PSYCHOSOCIAL FACTORS AND TRAUMA IN RWANDESE REFUGEES LIVING IN LUSAKA, ZAMBIA

By

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A thesis Submitted in fulfilment for the Degree of Doctor of Philosophy in Behavioural Medicine, Nelson R Mandela School of Medicine

Supervisor

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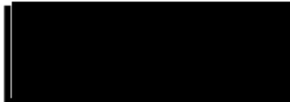
December 2021

DECLARATION

I hereby declare that "Psychosocial factors and trauma in Rwandese refugees living in Lusaka, Zambia" is my work and represents my original work and research. It has not in any way been submitted to any institution other than the University of KwaZulu-Natal. The use of other academic works has been duly cited and acknowledged by the author as references.

Signed by the Author: 

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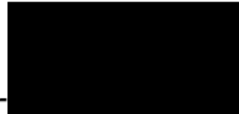
Witness: 

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SIGNATURE FORM

As the candidate's supervisor I agree/ ~~do not agree~~ to the submission of the thesis

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Date:……17.12. 2021……

Candidate:…………………………………………………………………….

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DECLARATION OF PLAGIARISM

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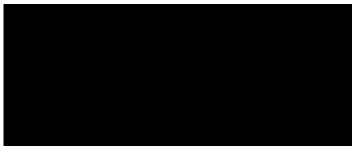
Signed:  Date: 17 December 2021

LIST OF ACRONYMS

APA:	American Psychology Association
IOM:	International Organisation for Migration
SES:	Socio-economic status
UKZN:	University of KwaZulu-Natal
UNHCR:	United Nations High Commissioner for Refugees
WHO:	World Health Organization

ABSTRACT

The 1994 genocide left many Rwandan refugees to undergo many adverse experiences. The transition from Rwanda to other countries of asylum was often punctuated with a lot of immeasurable challenges. Traumatic experiences encountered by refugees, such as torture and the atrocities witnessed from the genocide, have negatively impacted the refugees. Like other countries in Sub Saharan Africa, Zambia has had political, social and economic challenges.

The current state of refugees in Zambia presents different challenges that impact refugees' well-being. Exposure to traumatic experiences creates a range of mental health challenges. These challenges affect both those who had a direct experience of the genocide and their children born in the post-genocide era. This Thesis aimed to examine mental health, psychological distress and coping mechanisms in Rwandan refugees. The differences in symptomology between the older and younger refugees were examined. In addition, the study examined the association between socio-economic factors and psychological distress among Rwandan refugees. An examination of the existing literature indicates that the topics covered in this research are still under-studied in Zambia as well as many other African countries. The research will contribute to a greater understanding and awareness of refugees' mental health and coping.

Mixed method research was utilised involving a quantitative cross-sectional survey and qualitative design involving Focus Group Discussions (FGDs). Two hundred and sixty-seven refugees consisting of 128 (47.9%) males and 139 (52.1%) females purposively sampled participated in the study. Different statistical models were used to assess mental health and psychological distress in the refugees. Further, different coping mechanisms used by the refugees to cope with adversity were evaluated.

The results from the study posit that Rwandan refugees have experienced adverse trauma emanating from atrocities of the 1994 genocide. The study further indicated that there is a significant number of participants that reported PTSD and psychological distress. Lower education, lack of financial support and larger family size were positively associated with PTSD and psychological distress. In addition, the study revealed that social support, religion and/or spirituality were the main practices that Rwandan refugees utilise to cope with adversity. Among the key limitations of the study is the small sample size. Future studies should consider using a bigger sample size to improve the generalisability of results.

Intervention strategies aimed at improving the lives of refugees should be ongoing. They must encompass a well-structured refugee policy that defines and emphasises refugees' mental health and psychosocial needs.

LIST OF ARTICLES

1. **Mwanamwambwa, V**., & Pillay, B. J. (2020). Trauma, psychosocial factors and coping mechanisms among first-generation Rwandan refugees living in Zambia. *African Journal of Peace and Conflict Studies (formerly Ubuntu: Journal of Conflict and Social Transformation)*, *9*(3), 145-166.

2. **Mwanamwambwa, V**., & Pillay, B. J. (2021). Posttraumatic stress disorder and psychological distress in Rwandan refugees living in Zambia. *South African Journal of Psychology*, 00812463211031812.

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4. **Mwanamwambwa, V**., & Pillay, B. J. (2021). The role of religion and spirituality in coping with stressful situations among Rwandan refugees in Zambia. *African Journal of Peace and Conflict Studies*. (**under review**)

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Introduction

This study investigated mental health, psychological distress and coping mechanisms in Rwandan refugees living in Lusaka, Zambia. The current chapter highlights the general situation of refugees in the world, focussing on Africa and Zambia, in particular. Further, the mental health of refugees is discussed. The chapter thereafter proceeds to discuss the aims and objectives of the study, and the research questions to be answered. Additionally, the significance of the study is emphasised.

1.2 Background of the Study

Over the last decade, the United Nations has registered many people who are either refugees or asylum-seekers or internally displaced across the globe (United Nations High Commissioner for Refugees [UNHCR], 2020). The present refugee crisis is considered the worst since World War II (Henkelmann et al., 2020), with 26 percent of the refugee population being housed in sub-Saharan Africa (UNHCR, 2020). Given this, the refugee crisis stands as the world's biggest issue preoccupying scholars, humanitarian organisations, policymakers and the international community. Hameed et al. (2018) report that about 19 million refugees around the globe have been displaced by war, and that these refugees report mental health disorders such as anxiety, depression and PTSD. Further, Hameed et al. (2018) posit that the mental disorders are generally caused by trauma and war exposure. In 2015, about a million refugees were registered at different entry points around European borders (Alipui & Gerke, 2018; Hameed et al., 2018). In addition, Abbas et al. (2018) report numerous refugees emanating from Africa and the Middle East in the European zone, with about 60 % of them reporting potential traumatic events.

In Africa, South Africa is among the leading destinations for many refugees (Haffejee & Maksudi, 2019). In 2015, there were approximately 112,192 refugees and 463,940 asylumseekers residing in most parts of South Africa (Haffejee & Maksudi, 2019). Rwanda, postgenocide, has seen much of its population becoming refugees in several countries. Zambia hosted a significant number of Rwandan refugees in the Southern African region after the 1994 genocide against the Tutsi

minority. While there is no credible official figure of Rwandan refugees living in Zambia, documents reveal that there are close to 6,000 Rwandan refugees across the country (Commissioner for Refugees, personal communication, June 18, 2018; UNHCR, 2020). Rwandan refugees have faced a plethora of challenging situations, thus exposing them to various mental health challenges.

Recent studies (Bapolisi et al., 2021; Hynie, 2018) have focused on the mental health challenges refugees face and their encounters as they settle in the host country. Most refugees experience several mental health and other social challenges (Henkelmann et al., 2020). These challenges are encountered during the pre-migration, during migration and post-migration (Kirmayer et al., 2011), affecting the refugees' optimum capacity to function well. While refugees are exposed to trauma in their country of origin, they also often experience traumatic events during migration, such as torture, and physical and sexual violence (Sangalang et al., 2018). In addition, studies report that refugees experience numerous losses during their migration, such as loss of livelihoods, loss of social structures, loss of employment and family systems, and inability to sustain contact with family members and relatives (Kirmayer et al., 2011; Nose et al., 2017). The reported losses that occur because of their fleeing their country of origin have been found to act as significant stressors and negatively impact the lives of refugees.

While Rwandan refugees may have escaped the genocide and feel secure in the country of asylum, they continue to experience challenges and multiple stressors. In countries of asylum, refugees are exposed to many challenges including prejudice from the host community (Misago et al., 2015), lack of access to education and health care, as well as compound challenges in accessing the legal system that would enable them to acquire legal residency or refugee status (Kirmayer et al., 2011).

The Rwandan refugees in Zambia are not spared from stress and socio-economic challenges. For older refugees (those who had a direct experience of the genocide), being in exile results in them experiencing multiple losses, including loss of social networks, which make them feel disconnected from familiar cultural norms. In addition, the loss of typical social structures leads to a disconnection from the language the refugees are familiar with, thus worsening their stress. The challenges faced by refugees add to the existing trauma experienced due to the genocide

experienced in the home country. Further, social and economic difficulties usually compound this situation in that refugees often report facing employment difficulties.

On the other hand, younger refugees, who did not have direct experience of the genocide, also suffer from varied stress experiences. The younger refugees suffer indirectly from parental distress. In addition, the poor and challenging economic situations that refugee parents encounter contribute to younger refugees having limited access to education. These post-migration issues faced by refugees often result in mental distress.

Generally, scholars report that refugees in the post-migration context tend to experience a variety of mental illnesses (Blackmore et al., 2020; Bogic et al., 2015). Refugees experience trauma that results in Post-Traumatic Stress Disorder (PTSD), which has comorbidity with other mental illnesses such as depression and substance abuse. In addition, Schwitzer et al. (2011) report that PTSD is linked to numerous psychiatric symptoms such as anxiety and somatoform disorders. Several studies have demonstrated the prevalence of psychological distress and mental health challenges among refugees. Despite this, refugees usually display the capability to function and cope with adversity and live meaningful lives. Social support and religion/spirituality are the common coping strategies that refugees utilise.

An individual's social support structure affects their psychological well-being. Here, social support offered by one's community exerts positive effects on individuals, thus enabling them to cope with adversity. Regarding refugees' experiences of discrimination, social support has been shown to reduce loneliness and isolation, thus facilitating a sense of fulfilment and belonging. Apart from social support being one mechanism utilised by refugees to buffer stress, studies (Gladen, 2012; Pargament, 2011) attest to the significance of religion and/or spirituality as cardinal coping strategies in times of adversity and crisis. For many refugees, religion and/or spirituality help as a resource to bolster their physical and mental health.

Religion and/or spirituality are seen as integral aspects of the refugee's culture and setting, and they provide refugees with a sense of hope, awareness and meaning. Studies (Chai, 2009; Ennis, 2011) have shown that engaging in religious activities provides refugees with a certain level of identity as they assemble with fellow congregants. In this aspect, their resilience occurs within an

environment that reinforces their values and beliefs. Refugees often delve into these religious beliefs when they need emotional support; in addition, praying to God is, to an extent, a common way to find relief in times of adversity. Further, refugees turn to belief systems and spiritual systems to strengthen their communal relationships. It seems that religion and/or spirituality become a source of resilience that refugees utilise to cope, frame their lives, and survive during adversity (Pargament, 2011).

1.3 Problem Statement

Refugees are considered vulnerable members of society. In this context, they face several challenges, including trauma faced in their country of origin due to genocide and wars, difficulties faced on their migration journey and challenges encountered in the country of asylum. In addition, they face other challenges that include lack of access to health care and economic opportunities, as well as social exclusion (Bbaala & Mate, 2016). Leaving one's country of origin and adapting to an unknown environment and culture can be stressful for refugees. Upon arrival in a host country or environment, refugees have to learn to adjust to a new environment. Adjusting to a new environment often means that refugees must learn new languages and cultures. However, whether influenced by stressful experiences during the pre-migration, migration or post-migration, refugees can suffer from mental illnesses. Further, being a refugee implies that an individual is exposed to the life-long consequences of stressful experiences.

Global literature on migrants and refugees points to the fact that the most serious and ongoing challenges for refugees are mental disorders and the lack of their psychosocial needs being met (Hynie, 2018). In this context, Lindert and Schinina (2011) believe that the well-being of refugees should be given strong emphasis, with particular attention to addressing their traumatic stress. There is a need for urgent attention to be given to understanding trauma and other mental health challenges faced by refugees. There are no rigorous studies conducted in Zambia on the trauma and mental health of refugees. Further, there is little insight into the psychosocial functioning of refugees, or into the coping mechanisms they utilise to cope. There is support (Getnet, 2019; Gladden, 2012) that religion/spirituality and social support are important ways in which refugees cope.

The impetus for this study emanated from recent xenophobic attacks against Rwandan refugees in Zambia and calls for renewed attention to explore and examine the extent of refugees' mental disorders and psychosocial needs. In addition, coping strategies adopted by Rwandese refugees under prevailing social, economic and political conditions and challenges provided useful data for this study.

1.4 Aims and Objectives

The current study explored mental health, psychological distress and coping among Rwandan refugee residents in Lusaka, Zambia. Further, the study examined the socio-economic factors prevalent in the population which were associated with psychological distress. In addition, the coping mechanisms adopted by the participants were considered. The study objectives were to:

1. Determine the prevalence of PTSD and psychological distress in a sample of older and younger Rwandan refugees living in Lusaka, Zambia.
2. To examine the trauma experiences of the participants
3. To investigate the association between SES and psychological distress
4. To investigate the function and role of religion/spirituality, cultural values and beliefs, and social support in coping with adverse situations.

1.5 Significance of the Study

It is expected that the current study will benefit refugees and their families, policymakers, governments, mental health specialists and humanitarian organisations to map out programmes that will provide credible frameworks for refugee work. In addition, this study will enable different stakeholders to be given a platform to evaluate programmes that enhance and facilitate refugees' well-being.

Knowledge about the prevalence of mental health issues and coping mechanisms will provide valuable information needed for executing an informed policy that will strengthen the effectiveness of humanitarian organisations in managing and supporting refugees' well-being.

The results of this study highlight the need for mental health specialists to promote long-term mental health policies that will constantly help refugees throughout the initial period of resettlement and beyond. PTSD and other mental health illnesses like depression, especially in older refugees, continue and persist for many years following displacement (Blackmore et al., 2020).

The current research will benefit and provide current researchers with information that will initiate topics for future research. There is not enough literature that focuses on refugees' mental health and coping in Zambia. This research fills this gap by providing ideas that will accelerate more defined studies in refugees.

1.6 Rationale of the Study

Several factors make this study unique and useful. First, most research exploring refugees in Zambia has taken place predominantly within refugee camps and not in urban townships. The current study addresses this gap by exploring the psychosocial factors, trauma, and coping mechanisms of refugees living in urban townships. Second, the researcher is a Zambian who has lived and witnessed trauma and other mental illnesses among refugees. The study adds new knowledge to the existing literature on refugee policy and will also help stakeholders and other humanitarian agents to develop policies that will address the psychosocial needs of refugees.

Third, the study helps broaden the scope of theoretical knowledge of refugees' welfare and thus shapes future research.

1.7 Research Questions

1. What is the prevalence of PTSD and general psychological distress in Rwandan refugees?
2. What are the traumatic experiences of Rwandan refugees?
3. What is the relationship between socio-economic status and psychological distress in Rwandan refugees?

4. How do social support, social integration, religion/spirituality, and cultural values and beliefs link to the Rwandan refugees' coping strategies?

1.8 Overview of the Thesis

This thesis is divided into five chapters:

Chapter 1 provides an introduction and background to the thesis, and outlines the aims and objectives of the study, including the rationale and the significance of the study.

Chapter 2 provides a general literature review, concisely covering the main topics covered by the different papers.

Chapter 3 is the methodology chapter. The chapter outlines the methodological considerations employed in the study. The chapter describes the research setting, sampling procedures, study population, study instruments, and ethical considerations.

The results are found in **Chapter 4** and are presented as published works and manuscripts under review.

Finally, the discussions, implications, recommendations, and future considerations are presented in **Chapter 5**.

1.9 Conclusion

The focus of Chapter 1 was on a general introduction to the thesis. It provided information on the rationale and the problem statement. The research questions and aims were also considered.

In the next chapter, emphasis will be placed on a general literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Violent conflicts and natural disasters underpin the migration of millions of people around the world. For instance, the 1994 Rwandan genocide was a conflict that degenerated into violence that lasted 100 days. About one million people were violently killed, and two million people were forcibly displaced from Rwanda (Rutagengwa, 2012). On the other hand, natural disasters such as the tsunami of 2004 killed many people along the coastlands of the Indian Ocean, with Indonesia being the most devastated (Frankenberg et al., 2008). About 130,000 Indonesians died, and about 500,000 people were displaced (Frankenberg et al., 2008). These unplanned displacements are often associated with a lasting negative impact on the mental health of the survivors and are compounded by stressful events that increase the risk of refugees and asylum seekers developing mental health problems (Arsenijević et al., 2017; Hameed et al., 2018; International Organization for Migration [IOM], 2021).

The global refugee crisis is an international concern. Currently, every continent is hosting millions of refugees and asylum-seekers. According to the UNHCR report on forced displacement in 2020, there are about 82.4 million displaced persons, of which a quarter are refugees (UNHCR, 2020). According to Article 1A (2) of the 1951 Geneva Convention, a refugee is any person living in a country other than their own and who is unable or unwilling to return home for fear of being persecuted (UNHCR, 1951). Refugees encounter many challenges, and the very nature of being a refugee provokes mental health challenges. The process of seeking asylum in a foreign country can also expose refugees to vulnerability (Chaplin et al., 2020).

As of 2020, the population of migrants comprises 3.6 percent of the globe's population (UN DESA, 2020), with the highest number being hosted in Europe. Sub-Saharan Africa has about 63 percent of the intra-regional migration (United Nations Department of Economic and Social Affairs [UN DESA], 2020), with refugees accounting for about 12 percent of migrants, of whom half are women or girls. Nearly 73 percent of the migrants are aged between 20 and 64 years, and low- and middle-income nations house 80 percent of the globe's refugees (UN DESA, 2020). According to

the World Health Organization (WHO, 2001), in situations of armed conflict, an estimated 10 percent of people exposed to traumatic events will develop serious mental health problems.

Trauma is defined as an emotional response to a horrific event (APA, 2014). Thus, trauma refers to any negative situation that produces distress within an individual and can cause debilitating effects. The process of migration brings varied traumatic events. The migration process among refugees is divided into three phases: pre-migration, transit, and post-migration (Wessels, 2014). The pre-migration phase is the first stage, involving the preparation and decision to move from the home country. This stage, often accompanied by adverse events such as armed conflicts, persecution, imprisonment, torture, abuse, sexual violence, loss of loved ones, loss of material belongings, and financial problems, is thought to be responsible for a higher likelihood of being affected by PTSD and depression (Fenta et al., 2004; IOM, 2021; Taycan & Yildirim, 2018). In addition, armed conflicts are often associated with sexual violence, a pre-migration traumatic event that often leads to mental health problems (De Schrijver et al., 2018; Familiar et al., 2021).

The second is the transit phase. The literature suggests that the journey of displaced people (e.g., refugees) to host countries is also challenging, since people may be compelled to use dangerous land or sea routes, and are often exposed to violent events, including abuse, detention, physical harm, famine, human trafficking, and general unsafe travel conditions (Farhat et al., 2018; IOM, 2021; Poole et al., 2018; WHO, 2018). The exposure to such traumatic events often results in poor mental health (anger, disorientation, anxiety, stress, fatigue, hopelessness, substance abuse) upon settlement in the host country. Younger refugees migrating are often exposed to victimisation and torture during their migration to host countries (DeLuca et al., 2010). Further, asylum-seekers or refugees, forced to flee their countries of permanent residence, experience disruptions of their family, socio-economic, and cultural systems. The reality of being separated from family members and friends during the migration or as part of migration arrangements, even temporarily, can also exacerbate pre-existing ill mental health among refugees (Miller et al., 2018).

The third phase of migration points to the settlement and integration of refugees and asylum seekers in a host country. Upon their arrival in a host country, refugees and asylum-seekers are often confronted with several challenges associated with their settlement and socio-economic integration. They are often faced with difficulties in accessing essential services to meet their basic

needs, this due to discrimination, lack of documentation (undefined legal status), and unemployment, all of which culminate in poor living conditions (IOM, 2021). Research shows that food insecurity and lack of adequate accommodation are the main characteristic challenges facing refugees, who are primarily hosted in refugee camps or reception centres (Poole et al., 2018; Song et al., 2018). In a study conducted in Bangladesh, "refugees reported concerns such as grieving for losses, shortage of food, limited access to education, poor camp and shelter conditions, health problems, restrictions in movement, [and] uncertainty about citizenship status" (Tay et al., 2019, p. 491). These challenges are often underpinned by deterrent migration policies used to dissuade asylum-seekers, particularly in African countries, from seeking protection in countries with growing political hostility to hosting refugees (Moshe, 2013).

2.2 Mental Health Concerns among Refugees

Research has consistently highlighted high rates of PTSD and general psychological distress among refugees (Bogic et al., 2015; Hajak et al., 2021). Several studies have reported a higher prevalence of PTSD and psychological distress in the refugee population than in the general population (Giacco et al., 2018; Hoell et al., 2021; Sijbrandij et al., 2017). In Colombia, for example, PTSD and psychological distress are ten times higher among refugees (Lagos Gallego et al., 2017). It is estimated that between 20 and 30 percent of people displaced as a result of armed conflict worldwide experience psychological disorders such as depression, anxiety and PTSD (Charlson et al., 2019; Steel et al., 2009). For example, a study among female Congolese refugees living in Uganda showed that 73 percent of the sample displayed symptoms of PTSD and 57 percent had depression (Familiar et al., 2021). In Switzerland, the self-reported prevalence of mental health problems among refugees ranges between 33 and 63 percent for depression, 10 to 85 percent for anxiety, and 24 to 54 percent for PTSD (Hecker et al., 2018; Heeren et al., 2014; Morina et al., 2018).

PTSD is a reaction to a stressful event with distinctive symptoms, perceived as avoidance, intrusive thoughts, change in cognition and mood, and autonomic disorders (APA, 2014). A recent study conducted on conflict-related violence and mental health by Familiar et al. (2021), among self-settled Democratic Republic of Congo female refugees in Kampala, established a strong relationship between the amount of exposure to traumatic events and the severity of PTSD

symptoms found among the refugees Another study conducted among Rohingya refugees found that "the legacy of prolonged exposure to conflict and persecution compounded by protracted conditions of deprivations and displacement is likely to increase the refugees' vulnerability to a wide array of mental health problems including PTSD, anxiety, depression and suicidal ideation" (Tay et al., 2019, p. 489).

PTSD symptoms are related to re-experiencing traumatic event(s), and include avoiding anything that reminds of the event, feelings of emotional numbness, and/or experiencing hyperarousal. Any experience that reminds the trauma survivor of the event may lead to intense fear, horror or helplessness (Slewa-Younan, 2010). However, Marsella (2010) argues that psychological responses to traumatic events are dependent on culture, including the meaning inherent in the event, the role played by beliefs in destiny, perception of responsibility for the event and response, and, more particularly, social structure, status and networks, the trend of coping mechanisms, and religious beliefs. Because expression of trauma varies according to culture, PTSD symptoms tend to be expressed through different idioms (APA, 2002).

Psychological distress is conceptualised as a mental health problem characterised by severe symptoms of depression, anxiety, and/or unpleasant emotional feelings, which may lead to psychiatric conditions or mental disorders (Baxter et al., 2013; Liang et al., 2020; Walther et al., 2020). Psychological distress may further be understood as a state of emotional suffering marked by sadness, hopelessness, and loss of interest, as well as restlessness and feeling tense (Hyde, 2015). According to Peacock (2016), these symptoms vary across cultures and can be associated with somatic symptoms like headaches, insomnia, and lack of energy. Therefore, the concept of psychological distress often refers to the undifferentiated combinations of symptoms such as depression and general anxiety symptoms, behavioural problems, functional disabilities and personality traits (Bassil-Morozow, 2015). Further, psychological distress is an emotional disturbance that may affect daily social life (Bassil-Morozow, 2015). It can also be described as a non-specific negative state that encompasses feelings related to depression and anxiety (Fromm-Reichmann, 2015).

In the context of the present study, the 1994 Rwandan genocide forced many people to flee their country of birth and seek migration. This has impacted the well-being of the Rwandan population,

with a substantial number of others who have developed, or have become more likely to present with, mental health disorders and symptoms and/or psychological distress, due to their direct or indirect exposure to genocide-related traumatic events (Neuner et al., 2004).

Refugee vulnerability to mental health illnesses is related to demographic variables such as age and gender (Hameed et al., 2018; Siriwardhana et al., 2014). Age plays a significant role in determining the refugee's vulnerability to mental health disorders and is considered a risk factor (Tinghög et al., 2017). Older refugees suffer more from mental illnesses because of direct exposure to several traumatic events. For instance, studies in Europe (Mahmood et al., 2019), the USA (Shook et al., 2018) and Africa (Mhlongo et al., 2018) found that direct exposure to traumatic events leads to heightened mental disorders in older refugees. In addition, older refugees are at an elevated risk of developing mental illnesses because factors such as physical health problems, heightened acculturation and stress limit their ability to adjust to a new environment (Khoo, 2007).

Apart from older refugees exhibiting higher vulnerability to mental illnesses, younger refugees are also at risk for developing mental illnesses. While younger refugees usually have indirect exposure to trauma, they too develop psychological problems and, being young, are also at risk of developing mental illness (Schick et al., 2016). Younger refugees, in particular, find the socio-economic environment challenging This is confirmed in a study, conducted in Austria, that emphasises the high vulnerability of those aged 15-34 years (compared to those between 35 and 60 years) to experiencing psychological distress (Leitner et al., 2019). A low SES is a particular risk factor for the younger refugees as they are just beginning their career and life in the host country, as this challenges their integration and navigation in the host country's labour market (Marbach et al., 2018). In addition, other studies show that children of refugees are often exposed to their parents' responses to trauma, which contributes to their own psychopathology (Nielsen et al., 2019). Exposure to the consequences of parental psychopathology leaves children vulnerable to the intergenerational transmission of mental illnesses.

Gender also impacts mental health among refugees. Women refugees are more psychologically distressed than men (Walther et al., 2019). The changing gender roles in their host country are the main reasons that make women more at risk for mental health problems (Duckles et al., 2018; Walther et al., 2019). Furthermore, women refugees are often exposed to torture and sexual

violence, which make them more prone to mental illnesses such as depression and PTSD (Hollander et al., 2011). According to feminist theory, certain mental illnesses are more common among female (Busfield, 2010) and differences do exist between men and women regarding risk factors and symptomology (Riecher-Rössler, 2010). However, other studies show that both male and female refugees suffer similar mental health illnesses and problems irrespective of gender. However, some studies (Kelly et al., 2017; Vu et al., 2014) show that, during the migration phase, women refugees tend to suffer a significant amount of sexual trauma while their male counterparts suffer more violent trauma.

2.3 Socio-economic Status and Mental Health among Refugees

There is a significant link between socio-economic status and mental health (Delara, 2016). Socio-economic status refers to "the social standing or class of an individual or group and is often measured as a combination of education, income, occupation, shelter, etc." (APA, 2019, p. 1). The socio-economic characteristics of displaced populations are regarded as strong moderators of mental illness and psychological distress, and economic instability is strongly correlated with poor mental health outcomes (UNHCR, 2016). Factors associated with mental health issues among refugees and socio-economic status include poor living conditions and being unemployed. In Jordan, for instance, factors such as unemployment, inadequate housing, and change in family structures have a considerable impact on the rates of anxiety disorder, depression, and substance use disorders in the refugee community (Feyera et al., 2015; Hasanovic et al., 2020). Hajak et al. (2021) report that people affected by psychological distress are more likely to be unemployed, while those who are employed have lower rates of psychological distress.

Similarly, Bapolisi et al. (2020), in a study among Somali refugees who resettled in the Melkadida camp, found that shelter deprivation resulted in depression. Hinton et al. (2011) found having limited financial resources was associated with children not attending school, as well as severe PTSD symptoms among Cambodian refugees living in the USA. Lee et al. (2017) found that North Korean refugees in South Korea who were financially better off were at reduced risk of developing PTSD and psychological distress. There is evidence that occupational status is also a protective factor against PTSD and psychological distress among refugees and asylum-seekers (Hajak et al.,

2021). Occupations such as apprenticeships or teaching are associated with a reduced likelihood of depression and PTSD and improved health-related quality of life (Hajak et al., 2021).

The protective effect of income against psychological distress is thought to have a more positive impact on females than males for all age groups and across countries (Caron & Liu, 2011; Chittleborough et al., 2011). However, female refugees often experience social and gender discrimination, which worsens their socio-economic status and contributes to psychological distress (Gonzalez-Castro & Ubillos, 2011; Nakash et al., 2012).

Educational level also predicts refugees' vulnerability to mental health illness. A study by Sheefa et al. (2021), among migrants in the southern part of Bangladesh, found that refugees with tertiary education were less likely to suffer from depression, while illiterate and primary level educated participants of the study scored high on mild and moderate depression, respectively, and a substantial proportion of illiterate participants (50%) had profound anxiety. This finding is corroborated by the WHO (2018), which showed that higher education attainment is associated with a lower risk of developing psychological distress.

2.4 Coping among Refugees

Social support, social integration, cultural values and beliefs, as well as religion and spirituality help people cope and mitigate against mental health problems. Social support refers to the quality of social ties and the accessibility of care and support received by individuals in the society (Cobb, 1976; Schwarzer & Knoll, 2007). There has been considerable academic attention on the relationship between social support and mental health among refugees (Böge et al., 2020; Bryant et al., 2018; Cobb, 1976; Cohen, 2004; Emmelkamp et al., 2002; Georgiadou et al., 2020; Gottvall et al., 2019; Reavell & Fazil, 2017; Schwarzer & Knoll, 2007). In general, social support is seen as a moderator of stress, with a buffering effect on mental illnesses in refugees (Böge et al., 2020; Georgiadou et al., 2020; Gottvall et al., 2019; Miller et al., 2018). According to Cohen (2004), social support is a "social network's provision of psychological and material resources intended to benefit an individual's capacity to cope with stress" (p. 676). In terms of its intended purpose, social support is portrayed as the satisfaction of the primary social needs of an individual (Kaplan et al., 2006). In essence, it alludes to the amount of support an individual expects and receives

(Harandi et al., 2017). Social support entails any amount and nature of assistance (e.g., financial support, instrumental support, informational support, companionship support) provided to a community member facing adversities, to ease their burden (Harandi et al., 2017).

According to Song et al. (2018), social support works as a cardinal source in decreasing adverse psychological reactions such as anxiety and depression. It has been reported that access to social support equips individuals to cope with stressful events (Roohafza et al., 2012). People who have good social contacts and support systems tend to have better health and well-being, whilst those without such support experience higher levels of trauma and psychological distress, including depression, anxiety, a low level of self-esteem, and elevated risk of ill-health and mortality (Gottvall et al., 2019; Mirzazadeh et al., 2019). Social support is also an essential factor for safety and security; it helps preserve cultural values and identity and provides a sense of belonging (Tippens, 2017). The perception of being supported under challenging circumstances can bring new perspectives to life, thus enhancing resilience to stress, thereby contributing to better mental health outcomes (Ferreira-Valente et al., 2020).

Exploring the potential positive effect of social support in samples of Eritrean and Sudanese asylum-seekers living in Israel, Miller and Rasmussen (2016) found an inverse relationship between perceived social support and exposure to violence, trauma and depression. In addition, Getnet (2019) found that good perceived social support (compared to received social support) was associated with positive mental health outcomes. In Germany, men living without their nuclear families were more likely to develop psychological distress and experience lower life satisfaction while seeking reunion than those living together (Hajak et al., 2021). This was confirmed by other studies on men separated from their families who were more likely to report depressive and PTSD symptoms (Schweitzer et al., 2006; Steel et al., 2002). Larger household size is also a crucial protective factor against PTSD and psychological distress (Yang & Mutchler, 2019). Furthermore, there is a lower likelihood of severe mental health needs in areas where there are many refugees of the same ethnic group (Finnvold & Ugreninov, 2018). Other studies established a link between perceived social support and reduced risk of presenting PTSD symptoms and psychological distress symptoms for male refugees from Eritrea and Sudan who had experienced traumatic events (Emmelkamp et al., 2002; Nakash et al., 2017).

Social networks comprise family, friends, community, fellow refugees, church or faith-based organisations, neighbours, elders, and locals of the host country (Chemali et al., 2018; LavieAjayi & Slonim-Nevo, 2017; Tippens, 2017). Social networks provide practical, emotional, and financial support and encourage refugees to take part in social activities. Chemali et al. (2018) report that storytelling and singing in choirs together with family gave refugees the impression of things 'getting back to normal'. Social activities are a helpful way of diverting one's attention from past traumatic events and are associated with improved mood (Chase & Sapkota, 2017).

However, the positive impact of social support on mental health is dependent on perception (Oluwafemi, 2011). The potentially positive effect of social support on mental well-being may become futile if individuals resort to intentional isolation (Oluwafemi, 2011). For example, individuals with chronic PTSD tend to experience withdrawal symptoms marked by avoiding seeking help from other people. In this context, the refugee's ability to obtain social support is hindered by their mental health problems (Getnet, 2019).

Social support is closely related to social integration. Research has associated the sense of belonging that arises from successful social integration (e.g., obtaining resident status for refugees in a host country) with positive changes in living arrangements and decreased likelihood of developing PTSD and psychological distress (Chen et al., 2017; Beiser & Hou, 2017). Language and communication appear to be important tools for social integration and one of the vehicles of social support, because they result in more social contacts between the host population and the refugee community. In Germany, it was found that refugees and asylum-seekers who spent more time with the host population were more likely to have lower levels of psychological distress and higher levels of life satisfaction (Hajak et al., 2021).

Religion and/or spirituality are found to provide refugees with an opportunity for improved health and well-being. Findings from different studies indicate that religion and/or spirituality are a source of emotional and social support (Ennis, 2011; Seybold & Hill, 2001). Engaging in religious practices improves social networks for individuals who share a common belief system. Further, religion provides an individual with a sense of belonging, a sense of community, and identity (Hammond, 1988). Studies have highlighted the role played by religious belief systems in an individual's attempt to cope with adversities (Gladden, 2012). In some studies, refugees

acknowledged God as the one they could trust to overcome challenges and improve their future (Emmelkamp et al., 2002; Nakash et al., 2017).

Similarly, factors such as trusting in God's plan, peace, feeling comfort, and receiving strength from God, being strengthened by religious leaders and public figures like the Dalai Lama, or consulting with them, as well as taking part in prayer and religious rituals were believed to lower emotional stress and help refugees to cope (Chase & Sapkota, 2017; Tippens, 2017). Taking part in religious activities is also important as it allows people to feel that they are getting back to normal (Tippens, 2017) and to have hope for a better future (Tippens, 2017). Furthermore, cultural resources such as Buddhist philosophy or teachings and cultural coping mechanisms such as worship or meditation are crucial for psychological well-being (Chase et al., 2013). In most cases, religion creates social networks. Refugees report that they pray for each other, and that the religious community is an essential place of resources and social support (Chase & Sapkota, 2017; Tippens, 2017). However, one study did indicate that religion was less effective and less important for younger refugees than elders (Cohen &Asgary, 2016); however, unfortunately the authors did not provide any conclusive arguments or reasons for their finding.

Linked to the aspects of religion and spirituality, the literature points out that cultural values and belief systems help refugees make meaning from their different life experiences (Frounfelker et al., 2020). Brune et al. (2002) indicate that refugees who engage in and embrace robust belief systems report improved well-being. Refugees' engagement in a belief system acts as a buffer against mental illnesses (Brune et al., 2002). Further, belief systems help refugees psychologically adjust to adverse situations (Frounfelker et al., 2020).

2.5 Theoretical Framework

Many scholars have utilised several theories on the prevalence of mental disorders and coping among refugees, especially as an individual's behaviour and coping strategies are influenced by their environment and social context (Hamber, 2004). The present study is conceptualised using the stress and coping theory (Lazarus & Folkman, 1984) and the ecological systems theory (Bronfenbrenner, 1979).

Lazarus's stress and coping theory proposes that stress is an encounter between individuals and their external environment. Lazarus and Folkman (1984) state that the process of responding to stress is determined by an individual's perception of the stressor and their capacity to cope with adversity. Lazarus (1993) highlighted two distinct approaches: coping as a style or trait and coping as a process. Coping as a style or trait is described as "realistic and flexible thoughts and acts that solve problems and thereby reduce stress" (Lazarus & Folkman, 1984, p. 118).

This means coping is all about "what the person usually does, would do, or should do" (Lazarus & Folkman, 1984, p. 118). The theoretical perspective of coping as a process is that it is "not an enduring personality trait, but rather a constellation of certain cognitions and behaviours that occurs in reaction to specific stressful situations" (Ridder, 1997, p. 418).

The person's ability to cope depends on an individual's resources, social resources and the context of stressors. Given that stressors vary daily and are associated with different situations, it is important to view coping as a continuous and dynamic process that is subject to changes that occur in an individual's capacity, and the interaction between the individual and environment (Parkes, 1994). In other words, coping involves "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). In this regard, coping entails a cognitive appraisal process and coping responses. Cognitive appraisal is understood as "the process of categorising an encounter, and its various facets, concerning its significance for well-being (Lazarus & Folkman, 1984, p. 31).

Several assumptions are made to identify coping as a dynamic process. Whenever a stressful situation occurs, its response should depend on the appraisal of the event (Lazarus, 1993). Adjusting coping patterns and approaches to the stressful situation experienced is the most helpful response (Lazarus, 1993; Lazarus & Folkman, 1984; Parkes, 1994). After having a perception that the stressful situation cannot be controlled, "emotion-focused coping predominates"; if it is controllable, "problem-focused coping predominates" (Lazarus, 1993, p. 239). According to Lazarus (1993, p.239), "coping can mediate the emotional outcome" by changing the person's emotional state from the beginning to the end of the encounter. It is argued that research on coping

focuses primarily on finding the variables that affect coping strategies and their impact on outcomes (Lazarus, 1993).

The theory is helpful in conceptualising mental health challenges and coping. Here, individuals constantly alter their behavioural and cognitive attempts to change external and internal aspects of their resources. In this sense, social support, social integration, religion and/or spirituality, and cultural values and belief systems become mechanisms utilised by individuals to cope with adversity and mental health issues.

The ecological systems theory (Bronfenbrenner, 1977; 1979) argues that an individual's development occurs within various levels of interconnection between a person and their environment. The various levels within the environmental system include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem describes the system in which an individual interacts with their immediate surroundings. Structures such as family, peers and the neighbourhood are part of this system (Peppler, 2017). For example, this ecological system can account for an individual's direct or indirect exposure to traumatic experiences from close people such as parents, friends or relatives. The mesosystem refers to the interactions between two or more microsystems. Here, an individual's microsystems do not function in isolation but are interconnected. The two systems affirm and influence each other.

For instance, the connection between an individual's home and workplace is a pointer to a link between several microsystems (Onwuegbuzie et al., 2013).

The exosystem consists of interactions between an individual's immediate environment and another social setting, where the individual is not directly involved (Onwuegbuzie et al., 2013). The exosystem involves other formal and informal structures that indirectly exert influence on an individual (Peppler, 2017). The macrosystem describes the cultural context underpinned by cultural norms and belief systems that indirectly influence individuals in their larger communities (Onwuegbuzie et al., 2013). From this perspective, shared belief systems and cultural values can determine how individuals perceive trauma differently from other people who belong and subscribe to different belief systems. Thus, culture, belief systems, and values may impact how individuals view life's events such as trauma. Finally, the chronosystem explains how time can

influence individuals, given the circumstances of the transitions and changes they undergo (Cross & Frazier, 2009). For instance, an individual who experiences trauma at a young age might have an altered perception of life. However, childhood traumatic experiences (e.g., abuse) can still affect the person later in life, whereby it becomes difficult for them to establish social relationships and trust.

The ecological systems as applied to this study would indicate that mental health in refugees should be explored in the context of the interconnections between the individual, the event(s) they experience, and their environment (Wolfe, 2010). Analysing the theory from the resilience point of view, Wolfe (2010) states that the theory stipulates that resilience is achieved through the interactions that an individual has with their environment. The exchanges are perceived to be transactional in that there is a continuous process of connections between an individual and their social environment. The social setting would include links with community, friends, and family. In addition, beliefs, norms and values shape an individual's worldview and perceptions on coping. The ecological systems theory has been used in this study to articulate how an individual, placed within a nested ecological system, could tap into the resources offered by their environment for coping with adversity. Thus, individuals use resources such as religion and/or spirituality, cultural values and belief systems, and social support to cope with trauma.

2.6 Conclusion

The literature shows that mental health problems are more prevalent among refugees compared to the general population. The vulnerability and exposure of refugees to, and determinants of, these mental health problems are underpinned by several factors. These include separation from family, social integration challenges, SES, and social demographics, associated with traumatic events directly or indirectly experienced before their migration, and during their travel to, and settlement in, a host country. Poor mental health compromises the ability of individuals to function normally and care for themselves and may distort their self-perceptions, which can lead to self-harm and suicidal behaviour. However, healthy coping mechanisms, including social support, religiosity and/or spirituality, as well as cultural values and belief systems, can help prevent or mitigate against mental health problems.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology employed in this thesis. In addition, the demographic information of participants, selection criteria, and sampling procedures and strategies are discussed. This chapter also describes the research design, the instruments used for data collection and the methods utilised to analyse the data. Finally, the ethical considerations are outlined and discussed.

3.2 Study Participants and Sampling

Using a 5% significance level ($\alpha=0.05$) and 80% statistical power ($\beta=0.20$), a minimum sample of 270 was determined to be adequate for the quantitative part of the study. A total of 267 participants were recruited (128 male; 139 female). In order to have a good representation of male and female participants in the study, and given the unique challenges in refugee research, the researchers utilised purposive sampling. Participants for the focus group discussions (FGDs) were also recruited using purposive sampling and comprised 10 percent of the younger and older refugees of the total sample.

Since the Rwandan genocide occurred in 1994, there now exist two generations of Rwandan refugees residing in Zambia: the older generation, who directly experienced the genocide and escaped, and a younger generation who was born in Zambia post-genocide. The study participants included representatives from both generations. The age groups were divided into younger participants (18 to 24 years) and older participants (25 to 65 years). The national youth policy (2006) defines youth in Zambia as those aged 18 to 25 years, hence our cut-off point of 18 years. Further, the study compared the presence of mental disorders and psychological distress between the two generations of refugees.

The FDGs on trauma experiences were conducted among the older refugees to understand their direct experiences of trauma and coping mechanisms (See Appendix 1). However, the researcher

conducted further FGDs among the younger refugees to understand their religious and spiritual coping.

3.3 Study Design

A research design is a strategy that provides a structure for the researcher to integrate elements of the study to produce credible and bias-free results (Dannels, 2018). This study adopted a mixed-method research approach. The approach incorporated qualitative and quantitative research, as highlighted in the previous subsection, to provide clear insight into mental health issues and coping in Rwandan refugees living in Lusaka. The mixed-method research approach is well suited to exploring studies on trauma and other mental health illnesses, psychosocial factors and coping in the refugee population (Creswell & Plano-Clark, 2011; Ekblad et al., 2013).

A quantitative cross-sectional design was used to explore the prevalence of mental disorders and coping in Rwandan refugees. This is because quantitative cross-sectional studies are faster to conduct and inexpensive (Setia, 2016). The study considered a representative sample of study participants on various variables such as age, employment status, sex, marital status and number of children.

In terms of the qualitative aspect of the study, FGDs were chosen over individual interviews so that the researcher could have an in-depth discussion with older refugees about their adverse experiences, with age- and gender-specific groups given prominence. FGDs allow the researcher to gain more insight and understanding into the meaning of the lived experiences of the Rwandan refugees (Tiedje et al., 2014). FGDs help researchers to explore and elucidate views and opinions that are not easily obtained in quantitative research or one-to-one interviews (Nilsson et al., 2019). In this case, a qualitative interpretive approach was employed so that the researcher was able to capture and understand the traumatic narratives and coping mechanisms of participants.

3.3.1 Instruments

These comprised a battery of questions, including a socio-demographic questionnaire designed by the author which was used to obtain demographic information on each participant, including age, gender, education, employment, and marital status. In addition, the Impact of Events Scale-

Revised (IES-R) and the General Health Questionnaire-28 (GHQ-28) were administered to each participant.

3.3.1.1 Impact of Event Scale-Revised (IES-R)

The IES-R is a 22-item scale developed to assess subjective distress following traumatic events and experiences (Weiss & Marmar, 1997). The scale was designed to complement the DSMIV criteria for PTSD. The 22 items are grouped into three subscales: intrusion, avoidance and hyper-arousal. The items are scored on a five-point scale ranging from zero to four. Higher scores indicate severe symptomology or probable PTSD. Studies (Creamer & Falilla, 2002; Dozio et al., 2020) have shown that the IES-R possesses good psychometric properties (α=0.96), and that the scale can be used to assess exposure to trauma in many cultures. In the current study, the Cronbach alpha was 0.96.

3.3.1.2 General Health Questionnaire-28 (GHQ-28)

The GHQ-28 is a psychometric scale developed to measure general functional psychiatric conditions (Goldberg & Hiller, 1979) and current psychological distress. The GHQ-28 categorises psychological distress into four categories: somatisations; anxiety and insomnia; social dysfunction; and depression. The four subscales are comprised of seven items which are scored on a 4-point Likert scale. A higher mean score on the GHQ-28 scale is indicative of poor mental health status. The GHQ-28 has been utilised as a tool for assessing psychological distress in many refugee studies (Gavalas, 2021; Kananian et al., 2017) and possesses good psychometric properties (Goldberg & Hiller, 1979). The Cronbach's alpha for the scale in this study was 0.95. The original measure reported Cronbach α=0.82 to 0.93 (Goldberg & Williams, 1988).

3.4 Study Setting

The study was conducted in the following townships: Bauleni, Chawama, Chelston, Chilenje, Chipata, Garden Compound, Garden House, George, Kabanana, Kanyama, Makeni, Mandevu, Matero Mutendere, and Zingalume, in Lusaka, Zambia. Zambia is a country in sub-Saharan Africa, with about 18 million people (Phiri et al., 2021) and is classified as a lower- to middle income

country. In Zambia, the main economic activity is mining. The country has high levels of poverty, thus creating socio-economic inequality.

Zambia has given asylum to an estimated 89,012 refugees, former refugees, and other people of concern (UNHCR, 2020). These people mostly live in three major refugee settlements (Maheba, Mantapala and Mayukwayukwa). Apart from these resettlements, many refugees live in urban areas, mainly Lusaka (Nyamazana et al., 2017). Lusaka is the capital and largest city in Zambia, with a population of about two million (Central Statistical Office, 2010). The city is centrally located, thus giving it strategic importance, as it is easily accessible from the rest of the country (World Bank, 2016). Brady et al. (2010) state that Zambia is listed among the urbanised countries in sub-Saharan Africa; it is estimated that 40 percent of the country's population live in an urban area.

Like many African cities, Lusaka is experiencing typical urban challenges linked with development, such as high urbanisation, unemployment, and population growth. However, 70 percent of Lusaka's population live in poor, informal or unplanned settlements (Brady et al., 2010). Similarly, most refugees in Lusaka live in high-population unplanned, or informal, settlements (Brady et al., 2010). Further, economic estimates indicate that only nine percent of the city's population are formally employed (World Bank, 2016). To a large extent, since the 1990s, the local economy has moved towards the private sector, embracing more self-employment. It is reported that Rwandan refugees in Lusaka were predominantly engaged in grocery businesses (UNHCR report, 2017). Like many other refugees living in different countries worldwide, discrimination and obstructions to the right to work dictum are significant challenges that Rwandan refugees face.

Most studies among refugees in Zambia concentrate on refugees' livelihoods (Nyamazana et al., 2017) and on those residing in refugee camps (Masuwa, 2017). This study fills this gap by investigating mental health and coping among refugees living in the townships of Lusaka.

3.5 Procedure

The researcher organised training sessions with the research team, which included talks on the general understanding of the research project aims, the research contexts and the methodological

approach. The questionnaire was administered to participants with the help of research team, community and church leaders. For focus group discussions, the Lusaka Seventh Day Adventist Church was chosen, being deemed to be a neutral venue. The facility was private and easy to access. The setting was comfortable, serene and non-threatening. The interviews were conducted in English. If it was found that participants were unfamiliar with specific terms used, interpreters were used to clarify points. The interpreters were trained to observe and adhere to issues of confidentiality.

3.6 Data Analysis and Interpretation

For the quantitative part of the study, data were analysed using the Statistical Product and Services Solutions, version 25 (IBM SPSS 25) software. Descriptive statistics were utilised to indicate the distribution of the demographic variables. Normality tests such as the Shapiro-

Wilk's test were utilised to check for potential skewness, with $p<0.05$ indicating a non-normal distribution. The absence of collinearity was established by evaluating the pairwise correlations of explanatory variables. To assess PTSD and psychological distress in the sample, associations between demographic variables and PTSD (evaluated on the IES-R scale) and psychological distress (evaluated on the GHQ-28) were compared using Pearson's Chi-Square tests as appropriate. Binary logistic regression was utilised to determine psychological distress (somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression) and PTSD. There was no evidence of violation as far as assumptions of binary logistic regression were concerned. Bivariate analysis was utilised to investigate the associations between SES measures and the GHQ-28 scores, using independent samples t-tests and one-way ANOVAs. In addition, multivariate regression models using GHQ-28 scores were used to examine the significance of SES measures. Further, the analyses were stratified by gender, retaining statistically significant variables ($p<0.1$) from the univariate analyses.

For the qualitative part of the study, several systematic stages were followed to develop the analysis and final document. The first stage allowed the researcher to transcribe and analyse the transcription. In the second stage, the researcher and autonomous readers read and analysed the transcription. The third stage allowed the researcher to categorise and align the study outcomes

with themes and topics under discussion. The fourth and last step had the researcher and independent readers analyse the different narratives from the participants. Here, the researcher was provided with essential sentiments and sentences that linked to themes and meanings as emanating from the FGD guidelines (see Appendix 1).

3.7 Ethical Considerations

Research involving vulnerable individuals such as refugees and asylum-seekers poses unique ethical challenges. Since refugees in Zambia are among the most vulnerable groups, participation in a study as research participants may lead to them being highly compromised. For instance, many refugees and asylum-seekers have no proper legal documents that support their legal status. The researcher, therefore, worked to ensure that ethics was prioritised throughout the research process. The researcher was also aware that addressing ethical concerns among study participants was paramount to have credible results.

To embark on this study, ethical clearance was obtained from the University of KwaZulu- Natal (see Appendix 2). An expert in Kinyarwanda was engaged to translate the consent form from English to allow older participants to understand the study aims and objectives. In addition, permission to engage the refugees in this study was sought from the Ministry of Home Affairs through the Commission of Refugees in Zambia (see Appendix 3). Other ethical considerations were effected as outlined in the paragraphs below.

In order to secure trust among participants, the researcher explained the purpose of the study thoroughly, emphasising that it was purely for academic purposes and that information would not be made available to any third parties (see appendix 4). The participants were informed that there was no form of remuneration from the study.

Clark-Kazak (2017) emphasised the importance of informed consent in research with people in challenging situations such as refugees. The researcher extensively explained the aims and purpose of the study so that participants were aware of the procedures. Participants were only allowed to participate in the study when they indicated that they understood the purpose of the study. The participants were provided with the written consent form alongside the questionnaires. After the participants stated that they understood the consent form, they were required to sign the document.

In addition, participants were informed that they had a choice and right not to respond to questions that brought them discomfort and that should they feel like pulling out of the study, they could do so without any hesitation or negative consequences to themselves. If participants were traumatised or the study process created distress, the interview and data-gathering would be stopped, and the researcher would refer the participant for mental health counselling. Different sites were prepared which supplied counselling services by qualified counsellors. For instance, the researcher made arrangements with the Caritas Czech Republic in Makeni, who supply general welfare services to refugees. However, during this process, there were no occurrences of such incidences.

In the area of anonymity and confidentiality, multiple factors were considered. In this regard, all of the electronic research data generated from the study was password protected and secured. The computers and other electronic devices used were all password protected. The hard copy notes and recordings from the focus group discussions were kept in a secure place arranged by the researcher and supervisor, and securely stored in the Department of Behavioural Medicine. In addition, information obtained from the FDGs, and the entire research data would remain confidential. Further, the participants were told that only certain sections of the study would be discussed with the supervisor (Professor Basil Joseph Pillay). For the final scripts, the identity of study participants was removed, and only pseudonyms were utilised for identification.

3.8 Conclusion

This chapter outlined the research design, as well as the sampling procedures and strategies utilised to access participants. The research context was also described. Further, the research instruments were described, as well as data analysis methods. Finally, ethical issues were also discussed.

CHAPTER 4

RESULTS

Two hundred and sixty-seven Rwandan refugees, with a mean age of 33.99 were recruited to investigate PTSD and psychological distress (see Table 1 in Paper 2). The majority of the sample (52.1%) were females. In addition, almost half the participants (49.8%) were single, while (40.8%) reported being married and the rest (9%) were either separated, divorced or widowed. Fifty-two percent had children, while a similar percentage of participants were unemployed. Sixty-two percent had a primary or secondary level of education, while 38 percent had a college or university education.

A total of 34 Rwandans participated in the three FGDs. Most (52.9%) of the participants were female. Ten males and 12 females had direct experience of the genocide (64.7%). Fifty percent of the participants were single. The results further indicated that (38.2%) had a college or university level of education and 5.8% were formally employed (see Paper 4).

In the remainder of the chapter, four papers emanating from the study are presented.

4.1 Paper One

The first paper, entitled Trauma, psychosocial factors and coping mechanisms among first generation Rwandan refugees living in Zambia, was published in the African Journal of Peace and Conflict Studies (see below).

Mwanamwambwa, V., & Pillay, B.J. (2020). Trauma, psychosocial factors and coping mechanisms among first-generation Rwandan refugees living in Zambia. African Journal of Peace and Conflict Studies, 9(3), 145-166. https://doi.org/10.31920/2634-3665/2020/s9n3a8.

4.2 Paper Two

Paper two explores Posttraumatic Stress Disorder and psychological distress in Rwandan refugees was published in the South African Journal of Psychology (see below).

Mwanamwambwa, V., & Pillay, B. J. (2021). Posttraumatic stress disorder and psychological distress in Rwandan refugees living in Zambia. *South African Journal of Psychology*. https:doi.org/10.1177/00812463211031812.

4.3 Paper Three

Paper three which looks at a gender perspective on the association between socioeconomic status and psychological distress among the Rwandan refugees in Zambia was accepted for publication in the African Journal of Gender, Society and Development. The manuscript is in press.

Mwanamwambwa, V., & Pillay, B. J. (2021). Association between socioeconomic status and psychological distress among Rwandan refugees in Zambia: A gender perspective. *African Journal of Gender, Society and Development*, *10*(4), 37-59. https://doi.org/10.31920/2634-3622/2021/v10n4a2

4.4 Paper Four

The final paper that addresses the role of religion and spirituality in coping with stressful situations among Rwandan refugees in Zambia was submitted to the African Journal of Peace and Conflict Studies.

This manuscript is still under review by the African Journal of Peace and Conflict Studies.

The role of religion and spirituality in coping with stressful situations among Rwandan refugees in Zambia.

Abstract

This paper aims to investigate the significance of religion and spirituality in stress management among Rwandan refugees in Lusaka, Zambia. To achieve this objective, focus-group discussions were conducted among older and younger Rwandan refugees living in Lusaka. While participants from these two categories might have different attachment experiences to religion, they all face stress due to their vulnerable situation, compounded by their social, political and economic status. The paper adopted a qualitative interpretative methodology. The paper has two primary objectives: to explore and examine a subjective perception and understanding of lived experiences, including stressful situations resulting from genocide and social challenges by Rwandan refugees living in Lusaka. The study's second aim was to investigate the role of religion and spirituality among refugees in coping with adversity.

The paper appeals to the theory of stress and coping as its theoretical framework. The findings that emerge from the research show that religion and spirituality remain sources of comfort to Rwandan refugees living in Lusaka. Rwandans, like many other refugees in the world, face marginalisation in all sectors of human endeavour. Many Rwandan refugees have been subjected to marginalisation and violence perpetrated by society in general; however, the findings of this research are that religious organisations continue to play an important role.

Keywords: Religion, spirituality, coping, stress, refugees.

Introduction

Empirical research shows that religion and spirituality are not mere defence mechanisms in times of uncertainty but can impact resilience in refugees (Hasan et al., 2018). Further, Pargament et al. (2013) state that religion and spirituality help individuals cope with stressful events. Therefore, religion and spirituality act as a fount of emotional and social support (Hirono & Blake, 2017) for refugees. At the outset of this paper, it is important to define key terms in the literature; thus, the authors have limited themselves to the definition of religion and spirituality. Murphy (2017)

defines religion as an organized set of beliefs and practices that a given group of people or society uses to engage in the search of the sacred.

On the other hand, Pargament (2013) defines spirituality as a way of expression in which an individual seeks a relationship with the sacred. According to Pargament (2013), the term 'sacred' points to anything that brings meaning and purpose to an individual's life. Religion and spirituality can be considered related constructs because they both address an individual's concerns about the meaning and purpose of life. Considering religion and spirituality as complementary constructs, Park (2007) empowers us to explore a broader array of religious and spiritual experiences in this context under stressful conditions like those of Rwandan refugees in Lusaka.

Literature Review

In recent years, the role of religion concerning depression severity has been interrogated (Phelps *et al*., 2009). Studies (Hasan et al., 2018; Molsa et al., 2017) have found a link between greater religiosity and lower psychological distress. This leads us to believe that religiosity acts as a buffer and helps individuals cope with psychological distress issues such as depression. Among the most exciting findings to emerge from empirical studies conducted on religion and spirituality in times of stressful situations is their ability to assist those affected to cope with stress and other related symptoms (Aten et al., 2019; Ersahin, 2020; Lorenz et al., 2019). This means that religion and spirituality act as an intrinsic driving force that substantially impacts an individual's behaviour, emotions and thoughts connected to effective health results (Tuck et al., 2006). Individuals, especially refugees, can utilise either religiosity or spirituality as coping mechanisms in adversity (Molsa et al., 2017).

In the above context, religion and spiritual coping can be considered as a healing process with self and others. This helps people cope with their predicaments and move forward in life (Park, 2007). Importantly, coping with a stressful situation helps victims of a stressful situation find meaning, purpose, and hope, which may strengthen individuals cope with suffering, daily struggles, and hope to face the future (Park, 2007).

Religion and spirituality are often considered vital and relevant resources for well-being, especially in traumatised populations. Baird (2012) suggests that an individual's religious beliefs and

spirituality are linked with well-being. In this regard, well-being is conceived as a state of being happy or satisfied with life.

In addition, religion and religious leaders play an essential role in maintaining spirituality.

Religious leaders are trusted and considered close to God and connected with a divine force. Religious or spiritual leaders are known as people who help religious communities by guiding theological beliefs and spiritual values; they are believed to have a clear understanding of scriptures and the importance of scriptures in answering critical human problems, including stress and rejections (Bercovitch &Kadayifci-Orellana, 2009). Thus, religious or spiritual leaders act like moral and spiritual mentors in their respective communities and are held in high esteem; their decisions and opinions are well respected within the community.

Further, religious or spiritual leaders are believed to be individuals with divine wisdom, equipping them to respond with understanding to their community's physical and emotional status and those in vulnerable situations, like refugees. This means that religious leaders are well placed to reach out to the people and positively affect their lives. As Lederach (2005) contends, when individuals are in a vulnerable situation, they need the intervention of someone on whom they can rely. Such a person must be someone credible, respected and trusted. Religious leaders utilise, among other things, prayers, religious texts, rituals and values, as procedures in their manner to comforting those in a vulnerable situation.

Religion and spirituality, through religious leaders, can provide a new direction of life and hope. Religious or spiritual leaders' activities include counselling and guidance on issues that affect individuals or groups (Bercovitch &Kadayifci-Orellana, 2009; Hyman et al., 2008). Religious guidance and counselling provide comfort, hope and resilience in the face of a challenging situation (Bercovitch &Kadayifci-Orellana, 2009). Hyman et al. (2008) argue that religious leaders' intervention in the face of challenges and isolation among individuals in a vulnerable situation may have the desired result when affected individuals can overcome past experiences. Hirono and Blake (2017) emphasise that religion, spirituality and religious leaders' function in the lives of those who have lost hope are to restore them by giving new hope.

Scholars conclude that religious and spiritual leaders play an essential role in every aspect of life (Bercovitch &Kadayifci-Orellana, 2009). The scholars add that regular attendance to religious gatherings and services enhances a fulfilled spiritual life within individuals, seeking to internalise and enact religiously inspired virtues of altruism, care, love, and self-sacrifice within their community and family relationships (Vaaler et al.,2009). Black *et al*. (1999) concur that "religious leaders and counsellors provide a critical role in prevention and treatment-oriented programmes, which contribute significantly to congregants' psychological and physical well-being." (p.77). Religious leadership combined with spirituality may help those who have experienced a stressful situation, such as those affected by wars and violence, cope and adjust to new life circumstances. It is worth noting that there is a strong link between spirituality and coping (Abraham et al., 2018); many individuals look for spiritual counsel and guidance in times of adversity by utilising spiritual practice as a way of support (Yeager, 2021). This is common among refugees and marginalised individuals or communities (Hasan et al., 2018).

A study conducted by Umubyeyi (2020) among Congolese refugees living in Durban, South Africa, found that church and church leaders play an essential role in their lives. Congolese refugees are vulnerable due to their experience of wars and violence in their home country. Secondly, Congolese refugees are vulnerable due to their economic and social condition in South Africa, increasing their stress and vulnerability. Congolese refugees rely on the church for emotional, economic, and social support, given little government (South African) intervention and social or economic assistance. While this study is not on Congolese refugees in South Africa, there are many reasons to believe that the Congolese experience in South Africa is not different from that of Rwandan refugees in Lusaka.

A study conducted by Mwanamwambwa and Pillay (2020) among Rwandan refugees living in Lusaka showed that Rwandese refugees live in a vulnerable situation. They face social exclusion, such as xenophobia. In addition, refugees face different forms of challenges, including economic and political violence such as unemployment, discrimination and intimidation from the locals. This adds to their already fragile economic conditions compounded by isolation from their extended families and uncertainty about the future. While the experience of Rwandan refugees in Zambia is well documented (Mwanamwambwa & Pillay 2020), the question that remains and which this study is trying to answer is how Rwandan refugees in Lusaka cope with stress as a result of their

experience of genocide and social, economic and political discrimination in Lusaka, Zambia. Central to this is the need to investigate the function of religion and spirituality in coping with a stressful situation.

Methodology

This study adopted a Qualitative Interpretative methodology as its research method. After acquiring ethical clearance, the researchers conducted three focus groups. Participants who met the minimum requirements, such as being Rwandan and aged from 18 to 65years, were included in the study, and participation was voluntary. To achieve the aims of this paper, qualitative research using an interpretative method was utilised. Fox and Bayat (2007) argue that the interpretative approach is helpful as it allows the researcher to explore subjective experiences. As a qualitative interpretative study, this study's focus is not to analyse data that can provide statistical information but on analysing data that can provide a personal understanding of lived experience. This means the findings from this study help us understand individual perceptions and phenomena. Du Plooy-Cilliers et al. (2014) contends that the interpretive approach is a study of persons' experiences and actions based on the meaning of a phenomenon.

This research explores and examines a subjective perception and understanding of lived experiences, including stressful situations resulting from the genocide, the challenging journey into exile and the economic and social challenges experienced by Rwandan refugees living in Lusaka. More importantly, it focuses on subjective perceptions and understandings of the role of religiosity and spirituality in coping with a stressful situation, which are of critical importance and worth researching. Most of the participants in this study belonged to different religious groups selected from the townships of Lusaka. Data collection involved three focus group discussions (FGD). Elderly refugees were divided into one group for males and one for females. The third focus group comprised male and female younger refugees aged from 18 to 24 years. Each focus group had 10-12 participants, with a minimum age of 18 years. The participants were drawn from different areas of Lusaka and came from different faith backgrounds. Participants in the study were purposively selected from the townships around Lusaka.

The interpretive method utilised to investigate and comprehend patterns of experienced views among Rwandese refugees living in Lusaka allows researchers to examine any variability in those patterns. The approach presupposes that attitudes, perceptions, and meanings of individuals who took part in the study were obtained from their lived experiences and that reality is subjectively connected to their circumstances and conditions as refugees and their experiences result from challenges encountered.

Theoretical Framework

This paper borrows from Lazarus and Folkman's theory of Stress and Coping that they developed in 1984. The theory is underpinned by the hypothesis that stress is a personenvironment interplay. Here, an individual continuously changes behavioural and cognitive attempts to control particular external and internal requirements evaluated as challenging to their resources. Religion and spirituality become resources that have a moderating effect that buffers stress. Endler et al. (2000) stated that coping could be defined as psychological mechanisms that individuals utilise to reinstate their normal mental state and mastery of their behaviour; the role of religion and spirituality, therefore, are crucial in managing or tolerating stress.

Carver et al. (1989) observed that there are so many different ways of adapting to a stressful situation. Coping is the conscious and unconscious efforts we put in to solve problems and reduce stress. It is the mind's built-in troubleshoot programme that aims to restore its optimum functioning state. In social sciences, coping skills or coping strategies are a set of adaptive tools that we proactively administer to avoid burnout. These tools can be our thoughts, emotions, and actions and are dependent on our personality patterns. For example, a sociable and friendly person is more likely to use solution-focused and communication-based coping skills for getting rid of his troubles. On the contrary, a timid person can use defensive and self-oriented coping strategies for psychological adjustments. In the context of this paper, the theory of stress and coping shall be situated in the way Rwandan refugees in Zambia have adapted to the challenges they face in their daily lives.

Presentation of the study population

The migration of Rwandese, like in other countries in Africa, is not recent; however, the pace and factors influencing such migration differ. The genocide of 1994, which claimed the lives of the Tutsi minority, resulted in an influx of Rwandese seeking refuge in different countries of the African continent and beyond**.** After the genocide, the number of emigrants from Rwanda has drastically increased due to several factors such as security concerns in the economic, political and social domains. Human security concerns, including economic, political and social, are compounded by the genocide that left about 1 million Tutsi and moderate Hutu's losing their lives (Rutagengwa, 2012).

While economic, political and social conditions in Rwanda were factors that made many Rwandese leave the country, the option to make Zambia a country of destination was purely on economic and security (Rutagengwa, 2012). Most of the participants first fled the genocide to the eastern part of the Democratic Republic of Congo (DRC), where they established economic activities. When the Rwandan army invaded the eastern part of the DRC, most Rwandese felt that Zambia would be a safer country in which they could establish themselves economically (Cassimona *et al*., 2013), given the geographical location of Zambia and Rwanda.

Today, Zambia is believed to house 6,236 Rwandese refugees, of whom 4,740 are former refugees who came to Zambia after the genocide. The balance is those who fled economic and political persecution in Rwanda (United Nations High Commissioner for Refugees [UNHCR], 2020).

Social and economic circumstances are vital in influencing the resilience of individuals. The majority of Rwandan refugees in Lusaka are impoverished and lack economic and social support. In this context, the availability and lack of economic opportunity may determine how these refugees adapt to their new environment. Having a social network that enhances social support is vital among refugees. Here, social networks entail norms of daily contacts and interactions between individuals, reinforced by friendships and kinships, involving sharing resources to help individuals or people cope with adverse living conditions.

The primary economic activities of Rwandan refugees living in Lusaka, such as street vending, tuck shops and hairdressing, are in the informal sector (there are only a few individuals in the formal sector). These businesses are located in informal settlements with the high competition with

the local population (Mwanamwambwa & Pillay, 2020). It is generally true that, given their economic activities in informal spheres of business, the majority of Rwandan refugees in Lusaka face several challenges, including institutional and social exclusion (Mwanamwambwa &Pillay, 2020). These conditions are challenging to endure for asylum-seekers and refugees, such as the Rwandese, who have had to deal with economic hardship and trauma in the country of exile. Therefore, there are many reasons to believe that economic circumstances in Lusaka exert more pressure on individuals and families and might affect how people interact. During the interviews, the majority of the participants face economic challenges and insufficient social support from fellow Rwandans and the host community.

It emerged from the findings of this study that for Rwandan refugees in Lusaka, as for many other African groups, religion and spirituality remain close to the heart of every individual and are a source of hope and comfort. Examining the extent to which Rwandan refugees in Lusaka are religious, the findings have shown that all participants belonged to a particular religious group, primarily Christian.

It must be noted that while Zambia remains among countries that practise Christianity, the prevalence of Christian practices in Rwanda is high. Of the participants interviewed in this study, about 90 % stated that they were Christian, and close to 8% were Moslems. The remaining percentage was for Buddhists. However, all the participants believed that religion and spirituality are strong stress coping mechanisms utilised in adversity. In Rwanda, the catholic population is estimated at 44 percent of the general population, followed by 38 percent Protestant, including Anglican, Pentecostal, Baptist, Methodist, Episcopalian, and evangelical Christian churches; 12 percent Seventh-day Adventist; 2 percent Muslim. Other small religious groups constitute less than 1 percent of the population (Schliesser, 2018). These are mainly African traditional religions, Baha'is and the Jewish community (Schliesser, 2018). This shows that religion, and Christianity in particular, are the primary religious groupings in Rwanda.

Analysis of the results

The demographic information of the participants provided valuable information in understanding the social and economic conditions of Rwandan refugees living in Lusaka. Over half the

participants were female (52.9%). Thirty-four Rwandan refugees participated in the study. Sixteen were male, and 18 were female. Of this population, ten males and 12 females, comprising 64.7%, had the first-hand experience of the genocide, and while 35.2% had an indirect experience of the genocide. The participants' marital status was considered; thus, 50% were single, while 11.7% were widows or widowers. The results indicated that 38.2% of the participants had university or college education on the level of education. About 35.2% were self-employed, while 58.8% were unemployed. And only 5.8% were formally employed.

Understanding the extent of unemployment among those with formal education and how this might increase the stress level among Rwandan refugees in Lusaka was also important. Information from this study indicates that among Rwandan refugees in Lusaka, most participants in this study had a high school education, with fewer having a university education and the least number of participants primary education. Unemployment among Rwandan refugees living in Lusaka is rife. The majority of the participants are not formally employed, while those who identify as employed are self-employed and working in the informal sector.

Socio-economic situation of Rwandese refugees in Lusaka

As in many other refugees or migrating groups, poverty and unemployment are common among Rwandan refugees in Lusaka (Nyamazana, 2017). The economic situation of refugees and Rwandese, in particular, provides insights into the extent of vulnerability and stress among this group. This study showed that while poverty and unemployment are common in the Zambian population, poverty and unemployment are more prevalent among Rwandese refugees in Lusaka. The Rwandan refugee economic situation is compounded by many challenges, including political and social difficulties (Bbaala & Mate, 2016).

Politically, while Rwandan refugees have been settled in Zambia for a long time, most of them remain undocumented (Chinyemba, 2017). The cessation declaration clause promulgated by the UNHCR (2013), which states that Rwandan refugees should return home, has made many refugees live without legal documentation. Many refugees opt to stay in Zambia and not return home for fear of being persecuted (Commissioner for Refugees, personal communication, 14th June, 2018). Thus, the absence of legal documentation that gives refugees residency status denies them access

to formal employment, thus increasing their vulnerability to poverty. Socially, networks such as friends and family members may assist in alleviating the level of poverty by providing financial support and sharing information that may be converted into economic opportunities. However, the findings show that while the number of Rwandan refugees in Lusaka is significant, their economic conditions are not better. Most of them fall under the same economic status making it challenging to uplift each other.

Poverty levels among Rwandan refugees living in Lusaka are high (Chinyemba, 2017; Nyamazana, 2017). The employment status among participants in this research revealed that most of those who participated in this study were unemployed, relying on informal work activities; those identified as employed were self-employed with many running tuck-shops in informal settlements. There is considerable competition with poor local people for business opportunities (Bbaala & Mate, 2016). Rwandan refugees are often accused of stealing the jobs of the local people and accused of criminal activities; this makes Rwandan refugees in Lusaka more vulnerable to xenophobic attacks and increases their stress as a result.

On arrival in Zambia, refugees are expected to stay in refugee camps to receive assistance from international agencies like the United Nations for Refugees (Commissioner for Refugees, personal communication, 14th June 2018). However, it is essential to note that as there seem to be limited prospects for the refugees' futures, they often choose to move from the camps and live-in cities believing these will offer improved economic options. The Rwandan refugees mainly elect to settle in townships which are considered to have more economic opportunities than refugee camps. However, while in townships, refugees are faced with hostile xenophobic attitudes and exposure to harassment by immigration officials who also show xenophobic dispositions (Mwanamwambwa & Pillay, 2020). It is important to note that xenophobic attitudes are also encountered in other sectors, including health and education, where Rwandan refugees are exposed to derogatory experiences. The following statement, recorded in one of the focus-group discussions, is evidence of this:

Even in the clinics, sometimes, just because of the names that one bears, they would look at them and not even consider us (Participant Three, Female FGD, 2018).

Considering the above socio-economic and political conditions of Rwandan refugees living in Lusaka, the conclusion can be drawn that these Rwandan refugees are vulnerable and exposed to stressful situations. In some instances, the attacks against Rwandan refugees have led to the loss of life in addition to the loss of material wealth, thus also a loss of livelihood (Bbaala & Mate, 2016). Rwandan refugees are blamed for many social ills that include murder and invading business spaces, leading to bitter competition between locals and Rwandan refugees (Gamble, 2016).

Religious and spiritual coping strategies among Rwandan refugees in Lusaka

Examining the importance of religion and spirituality among Rwandan refugees in Lusaka in managing stress resulting from genocide and challenging socio-economic conditions, the findings from this study found that all who participated in the survey were believers, mainly Christians and a small number of Moslems. For most Rwandans, spirituality and religion remain at the centre of all activities during good and challenging times. Most often, church groups organise strategies such as contributory systems and lending facilities that help those in need (Gamble, 2016). Rwandan refugees who participated in this study believe that surviving genocide and the arduous journey to Zambia, and their ability to cope with related challenges and stress, are linked to their faith. This is evident in the statement below:

There are a lot of things that helped me to keep moving in this life; one of them is that I think I have seen God's hand face to face sometimes in this life. Apart from that, I have seen people being slaughtered in front of me, but I still somehow survived, not by my will, but by God's power. (Participant Two, Female FGD, 2018).

In dealing with stressful experiences, studies have shown that religion and spirituality can contribute a critical part in alleviating the suffering of those who have experienced stress (Abraham et al., 2018). Religion and spirituality have been identified as resiliency sources (Adedoyin et al., 2016; Hasan et al., 2018); they enhance positive mental health (Gall &Guirguis – Younger, 2013) in people who have experienced a traumatic situation. This means that religion and spirituality can enhance a sense of hope and certainty, and purpose among those who have experienced traumatic events, in this case, refugees.

It is understandable that these experiences have a lasting impact and require economic support and primarily emotional and psychological support. The past, adverse experiences encountered by refugees engenders feelings of endurance, hope and resilience. This means that religion and spirituality can improve mental health among those Rwandan refugees in Lusaka affected by a stressful situation. The following statements illustrate the shared view of participants:

The endurance that we have seems to originate from the beliefs and the situations that we have passed through (Participant Ten, Male FGD, 2018).

The only mechanism we use to cope with these challenges is the experience to be close and live with God. Long-suffering helped us create that endurance (Participant One, Female FGD, 2018).

I have faith, which gives me hope to continue the journey (Participant Three, Young Generation FGD, 2018).

On examination of the religious and spiritual support received by Rwandan refugees in Lusaka, the findings have shown that being a member of a particular religious group enabled Rwandan refugees to receive several forms of support, including counselling and financial support. Rwandan refugees felt more welcome by their faith-based organisation than any other group. While Rwandese felt isolated because of their socio-economic condition and past experiences, they felt comforted by the church environment, which provided comfort and hope. Through the communion of prayers and religious brotherhood, most Rwandan refugees who participated in this study indicated that they benefited from counselling and received financial support from the church they belonged to or other church organisations caring for vulnerable and marginalised individuals in society. A participant stated:

Yes! We have this culture among us. We are not completely orphans and left orphans; at times when one has an eventuality or calamity, others would tend to come in, especially the congregations from the different churches that we worship from. For example, my small shop at some point was on fire, and everything was scattered and destroyed, which I had to start from zero. But my church people came together and contributed small capital to start my business again (Participant Four, Female FGD 2018).

Many Rwandan refugees around Lusaka are represented and organised in distinct social organisations such as churches and businesses (Mwanamwambwa & Pillay, 2020). These social organisations allow Rwandese to make strong social networks that help refugees to integrate into Zambia. Once a Rwandan refugee arrives in Zambia, s/he is received by other Rwandese who provide both social and moral support. The statement below demonstrates the importance of social support among the Rwandan refugees:

We have a community culture, which helps me so much, such that when in pain, we mourn together and when in joy, we celebrate together. For example, if there is a wedding, we celebrate together as the day comes (Participant One, Female, FGD, 2018).

Spirituality encompasses several factors, including religion, cultural beliefs and values. Having examined religion, spirituality, and cultural belief among Rwandan refugees who participated in this study, it is essential to note that while religion and spirituality can be understood in the context of Christianity or Islam, they can also be understood as part of the culture. It was evident that religion and spirituality provided individuals or communities with a sense of awareness, meaning and purpose in life, enhancing the degree to which they cope with adverse traumatic experiences. This means that religion and spirituality are considered as part of the culture and, therefore, Rwandan refugees in Lusaka were able to rediscover their identity as Rwandese through faith and communion with their fellow congregants – men and women with whom they share the same beliefs and values. This points to the fact that resilience in refugees takes place within an environment influenced by cultural values and beliefs.

In addition to a culture of religion and spirituality embedded in Rwandan refugees, resilience is enhanced through a culture of hard work. Rwandan refugees pride themselves as working people, and this is evidenced in the kind of economic activities undertaken despite the challenging economic, political and social environment in which Rwandan refugees find themselves. Due to their daunting living conditions, resilience in the ever-challenging environment is attributed to personal effort, a culture of hard work, and supernatural power that give them strength. Despite challenges, they believed that their culture had taught them resilience and hard work, making it possible to cope with diversity emanating from migration. The statement reads:

In my culture, we believe in hardworking, so the well-being here in the townships and at the refugee camp is not easy to compare because, in the refugee camp, you are just put there to drink and eat. And if they don't give you food, you have to starve. At least here in the townships, you have that chance that you can work either in the market and other places where you can work at times (Participant one, Female FGD, 2019).

Rwandan refugees, through their cultural values and beliefs, become resilient and are capable of developing endless ways to cope. Their culture of hard work, determination to keep going and promote resilience is what defines many Rwandans living in Lusaka.

Discussion

This paper aimed to investigate the role of religion and spirituality in coping with stressful situations among Rwandan refugees in Lusaka, Zambia. To understand the function of religion and spirituality in coping, it was worth beginning with exploring the socio-economic status of Rwandan refugees and how such a situation might contribute to their lived experiences. Thereafter, it was essential to explore how they perceive their experiences and attribute meaning to them. Examining the socio-economic condition of Rwandan refugees in Lusaka reveals that the challenges they face are a result of a combination of factors, including the devastating impact of genocide, journeying to Lusaka, as well as for settling in Zambia. These conditions have created a sense of hopelessness compounded by stress and anxiety among the refugees.

The study has also highlighted that individuals and communities develop different strategies in coping with such stress, including rebuilding livelihoods and restoring emotional and psychological well-being. Findings from this study have shown that rebuilding economic, emotional and psychological well-being is a challenging exercise. Several factors hamper effective coping strategies among Rwandan refugees in Lusaka; amongst these are government laws, public attitudes resulting in xenophobia and limited social-network opportunities.

Consistent with Lazarus and Folkman's theory of stress and coping that states that individuals repeatedly change behavioural and cognitive efforts to control specific external and internal needs examined as taxing to their resources, religion and spirituality are mechanisms that have a moderating outcome that buffers psychological distress (Adedoyin et al., 2016). The findings have

shown that religion and spirituality contribute an essential part in the life of Rwandan refugees, not only in settling in Zambia but also in their journey to Zambia. The source of inspiration to overcome such challenges was through belief and hope in God, which means that religion and spirituality play an essential part in the lives of Rwandan refugees living in Lusaka. A study by Hasan et al. (2018) posited that refugees turn to their faith for coping and strength in times of adversity. In addition, praying to God in difficult moments brought a sense of relief to refugees (Hasan et al., 2018). It is apparent that the region's religious organisations, mainly the church, have played a critical role in restoring hope and a sense of humanity among Rwandan refugees living in Lusaka.

While this research documented credible findings on religion and spirituality among Rwandan refugees in Zambia, a few limitations can be cited. First, it is apparent from the revelations and conclusions that three focus-group discussions were insufficient to bring out complete and detailed information. A mixed-method approach that would consider FGDs and some quantitative work would add to the credibility of the findings of this study.

Conclusion

In this study, it is apparent that when detached from extended family, individuals or a group of people are exposed to numerous challenges which result in stress and a loss of hope for the future. Literature and findings have shown that Rwandan refugees in Lusaka experienced innumerable challenges which have impacted their socio-economic, psychological and emotional well-being. It is evident that in the face of hopelessness, like that of Rwandan refugees in Lusaka, religion and spirituality remain the source of inspiration and hope among the vulnerable community members.

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CHAPTER 5

DISCUSSION

5.1 Introduction

Refugees suffer from severe physical and psychological trauma and several mental disorders, which impact their social, emotional and psychological well-being. Despite being exposed to past traumatic experiences, refugees continue to suffer from ongoing resettlement stressors emanating from their social ecology (Miller & Rasmussen, 2016). The displacement stress, combined with socio-economic challenges, further impact refugees' well-being.

5.2 PTSD and Psychological Distress

The first objective of this study aimed to establish the prevalence of mental illnesses, such as PTSD and depression in a sample of older and younger refugees and to identify demographic factors linked to the presence of PTSD and psychological distress (see Paper 2). Our study revealed high rates of PTSD and other mental health challenges, such as depression, within the sample. Participants reported high rates of PTSD (76.8%). Further, our study participants endorsed high levels of anxiety and insomnia (36.7%), social dysfunction (27.3%), somatic symptoms (31.8%) and severe depression (22.8%). The findings support the view that refugees have higher rates of mental illness compared to the general population (Acarturk et al., 2018; Blackmore et al., 2020).

Further, our findings are aligned with other studies that show significantly high levels of PTSD (Acarturk et al., 2018), anxiety (Lee et al., 2017), and depression (Feyera et al., 2015) in refugee populations. As a highly susceptible population, refugees are often exposed to traumatic events such as rape, murder, genocide and torture. Apart from the armed-related violent events, refugees are also exposed to other violent episodes, such as threats and beatings resulting in physical and psychological impairment. These adverse experiences have been linked to various psychological disorders prevalent in refugees.

Although studies show high prevalence of mental illnesses generally in refugee populations, older refugees are more susceptible. In our study, older refugees (i.e., who had directly experienced the 1994 genocide) endorsed higher levels of PTSD, social dysfunction, and severe depression. The high levels of PTSD and other psychological disorders among older refugees are influenced by exposure to the pre-migration and transition traumas, such as forced displacement, sexual assault, separation from family members, and genocide. Studies reveal that, unlike younger refugees, older refugees experience post-migration challenges such as loss of culture (Hameed et al., 2018), loss of family ties, and difficulties adjusting to new settlements (Im et al., 2017). The loss of culture and family ties make older refugees suffer especially from social isolation. This social isolation inevitably disadvantages older refugees from gaining employment and engaging in other socio-economic opportunities (Misago et al., 2015), thus making them more depressed and traumatised.

Our study further revealed that the younger group of refugees (i.e., who experienced the genocide indirectly), also endorsed significant levels of PTSD, anxiety and insomnia. Studies indicate that PTSD and other psychological issues are prevalent among younger refugees (Bryant et al., 2018). The possible explanation for such an occurrence is the potential traumatic exposure among the younger refugees due to their parents' early trauma experiences. Parents' exposure to trauma experiences has adverse effects on their children (Bryant et al., 2018; Nielsen et al., 2019). Other scholars, such as Leitner et al. (2019), cite the challenging socioeconomic environment in which refugees are positioned as a possible reason for psychopathology among the children of refugees. Bryant et al. (2018) suggest that the postmigration challenges that parents go through, such as difficulties finding employment and lack of finances, may affect their children's mental health.

Another interesting finding of this study is that refugees who had more children reported higher levels of severe depression. A reason for this finding is that bigger families present much greater demands and obligations in terms of finances. The bigger the family, the more financial resources they need. Thus, the low socio-economic status of the refugees, such as having a lower income, poses more (and greater) challenges. Hynie (2018) found that breadwinners who fend for bigger families may develop depression due to the stress caused by the financial demands of the family.

Framed within the ecological systems theory (Bronfenbrenner, 1979), mental illnesses among refugees may be a result of past exposure to adversity and post-migration stressors emanating from

a person's broader ecological system, including the microsystem (interaction of family and community) and the exosystem (economic factors). This study provides evidence that mental illnesses exist in older and younger Rwandan refugees living in Zambia. The ever-growing challenges that refugees face have profound implications for mental health specialists. The study, therefore, suggests that ongoing mental health services are required to enhance and promote the refugees' well-being.

5.3 Trauma Experiences

The second objective of this study was to understand the traumatic encounters refugees face (see Paper 1). Our study indicated that older Rwandan refugees had traumatic encounters during the pre-migration, transit and resettlement phases of their experiences. At each juncture of the migration phase, participants narrated significant trauma encounters. The pre-migration trauma experiences included abrupt departures from the home country, witnessing the killings of loved ones, and torture of people. The migration experiences included rape, inhumane treatment and killings, and the resettlement problems included social isolation, cultural loss, xenophobic attacks, employment challenges, and difficulties processing documents.

Empirical studies have highlighted similar traumatic encounters that refugees face in their premigration stage. For instance, Familiar et al. (2021) found that sexual violence and rape were the common experiences reported in the pre-migration phase. Refugees have to endure such atrocities because they are a vulnerable group. In addition, physical torture and killings have also been reported in the pre-migration stage by Vu et al. (2014). During the migration phase, the experiences reported by the refugees in our study are almost like the pre-migration ones, with torture and rape being reported by most of the participants. Physical torture and suffering were reported because the process of migration exposes refugees to hostile and unfamiliar environments. A study by Poole et al. (2018) found similar traumatic experiences among refugees in the migration stage. The unsafe migration conditions and the torture encountered by individuals exposed the migrants to several challenges.

In addition to the pre-migration and the travel experiences, our study found that the refugees also had several traumatic experiences in their resettlement or host environments. The postmigration

phase points to the settling-in of refugees in host countries. Adjustment to these environments after experiencing adversity during the pre-migration and travel stages significantly affect refugees emotionally. Our study found that refugees experienced resettlement problems such as difficulties finding employment and cultural loss. Further, incidences of xenophobia were also reported by several participants.

Studies have attested to three fundamental issues that refugees encounter in their resettlement phase, with the three concerns being cultural and social loss, xenophobia, and unemployment (Misago et al., 2015; Rasmussen et al., 2010; Tippens et al., 2021). They also report that refugees in the post-migration stage have little access to their cultural traditions and often report diminished supportive networks. Since refugees are alienated from their culture, they experience loss of their social connections and systems. Apart from losing culture, refugees often face economic challenges from their daily living conditions (Rasmussen et al., 2010). Lack of employment and difficulties in attaining legal documents often cause stress to these refugees (Rasmussen et al., 2010). In most cases, the employment policies in most host countries tend to side-line refugees, since they do not have credible and legal documents that prove their status. In addition, other studies (Misago et al., 2015) report that refugees often suffer xenophobic attacks at the hands of the locals.

The ecological perspective outlines an individual's development as influenced by the connections among different nested environments. Refugees are affected by their adverse experiences throughout their transition and resettlement in the country of asylum. Within the ecological systems theory (Bronfenbrenner, 1979), refugees embedded within the multi-layered levels may be affected by external factors such as political conflicts and genocide, which lead them to make life transitions such as fleeing their home country (chronosystem). The ecological systems theory conceptualises trauma and its impact on refugees by exploring an individual's interaction with the environment. The process of migration and resettlement exposes refugees to multiple stressors, which affects their mental health. The more an individual is exposed to a considerable number of traumatic experiences, the more likely the possibility of developing psychological problems, including PTSD (Bogic et al., 2015). Given this situation, mental health specialists and counsellors should consider using trauma narratives as a process to model trauma-therapeutic interventions.

5.4 The Association between Socio-Economic Status and Psychological Distress

The third objective of this study was to show an association between SES and psychological distress in Rwandan refugees from a gender perspective (see Paper 3). In general, refugees have lower SES compared to the general population. The nature of being a refugee presents stressful experiences that affect the refugees' psychological functioning. A significant finding of this study was that women with low education and financial support reported higher psychological distress. Refugees, in general, have difficulties attaining higher education. In sub-Saharan Africa, education has been identified as a measure of an individual's development and well-being (Elu, 2018). However, educational attainment in this part of Africa is not easily achieved, especially for economically marginalised refugees. Compared to the Americas and Asia, school enrolment numbers for sub-Saharan Africa are low (Madhumita, 2021). For instance, Hudok (2014) reported low enrolment rates for higher education in Zambia and that it is also very expensive to enrol. Studies further indicate that it is even more difficult for female refugees to achieve higher education (Donger et al., 2017). In most African refugee communities, the privilege of attaining higher education is given to male refugees (UNHCR, 2018). The gender stereotypes concerning the role of girls underpin all challenges to equal opportunities and access to education (UNHCR, 2018). Because of cultural and social beliefs, girls are often socialised to take domestic responsibilities (Donger et al., 2017).

For most people, refugees included, a higher education status has been associated with improved economic status and well-being (Watenpaugh et al., 2014). Many studies have indicated that lower education is associated with depression (Fazel et al., 2012; Warfa et al., 2012). Further, studies also indicate that there are higher levels of depression among women compared to men (Delara, 2016; Jarallah & Baxter, 2019). In addition, individuals who are not educated struggle to find better employment, and the resulting difficulties to make ends meet contribute to them becoming depressed. Women who reported not receiving any financial support reported higher psychological distress. Further, women are disadvantaged from obtaining financial support because of prevailing gender inequalities, such as enforced discrimination and societal norms (Walther et al., 2020). The lack of financial support is a critical factor for poor psychological well-being in refugees.

Further, our study revealed that employment predicted lower psychological distress in both men and women. Employment allows individuals to access different resources such as finances and even the ability to get higher education. Therefore, being employed is linked to better wellbeing. However, studies show that men stand a better chance of being employed compared to women (Due et al., 2021; Walther et al., 2020). Thus, women refugees encounter multiple disadvantages regarding employment, being female and their refugee status. Being female and a refugee hinders their chance of accessing resources and employment opportunities (Goodman et al., 2017); given their refugee status, women are socially excluded from employment (Goodman et al., 2017).

However, there are some studies that show that women have the opportunity and privilege to become employed, in some instances. For example, Del Carpio and Wagner (2015) found that more women are likely to be employed in the formal sector than their male counterparts. A possible explanation for such a finding is that women refugees, who in most cases must fend for and support their families, and given a shift in gender roles, engage in small-scale entrepreneurial businesses (Chinyemba, 2017).

From an ecological systems and feminist theory perspective, SES and psychological distress or mental illnesses are linked to environmental factors. Despite refugees reporting mental health challenges and lower SES, the widespread assumption is that female refugees report higher mental health challenges and lower SES. The feminist argument is that psychological distress is not just a health issue, but a result of social inequalities based on gender and status (Smith, 2010). Therefore, gender differences and inequalities in SES and psychological distress result from social oppression (Ahmed & Rasmussen, 2020; Hyman, 2017; Hynie, 2018). This social oppression tends to marginalise women to such an extent that they have challenges in accessing economic privileges like education and finances.

The ecological systems theory asserts that an individual's behaviour or development results from interactions between them and their environment, influencing their psychological wellbeing. The ecological systems theory contends that SES affects an individual's psychological functioning (Delara, 2016). Our research replicated and supported findings that there is an association between SES and psychological distress. A higher SES is associated with improved psychological well-being. Mental health providers and researchers should highlight the role and the importance of

socio-economic factors in the refugee's mental health. Improving an individual's employment and education opportunities promotes and enhances mental health and well-being.

5.5 Coping Mechanisms in Rwandan Refugees

Finally, the study focussed on the different coping mechanisms that Rwandan refugees employ in coping with adversity (see Papers 1 and 4). The first coping mechanism endorsed by most participants was social support. Social support among refugees is a crucial factor in settling and adapting to a new environment. The social support network includes friends, family (microsystems) and the immediate and more significant community (meso- and macrosystems). Other studies also attest to the importance of social support (Chemali et al., 2018; Gottvall et al., 2019), as it helps refugees develop positive psychological well-being and functioning (Oluwafemi, 2011). Social support emanating from a trusted individual or a valued group has been shown to reduce the physiological and psychological effects of stressful situations and enhance well-being (Oluwafemi, 2011).

In addition, social support networks help refugees easily integrate into new communities (Gotvall et al., 2019). The processes of pre-migration, migration and eventually post-migration are often linked to stress. The process disrupts family and cultural ties, thus contributing to high levels of distress among refugees. Social support is part of an individual's resources that serve as a component that affects refugees' well-being. Further, social support can offer refugees a sense of community, helping them create effective interaction with local sources of host community residents. Studies point to the fact that social and community integration leads to a certain level of life satisfaction, which in turn improves a refugee's well-being and mental health (Amit, 2010; Safi, 2010). On the other hand, the lack of community integration and social support leads to high levels of stress, which are linked with the onset of mental disorders (Xu & Chi, 2013).

The second coping mechanism that refugees reported was religion and/or spirituality. Our study showed that refugees relied on faith and belief in God during adversity as the source of strength. Recent research has brought an increasing appreciation of the importance of religion and/or spirituality among refugees (Ennis, 2011; Pandya, 2018). Findings from selected studies indicate that religious and spiritual beliefs and practices have sustained many refugees in their pre-

migration (Ennis, 2011; Khawaja et al., 2008), migration (Mwanamwambwa & Pillay, 2020) and post-migration experiences (Hassan et al., 2018). Religiosity and spirituality are sources of emotional, social and cognitive support for refugees (Seybold & Hill, 2001).

Further, spirituality and religious beliefs affect all aspects of an individual's life; for example, religious and/or spiritual engagement is connected to improved mood and greater well-being among traumatised refugees (Ennis, 2011). To some extent, spiritual belief affects how people view problems, their causes and solutions, as well as the meaning of distress and suffering (Pargament, 2007). Amidst challenges, refugees, including those from Rwanda, seek transcendent values and practices for greater coherence in their lives. A study by Nzayabino

(2010) found that engagement in religious activities improves refugees' economical, spiritual and social lives. According to Nzayabino (2010), engagement in religious activities creates a certain level of integration, where a refugee feels spiritually, culturally and socially assimilated into the host community through interactions with the church members.

The final coping strategy employed by Rwandan refugees was their engagement with, and practice of, their cultural values and beliefs. Participants reported that a culture of hard work provided them with resilience to keep going, as well as hope for the future. Cultural values are a set of attitudes and beliefs that people learn over time within their given environment. Brune et al. (2002) state that belief systems offer individuals a sense of cohesion and belonging. It is, therefore, argued that engagement in a particular belief system brings a sense of hope. For example, participants reported that the culture of hard work enshrined within them gives them a sense of purpose and meaning, thus allowing them to cope with adversity.

Cultural values and belief systems enhance a certain level of resilience in refugees. A study by Özen (2014) found that cultural factors such as community-based ideologies, value systems and religious beliefs influence and impact ways that refugees deal with adversity. For instance, value systems influence how refugees respond to adversity through meaning-making and motivation. Hussain and Bhushan (2011) show that refugees who adhered to cultural practices and held community-based ideologies showed signs of hope and optimism for the future in the face of adversity and traumatic experiences.

Stress and coping (Lazarus & Folkman, 1984) and ecological systems (Bronfenbrenner, 1979) theories view stress and coping as a result of an exchange between individuals and their environment. As stated by Lazarus (1999), individuals engage in coping mechanisms to overcome adversity and reduce stress. Thus, individuals can tap into their social networks and environment to manage stress. For instance, for the refugee, the macrosystem comprises cultural and religious practices, cultural beliefs, attitudes and ideologies. It is these cultural practices and religious beliefs that individuals utilise as coping mechanisms.

In response to the challenges experienced by asylum-seekers and refugees throughout the migration and resettlement phases, seeking social support, religious and spiritual coping and cultural beliefs (Brune et al., 2002; Gottvall et al., 2019; Tippens, 2017) help refugees cope with adversity.

Our study provides useful and indeed vital information for clinical workers and humanitarian organisations on how to work with refugees. Rwandese and other refugees found in sub-Saharan Africa emanate from countries and backgrounds where the notions of religion and spirituality are inherent in their culture. Therefore, mental health specialists and other professionals should consider religious and spiritual beliefs when working with refugees. Religiosity and spirituality are concepts that underpin a significant worldview for many refugees in Africa. Thus, mental health practitioners should integrate measures that are inclusive of the refugees' faith and religious beliefs into their clinical assessments and interventions. Clinical workers who consider the refugees' religious beliefs and spirituality are likely to enhance wellness and improve ethical practice when supporting the rights of marginalised and traumatised populations, such as refugees.

5.6 Implications and Recommendations

The following sections articulate the policy implications of the study findings. Further, suggestions are made regarding refugee policy in institutions dealing with refugees. After that, the limitations and strengths of the study are discussed. In conclusion, recommendations for future research in the area of mental health among refugees are made. The thesis concludes with a succinct remark about the study.

5.6.1 Implications for Mental Health Practice

A number of implications and recommendations are made to mental health practice, the government, and non-governmental organisations (NGOs) regarding refugees. There is overwhelming evidence that mental health care providers should provide:

1. Psychosocial wellness clinics in refugee transit centres and townships, to support refugees with stress and trauma management. In any humanitarian setting, refugees need psychosocial support. The presence of psychosocial wellness clinics help promote and improve refugees' psychosocial well-being.

2. Support groups, especially at churches and in the community, which afford refugees a space to freely express their experiences and learn from others.

3. A cultural orientation resource centre in the townships and refugee camps, where refugees will manage cultural shock and learn the host country's languages.

4. Ongoing provision of mental health care to refugees, since there is evidence that refugees continue to experience trauma.

5. Programmes to enhance good coping outcomes, including social support and religious counselling strategies.

5.6.2 Policy implications to the Government of Zambia

The government of Zambia, through the Ministry of Home Affairs and the Commissioner of Refugees, should consider the following measures towards improving the welfare of the refugees:

1. There is a need for a refugee policy review and change to address integration for refugees after at least five years of residing in the country.

2. Facilitate regular supply and/or monitoring of essential commodities required for refugee livelihood.

3. Improve mental health care facilities to enable the provision of services needed.

4. Strengthen the education systems by placing well-qualified staff who will deliver a credible curriculum that will facilitate the integration of refugees.

5. Integrate the refugees' specific professional skills (teachers, nurses) into community facilities for them to contribute to the education processes of other refugees.

5.6.3 Implications for Non-Governmental Organisations (NGOs)

The NGOs charged with the care of refugees need to work to facilitate the following:

1. Understand that they are well placed in initiating a lobbying advocacy that provides the government with a voice for refugees, channelling their views and psychosocial needs.

2. Establish rehabilitation centres to comprehensively manage and facilitate healthy coping mechanisms.

3. Create safe homes for refugees who have been victimised, violated and/or threatened.

4. Develop a public mental health programme to teach life skills and foster psychosocial strengths so that refugees will be able handle posttraumatic issues or stress.

5.6.4 Implications for Research

Future scholarly works should consider the following critical points:

1. Review the stress-related trauma management approaches being utilised in the refugee sphere.

2. Examine the aspect of religion and social support coping mechanisms. Religion can, has and continue to play a key role in motivating, encouraging and framing diverse kinds of support for refugees. Religious networks enhance social support, thus improving the well-being of refugees. In addition, social support points to a given network and resources and psychological benefits present within the network that could help refugees improve their quality of life.

3. Use larger sample sizes to achieve more generalisable results and also expand the sample to include refugees from different countries residing in Zambia.

4. Future research should consider and focus on intergenerational trauma in younger refugees, who may have indirect experiences of the genocide.

5. More research on the relationship between SES and mental health from a feminist perspective. This will encourage stakeholders to make informed policies that would factor in a holistic strategic approach to refugee well-being. Research evidence indicates that refugee women experience complex gender-related challenges, such as access to employment. A feminist approach contributes to a greater and nuanced understanding of the gendered experience of refugees that goes beyond economic and mental health challenges.

An ecological analysis of the findings would suggest that mental health challenges and coping mechanisms in refugees are a result of multiple factors enshrined within the individual, family and the larger society. The ecological systems theory gives an important framework in which humanitarian organisations who plan and develop intervention strategies for refugees, effect credible approaches that integrate coping mechanisms that are enshrined within the multiple ecological contexts.

5.7 Study Limitations

The numbers of participants in the FGDs to elicit information on the traumatic experiences of refugees was small. Future studies should consider increasing the number of participants. There is also a need to augment the FGDs with individual interviews.

The sample size: our study was restricted to the city of Lusaka. There is a need to increase the sample size and widen the research area to include individuals living in refugee camps, to obtain a more comprehensive and credible understanding of refugees' mental health.

Participants' income: It was challenging to determine the exact monthly income for participants. Most participants were not free to disclose their monthly income. Future research on the SES

indicators among refugees should consider creating an enabling environment so that refugees can readily divulge their monthly earnings.

Purposive sampling: our study utilised purposive sampling. This kind of sampling can introduce biases because the sample might not be representative of the population, and thus, the research must not be generalised.

Cross-sectional designs: While cross-sectional designs can be faster and less expensive when it comes to research, the use of this design in our study may not allow for conclusive judgement about causality.

5.8 Conclusion

Our study indicates that refugees are the most vulnerable population. Mental disorders such as PTSD are much more common in individuals that have experienced several types of adversities, such as discrimination and torture. The traumatic experiences encountered during the transit and displacement affect refugees and cause them to suffer from psychological distress connected to the loss of family and friends. In addition, problems such as adapting to new environments, socio-economic challenges affect refugees. Despite all the challenges, religion and spirituality, social support, and cultural beliefs are the coping mechanisms that refugees utilise during adversity.

In conclusion, Studies on refugees' mental health need to be considered and encouraged in many countries, particularly Zambia. There is a need to take a holistic approach that would thoroughly engage with the refugees' well-being.

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APPENDICES

Appendix 1: Focus Group Interview Protocol and Guide

Study: Psychosocial factors and trauma in Rwandese refugees living in Lusaka, Zambia. I. Introduction (10 minutes)

Welcome participants and introductions.

Explain the purpose of audio recording the FGD (the recording will be destroyed after the thesis is completed).

Explain purpose, aims of FGD and the study.

Discussion Guidelines:

- Respecting the opinion of others.
- Talking one at a time.
- Discuss the issue of confidentiality with the group.
- Confidentiality: Please make sure to keep each other's identities private.

II. Topic Generation (60-90 minutes)

Dear participants, this interview is designed to understand and learn about your experiences, as a refugee, in Zambia.

1. Share about your experiences that you had moving from your country to Zambia.

Prompt questions:

a) What kind of challenges did you encounter on the journey?

b) How did you cope with these challenges?

c) Describe the challenges you encountered settling in Zambia.

d) What are the employment opportunities like in Lusaka?

e) What are the educational opportunities like in Lusaka?

f) How safe and secure do you feel in your township?

g) How do you feel being a refugee living in Zambia?

2. Tell me about social support in the township.

Prompt questions:

a) What are some of the ways in which people get help and support?

b) How challenging or easy is it for people to get support?

c) How do social organisations, church organisations, and government institutions in Lusaka offer support?

d) How have you utilised the clinics, hospitals, education facilities and counselling centres around your area?

3. What type of religious, spiritual, cultural beliefs and practices are found in your township?

Prompt questions:

a) How do the religious, spiritual, cultural beliefs and practices make you feel?

b) What has changed about these beliefs given the challenging moments and situations of your life?

c) Are there any other beliefs, practices used by Rwandans to cope with challenges in the townships?

Thank you for your time and willingness to share your life experiences.

III. **Closing** (10 minutes)

- Closing remarks (thank participants)

- Offer to answer any questions from the group after the discussion.

Appendix 2: Ethical Approval

08 May 2018

Mr Victor Mwanamwambwa (217081973)
School of Nursing and Public Health
Howard College Campus

Dear Mr Mwanamwamba,

Protocol reference number: HSS/0119/018D
Project title: Psychosocial factors and trauma in Rwandese refugees living in Lusaka, Zambia

Approval Notification – Full Committee Reviewed Protocol

With regards to your response received on 26 April 2018 and 07 May 2018 to our letter of 12 March 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shamila Naidoo (Deputy Chair)

/ms

cc Supervisor: Prof Basil J Pillay
cc Academic Leader Research: Mrs Tivani Mashamba-Thompson
cc School Administrator: Mrs Caroline Dhanraj

Humanities & Social Sciences Research Ethics Committee
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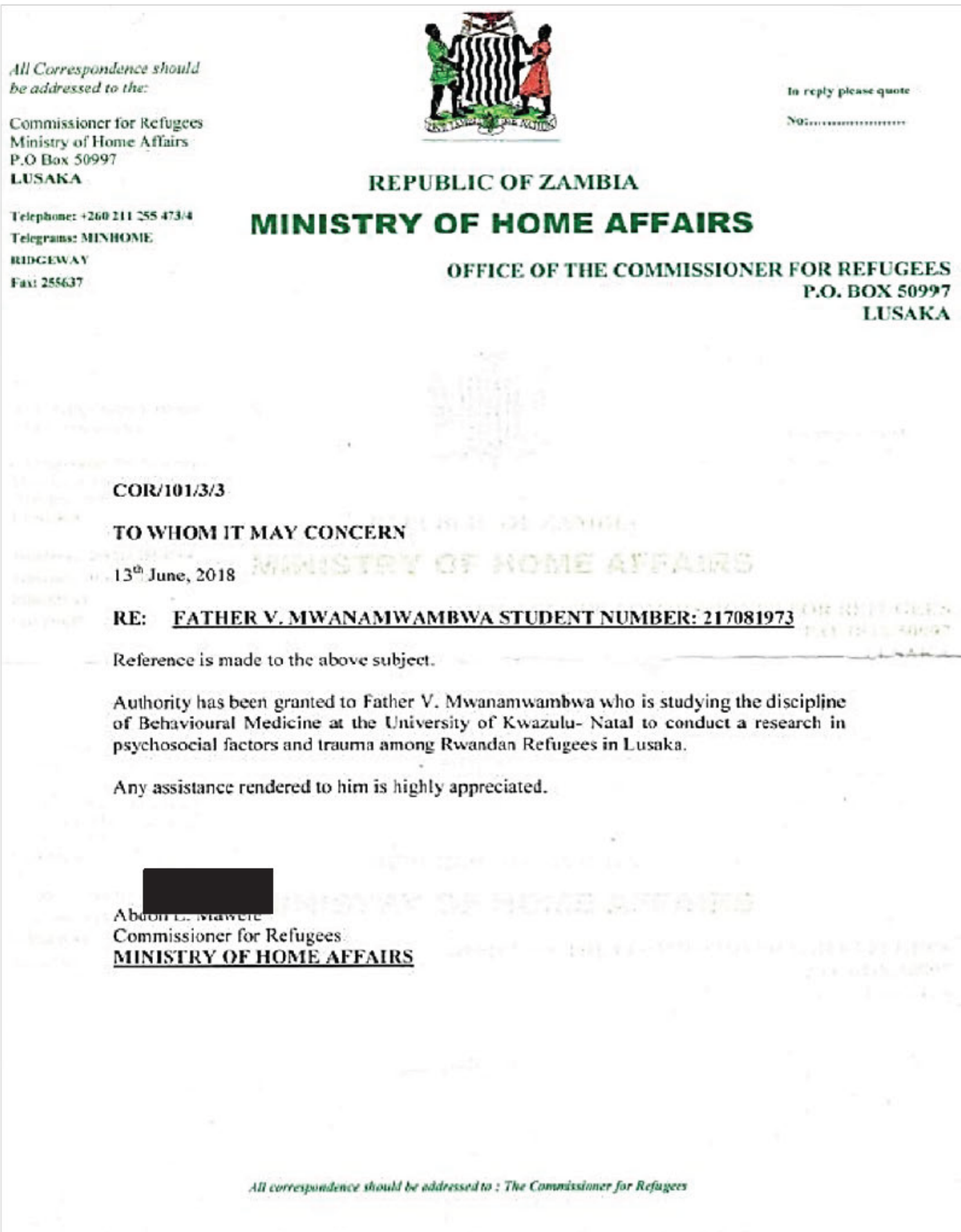
Appendix 3: Letter from the Commissioner of Refugees



All Correspondence should be addressed to the:

Commissioner for Refugees
Ministry of Home Affairs
P.O Box 50997
LUSAKA

Telephone: +260 211 255 473/4
Telegrams: MINHOME
RIDGEWAY
Fax: 255637

In reply please quote
No:.....................

REPUBLIC OF ZAMBIA

MINISTRY OF HOME AFFAIRS

OFFICE OF THE COMMISSIONER FOR REFUGEES
P.O. BOX 50997
LUSAKA

COR/101/3/3

TO WHOM IT MAY CONCERN

13th June, 2018

RE: FATHER V. MWANAMWAMBWA STUDENT NUMBER: 217081973

Reference is made to the above subject.

Authority has been granted to Father V. Mwanamwambwa who is studying the discipline of Behavioural Medicine at the University of Kwazulu- Natal to conduct a research in psychosocial factors and trauma among Rwandan Refugees in Lusaka.

Any assistance rendered to him is highly appreciated.

Ab[illegible]
Commissioner for Refugees
MINISTRY OF HOME AFFAIRS

All correspondence should be addressed to : The Commissioner for Refugees

Appendix 4: Information Sheet and Consent To Participate In The Research Study for The Focus Group Discussions

Dear Sir/Madam,

My name is Victor Mwanamwambwa, a student at the University of KwaZulu-Natal. I am engaged in a doctoral study in the Department of Behavioural Medicine, School of Nursing and Public Health under the supervision of Prof. Basil J. Pillay.

You are invited to participate in our study.

TITLE

Psychosocial factors and trauma in Rwandese refugees living in Lusaka, Zambia.

PURPOSE OF THE STUDY

This research explores and examines trauma and the psychosocial functioning in Rwandese refugees, resident in Lusaka, Zambia. This interview is designed to understand and learn about your experiences as a refugee in Zambia.

PROCEDURES

Participation in the focus group will involve an interview, in which you will be asked questions about, trauma, your religious beliefs, personality, and your personal well-being. This will include aspects on your coping skills. All information obtained will be confidential. These interviews and responses to the questions will last for an hour.

PARTICIPATION AND WITHDRAW

Participation in this research is voluntary. Any refusal to take part will not prejudice you in any way. Please note that this research is for academic study purposes only and any information obtained is strictly confidential. The researcher is not working for the Zambian government or any

institution. You may choose to withdraw from the study at any time if you wish to, even if you agree to participate now.

CONFIDENTIALITY

Please note that any information obtained in connection with this study will remain private and confidential. All of your information and interview responses will be kept confidential. The researcher will not share your responses with anyone other than the research supervisor. All information obtained will be securely stored and password protected.

POTENTIAL RISKS

You may find that part of the interview and the questionnaires require you to talk about experiences that are traumatizing and distressing to you (such as traumatic experiences, narratives, and even death). You may stop or refuse to answer any questions that you are not comfortable talking about. Please notify the researcher if you are experiencing any ill effects resulting from the questions so that s/he will be able to assist you and refer you for psychosocial support at the Jesuit refugee centre where a qualified counsellor will provide suitable welfare services.

POTENTIAL BENEFITS

This research will help us to better understand trauma and psychosocial functions that refugees face in Zambia. It would also help us understand how social support and religious beliefs can help refugees cope with traumatic events of their lives. You may also gain comfort in sharing your experiences with others. The information you provide in this research could be useful to other refugees, agencies that assist refugees and could be a valuable contribution to further research.

CONTACT INFORMATION

If you have any questions about the study or your participation in the study, you may ask the researcher at the time of the study, or contact Victor Mwanamwambwa by phone at +260972082086 or by email at **Vicmwana@yahoo.com**.

If you have any questions concerning your participation in the study, complaints, or concerns about the research, contact:

Prof. Basil J Pillay, Department of Behavioural Medicine, University of KwaZulu Natal Private Bag 7, Congella 4013, Durban, Telephone: 0312604324 Fax. 0312604357.

If you have any questions or concerns about your rights as a study participant contact:

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION,

Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban,

4000, KwaZulu Natal, South Africa. Tel: 27312604769 – Fax: 27312604609. Email:

HSSREC@ukzn.ac.za

CONSENT FOR GROUP DISCUSSION

I ____ by providing my signature, agree to participate in this study. I understand that I am in no way forced or obligated to participate. I may withdraw at any time without prejudice. I understand that my name will not be associated with anything I say during this study, but will be kept confidential.

If I have any further concerns/questions related to the study, I understand that I may contact the researcher at 0972082086.

If I have any questions about my rights as a study participant, or if I am concerned about an aspect of the study or the researcher then I may contact:

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION,

Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban, 4000, KwaZulu Natal, South Africa. Tel: 27312604769 – Fax: 27312604609. Email: HSSREC@ukzn.ac.za

Signature of Participant: ____________________________ Date:____________

CONSENT FOR AUDIO AND TRANSCRIPTION

I understand that this study involves the audio recording of my interview with the researcher. Neither my name nor any other identifying information will be associated with the audio recording or the transcript. I also understand that only the research team will be able to listen to the recordings.

If I have any further concerns/ questions related to the study, I understand that I may contact the researcher at 0972082086.

If I have any questions about my rights as a study participant, or if I am concerned about an aspect of the study or the researcher then I may contact:

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION,

Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban,

4000, KwaZulu Natal, South Africa. Tel: 27312604769 – Fax: 2731604609. Email: **HSSREC@ukz.ac.za**

By signing this form, I am allowing the researcher to audio record me as part of this research.

Signature of Participant:

____

Date:

____

INFORMATION SHEET AND CONSENT TO PARTICIPATE IN RESEARCH

UKZN HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS

ADMINISTRATION

RESEARCH WITH HUMAN PARTICIPANTS

Dear Sir/Madam,

My name is Victor Mwanamwambwa, a student at the Department of Behavioural Medicine, University of KwaZulu Natal. I am undertaking a doctoral study and being supervised by Prof.

Basil J Pillay.

You are invited to participate in this study.

TITLE: Psychosocial factors and trauma in Rwandese refugees living in Lusaka, Zambia.

PURPOSE OF THE STUDY

This research project is designed to explore and examine trauma and the psychosocial functioning in the sample of Rwandese refugees, resident in Lusaka, Zambia. Further, we will examine the socioeconomic conditions and coping mechanisms adopted by the Rwandese refugees.

PROCEDURES

Participation in this study will involve completing different questionnaires, in which you will be asked questions about, trauma, religious beliefs, personality traits, coping skills and wellbeing. All information obtained will be confidential. These questionnaires will take an hour to complete.

PARTICIPATION AND WITHDRAW

Participation in this research is voluntary. You do not need to participate in the study unless you wish to do so. Any refusal to participate will not prejudice you in any way. Please note that this

research is for academic study purposes only. The researcher is not working for the Zambian government or any institution. You may choose to withdraw from the study at any time, even if you agree to participate now.

CONFIDENTIALITY

Any information obtained in connection with this study will remain private and confidential. All of your information and interview responses will be kept confidential. The researcher will not share your individual responses with anyone other than the research supervisor.

POTENTIAL RISKS

You may find that part of the interview and the questionnaires requires you to talk about experiences that are traumatizing and distressing to you. You may stop or refuse to answer any questions that you are not comfortable with. Please inform the researcher if any of the questions cause you to feel ill or uncomfortable so that s/he may offer assistance or refer you for psychosocial support at the Jesuit refugee centre where a qualified counsellor will provide suitable welfare services.

POTENTIAL BENEFITS

This research will help us to better understand trauma and psychosocial functioning in refugees. It would also help us understand how social support and religious beliefs can help refugees cope with traumatic events. You may also gain comfort by sharing your experiences with others. The information you provide in this research could be useful to other refugees, agencies that assist refugees and extend existing research on refugees.

CONTACT INFORMATION

If you have any questions about the study or your participation in the study, you may ask the researcher at the time of the study, or contact Victor Mwanamwambwa by phone at +260972082086 or by email at Vicmwana@yahoo.com.

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If you have any questions or concerns about your rights as a study participant contact:

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4000, KwaZulu Natal, South Africa. Tel: 27312604769 – Fax: 27312604609. Email: **HSSREC@ukzn.ac.za**

INDIVIDUAL CONSENT FORM

I ____by providing my signature, I agree to participate in this study.

I understand that I am in no way forced or obligated to participate and acknowledge that participation in this study is entirely voluntary.

I may withdraw at any time without prejudice.

I understand that all the information I provide will be kept secure and confidential.

If you have any questions about the study or your participation in the study, you may ask the researcher at the time of the study, or contact Victor Mwanamwambwa by phone at +260972082086 or by email at Vicmwana@yahoo.com.

If you have any questions or concerns about your rights as a study participant contact:

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Research Office, Westville Campus, Govan Mbeki Building, Private Bag X 54001, Durban,

4000, KwaZulu Natal, South Africa. Tel: 27312604769 – Fax : 27312604609. Email: HSSREC@ukzn.ac.za

Signature of Participant:____________________________________ Date: ____________