

Depression, Social Support and Alcohol Use among Refugees in Nakivale Refugee Settlement in Uganda

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ABSTRACT : The study focused on examining the effect of depression, social support and alcohol use among refugees in Nakivale Refugee Settlement. The objectives of the study were to; assess the relationship between depression and alcohol use among refugees, examine the relationship between social support and alcohol use among refugees, examine the relationship between depression and social support among refugees and assess the moderating role of social support between depression and alcohol use among refugees in Nakivale Refugee Settlement. A correlational study was conducted among 200 refugees in Nakivale refugee Settlement. Depression was measured using a patient health questionnaire, social support was measured using a multidimensional scale of perceived social support questionnaire and alcohol use was tested using Alcohol Use Disorders Identification Test (AUDIT) questionnaire. Bivariate and multivariate analyses were conducted to evaluate the association between depression, social support and alcohol use. Statistical significance was set at $p < 0.05$. The study indicated a significant positive correlation between depression and alcohol use ($r = 0.801$, $sig = 0.000$) which implied an increase in depression leads to an increase in alcohol use. A negative significant correlation was revealed between social support and alcohol use ($r = -0.537$, $sig = 0.000$) and between depression and social support ($r = -0.796$, $sig = 0.000$) which implies an increase in one variable leads to a decrease in the other and vice versa. This indicated that there is relationship between social support, alcohol use and depression. The study revealed that social support moderates between depression and alcohol use among refugees in Nakivale Refugee Settlement where efforts should be made to understand and maintain the high levels of social support to reduce the prevalence of depressive symptoms; and reduce the risk of alcohol use.

KEYWORDS: *Depression, Social Support and Alcohol, Refugees*

I. BACKGROUND

Depression has been ranked as the single largest contributor to global disability, with a recent epidemiological survey finding that 4.4% of the global population (322 million) suffers from depression (WHO, 2017). Depression was found to be one of the mental health disorders among refugees with a prevalence rate of 30-40% globally (Turrini, et al., 2017). Depression among refugees revealed variations in prevalence rates ranging between 5% and 80% (Henkelmann, 2020). In Sub-Saharan Africa, the prevalence rate is 20% for depression in refugees (Steel, et al., 2017). Uganda provides a home to nearly 1.7 million refugees and asylum seekers (UNHCR, 2024) in Nakivale Refugee Settlement, many refugees besides suffering physical injury, they too suffer depression. They are exposed to emotionally shocking stories, images of horror and besides, they have to adapt to Uganda's different cultures, unemployment and uncertainty (UNHCR, 2024).

Due to the conditions refugees go through both from home and in the host countries, social support can play an important role in preventing, containing or moderating the psychological wellbeing of populations through several mechanisms. Rabin, et al., (2010) have emphasized its role as a depression buffer and its protective function as a coping facilitator as well as its role in health promotion. As a depression buffer, social support is envisioned to alleviate the detrimental impact of depressive life events by modifying negative appraisals and promoting problem solving strategies (Silove, et.al. 2011). Some scholars argue however that during times of severe or chronic distress, the buffering effect of support may be limited. Social support is envisaged to provide regular positive affection, which prevent the development of psychologically distressful outcomes (Taylor et.al. 2010).

The Global Status Report on Alcohol and Health 2018 states that in 2016 the harmful use of alcohol resulted in 3 million deaths worldwide and 132.6 million disability-adjusted life years. According to the report, alcohol is a significant contributor to poor health outcomes in refugees' health, infectious diseases, injuries, and non-communicable diseases (WHO, 2018). Every year, the harmful use of alcohol kills 2.5 million refugees (WHO, 2018). It is the third leading risk factor for poor health globally and harmful use of alcohol was responsible for almost 4% of all deaths in the world, according to the estimates for 2018 (WHO, 2018). Weaver

& Roberts (2010) have indicated that refugees who have had traumatic life events have an increased risk of alcohol use. Refugees may drink to cope with trauma, boredom, and frustration, as well as a social experience with others.

When refugees lack social support, they use alcohol due to the different adversities that cause depression like stigma, poverty, violated rights, destroying of crops, unemployed, lack of school fees, lack of better jobs hence leading to depression. Social support, derived from families, friends and the host community, can directly impact refugees' experiences with positive impacts on both wellbeing and livelihood (Scanlon et al., 2020; Maymon et al., 2019). In contrast, the experience of depression, while recognized as part of the refugees' experience, can have a detrimental impact on refugees' livelihood and wellbeing (Conley et al., 2020; Poots & Cassidy, 2020) and mental health (Wu et al., 2021). In order to optimally benefit from social support, refugees are required to learn to cope effectively with depression thus decreasing alcohol use (Gustems-Carnicer et al., 2019). Therefore, the research needed to carry out a study on the effect of depression, social support and alcohol use among refugees in Nakivale Refugee Settlement.

II. STATEMENT OF THE PROBLEM

Alcohol use is common in Uganda with almost 10% of the adult refugee population estimated to use alcohol (Kabwama, et.al. 2016). There are many cases of refugees on drinking sprees which may be due to depression that is affecting refugees. "The drinking is at times to temporarily alleviate the emotional and psychological pain within themselves, thus using alcohol for self-medication". Dual diagnosis and comorbidity of alcohol use and depression is evident (Kabunga & Anyayo, 2021).

Many refugees go through a lot of life accentuating issues like ordeal, war, hunger where some of them are also forced in sexual activities which leads to depression hence resulting into alcohol use thus experiencing negative outcomes on their mental health and livelihood and different adversities faced by refugees like stigma, poverty, violated rights, destroying of crops, unemployed, lack of school fees and better jobs cause which create a need for social support and as a consequence, lack of social support leads to alcohol use. Insufficient social support increases mental health problems including depressive symptoms among refugees and depressed refugees are at a greater risk of engaging in alcohol use which can lead to death.

Purpose

The purpose of the study is to examine the effect of depression, social support and alcohol use among refugees in Nakivale Refugee Settlement.

Objectives

The study was guided by the following objectives;

1. To assess the relationship between depression and alcohol use among refugees in Nakivale refugee settlement.
2. To examine the relationship between depression and social support among refugees in Nakivale Refugee Settlement.
3. To examine the relationship between social support and alcohol use among refugees in Nakivale refugee settlement.
4. To assess the moderating role of social support between depression and alcohol use among refugees in Nakivale Refugee Settlement.

III. CONCEPTUAL FRAMEWORK

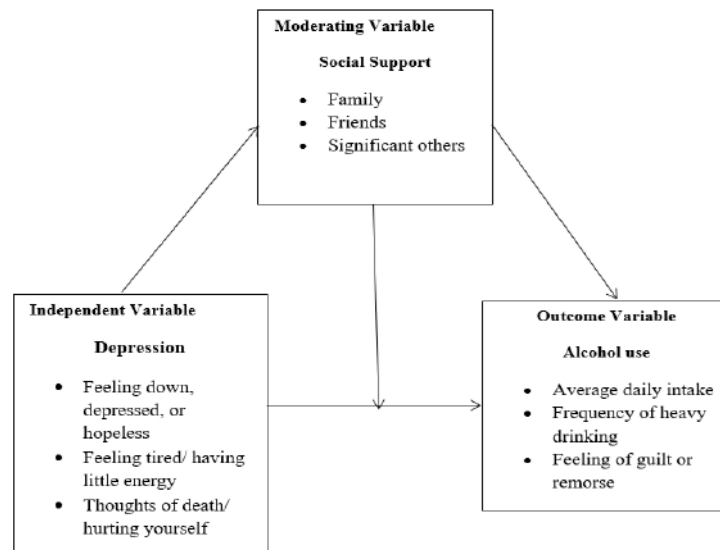


Figure 1. Figure to show the relationship among Depression, Social Support and Alcohol Use among Refugees

Many refugees go through a lot of life accentuating issues like ordeal, war, hunger where some of them are also forced into sexual activities, this leads to depression among them and there is inadequate social support to help them cope up with the situation hence they resort to alcohol use and higher levels of social supports have consistently been identified as associated with lower depression levels and a greater ability to manage adversities (Mishra, 2020).

Alcohol abuse has been associated to increased depression among refugees in settlements. Edwards et al. (2014) established that high consumption of alcohol use was associated with depressive disorder especially the major depressive disorder (MDD). There is also a relationship between alcohol and depression where high consumption of alcohol could lead to depression and also people with depressive symptoms were likely to engage in high alcohol use. Other effects of high of alcohol use include domestic violence, physiological complications such as headache, fatigue and irritability as well as the need to drink in the morning for one to start working or dependency syndrome thus social support acts as a protective factor for drinking problems and depression. Social supports from family and friends reduced alcohol use and depression hence facilitating rehabilitation.

Theoretical Framework

IV. METHODS

The research adopted a quantitative approach and correlational research design in data gathering to gain a deeper understanding of the research topic. A correlational research design investigated relationships between variables without the researcher controlling or manipulating any of them.

The study Population was 178,270 and using simple random sampling, 383 respondents participated in the study obtained. a sample size of 200 refugees was obtained using G power 3.1.9.7 software

The researcher adopted a self-administered questionnaire comprising of four sections with both open and closed questions. Section A comprised of the social demographics of participants, section B measured depression, Patient health questionnaire (PHQ-9) was used to collect data on depression. The PHQ-9 was developed by Kroenke and Spitzer (2002). The PHQ-9 questionnaire was a self-administered version of PRIME-MD diagnostic instrument for common mental disorders.

Section C measured social support and section The multidimensional scale of perceived social support is short instrument designed to measure an individual 's perception of support from 3 sources; family friends and a significant other. This instrument was developed by Zimet, et.al, (1988) and is a 12 measure of perceived adequacy of social support from three sources using a 5-point likert scale

Section D measured Alcohol use. Alcohol Use Disorders Identification Test (AUDIT) questionnaire was used to collect data relating to the prevalence of alcohol abuse. The AUDIT instrument was developed by W.H.O and it is a Self – Administered Pencil and Paper Alcohol Screening Questionnaire. It was a 10-question survey that included questions about the quantity and frequency of current drinking and drinking history

Procedure of Data collection

Data Analysis

Data was analyzed using IBM statistical package for social scientists' version 20 software. Descriptive data was summarized into frequencies and percentages. Hypothesis 1& 2 in which alcohol use was assumed to

predict depression and social support was tested using Pearson Product Moment correlation coefficient. This allowed estimating how variable one changes as another variable change. Hypothesis 3 in which depression was presumed to predict social support was also tested using Pearson's correlation. This predicted the value of a variable based on the value of another variable. Hypothesis 4 social support was tested to if it moderates between alcohol use and depression using Andy Hayes process macro to test moderation. This allowed examining if the effect of the independent variable on the dependent variable was same across different levels of another independent variable.

V. RESULTS

Table 4. 1

Descriptive Statistics on Demographic Characteristics

Item	Categories	Frequency (N)	Percent (%)
Gender	Male	113	56.5
	Female	87	43.5
	Total	200	100

The males made 56.6 percent while the females made 43.5 percent of the respondents,

Table 4. 2

Correlation between depression and alcohol use , social support and alcohol use and depression and social support among refugees

Correlations			
Variable	Measure	Depression	Alcohol Use
Depression	Pearson Correlation	1	.801**
	Sig. (2-tailed)		.000
	N	200	200
Alcohol Use	Pearson Correlation	.801**	1
	Sig. (2-tailed)	.000	
	N	200	200
**. Correlation is significant at the 0.01 level (2-tailed).			
Variable	Measure	Social Support	Alcohol Use
Social Support	Pearson Correlation	1	-.537**
	Sig. (2-tailed)		.000
	N	200	200
Alcohol Use	Pearson Correlation	-.537**	1
	Sig. (2-tailed)	.000	
	N	200	200
**. Correlation is significant at the 0.01 level (2-tailed).			
Variable	Measure	Depression	Social Support
Depression	Pearson Correlation	1	-.796**
	Sig. (2-tailed)		.000
	N	200	200
Social Support	Pearson Correlation	-.796**	1
	Sig. (2-tailed)	.000	
	N	200	200
**. Correlation is significant at the 0.01 level (2-tailed).			

Correlation results in table 4.2 show that there is a positive strong significant relationship between depression and alcohol use ($r = 0.801$, $sig = 0.000$). Since $p < 0.05$ this confirms that depression significantly affects alcohol use. This positive relationship means that an increase in depression leads to an increase in alcohol use among refugees. The alternative hypothesis is accepted and it concluded that there is a significant relationship between depression and alcohol use.

Furthermore, the results show that there is also a negative moderate significant relationship between social support and alcohol use ($r = -0.537$, $\text{sig} = 0.000$). Since $p < 0.05$ this confirms that social support significantly affects alcohol use. This negative relationship means that increases in social support leads to a decrease in alcohol use among refugees. The alternative hypothesis is accepted and it concluded that there is a significant relationship between social support and alcohol use.

The results also show that there is a negative strong significant relationship between depression and social support ($r = -0.796$, $\text{sig} = 0.000$). Since $p < 0.05$ this confirms that depression significantly affects social support. This negative relationship means that an increase in social support leads to a decrease in depression among refugees. The alternative hypothesis is accepted and it concluded that there is a significant relationship between depression and social support.

Table 4. 3

Regression Moderation Coefficients of Depression, Social Support and Alcohol Use

Model		Coefficients ^a				95% Confidence Interval for B	
		Unstandardized Coefficients	Standardized Coefficients	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	-.116	.155				
	Depression	.546	.055	.460	9.910	.000	.437 .654
	Social Support	.144	.057	-.097	2.514	.013	.031 .256
	Alcohol Use	.426	.050	.416	8.525	.000	.328 .525

Adjusted $R^2 = 0.749$

$F = 240.879$; $p = 0.000$

a. Dependent Variable: Alcohol Use

Results from Table 4.3 give t-values. The t-values test the hypothesis that the coefficient is different from 0. To reject this, you need a t-value greater than 1.96 (for 95% confidence). The t-value for depression in the model is 9.910; social support is 2.514 and Alcohol use is 8.525, which is greater than 1.96. The moderator which is social support was significant at ($P = 0.013$) and alcohol use and social support were significant at ($P = 0.000$) which indicates that there is an interaction between the variables. The alternative hypothesis is accepted and it concluded that social support moderates between depression and alcohol use among rural refugees in Nakivale Refugee Settlement.

VI. DISCUSSIONS

Relationship between Depression and Alcohol Use among Refugees

The study established a strong positive relationship between depression and alcohol use among refugees in Nakivale Refugee Settlement, this implied that an increase in depression among refugees leads to an increase in alcohol use which is supported by Blackmore, et al. (2020) who validated the influence of depression and alcohol use, experience to potentially shocking happenings in their nations and also in the transition course, including the loss of family members, torture, rape, injury, threat to life, and witnessing of extreme violence, led to increased volumes of depression among refugees which lead them to turn into alcohol use.

The study findings agrees with Riley, et al. (2019) who noted that stressors associated with challenges of daily living in a post-emergency humanitarian setting, such as lack of access to basic needs like food and water, high housing density, eroded social support structures, limited livelihood opportunities, and a high degree of uncertainty and insecurity, have further detrimental impacts on mental health and resilience leading to depression, due to this state of depression many refugees resort to alcohol use so as to free their minds and also feel at ease.

Fleming et al. (2018) found a positive association between episodic expressions of depressive symptoms and higher alcohol consumption including binge drinking in a cross-sectional study carried out among 951 adolescents in US. Kuntsche et al. (2015) in a study with 3498 American Indian adolescents found that there was small but statistically significant positive association ($r = 0.11$, $p = 0.001$) between depression and alcohol use. In another cross-sectional study in New York among 400 youths who consume drugs, Schwinn, Schinke, and Trent (2010) found that there was significant association between higher consumption of alcohol and depressive symptoms. Brière et al. (2014) in a study to establish comorbidity between major depression and

alcohol use disorder from adolescent to adulthood among 816 participants from Oregon US showed that there was correlation between major depressive disorder and alcohol use disorder.

Relationship between Depression and Social Support among Refugees

The findings revealed a strong negative relationship between depression and social support among refugees in Nakivale Refugee Settlement, this implied that increase in social support leads to a decrease in depression which is supported by Uchino et al. (2019), in their review they suggested that high perceived social support is linked to healthier body and psychological well-being consequences as well social support highlights the need of exterior issues and accessibility of social support for managing with thought-provoking life trials. Without the right levels of social support, refugees may experience painful social isolation which may impact negatively on their health and psychological wellbeing. The process of re-integration is going to place enormous adjustment demands on the refugees, their families and the communities which they are to become part of, which additional stressors do not necessarily arise for civilians.

The study findings further agrees with Armstrong & Oomen-Early, (2019) who avers that social support and connectedness have been found to be stronger predictors of decreased depression among refugees. Additionally, theoretical efforts have been made as well to understand the relationship between social support and depression. Based on the stress-mobilizing hypothesis, stress encourages individuals to seek social support (Singh et al, 2022).

Several studies conducted in the adolescent population have reported a negative relationship between depression and perceived social support from the family (Rojas et al., 2012), peers/friends (Resset, 2016), school (Hernández, 2017), and other significant people (Erhardt and Lu, 2016). Other research has linked these three variables, concluding that perceived social support (from different actors) moderates the between depression (the more social support, the weaker the relationship), being the most important moderating effect in the case of family support (Fredrick et al., 2018).

Relationship between Social Support and Alcohol Use among Refugees

The findings revealed a moderate negative significant relationship between social support and alcohol use among refugees in Nakivale Refugee Settlement, this indicated that an increase in social support leads to a decrease in alcohol use which is supported by (Jo) 2014 who avers that social support is regularly observed as a defensive element for alcohol consumption. Social support deals with the emotions feeling and physical materials like love and relationship obtained from social relationships. Numerous previous studies have shown that social supports from family and friends reduced alcohol consumption and enabled therapy (McCrary & Flanagan, 2021).

The study findings agrees with Wills & Ainette (2012) who evidenced that social support encourages positive health behaviors and is also a stress-buffering mechanism. As such, social support is well supported in the literature to be associated with alcohol use. More specifically, social support is linked to decreased prevalence of heavy drinking. Social support may also mitigate the risk of problem drinking among refugees through reduced psychological distress (Segrin et al., 2016).

A number of empirical studies (Bathish, et. al., 2017; Lechner, et. al., 2020) demonstrated that support from friends is an important predictor of reduced alcohol use and recovery from AUD. Furthermore, friend support is reported as a factor that lowers the risk of recurrence of AUD (Seong- Jun, et. al., 2022).

Moderating Role of Social Support between Depression and Alcohol Use

The study findings revealed that social support significantly moderates between depression and alcohol use among rural refugees in Nakivale Refugee Settlement

The study finding also agrees with Dollete & Phillips (2014) who noted that social support has been shown to promote mental health and acts as a buffer against depressive life events which cause to depression and force refugees to use alcohol. Social support is derived from a network of people drawn from family, friends and community (Awang, et al., 2014) is a determinant of mental health problems including depressive symptoms among refugees which leads to alcohol use (Bukhari & Afzal, 2017).

Using the Clinical Interview Schedule-Revised (CIS-R) to measure depression and anxiety among population-based 4292 adolescent age in United Kingdom established that there was significant positive relationship between frequency of drinking and depression and social support (Edwards et al., 2014).

VII. CONCLUSIONS

In conclusion, the study results fit into the existing body of knowledge as they indicator that social support moderates depression and alcohol use. Depression is a predicator of alcohol use. The study revealed that depression positively influences alcohol use in Nakivale refugee Settlement. Therefore, if depression among refugees is increased, their alcohol use will also be increased which in turn will affect their lives. A negative

correlation was found between social support and alcohol use among refugees in Nakivale Refugee Settlement which implies that increase in social support decreases alcohol use thus government and other actors should provide social support to the refugees so as to cut down their alcohol consumption. There was a negative correlation between social support and alcohol use among refugees in Nakivale Refugee Settlement which implies that refugees with good and effective social support are more likely to have low levels of depression and they have reduced likelihood of using alcohol to control their feelings. The study revealed that social support moderates between depression and alcohol use among refugees in Nakivale Refugee Settlement where efforts should be made to understand and maintain the high levels of social support to reduce the prevalence of depressive symptoms; and reduce the risk of alcohol use.

VIII. RECOMMENDATIONS

Basing on the conclusion reached, the following recommendations are suggested to be adapted by the management at Nakivale Refugee Settlement.

There is need for successful integration and participation of refugees and migrants not merely a humanitarian concern, it is a matter of pragmatic significance for host societies well. When individuals find a sense of belonging and actively engage within their adopted communities, both newcomers and host populations stand to benefit. These benefits span economic, social and cultural dimensions, offering opportunities for collective growth and development.

Nakivale Refugee Management should establish community psychological canter within the settlement where refugees can quickly receive social support in order to reduce alcohol use and depression. In addition, refugee leaders such as area chiefs, village elders, and youth leaders should continuously be engaged in offering support, friendship and sensitizing the refugees on the risk of alcohol use and depression within the settlement.

Nakivale Refugee Settlement administration should establish periodic training or workshops to create awareness on the effect of alcohol use and depression among refugees. Additionally, rehabilitation centers should be established in Nakivale refugee settlement which will take care of those who are willing to abandon alcohol use. A safe referral system should also be established to provide care to those refugees detected at risk and remedial measures to be undertaken.

A strength-based model focus on refugee's individual strength including personal and social community networks and not on their deficits. When refugees arrive in Uganda, many of them are unfamiliar with both the language and the societal structures. Therefore, they depend on access to the right information, e.g. regarding employment, educational opportunities or leisure activities. Some of the information can be accessed independently (e.g. on the web or through information brochures), whereas other matters or individuals might require more outreach and guidance activities to pervade the jungle of legislative matters and different organizations involved. Most refugees state a lack of understanding regarding the official documents issued, the sequence of steps to be followed, and potential legal action in the case of rejection therefore personal and social community networks are very crucial.

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