audio recorded and, later, transcribed. If you wish you will be able to receive a copy of the recording or the transcription of your interview.

All the information that you will provide to me that may reveal your identity will remain confidential. All identifying information (including your name, names of organizations, institutions, schools, specific individuals) will be removed from the transcriptions and will never be shared with any third party.

Before acceptance to the study, I will be asking you a few questions. There is no requirement that you speak in detail about your past experiences. However, we know that answering questions about psychological symptoms and stressors you experience in life can be potentially upsetting. Therefore, I would like to make sure those people who join the study feel strong enough to participate. May I ask you some basic questions so we can decide together?

(If yes, proceed, as follows):

On a scale of 0 to 10 – 0 being no distress and 10 being the highest distress imaginable, how would you rate yourself right now?

(If over 6, end the recruitment and ask about possible resources available to the person, and offer the list of resources compiled for the project)

(If 6 or lower, proceed as follows):

Can you remember a time when your distress was higher than it is today? If so, about how many months ago was that?

(If less than one month, end the recruitment and ask about possible resources available to the person, and offer the list of resources compiled for the project)

How do you typically manage the distress?

(Listen for availability of external support networks and history of positive coping, e.g., prayer, exercise, arts, positive reappraisal, seeking connection with others. If there is a strong difficulty to manage distress, end the recruitment and ask about possible resources available to the person, and offer the list of resources compiled for the project)

(If good distress management, continue as follows): Based upon what you've told me, it seems that you have developed strong approaches to managing difficult circumstances in your life, and that you would be a valuable participant in my study.

If you can please tell me, when and where you are available for our interview session?

Appendix G: Community Observation Check List

Availability of alcoholic beverages in Bidibidi settlement area.

1. Presence of bars and drinking joints in the settlement.
2. Young people present in trading centers where alcohol is openly sold.
3. Adolescents who are not in school and not working.
4. Presence of young people drinking and physical appearance of intoxicated adolescents.
5. Issues concerning crowding and lack of enough space in the settlement.
6. Brewing of alcohol in the settlement.

Availability of healthy alternatives in Bidibidi settlement area.

1. Health education materials or activities
2. Youth leisure opportunities or activities
3. Youth education opportunities or activities
4. Youth faith-based opportunities or activities
5. Youth employment
6. Youth family responsibilities

Appendix H: Study Budget and Work plan

Study Budget

Item	Estimated Amount	Actual Amount spent
Travel expenses	10,670,000/= UGX	8, 200,000/=
Accommodation expenses	8,574,400/= UGX	3,500,000/=
Living expenses	8,189,600/= UGX	4,500,000/=
Total of required and actual amount spent	27,434,000/= UGX	16,200,000/=

Work Plan

Activity	Time Frame	Out Put
Research Proposal writing	October 2020-January 2021	Research proposal written
Designing of data collection tools	January 2021-March 2021	Tools designed for data collection
Submission of proposal for Approval	April 2021-May 2021	Submitted proposal for ethical Approval
Seeking Research Ethical Board approvals	May 2021-June 2021	Gathered necessary REB and other ethical approvals
Data collection, cleaning and transcription	June 2021-August 2021	Data was collected and transcribed

Data analysis	September -October 2021	Data was analyzed
Report writing and Initial submission	October-November 2021	Thesis written and submitted
Address comments and Submission of the final thesis	December 2021	Final thesis submitted

Appendix I: Completion of Research Ethics Training Certificate
Research Involving Humans Course on Research Ethics (TCPS 2: CORE)



Appendix E: Blank Participant Consent Form
Forced displacement and alcohol abuse among refugee adolescents
living in Bidibidi refugee settlement in Northern Uganda

Researcher: Godfrey Makoha, MSW student, McGill School of Social Work, Tel. 0773484782/0759399619, Email: makohagod@gmail.com/ godfrey.makoha@mail.mcgill.ca

Supervisor: Dr. Jill Hanley, Associate Professor, McGill School of Social Work, 1-514-398-4046, jill.hanley@mcgill.ca

Purpose of the Study: You are being invited to participate in an interview for my master's thesis. The study aims explores the influence of forced displacement on alcohol abuse among refugee adolescents settled in Bidibidi settlement. This exploration will be partly done through interviewing refugee adolescents, local community leaders and Bidibidi settlement administrators.

Study Procedures: If you agree, your interview will last about 1 hour and take place in the Social Work compound of the Bidibidi settlement or a location of your choosing. We will agree on a time that is convenient for you. If you are comfortable, I will audio record the interview so that I can later transcribe it. I will ask about your experiences and views on alcohol use among youth in Bidibidi.

Voluntary Participation: You are under no obligation to do this interview and can refuse to answer specific questions or stop the interview at any time, without any negative consequences from me or Bidibidi settlement services. If you withdraw during or right after data collection, any information you have provided will be destroyed. Once the code key linking their name to their data has been destroyed (expected December 2021) data can't be withdrawn. Also, once combined for publication, data can only be removed from further analysis.

Potential Risks: You may feel uncomfortable discussing some of the topics, but we can take our time and stop if necessary. I will refer you to services at the end of the interview if you are interested.

Potential Benefits: *You may enjoy having the chance to reflect on your experiences and opinions through this interview. You will also contribute to building information that can help improve conditions for young people in Bidibidi.*

Compensation: *Since there is no budget for this project, I cannot offer any compensation.*

Confidentiality: *I will keep your participation in the project confidential and will not share your name with anyone. People may see you doing the interview with me, and therefore might realize you are participating, but I will not share your specific stories with others or confirm if they ask me. Any information from the interviews that I use in reports or presentations will have all identifying information removed (ex. your name, your hometown, your specific job). I will keep interview data (scanned consent forms, observations, recordings, transcripts) on my password protected laptop and it will only be shared with my supervisor.*

Yes: ____ No: ____ You consent to have your organization's name used¹.

¹ For key informant only.

Godfrey Makoha 260963944 Forced displacement and alcohol abuse among refugee youths: A study of Northern Uganda.

Yes: ____ No: ____ You consent to be audio- recorded.

***Dissemination of Results:** I will be writing an MSW thesis and plan to submit a report to Bidibidi community members (through organizations) and officials. I hope to publish academic articles and do presentations to both professional and academic audiences.*

***Questions:** Please let me know if you have any questions: Godfrey Makoha, Tel. 0773484782/0759399619, makohagod@gmail.com / godfrey.makoha@mail.mcgill.ca*

If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the Associate Director, Research Ethics at 514-398-6831 or lynda.mcneil@mcgill.ca citing REB file number _____

Please sign below if you have read the above information and consent to participate in this study.

Agreeing to

participate in this study does not waive any of your rights or release the researchers from their responsibilities. To ensure the study is being conducted properly, authorized individuals, such as a member of the Research Ethics Board, may have access to your information. A copy of this consent form will be given to you and the researcher will keep a copy.

Participant's Name: (please print) _____

Participant's Signature: _____

Date: _____