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CULTURE, CONTEXT AND MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING OF REFUGEES AND INTERNALLY DISPLACED PERSONS FROM SOUTH SUDAN

Suggested Citation: Tankink, M., Belay, H.T., Mukasa, M.B., Nieuwe Weme, D., Burman, M., Ventevogel, P. (2023). Culture, context and mental health and psychosocial well-being of refugees and internally displaced persons from South Sudan. Geneva, Switzerland, United Nations High Commissioner for Refugees (UNHCR).

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Language Editing: Suzanne Bowness, CodeWord Communications, Canada

Graphic Design: Design@Bay

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ACRONYMS

AHA	Africa Humanitarian Action
ARCSS	Agreement on the Resolution of the Conflict in South Sudan
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAR	Central African Republic
CCCM	Camp Coordination and Camp Management
CHD	County Health Department
CPA	Comprehensive Peace Agreement
CRPD	Convention on the Rights of Persons with Disability
DRC	Democratic Republic of the Congo
DSM	Diagnostic and Statistical Manual of Mental Disorders
ERA	Elderly Emergency Rehabilitation Action
GBV	Gender-based Violence
IASC	Inter-Agency Standing Committee
ICD	International Classification of Diseases
IDP	Internally Displaced Person
IMC	International Medical Corps
IRC	International Rescue Committee
IOM	International Organization for Migration
IPV	Intimate Partner Violence
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (or: Queer)
LRA	Lord's Resistance Army
mhGAP	Mental Health Gap Action Programme
mhGAP-HIG	Mental Health Gap Action Programme Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MHPSS TWG	MHPSS Technical Working Group
MSF	Médecins sans Frontières (Doctors without Borders)
NGO	Non-Governmental Organisation
PFA	Psychological First Aid
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PM+	Problem Management Plus
PoC	Protection of Civilians
PoC	Persons of Concern
PTSD	Post-traumatic Stress Disorder
R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in South Sudan
RWYA	Refugee Women and Youth Aid
SPLA	Sudan People's Liberation Army
SPLM	Sudan People's Liberation Movement
SPLM/A	Sudan People's Liberation Movement/Army
SPLM/A-IO	Sudan People's Liberation Movement/ Army-In Opposition
TGoNU	Transitional Government of National Unity
UNHCR	United Nations High Commissioner for Refugees
UNMISS	United Nations Mission in South Sudan
WHO	World Health Organization
YSAT	Youth Social Advocacy Team

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EXECUTIVE SUMMARY

For many decades, the people of South Sudan have been confronted with extreme human suffering, violence and displacement. At the end of 2022, two million South Sudanese were internally displaced, and around 2.3 million were refugees in neighbouring countries of Ethiopia, Kenya, Sudan and Uganda. Tens of thousands have moved to western countries through refugee resettlement programmes or on their own initiative. While some refugees have gone back to South Sudan voluntarily, they often find themselves in situations of internal displacement upon their return, and the majority continue to live as refugees in countries of asylum, often for many years or even decades.

South Sudan is ethnically and culturally very diverse, with more than sixty cultural and linguistic groups including Dinka, Nuer, Azande, Shilluk and Bari. Each of those are composed of various clans and sub-clans sometimes speaking dialects that are quite distinct from each other. The various ethno-linguistic groups also have important similarities: they are strongly collectivistic with hierarchical family structures and patriarchal leadership and have strict gender roles. The concept of the self in South Sudanese context can be described as a "communal self": individuals perceive themselves in the first place as an intrinsic part of their extended family and community. This "relational nature" of personhood includes an understanding of the agency of supernatural actors such as ancestors and spirits. Religious beliefs often constitute the bedrock of refugees' beliefs about their situations, their futures, and their ability to make meaning out of the events that have occurred in their lives. Understanding events as "God's will" and believing that one's life has a purpose helps people cope by giving order to the disruption and chaos of their lives.

The ongoing violence in South Sudan has had major effects on the psychological well-being of the South Sudanese people. Refugees and other forcibly displaced South Sudanese have had to cope with losses, family disruptions and disconnection from their community support systems. Many South Sudanese women and girls have experienced gender-based violence. Restrictive marital practices and gender norms are major drivers of intimate partner violence. In displacement settings, such as camps for internally displaced persons in South Sudan, refugee settlements in neighbouring countries and among refugees resettled to high-income countries, the traditional role of adult men as the uncontested head of the household and the breadwinner often drastically changes, fuelling marital conflicts and tensions between fathers and children. Negative states of mind not only affect the individual, but also influence interpersonal systems such as family and community. The armed conflict and related atrocities have negatively affected people's views of other ethnic groups and undermined communal trust.

The prevalence of mental disorders such as depression, anxiety disorders and post-traumatic stress disorder among South Sudanese is high. At particular risk are those who have experience severe or recent traumatic events. Women, older people and those who experience high daily stress have more higher risk.

Knowledge of local expressions and concepts of well-being and illness is essential to understanding the mental health and psychosocial well-being of South Sudanese people.

Professional concepts of psychiatric and neurological disorders as described in "Western" classification systems are often not aligned to the way "non-Western" populations experience and define their mental and psychosocial well-being. It is important, therefore, to understand how South Sudanese people express emotional and social suffering ("idioms of distress"), how they conceptualize and describe mental health conditions ("cultural concepts of mental illness") and how they explain the causes ("explanatory models").

South Sudanese who suffer from severe mental disorders are commonly referred to in derogatory terms equivalent to "crazy", "mad", or "separated from their head". The local descriptions of such conditions focus on behavioural disturbances and delusional thinking. As causes of "madness," people identify a range of potential factors including witchcraft, punishment by ancestors, physical sickness and bad experiences in life. Usually, people seek medical attention for mental health issues only if symptoms are severe---often involving risky or challenging behaviour—and treatment by a traditional healer has not been sufficiently effective. However, health facilities often have little to offer, and people with severe mental health issues may end up wandering in the streets. Even where mental health services are available, people may avoid them out of fear of marginalization by their community once a diagnosis has been given.

South Sudanese languages have a range of expressions of distress, with central characteristics involving trouble sleeping, being sad, withdrawing oneself and not being able to concentrate. These concepts of emotional distress have some overlap with common mental health conditions such as depression and anxiety disorders, but the ideas of what causes such a condition and what should be done about it can be very different from Western psychiatric explanations. South Sudanese languages have expressions to indicate that a person is overwhelmed by sadness, such as the Azande expression *bakere gberarago* ("overwhelming sadness") or the Bari *tongo i kwenyit kode i toyili* which indicates a "heavy heart" and having a lot of thoughts on the mind. The Nuer term *jiäklɔac/kuŋk kɛ rɔ* literally translates as "heart feeling bad" and is used to describe sadness but can also indicate disappointment or anger. The expression "overthinking" is used in many languages such as Dinka (*tak tak aretic*), Bari (*yeyesi jore*), and Shilluk (*charomo*). Many South Sudanese people see a strong relationship between thinking and feeling and locate both states in the mind. Emotional distress is often expressed by South Sudanese through physical complaints.

Suicidal feelings run high among some populations in South Sudan. Among South Sudanese refugees in the neighbouring countries, suicidality is also reported to be a significant issue. Alcohol is commonly consumed in South Sudan, mainly by men who use it to pass the time and for whom drinking has an important social role. Epilepsy is known in all communities in South Sudan, and the various languages have their own terms to describe convulsions.

Many people in South Sudan do not consider mental health concerns to be medical issues for which one would seek help in a health facility. However, many people will visit a health facility when they have physical symptoms related to conditions of depression, anxiety and post-traumatic stress. Even so, in health facilities, such mental health conditions are often not identified because most medical staff are not trained in mental health care, including recognizing somatic symptoms of psychological distress.

Traditional healing is of great importance among the different South Sudanese ethnic groups, which use specific names and categories for various types of healers. Some use mainly herbal medicine and other natural products. Others diagnose and heal through supernatural means; for example, by being possessed by spirits or by using magical means to decipher messages of spirits. The Nuer and Dinka use the term *tiët* to indicate a healer with spiritual powers who has a gift of "seeing".

Churches in South Sudan and in South Sudanese refugee communities have an enormous social and spiritual influence and help people making sense of the suffering and the pain and offer hope. People who suffer from psychological issues related to the violence they suffered, or who are troubled by visions or haunted by bad dreams, many find emotional support in churches. In church communities, feelings of trust and solidarity can be restored or created, and new forms

of bonding give their members support and solidarity in a society affected by war. Praying in church for the mentally ill is a community management intervention to help mentally disturbed persons.

The formal mental health system in Sudan is rudimentary, and mental health and psychosocial support services are mostly provided by non-governmental organizations. In the settlements and camps for South Sudanese refugees in the neighbouring countries, a multi-layered system for mental health and psychosocial support has been set up, with services such as community-based psychosocial support through refugee volunteers, brief culturally-adapted psychological therapies and the provision of basic psychiatric services within primary healthcare facilities. However, the quality and quantity of these services is not sufficient to meet all needs. Relatively recent is the inclusion of mental health in peacebuilding efforts. Armed conflict undermines mental health, which affects the ability of individuals, communities and societies to function peacefully during conflict and post-conflict periods.

This primer intends to provide a starting point for all involved in humanitarian assistance, in fields such as MHPSS but also public health, protection (including those focussing on child protection and gender-based violence), education, community development and peacebuilding, providing them with background information to help them better engage with South Sudanese populations, whether those displaced within South Sudan or those who have become refugees. The first chapters (1-5) provide essential information about the history and the sociocultural context of South Sudan and its population, including South Sudanese refugees. Chapter 6-8 explore how South Sudanese experience psychosocial distress and mental health conditions, with specific chapters on adults, children and survivors of gender-based violence. Chapters 9-12 zoom in on cultural concepts of mental illness, including how South Sudanese populations explain mental health conditions and where they seek help, while also briefly presenting what is known on epidemiology of mental health conditions in South Sudan. Chapters 13 and 14 provide an overview of MHPSS services in South Sudan and in South Sudanese refugee settings. The final chapter (15) discusses how MHPSS is interrelated with peacebuilding for South Sudanese populations. The annexes contain glossaries for key terms around mental health and psychosocial well-being in some South Sudanese languages such as Dinka, Nuer, Bari, Azande and Shilluk.

To assist South Sudanese clients, mental health and psychosocial support (MHPSS) professionals and others involved in the humanitarian response need to actively acquire a sufficient understanding of ethnic, religious and cultural systems, and be able to recognise common explanatory models for mental health conditions, afflictions and emotional distress. Engaging with local illness concepts and idioms of distress will allow better communication, and can be used as therapeutic levers in interventions designed to strengthen individual and collective resilience. Clinical interventions need be accompanied by efforts to strengthen community-based protection mechanisms, in order to maintain and improve the mental health and psychosocial well-being of South Sudanese people.

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1. INTRODUCTION

1.1 Rationale

The aim of this document is to assist humanitarian staff to better engage with South Sudanese populations, whether those displaced within South Sudan or those who have become refugees. This document is meant for all involved in humanitarian assistance in a wide range of fields, such as public health, protection, education, community development and peacebuilding. It will be particularly useful for professionals in mental health and psychosocial support (MHPSS), such as psychiatric nurses, psychologists, social workers, psychosocial counsellors, and psychiatrists.

1.2 Structure of the document

The next three chapters (2-4) contain essential background information about the history and the sociocultural context of South Sudan and its population. Chapter 5 gives an overview of South Sudanese refugees. Chapter 6 explores how South Sudanese populations experience psychosocial distress. The two following chapters zoom in on the psychosocial situation of children (Chapter 7) and persons who have survived gender-based violence (Chapter 8). Chapter 9 highlights cultural concepts of mental illness and "idioms of distress" used by South Sudanese. Related to this, Chapter 10 describes the explanatory models for mental-health conditions as articulated by South Sudanese people. In Chapter 11, a concise overview of the epidemiology of mental health conditions in South Sudan is provided. Chapter 12 explores the health-seeking behaviour for mental-health issues. In the next chapters, a sketch is be provided of the services for mental health and psychosocial support in South Sudan (Chapter 13) and for South Sudanese refugees (Chapter 14). The final chapter discusses how MHPSS is interrelated with peacebuilding for South Sudanese populations. The annexes contain glossaries for key terms around mental health and psychosocial well-being in some South Sudanese languages such as Dinka, Nuer, Bari, Azande and Shilluk. For ease of use, the numbered reference list is in alphabetical order.

1.3 Methodology

This report is based on a comprehensive desk review, undertaken to distil relevant practical, clinical and theoretical insights and best practices on mental and psychosocial well-being of South Sudanese refugees, within the broader socio-political and cultural context.

We based this review on the template described in the WHO-UNHCR toolkit for assessing mental health and psychosocial needs and resources.[471] The search was designed to draw out cultural, social, economic, political and historical factors related to psychological well-being of South Sudanese refugees, as well as MHPSS efforts to address mental-health needs.

Data sources

The data for this document were collected in various ways. First, humanitarian practitioners from UNHCR, implementing partners and other relevant organizations working in South Sudan and/or with South Sudanese displaced people or refugees were invited to share relevant documents, articles or other relevant information.

Second, a systematic literature review was done in December 2020, involving several search engines for academic publications such as PsycInfo (Ovid), ACP Journal Club (ACP), Cochrane Central Register of Controlled Trials (CENTRAL), Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database (HTA), National Health Service Economic Evaluation Database (NHS EED), Published International Literature On Traumatic Stress (PILOTS), PubMed, WHO's Institutional Repository for Information Sharing, Social Science Research Network (SSRN), Social Sciences, Health, and Education Library (SSHEL), and the UN Bibliographic Information System (UNBISNET).

Third, additional searches were done for documents that are unpublished or locally published. These were conducted on relevant humanitarian sites and networks, such as MHPSS.net, South Sudan NGO Forum, IASC MHPSS, ReliefWeb, UNHCR websites, the websites of non-governmental organizations (NGOs), intergovernmental organizations, Government Documents Round Table (GODORT), and programmes and agencies of the United Nations. Relevant literature from online databases was supplemented by an Internet search on Google Scholar, searches in (academic) libraries and other sources, such as AnthroSource, and in the literature provided by relevant stakeholders.

All documents were collected in Rayyan, a web-based tool for streamlining the selection procedure of the collected documents, and screening was done based on title and abstract. Of 3,315 documents selected, 516 were deemed relevant for this research. In later rounds, 139 additional documents were added.

Fourth, for areas with limited data such as around cultural concepts and idioms of distress, primary data was collected by inviting key persons in and around South Sudan to organize focus group discussions to collect data on terminology around mental health in the various languages in South Sudan such as Dinka, Nuer, Azande, Bari and Shilluk. Additionally, interviews with selected relevant actors in the field and scientific world were held to answer specific questions and to validate preliminary findings.

Last, during the review process of various drafts of the document, expert reviewers (see acknowledgements) gave extremely variable input and corrected errors.

1.4 Writing process

The first draft was prepared in 2021 by a UNHCR consultant with a team of collaborators. A team of UNHCR staff revised and expanded second draft that was sent out for review in June 2022 to UNHCR staff, partners and academic experts. Over sixty people provided comments, suggestions and edits. This feedback was included in a third draft that was the basis of the current text. See the Acknowledgments section for a full list of authors and contributors.

Although this review contains information from a wide range of sources and incorporates a rich collection of practical, theoretical and clinical insights, this is not an exhaustive and fully comprehensive account of the contextualized mental and psychosocial well-being and distress of South Sudanese refugees. Given the huge linguistic and cultural diversity of the South Sudanese people and the rapid sociocultural change, this can only be a snapshot in time.

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2. HISTORY OF POLITICS AND CONFLICTS

The present situation in South Sudan is highly linked to the factional nature of its political, cultural and ethnic systems and its long history of armed conflict. For a good understanding of the current issues in the country, a brief overview of the major political developments is essential.

The former Sudan was Africa's largest country, home to a rich tapestry of cultural, ethnic and religious groups. Pre-colonial Southern Sudan counted kingdoms (e.g., Anyuak, Azande and Shilluk) and stateless societies without central leadership (e.g., Dinka, Nuer, Murle). From 1820 to 1955, Sudan was conquered and controlled by a host of foreign powers: Ottomans, Egyptians and British. Especially the British colonial administration saw Sudan as composed of roughly two parts: a mostly Islamic and Arabic-speaking north, and a mostly Christian or "animist" south. They invested most resources in the north and practiced "indirect rule" in the south, strengthening racial and tribal boundaries in the process.[42, 90, 246]

After the end of colonial rule and the independence of Sudan in 1956, conflict arose between northern leaders, who envisioned a centralized state based on Islamic law and Arab culture in all parts of the country, and those who opposed this policy, mainly southern Sudanese people. They feared that the south would be further marginalized by the northern-based government. This led to the First Sudanese Civil War (1955–1972). The Addis Ababa Agreement of 1972 ended the conflict temporarily, but in the next decade widespread fighting resumed, leading to the Second Sudanese Civil War (1983–2005). Both wars were characterized by extreme violence against civilians, gross human right violations, and massive forced displacement.[210]

In 1991, the Sudan People's Liberation Movement/Army (SPLM/A) split into two competing factions led by John Garang and Riek Machar to unite only in 2002. Several ceasefires and agreements between the southern and northern leaders followed but had little success. It is estimated that during the second civil war one out of every five southern Sudanese were killed or died from disease and/or famine, and about four out of five people were forcibly displaced at some time in this period.[92, 99]

In 2005, the Sudanese government and the Sudan People's Liberation Movement/Army (SPLM/A) signed a Comprehensive Peace Agreement (CPA) which established the Southern Sudan Autonomous Region, of which John Garang became President while simultaneously serving as the First Vice-President of the Republic of Sudan. The same year, Garang died in a helicopter crash and his tasks were taken over by his deputy, Salva Kiir Mayardit (Salva Kiir), who led the south to the referendum of 2011 in which the South Sudanese voted massively in favour of seceding from the North.[206]

Thus, South Sudan became independent from Sudan in 2011. Salva Kiir was inaugurated as its President and Riek Machar as Vice-President. In July 2013, in a climate of rising political tensions, President Kiir (a Dinka) removed Machar (a Nuer) from his position. In the next months, the political conflict developed into armed struggle, largely between the Dinka and Nuer, the two largest ethnic groups in South Sudan. The armed opposition under Machar came to be known as the Sudan People's Liberation Movement/Army-In Opposition (SPLM/A-IO). By the end of 2013, the conflict had engulfed many parts of South Sudan.[211]

After two years of peace negotiations, the fighting parties signed the Agreement on the Resolution of the Conflict in South Sudan (ARCSS) in 2015, after which a Transitional Government of National Unity was installed. In 2016, Riek Machar, leader of the SPLM/A-IO, was reinstated to his position as Vice-President of South Sudan. Despite an agreement for a permanent ceasefire, the violence continued, albeit with reduced intensity.[192, 325]

The ongoing conflict has led to serious violations of international humanitarian law and to human rights abuses by both government and opposition forces. Civilians, including women, children and older people have been purposely killed, often based on ethnicity or perceived political loyalties. Women and girls have been abducted and raped, and hospitals and schools destroyed and looted, as were civilian property and means of livelihood.[20] Even civilians who had fled to Protection of Civilians (PoC) sites that were protected by United Nations peacekeepers were often not safe.[162, 309] Humanitarian personnel were attacked, and combatants obstructed humanitarian assistance, including the delivery of medical and food supplies.[451] Many Internally Displaced Persons (IDPs) have fled multiple times as the conflict has moved back and forth across the country. Health epidemiologists from the London School of Hygiene and Tropical Medicine estimated that between December 2013 and April 2018 alone, armed conflict caused the death of 383,000 South Sudanese, of whom some 190,000 were killed.[78]

The effects of armed conflict are compounded by those of natural disasters such as floodings and droughts, which are increasingly common. The heavy dependence on rain-fed agriculture makes the South Sudanese population particularly vulnerable to the effects of climate change, undermining livelihoods and fuelling competition over scarce resources and exacerbating tensions and conflicts.[289] According to the 2021 Humanitarian Needs Overview, 8.3 million people in South Sudan, over two-thirds of the total population, were estimated to need humanitarian assistance in 2021. Forced displacement continued at a high rate with two million internally displaced withing South Sudan and new waves of refugee influxes continuing into the Democratic Republic of the Congo, Ethiopia, Kenya, Sudan and Uganda. The South Sudan situation remains the largest refugee crisis in Africa with close to 2.3 million South Sudanese refugees living in the five main neighbouring host countries.[444] See Chapter 5 for more data on South Sudanese refugees and internally displaced persons.

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3. ETHNICITY AND DIVERSITY

South Sudan is ethnically and culturally very diverse, with more than sixty cultural and linguistic groups that are each composed of various clans and sub-clans sometimes speaking dialects that are quite distinct from each other but also with remarkable similarities.[68, 487] Credible data on ethnic groups are hard to obtain and population estimates are often fiercely contested. The major ethno-linguistic groups are described below. These descriptions of ethnic groups and their livelihoods are schematic representations based on traditional life in rural areas decades ago.

Over the years, considerable numbers of people have moved to towns and adopted more monetized livelihoods through paid jobs in government, business, or aid organizations. Moreover, massive population displacements within the country and to neighbouring countries brought about considerable cultural change. Nevertheless, being part of an ethnic group remains a central element of the identity of many South Sudanese, and therefore some background information is important in this document.

The *Dinka* form the largest ethnic and linguistic group in South Sudan. Traditionally, the Dinka people do not have a form of centralized power, but consist of many groups organized on a regional and linguistic basis with a high degree of autonomy. These subdivisions, such as the *Agar, Aliab, Bor, Rek, Twic*, and *Malual*, may have conflictual relations with each other, but often unite in case of an external threat.[125] Each man is part of a lineage in which descent is traced to a particular legendary ancestor who is himself seen as the descendant of the original founder of the ethnic group.[357] Dinka culture is centred around cattle as the major indicator of wealth and prestige and as the medium of exchange, whether for marriage, payment of debts, or for sacrifices to the spirits and for major occasions and rites.[68] They move their cattle to wetlands during the dry season and return to their permanent settlements in the savanna forest during the rains to grow millet.[125]

The *Nuer* are the second largest ethno-religious group. Famously described in classic anthropological literature, the Nuer constitute a cluster of rather autonomous communities, with limited internal unity and much strife.[71, 130, 208, 252] Their traditional livelihood depends on cattle-raising, but they also cultivate millet and catch fish. They seasonally migrate, spending the rainy season in permanent villages built on the higher ground and then, in the dry season, they stay in riverside camps.[126] The traditional Nuer lands are in the north-east parts of South Sudan. In Ethiopia, the Nuer make up a significant proportion of the population around Gambella, which also hosts Nuer refugees from South Sudan.[125]

The *Azande (Zande)* are the third largest ethnic group in South Sudan. They live in Western Equatoria state in the south-west parts of the country. The centrally-organized Azande kingdoms and chiefdoms were dismantled in the early twentieth century after the Azande homelands were divided between the Belgian, British and French colonies that were to become the Democratic Republic of the Congo, South Sudan, and the Central African Republic respectively.[346] The role of the chief in Azande society remains important.[16, 54] In 2022, an Azande kingdom was restored in Yambio, 117 years after the death of the last sovereign ruler, King Gbudwe.[327] Azande livelihoods are dominated by agriculture. Traditionally, Azande live in solitary settlements i.e., a household consisting of the man and his wife (or wives).[68]

The term *Bari* is often used to refer to a conglomerate of eight different ethnic groups in Central Equatoria State: the *Bari, Lolubo, Nyepo, Kuku, Pojulu, Kakwa, Mundari* and *Nyangwara*. They all speak the Bari language, which functions as a unifying factor across different ethnic groups. These groups are sedentary, with livestock and crop farming as main economic activities. Together with the other ethnic groups from South Sudan's three Equatoria states such as the *Otuho, Acholi* and *Madi* from Eastern Equatoria and the *Moru* and *Azande* from Western Equatoria, the Bari-speakers are often referred to with the overarching term "Equatorians".[192, 387]

The *Shilluk* live in the north of South Sudan near the banks of the Nile around the city of Malakal. They are politically hierarchically organized with a royal family and a king whose contemporary role is mostly ceremonial.[135] Traditionally, they are fishers and agriculturalists. The Shilluk are part of the *Luo* group, and their language is closely related to other Luo languages within South Sudan, such as the *Anyuak* (Anuak) in the east, the *Jur-Luo* and *Belanda Bor* in the west and the *Acholi* (in the extreme South). The language is akin to that of the Acholi in Uganda and the Luo in Kenya.

The *Murle* are another group of semi-nomadic cattle keepers. They live in the eastern states of the country and have a history of animosity with a Nuer subgroup (the Lou Nuer) and a Dinka subgroup (the Bor Dinka) who live in adjacent areas. Their ethnic identity as "Murle" has been strengthened by decades of conflict.[275]

Apart from the groups mentioned above, there are many other ethnic groups in Sudan.

3.1 Ethnicity and conflict

Cattle are central to the way of life of pastoralists and play a major role in their social and cultural systems. Relations between pastoralist groups such as the Nuer, Dinka, Murle and Shilluk have often been characterized by competition over resources, which frequently erupted into raids for cattle and could result in brief armed conflicts. In recent decades, such conflicts have become more deadly due to the ubiquity of guns, the commercialization of cattle and rising bride prices. Simultaneously, customary mechanisms for addressing cattle raiding have lost their effectiveness as respect for traditional leadership has declined.[275]

Culturally and linguistically, the Dinka and Nuer are close to each other. They speak related Nilotic languages, and their lifestyles have many similarities, with cattle-keeping being a central value for both groups. There are also socio-linguistic affinities between Dinka and Nuer and the Luo-speaking Nilotic people in South Sudan such as the Jur-Luo, the Shilluk and the Anyuak.[252] The clan identities of the Dinka and Nuer seem to be stronger than in other ethnic groups.[387]

Over the last decades, and particularly during the recent civil war of 2013-2016, the ethnic differences between groups such as Dinka and Nuer have evolved into "politicized programmes of ethnic violence".[208] Historical events such as the Bor Massacre of 1991, in which thousands of Dinka were killed by Nuer militants, or the widespread 2013 killings of Nuer in Juba by Dinka-dominated government forces, transformed historicized stereotypes about "the other" into widespread fear, hatred and suspicion.[71] The framing of such events as "them versus us" consolidated relations between clans within the same ethnicity and created kinship-like obligations to help each other against other ethnic groups.[338]

Due to the size and dominance of the two groups, and their involvement in national politics, local fights between Dinka and Nuer can easily escalate to regional or even national levels, while, vice versa, political turmoil in the capital can have major repercussions on the ground and flare up tensions even in remote areas. Within the governing party, the Sudan People's Liberation Movement (SPLM), the mistrust between the factions led by Dinka and Nuer has fuelled instability and violence all over the country, but it is incorrect to assume the Dinka–Nuer division is the sole cause of conflict in South Sudan. Ethnic loyalties have been manipulated by "kleptocratic" political elites.[98, 144, 206]

Dozens of inter- and intra-ethnic clashes and massacres contribute to a complex pattern of inter-generational trauma, and ethnic hatred and mistrust, which has led to a widespread "culture of revenge". It leaves young people with nothing to lose—no education, little hope for the future—easy prey for recruitment by ethno-political factions striving for power and resources for political dividends.

Apart from the Dinka and Nuer, many other ethnic groups have been involved in the conflicts. For example, Shilluk civilians in the area around Malakal have been targeted by both Dinka and Nuer at different times, as armed groups linked to the Shilluk community changed sides. In Jonglei State, violent conflicts between Murle and Nuer killed many hundreds of people in 2010-2011.[449] In Central Equatoria State, longstanding conflicts about resources led to violence between Dinka from Bor and the sedentary Mundari and Bari groups.[156] In recent years, fights in Eastern Equatoria between Madi and Dinka and Acholi and Dinka over alleged cattle raids led to loss of many lives and property and induced new refugee flows to Uganda.[193]

There are also many reported conflicts between clans or sub-clans within the same ethnic group, such as for example between Nuer in Unity State [133] or between Dinka clans in Jonglei State and Lakes State.[161]

Sometimes, communities transcend ethnic boundaries. For example, the population in Duk county in Jonglei State is largely bilingual in Nuer and Dinka languages, and their county has become a place of trade and exchange between Nuer and Dinka communities.[205] Another example is that of the Atuot, a small ethnic group living around the towns of Yirol and Mapuordit, whose language is an offspring of the language of the Nuer with whom they claim common ancestry, while at the same time the Atuot are culturally close to their Dinka neighbours and their language has adopted many Dinka words.[66, 144]

3.2 Political structures in South Sudan

The government of the Republic of South Sudan is seated in Juba and headed by a President who is Head of State, Head of Government, and the Commander-in-Chief of the armed forces. South Sudan's territory is divided into ten states and three administrative areas. The states are further divided into 79 different local government authorities, called counties. A county is managed by the county commissioner who is responsible for setting and collecting taxes.[57] Counties are divided into *payams*. The *payam* administrator is connected to the government and manages governmental, executive and judicial divisions. Each *payam* has a governing body composed mostly of elected members and some appointed members. They are responsible for the administration of the *payam*. The courts are dual: statutory courts managed by the judiciary and customary courts headed by chiefs who focus mostly on civil cases and use customary law.[245] Land disputes go to a body of elders or "traditional leaders" on appeal.

A *payam* is divided into several *bomas*. A *boma* usually consists of one or more villages and forms the lowest administrative authority. Authority within a *boma* is divided between a traditional chief and the government-appointed *boma* administrator who serves as the government liaison to the village. Chiefs play important judicial and administrative roles throughout South Sudan.[187] Their form, function, and selection procedures vary across the country. In most cases, the traditional chief is chosen by the local village community, and has a council of elders as his advisory board.[56] In most cases, the traditional chief is the first one to resolve disputes between community members. Many chiefs' courts also refer cases back to families and elders for settlement, and in some areas, this has become formalized in court language as referral to "home affairs".[389]

The elders look after their clan and may handle minor cases such as disputes among clan members or fights after people have taken alcohol. The senior men have the power within families, but in case of family conflicts, restoring relations and agreement from all sides are needed. If women or younger people are able to mobilize some relatives as allies, they may influence these negotiations.[389] In this traditional justice system, problems are often handled individually, through lengthy discussions leading to agreement by consensus. Such meetings (re)produce the normative principles of the social group.

3.3 Livelihoods in South Sudan

Livelihoods of people in South Sudan were traditionally based on pastoralism with seasonal movements of livestock between wet and dry pastures, agriculture, fishing, trade and gathering of wild food. The climate is tropical with wet and dry seasons characterized by an oscillation of the boundary between moist air from


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the south and dry northern air, which leads to seasonal migration of several ethnic groups. The financial capital of pastoralist households is often held in the form of livestock. Cows also supply milk and other foods and can be sold to purchase other goods. Pastoralists also use cattle as bride wealth and to create social networks, with reciprocal obligations to help each other in times of need.[75]

The most common type of housing, particularly in rural areas, is the *tukul*, a round hut made of mud, grass, millet stalks and wooden poles with a thatched conical roof. The vast majority of the population of South Sudan lives in rural areas, but the urban population has grown from less than 10 per cent before 1980 to around 20 per cent in 2020.[484] Major urban centres are Wau, Malakal, Yei, Yambio, Aweil and the capital Juba which has a population of over half a million.

South Sudan's economy is strongly dependent on oil, which accounts for almost all of the country's exports and its gross domestic product.[11, 102] The conflict exacerbated a range of negative economic and social outcomes, including the destruction of harvests and death of significant livestock, and has dramatically changed the livelihoods options.

Rural South Sudanese are chronically food insecure with high levels of malnutrition.[450] Disruptions in the production of oil and domestic goods and services created hyperinflation and extreme poverty and discouraged foreign investments.[482] Corruption is rampant at all levels of society and its leadership.[301, 421] According to the World Bank, four out of five South Sudanese are living under the international poverty line of $1.90 per day. The poverty rate is expected to remain stagnant at 80 per cent in the coming years.[486] The country´s public health indicators are among the poorest globally, Malaria causes half of all mortalities in 2021. Maternal mortality in the country is one of the highest in the world, with 789 per 100,000 live births.[450]

3.4 Religion

There are not many reliable data on religious demographics in South Sudan, but the majority (over 60 per cent) of the estimated total population of twelve million are Christian with substantial parts of the population adhering to Indigenous religious practices, and smaller numbers (about five to six per cent) being Muslim, mainly in the northwest parts of the country.[326, 484]

Traditional religion

The traditional way of life of the people of South Sudan is strongly intertwined with religion. While the majority of South Sudanese adhere to Christianity, traditional African cosmology remains a pillar of life for many: the world of the living is strongly connected to the world of spirits and of the ancestors who can influence earthly life. Older anthropological literature describes a rich variety of traditional spiritual functionaries such as the ”spear masters” in traditional Dinka society (with different local names such as *beny rem* or *beny nhial* among the Padang Dinka or *beny de ring* among the Dinka Ngok).[363] They are spiritual leaders who are considered intermediaries between their communities and the spiritual world. They act as guardians of the rules of conduct in a society including rules of warfare, such as prohibiting killing individuals outside the battlefield, or killing relatives or neighbours. People who transgress such rules may be haunted by the spirit of the killed person. In addition to their leadership role, spear masters are believed to have special healing powers. These powers are believed to be God-given, and people are believed to be born with them.

Spearmen give advice on a wide range of matters and perform animal sacrifices to Nhialic (God) to heal illnesses or social disharmony.[95] Among the Nuer, a similar institution can be found in the “leopard skin chiefs” who have a religious function, but are also involved in mediation, through ritual means, between parties involved in violent conflicts.[163] Among the Bari, important value is attached to the *matat lo Kudu* or “rain chiefs”.[372] The role of these traditional spiritual functionaries has changed over the decades: they are far less influential than in the past, but they continue to have a role in current society in South Sudan.

Christianity

Christianity was introduced by European missionaries in the mid-nineteenth century and was often linked to the nascent educational system, with schools run by missionaries. The main Christian denominations are Roman Catholic and mainstream protestant groups (Anglican, Presbyterian), with increasing numbers of Pentecostal and Evangelical churches.[478]

During the long period of armed conflict, the major Christian denominations emerged a principal source of social service and material assistance to needy populations.

The Relief and Rehabilitation Commission established by the Sudan Council of Churches (in which the major Christian denominations were united) played a major role in distribution of humanitarian assistance and had close links with large faith-based international non-governmental organizations. On the local level, the churches facilitated, and to some extent fulfilled, governance roles and were active in conducting peacebuilding initiatives during the civil wars.[13, 58] During the struggle against the (northern) Sudanese government, issues of race (blackness) and religion (Christianity) became dominant identities that southerners of various ethnicities used to distinguish themselves from the enemy, who were often considered Arab and Muslim.[413]

Still, Christianity continues to represent the collective identity shared by the South Sudanese people and is considered a binding factor that brings everyone together across ethnic and tribal backgrounds. Over the last decades, independent Pentecostal (“born again”) churches grew strongly at the expense of the traditional protestant denominations. These emerging African churches combine dogmatic teaching with rather free and charismatic elements (speaking in tongues, prayer sessions, lengthy fasts, nightly vigils, healing sessions).[147] Some of these churches are connected to evangelical movements in the United States and other parts of the world.

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4. IDENTITY AND THE SOCIOCULTURAL CONTEXT

4.1 Family and community among South Sudanese people

The various South Sudanese ethno-linguistic groups show considerable diversity, but also have several commonalities. First, they are strongly collectivistic: individuals are highly interdependent, and, in order to function in society, solid and respectful relations with relatives and community members are paramount.[45] Second, traditional South Sudanese families are hierarchical, authoritarian and patriarchal with specific gender roles.[226] Third, “togetherness” is an essential cultural element: most people live in large groups of extended families. For example, among the Dinka people these groups can reach beyond 12 families in a kinship chain of close blood relations.[215] Another aspect of togetherness is the normative cultural celebration-of-life events with (extended) families and friends, such as birth, child-naming, sickness, death (mourning), marriage, family reunion of members who were separated for long periods or reunion of partners of a broken marriage. The same togetherness is important as a way to support each other through difficult or sad times.[3]

Effects of displacement on family structures

The ongoing violence has had differing effects on kinship and community ties. In some communities affected by internal conflict, such ties seem to have weakened, while in communities that were under attack by ”outsiders”, mutual ties and a sense of common ethnic identity were strengthened.[102] Refugees and other forcibly displaced South Sudanese have had to cope with losses, family disruptions and disconnection from their community support systems. In settings of displacement, community-based organizations, churches and other groups are often of pivotal importance in recreating new supportive networks and kinship-like structures.[155] In displacement settings, such as camps for internally displaced persons in South Sudan, refugee settlements in neighbouring countries[79] and among refugees resettled to high-income countries,[119] the traditional role of adult men as the uncontested head of the household and the breadwinner often drastically changes, fuelling marital conflicts and tensions between fathers and children.

Male South Sudanese refugees in Cairo, Egypt, expressed how these role changes fill them with shame and a feeling of being emasculated, which angered them and fuelled marital conflicts.[10] For example, in a group discussion among South Sudanese psychosocial workers in Egypt, respondents shared that a *Latuka* man would never cook or do housework, as this would be seen as being "used" by his wife and he would not be able to talk in front of other men because of shame.[36] Yet, over time, male refugees in Cairo report that the "mentality changed out of necessity" and many refugee men recognized the importance of helping with housework and child-rearing, sensitive that it is too much for their wives to work long days and also have full household responsibilities. Those who do not change and continue to sit in coffee shops or at home doing nothing while wives work may fuel their wives' anger leading to conflicts and separation.

In the new and often confusing environment of resettlement countries,[1] South Sudanese parents may adhere to traditional parenting methods and attempt to preserve the traditional roles within families, which may lead to major conflicts and at times to neglect and physical abuse.[257] The absence of physical proximity of a supportive and proactive community of neighbours mean that nuclear families become more important than in South Sudan. This can force a rearrangement of gender roles; for example, with fathers being more involved in child-rearing.[45] This often has significant impacts on family relations and may lead to social tensions and psychological stress.[103] Adaptation to a society with much less communal social space is often felt as challenging by South Sudanese refugees in Western countries, as illustrated by the following quotes from resettled South Sudanese refugees in Australia:

"[In Sudan], we get the families, all the neighbours around here, we come in the evening and eat and share together... But here, only you go together with wife and kid and look at TV and so don't feel happy, arguments start. Because when you sit just with wife and kids every day, not good. Better to go to see neighbour, sit with them, talking, laughing, and so you come back and you are happy. But no neighbours here to talk to, I don't know my neighbours actually."

Abraham, a resettled South Sudanese refugee in Australia.[45]

"...here, it's hard, you can't leave the kids with your neighbour or someone like that. But in Africa, you can leave kid with your neighbour or relative and someone to look after them and you can go to work, but no one here."

Rachel, a resettled South Sudanese refugee in Australia.[45]

4.2 Identity

The traditional group identity in South Sudan, as expressed through tribal affiliations with shared language and traditions, is changing due to population displacement, erosion of traditional ways of life and the influence of education. Displaced South Sudanese may resort less to their traditional ethnic identity, such as Dinka, Nuer or Azande, but be considered by others as "South Sudanese , which for example has been observed in the large multi-ethnic refugee camp of Kakuma in Kenya and among South Sudanese refugees in urban Cairo.[267] For many South Sudanese refugees, becoming a refugee is experienced as "rupture in identities", culture and tradition.[56]

Living in a refugee setting, which often is accompanied by a loss of agency and the protective shield of a common ethnic identity, can lead refugees to adopt "being a refugee" as the predominant aspect of their identity.[37] Being a refugee is often perceived as a transitional identity, a state of being in "limbo, socially, economically and culturally" until the dream of resettlement or safe return home can be achieved.[87] Furthermore, interaction with other worldviews and cultures can create conflict within the South Sudanese refugee community and create "identity confusion" for refugees who have to redefine their relationship to their country of origin, family, and friends.[267]

The massive population displacements within South Sudan, to neighbouring countries and to resettlement countries, has led to the formation of complex transnational networks that are largely based on kinship with extended families and clans as their basis. Through these networks, people exchange information and support each other financially, practically and morally.[73] South Sudanese refugees resettled in high-income countries such as in Australia, Europe or North America, face additional challenges related to moving from a collective to an individualist society and navigating their

way in a new society that has markedly different norms around gender roles, domestic responsibilities and hierarchical relations within families.[45] In resettlement countries, refugees may experience the lack of social support from extended family members as a sense of loss compared to the situation in South Sudan where people support their family at all times including in solving intergenerational or marital conflicts.[379]

The self and the concept of the person

The concept of the self in South Sudanese context is sometimes described as a "communal self": South Sudanese tend to perceive themselves in the first place as an intrinsic part of their extended family and community, and they often express their concerns in terms of "we or us" and in terms of shared experiences of their past and present.[104, 155] This "relational nature" of personhood includes an understanding of the agency of supernatural actors such as ancestors and spirits.[324]

4.3 Life cycle in South Sudan

While South Sudanese people belong to a range of ethnic groups, each with specific customs and traditions, they also share important characteristics. This section of the report provides a brief overview of the life cycle in South Sudanese societies. An extensive discussion of the specifics of each ethno-cultural group is outside the scope of this report, but the reader may consult the referenced publications to learn more details.

Birth

Traditionally, children are born at home with the assistance of an older woman from the same area.[175] The placenta is washed and buried near the home.[479] In many cases delivery still takes place at home, but the pattern is shifting toward institutional childbirth in health facilities in the presence of a skilled birth attendant.[480] Having many children is an important societal value and people who do not have any children are seen as having wasted their lives.[219] Moreover, new-borns may be seen as replacements of specific deceased relatives which increases the symbolic value attached to childbearing.[219]

Children

Raising young children is the exclusive task of women and girls in the family. A baby is breastfed until at least the age of two if the mother is able to do this and pregnancy or birth of another child does not affect breastfeeding. During the day, babies are often carried on the back of the mother using a piece of cloth, or, for example, among the Nuer, in a basket covered with a garment on the head of the mother. Teaching discipline is seen as a communal responsibility. Central values in South Sudanese child-rearing include learning to follow the directions given by adults in the family and respecting elders. If children fail to comply with social and cultural expectations, they can be rebuked or punished by adult members of the family. Physical punishment such as lashing with a small stick to make a child conform to rules is a widely-accepted practice.[112, 373]

When South Sudanese become refugees, particularly when they reside in urban settings or are resettled, such important social networks are usually not available to support parents and most parenting roles fall on mothers, with South Sudanese fathers usually only marginally engaged in the day-to-day activities of child rearing.[257]

Girls are traditionally responsible for household chores and the care of younger siblings.[373] If not all children can be sent to school, many parents prefer their sons to receive education. Most girls do not continue school after marriage or pregnancy, partly because of negative views of teachers and community members towards schoolgirls who are also mothers and because of challenges with day care for the child.[127] Sometime menstrual hygiene management is a barrier preventing girls from going to school. A lack of appropriate facilities and the non-availability of menstrual hygiene supplies, both at home and in school, compound the shame and stigma attached to menstruation.[127]

In South Sudan, someone is considered an orphan if one of their parents has died even if the other parent is still alive. Relatives are supposed to support the orphans, but due to the weakened social roles of extended families and the struggle of families to survive this becomes more challenging.[386]

Youth

In South Sudan, "youth" is a social, political and gendered category, rather than biological age. It is associated with male youth, indicating individuals from roughly early puberty, from 14 to their 40s.[244, 386] It is related to the role that young men are expected to play in their community. For instance, the terms *aparak* (Dinka), *teton* (Bari) and *bula* (Kakwa) reflect the historical life-stage category of unmarried men

responsible for warfare and cattle-keeping.[244] There are numbers of subcategories, and the roles in cities and rural areas are different.[133] For example, among the Bari people, different terms are used to indicate stages in the life of men, with each term giving an indication of their maturity in knowledge, good behaviour and self-control. Before their teeth are removed, boys are called *lubudyat* or *dongo* which implies they have not yet entered an age class (*ber* or *toberon*) and are considered ignorant children. When they are older they become *teton*, which traditionally refers to unmarried warriors whose task is to protect the community. Later they become *lupunok* or *kalipunok* ("those who come out to serve") and elders (*temejik* or *mudungin*).[106, 372]

In rural areas, manhood is linked to the ability to carry a weapon and thus the ability to protect the family, cattle and the community. There is ongoing recruitment of young men and boys by armed groups and there are also groups of armed, cattle raising youth which are loosely connected to different warring factions. Cattle keeping youth are mobilized and encouraged to join the fighting by the promise of increasing their herds, rather than for political or ideological reasons.[349, 360, 387]

For women, the division between "girl" and "woman" is focussed on marital status and whether she has children, which gain her some status in society. However, possibly until her late thirties she will still be considered as a "youth" as long as she is unmarried.[387] Nonetheless, unmarried female youth in their early twenties can be considered as "too old" to become a first wife. It is not unlikely that she can only become the second, third or fourth wife to a much older man.[387] Although war and conflict affect the whole population, girls are disproportionately affected by the violence. As a result of patriarchal attitudes that deem females of all ages, and especially girls, as a group having lower status in society, young women's contribution to the war effort is undervalued.[127]

4.4 Becoming adults

What is an adult?

People in South Sudan must marry and build a family to be considered a full adult.[244] The process of getting married is a long route of negotiations and exchanges of bride price and payments. It is an essential element in intergenerational relations. Young men who are unable to marry cannot establish themselves in the community as respected adult men. This issue contributes to tensions and frustration among young men and leads to alternative practices such as running away or joining militias and participating in cattle-raiding as a means to access resources for marriage.[133, 386] Marriage is a precondition for, but not always sufficient criteria to, reach the status of being "responsible" – which is a common way of referring to mature adulthood. When teenagers get married, they will not be considered an adult until they have gained in social responsibility and have established their household.[244]

Initiation into adulthood

One part of becoming an adult is related to "rites of passage" that mark an important step in the development of a person. The way this is done varies among the different ethnic groups. This may involve the removal of certain teeth as a sign of maturity (such as among the Dinka, Nuer and Mundari) and by face scarification. These are usually gender specific and typical to tribe or clan, such as the five or six parallel lines across the forehead among male Nuer and men in some Dinka sections, or the serrated and fan-shaped scars in other Dinka sections. Other groups, such as the Azande, circumcise males when they reach the age of nineteen.[68]

When a girl physiologically attains puberty, this is often marked by celebrations (usually by women) to demonstrate her readiness for marriage. Initiation into adulthood is often marked by celebrations in which boys and girls of the same age group undergo a series of rituals and hardships that create strong bonding into an age set, a group of similarly aged peers. Only after being initiated into an age set can people proceed to the next steps of becoming adults, such as marriage.[68]

4.5 Death and burial

In South Sudan, high value is attached to a proper burial and observing the appropriate cultural practices. People are often buried soon after death has occurred, often between one and two days. Graves are generally located in the vicinity of the family homesteads, which is important for maintaining connections with ancestors and family land. Proper burial gives peace to the deceased person and averts negative consequences that befall the living in the form of infertility, mental illness or other misfortune.[188] Armed conflict and displacement may prevent appropriate burials, which can cause great anxiety and worry among family

members.[223] For example, in the refugee settlements in Uganda, South Sudanese refugees often take dead bodies to be buried back home despite the insecurity in South Sudan.[1, 420]

Burial is a particular challenge for refugees who live far from South Sudan. Many feel they must bring a body home to bury, yet the cost to do so can be prohibitive. The relatives and the wider ethnic community have the responsibility to collect money and return the body to South Sudan. If the deceased person is an elder or community leader, funds will be raised around the world to ensure a burial in South Sudan, but when the deceased is an "ordinary" person, the strong peer pressure to raise money within the extended family to arrange for a "proper" burial in the ancestral lands, can cause much stress in refugee families. Sometimes, creative solutions are found: members of the Shilluk refugee community in Egypt described how they might bury a body in the country of exile and years later collect the soil around the body and bring it home to perform burial ceremonies as if the person just died.[36]

4.6 Gender roles and gender relations

Bride price

When a man and woman marry, compensation must be paid by the groom or his family to the bride's family for the loss of their daughter.[132] This is called the "bride price" and traditionally comes with obligations for both families to become the custodians of the couple, having a responsibility to offer guidance and support.[67, 91] Getting married has become increasingly challenging due to the increase of bride prices. Families often see their daughters as a primary source of income and resources available to them, but this complicates the situation of young men who lack cattle or money to marry a girl. Young men are often under severe pressure to meet the bride price costs so they can become a "full person".[244] Elders determine what is a reasonable bride price, effectively determining who can become an adult and who cannot.[387]

Cattle keepers used to pay bride price in cattle, but these days it is at least partially paid in money and sometimes in instalments. In 2022, a cow cost between 200 to 300 US dollars. However, unlike cattle, "money has no blood" and can, according to traditional views in South Sudan, not ensure the strength of marriage bonds between families.[133] Furthermore, there is a shift in respect for relatives who used to support them to loyalty to age-mates and friends who now support their marriages financially. These elements cause disequilibrium in family dynamics and reduce respect for elders.

The amount paid as bride price for unmarried girls may depend on several factors, including the girls' perceived "purity", and the socioeconomic standing and attitudes of both families. Sexual violence may make the girl considered "spoilt" and "unmarriageable", with the solution sometimes requiring her to marry her abuser.

Some families marry off their daughters at a very young age—as young as 12 years—as a way to acquire cattle that can be used by their sons to pay a bride price. However, such an arrangement does not necessarily imply that the young girl should live with her husband.

Families can agree for the girl to stay with her family until the age of maturity, which may take several years. Increasingly, families send their daughters to school, in the hope that an educated daughter will lead to a higher bride price.[127]

For many young men it is difficult to pay the bride price if they want to marry. Some resort to a "shortcut" by running away with their girl to have sex without the parents' consent and present the families with a *fait accompli* to avoid paying the bride price or forcing families to agree for it to be paid in stages. In many cases, the families are able to reach an agreement, but at times the brothers of the girls feel disrespected and ignored and may lead to a fight with the groom and his brothers, prompting community elders to intervene.[475]

Sometimes the girls' family files a rape case in the customary court—which does not necessarily mean that the girl had not consented, but rather that the family had not done so. Unsolved disputes can be a source of conflict between families which can escalate into large-scale violence if no compensation is paid to the family of the girl.[53, 133]

Marriages are also arranged at long distance, for someone in a resettlement country with a person living in South Sudan, or in a transit country with the hope that the new spouse will eventually be able to go to the resettlement country. Sometimes the resettled person visits leading to the birth of children. Often, it is only an Internet marriage, and the spouse never gets to the resettlement country. These marriages are often stressful and lead to infidelity due to the separation, conflicts and divorce.[36]


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Women and girls

Traditionally, the status of a married woman is related to the number of born and surviving children.[127] Women are expected to give birth to many children and should start giving birth early.[80] Before a woman marries, an aunt or older relative will explain the things a woman needs to know related to marital relations, managing a household and childrearing. When no children are born even after a few years, a woman's fertility may be questioned and sometimes her family is pressured to return the bride price or give another daughter or family member. Women who breastfeed, which is often up to two years, usually avoid having intercourse with their husbands to avoid becoming pregnant. This may prompt some men to arrange for another wife, or to have sexual relations outside marriage.

In several ethnic groups, including Dinka and Nuer, direct eye contact between men and women is considered inappropriate.[80, 201] For many South Sudanese women, songs and singing play an important role and it can be one of the few socially acceptable ways for a woman to express her emotions.[42]

Polygamy is common in South Sudan. A woman has a subordinate position to her husband and to her older co-wives. In general, women are engaged in agricultural work, with some variation across regions and communities. But in all cases, the work in the field is additional to primary duties in the house.[365] Furthermore, although they generate income, traditionally women are excluded from decisions related to the use of household income, which is controlled by men.[97] At the same time, in South Sudan, two out of five households are headed by females, partly because large numbers of women were widowed during wartime or as the result of either abandonment or spousal death resulting from escalating armed clashes and inter-tribal conflicts.[127] These women suddenly must fulfil roles that are traditionally assigned to males. If they have, however, an adolescent son, he has to make decisions for the household in the absence of his father.[410]

In rural areas, women have little involvement in communal decision making, and if they do this is usually restricted to women-only meetings.[410] However, in Juba women may have some role in the decision-making process at the community level.

War and displacement have had a transformative effect on gender dynamics and domestic relations; the roles of daughters, sisters, wives and mothers is changing.[60] Women often appreciate these changes more than their husbands and male relatives, and this friction can cause problems and gender-based violence in marriages and in families.[127]

In refugee settings, under the influence of a multicultural context and a strong presence of organizations advancing women's rights, the gender roles are changing more profoundly and women may acquire new skills and decision-making powers that they would traditionally not have had. In settings of displacement, the way humanitarian assistance such as food and cash is provided may make refugee men unable to fulfil social expectations as heads of household being in control of the household budget.[133, 169] The concepts of masculinities are changing as a result of the gender equality approaches and programmes implemented by the United Nations and non-governmental organizations, and can cause tensions within families.[159]

When refugee women return home to South Sudan, they need to re-negotiate their social position and (re) build relations with their husband. This may create new opportunities for some, but can also lead to social tensions because women may not always conform to the local expectations of being "a good wife", combined with limited decision-making. This may cause marginalization of women who assume roles perceived as "male".[158] Women who took on "male responsibilities" when their men were absent are often expected to return to their old traditional roles when their men return, which may fuel conflicts between spouses, leading to intimate partner violence and undermining women's wellbeing.

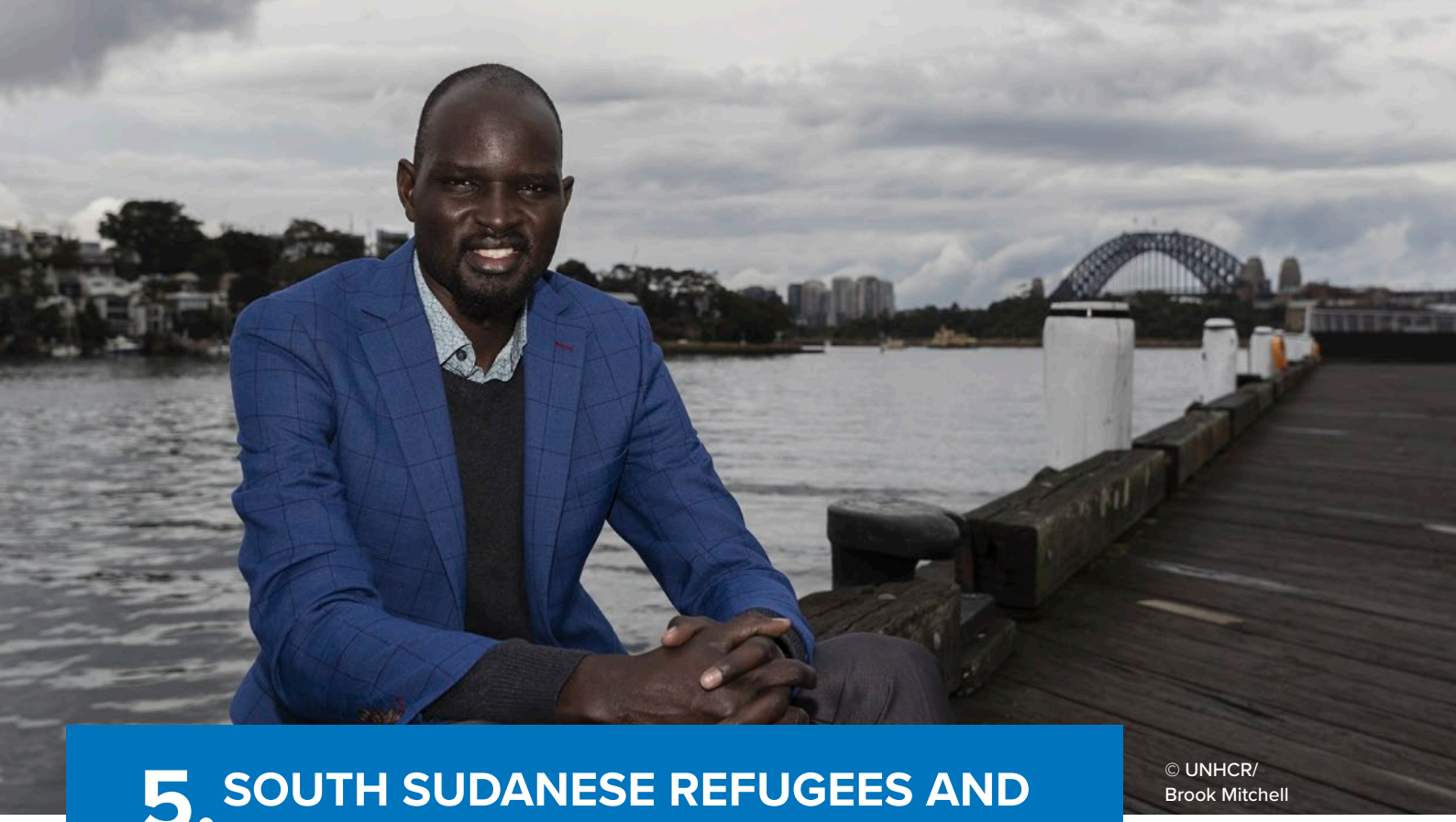
Furthermore, a small number of women were involved in war-related activities as armed combatants, while many other supported in indirect ways, such as traveling with arms and preparing food, taking care of children, the wounded and vulnerable.[231, 266, 371, 447]

Men and boys

All ethnic groups in South Sudan are patriarchal and have strong gender roles. Men are recognized as the heads of the household and responsible for the familial order. Among cattle keepers, boys aged 10 to 14 have to take care of the family's smaller animals (sheep and goats), and boys aged 15 to 19 are responsible for keeping an eye on the cattle and ensuring that none are lost, otherwise they will be punished.[410] In several ethnic groups including the Dinka and Nuer, when an unmarried man or teenage boy dies, his parents or siblings may arrange a marriage after his death, to ensure that the deceased will have offspring to continue his name. In such cases, a woman could be married to a brother or other relative who acts as a proxy. The children from such a "ghost marriage" are said to be children of the dead man.[215] The highly patriarchal structure of South Sudanese society is deeply rooted in social systems influenced by religion and traditions.[61] From childhood, men and boys are prepared to be the protectors of and bread winners for their (extended) families.[265] Among males, certain features such as competitiveness, combativeness, physical toughness, courage and domination are encouraged through the socialization process which can lead to a "militarized mind-set" in which the use of aggression and violence is seen as a key aspect of their identity.[183] Such militarized forms of masculinity have been fuelled by the long civil war in South Sudan, but even in "normal times", the notion of "combat" often had a central role within the concept of "manhood"[21, 59, 185, 198] In South Sudan, the roles of men vary somewhat across different ethnic groups and might be shaped differently; however, overall the societal norms for a man in South Sudan mostly comprise "militaristic, patriarchal and hyper-masculine characteristics".[446]

In refugee camps such as Kakuma, concepts of "proper" masculinities underwent a transformation. Often, humanitarian organizations emphasize gender equality in the camp—for instance, by promoting women to "head of household" or giving women-focused aid. In Ugandan refugee settlements, some women say publicly that they see UNHCR and the NGOs as their husbands, because those organizations were now providing for their families.[54] Besides, young men in refugee camps often lack the resources (cash or cattle) to marry, and thus are prevented from acquiring the status of an adult man.[159] In urban settings such as Cairo, South Sudanese refugee men who arrive alone often stay unmarried because they do not have the money for marriage, but also because the extended kinship networks that are required to arrange a marriage are not present.[36]

For more information, see Chapter 8 on gender-based violence and MHPSS.



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5. SOUTH SUDANESE REFUGEES AND INTERNALLY DISPLACED PERSONS

Armed struggle in South Sudan has displaced millions within or across borders. Some who live as refugees today have been forced to flee before, sometimes multiple times. In the latest South Sudanese Civil War that started in 2013, an estimated one-third of South Sudan's population was forcibly displaced. At the end of 2021, 1.4-million people were living in displacement across the country, as a result of conflict and violence at the end of the year, in addition to the half million people who were living in displacement as a result of disasters.[194]

About 2.2-million South Sudanese have taken refuge in the neighbouring countries of Central African Republic, Democratic Republic of the Congo, Egypt, Ethiopia, Kenya, Sudan and Uganda, and tens of thousands have moved to western countries, such as Australia, Canada and the United States through refugee resettlement programmes or on their own initiative. Over the years, there have also been important population movements of Sudanese refugees living in the neighbouring countries back to their homes in South Sudan when the situation improved. Many other refugees continue to consider their options to go back or wait for resettlement.[116] An unknown number of South Sudanese people have left the country without claiming refugee status and live as irregular migrants in urban centres in the region.

5.1 Internally displaced persons

Internally displaced persons (IDPs) face specific challenges. Many stay in or near conflict zones.[387] Most have sought safety with relatives or have relocated to other communities where they may face difficulties getting access to humanitarian aid. Others moved to camps informal settlements ("IDP sites"). The United Nations Mission in South Sudan (UNMISS) created "Protection of Civilians" (PoCs) sites, which were camp-like settlements within existing United Nations operated military compounds and protected by United Nations forces. Since 2020, UNMISS has handed over control of most of these sites to South Sudanese authorities and redesignated them as IDP camps. Many of the people in these redesignated camps are ethnic minorities living in areas dominated by forces that had previously fought against them.[396] Many IDPs have returned but many others do not want to go to the place they called home before, and preferred to live in Juba or other Equatorian towns.[384]

5.2 Returnees

Over the last decades, in times of relative calm, many refugees from neighbouring countries, returned to South Sudan and internally displaced persons moved back to their place of origin or habitual residence.

Since the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan in 2018, an estimated half-million refugees have returned to South Sudan in a self-organized manner from Uganda, Sudan, Ethiopia and Kenya. Most of the self-organized refugee returnees in 2021 mentioned one of their reasons to return were food ration cuts in countries of asylum.[444]

Such returning home is often much anticipated and associated with high hopes for a new peaceful life, but it can also create tensions with those who remained behind and new conflicts around control of scarce resources like land.[214] Cycles of violence, displacement and return are closely, and often intrinsically, related to one another. Returning and displaced households are frequently female-headed.[249] Due to the traditional roles and social order, women often struggle to gain income.[365] While refugees have often received good education abroad, this does not always translate to better employment opportunities when they return to their home country, as people who stayed may be better socially embedded.[365]

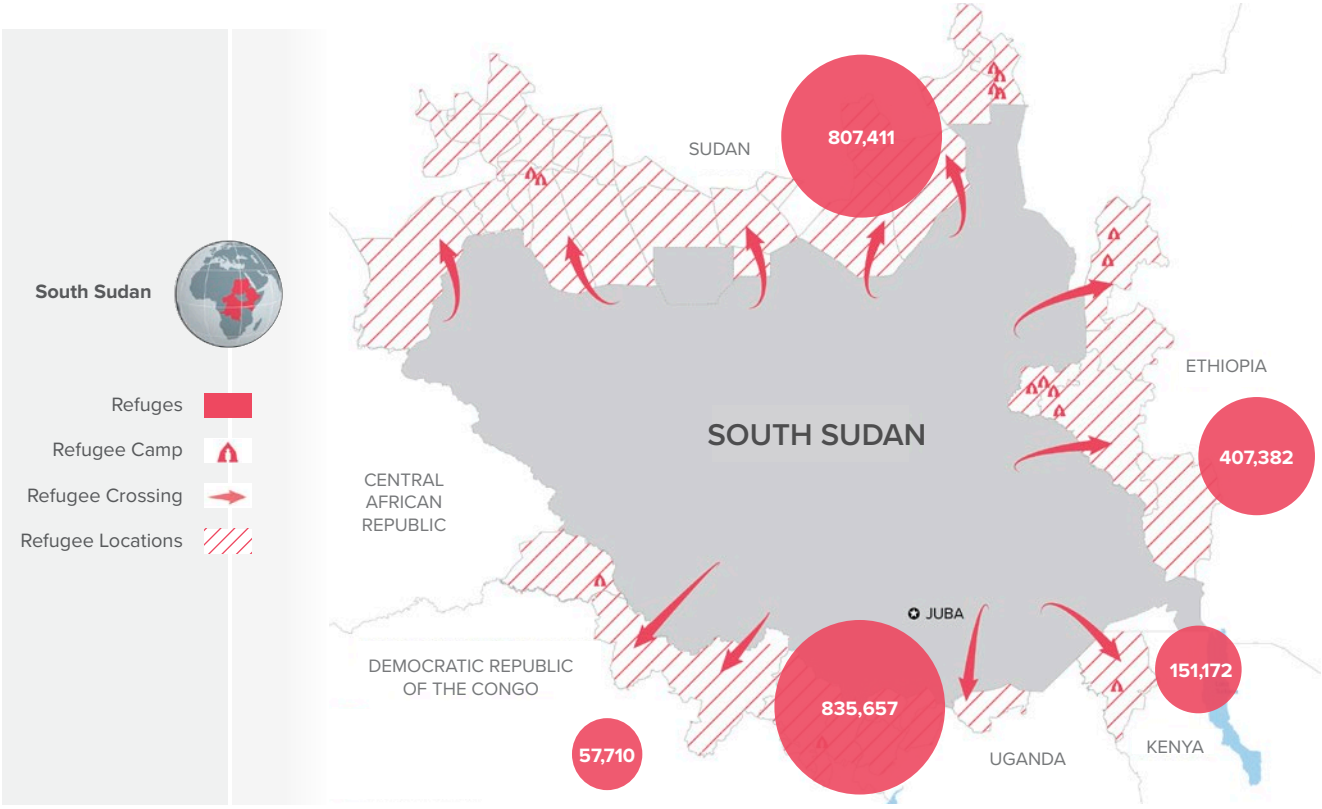
Return of people who had been long-time displaced has led to new social categories such as returning refugees from neighbouring countries who are considered differently and are referred to with specific names. For example, South Sudanese who lived in Khartoum and were educated there often speak a different version of Arabic compared to the prevailing Juba Arabic and are often called Jalaba (for the Arabic dress) or Khartoumist. South Sudanese who lived in Khartoum, Sudan and Cairo, Egypt reported that upon return to South Sudan they face resentment about leaving and some blame them for getting an education while those who remained had to fight.[36]

The cyclical course of the conflict and the dashed hopes that things would improve after the independence of South Sudan has made many refugees in neighbouring countries sceptical about the prospects for lasting peace in their country, despite a continued strong desire to return to South Sudan.[184]

5.3 South Sudanese refugees

In May 2022, more than 2.4-million South Sudanese refugees resided in the neighbouring countries of Uganda (40 per cent), Sudan (34 per cent), Ethiopia (17 per cent), Kenya, (6 per cent) and the Democratic Republic of the Congo (2 per cent) (https://data2.unhcr.org/en/situations/southsudan). See Figure 1.

Figure 1: Refugees in neighbouring countries (31 October 2022)[2]



Most of these South Sudanese refugees are children (ranging from 54 per cent in Sudan to 66 per cent in Ethiopia). While the armed conflict within South Sudan has decreased significantly, the ongoing instability, lack of good governance, food shortages and natural disasters continue to drive new refugee outflux. In 2021, more than 83,000 new refugees arrived in the neighbouring countries, while in 2022 in the first nine months alone 99,525 people fled South Usdan as refugees.[429]

See Table 1. A range of projects funded and facilitated by the national governments, UNHCR and 97 partners promote protection of refugees, provide essential services, increase self-sufficiency and enable refugees to contribute to the economy and societies of the receiving countries.[444]

Table 1: Overview of South Sudanese refugees and asylum seekers in neighbouring countries

	Number	Major languages spoken	Main sites
Uganda	835,657	Bari, Juba Arabic, Luo, Dinka, Nuer, Madi, Murle	Adjumani, Bidibidi, Imvepi, Kiryandongo, Morobi, Palabek, Palorinya, Rhino Camp
Sudan	807,411	Arabic, Nuer, Shilluk	12 camps in White Nile State, 2 camps in East Darfur, Khartoum and urban settlements in Darfur and White Nile
Ethiopia	407,382	Nuer, Juba-Arabic, Dinka, Murle, Luo	Gambella, Assossa
Kenya	151,172	Dinka, Juba Arabic, Bari, Nuer, Luo	Kakuma camp, Kalobeyei Refugee Settlement
DRC	57,710	Baka (TaraBaka), Kakwa, Pojulu (Bari), Pazande	Haut-Uele province: Bele camp, Meri camp, Ituri province: Biringi camp
CAR	2,609	Pazande	
Egypt	19,649	Bari, Juba Arabic, Luo, Dinka, Nuer, Shilluk, Latuka, Moro, Chollo, Fertit	Urban Cairo

Uganda

More than 935,000 registered South Sudanese refugees live in Uganda, where they are given prima facie asylum status. Ugandan refugee policy grants refugees the right to land for their own use (agriculture), freedom of movement and the right to seek employment, and access to basic public services such as health and education.[481]

While Uganda is a stable country compared to some alternative destinations, life for refugees in Uganda is not easy: the allocated plots of land are often small and aid rations have repeatedly been reduced. Refugee communities are less resilient and more reliant on assistance than their host communities when it comes to food security and nutritional status.[138]

Many South Sudanese refugees in Uganda come from Central, Eastern and Western Equatoria. The most widely spoken languages are Bari, Madi, Dinka, Nuer and Azande. In spite of a refugee's freedom to move in Uganda, most South Sudanese refugees live in the 14 designated refugee settlements in the northern and western parts of the country where a large humanitarian operation has been established.

To reduce friction between refugees and host communities, the government of Uganda requires a minimum of 30 per cent of any support provided by aid organizations to be allocated to Ugandan host communities.[23] Large projects funded by international donors such as the World Bank are put in place to foster development within districts hosting refugees.[483]

South Sudanese ethnic groups living in the border areas with Uganda often have close cultural and linguistic ties with groups in northern Uganda. Madi, Acholi and Kakwa are found in both countries at the border. Consequently, South Sudanese refugees in Uganda often share characteristics with the surrounding host community, including speaking related dialects and languages. Many communities in Uganda have themselves been displaced during periods of armed conflict in their country–including to Southern Sudan in the 1980s.

A minority of South Sudanese refugees have opted to stay in urban areas where they often rely on personal or commercial links created over successive waves of displacement across the Uganda-South Sudan border.

The Democratic Republic of the Congo

DRC hosts almost 58,000 refugees in three settlements Biringi in Ituri Province and Bélé and Meri in Haut-Uele Province. DRC refugee legislation allows refugees to work. Historically, in the context of armed conflict, people of South Sudan have moved to Congo and vice versa. In the 1990s, South Sudanese refugees fled to the DRC, returning to South Sudan in the late 1990s and then again after the Comprehensive Peace Agreement (CPA) was signed in 2005. In turn, Congolese refugees arrived in South Sudan in 2008 and began returning when war broke out again in South Sudan in 2013. Most South Sudanese refugees in the DRC are of Azande and Kakwa ethnicity, sharing common language and culture with surrounding host populations.

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Ethiopia

Ethiopia hosts about 4 more than 400,000 South Sudanese refugees. Most are in refugee camps in the Gambella region, with smaller numbers in the camps of Assosa and in the capital Addis Ababa. The influx of South Sudanese Nuer refugees into the Gambella region has intensified tensions among the host community between the local Anyuak/Anywaa group and minority Ethiopian Nuer population. There have been sporadic episodes of violence in the camps and the host community, with UNHCR temporarily suspending activities in 2019.[341]

Ethiopia's refugee law was revised in 2019 and granted refugees right to employment, primary education, participation in business and access to banking.(433)

Kenya

Kenya hosts over 150,000 South Sudanese refugees, which is about 25 per cent of all refugees in the country. The government of Kenya works with agencies of the United Nations and non-governmental organisations to provide refugees with protection and assistance and promote refugees' and host communities' access to sustainable and quality basic services (health, education and water). Kenya is promoting economic inclusion and business opportunities for refugees in order to improve and enhance peaceful coexistence between refugees and host communities. An example is the education sector, where the Kenyan curriculum is used for refugees, enabling them to sit for the Kenyan national examinations.

Sudan

Sudan hosts more than 800,000 South Sudanese refugees. Some of them were already in the territory when South Sudan became independent in 2011 and decided to stay in the north. Most of them reside in Khartoum or other urban centres. Many of the South Sudanese children are born and raised in Sudan and consider themselves Sudanese, even though they legally are not.[107]

Two states in the south of the country host refugee camps for South Sudanese refugees who arrived after the partition of the countries, around 200,000 in 12 camps in White Nile State and 77,140 in two camps and six settlements in East Darfur State.[331]

After the governments of Sudan and South Sudan signed the Revitalized Peace Agreement in 2018, close to 300,000 South Sudanese refugees spontaneously returned.[422] However, because of natural disasters and local conflicts, new waves of international displacement continued. In 2021 alone, over 75,000 new refugees from South Sudan arrived in Sudan, mostly to White Nile State, East Darfur and East and West Kordofan.[441]

In Sudan, refugees from South Sudan have certain freedoms such as the freedom to work and to move. Access to basic health-care services and education is challenging. At times, tensions arise between South Sudanese refugees and the host communities regarding land, water and other basic services.[435] The brewing and selling of alcohol by some refugees is not looked upon favourably by the predominantly Muslim host community.

Central African Republic

A comparatively small number of 2600 South Sudanese people have sought refuge in the Central African Republic (CAR). In the 1990s, many people from Western Equatoria had fled to CAR. But during the recent war, people who could afford to do so often preferred to seek refuge in Uganda instead. CAR is witnessing its own conflict. Also, its school system works in French and Sango, languages which are not spoken widely in South Sudan. Anticipating years of exile and a future return, refugees fear that spending many years in CAR would leave their children ill-equipped for a successful life back in South Sudan.[54]

Refugees to other countries

There are also sizeable groups of South Sudanese in other countries in Africa, such as Egypt which in 2021 hosted around 20,000 South Sudanese refugees and asylum seekers, mostly in Cairo and other large urban centres. Some of them are registered though UNHCR, but many others are not. Life is often hard, with limited access to formal supports, and people try to survive financially by working small jobs in the informal sector, which can increase vulnerability.[10]

Israel also hosts a small but close community of South Sudanese people.[142] Most of them arrived in the years 2007 to 2013 through an arduous journey by way of Sudan and Egypt where many of them experienced torture, especially in the Sinai desert.[261, 313]

Tens of thousands of South Sudanese have been resettled from African refugee sites to high-income countries such as Australia, Canada, the United States, Sweden and others. From 2012 to 2021 a total of 4,300 South Sudanese refugees were resettled to high-income countries through assistance of UNHCR, but the number of those who arrived in these countries through other pathways is much higher.[443]

Some of the largest concentrations of South Sudanese outside Africa are found in the United States cities of Lincoln and Omaha in Nebraska, where tens of thousands of South Sudanese have been resettled.[276, 416] Highly publicized was the resettlement of the "Lost Boys of South Sudan".

During raids on their villages, thousands of South Sudanese boys and girls got separated from their families in 1986-87 and ended up in refugee camps in Ethiopia. After having been expelled by the new Ethiopian government in 1992, they were brought to Kakuma refugee camp in Kenya. In 2001, these "Lost Boys" were granted priority resettlement status in the United States. Currently, there are approximately 3,800 of them living in the United States.[46, 179, 222]

Refugees to South Sudan

South Sudan itself also hosts refugees. The large majority (308,000) are from ethnic groups in adjacent states in Sudan who had aligned themselves with the Sudan People's Liberation Army during the armed struggle. Most of them live in refugee camps in Upper Nile State and Unity State. There are also 17,958 refugees from the Democratic Republic of the Congo, 4,532 refugees from Ethiopia and 2,614 refugees from the Central African Republic.

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6. PSYCHOSOCIAL DISTRESS AMONG CONFLICT-AFFECTED SOUTH SUDANESE PEOPLE

In general, forcibly displaced adults and children are reported to display elevated levels of distress.[48, 77, 190, 302, 377, 391] The increased levels of distress can be related to experiences in the places where people fled from and to the hardships during the flight, but also to stressors related to living in places of displacement or resettlement.[190, 377] This chapter focusses on psychosocial distress in adults (not necessarily as a sign of mental illness). The next chapter (Chapter 7) discusses psychosocial distress among South Sudanese children and youth. Specific cultural concepts of mental health conditions will be discussed in Chapter 9 and the epidemiology of clinical mental health conditions will be discussed in Chapter 11.

6.1 Psychosocial distress among displaced people in South Sudan

Decades of conflict and upheaval have deeply affected the psychosocial well-being of people in South Sudan, with a particular impact on women and children.[445] Those who were forced to flee are strongly affected.[235] Those who sought refuge in the Protection of Civilians sites within military United Nations compounds showed strong signs of emotional distress, which was often directly related to the violence and insecurity they experienced in the communities they came from and the pending insecurity and threats of their current situation.[22] Distress was reflected at all levels: individual, family and community.[235]

In 2013, a rapid assessment of psychosocial needs and resources among people living in the Protection of Civilians site in the town of Bor after the armed conflict in Jonglei State found that most respondents expressed negative feelings, such as being fearful and anxious and feeling uncertain and confused about the future, while only few reported positive or neutral feelings.[368] Negative emotions were usually directly linked to concrete factors in the life of people, such as signs of ongoing conflict and or news and rumours about the conflict, separation from the family, lack of freedom to leave the site and issues around food.[368]

A few years later, another MHPSS assessment in the Protection of Civilians site in Malakal also showed high levels of self-reported or family-reported symptoms of emotional distress: aggressiveness, sleeping problems and nightmares, fears and panic attacks, bodily complaints and tiredness.[315] When asked about what constitutes well-being, internally displaced women in

Wau mentioned a range of factors, including being sure that your children are well cared for, feelings of social connectedness within family and community, being connected to culture, spirituality and traditions and having a peaceful society.[235]

6.2 Psychosocial distress among South Sudanese refugees in Africa

Many South Sudanese refugees have experienced multiple distressing events and hardships, including serious and life-threatening events such as witnessing killings, sudden death of loved ones, sexual violence, and looting or destruction of their properties. Chronic stressors such as family separation, poor living conditions, social and economic hardships, limited options for education, worries about people left behind and loss of hope for the future are among the most dominant problems in the current lives of refugees in neighbouring countries.[9, 341] Many refugees are grieving over all they have lost (see the section on grief in Chapter 11) Sometimes, the comparatively orderly life of their host societies makes refugees gloomy. As a South Sudanese refugee in Uganda remarked: "When we see people moving of the tarmac roads wherever they want to go. They go around for their business. Ours is we kill doctors. We destroy everything every time. Life loses its meaning. It is like, it was a mistake to be born South Sudanese".[55]

In focus group discussion and key informant interviews by staff of International Medical Corps in 2021, South Sudanese Nuer refugees in Gambella, Ethiopia, identified *Kac yieeni Nhia* ("stress"), *Tạạ ran kä rɔa* ("self-isolation") and *Mạth kä ti kɛ̈c-kɛ̈ɛ̈c kɛ duɔɔp mi jiääk* ("substance use") as the three most pressing psychosocial issues. Refugees emphasized they felt stressed because of the heavy dependence on external assistance and because people who originate from different districts and did not previously not know each are forced to live together in overcrowded camps.[196] A religious leader explained:

> **"People isolate themselves from the community when they feel someone may disclose their pains to others. So they overthink the problem to the point that their mind goes blank."**
>
> South Sudanese religious leader in Gambella, quoted in report of International Medical Corps, 2021, page 23.[196]

The situation in South Sudan and ongoing discord among the ethno-political groups continue to affect South Sudanese people who fled to countries within the region. Sometimes when violent conflict erupts back home, it pits refugees against one another.

South Sudanese refugees often remain hesitant to return to their country because of the persistence of the drivers for displacement, such as insecurity, political instability and socioeconomic challenges. While they live for the most part in physical safety, they face other challenges such language barriers, changes in gender roles, and a loss of community cohesion and social supports.[69] The situation of South Sudanese refugees in urban Khartoum is particular. Many of those who had fled from the war-torn south to the capital of Sudan opted to stay in the north after the independence of South Sudan. The government of Sudan does not consider them nationals anymore, which makes life for many of them difficult: many live in shantytowns and struggle to find livelihoods, often only being able to access jobs in the informal sector in roles such as cooks and cleaners. Some feel that they slowly lose their ties to their tribal communities and extended families.[5] Life in an environment that is dominated by Islamic values leads to changes such as abandoning the use of alcohol, wearing a headscarf and in some cases even adopting the practice of female circumcision.[4] As Susan, a South Sudanese woman in urban Khartoum said:

> **"I fled to Khartoum running from guns. I worked in Juba as a cleaner for the Ministry of Education. Forced to leave my household and husband behind, I thought I was running to a safe haven but when I arrived in 2000, I found myself in even worse conditions. I now live among relatives and friends, but I had given up my traditional culture. I spend my days in constant anxiety and suffering. I believe that continued residence in Khartoum will destroy my conscience of being. I want only peace and to go back to the South."**
>
> Susan, a South Sudanese woman in urban Khartoum, quoted in Abusharaf, 2004, page 15.[4]

The limited options for livelihoods in refugee camps in Uganda, Kenya and Ethiopia may drive women into the production of (illegal) alcoholic brews and sex work, with major associated risks for these women, including being subjected to (gender-based) violence of customers and increased risk of contracting sexually transmitted diseases.[34, 131]

> **"I brew because I want my children to survive. When my customers buy my brew and buy my body, even if I die, my children will inherit my brewing business."**
>
> Woman brewer/sex worker during a group discussion in Kakuma Town, quoted in Ezard et al. 2011, page 5.[131]

6.3 Psychosocial distress among South Sudanese refugees in high-income countries

South Sudanese refugees who have been resettled to high-income countries face a different set of problems. While their basic needs such as accommodation, food and health care are being met, and the daily struggle to make ends meet may have ended, they face other challenges. These include: 1) a lack of "environmental mastery" (learning a new language, becoming familiar with cultural values and practices, and learning how to navigate the available resources); 2) financial difficulties; 3) changes in gender roles; 4) social isolation and a lack of community support because previously used social networks have broken down and people got separated from family and friends; and 5) racism and rejection by the new society.[2, 3, 225, 370] This means refugees who resettle in high-income countries face considerable "acculturative stress", causing internal conflicts between what to keep or let go from the culture of origin and what new aspects of the dominant groups in the host society to adopt.[40] The situation in South Sudan and ongoing discord among the ethno-political groups continues to affect South Sudanese people who are resettled in resettlement countries.[3, 369, 378]

Adult resettled South Sudanese refugees reported to have experienced high levels of traumatic events, but less than five per cent had post-traumatic stress disorder. Many more (25 per cent) were found to have high levels of psychological distress, largely related to lack of perceived social support from their ethnic communities and factors within their families.[369] For example, among Nuer resettled in Australia, much domestic violence arises due to changes in the practice of gender roles, such as men losing their right to physically discipline their children and wives, which leads to deep feelings of frustration and demoralization and is associated with loss of self-worth, disengagement from family life and resorting to the use of alcohol and drugs.[233]

The family systems of resettled South Sudanese refugees undergo major changes due to interactions with the social environments and institutions in the host society,[345] but also due to interactions with the local South Sudanese community in the host community and increasingly also due to transnational connections with relatives who are still in Africa, where culture is also changing.[45]

Various strategies can be used by new refugees to cope with acculturative stresses, such as assimilation (disassociating from their original culture and blending in completely with the new culture), integration (becoming fully part of the new culture while keeping important elements of the original cultural identity), separation (sticking to the original culture and rejecting the new one) or marginalization (rejecting both the culture of origin and the dominant host culture, becoming disconnected from both).[41]

Refugees in resettlement countries can find themselves psychosocially "in transition" or in a state of "liminality", being socially neither here nor there.[140, 168]

In such situations, South Sudanese refugees may experience "cultural bereavement", a kind of distress that is rooted in a pervasive sense of loss of social structures, cultural values and tradition, and self-identity and cultural identity, leading to a mournful and ambivalent relationship to the past, and a range of emotions related to the loss of cultural identity: guilt, anxiety, and anger, as well as a compromised ability to engage in the activities of daily life.[32, 117, 140]

Many find it hard to adapt to life in highly individualized countries in which they are visibly different from most other people. The visible "otherness" of some South Sudanese ethnic groups is also connected to the cultural practice of removing front teeth, which in the resettlement context may lead to discomfort in interacting with the host community. Refugees reported feeling a sense of shame and irritation because they had to frequently explain to people why they had missing teeth or had a fear to smile in public. In some cases, dental restoration of these front teeth led to significant decreases in distress.[140]

6.4 Communal distress

Negative states of mind not only affect the individual, but also influence interpersonal systems such as family and community. The armed conflict and related atrocities have negatively affected people's views of other ethnic groups and undermined communal trust. In the Protection of Civilian sites, where people were hiding from major threat, the vast majority say that the conflict has changed their views of other ethnic groups and makes it hard to live together as neighbours.[477] This also plays a role when people have become refugees in neighbouring countries and where ethnic tensions may flare up as a result of fights back in South Sudan,[1] but additional factors play a role such as changes in camp dynamics among the South Sudanese when new refugees arrive. This can be perceived as threatening for the "old refugees" who fear an influx may fuel insecurity and led to less assistance for them.[284]

In general, South Sudanese refugees associate good mental health and psychosocial well-being with social support at home, and they associate mental distress with social deprivation. For many South Sudanese refugees, "home" is more than just a place, it is a multidimensional concept; a source of emotional support, a source of identity, a physical connection to the past and a strong symbol of continuity.[378] The concept of home is also described positively in terms of family roles and responsibilities to extended family members. The traditional interdependence and mutual support that is perceived to be a strength of South Sudanese families can become a burden when families are divided. In the Nguenyyiel Camp in Ethiopia, where people expressed a high need for support, the level of community support those refugees experienced was extremely low. This might be related to the fact that almost half of the respondents were separated from their families.[279]

However, the psychologist Alison Schafer, in her research in South Sudan, found that access to basic needs was the strongest predictor of better mental health.

People who did not have enough access to basic needs experienced more symptoms of impairment, trauma, anxiety and depression. As one of Schafer's 'South Sudanese key informants said: "... [B]ecause of the life situation people are in, it is difficult to remember the past because they are thinking about their daily needs."[365] Many people stated that a poor life situation and poverty were the most likely cause of mental illness. This is in line with work about the influence of daily stressors on mental health and well-being of conflict-affected populations. People often perceive their daily stressors—the routine challenges that people face in their daily lives—as at least as problematic to cope with as adverse experiences from the past.[286, 287] Ways of coping are also influenced by age and education. In Ethiopia, refugees with no formal education reported more stressors. They faced challenges with "getting basic necessities, including getting a job, having social support, and dealing with illness or disability".[341]

6.5 Risk factors

Loss of social and cultural supports are important contributors to poor mental health among resettled refugees. Several migration conditions can create negative psychological well-being. While in the camps, the nature of ("home"- related) social networks such as family cohesion and traditional problem-solving will change.

In the absence of "home", South Sudanese refugees broaden their social networks with new church groups and other available groups in the camps. The loss of elders, who usually mediate to resolve family conflict, is associated with increased domestic problems.[378] People separated from their relatives more easily run the risk of isolating themselves when they face emotional problems, e.g., by staying in bed and avoiding others. These factors impact family members differently: It turns out that child and adolescent refugees often show better outcomes than adults, while female refugees show somewhat worse mental health outcomes than male refugees.[348] This could be a reporting bias though, since it is more acceptable for female South Sudanese to express distress than it is for males.

Education also seems to play a role; refugees in the camps who have had no education "were less likely to use positive coping strategies, reporting lower rates of connecting with family or friends, social activities, physical activities, and talking to a counsellor".[341]

Unaccompanied and separated children, boys and girls, and lesbian, gay, bisexual, transgender, intersex (LGBTI) youth are vulnerable to sexual violence, abuse and trafficking.[152] Due to the economic hardships, boys and their family members may be more inclined to consider risky options, such as migrating alone in search of economic opportunities. Without access to systems of community protection such as family and friends, or to resources and information, they may be compelled to accept any offer of work.[152]

Once married, South Sudanese girls are often socially and physically isolated from their friends and family and forced to rely completely on their husband and in-laws for emotional support and basic needs.[155] In these relationships, women and girls frequently lack influence and decision-making power, which can have a profound effect on their mental, emotional, and social well-being, as well as their ability to seek and attain protection.

South Sudanese IDPs report limited positive coping strategies to deal with distress. In an assessment of a Protection of Civilian site in Bor, 23 per cent of respondents said that they do "nothing", or they cannot think about a suitable coping mechanism to reduce the stress in their families. When facing difficulties, South Sudanese refugees can go to other South Sudanese peers. They try to support each other, but informal family and community supports are not sufficient to solve all needs.[379] Furthermore, many South Sudanese refugees live in constant anxiety about the possibility of gossip and being accused of having broken with cultural norms. Women especially are very concerned with maintaining their sexual integrity and their identity and respect as women.[399] They are not only anxious about being the subject of gossip, but about the consequences of gossip as well: public shaming, being expelled from the group, loss of respect and not being taken seriously, directly or indirectly.[399]

6.6 Protective factors and coping strategies

Resilience is the ability of individuals and societies to cope, adapt and "bounce back" from adverse events. Some people develop new ways to deal with their painful and extremely disturbing experiences. This is called "post-traumatic growth". Trauma can cause a person to develop skills or insights that they normally would not have developed and would not have known that they could possess. As a South Sudanese refugee expressed: "Being a refugee is one of the greatest challenges a person could live through; however, it can also be full of unforeseeable opportunities."[476]

South Sudanese languages do not have a direct equivalent for the terms "resilience" or "coping," but have phrases that indicate such concepts. For example, Azande use expressions such as ka kuti pai (to hold on) and asada tise (to exert oneself). "Holding on" or "persisting" though, is often not so much about "thriving" or "bouncing back", but about simply holding on in the face of indeterminate adversity. This is indicative of resilience.[176] This is similar to a Nuer phrase *buom loach* (literally meaning "strength of heart").[420]

In the camps in Gambella, Ethiopia, refugees mention a range of ways to deal with stress, social isolation and substance use. See Table 2.

Table 2: Self-described way to cope with psychosocial issues among refugees in Gambella

	Coping mechanisms
Stress	• Talking to friends/colleagues • Visiting health facility • Taking alcohol
Self-isolation	• Praying, going to a religious place • Putting magic on head and/or arms • Visiting health facility
Drug abuse	• Listening to music and religious songs • Visiting NGOs for counselling • Taking traditional herbs that stop addiction • Taking another substance in order to stop the first addiction

Source: IMC 2021[196]


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Social support

Social support from families, communities or other sources can reduce the negative impact of stressful experiences for many refugees.[47, 225, 393, 462] Positive mental health means having emotional support and fulfilling social expectations of caring for family members.[379] If refugees have lost much of their family and community network, they may find support from a broader group of individuals from the South Sudanese community, which helps them "stand together". In the absence of "home", South Sudanese refugees broaden their social networks with new church groups and other available groups. The loss of elders who usually mediate to resolve family conflict is associated with increased domestic problems.[378] As a resettled South Sudanese refugee in Australia said, "In Africa, the most important thing is we like each other like one big family. Even if the war enters and you are alone, your neighbours and your friends they will not allow you to suffer by yourself."[93] Although this is the general pattern, one should be aware that some people isolate themselves from the community; for instance, when they expect problems to be solved according to the traditional cultural norms, which is not always possible in refugee settings. They might feel that the South Sudanese community does not understand their problems.[370]

Caring for children and family

Many South Sudanese see having children as a great source of opportunities. Evelyn, a Kuku refugee from South Sudan in Uganda, imagined her own future in terms of hope for her children's future:

> **"I had nothing until when I got a kid. I did not have anything I wanted. Then I asked myself a question: what should I do? I decided that I should send the child to school. If he studies and completes school, he will bring me out of nothing to a very nice place, like a place across the borders. There they even have permanent buildings with iron sheets. After studying, I want him to do something good for my life, like for instance building for me a permanent house with iron sheets or maybe, by God's grace, he will take me out. That is what I want to happen in my life. It all depends on the child, because for 20 years of my life, it has been nothing."**
>
> Evelyn, South Sudanese refugee in Uganda, quoted in Schiltz et al., 2019, page 46.[366]

In other instances, just having children to care for can help refugees to ”hold on”. Mama Joan, an Azande refugee in Uganda, compared her last exile in the 1990s to the present one:

> **“In those days when my sons were young, I drew hope from them to go on living. I used to think to myself, if I give up now or turn into a mad woman, how many problems will these children have when they grow up? Who will take care of these angels if not me? Now that they have grown up, they do not want to stay with me. I begged them for these three [grandchildren], and now they give me hope.”**
>
> Mama Joan, South Sudanese refugee in Uganda, quoted in Hillary & Braak, 2022, page 172.[176]

Hope

A central element for refugees to be able to cope with the ongoing adversity is maintaining hope that life will take a turn for the better. Psychosocial well-being is not only influenced by the “here and now,” but also by whether they see options for improvement of their situation, for example through getting an education, or the chance to be resettled to a stable country where they can rebuild their lives.[87] Hope is fuelled by the presence of non-governmental organizations in the refugee camps and settlements to support for livelihoods, education and scholarship for further studies. The ideal of having diplomas that could lead to a well-paid job seems more tangible for them in the camps than when they were still in South Sudan.[366]

People also dream of resettlement. Many South Sudanese know relatives or people from their community who have been resettled to Western countries through large-scale resettlement programmes for Sudanese in the 1990s. The dream to be resettled, although often unattainable, persists and is something people desperately cling to: “We put our trust in God so that he creates a way so that UN can relocate us and maybe there we can get some freedom (...) But everything is God’s plan and if it is so hard for it to happen, then it will not happen...”[366]

Over time, however, many of the hopes of refugees get crushed by the realities of decreasing food rations, limited opportunities for higher education and dwindling opportunities for resettlement to high-income countries. Young South Sudanese peoples’ imagination of their futures oscillates between fatalistic surrender to a life in a refugee camp without substantial progress and having high hopes that drastic change (for example, through resettlement) will come.[366] The hardships and violence they experience are temporarily forgotten through moments of hope; for example, when a close contact is able to get resettled. In Cairo, prayer meetings and parties organized in honour of friends and relatives who are being resettled function as beacons of hope that a turn for the better is possible, even as chances are slim.[10]

Faith

Religious beliefs often constitute the bedrock of refugees’ beliefs about their situations, their futures, and their ability to make meaning out of the events that have occurred in their lives.[150] Turning to religious faith is therefore found to be a major coping strategy for East African refugees. Understanding events as “God’s will” and believing that one’s life has a purpose helps to cope by giving order to the disruption and chaos of their lives.[155] In this context, South Sudanese frequently compare themselves to the Children of Israel who suffered a great deal but emerged more resilient and stronger.[420] South Sudanese faith communities help people make sense of adverse experiences by placing the suffering of families and individuals within a larger communal narrative in which collective violence and forced displacement are part of a divine plan of punishment, exile and redemption. Such collective narratives can help build a sense of agency among individuals, fostering mutual care within the community, and finding a sense of meaning in the face of adverse experiences.[178] Believing in God provides people with a way to regain some of the control and meaning they have lost over their lives. South Sudanese often experience their faith as a direct relationship with God, which provides emotional support and comfort. Praying to God helps people cope with traumatic experiences, unhappiness and loneliness.[369, 370]

Most South Sudanese refugees in Uganda have a strong belief that God can help them overcome any life challenges. They say that the practice of praying comforts them and makes them feel less stressed, sad or anxious. Praying to God provides them with the experience of another who is always there and with whom they can always communicate, even if they are lonely.

This helps them to remain hopeful. Being part of a faith community makes them feel connected with others and allows them to meet others at church prayers or other social gatherings. Church services provide safe spaces where people can share challenges in their life and get advice or comfort from fellow church members or their priests or pastors. Collective activities at church gatherings, such as singing, dancing, or attending vigils, help to build social cohesion and provide opportunities to escape from the challenges and struggles they face in daily life.[70] Religious rituals give the community moments of relief and reflection.

In the Protection of Civilian sites in South Sudan, the weekly rehearsals of the choir are important moments of socializing.[368] Churches may also provide more formal forms of psychosocial religious counselling. For example, the South Sudan Council of operated a popular hotline ("Power to Forgive").[354] Churches may also provide practical and material support to those in great need. In fact, many refugees with psychosocial issues prefer going to church and resorting to praying instead of seeking help in the formal mental health sector.[225]

For South Sudanese refugees in urban settings, who often get less humanitarian assistance than those in the refugee camps, churches are an important source for assistance and (psychosocial) support.[394] During Sunday services in South Sudanese refugee churches in Cairo, those who had particular challenges during the week are invited to come forward and the congregation prays especially for them.[36] For refugees who resettled in high-income countries such as Australia, the role of the church as a social institution that provides a traditional meeting place and a common identity remains relevant, but its relevance for many South Sudanese youth is declining.[345]

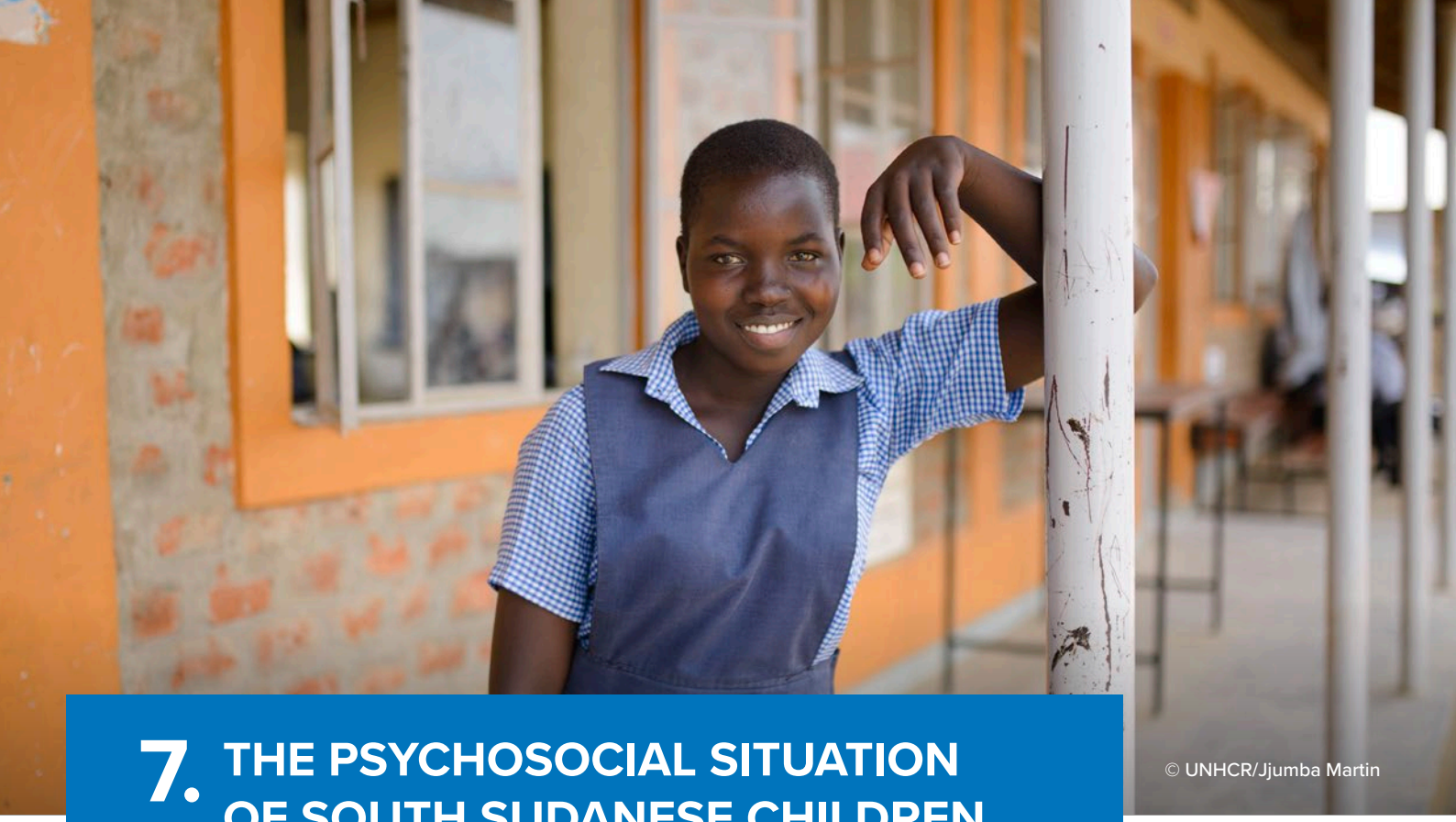
Acceptance and resignation

Cognitive reframing is another coping strategy used to reframe situations and concentrate on future wishes, hopes and aspirations. Refugees described two methods of reframing their situation.[225] First, some refugees create an inner strength and resourcefulness that help them to believe that they can cope with challenges. Second, some refugees accept their situation, normalize, or minimize the harshness of the situation, feeling that there was nothing they could do about it; they "just remain calm and get used to it".

Comparing themselves to others who were less fortunate allows refugees to gain perspective and cope with their difficulties. It reminds them that they have survived through worse experiences and that gives them hope for the future.[370]

Sport and physical activity

Research among South Sudanese refugees reports positive associations between well-being and participation in sport.[370] Sport can be an important strategy to cope with stress, anxiety and depression, preventing people from resorting to misuse of alcohol or drugs or engaging in crime. South Sudanese youths usually have a positive attitude towards sports.[343] Qualitative research with South Sudanese women in Uganda indicated that they valued physically demanding farming work also as a way to avoid over-thinking and depression.[176]



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7. THE PSYCHOSOCIAL SITUATION OF SOUTH SUDANESE CHILDREN AND YOUTH

7.1 Psychosocial distress among South Sudanese children

In general, refugee and IDP children are reported to display elevated levels of distress.[49, 350] Family, peer and community supports are essential in helping children to cope successfully.[155] In South Sudanese refugee children in Uganda, adverse mental health was found to be related to experiences of violence within families and households, and with the mental health state of the parents.[282, 283] At the same time, most refugee youths identified their family and friends as key sources of social support. In the development of a scale to measure psychosocial well-being among South Sudanese children, three main factors emerged after extensive qualitative research: social well-being (which was strongly related to social interactions), emotional well-being (emotions) and resilience (self-regulation skills and knowledge).[328]

Unaccompanied minors, who do not have the protective shield of their family, are more likely to develop psychosocial distress resulting from experiences of trauma and loss coupled with the separation from important emotional relationships with parents, siblings and/or other caregivers, who in normal situations help their children cope with difficulties.

Unaccompanied minors show higher incidence of behavioural problems, depression and somatisation, as well as suicide attempts and psychotic episodes.[155] The state of separation from their families, not knowing if parents or close relatives are still alive, can lead to situations of ambiguous loss with high levels of stress and strong emotions.[263] However, alternative sources of support can be found. Relatively extensive research has been done on the “Lost Boys of Sudan” (see Chapter 9). One qualitative researcher remarked that “In spite of having experienced high numbers of potentially traumatic events, whatever level traumatic experiences may have created long-term emotional distress in the Lost Boys, in most it did not appear to result in a significant degree of impairment to ‘normal’ functioning”.[263] While the Lost Boys had to continue to live for years with the uncertainty of the fate of their families, through their journeys in the refugee camps in Ethiopia and Kenya—where they received the vital support from community elders, peers and camp caregivers—and after resettlement in the United States, many of them mobilized extended families, friends, and acquaintances to trace family members, often successfully.[262]

In Kakuma in the 1990s, unaccompanied children were grouped into small households and given opportunities to share their traumatic experiences, but most children did not wish to talk about their individual experiences.[146] There are indications that minors within foster care, sensitively ethnically and culturally matched, have better mental health outcomes.[294] However, this is not always effective, as foster parents do not always develop strong emotional relationships with their foster child: In refugee camps, where people stay for long periods, anger and frustration tend to become major issues among youth; anger towards everybody including staff of UNHCR and NGOs.387 In such situations youth may easily resort to maladaptive coping strategies, such as seeking support from problematic peer groups and engaging in high-risk behaviour including aggression, sexual assault and excessive use of alcohol and drugs.[315, 368]

In Nguenyyiel Camp, Ethiopia, refugee leaders are worried about child abuse and child neglect in their community, and feel these children need help. But children with mental health issues and behaviour problems do not often visit child-friendly spaces, and so are not identified in these spaces.[43] There is a lack of trained personnel available to identify children with mental health issues. Often children with behavioural problems or school difficulties are seen as being problematic or “bad” and considered disruptive and are not referred for supportive MHPSS services.

Domestic problems, including physical violence between parents, harsh corporal punishment of children, and alcohol abuse problems of parents, are drivers for child labour and children leaving the house to live on the streets. This is an issue in the larger urban centres of South Sudan, particularly Juba.[314] After marriage, girls are often socially and physically isolated from their friends and family and are completely dependent on their husbands and in-laws for emotional support and basic needs.[64]

The COVID-19 pandemic in 2020 and 2021 has worsened the situation in many refugee camps and settlements due to the closure of child-friendly spaces and schools. Instead of going to school, many children started working to earn money, engaging in early marriages, or returning to South Sudan.[361]

Experiences of violence and breakdowns of social structures make internally displaced children (girls and boys) vulnerable to sexual abuse and other forms of exploitation.

In some cases, young women and girls are offering sexual services for money or protection in the absence of it, or as another means of survival. Sometimes even young children, mostly girls but also boys, engage in sex work in exchange for money, food, or other basic goods.[387] Some might be unaccompanied or separated minors. As prostitution is illegal in South Sudan and Uganda, and prohibited in several areas in Ethiopia and Kenya, sex workers are particularly vulnerable. Harassment and rape by customers or police have been reported.

7.2 Youth

The gender stereotype of female youth is often characterized as “troubled” whereas the male stereotype is identified as “troublesome”.[127] Young people have been both, as they can be perpetrators as well as victims. The war, in which youth are taken advantage of by political and military leaders who want to engage them to fight, has taken away their future, economic possibilities and chances to marry, thus restricting their means to establish themselves as meaningful members of society.[133] Young South Sudanese across the various geographic areas are facing similar challenges. Due to the conflict, forced migration and living in camps or dangerous environments, traditional types of moral authority have been eroded. Sometimes this is even replaced by armed and criminalized groups of youth, who have taken advantage of the space provided by a collapsing state and social order.[133]

Displaced youth in camps and settlements

Displaced South Sudanese youth who live in camps and settlements for IDP and refugees may have antagonistic relationships with others from different ethnic groups, as do those with urban and rural backgrounds, calling each other “primitives” or ”lost” respectively.[133] Although young people within PoCs and refugee camps and those who stayed behind experience the war differently, male youth do share the same general challenges: masculinity and status are in South Sudanese militarized society essential elements for the ability to protect the community and take care of the family and household.

Young men in the camps are struggling to find out what kind of contribution they can make to these expected tasks.

Youth and gang culture

Similar to other marginalised groups, many young people fall outside of political and community structures, resulting in intergenerational tensions and rising frustrations particularly in male youth with the realization that it is not likely that they can reach their responsible ideals of adulthood and manhood.[423]

Crime and violent behaviour have become a means to access resources and to voice their dissatisfaction with processes and structures that they feel do not represent them. Some youth, mostly young men, become members of gangs, both within urban settings in South Sudan as well as in refugee settings.[133, 259, 386] Orphaned male youth are overrepresented in such gangs, because they have limited options for education and livelihoods. These youth refuse to heed the advice from established youth leaders or elders and may get involved in crime, including assault, theft of property, the spread of illegal drugs and damage to private and public property. Ethnic tensions between these groups are reported.[387] The gangs serve as social groups with their own hierarchical and moral compasses.[387] They have their own "moral order and codes" that connect to a wider global culture, and that may be linked to criminal activities and fighting amongst themselves.[386] Such gangs often behave defiantly to traditional authorities, while providing their members with a protective spaces and resources to survive and define their own future, being both a social and economic community, providing their members with a sense of belonging and a proud identity.[386, 423] South Sudanese youth gangs also emerged in refugee settings outside South Sudan, such as in the urban contexts of Khartoum,[107] Cairo[36] and as far away as in towns in the United States with sizeable South Sudanese populations.[128] Leaders of South Sudanese gangs in Cairo report that they were established to secure a sense of identity, belonging and protection. These youth had little tribal affiliation and the gangs were established with allegiance and membership according to the neighbourhoods where the youth lived. These is strong peer pressure for youth to join gangs and they risk of violence and robbery if they do not.[36]

Young people in the camps and outside are exposed to different types of violence. Criminality and violence between groups is often explained through the lens of youth idleness, and the violence of the youth could be considered a form of maladaptive coping with their situation. Although we have emphasized the challenges of the youth and by the youth, it is, however, important to keep in mind that the majority of the female and male refugee youth from South Sudan are peaceful, irrespective of all the constraints and challenges they face.[387] Not all youth behave problematically; many are able to use healthy strategies to cope with their challenging circumstances and try to live a meaningful life. They show positive personal attitudes, experience support from families, community members and agencies, and from their religious practices. Keeping themselves busy and attending school are important strategies for these youth. South Sudanese youth organize themselves in many ways, including into student unions, football teams, and theatre or dance troupes. Sometimes these groups are ethnically homogenous, and sometimes they include people from particular regions in South Sudan, and at other times they span beyond such boundaries.[15, 55]

7.3 Challenges with education

For South Sudanese children, school is not just a place to generate knowledge, it is also an important place for social interaction with peers, to develop friendships and to engage in social activities. Schools are also a source of safety and stability or structure in daily life.[239] However, often refugees enrol in school at lower rates than national students due to limited resources and capacity.[110] Schools in or near refugee settlements, which serve mainly refugees, are often understaffed.[298] In Ethiopia, South Sudanese are only allowed access to primary education, and do not have automatic rights to progress to secondary or higher education, as spaces are limited.[110] Circumstances force many children to assume adult roles, notably as heads of household. Disrupted education takes away their dreams and their hopes for a better future. Many refugee children of secondary-school age are out of school, mostly because they cannot afford the fees.[434] In the camps in Gambella, Ethiopia, the possibilities for secondary education are even more limited as there are no secondary schools in the camps.[387]

Long-term school closures during the COVID-19 pandemic severely disrupted the education of many children in East Africa, including refugees. For example, Uganda schools were closed for two years, including in refugee settlements. One staff member in the Kiryandongo refugee settlement in 2021 noted:

> **"When school ended...children were sent home and these children... they have stayed home now for one full year. They are not the children we knew; they have turned into doing so many things. Some of them they do smoke opium, they drink alcohol, you know. And they–– they are new to their parents again and all these things they do, they need psychosocial support. Last week when I was in the community for community dialogue, we were doing awareness on COVID-19, mothers requested for teenage training for the girls because they don't stay at home: they move a lot, they are idle, they need something to do. So, if we can organize for teenage training, we can ask these girls during this time that they are really at home. What can they do so that it keeps them busy?"**
>
> NGO staff in Kiryandongo settlement Uganda, quoted in Cohen et al, n.d.[86]

In Kenya, South Sudanese youth try to get access to Kakuma camps' education resources because they are considered of good quality and because there is greater focus for youth to gain educational competences. There are scholarship possibilities to universities, two boarding schools for girls and even a new university.[387] In some cases, teachers attempt to address students' psychological challenges, but struggle to do so as they receive limited professional trainings and structural support.[110]

Within South Sudan, the educational situation is still dramatically impacted by the conflict. In 2011 about 40 per cent of the teachers had finished only primary school. Only five per cent of teachers were female. The literacy levels in South Sudan are still among the lowest in the world: in 2011, only 27 per cent of males and 19 per cent of females aged 15 and over reported being able to read.[426]

Only four per cent of males and two per cent of females had finished secondary school.[386] The female-to-male school enrolment ratio is the lowest in the world. The war and the flight to Protection of Civilian sites or IDP camps make many youth feel their lives are on hold and that they are wasting their time; they do not have enough activities, do not have access to further education and have no meaningful livelihoods or employment opportunities, which creates a lot of frustration.

7.4 Returning youth

In South Sudan, changing attitudes towards gender roles are mostly noticeable among the thousands of returning refugee girls. They must reintegrate into a society that they do not automatically see as "home". This reintegration is laden with problems.[127] For these girls it is not only the displacement and geographic relocation that is problematic, but the sociocultural dislocation as well. The girls report feelings of being more displaced and alienated in South Sudan than they were abroad.[127] Better educated and more self-assured than the girls who did not experience displacement, their more progressive ideas on social issues are not in line with traditional patriarchal norms. For instance, their clothes are not always thought to be respectful. And having jobs in which girls interact with non-kin males is considered to be bad for the reputation of girls. On the other hand, most female returning youth do not have alternate options other than, for instance, working in hotels, because they do not have the necessary connections to find a job that is approved by the community.[387] In refugee camps in Sudan, brewing and selling beer was one of the few income-generating opportunities available to women and girls. For these girls, the possibilities for getting married are low.

Directing attention to displaced girls to address their needs, ambitions and hopes requires a deeper understanding of the consequences of displaced girlhood for South Sudanese society in relation to other fields, such as peacebuilding, economics and sociocultural aspects.[127]

Furthermore, many returning youths are urbanized and unfamiliar with the rural environment and way of living. Male youth also experience problems after they return.

The researchers Grabska and Fanjoy quote a young Nuer man who returned to South Sudan after a long stay in Kakuma refugee camp in Kenya:

> **"When I first came, I did not understand these people. I never really lived here, and I did not know *cieng nuära* [Nuer culture/community], although I am a Nuer. As a returnee, you bring a different culture with you. In order to be accepted, you have to learn the culture and behaviour of those who are here. Otherwise, you will be lonely and isolated ... In Kakuma, people were free and they did what they wanted to do."**
>
> Returned South Sudanese man, quoted in Grabska and Fanjoy, 2015, page 85.[159]

Back in South Sudan, families struggle not only with the cultural norms and social rules, but also with a much more restricted diet and more limited access to health care than was available in the camps and settlements.

7.5 Children and youth in resettlement countries

The South Sudanese refugees who have been resettled to high-income countries most often experience acculturative stress. For example, the concerns of South Sudanese adolescents and youth in Australia relate to challenges with English language proficiency, issues of parental control, coping with new freedoms in Australia, and conflicting cultural rules, all of which lead to intergenerational tensions resulting in friction between parents and children and between men and women.[288, 345] There are also intergenerational effects: children born in the United States to resettled South Sudanese refugee mothers had high levels of anxiety and aggression, particularly those living with mothers who were divorced or separated.[419]

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8. GENDER-BASED VIOLENCE AND MENTAL WELL-BEING IN SOUTH SUDANESE

8.1 Gender-based violence

Gender-based violence has profound effects on the psychosocial well-being and mental health of survivors. It is also one of the most widespread forms of violence in South Sudan.[153] This chapter discusses various factors that have contributed to high levels of gender-based violence among South Sudanese.

Social and cultural practices of gender inequality

Restrictive marital practices and gender norms are major drivers of both intimate partner and non-partner violence.[120] Intimate partner violence (IPV) against women and girls is widespread: in a survey (n = 2,105) in South Sudan, 75.2 per cent of the respondents had experienced IPV, ranging from threats to forced sexual acts. Wife-beating is often seen as appropriate violence, although acts such as kicking and punching are not acceptable. Many men and women In South Sudan believe that a woman should tolerate violence in order to keep the family together and that there may be instances when a woman deserves to be beaten; for example, if a woman goes out without telling her husband or comes home late, neglects the children, argues with her husband, or refuses to have intercourse with him.[120, 371] Some men feel they have the right to beat their wife because they paid the bride price and effectively own the woman now.[332] Early marriage puts the girls at risk of sexual, physical and emotional violence. The increased risk for interpersonal violence experienced by girls who marry much older men has been attributed to power relations in these marriages and being unprepared for the burden of household responsibilities.[332]

In cases of sexual violence South Sudanese people tend to put at least part of the blame on the survivor; for example, by assuming that “if a woman is raped, she has usually done something careless or put herself in that position’ and ‘if a girl is raped, she should marry the man who raped her”.[310] Male survivors in Uganda mentioned that a man who is raped runs the risk of “being regarded as someone without value”[115]

Conflict-related gender-based violence

The internal conflicts in South Sudan have fuelled sexual violence.[100, 122, 260] Insecurity of women and girls is exacerbated by a lack of accountability and weak justice systems.[181]

Women in South Sudan easily become primary targets during conflict, which in turn triggers revenge from their husbands and relatives.[415] During the waves of armed conflict, gender-based violence was used as a weapon.[207, 221, 371] The United Nations Special Representative on Sexual Violence in Conflict reported in 2018 how sexual violence was purposely being used as a tactic to displace and terrorize rival communities in South Sudan.[299] Attacking women, as bearers of the next generation, is not only an attack on her as an individual, but on her community as well.[59] While the abduction of girls and women during tribal raids has always been an issue in South Sudan, it has increased in the last decades and it has been purposely used as a tool of war, often prompting retaliatory attacks.[236]

Men and boys can become victims as well. A survey of men living in South Sudan found that almost half had experienced or directly witnessed sexual abuse of a man.[312]

Violence against women and displacement

Among women who become refugees or who are internally displaced, gender-based violence is a major issue. In refugee settings in the West Nile region in Uganda over half of the female respondents in a representative community-based survey indicated they had experienced gender-based violence and many of them experienced it the last six months of displacement.[241] Risks for incidents of violence against women were highest during the collection of firewood and late-night movements after having visited recreation centres.[241, 254] In the refugee and IDP settings, where the population is almost entirely dependent on humanitarian aid, the dependence on external assistance can lead to sexual exploitation and abuse of women and girls by people who are supposed to protect them, demanding, for example, sex for food or security.[121, 312]

Shifting gender roles

Changes in gender roles in conflict-affected communities are related to the loss of traditional ways of livelihoods and the absence of male providers, but also to humanitarian assistance and the way that it is provided, including who is prioritized to receive assistance. In refugee settings and in South Sudan, this has made women the main providers of food and income, which can cause South Sudanese men to feel threatened in their masculine identity and, as such, fuel intimate partner violence. The registration of women as household heads is in itself a contributing factor as men feel that their right to be head of their family is taken away.[1] A major driver of gender-based violence is the inability of men and boys to fulfil their traditional gender roles–such as earning enough money to pay the bride price, being able to feed and protect their families–which may undermine their feeling of being a good man and lead to attempts to compensate for this perceived lack of masculinity. The loss of cattle wealth is also a key driver of other forms of gender-based violence such as sexual exploitation and abuse, forced marriage and child marriage. These phenomena are increasing because of the dire economic circumstances and climate changes with drought and floods killing cattle and destroying pastureland.

8.2 Male survivors of sexual violence

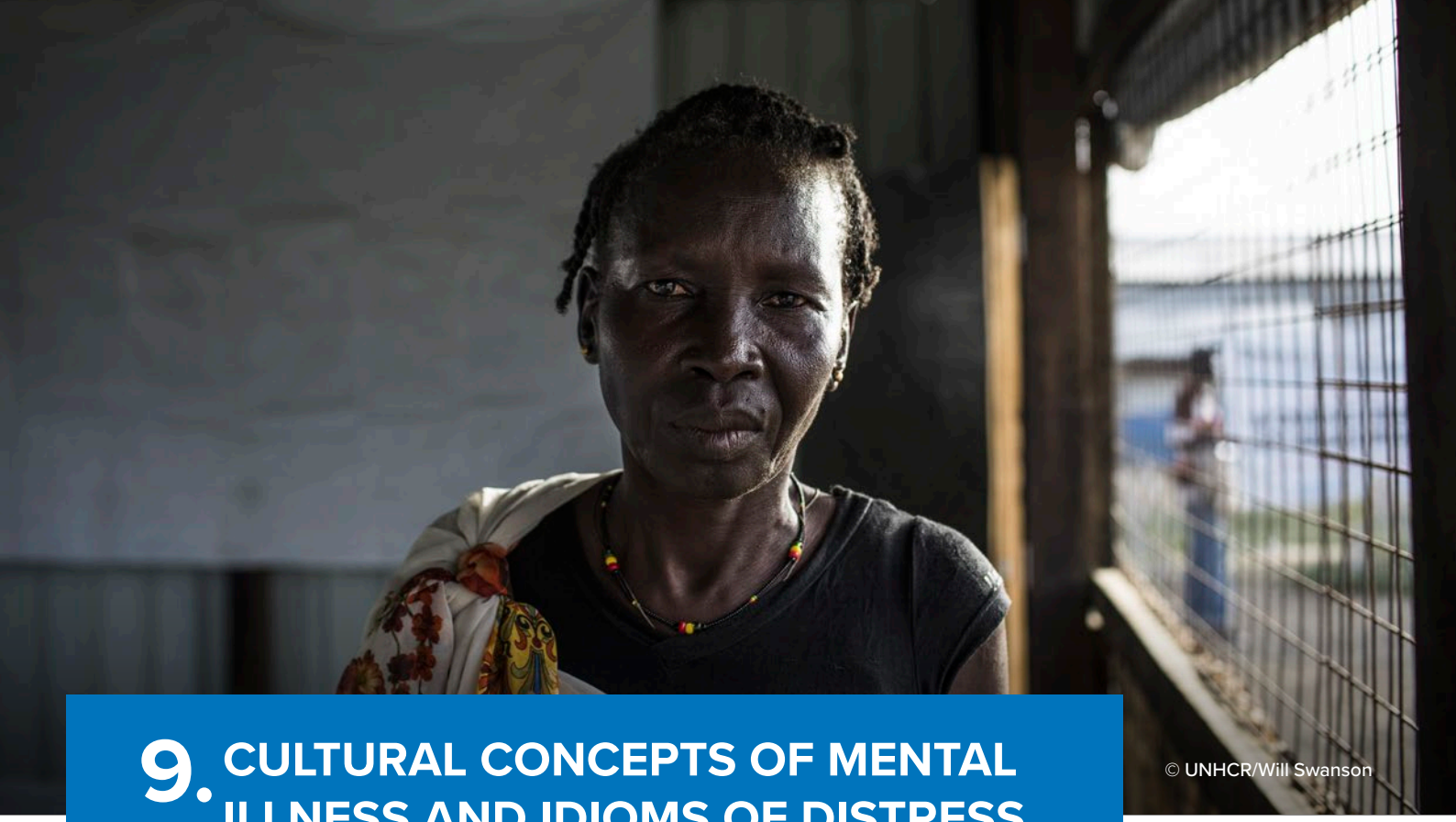
There is not much research covering sexual violence against males from South Sudan, but in settings where it has been explored, conflict-related sexual violence against men and boys has been found to happen regularly, though due to the sensitivity it often remains unreported.[381] In a South Sudanese survey almost half of the men interviewed had experienced or witnessed the sexual violence of a man.[312] In another study, between six and nine per cent of men reported having experienced some type of sexual violence (including rape, attempted rape, unwanted touching or being forced to undress)[14] In a screening of 447 adult male refugees in Uganda, 13.4 per cent mentioned they had experienced sexual violence in the previous year, and four in ten indicated to having undergone some form of sexual violence during their lifetimes.[108] However, men often keep silent about what happened to them due to fear of stigma.[249, 464]

8.3 Gendered coping mechanisms

Coping with the experience of violence is gendered. Many South Sudanese who experience sexual violence want to keep this silent and try to forget. This is a general coping strategy, mainly in societies where daily life centres around relationships within the family and communities (rather than the individual). Sharing individual experiences is only possible if it is generally acknowledged that people become victims of sexual violence. Individual experiences of suffering often remain unaddressed in this process.[402]

A study among South Sudanese women with experiences of sexual violence showed many had severe symptoms such as nightmares, loss of memory, lack of concentration, stress and thoughts of revenge or suicide. Many of them had not disclosed their experiences and had coped silently to protect themselves and their children from stigmatization or exclusion. Many women were more concerned about their shattered family and social lives than about their inner lives.[402] However, women should not be considered merely as passive victims. Over time, some women in South Sudan have developed forms of agency and found ways to resist the stigmatisation and marginalisation related to gender-based violence.[207, 209] In settings where specialized MHPSS services are available to support survivors, women are more active in seeking formal supports. Stigma around sexual violence-related mental health issues in the refugee community can also contribute to refugees avoiding treatment.[240]

Male survivors of sexual violence tend to cope with stress by trying to repair their perceived emasculation. They hide their feelings of vulnerability, victimization and identity confusion. In general, men also feel ashamed and fear stigmatization and exclusion. Men are much less likely to seek the support of formal services. To cope with their frustrations, vulnerabilities and feelings of powerlessness, men can turn to alcohol use, sexual promiscuity and physical violence.[400]



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9. CULTURAL CONCEPTS OF MENTAL ILLNESS AND IDIOMS OF DISTRESS AMONG SOUTH SUDANESE

Knowledge of local expressions and concepts of well-being and illness is essential to understanding the mental health and psychosocial well-being of South Sudanese people. Professional concepts of psychiatric and neurological disorders as described in "Western" classification systems such as the Diagnostic and Statistical Manual (DSM) of Mental Disorders and the International Classification of Diseases (ICD) are often not aligned to the way "non-Western" populations experience and define their mental and psychosocial well-being. Understanding how South Sudanese people express emotional and social suffering ("idioms of distress"), how they conceptualize and describe mental health conditions ("cultural concepts of mental illness") and how they explain its causes ("explanatory models") are important for planning MHPSS services that "make sense" to South Sudanese beneficiaries. Attempting to capture South Sudanese terminology around mental health is challenging given the many different ethno-linguistic groups and the variations within groups who share the same language but have very different dialects. Culture and language of the many ethnic groups living in South Sudan continue to evolve. For example, Nuer refugees who are living in the same refugee camp, but are originally from different regions of South Sudan, might find it more difficult to communicate with each other than with Dinka who are from the same geographical region they are from. In refugee settings, even more cross-pollination between cultures and languages may occur.

9.1 Cultural concepts for severe mental health conditions

South Sudanese who suffer from severe mental disorders to the point that they are no longer able to participate in activities of daily living are commonly referred to as "crazy", "mad"[34] or "separated from their head".[399] The descriptions of people with such conditions focus on behavioural disturbances and delusional thinking.

The Nuer, for example, use the term *yɔŋ* for "crazy/madness". But because this same word also applies to being drunk from alcohol, the Nuer distinguish the two by saying, *yɔŋ kɔaŋ* (possessed by alcohol) and *yɔŋ kuɔth* (possessed by god/spirits). The latter is characterized by disorganized behaviour (wandering through the streets aimlessly, disorientation, taking off one's clothes in public, walking naked, collecting garbage), speech problems (talking alone, mumbling, not talking at all, illogical talk/disorganized speech), having an unkempt appearance (very dirty, dressed

inappropriately) and hearing voices or seeing or smelling things that do not exist.[8] The term *nyuɔn wi̱äc* is also used to indicate people in a state of mental confusion. *Nyuɔn wi̱äc* in Nuer is a relatively benign description for "being confused" which can even be used for simple things such as forgetting something, when a person can say about himself *ci wi̱cda nyuɔn* ("I am confused").[420] See Annex A for more details.

Among the Dinka, various terms are used: *Reare nohom*, to indicate a state of confusion and disorientation that lasts for a short duration, and *aceimol* to indicate mental distress of longer undefined durations.[179] See Annex B for more details.

The Azande use the terms as *lo-nzunzu te* or *ri-nzunzu te* (literally meaning: a state of the mind which is not right).[177, 404] The key word here is *nzunzu*, which carries the meaning of "correct", "ín the original state" or "right". See Annex D for more details.

The Bari-speaking Kakwa, Kuku and the Pojulu in the area around the areas of Yei, Kajo Keji and Lainya use the concept of *mamali* (disturbed mind) to refer to people with severe mental illness and identify aggressive behaviour, such as "throwing stones at people" as its main feature. Other characteristics include "talking when no one is present", bizarre behaviour including eating dirty or inedible things, walking naked, self-neglect, social isolation and speaking incomprehensibly.[455] The linguistically- and culturally-related Kuku of Southern Sudan, who also speak Bari, use the words *ayan lo kwinyit* (mental illness) or *tumalyan* (madness) as synonyms. A person who is mad is called *mamali* with characteristic features: talking to oneself, laughing on your own, collecting garbage, walking barefoot, wandering around, aggressive behaviour and self-neglect. Another description by the Kuku for severe mental illness is *kuwe a lagu* meaning "the head has gone loose".[297]

As causes of "madness" the Kuku identify a range of potential factors including spiritual factors such as *bunuk* (witchcraft), physical factors such as *bogoji I kwe* or *penga I kwe* (head injuries due to accidents), *moju na yawa mata* (alcoholism) and *mata na bangi* or *piko na bangi* (misuse of cannabis), but also emotional factors such as *deliyesi* (sadness), *lokole* (feeling of stress, repeated thoughts), *medya na ngo naron* (witnessing disturbing negative events), *yeyesi ti moro* (memories of war) and *gonarok* (negative thinking).[106, 297] See Annex E for details.

The small ethnic group of Jo-Luo use the term *moul* to refer to persons that are aggressive ("fighting with people, throwing spears or setting houses on fire") and display bizarre behaviour, such as walking around naked, eating faeces or collecting dirt. This also includes persons whose speech is not understandable and does not make sense. Such descriptions can be understood to apply to psychotic states.[455]

9.2 Cultural concept for emotional distress

South Sudanese languages have a range of expressions of distress, with central characteristics involving trouble sleeping, being sad, withdrawing oneself and not being able to concentrate. These expressions are connected to having a "difficult life" or "hardship".[155] These concepts of emotional distress have some overlap with common mental health conditions such as depression and anxiety disorders, but can also indicate adaptive emotional states. Moreover, the ideas of what causes such a condition and what should be done about it can be very different from Western psychiatric explanations and are rooted in explanatory systems that do not align well with those of psychiatry and psychology. With dozens of different languages and widely varying dialects, South Sudanese expressions of distress and associated idioms are highly diverse. A detailed description of idioms of distress is not possible in this review, but some broad concepts can he highlighted.

Overwhelming sadness

Many ethnic groups have expressions to indicate that a person is very sad. For example, the Azande would use the term *bakere gberarago* (overwhelming sadness), [176] while Dinka would use expressions such as *taka retic* (sad thoughts).[33] Similarly, the Bari-speaking Kuku have a term that indicates extreme sadness *tongo i kwenyit kode i toyili* which indicates a "heavy heart" and having a lot of thoughts in the mind.[106] The Nuer term *ji̱äklɔac/ kuo̱k kɛ rɔ* literally translates as "heart feeling bad" and is used to describe sadness, but can also indicate disappointment or anger.[420] Indeed, many features of depression are seen by the Nuer as associated with *ji̱äklɔac/ kuo̱k kɛ rɔ*: feelings of "everyday" sadness, stress, feeling disappointed, crying, self-neglect, social isolation, poor communication, lack of interest in social


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activity, loss of enjoyment and interest in activities and physical complaints such as headache, muscle aches and pains, nausea, loss of appetite, poor sleep, fatigue/being tired, trembling and fever. However, the perceived causes of *jïäklɔac/ kuɔ̱k kɛ rɔ* reveals what people view makes them suffer: bad spirits, being punished by God, not being able to support/feed your family, loss of property or loved ones and traumatic events.[8]

Thinking too much

Often refugees mention the problem of "overthinking" or "thinking too much".[9, 340, 455] It is considered an idiom of distress that refers to pensiveness, intrusive thoughts or feeling filled with anxieties. Those who suffer from it describe not being able to quiet their minds and sleeping only a few hours per day.[455]

They also are physically weakened and tired, and often believe that their situation is hopeless. They may avoid going outside the house and tend to isolate themselves. The expression "overthinking" is used in many languages such as Dinka (*tak tak aretic*), Bari (*yeyesi jore*), and Shilluk (*charomo*). See Annexes B, C and E.

Broken head/stuck mind

Many South Sudanese people see a strong relationship between thinking and feeling and locate both states in the mind: "*... the centre of feeling is the mind.... It is the mind who can think or feel like that*".[365] Displaced Shilluk in Malakal used the term *cung wij* (stuck of mind).[315] In Bari, this is explained as *dyanguyynakwe* (confused head) or *korjunakwe* (spoiled/damaged head).

The Nuer use the expression *ram mi ca cere nyon* (a person whose head is destroyed). The Dinka say *riak-nhom* (head damage) or *arier-nhom* (confusion of the head). These expressions reference "the head," but refer more to the mind than the (physical) brain.[411]

Somatic expressions

Distress is often expressed by South Sudanese through physical complaints.[87, 88] For example the medical anthropologist Liz Coker describes the case of a Dinka woman in Egypt with *darabat fil gelib* (rapid heartbeat) which embodies her traumatic experiences, loneliness, worries and fears.[87] Internally displaced persons in South Sudan have described having nightmares, getting angry easily, experiencing concentration problems and thinking of suicide, often combined with physical manifestations of psychological distress such as headaches, stomach pains, backaches and heart palpitations. Combined, these complaints negatively influence their capacity to fulfil their daily duties such as taking care of children and maintain relationships, as well as their ability to work or study.[20] In the Protection of Civilians site in Malakal, Shilluk people used terms such as *pid* (tiredness) to indicate their emotional distress.[315]

Trauma

Several authors note that languages such as Dinka, Kakwa and Luo do not have terms of their own for the phenomena of post-traumatic stress disorder.[179, 411, 455] This does not imply that people do not recognize the symptoms.

The Azande in Kiryandongo refugee settlement in Uganda use the expression *riise yo aima gbera* (the head has become bad) for people who are overwhelmed by the experience of having witnessed or committed "bad things" like war-time violence.[176] The best approximate word for trauma in the Nuer may be *Tɔa̱ŋ* which indicates that something terrifying happened to a person that is difficult to forget.[420]

South Sudanese staff of humanitarian and development organizations who have been exposed to Western concepts of trauma and trauma healing adopt the English term "trauma". They often use it in a loose way as a "distressed mind" or any state of mind after experiencing terrible situations, and tend to conflate the psychological term "trauma" with a range of social and societal changes, including a breakdown in marriages, inflation of the currency, and drugs and gangs, without being able to articulate the link between these societal ills and trauma.[269] The word "trauma" is usually very well known to refugees in high-income countries, where it may become part of their identity as a refugee, having helped them to acquire refugee status and access services in the host country.[270]

In Juba, some use the Arabic word *sadma* which approximates trauma. *Sadma* is understood as something that:

> **"Comes or starts from someone's heart. Someone's heart will start enlarging and this shows that *sadma* is coming to me, and it will put your body to shake and tremble. This is how *sadma* is. (....) It starts from your heart because of a bad situation or talk. It makes your whole body to tremble and you will even fall down unconscious without knowing yourself. (...) It breaks your heart and if it begins to pain it means that this sickness is coming. It has different ways of coming, even if you are given advice. So what is important is that you have to free your mind if you have seen bad things. It needs you to sit down and see things slowly, this will not put your heart into problems that may create a sickness like *sadma*. You are to keep your heart not to get too much angry or full of thoughts. Put the name of Lord Jesus Christ in front of you, then this sickness will go away in your body quickly."**
>
> South Sudanese in Juba, quoted in Tongun et al, 2017, page 23.[411]

In interviews with South Sudanese about the effects of traumatic experiences, people commonly say they see a change in thinking patterns and mind-set: a shift from "normal" to "abnormal" related to the situation in the country.[411] Participants in focus group discussions around trauma in South Sudan described how they saw a clear link between violence and adversity on the well-being of people in South Sudan, expressing worry that the country is trapped in an "unending cycle of violence." They also noted how traumatic events affect

men and women differently, with men being more prone to resort to negative coping mechanisms that lead to self-harm and/or violence towards others.[269]

Grief

Grief is omnipresent, but South Sudanese often do not show it. Often the culture expects the bereaved to perform the necessary ceremonies to send off their beloved one. However, not everyone can carry the financial burden related to these ceremonies, especially when this involves travel to the area of origin. Those who cannot complete these ceremonies, and are not able to pay their respect to their departed ones, are at risk of experiencing prolonged grief because of a lack of closure of the bereavement period.[7] It is noticeable that across three surveys that the non-governmental organization Center for Victims of Torture conducted with South Sudanese refugees in Kenya, Uganda and Ethiopia, grief over the loss of loved ones and worry about separated family members were consistently the highest rated sources of distress, followed by loss of hope for the future and loss of social supports.[124, 154, 341]

In Table 3, some of the most common cultural expressions have been summarized. For more details see Annexes A-E.

Table 3: Some South Sudanese concepts[16] of mental health conditions

Language/ Ethnic group	Idiom	Translation	Note	Source:
Acholi	Aruba ruba/chan	Madness	Can be caused by "A lot of thinking in people's brain" (Ki tam ma duwang iy giith pa dano)	411
Azande	Gbatoto/Ira gbatoto	Madness/Mad person	Can be caused by bad thoughts/bad mind (*Gbegbere abera*) or when you have troubles in your mind-set (*Ho du moni na kpakarapai riroyo*) or by evil medicine	411, 177
Dinka	Ci muol/amuol/amiol	Madness	Can be caused by head damage	376, 411
	Riäk-nhom	Confusion of the head		411
	Tak aretic	Depression	"Sad thoughts"	333
	Ba piou lɔ̈japroör	Spell of terror or panic	"Terrified; like you're dying" – no word for panic or terror exists	3, 333
	Piuliak	Sadness		217
Nuer	Tiɛ̱ɛ̱l: Cɛ jicran tëm tiɛ̱ɛ̱l	Possible Depression	Related to loss, possible traumatic events and as a result of negative actions	8, 234
	Nyuɔn cäri	Possible psychosis	Strong traditional connotation. Person is cursed because of bad behaviour	8, 234

Language/ Ethnic group	Idiom	Translation	Note	Source:
Nuer (cont.)	Tɔa̱a̱ŋ: Cɛ raan tɔa̱ŋ te̱e̱kä	Possible PTSD	*Tiäm* means remembering. Attributed to experiencing or witnessing a traumatic event	8, 234, 420
	Di̱ɛ̱ɛ̱r	Possible Anxiety	Literally "something bothering you". Has several explanations, ranging from having suffered an attack (e.g. other tribes) and substance abuse to antisocial behaviour and an "angry mind"	8, 234, 420
	Yɔ̱ŋ kɔaŋ/ Yɔ̱ŋ kuɔth	Madness or Schizophrenia	Cause can be that person's head is destroyed by violence or chemical imbalance (*Rami ci ca̱rɛ nyuɔn*)	411, 234, 420
Jo-Luo	Moul	Aggressive with Bizarre behaviour	Fighting with people, throwing spears or setting houses on fire	455
	Wehie arenjo/ wehie arir	Destroyed mind/ Disturbed mind	Sudden change of normal to abnormal behaviour. Behaves like a drunk	455
	Nger yec	Cramped stomach	Always in a sad mood, socially withdrawn, weak and tired	455
Bari (Kakwa, Kuku)	Tomulian/ Mamali	Madness		411, 455
	Rugwoko	Stress		411
	Yeyeesi/Yeyesi jore	Many thoughts/ Too much thinking	People usually isolate themselves when having this condition, they feel sad, cannot sleep properly and can have suicidal thoughts	455
Kuku	Lokole	Distress	Too many worries, crying, thoughts, loss of appetite, sleep problems, lack of concentration, uncertain about future or outcome	106

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10. EXPLANATORY MODELS FOR MENTAL ILLNESS

How individuals and communities explain the mental distress they experience or see in others is based on their perception of health and ill-health, which in turn is rooted in local social and cultural context.[228] Understanding this is relevant, as the way in which a disease is explained largely determines health-seeking behaviour and attitude towards the (mentally) ill. Much of the psychological distress that South Sudanese refugees and IDPs experience is linked to causes such as violence, protracted displacement, "hardship with livelihoods and jobs," and poverty. However, usually identifying the cause of the illness does not provide a full explanation for the misfortune.[315] The question of how someone falls ill is often just one part of the explanation, the other half focusses on why someone falls sick and what and who is behind it (who caused the illness).[248] Both the direct cause and the more proximate cause are important in constructing a coherent idea of how (mental) ill-health is explained among the South Sudanese.

10.1 Social explanations

Common mental health issues with depression and anxiety as the main features are usually not considered a medical disease, but are explained by pointing at the hardships that people face in everyday life.

Emotional reactions are considered to be a normal part of life and thus do not necessarily need a complementary explanation about why someone has fallen ill.[364]

10.2 Somatic explanations

When mental health conditions are severe, people may seek explanations for this condition in changes in the body or the blood; for example, related to malaria or other infectious diseases.[455] Severe mental health conditions can at times be related to the effects of "sleeping sickness" (Trypanosomiasis) that makes a person's mind (head/brain) confused i.e. the person will be clinically diagnosed with delirium that requires medical treatment (e.g., *urata; or driciri in Madi, miol* in Dinka) and makes them "run mad" (*mamali* or *ababa* in Madi, *e ɣa jot nhom* in Dinka).[334]

10.3 Christian religious explanations

The everyday life of many South Sudanese Christians is saturated with religious components. Many refugees or internally displaced persons lose much of what they had and seek to make sense of violence and displacement through religious explanations rooted in the Christian faith.

Finding explanations of events through religion creates a sense of belonging and meaning in the disrupted lives of displaced people[155] Health often has a strong religious connotation. Physical ailments, if they can be treated and explained easily, usually need no religious explanation, however abnormal or persistent physical or mental conditions can be linked to divine interference. Flashbacks or vivid nightmares, for example, can be interpreted as visions sent by God. The following quote comes from a South Sudanese priest, who leads the service for South Sudanese refugees, in Arua, Uganda:

> **"We are all suffering. We disobeyed God. We've forgotten him. Where is the peace? What we sowed is what we are re-paying now. Our brain cannot rest, our heart cannot rest, our minds cannot rest. We are all sick. We have to pray. We have to sing. So that God can hear us and forgive us."**
>
> South Sudanese priest, quoted in Storer, 2017.[394]

Here, divine punishment is described as the reason for people being sick, their minds troubled and hearts aching. Similarly, a South Sudanese Christian pastor in Gambella, Ethiopia, said:

> **"People are getting mental disorders as they are living out of their God's will and they don't usually come to church to pray and ask for his mercy, that is why many are getting this mental health problem."** [196]

The small percentage of Muslims living in South Sudan have similar beliefs when it comes to the connection between one's God and one's health.[274]

10.4 Traditional spiritual explanations

For many South Sudanese, traditional spirituality is an important part of their lives. People who passed away live on in the ancestral world as spirits, from where they are, to some extent, able to influence earthly life. This dimension is as much part of everyday life as one's own living family.[52] These spirits should be cared for by prayers, offerings and good behaviour; the family and community as a whole is responsible for this. Behaviour which contrasts with what is perceived as "good", such as breaching taboos, breaking family bonds or damaging one's environment, can be perceived as the onset of ill-health.[306] Sudden mental illness can be attributed to witchcraft or cultural or religious transgressions.[455] The Azande refugee community in Obo, the Central African Republic (CAR), commonly attribute mental illness to the acts of angry spirits, although they also believe mental illness can be caused by stress due to the violence suffered during the war and the flight.[404]

Refugees from South Sudan who are resettled in Western countries may have adapted their understanding, but spiritual explanations remain important for many. When South Sudanese refugees in Australia were asked what they thought was the cause of depression and post-traumatic stress disorder (PTSD), described through a vignette, most of the participants indicated causes such as "spirit possession" and "curse".[274] A striking example of the power of spiritual explanations to make sense of unexpected illness and misfortune is given by Gail Womerley when she worked as a psychologist with the non-governmental organization Médecins sans Frontières who worked among the Murle in Pibor county in Jonglei State in the aftermath over severe ethnic tensions between the Murle and the rival Lou Nuer which has led to death of hundreds of people in the village:

Case example:

During one particular "food distribution" day, a group of community members arrived at our clinic carrying two women on a stretcher. The women had collapsed waiting in line to receive food. Both of their fingers were stained with a black ink that the WFP used to mark people who were in line to receive food. Neither of them was able to walk. They lay limply, occasionally jerking their entire bodies as though in a trance or experiencing a seizure. The two women were not related. The community was furious. Some of the other women were howling and crying hysterically and men were shouting angrily in Murle. We discovered that

one of the women's three-month-old baby had just died while waiting in line to receive the food. The death was possibly linked to dehydration—her mother having had to walk for three days with her in the scorching heat in order to come to the food distribution. The baby's little finger had also just been stained with the same black ink. Rumours spread that the black ink was poisoned. It was the black ink itself that had killed the baby. It now also had poisoned the women. The community was blaming the neighbouring Lou Nuer tribe. The Nuer had allegedly cursed the ink using traditional African witchcraft. After that, we immediately heard cases of seven more women who had collapsed after having ink put on their fingers. Most experienced generalised pain all over their bodies followed by seizures and collapsing on the ground. Most couldn't open their eyes. All were too weak to walk. [...]

The doctor explained to the community the likelihood that the child had died of starvation and dehydration, after having had to stand in line in 40° heat. This was not accepted by the community. The doctors' explanations were met with indignation, panic and accusations that he didn't know what he was talking about. He and I went with some of our local staff and had ink put on our own fingers to prove to the people waiting in line that it wasn't poisoned. They answered that it was because we were both "Khawaja" (white people) that it had a different effect. Our translators (also from the Murle tribe) did the same. The community remained unconvinced. All seven women were brought for observation at the clinic, had a medical check-up and stayed overnight. They all slept soundly through the night. When I met with them the following day, they presented as calm, healthy and were able to walk easily. There didn't seem to be a sense of shame or distress. Four complained of headaches and three continued to experience generalised bodily pain but they all asked to be discharged. Feelings of sadness or anger were denied. Affect remained neutral or blunted. The main feeling was that they had indeed been poisoned but that the poison had been weak and was now metabolised.[406]

(*Text used with permission of author*)

This case description shows how sorcery beliefs are very powerful ways to explain unexpected and inexplicable events, and also how such beliefs can get easily activated in times of heightened inter-communal tension.

In the traditional worldview of South Sudanese people, misfortune often happens for a reason. Such reasons can be related to anger of gods, spirits or ancestors for not respecting rules, but bad things can also happen because other people intentionally employ magical means to create misfortune or disease for other people. This is called "sorcery" and people who are specialists in it are called "sorcerers" and have purposely acquired skills to apply spells, carry out rituals, or use objects to afflict others. A related concept is that of "witchcraft" which is a psychic act (not involving rituals or acts) and is often related to jealousy. Witches may not even be aware they are a witch.[304]

Sorcery and witchcraft among the Dinka

Among Dinka, apeth can be translated to "witch" or "witchcraft" and can also be used to describe someone's misfortune. It is believed that this type of witchcraft is practiced by people who are born with this power. An apeth can bestow illness on someone in several ways, for example by curse (*waak*) or spirit (*Iam*).[248] Whereas ill-health caused by ancestors is usually explained by bad behaviour or neglected care for ancestors, a witch acts on its own. If there is a dispute between two people in a community, one of these persons in conflict might appeal to an *apeth* to curse the other. In contrast to witches, sorcerers acquire the power by learning and do not inherit it from their ancestors. They can use their power to harm people, but also to heal people who have been afflicted by sorcery. In Dinka, sorcerers are called *Ran cau*, and are often female.[52]

The following case illustrates a ritual performed by a sorcerer:

Case example:

> Family members of a child with epilepsy reported that a healer used a ritual whereby the child was taken to a bush, was bound to a tree, a chicken was slaughtered, and money was left under the tree. Once the chicken was slaughtered, the child's head was covered with a bed sheet like a head scarf. The child and father then had to leave the bush and were not allowed to look back, leaving the dead chicken, the money and the witch doctor behind.[95]

Witchcraft, sorcery and magic among the Azande

Almost a century ago, the colonial British anthropologist E.E. Evans-Pritchard extensively described the concepts of witchcraft and sorcery among the Azande in South Sudan. He described a society where the supernatural in the form of *ngua* (magic, supernatural medicine) is omnipresent. He described how for the Azande, *mangu* was a substance in a person's belly which can cause harm to other people, especially those with whom the witch or *ira mangu* (a person whose body contains witchcraft substance) has disagreements.

Azande people would use oracles to identify witches, and to resolve conflicts of witches with their victims and protect the community against witchcraft. People who specialized in diagnosing and combatting witchcraft were called *abinza*. In contrast, *boro ngua* or *ira gbegbere ngua* is a term for a person who owns and purposely uses or is paid to use *gbegbere ngua* or *kidikidi ngua* (bad magic or evil medicines) to cause harm.[129, 177] While these distinctions are found to still have certain validity in current Azande society in South Sudan, current Azande culture is different from how it was in the early 20th century. The Azande of today rarely speak of *mangu*, but instead use concepts such as evil *ngua*.

Witchcraft and poisoning in the twenty-first century

The descriptions of witchcraft, sorcery and magic in the old ethnographic literature in specific groups such as the Azande do not necessarily apply to other cultural groups in South Sudan, and, moreover, under the influence of Christianity and modernity, ideas are changing, blurring the distinction in the anthropological literature between inherited, magical traits (witchcraft) and the use of acquired, material substances (sorcery).

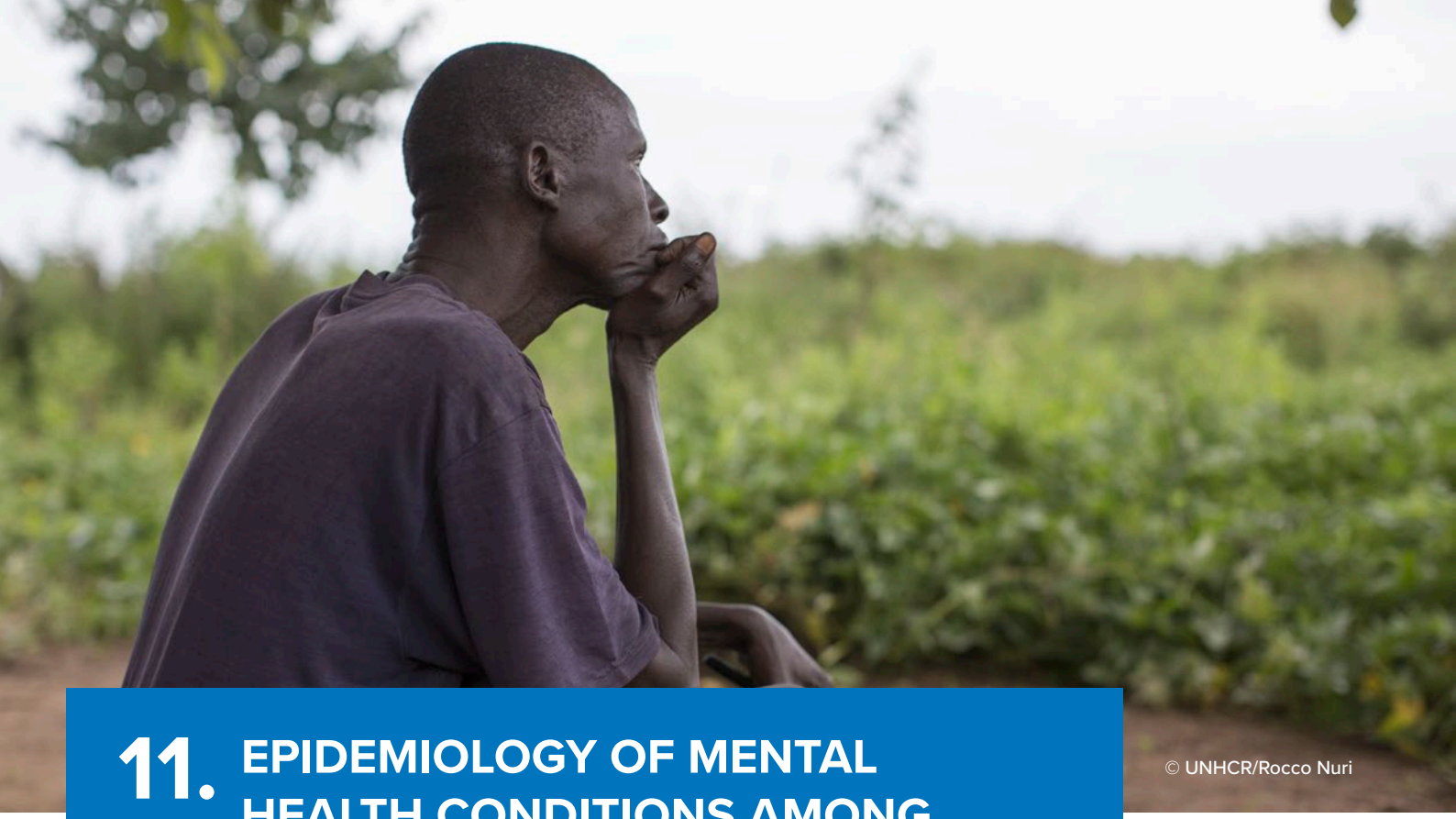
Despite substantial changes, beliefs around witchcraft and sorcery remain a reality in the lives of many South Sudanese people. In fact, witchcraft allegations may increase in times of social tension and rapid socioeconomic change. Accusations of being a witch are very dangerous and can lead to social conflict in communities and to physical attacks on people being thought to be witches in current South Sudan as well as in refugee settings in the neighbouring countries. Older women without children are most vulnerable to witchcraft accusations.[18, 24]

The advance of Christianity has transformed people's views and attitudes towards "witchcraft". Many Evangelical and Pentecostal churches practice exorcisms of demons in attempts to address cases of witchcraft. The fact that many South Sudanese adhere to Christian teachings does not contradict a continued belief in the threats of poisoning, sorcery and witchcraft.[395] For example, in 2007, near the South Sudanese town of Yei, three older women were accused of poisoning others and forced to reproduce the substance they had used, which was then administered to them, causing their deaths."[247]

10.5 Psychological stress as an explanation

While spiritual factors are often used to explain why a person gets mad or confused, South Sudanese people clearly also see links between stressful life events and common mental health conditions. For example, the Bari-speaking people (Kakwa, Kuku) use the terms *lokole* to indicate distress.

They see stress and “thinking too much” as etiological mechanisms for bad mental states. Having too many illogical thoughts may result in irrational decisions, actions and fear of uncertainty, which can destroys people’s minds (‘*Yeyeesi jore parick nagwon ti ŋarakindya’, ‘bak bulit se na tindu kwe na ŋutu korju*) or “becoming mad after something that surprises or shocks”*(tindu ŋutu I moka na tumalyan or kode wora a mamali*) 106, 411 People have various explanations to explain why mental health issues occur, and often use these in pragmatic ways, oscillating between different explanatory models that may at times seem contradictory to outsiders.[455]



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11. EPIDEMIOLOGY OF MENTAL HEALTH CONDITIONS AMONG SOUTH SUDANESE

11.1 Common mental disorders in South Sudanese populations

Most research about the prevalence of mental illness in South Sudanese populations focusses on post-traumatic stress disorder (PTSD), anxiety and depression. There is significant overlap in symptoms and therefore this section summarizes the main findings for these conditions together.

Medical definition from UNHCR's Integrated refugee Health Information System

> The term "common mental disorder" is used to refer to conditions with disturbances in emotions, such as depression, anxiety disorders or post-traumatic stress disorder (PTSD). People often have mixed presentations. The person's normal daily functioning is markedly impaired for at least several weeks due to: (a) overwhelming sadness/apathy; reduced interest and pleasure (depression); (b) exaggerated or uncontrollable anxiety/fear and avoidance (anxiety disorders); and/or (c) highly distressing symptoms related to traumatic events (re-experiencing plus avoidance plus hyper-arousal). Personal relationships, appetite, sleep and concentration are often affected. The person may complain of severe fatigue and become socially withdrawn, often staying in bed for much of the day. Suicidal thinking is common[456]

Epidemiological research findings

Estimating the prevalence of common mental disorders among South Sudanese populations poses major methodological and ontological challenges. We will discuss these later in this section, but will start with a summary of the main results of epidemiological studies aiming to establish prevalence rates of depression, PTSD and anxiety disorders in South Sudanese populations. Eight cross-sectional studies with a total of 6,138 participants are included in a systematic review and meta-analysis that was published at the time of finalizing this report.[418] The overall pooled rates of mental disorders in the meta-analysis are high: anxiety=25.2 per cent (95 % confidence interval: 14.0, 38.5); depression=24.2 per cent (8.4, 45.0); and PTSD=34 per cent (29.0, 39.1). Risk factors include female gender, advanced age, severity and recency of traumatic events and cultural adjustment difficulties.

Protective factors include urban residency, social support, religion, higher annual household income, household possessions and history of migration.[418]

South Sudan

A random survey in 1999/2000 among residents of Otogo county in southern Sudan (n=664) estimated a PTSD prevalence of 48 per cent.[220] A 2007 survey using cluster random sampling of adults (n=1242) in the town of Juba estimated prevalence rates of 36 per cent for PTSD and 50 per cent for depression.[355] A 2010 survey using cluster random sampling (n=1200) in the states of Northern Bahr el Ghazal, Western Bahr el Ghazal, Lakes, and Warrap found a PTSD prevalence rate of 25.5 per cent.[27] A survey employing a mix of random and purposive sampling (n=1523) with adult participants from 11 locations in South Sudan found a prevalence rate of likely PTSD of 40.7 per cent.[319] A survey using cluster random sampling of adults in the Malakal Protection of Civilians site (n=1,178), many of whom had experienced high numbers of potentially traumatic events, indicated that more than half (53 per cent) showed symptoms consistent with of PTSD. There were clear disparities between ethnic groups in the proportion of respondents reporting symptoms consistent with PTSD (70 per cent of Nuer, 52 per cent of Shilluk and 34 per cent of Dinka), which are likely to be related to different levels of exposure to violent events and different coping mechanisms.[101]

Uganda

A random survey in 1999/2000 among residents of the West Nile region of Uganda, both nationals (n=1419) and Southern Sudanese refugees (n=1240) estimated a population prevalence of PTSD 46 per cent among refugees and 18 per cent among Ugandan nationals.[220, 317]

In a 2019 survey using cluster random sampling of adults in Zone 5 of the Bidi Bidi Refugee Settlement in Uganda (n=502), 49 per cent of respondents reported that mental-health problems sometimes or often cause daily functioning impairment.[124] The researchers estimated that 55 per cent to 64 per cent of adults in the settlement have frequent enough symptoms to qualify for mental health services that address depression and post-traumatic stress.

In a household phone survey in 2021, in the context of the COVID-19 pandemic, among 1,985 refugee households in three regions of Uganda (Kampala, South West and West Nile), of which 61 per cent of the households were South Sudanese in origin, more than half (54 per cent) of respondents reported symptoms typical of depression. The rate of symptoms associated with depression was 71 per cent among South Sudanese refugees living in the West Nile region, a higher rate than was seen in the sample overall.[485]

A 1999 study comparing South Sudanese refugees in Uganda and native Ugandan children showed that South Sudanese children presented with more behavioural problems, more traumatic stress and symptoms of depression.[333] The mental health state of children and adolescents is connected to the mental health of their parents or other primary caregivers. In two refugee settlements in Uganda, Kiryandongo and Adjumani, a study, published in 2017, employing a random sampling of households (n=463) found that depression in caregivers was associated with adverse mental health outcomes for adolescents aged 13 to 17 in the same household.[282]

Kenya

In a 2018 survey using cluster random sampling (n=487) of adult refugees (of which 65 per cent were South Sudanese) in Kalobeyei settlement in Kakuma, Kenya 32 per cent of respondents reported that mental health problems sometimes or often cause daily functioning impairment. The authors estimate that 27 per cent of adults in the refugee settlement have frequent enough symptoms to qualify for specialized mental health services addressing PTSD and depression.(154) A study of South Sudanese refugee children in Kenya also reported high levels of PTSD-like symptoms, but also showed the youth had built effective coping mechanisms and were not affected in their functionality.[203]

Ethiopia

In a 2019 survey using cluster random sampling of adults in Nguenyyiel refugee camp in Gambella, Ethiopia (n=639), 45 per cent of respondents reported that mental health problems sometimes or often cause daily functioning impairment. The authors estimated that 39 per cent to 47 per cent of adults in the camp have frequent enough symptoms to qualify for mental health services that address depression and post-traumatic stress.[341]

Refugees outside the region

In smaller samples of resettled refugees in Western countries, a wide variation of symptom rates of PTSD, depression and anxiety were measured with the same instruments.[139, 146, 160, 311, 369, 416, 417] The estimated prevalence of PTSD (20 per cent) among a 2002 convenience sample of 476 unaccompanied minors from South Sudan, resettled in the United States (the ”Lost Boys of Sudan”) was relatively low despite long exposure to adversity and potentially traumatic events.[146] See Table 4 for details.

Table 4: Estimated prevalence of common mental disorders among South Sudanese people

	Sample Characteristics	Languages Used	% above cut-off score (instrument)			
			Depression	Anxiety	PTSD	Common mental disorders
Large surveys with random samples						
Ayazi et al. (2012, 2014)[25,27]	Cross-sectional community study (n=1200) in Greater Bahr al Ghazal States	English, Arabic	15.9% (HTQ)	Panic disorder 3.1% (MINI), GAD 5.5% (MINI)	25.5%	
Ng et al. (2017)[319]	Community based randomly selected sample (n = 1523) in 11 locations in Central Equatoria, Jonglei, Upper Nile, Western Equatoria, Eastern Equatoria, Lakes and Abyei	Classical Arabic, Juba Arabic, Dinka, Nuer, Shilluk, Bari	-	-	40.7% (HTQ-R)	
Deng et al. (2015)[101]	Internally displaced persons (Dinka, Nuer and Shilluk) living in the Protection of Civilian Site in Malakal (n = 1,178)	English questionnaires administered by enumerators who spoke Dinka, Nuer or Shillik			53% (HTQ-R)	
Roberts et al. (2009)[355]	Random sample of 1242 adults interviewed in 2007 in Juba	Juba Arabic, Bari	50% (HSCL)	-	36% (HTQ)	
Neuner et al. 2004)[217] *Karunakara et al. (2004)*[220]	Random sample of 1240 South Sudanese refugees in Northern Uganda	Juba Arabic	-	-	46% (PDS)	
Neuner et al. (2004)[217] *Karunakara et al. (2004)*[220]	Random sample of 664 South Sudanese nationals in Otogo	Juba Arabic	-	-	48% (PDS)	

	Sample Characteristics	Languages Used	% above cut-off score (instrument)			
			Depression	Anxiety	PTSD	Common mental disorders
Shannon (2018) [154]	Cluster random sampling (n=487), of adult refugees (which 65% South Sudanese) in Kalobeyei settlement, Kenya	English, Arabic, Swahili, Turkana, Oromo, Lotuko, and Anyuak;				32% (CVTQ)
Peters & Golden (2019) [341]	Cluster random sampling (n=639), of adult South Sudanese refugees in Nguenyyiel refugee camp, Gambella, Ethiopia	Nuer				43% (CVTQ)
Elshafie & Golden 2020 [124]	Random sampling (n=502) of adult South Sudanese refugees in zone 5 of Bidi Bidi refugee settlement, Uganda	Bari/Kakwa, Juba Arabic,				59.4% (CVTQ)
World Bank & UNHCR (2021) [485]	Household phone survey among 1,985 refugee households in (Kampala, South West Uganda and West Nile Region	-	71% (PHQ-8) among South Sudanese refugees			
Smaller studies with purposive sampling						
Pelzer (1999) [337]	100 adult South Sudanese refugees in Northern Uganda	Madi	-	-	32% (HTQ)	
Geltman et al. (2005) [146] *Grant-Knight et al. (2008)* [160]	304 Sudanese minors resettled from Kakuma camp in Kenya to refugee foster care in the USA	English	-	-	19.9% (HTQ) (out of 241 fully completed questionnaires)	

	Sample Characteristics	Languages Used	% above cut-off score (instrument)			
			Depression	Anxiety	PTSD	Common mental disorders
Fox & Willis (2009)[139]	Convenience sample of 33 male and female Dinka and Nuer adult refugees recently resettled in the USA	English, Dinka and Nuer translators	12% (HSCL)	9% (HSCL-25)	3% (HTQ)	
Paardekooper et al. (1999)[333]	193 South Sudanese refugee children in northern Uganda and Ugandan nationals (7-12 yrs)	Madi, Kuku and other languages			More symptoms among refugees than (LCIACDS, RQC)	
Schweitzer et al (2006)[369]	63 South Sudanese refugees resettled to Australia	Arabic, English	16% (HCSL)		8% (HTQ)	
Murray (2010)[311]	90 Sudanese adults settled in Austria	English, Arabic, Dinka	29% (HCSL)		21% (HTQ)	
Tutlam (2017)[416] *Tutlam et al (2020)*[417]	Convenience sample of 76 Dinka and Nuer South Sudanese mothers resettled in the USA	English, Nuer	29% (HSCL)	40% (HCSL)	26% (HTQ)	
Tutlam et al. (2022)[419]	76 youth born in the USA to South Sudanese mothers resettled in Nebraska and Tennessee	English	6.6% (CBCL)	7.9% (CBCL)	10.5% (CBCL)	

CBCL = Child Behavior Checklist,[6] CVTQ = Questionnaire by the Center for Victims of Torture, based on SRQ-8, an eight item version of the Self-Reporting Questionnaire,[44] HSCL = Hopkins Symptom Checklist-25 (HSCL),[105] HTQ = Harvard Trauma Questionnaire (HTQ),[300] HTQ-R = Harvard Trauma Questionnaire-revised; Levonn Cartoon-based Interview for Assessing Children's Distress Symptoms,[353] MINI =, Mini-International Neuropsychiatric Interview;[375] PSD = Post-traumatic Stress Diagnostic Scale (PDS), [137] RQC = WHO Reporting Questionnaire for Children (RQC).[148]

Epidemiological research among South Sudanese populations shows a clear relationship between having experienced traumatic events and developing mental disorders such as PTSD and depression.[25, 27, 317, 355]

However, the current socio–environmental factors such as living circumstances, social networks, and the immigration status mediate this relationship.[202, 286]

Challenges with mental health research in South Sudanese populations

Estimated prevalence data collected through self-reporting on symptom rating scales must be viewed critically because there are several potential pitfalls.

First, it can be challenging to select representative samples among South Sudanese populations in their country and in the neighbouring countries. Many South Sudanese men are highly mobile because the livelihoods of many relies on cattle herding. This means men are less likely to be at home during the day when household surveys are conducted, resulting in their underrepresentation in survey data.

Second, the presence of a high score on post-traumatic stress disorder (PTSD) and depression scales is not equivalent to having a diagnosis of mental illness, which generally is made through clinical evaluation by trained mental health workers. Cross-sectional studies often do not measure the ability to function which can be better assessed by culturally-competent clinical examinations. These surveys are usually cross-sectional (i.e., done at one point in time), and therefore cannot easily distinguish transient states of emotional distress from longer-term symptomatology which can only be done by longitudinal population studies, something which is usually not feasible in humanitarian settings.

Third, cross-sectional studies of the prevalence of mental disorders are limited by their inability to distinguish transient, situational distress from persistent mental disorders.

Fourth, many standardized psychological rating scales were designed in the Western world and it can be challenging to translate them accurately and meaningfully into languages that may organize distress in very different ways and that may not have a clear equivalent to concepts that are used in the questionnaires.[405] Using such scales ideally requires a careful translation and adaptation process which is not often done.[374] Even when it is done, considerable challenges may still occur.

For example, the translation process of the Hopkins Symptom Checklist into the Dinka language encountered many challenges. The item ”feeling tense or keyed up” was initially translated by the Dinka translators as “anger” and only after much discussion in focus groups was consensus reached to translate the items as *Ba guɔp tuöc* (tense, worried, cannot sleep). The item “spell of terror or panic” was very hard to capture in the Dinka language because there is no word for “terror” or “panic”. This meant that there was a need to explain with an example as “terrified; like you’re dying” (*Ba piou lɔ̈japroör*).[33]

Similarly, in a description of the translation of the Harvard Trauma Questionnaire into the South Sudanese Madi language indicates that many challenges occurred. For example, the translation of the item ”avoiding thoughts or feelings associated with the traumatic or hurtful experience” could not be translated literally, but instead was expressed as *dri enzekapi tazi ru idedi rii ga kendre ka nyini urata awe ta unzi ru idedi ra rii dri* (“pulling your heart from the thoughts which remind you of the bad things which happened to you in the past”).[337] See Chapter 9 for more details on local idioms.

Fifth, the format of supposedly universal brief symptom-based questionnaires may miss critical information if the lived experience does not sufficiently conform to the condensed items based on Western diagnostic definitions.[139] In recent years, some tools have been developed or adapted to measure mental health problems among South Sudanese in ways that include common local idioms of distress.[320]

“Given the violence that people have lived through, many would be expected to suffer from post-traumatic stress disorder [PTSD]. But I see a different picture,” says Ramakrishnan, a doctor with the medical charity Médécins Sans Frontières (MSF). “Despite periods of continuous violence, people are resilient and survive without many of the tell-tale signs of PTSD. But over time, faced with being stuck in the current living circumstances without any improvement in their lives, many people develop a sense of hopelessness.” [72]

Psychiatric concepts such as depression, panic disorder and PTSD do not have equivalents in the South Sudanese languages. It may be possible to find a translation for a term like “depression” in a South Sudanese language, but the description of symptoms is often not identical to medical descriptions.

See Chapter 9 for a description of idioms of distress and cultural concepts of mental illness.

11.2 Suicidal behaviour

Suicidality in South Sudan

Suicidal feelings run high among some populations in South Sudan. For example, in a survey among adolescent girls in five sites in South Sudan (n=249), 26 per cent indicated that they had thought at least once of ending their own life.[242] People in Protection of Civilians (PoC) sites are also at high risk: in an assessment in the Malakal PoC, about half of respondents mentioned that if they cannot deal with the distressed feelings anymore they lose hope and might engage in self-harming behaviours or consider ending their life.[315] Among those who had already engaged in self-harm, suicide attempts, or who had died from suicide, some groups were found to be at increased risk. Among women, survivors of intimate partner violence and other forms of gender-based violence, widows and young women in conflict with their parents and spouses were at increased risk. Among boys and girls, increased risk was found in adolescents who had lost hope for the future due to lack of education and livelihood opportunities.

In a period of two years (Jan. 2018-Dec. 2019), humanitarian actors have started collecting data with regard to suicide attempts and deaths by suicide in Malakal PoC. They recorded 115 suicide attempts, of which seven ended in death.[238] Most suicide survivors in Malakal did not have a history of depression or severe mental disorders and most seemed not to have elaborately planned the suicide attempt. Twenty-eight per cent of the reported cases in Malakal were linked to alcohol and substance abuse. Of note, South Sudan still criminalizes attempted suicide. The penal code act, Chapter XVI, section 215 includes a prison sentence of up to 1.5 years and a fine.

Suicidality among South Sudanese refugees

Among South Sudanese refugees in the neighbouring countries, suicidality is also reported to be a significant issue.

Uganda

During participatory MHPSS needs assessments in Uganda in 2018, refugees highlighted concerns about suicide in their community.[432] In a survey (2019) among South Sudanese adults in Bidi Bidi settlement (n=502), 12 per cent reported that they sometimes or often had suicidal thoughts in the two weeks prior to the survey.[124] Among South Sudanese adolescent refugees aged 10 to 19 years (n=284) in the same settlement, the prevalence of suicidal ideation was 12.6 per cent among girls and 3.6 per cent among boys.[65] UNHCR noticed high numbers of recorded incidents of suicidal behaviour among South Sudanese refugees, which has since attracted attention in the news media.[253, 256, 323] Since 2018, UNHCR in Uganda systematically documents data related to suicide. From January 2018 to June 2022, 973 suicide attempts and 153 deaths by suicide were recorded among refugees in Uganda.[439, 442]

Suicide rates varied between settlements but were higher in the South Sudanese refugee settlements than in those sheltering other nationalities, with some such as Palorinya showing particularly high numbers. There is a clear gender pattern: most refugees who attempted suicide were female (78 per cent), but most of those who died from suicide were male (63 per cent). Another demographic finding is that most people who attempted suicide were young (77 per cent were younger than 35 years), while among those who died by suicide only 61 per cent were younger than 34 years.[439] Drivers of suicidal behaviour include excessive alcohol consumption, drug abuse, exposure to physical and psychological violence and mob justice, experiences of war and displacement, lost dreams, despair, hopelessness, unbearable poverty and pre-existing mental health conditions.[69]

An internal UNHCR report described the situation in the Palorinya refugee settlement, which has the highest reported incidence of suicidal behaviour, as a festering social protection crisis resulting from cumulative psychological trauma, lack of resources and meaningful material assistance.[431] See Case example below. The South Sudanese refugee population in northern Uganda lives among impoverished host communities who are themselves grappling with the aftermath of decades of violence and marginalisation. In the districts of Gulu, Amuru and Nwoya, in the region hosting South Sudanese refugees in northern Uganda, a survey using cluster random sampling of adult residents (n=2400) found a prevalence rate of suicidal ideation of 12.1 per cent and a history of suicide attempt of 6.2 per cent.[307]

Case example: The suicide of a young girl

Poni*, a 15-year-old South Sudanese girl in Palorinya settlement in Northern Uganda killed herself after a fight with her neighbour Kiden,* who accused her of having an affair with her husband. Poni and Kiden were both refugees from the Kuku ethnic group. No previous history of mental challenges was reported. Community members knew Poni as a joyous young girl who was supported in the settlement by extended family members and neighbours, some of whom used to stay near her home in South Sudan. No reported attempts prior to the day were reported by family members.

Poni's parents in South Sudan had sent her to stay with relatives in Palorinya so she could go to school. The day she died, her guardian had travelled to Juba and left her in charge of two children. The girl was found hanging in her *tukul* ("round hut") shortly after the quarrel. Community members blamed the neighbour Kiden for the girl's death and planned to take revenge as their tradition demands. Police rescued Kiden, who was pregnant, and brought her to safety together with her two children. Kiden declared she did not anticipate the girl would kill herself. She said she had quarreled with Poni in a fit of jealousy as the affair had lasted for a long time. The husband went into hiding and later sought protection as his life too was in danger. Police said he would be charged with "defilement" (rape of a minor), a capital offence, if evidence was found that he had had sexual relations with a minor.

(*Based on field notes by Moses Mukasa Bwesige, Senior Psychosocial Support Officer, Lutheran World Foundation, Palorinya, April 2019*)
* not her real name

Factors contributing to the escalating suicidality among refugees in Palorinya and other South Sudanese settlements include experiences of violent acts including sexual violence, social fragmentation, social isolation, lack of economic opportunities, loss of assets and hope.[69, 250] Displacement and war have led to social fragmentation and to the erosion of traditional social systems that previously supported emotional development and regulation among children. The COVID-19 pandemic has further negatively affected the lives and welfare of refugees and has deepened their despair.[437] Funding cuts in refugee programming has negatively impacted community- and family-strengthening activities that promoted social connectedness, collective resilience and group networking.[69] Widows face immense difficulties providing for their own and their children's basic needs and psychological well-being, and have increased risks to become suicidal.[63]

Ethiopia

In a 2019 survey using a cluster random sampling of adults in Nguenyyiel camp in Gambela, Ethiopia (n=639), 12 per cent of respondents reported that they have sometimes or often had suicidal thoughts in the two weeks prior to the survey.[341] The combination of emotional distress and running out of emotional reserve and resilience are associated with thoughts of suicide, suicidal behaviour or death by suicide. Some female youth in the camps in Gambela openly explained how they teach each other how to weave a rope and make a noose.[387] Suicide attempts may be used as a way to show distress and a means of eliciting support from the community.

Sudan

Among the 300,000 South Sudanese refugees in White Nile State in Sudan, suicidal tendencies are reportedly on the rise, particularly among young refugees. This is a very sensitive topic as individuals who self-harm or attempt suicide can be sent to jail for assessment by medical services. In January 2021, an assessment of knowledge of suicide was conducted among 1,205 randomly sampled youth between 15 and 23 years of age.[440] Almost a third (29 per cent) of surveyed youth knew a young person in the camp who had died by suicide. The youth reported that they believed the primary factors leading to death by suicide were family issues (34 per cent), sexual violence (12 per cent), isolation due to COVID-19 (12 per cent), a difficult economic situation (10 per cent) and poor health (6 per cent).

Kenya

In a random community sample of 603 refugees (the vast majority of them South Sudanese) in Kakuma and Kalobeyei, a quarter (25.9 per cent) of the respondents reported having thoughts of ending their lives since they became a refugee.[218] Seven in ten of the respondents who reported this ideation had also considered a method, mostly hanging themselves with a rope. One in five (20.9 percent) of the 603 respondents reported to have attempted to kill themselves since they came to the camp: mostly by attempts to hang themselves, ingest poisonous substances or medication, or by using sharp objects.

Refugees reported that factors contributing to suicidal behaviour in the camps were stressful life circumstances, family disagreements and domestic abuse. Respondents reported an inability to adapt to or handle stress. Participants also stated that hopelessness and loneliness were key psychological drivers for suicidality[218] According to the data analyzed from the Suicide Information Management System (SIMS) developed and adopted by UNHCR and its partners in Kakuma camp and Kalobeyei Settlement, a total of 74 incidents related to suicidal behaviour were recorded, comprising of 50 per cent who had strong suicidal ideations, 43 per cent who attempted suicide and 7 per cent who died by suicide.[204]

In focus group discussions, South Sudanese community informants in Kakuma and Kalobeyei mentioned that suicide is heavily stigmatized:

> **"In my community, people don't want to be associated with the family of a person who committed suicide, it's a curse that when you get involved will follow you and your family. People speak in low tones on this matter for fear of the curse."**
>
> South Sudanese refugee in focus group discussion.[218]

The Lotuko community in Kakuma/Kalobeyei attempt to deter others from following the bad example by beating the dead body of someone who has committed suicide, and by harshly confronting and criticizing persons who survive a suicide attempt. Another common perception is that suicide is associated with witchcraft and intergenerational curses which need religious interventions.[218]

The church is often seen as a key resource in the community and people who have expressed suicidal ideations and those who have attempted suicide are taken there for prayers. A teenager in a focus group discussion in Kakuma explained:

> **"Church leaders speak to people and offer counsel to people undergoing stressing issues. When my mother died, I was suicidal. I did not want to continue living. I wanted to die and follow her. But my church members supported me and made me realize otherwise."**
>
> South Sudanese adolescent in Kenya.[218]

South Sudanese refugees in Kenya and Uganda are reported to be so overwhelmed by stressful life circumstances within the camp that they see no option other than ending their life.[69, 218] A major stressor includes the reduction in funding for humanitarian aid for refugees that has led to reduced food rations.[218]

Refugees in other countries

In Egypt, PSTIC, a non-governmental organization providing mental health and psychosocial support among refugees reports that South Sudanese refugees are disproportionately frequently engaged in suicidal behaviour compared to other refugees.[36]

11.3 Severe mental disorders (psychosis, mania)

Psychotic disorders

Psychotic disorders are serious mental disorders, characterized by loss of sense for reality, often with presence of delusions and/or hallucinations. The most well-known chronic form of psychosis is called schizophrenia. Manic states often also include psychotic features, often with grandiose delusions. Brief and acute forms of psychosis can be provoked by acute and reversible physical health conditions, such as delirium, drug misuse (e.g. cannabis, cocaine etc) and many other physical health causes.[456]

Globally, the prevalence of schizophrenia (chronic psychosis) is estimated to be around 0.5 per cent in adults.[151] Prevalence of chronic psychosis in South Sudan is unknown. In a study in South Sudan, exposure to traumatic events has been associated with high rates (23.3 per cent) of psychotic-like experiences.[28]

In the health facilities of the refugee camps and settlements in neighbouring countries such as Ethiopia, Kenya and Uganda, psychosis is the second-most prevalent mental health condition treated in South Sudanese refugees, after epilepsy.[134] In refugee camps, several cases of acute psychosis have anecdotally been noted to be in relation to the misuse of cannabis.

Disorders which induce substantial behavioural changes, such as bipolar disorder, psychosis and severe depression, are likely to be looked upon with suspicion and to some extent with fear, as the behaviour of people with these conditions is believed to be unpredictable.[26]

The various South Sudanese languages do not have a clear equivalent for the medical term "psychosis" but, as everywhere in the world, there is a range of terms, often derogatory, to refer to people with severe mental health conditions, particularly those with psychotic features and disturbed behaviour. See Chapter 9 for a description of local idioms and cultural concepts around severe mental disorders.

11.4 Intellectual and development disabilities

Intellectual disability

Intellectual disability is characterized by lower levels of cognitive and adaptive functioning i.e., problem solving, language, motor and social abilities. Intellectual disability ranges from mild to moderate and severe categories. Autism spectrum disorders are developmental conditions that manifest from early childhood and are characterized by deficits in reciprocal social interaction and social communication, and by restricted, repetitive, and inflexible patterns of behaviour and interests.[456]

Intellectual disability

In South Sudan, persons with disabilities are often shunned and hidden in the house.[358] As such, not much is known about the extent of the problem, nor are there structured support systems to help persons with intellectual disabilities. Children and adults with disabilities are at risk of abuse and violence from their families and the community. Families often feel ashamed and worry that they will be looked down on by the community and that their children will not be easily married, so they hide the person.[36]

Autism

In many parts of Africa, children and adolescents with autism are not diagnosed or offered treatment. It is hard to deduce whether autism is understood within South Sudanese community within an illness paradigm. The extent of autism in the community in South Sudan and many African countries is not known and many people remain undiagnosed.[216] Persons at the severe end of the spectrum and those that struggle with significant mental incapacity and physical disability are at increased risk of abuse and neglect.

11.5 Dementia

Dementia

Dementia is characterized by long-term and progressive problems with memory (severe forgetfulness) and orientation (awareness of time, place and person), coupled with increasing difficulties in carrying out usual work, domestic or social activities.[456] Other than age-related dementia, HIV-related dementia and acquired brain injury are other causes of dementia and neurological deficits.

There is a lack of data for many African countries on the extent of dementia as a problematic public health concern. While the clinical concept of dementia is not known in the traditional languages of South Sudan, there is anecdotal evidence that the state is recognized. Dinka refugees in Kenya referred to it as *jok dhuanb* (the disease of the old ones).[179]

11.6 Epilepsy and related disorders

Epilepsy is a neurological condition characterized by seizures. There are different types of epileptic seizures with temporary loss of consciousness. Some seizures are generalized, involving the whole body, with shaking of the limbs and sometimes associated with physical injuries, bowel/bladder incontinence and tongue biting. Other seizures are focal, involving only some parts of the body. Some forms of epilepsy do not have convulsions, but only very brief moments of temporary loss of consciousness ("absence seizures"). A person with epilepsy has at least two episodes of seizures not provoked by any apparent cause such as fever, infection, injury or alcohol withdrawal. Psychogenic non-epileptic seizures ("pseudo-seizures") can mimic epileptic seizures closely in terms of changes in consciousness and movements.[456]

Epilepsy is known in all communities in South Sudan, and the various languages have their own words for it such as *nok* (Dinka/Nuer), *muun* (Dinka) *jue* (Luo),' *hima gbweru* (Azande), *alili* (Madi) and *jwøk nam* (Shilluk).[8, 95] These terms are used to describe the visible physical convulsions. Among the Luo in Western Bahr el Ghazal, community members gave descriptions of a person with *juu/jue* that are very similar to the medical descriptions of epilepsy:

> **"A person with *juu* collapses regularly and falls down. He is *yuec* (not conscious) while he is shaking and trembling with his arms and legs (*kume u regni* = body is trembling). During the attack he froths and often urinates. During the attack the person can fall in fire or water with the risk to get burned or drowned. The duration of the attack is brief (less than half an hour). The attacks of *juu* can have a particular rhythm, correlating with the position of the moon, in particular new moon and rising moon."**
>
> Adults in focus group in Kwajena Payam, South Sudan, quoted in Ventevogel et al., 2013.[454]

While epileptic seizures are thus clearly recognized, the views on what causes them are very diverse and can differ markedly from biomedical explanations. For example, the Luo in Western Bahr el Ghazal thought that seizures could in some cases result from diseases with fever like *wedh abuar* (childhood fever that causes convulsions) or malaria, but they considered *cien* (spirits of deceased people who want to take revenge on persons) the principal cause for *juu* (epilepsy), and believed it could also be purposely caused by living persons who use witchcraft (*ngad wiel*= "persons who have witchcraft" to harm another person).[454]

Bari speakers such as the Kuku use the term *lomeria* for a condition that is characterized by sudden collapse and loss of consciousness. The word *lilinyija* refers more specifically to tonic clonic seizures (grand mal) in which the affected person falls suddenly to the ground, becomes unconscious and begins to jerk their arms and legs.[106] Descriptions of such seizures can be detailed and include sensory phenomena before the full seizure starts, such as *wowoŋon' na moyit* (stomach discomfort). The Kuku refugees in Palorinya settlement in Uganda people believe that the causes of lomeria are related to brain damage, over-working by mothers during pregnancy, and any sickness that affects the brain.[308]

Some Kuku believe that the saliva/secretions of a person with lomeria are infectious, which has contributed to stigmatization of epilepsy.[297] See also Annex E with Kuku terms.

Many people with epilepsy in South Sudan seek religious and traditional solutions, for example herbalists who give concoctions that induce vomiting to remove the disease, or spiritual healers who can chase away the bad spiritual forces.[454] Other traditional remedies for treating epilepsy include *welet na kitun* (python snake fat).[297] Western medicine is thought to be of some help, but there are major shortages of anti-epileptic medications in the health facilities. Even when treatments are available, the cost of anti-epileptic medication can be quite expensive: a patient with epilepsy in South Sudan might spend as much as 17.60 US dollars per month.[200] Still, when such medication is made available, people will try it and visible results achieved in control of seizure episodes might create more understanding of a medical cause for illness and build confidence for patients and families to seek medical help.[200] Among the mental, neurological and substance-use disorders, epilepsy counts for the largest number of people treated within health facilities in South Sudan [470] and in South Sudanese refugee settlements in neighbouring countries.[134]

In South Sudan, people with epilepsy are often stigmatized within their community, with people avoiding socializing and affected children at times not being allowed to go to school. A Luo woman in Cono, Kwajena Pajam, Western Bahr el Ghazal State stated in 2007 in a focus group discussion:

> **"*Moul, juu and dhobo* (madness, epilepsy and leprosy) are among the most dangerous diseases. If you have one of these diseases people will not like you and avoid your company. This is very bad for someone. It will have bad effects on the body. Only if you have relatives who care for you and do not abandon you then you will survive."**
>
> South Sudanese woman in Kwajena Payam, quoted in Ventevogel et al., 2013.[454]

People with epilepsy are prone to neglect and abuse, sometimes in their own families. In the example of Margaret, a 21-year-old from South Sudan:

Dementia example of Margaret

After being diagnosed with epilepsy as a teenager, she endured years of abuse and isolation from family members who were scared by her seizures. Even Margaret herself did not understand epilepsy, drawing it as a human face with sharp teeth, like a monster in a children's tales. This changed when she participated in a supported community awareness activity that helped her understand epilepsy.[76]

Nodding syndrome

Nodding syndrome is an uncommon epileptic disorder, occurring in clusters in sub-Saharan Africa, including in Western Equatoria State in South Sudan. The characteristic features are episodic head nodding (5–20 nods per minute) often triggered by food and cold weather which starts in childhood, and by tonic-clonic fits. The condition also often causes delays in cognitive development and physical growth retardation. Children from poor families and with histories of malnutrition

seem to be at highest risk.[329, 452] In the Greater Mundri area in Western Equatoria a high prevalence (2.7 per cent) of nodding syndrome was found, with a clustering of cases between adjacent households and among people living along rivers: in one village (Diko) a prevalence of 13.7 per cent was found. The cause remains unknown but may be associated with *onchocerciasis* (river blindness): populations based near Maridi River where onchocerciasis is endemic show increased prevalence of epilepsy.[89]

There are no ethnographic studies about the local perceptions of nodding disease in South Sudan, but among the Acholi in Northern Uganda, people tend to see it as a spiritual problem, pointing to social disharmony in society as a result of war. People believe the nodding children could have been attacked by *cen* (vengeful spirits of people who died from violence) who inflict misfortune on people because no purification rituals were carried out to reconcile them.[452]

Non-epileptic seizures

Not all seizures are genuinely epileptic in origin. In the refugee camps, MHPSS providers frequently see people (often young girls) with dissociative states that somewhat resemble epileptic seizures but do not have the typical symptoms: tonic-clonic convulsions, full loss of consciousness, incontinence of urine or tongue biting. Psychological distress is typically implicated in dissociative disorders.[217] There is little or no research on the topic, but the phenomenon is well known in the anthropological literature and is regularly seen in health facilities, such as in the incident described below:

Case example

> In the corner of the main hospital ward, a young woman suddenly falls to the ground shaking uncontrollably. The medical staff rush to her side to prevent her from harming herself. "She had a psychogenic seizure," explains Dr. Jairam Ramakrishnan, the psychiatrist at Malakal camp for people displaced by the civil war in South Sudan. "It is a common enough sight in the hospital. For many people the anxieties and stresses of being trapped in here are beyond what they can cope with. This convulsing and collapse is the body's response to the stress." [72]

11.7 Substance use disorders

Medical definition

> A person with this disorder seeks to consume alcohol or other addictive substances on a regular basis and has difficulties controlling consumption. Personal relationships, work performance, and physical health often deteriorate. The person continues consuming alcohol (or other addictive substances) despite these problems.[456]

Alcohol

Alcohol is commonly consumed in South Sudan, mainly by men who use it to pass the time and for whom drinking has an important social role. Women also drink; however, they do so less openly as they face greater stigma[180] Local alcoholic brews are usually made by women in female-led households, preparing local brews for sale and local consumption. Alcohol production and sale (which is sometimes associated with sex work by women) can be an important source of income for single women. When married, the earnings of women brewers and distillers can lead to quarrels with their husbands. *Siko, Arage* and *Mawher* are locally produced distilled drinks in South Sudan, made from yeast and dates.[251] In the multi-ethnic Kakuma refugee camp in Kenya where the vast majority of the population is South Sudanese, fermented cereal-based *busaa* and the stronger distilled *changa'a* are widely used.[131]

Alcohol is readily available in South Sudan and the South Sudanese refugee camps and settlements. For many South Sudanese, men in particular, drinking alcohol with others is an important way to socialize. In a small study among South Sudanese ex-combatants, drinking was found to be positively associated with social support and well-being.[322] In Palorinya settlement in West Nile region in Uganda, there is limited awareness about the consequences of heavy drinking for physical and mental health.[69] In the Kenyan refugee settlements of Kakuma and Kalobeyei, refugees associate the use of alcohol with family disagreements, interpersonal conflicts and gender-based violence. Aside from alcohol and other drugs being used as self-medication or as a coping mechanism, they have been used as a means of suicide by persons ingesting too much alcohol with the aim to die.[218]

The rate of self-reported misuse of alcohol in a population-based survey (n=500) in the greater Bahr el Ghazal region of South Sudan was 14 per cent.[251] This study found clear associations of alcohol use with male gender, lack of a regular income and psychological distress, but not with having experienced traumatic events.

In a series of surveys using cluster random sampling, in the Bidi Bidi refugee settlement in Uganda (n=502), the Nguenyyiel camp in Ethiopia (n=639) and the Kalobeyei refugee settlement in Kenya (n=487), 11 per cent, 16 per cent, and 7 per cent, respectively, of adult refugee respondents reported using alcohol to cope with difficult emotions.[124, 154, 341]

Among youth, alcohol and marijuana consumption is associated with gang-like groupings and behaviours, and unsafe and promiscuous sexual behaviour.[315, 368] For example, among young South Sudanese refugee men in Kakuma, the use of alcohol was associated with their identity, particularly for those being part of youth gangs.[131, 386] MHPSS providers often note emotional reasons for this, be it experience of trauma or frustration with being too restricted in the camp.

Drugs

Among South Sudanese youth in the refugee camps, the use of marijuana is reported to be a major issue.[217] In South Sudan, some youth groups use "shisha", a substance that contains marijuana or opium.[386] Others snif petrol. Refugee in Ethiopia and Kenya may have access to khat. Cannabis and other drugs are also reported to be used frequently by South Sudanese youth resettled in high-income countries.[344] The medical and social consequences of drug and alcohol use can be severe, as the following quote from a South Sudanese refugee in Kenya reveals:

> **"People who take drugs get reckless with sex because they don't care who they go to bed with. They don't even use any protection to protect them from infections. In addition, they have multiple partners and every day you will find a man with a different woman. The drug user sees the world as if it has no end and they feel so happy."**
>
> Refugee man from Equatoria, Sudan, current alcohol and khat user, former petrol and cannabis user, quoted in Ezard et al 2011, page 5.

Other substances used include petrol or organic solvent inhalation (sniffing glue), particularly among homeless children in urban centres.[314, 347] Injecting drugs is not reported to be a significant public health problem in South Sudan. Heroin or cocaine are thought to be rare if not completely absent in the refugee camps and the local communities. However, use of heroin and other drugs is reported to be a problem among South Sudanese refugees in high-income countries.[111, 420]

Benzodiazepines

Nothing is known about the misuse of and dependence on prescription drugs including benzodiazepines (such as oxazepam, diazepam). This medication is relatively easy to obtain through medication vendors in the market and in shops in South Sudan and in neighbouring countries.

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12. HEALING PRACTICES

12.1 Health-seeking behaviour

Severe mental illness is generally attributed to supernatural possessions or punishment by higher powers. Consequently, people often have more trust in the ability of traditional and religious healers to deal with mental health issues. In one study in South Sudan, many people from various ethnic groups believed that traditional healers are the ones in charge of the mental and psychic well-being of their people.[235] The preference for going to traditional or religious healers as a first line of treatment is not unique to mental health issues, but has been observed for many other health issues in South Sudan.[16, 109, 385, 403]

Usually, people seek medical attention for mental health issues only if symptoms are severe–often involving risky or challenging behaviour–and treatment by a traditional healer has not been sufficiently effective.[306] However, the health facilities often have little to offer (see Chapter 10) and people with severe mental health issues may end up wandering in the streets or being brought to prison even when no criminality is involved.[20] Even where mental health services are available people may avoid them out of fear of marginalization by their community once a diagnosis has been given.

Many people in South Sudan do not consider psychological trauma and depression to be medical issues for which one would seek help in a health facility. However, many people will visit a health facility when they have physical symptoms related to conditions of depression, anxiety and post-traumatic stress. Even so, in health facilities, such mental health conditions are often not identified because most medical staff are not trained in mental health care, including recognizing somatic symptoms of psychological distress.

In refugee camps in the surrounding countries, the situation may be somewhat different, perhaps because of the relatively wide availability of mental health and psychosocial support services and breakdown of traditional healing practices in exile. In a survey among South Sudanese refugees in Gambella, Ethiopia, almost half of respondents said that they would ask for help from a community member who had received some training or support to provide counselling within the community. Only 10 per cent of respondents said that they would go to traditional healers, elders, or spirit mediums.

However, this may be a reporting bias because the study was conducted by a non-governmental organization providing counselling services and people may have felt less comfortable indicating they preferred traditional methods.[341] In practice, however, the clients of programmes for psychological counselling are mostly female.[123]

12.2 Indigenous healing practices

The different South Sudanese ethnic groups use specific names and categories for various types of healers. In English such names are translated in different ways that at times are reductionist and pejorative (e.g. magician, soothsayer, witch-doctor, sorcerer) and do not capture their meaning and role in society.

In general, traditional healers in South Sudan can be classified in different groups, based on the methods they use. Some use mainly herbal medicine and other natural products. Such healers are in English usually called "herbalists". Others have as hallmark that they diagnose and heal through supernatural means; for example, by being possessed by spirits or by using magical means to decipher messages of spirits. Practitioners have often been "seized" by spirits at a young age and after an initiatory illness become a diviner. The classification of traditional health is complex and varies geographically. Dinka in Ajuong Thok in Unity State, South Sudan divide traditional healers in three categories who specialize in different area of support. The first, *yak*, perform healing practices that protect from harm; the second, *tieth* perform healing practices intended to reverse or treat the evil doings of sorcerers, and the third, *apath* perform practices to harm.[321]

However, the role of different traditional healers can overlap and be difficult to distinguish.[385] In some areas, an informal referral system among them can be observed:

> **"We bring a person with *moul* to a *ruodbedho* (spear master) who can chase bad spirits away or can do away with sorcery done by another spear master. We also go to *ngadeyeadh* (herbalist) who can give medicine, but often this does not help."**
>
> South Sudanese men in focus group in Mapel.[455]

The population displacements of the last years caused changes in terminology and ethnic groups start to use terminology that originates from other groups.[17, 455] Traditional rituals can involve slaughtering an animal that is brought by the family of the patient as a sacrifice for the healing ritual. Traditional healing is not necessarily cheap, and when animal sacrifice is involved can be quite expensive. Some of the techniques of healing are described below.

Herbal medicines

Herbalists use natural medicines to cure diseases and such healers are found in all systems of traditional healing in South Sudan under different names. They are known as *ran wal* (plural: *Koc wel*) among Dinka[385] and *ngadeyeadh* among the Luo.[455] As the name implies, herbalists rely on natural medicines and herbs to help calm and manage the ill person. In the area around Yei, some herbalists are, for example, known to have knowledge about herbs to calm down a patient with acute confusion psychotic states.[455] Traditional healers often use personally-collected herbs. They can use the herb on their patient's skin or give it to them in a soup to drink.[95] The fertile lands of South Sudan provide a wide range of plants that can be used for medical purposes, including some that have sedative characteristics, such as the seeds of *datura metel* ("*mekerere*"), but documentation and research around such products is extremely rare.[237]

Divination

Various types of healers use spiritual methods to find the cause of illness or misfortune and guide people towards a solution of their ills. The Nuer and Dinka use the term *tiët* to indicate a healer with spiritual powers who has a gift of "seeing". After divining the cause of an illness a *tiët* might prescribe natural treatment or invoke the support of ancestral spirits to solve people's problems though animal sacrifice, but they may also refer the person to another healer or doctor.[52] Those who practise Christianity are changing their attitudes towards *tiët*, with many Dinka now expressing that they see the *tiët* as a charlatan or an instrument of the devil.[52] For example, among the Dinka, a *tiët* also has a religious healing role and function as a nomadic exorcist who can solve different problems by medicines made of plants and other natural substances in addition to spiritual ways of healing, including actions to neutralize or expose witchcraft. The *tiët* is believed to counteract witchcraft by removing objects out of the afflicted person.[52]

In the Yei area of South Sudan, *buni* is the local name for a traditional soothsayer. A *buni* is able to find out the cause of the behavioural disturbance and can also perform rituals to chase away spirits.[455]

Among the Acholi in Eastern Equatoria State, the term *ajwaka* (plural: *Ajwaki*) is used for spirit-mediums (the South Sudanese Acholi often use the pejorative English term "witch doctor") who have the ability to mediate between the living and the dead, the human and the "meta-human". An *ajwaka* is usually possessed by a spiritual entity: a *jok* (plural: *jogi*) who can interact with the people though the body and mouth of the *ajwaka*. An *ajwaka* usually is also a healer who provides traditional medicines.[324]

The Azande have a strong tradition of divination through oracles which is well described in the ethnographic literature.[129] These oracle specialists increasingly assert Christian credentials, but their practice of divination remains quite similar to the traditional practices. In the rural areas, divination remains an important way to find out why people fall sick and who or what is behind it.[16] Divination can be followed by rituals involving animal sacrifices to the ancestors or spirits involved. See also chapter 9 for details about witchcraft and sorcery as explanations of illness and other misfortunes.

12.3 Christian healing practices

Praying in church for the mentally ill is a community management intervention to help mentally disturbed persons. These prayers may or may not physically include the patient. A common tradition is for the elders or leaders of the church to talk to and advise a mentally ill person. This is more common when the illness involves substance misuse (cannabis or alcohol), or when the person is struggling with emotional disturbances like sadness or grief.

Churches in South Sudan and in South Sudanese refugee communities have an enormous social and spiritual influence (See section on coping in Chapter 6) and help people making sense of the suffering and the pain and offer hope.[394, 463] People who suffer from psychological issues related to the violence they suffered, or who are troubled by visions or being haunted by bad dreams, many find emotional support and healing in the church and by church groups.[305, 394]

The burgeoning Pentecostal churches provide people with a strong narrative of hope (being born-again) through a strongly polarized world view (good-bad, inside-outside and God-Devil), thereby giving them a different perception of the past and helping them to deal with their suffering. In these churches, feelings of trust and solidarity are restored; they create a new form of bonding and give their members support and solidarity in a society affected by war.[324, 398]

12.4 Formal mental health care services

Mental health services in South Sudan remain very limited in scope and quality. In the refugee settings in neighbouring countries, basic psychiatric care is often integrated within the services of health centres supported by NGOs and UNHCR. See Chapter 12 for details. When mental health services are being offered people are willing to try, but most likely the inclination to do so is strongest in conditions for which they suspect a physical cause or when people notice that other treatments do not have a desired effect.[455] Chronic conditions may require a person to take medication for a long period, which can be at odds with traditional notions that a treatment means that the cause of a diseases is eradicated or chased away. For example, among Dinka people, health staff report that treatment with pharmaceutical drugs is sometimes stopped early due to a perceived lack of immediate effect.[385] Consistent access to prescribed medications (either due to irregular or insufficient supply, or due to a mobile/ migratory lifestyle or displacement) is another challenge that contributes to limited compliance.

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13. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES IN SOUTH SUDAN

This chapter will first describe the health system of South Sudan, and then zoom in on the mental health system, including the services for mental health and psychosocial social support (MHPSS) that are operated through non-governmental organizations.

13.1 Structure of the general health system

The healthcare system in South Sudan is divided into three tiers:

Primary health care

- Community Health Structures: Boma Health Teams (BHT) comprise of a team of three community health workers (trained for six days) who provide health promotion, treatment of selected conditions and identify and refer people. This is part of the Boma Health Initiative to integrate community participation in primary health care.[39, 149] While mental health and psychosocial supports are not among the priorities for the BHT, some NGOs include strengthening community-based mental health and psychosocial support in their work with community health workers.[453]
- Primary Health Care Units (PHCUs): These target a population of 15,000 people. They deliver basic primary health care and are generally staffed by community health workers and community midwives, usually residents of the community. PHCUs are to open five days a week providing an eight-hour-a-day service. Patients requiring onward referral are referred to Primary Health Care Centres (PHCC) at the level of *payam* "district".
- Primary Health Care Centres (PHCCs): These are found at *payam* level and target a population of 50,000 people. They are generally staffed with trained medical people, usually nurses. They should be open 24 hours a day and seven days a week.

Secondary health care

- County Hospitals: These are found in 27 counties. They are supposed to provide emergency surgical operations and cover a population of 300,000.
- State Hospitals: Seven states have a state hospital, serving a population of approximately 500,000. These are staffed with general medical specialists such as surgeons, obstetricians, physicians and paediatricians provide care, training and mentoring of other health workers.

Tertiary health care

- National Teaching, Specialist and Referral Hospitals: These structures are aligned to the administrative units of the country.[293] Currently, they perform limited functions due to limited funding and lack of equipment, infrastructure and qualified human resources.

South Sudan's health-care system has been seriously compromised by decades of war and instability. The outbursts of violence in 2013 through 2016 led to the destruction of several health facilities. On paper, South Sudan has 1,379 Primary Health Care Units (PHCUs) and 418 Primary Health Care Centres (PHCCs), and 111 hospitals. However, only 848 health facilities are functional.[292] Most functioning health facilities rely on non-governmental organizations.

13.2 Mental health care policy

Since the Comprehensive Peace Agreement (CPA) of 2005 whereby South Sudan obtained regional autonomy, the country continues to struggle to build an adequate health-care system. In its national Health Policy 2006-2011, mental health was recognized as an essential element of public health.[290] Mental health is part of South Sudan's Basic Package of Health Services (BPHS), which describes the minimum services in primary health care.[291] In the 2012-2016 Health Sector Development Plan, the number of psychiatrists was envisaged to increase from 0 to 11 by 2016 and the number of psychiatric technicians from 0 to 112.[157] However, this plan has not been implemented. South Sudan has until now been unable to allocate sufficient funds to improve the availability and accessibility of mental health services.

There is a lack of legislative framework that protects the rights of persons with disabilities, including mental, physical or intellectual disabilities. South Sudan has not ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the international framework for basic human rights, freedom and dignity for all persons regardless of disability.[448] In South Sudan, when the community is faced with dangerous behaviours such as suicidality or risk to others from patients with mental illness, family or community members often act on what they believe to be in the best interest of the person and the family. In the absence of adequate mental health facilities, patients with severe mental health conditions are often brought to local prisons.

The Ministry of Health drafted a first national mental health strategic plan (2022—2026) which was validated in April 2022.[229, 297] The main objectives are: 1) to strengthen effective leadership, coordination, governance and resource mobilization for mental health care; 2) to provide comprehensive, integrated and responsive mental health and social-care services at primary health care and community-based settings; 3) to strengthen mental health information systems and research; 4) to conform to the essential mental health drugs list, and procure and regularize drug supply, availability and distribution in the country; 5) to promote mental health and prevent mental health crises within communities; 6) to strengthen mental- health response in humanitarian and development contexts and contribute towards building a modern and effective mental health system in the country.

13.3 MHPSS coordination in South Sudan

Since June 2016, South Sudan has established an MHPSS Technical Working Group (TWG). The group aims to bring together all stakeholders working in MHPSS and enhance the response to the MHPSS needs of affected people, by improving their access to quality services and support The MHPSS Technical Working Group provides technical support to a network of actors in South Sudan, and by doing so tries to enhance the quality and coverage of MHPSS.[285] There are also coordination mechanisms for MHPSS at the state level, for example in 2021 such groups existed in Yambio, Yei, Torit, Wau, Bentiu, Malakal and Maban.[354]

A mapping completed in 2018 by the MHPSS TWG identified 89 national and international organizations that provide MHPSS activities in South Sudan. Seven per cent were offering specialized or clinical MHPSS services, eight per cent offered focussed, non-specialized psychosocial supports, 70 per cent were active in strengthening community and family supports to improve psychosocial well-being, and 14 per cent were focussed on integrating social and psychological considerations into the way basic services and security are organized.

South Sudan had only three psychiatrists and 29 practicing psychologists in 2019, all based in Juba.[38] This does not include the expatriate mental health workers employed by non-governmental organizations.

13.4 MHPSS activities in South Sudan

Multi-layered Interventions

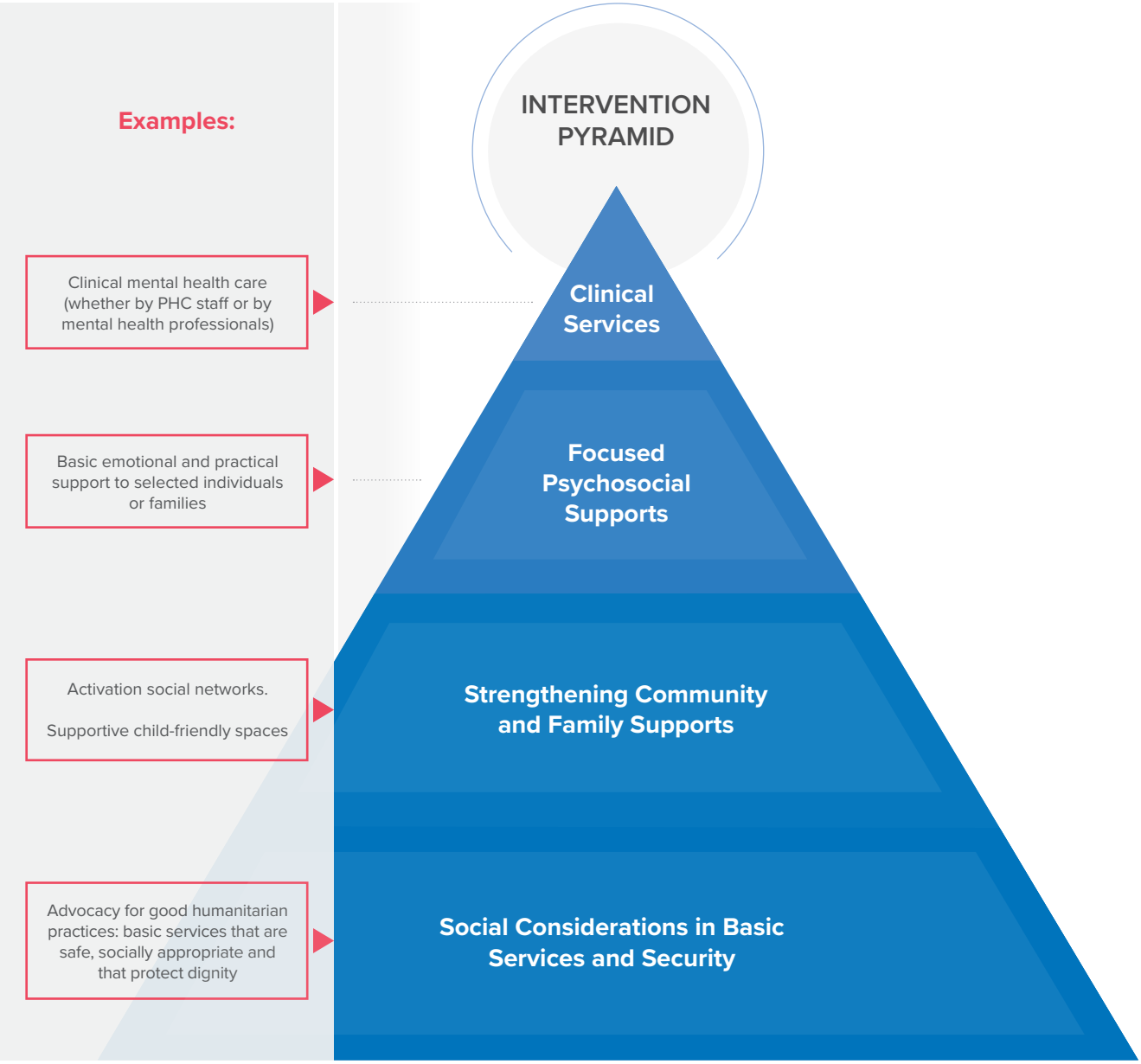
A key notion in humanitarian MHPSS is that a holistic response requires multiple interventions of varying intensity to different segments of the population.

They are:

- Clinical services such as psychotherapy or psychiatric treatment by a mental health professional for the most acute and high needs;
- Focused psychosocial support can be provided by people who are not specialized in MHPSS but have been trained and supervised in specific methods (“task shifting”);
- Family/community support fostering the capacity of persons, families and communities to support each other and to cope more effectively in challenging circumstances;
- Integrating psychosocial considerations throughout the humanitarian response.

This is visualized in the ”MHPSS pyramid” in Figure 2.

Figure 2: Multi-layered pyramid of MHPSS services and supports[190, 430]



Clinical mental health care

The government mental health system in South Sudan is deficient on all levels, but nevertheless some services are being provided, often with support of non-governmental organizations.

Inpatient psychiatric care

The Juba Teaching Hospital was for a long time the only public medical facility with inpatient psychiatric care. In 2021, it had 12 beds for psychiatric admissions staffed by a handful of general nurses with minimal training in mental health.[29] The teaching hospitals in Wau and Malakal do not have a psychiatric ward, and there are no mental health specialists in public facilities outside of Juba. Individuals with mental health conditions are often held in prisons, even when no crime has been committed. Often they are brought there by family members.[20, 380] People who end up in prison may stay there for long periods without their cases being processed in court and with limited or no medical treatment.[182]

Several mental health inpatient facilities are run by international organizations. Some non-governmental organizations offer inpatient mental health care are part of their hospital services, for example Médecins Sans Frontières (MSF) offers emergency mental health care in their hospitals in Bentiu (Unity) and Malakal (Upper Nile) through trained doctors supervised by psychiatrists.[271, 382] MSF also provided inpatient psychiatric care in the 200 bed Agok hospital in the Abyei region (a special administrative area between Sudan and South Sudan), until the closure of the hospital due to security issues.[113]

The International Medical Corps (IMC) runs inpatient facilities in Juba and Akobo[195] The International Committee of the Red Cross is also active in South Sudan, with mental health teams offering counselling sessions in Primary Health Care Centres, surgical wards and physical rehabilitation centres. Symptoms linked to depression and anxiety were the most common issues reported by these teams.[191] In-country referrals for people with severe mental health conditions that require hospitalization are difficult due to security situations, inaccessibility due to long distance service points and cost.

Mental health in primary care

Primary health-care providers are not sufficiently trained in diagnosing mental health conditions and graduates of medical schools in South Sudan have often not done rotations in psychiatry.[20] Primary health care facilities usually do not have essential medicine to treat these conditions.[296] In a survey in 2018, essential medication for mental and neurological conditions were not available at any Primary Health Care Units, in less than one per cent of the Primary Health Care Centres, and in 10 to 33 per cent of the hospitals.[29]

Even when psychotropic drugs are available, families can rarely afford them, particularly for long-term use. While some patients travel from across the country to access treatment in Juba, the cost of travel and the low awareness of services available make this an unrealistic option for most. The number of consultations related to mental health conditions is consequentially very low for a country with a population of more than 11 million: in 2020, the official health information system recorded 32,619 consultations related to mental, neurological and substance use conditions. The vast majority were related to epilepsy (12,245) and substance use conditions (9,822), with only 727 consultations for depression and 689 for psychosis.[29]

Until recently, the provision of mental health services within health facilities was mainly led by non-governmental organizations. For example, the International Medical Corps provided clinical care by trained mental health officers in outpatient care under the supervision of expatriate mental health specialists. Over time, the NGO contributed trained over 200 frontline health-care providers like general physicians, clinical officers, nurses, and midwives in identification and management of mental health conditions.[199] Other examples of non-governmental organizations providing mental health services within primary health care are Africa Humanitarian Action in Jam Jang (Unity State)[268], Medair,[278] MSF,[113, 271, 382] and Médecins du Monde (MDM).

The Ministry of Health with support of the World Health Organization has started to strengthen mental health services within general health care and has contracted three trainers who have supported the integration of mental health serves to general health care in 25 facilities supported by the Health Pooled Fund (HPF).[297]

Focused psychosocial support

Various non-governmental organizations and international organizations (International Organization for Migration, Jesuit Refugee Service, Humanity & Inclusion, International Committee of the Red Cross, the South Sudan Red Cross and others) offer psychological counselling. Some, like Humanity & Inclusion, have introduced brief psychosocial interventions such as Problem Management Plus.

Focused work with children between 10 and 15 years exhibiting signs of emotional distress were piloted on a small scale in Yei.[213] For children who received individual psychosocial counselling in this setting, positive changes were associated with the quality of having a strong counsellor-client relationship with counsellors able to instil trust and hope through self-disclosure, supportive listening and advice-giving, the level of client activation, and the ability of the counsellors to match treatment strategies to the child's problem presentation.[213]

Additionally, UNICEF and partners provide case-management services to extremely vulnerable children with protection concerns.[229]

Strengthening community and family support

In additional to the activities described above to integrate mental health into primary health care, there are also documented activities to strengthen family and community structures and support.

One example is the work of the non-governmental organization HealthNet TPO that started in 2003 in Yei, in which community-based psychosocial workers have a key role in the reactivation of local community structures such as churches, traditional leaders, youth or women's groups that had become dysfunctional due to long-term displacement and violence. Techniques used in such community-based psychosocial programming are community workshops to support community participation in psychosocial support, and Forum Theatre, a psychosocial intervention to help make people more aware of problems that they may have not considered previously, and to engage the audience in possible solutions.[51] At the moment, this NGO implements a community approach in various counties). A central feature in this programming is "Psychosocial Focal Points" who are community members who are trained in Psychological First Aid, individual counselling, gender-based violence and in doing referrals for people with MHPSS problems. These psychosocial workers seek to identify and address psychosocial problems through community action. Another strategy to foster community-based MHPSS and strengthen protective environments is by implementing Women and Girl Friendly Spaces[170]

The MHPSS programming by IOM in Malakal, Wau and Bentiu offers direct services to displaced communities in camp-like settings and has a strong emphasis on strengthening community support.[367] Additionally, social workers from the State Ministry in Wau in Western Bahr el Ghazal were trained and supported to strengthen self-reliance and agency of community members, and work with communities to discuss critical topics such as early pregnancy, drug abuse and youth violence, and to facilitate intergenerational dialogue sessions in host communities and areas of return.[316] Such activities are strongly community-driven and require outcome measures that are designed with the communities.[235]

Another example of strengthening psychosocial support within communities is the work of the non-governmental organization Medair which established voluntary mothers' groups guided by facilitators. Such groups are attended by close to 5,000 women. Through these groups, women can share stressful experiences and challenges realize they are not alone, and effectively support each other.[278]

The educational system is another sector which can be important in the provision of psychosocial support. Teachers in South Sudan recognize a need for psychosocial support in the schools, but this is hardly ever realized.[172] UNICEF implements psychosocial activities in its Child Friendly Spaces initiative in communities.[229]

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14. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES FOR SOUTH SUDANESE REFUGEES

14.1 Mental health and psychosocial support in refugee settings

Mental health and psychosocial support has become a core component of humanitarian refugee responses, as a multi-sectoral issue that has relevance across health, protection (including child protection and gender-based violence), education, camp coordination and camp management.[212, 459] UNHCR has issued a guidance to assist UNHCR country offices and partners to develop an integrated, multi-sectoral response to mental health and psychosocial support (MHPSS) in refugee operations.[430, 438] This guidance is compatible with the inter-agency consensus on MHPSS as elaborated in the Guidelines on Mental Health and Psychosocial Support in Emergency Settings of the International Agency Standing Committee (IASC).[190]

14.2 MHPSS for South Sudanese refugees in Uganda

Uganda is the country that hosts the largest number of South Sudanese refugees. Over the course of the last decades, considerable expertise has been accumulated to develop mental health and psychosocial support interventions for this group. For example, since the early 1990s, the non-governmental organization Transcultural Psychosocial Organization (TPO) has developed comprehensive community-based MHPSS programmes for South Sudanese refugees.[34, 298] Northern Uganda has itself been the site of long-term armed conflict resulting in a high burden of MHPSS issues. This has also meant the development of considerable expertise and human resources, including methodologies that are linguistically and culturally adapted to the Ugandan populations in the north who are closely linked to some of the ethnic groups in South Sudan.[31, 388, 460]

MHPSS research in Uganda

In northern Uganda, work involving Narrative Exposure Therapy (NET), a trauma-focused intervention that combines gradual imaginary exposure techniques and assists the person in embedding the fragmented traumatic memories into a coherent life narrative, showed effectiveness in reducing symptoms of post-traumatic stress disorder in South Sudanese refugees.[318]

Over the last few years, some high-quality research on MHPSS interventions has also been conducted for South Sudanese refugees. An example is the work of the World Health Organization and the non-governmental organization HealthRight International on

Self-Help Plus, which is a five-session guided psycho-education programme, that is based on Acceptance and Commitment Therapy (a form of cognitive behavioural therapy) and can be given in large groups of up to 30 people and facilitated by non-specialists without specialized mental health training. The intervention teaches specific skills related to stress management and cognitive change though pre-recorded audio recordings and an illustrated self-help book.[408] All materials are tailored for use with South Sudanese refugees, and available in Juba Arabic.[407] A randomized controlled trial among South Sudanese refugee women in northern Uganda demonstrated that compared with controls, Self-Help Plus was associated with higher levels of improvement in psychological distress, functioning and well-being outcomes three months after the intervention.[409] The method is currently being expanded within Uganda.[243] While Self-Help Plus has proven effect, some have critiqued it for its to- down approach and what they see as lack of community participation.[412] Various new trials on MHPSS interventions with South Sudanese refugees are being prepared, such as on an adapted version of Problem Management Plus (PM+) that also addresses the frequent comorbidity with alcohol abuse among South Sudanese men[141] and on the Journey of Life intervention in the Kiryandongo refugee settlement, which aims to integrate mental health and problem solving skills into an intervention aimed to support child protection mechanisms within the community.[85]

Clinical mental health care

Refugees in Uganda have the right to access health services on an equal basis with nationals. In the refugee settlements, the health facilities are part of the national health system and are run by the Ministry of Health, supported by non-governmental organizations. Within larger health facilities, psychiatric nurses are present. Health staff have been trained in the identification and management of priority mental, neurological and substance-use conditions through training with the mhGAP Humanitarian Intervention Guide (mhGAP-HIG).[114, 472]

Focused psychosocial support

In the refugee sites, various partners such as non-governmental organizations like the Lutheran World Federation (LWF) and Transcultural Psychosocial Organization Uganda (TPO Uganda) provide MHPSS services through national psychologists, social workers and others.

TPO Uganda use other scalable psychological interventions such as Problem Management Plus[467] while the Lutheran World Foundation has trained their staff in using Interpersonal Therapy for Depression[468] in their work in South Sudanese refugees in Uganda.

Strengthening community and family support

Key interventions include training and supporting community volunteers and operation safe spaces for children and women/girls. A gender-based violence prevention programme piloted in Uganda integrated activities focused on psychosocial well-being and mental health.[255] TPO Uganda has also started to train South Sudanese refugee community members in the refugee settlements in Imvepi and Rhino Camp as facilitators of Community-Based Sociotherapy, a method that was developed in Rwanda.[351] In other refugee settlements, refugees are being trained as para-counsellors, such as in Palorinya:

Case example: Community based work with refugees in a refugee settlement in Uganda

In Palorinya refugee settlement in West Nile Region, Uganda, community-based para-counsellors and youth mentors were trained to deliver low-intensity MHPSS basic services informed by a community-based psychosocial support approach. The resulting shift of identification and referral roles from humanitarian workers towards community-based structures made it easier for community members to access psychoeducational materials in languages they understand, seek and easily link to support as they perceive community structures as being closer to them and more trusted, and enabled them to access first-hand information on their own languages. Various women's safe spaces, child-friendly spaces and "walk-in" counselling centres have been established to enable women, youth and children to share experiences including access to services. The settlement has further embarked on the construction of zonal community centres to expand the scope of access to all refugees in the settlement including men, women, youth and children.

(Based on information by Grace Opicara, UNHCR and Moses Mukasa, Lutheran World Foundation)

MHPSS coordination

A national working group for MHPSS is active in Kampala, Uganda, representing 35 member organizations (government, UN agencies, international and national NGOs). Smaller MHPSS Working Groups are active in twelve refugee settlements: Yumbe, Rhino Camp, Imvepi, Kiryandongo, Lamwo, Palorinya, Adjumani, Nakivale, Oruchinga, Rwamwanja, Kyaka II, Kyangwali.[36]

14.3 MHPSS for South Sudanese refugees in Ethiopia

In the refugee camps in Gambela, where almost all of the South Sudanese refugees in Ethiopia are hosted, several non-governmental organizations, supported by UNHCR and UNICEF are involved in a broad range of activities with significant gaps existing in the remote Okugo camp.[339, 457]

The International Medical Corps supports the integration of mental health into the seven primary health-care clinics in the refugee camps, through the training of health workers with the mhGAP-HIG[472] followed by regular supportive supervision sessions. Twice per year, community health workers receive training to identify and refer people with mental health conditions.[118]

The Centre for Victims of Torture operated in Nguenyyiel camp where they provide specialized trauma rehabilitation services, through group and individual counselling. Their 10-session core group model has been translated into Nuer and adapted to the local context, and integrates components of narrative exposure therapy, cognitive behavioural therapy, ambiguous loss, resilience, and somatic impact (e.g., chronic pain, sleep regulation). These services are provided through local counsellors who receive intensive professional capacity building, including on-the-job training and clinical supervision, to develop their skills to provide specialized services.[123]

Other non-governmental organizations with significant MHPSS programming for South Sudanese refugees are Action Against Hunger[7] and the Dutch NGO ZOA, which operates Community-Based Sociotherapy groups.

14.4 MHPSS for South Sudanese refugees in Sudan

Sudan's mental health system is rudimentary, with most services concentrated in the capital Khartoum. In the states near the borders where most refugees reside, the government services are very limited and refugees experience a lack of access to mental health and psychosocial support services.[435]

White Nile State

White Nile State hosts more than a quarter million South Sudanese refugees, mostly residing in ten refugee camps in areas along the banks of the White Nile. Health facilities in these camps are served by the Ministry of Health of White Nile State and the Sudanese Red Crescent society. Until 2021, the non-governmental organization MSF had a large and well-functioning health facility with mental health services in Al Kashafa camp. The health facilities of the Ministry of Health have psychotropic drugs (such as amitriptyline), but most medical staff have not been trained on the use of psychotropic medications. In 2018, UNHCR Sudan organized a Training of Trainers with the mhGAP-HIG materials. The training resulted in a group of doctors in the health centres who were able to identify and manage mental health issues. These doctors have however gradually left and currently there are only few mhGAP-trained health staff left in the clinics.[458]

The Kosti Teaching Hospital has a mental health unit with a retired psychiatrist who does consultations once per week and is supported by a general medical doctor. The unit only has outpatient facilities.[436] The hospital is also home to the Kosti Trauma Centre, which through funds from the Sudanese Red Crescent is supported by the Ahfad Trauma Centre in Khartoum. The staff of the Kosti Trauma Centre has been trained in various psychotherapeutic approaches including cognitive behavioural therapy and child-focused psychotherapy. They are also trained in community-based approaches such as Narrative Theatre.[458]

Some training in child-focused psychosocial support has been provided to the social workers and volunteers by the non-governmental organization Plan International. From 2014 to 2017, Plan International had a cooperation with Ahfad University on capacity-building for child MHPSS, using materials developed by War Child Holland such as the I DEAL method to help refugee children cope with their daily lives and strengthen their

trust and confidence using creative life-skills trainings featuring music, dance and theatre. The Sudanese Red Crescent society prioritized MHPSS within their protection work, with a focus on community based psychosocial support.[458]

East Darfur State

UNHCR funds the non-governmental organization Alight to provide individual and group counselling by a psychologist and social worker. In 2021, 25 community refugee social workers were trained to conduct individual and group counselling and provide psychosocial support. Together with the government, mental health trainings for health professionals and social workers were organized. Children's clubs provide psychosocial support to children through methods based on South Sudanese cultural music and dance. East Darfur, a state with 1.5 million people, does not have mental health services in the government health-care system.[331]

14.5 MHPSS for South Sudanese refugees in Kenya

Kakuma and Kalobeyei

Most South Sudanese refugees in Kenya reside in the large camps in the Kakuma area in the northwest of the country. In and around these sites, humanitarian assistance is provided to a total of 280,000 persons (refugees and local host communities). There is substantial mental health awareness among South Sudanese, however the uptake is still low due to stigma associated with mental health concerns. Ten non-governmental organizations are involved in mental health and psychosocial support, working in areas such as health, child protection and gender-based violence). They meet regularly in the MHPSS Technical Working Group which is co-led by the International Rescue Committee (IRC) and UNHCR. Staffing for MHPSS programmes in the Kakuma/Kalobeyei consists of two psychiatric nurses (employed by NGOs), 48 psychologists or counsellors, 10 social workers and 124 refugee volunteers.[280] The non-governmental organization International Rescue Committee operates primary health care programmes, with an integrated mental health component. Staff in the health centres are trained and supervised by a mental health professional.

In 2021, staff of IRC and other non-governmental organizations were trained to provide Problem Management Plus. Since 2017, the Centre for Victims of Torture started psychological treatment services for refugees in Kalobeyei settlement (80 per cent of the clients are South Sudanese).

South Sudanese refugees in Nairobi

Around 80,000 refugees live in Nairobi. Among them are an unknown number of South Sudanese refuges. A mapping of MHPSS services in Nairobi MHPSS staff identified ten agencies involved in MHPSS. Together, they employed 39 psychologists/counsellors, 15 social workers and seven refugee staff. This brings to a total of 61 MHPSS workers as reported in the mapping. This does not include the mental health services offered through by the National Council of Churches in Kenya (NCCK) which includes clinical mental health care that are provided within existing government health structures.[281]

14.6 MHPSS for South Sudanese refugees in Egypt

There are 21,914 South Sudanese refugees (UNHCR May 2022) living in Egypt. There are no refugee camps and no services specifically for refugees provided by the government. MHPSS is available to South Sudanese refugees in the public- and NGO-run systems. The government has 18 psychiatric hospitals with outpatient clinics, child/adolescent clinics, small, specialized trauma clinics, and a 24/7 suicide helpline. The government allows refugees to access all services at the same price as Egyptians. However, services are overcrowded, and only available to those speaking Arabic or English.

NGOs involved in psychosocial support include the Psycho-Social Services and Training Institute in Cairo (PSTIC), Caritas (mental health clinics offering psychiatric care in their primary health-care units), Saint Andrew's Refugee Services (mental health clinic and psychosocial support services), Refuge Egypt (psychological counselling), Terre des Hommes (child, youth, and family services), Save the Children (unaccompanied minors), CARE (survivors of gender-based violence) and Médecins sans Frontières (clinic with specialized care for survivors of gender-based violence and torture and mental health services for people not registered as refugees).[30]

Since 2009, PSTIC has had a team of South Sudanese psychosocial workers offering home- and community-based MHPSS. These workers have provided emergency home-based response and follow-up to people with serious mental illness. Over the years, though, community awareness attitudes have changed and commonly those people who are obviously mentally ill, aggressive, or at risk of suicide are referred and provided with needed professional treatment, along with community, family and spiritual inclusion in the treatment plans. PSTIC's Counselling Centre has trained refugee counsellors using Problem Management Plus, and family and couples counselling. They also provided home- and community-based psychosocial support and helped to build the capacities of communities to develop greater sensitivity and capacity to take responsibility to assist their most vulnerable members.[35]

14.7 MHPSS for South Sudanese refugees in other countries

In many countries of resettlement, mental health services are available for South Sudanese, but the use of these services is often low because South Sudanese refugees may not perceive the symptoms of depression, anxiety and stress as components of mental health for which treatment can be sought in the formal health sector.[81, 274] Even when they do, they may find the services not well adapted to their needs, with limited ways to engage family and community, limited space for elaboration of spirituality and with mental health workers who show limited cultural competence.[82, 164] Others feel that "Western approaches" do not necessarily work for them and resort to informal support from friends, church members, social media group platforms and activities to help them engage.[473] Also in resettlement countries, many South Sudanese refugees associate symptoms of depression, anxiety and stress with sorcery, bewitching and curses.[474]

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15. PEACEBUILDING AND MHPSS

Individual, interpersonal and historical trauma affects people in profound ways. Stress, fear, anger, grief and related mental health problems might change people's reasoning, behaviour and attitudes towards others. Such issues might disrupt peaceful coexistence and affect peace building processes.[424] People whose mental health is negatively influenced by (past) violence tend to withdraw, blame themselves or struggle to interact with others. If people regain peace of mind, they can more effectively support the effective design and functioning of the structures and institutions that are established as part of peacebuilding activities. Therefore, MHPSS and peacebuilding reinforce each other: building positive peace will enhance conditions for mental health and psychosocial support.[424]

Formal peace negotiations are usually dominated by male warlords and political leaders, while women, youth and marginalized groups do not play major roles. They are, however, active in informal peacebuilding activities at the local level aiming to rebuild the society at the grassroots level.[335] Their role in peacebuilding is considerable. In their role as parents, the ideologies that women impart on children plays a great role in sustainable peace.[224, 272]

This is important because peace is much more than the absence of violence, which is "negative peace".[143] Achieving long-term peace and reconciliation requires restoring trust and rebuilding intercommunal relationships between people at all levels of society. Consequently, peacebuilding encompasses a wide range of interrelated actions at all levels of a society to work, aiming to restore justice and develop sustainable social, economic and political institutions, and foster effective governance.[83]

An essential condition for peacebuilding is that trust is re-established.[383] Ongoing conflicts have not only led to destruction of property and livelihoods, but have profoundly affected the social fabric that is needed to recover from the effects of ongoing violence. Within the field of peacebuilding, there is a growing awareness that mental well-being is essential to achieve sustainable peace.[173] The Commission of Inquiry of the African Union states in its landmark 2014 report on South Sudan:

The Commission of Inquiry of the African Union on South Sudan

> With respect to rehabilitation, particularly psychosocial assistance, the Commission noted, during its travels around South Sudan, that trauma appears to be a key consequence of the conflict. The Commission heard multiple stories of loss of close family members, children, husbands, wives that left survivors traumatized. The brutality of atrocities witnessed or survived haunts many victims. For mothers, separation from or abduction of children has left emotional and psychological scars and that manifest in various including sleeplessness and stress-induced illness. These cases demonstrated the scope of the problem and the need for further inquiry into the scope of trauma and the need for psychosocial interventions in the country.[12]
>
> (*The Commission of Inquiry of the African Union on South Sudan.[12] (page 248-249)*)

The Commission also remarked that:

Reconciliation

> Reconciliation is essentially about mending relationships, bringing together or squaring off after traumatic events such as armed conflict or such other traumatic events that damage relationships at multiple levels. It involves disclosure of truth about the past, acknowledgement of what has occurred, forgiveness, healing and a great measure of justice.[12]
>
> (*Commission of Inquiry of the African Union on South Sudan.[12] (page 234)*)

As a result of this high-level recognition, mental health and psychosocial well-being has received significant attention in peacebuilding and reconstruction efforts in South Sudan. Often the MHPSS aspects are included as part of an overarching concept of "healing," which has become an integral part of peacebuilding policies and strategies in the country, for example by the establishment of a national Commission for Truth, Reconciliation and Healing (CTRH) which explicitly aims to use inclusive, trauma-informed, and victim-centred approaches.[425] Consequently, trauma and mental health issues have become a mainstream element of training curricula for peacebuilding in South Sudan.[189, 227, 303, 392] Initially, many of these activities had a strong focus on "trauma awareness" in a context where actual services were extremely limited, causing concern about such programmes inadvertently doing harm.[269] When peacebuilding programmes engage with MHPSS problems, they often focus on trauma and PTSD alone.[74, 186] However, the relationship between conflict, peacebuilding and mental health is much more diverse.[84]

15.1 Relationship between mental health, armed conflict and peace

Armed conflict undermines mental health, which affects the ability of individuals, communities and societies to function peacefully during conflict and post-conflict periods. There are complex links between traumatic experiences and risk factors, such as substance abuse, aggression and domestic violence.[96, 355, 356, 400, 401] Some findings suggest that exposure to traumatic events undermines readiness for reconciliation.[174] Research in South Sudan found links between PTSD and having a weak capacity to forgive: people who scored highly on PTSD questionnaires said that they are likely to use violence to resolve conflict.[258] Observations from staff involved in peacebuilding with South Sudanese refugees confirm this.[173, 330]

Studies from various countries show that people with mental health problems due to conflict run a greater risk of poorer life outcomes, including physical health. They are also more likely to show risky behaviours or substance abuse, they can drop out of school earlier, or suffer economic dependence or poor parenting skills, which in turn might affect the next generation.[258] Due to mental health problems, some people may be hindered in their interaction with other people. For example, anxiety and heightened arousal can make people more irritable and prone to aggression. People who are depressed tend to isolate themselves and withdraw from participation in social life. If people withdraw from positive social interaction, they are not able to peacefully coexist with others in their communities.[401]

Daily economic problems and stressors contribute to the poor mental well-being of not just an individual but also of communities.[258] Distressed people often have limited energy and face difficulties in planning their lives and activities.[359] This can undermine prospects for community reconciliation. Additionally, mistrust between individuals and groups in the community can disrupt an environment for psychological healing and growth, while poverty and economic distress further exacerbate pre-existing symptoms of anxiety and depression.[258] Mental health, social cohesion and livelihoods interact and can prolong conflict-related mental distress, poverty and underlying social conflicts.

Wounded leaders

Damaged communities need healthy and strong leaders who are able to identify and mitigate cycles of violence and the perpetrating of atrocities within a society and community. However, leaders may be psychologically affected by violence.[230, 295] Good leadership plays a central role in developing the kind of policies and interventions that end cycles of violence and strengthen the psychosocial fibre of conflict-affected communities. However, while some South Sudanese leaders and politicians may cope with their traumatic experiences in a healthy way, others do not. Leaders as well as ex-combatants struggle with the transition from a combatant's masculine identity to the identity of a leader in peacetime, a family man, a father or a husband. Many leaders may be ruling from a psychological basis of anger and pain, which tends to trickle down into their governance style and political communication. Where leaders are wounded, their actions and attitudes are likely to contribute towards structural violence that negatively affects the relationships and unity between individuals in society.[62] Given the prevalent traditional and patriarchal culture in which (primarily male) leaders at all levels are supposed to show their power and control, and where displaying emotion is perceived as a sign of weakness, counselling leaders can be difficult. As such, their expression of masculinity and power influences the way people deal with their emotions and feelings (i.e., denial) as well as issues of trust.

Intergenerational psychological effects of violence

The continued exposure of South Sudanese children and youth to violence has detrimental effects on their psychosocial health and well-being.

This is compounded by multiple losses, ongoing poverty, limited options for education and jobs, and ongoing injustice, which makes it difficult for youth to participate in peaceful coexistence.[166, 427] The accumulation of traumatic experiences in South Sudan has affected identity construction of the next generation.[94, 352, 416] Communities who have not recovered or reconciled or are marginalized and victimized tend to stick to (often negative) narratives that are transferred from one generation to the other. If parents, caregivers and communities do not recover from war experiences, and stick to "negative narratives", next generations may take on their parent's feelings of pain and anger.[362] Increasingly, there is evidence for the biological impacts of trauma exposure intergenerationally, including for the likelihood of perpetuating cycles of violence.[273]

Paying attention to intergenerational dynamics is therefore important in peacebuilding programmes. One way to do this is by facilitating intergenerational dialogues. There are some good practices in this regard. For example, in Kakuma, elderly women meet regularly with girls and female youth to discuss the pressures they face, including marriage pressure.[387] By doing so, they also work on suicide prevention. In Rhino Camp in northern Uganda, the organization Elderly Emergency Rehabilitation Action (ERA), brings together elderly of different ethnic groups to show that ethnic inclusion and acceptance is possible. They discuss alcohol use with youth and address "ethnic divisions and violence" and look, together with the youth, for ways to bring peace and to have peaceful coexistence in their communities.

15.2 Psychosocial support and peacebuilding

Integrating psychosocial interventions with peacebuilding and post-conflict recovery efforts is essential.[167, 342, 461] MHPSS and peacebuilding programmes should not be standalone, but integrated with other programmes that meet the population's wider needs.[466] This requires a psychosocial approach that how social conditions relate to mental health. Consequently, the approach demands consideration of the consequences of violence not only on individuals, but also on the social context, and how the social context influences individuals.[83] Peace agreements are often reached after long processes with painful political and social compromises. However, the work is not done with the signing of the agreement: If people do not feel that their life will become better through the peace agreement, the agreement may soon fall apart.[136]

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People need social and historical connectedness as well as economic and material support. Only then can people who have been affected by violence and loss create a new space where memories of the past can be shared and a community spirit experienced. Furthermore, psychosocial support should not only focus on traumatic experiences and memories of the past, but also on daily stressors and on the future.[286] The complex interaction between war experiences, daily stressors, lack of hope for a better future, mental health needs and other difficulties that prevent living in peaceful coexistence need to be addressed.[287]

Coming to terms with individual traumatic experiences is linked to group reconciliation.[232] After a period of conflict, the involved populations need to learn how to accept each other again, finding ways to start living together again.

This does not necessarily include forgiving or loving each other, but rather having a commitment to coexist with each other and develop a degree of cooperation necessary to live within one society, realizing that all will have better lives if they live together instead of living separately.[50] Psychosocial well-being and living in a peaceful environment are therefore are inseparable from each other.

Traditional and religious approaches

Combining psychological and spiritual interventions aimed at individual and community recovery is an essential part of healing and living in peaceful co-existence.[264] This is called “transpersonal resilience”, in which religious traditions are connected with psychology to explain the human condition in the

aftermath of political violence. Building resilience to trauma must take place at a personal and social level that introduces spirituality as a tool for building peace and promoting mental health. Spirituality also teaches empathy and compassion and promotes the synergy of connecting mind and heart. If people are able to forgive, this may be connected with their psychological state.[19] South Sudanese churches play a major role in conflict mediation, marital and family disputes, although pastors in in churches can also reinforce the traditional gender relations, forcing women to keep silent about their grievances and even inducing new cycles of violence.[245] Churches are powerful institutions in South Sudan, and, in general, working with them in the field of MHPSS and peacebuilding is important.

Community-based approaches

The complexity of rebuilding interpersonal connection after war requires an approach that incorporates political and structural rebuilding of institutions and political processes, as well as psychological healing, empowerment of the community members and social reconstruction.[165] This approach should include counselling and other forms of psychosocial support and conflict management. Cultural and local knowledge are considered to be key elements of community-based approaches, since they build on, reactivate or renew existing traditions and support systems.[397] Community-based approaches emphasise the importance of including social, psychological and cultural understandings and processes in peace work, and help to create awareness and action on a wide range of consequences of violence, such as psychological, behavioural, somatic and spiritual responses.[336, 390] Populations psychologically affected by years of repression and war require feelings of safety, empowerment, connectedness and hope.

Finally, regardless of all the difficulties and problems mentioned above, one should realise that a significant number of people show resilience, which is the ability of individuals and societies to cope, adapt and "bounce back" from adverse events. Resilience refers to both the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that build and sustain their well-being, and to their individual and collective capacity to negotiate for such resources to be provided and experienced in culturally meaningful ways.[428]

An illustration of how elements related to MHPSS, peacebuilding and livelihood are jointly tackled through community-based approaches is heard in the testimony from Ikarsuk, a South Sudanese refugee in West Nile Region, Uganda:

> **"I felt stressed because I lost friends and relatives during the war and this made me feel unstable. I had thoughts of committing suicide. A social worker came to our settlement and gave information to the village leader to mobilize the community for the NGO meetings. I was checked by the doctor and enrolled in the therapy sessions to help me address the negative thoughts I had. One of the training sessions was about how to relate with your friends, family members and associate with people rather than isolate. You have to keep together with people. Domestic violence used to be rampant, but now we, the members of the Village Savings and Loans Associations, became ambassadors of peace, helping other families experiencing violence."**
>
> Adapted from Annual Report TPO Uganda, page 15[414]

Youth and peacebuilding

If children and youth actively participate in peacebuilding activities, the level of violence in those communities decreases.[277] In South Sudan, projects emerge that focus on working with criminalized and at-risk youth, providing them with alternatives to violence and crime, while at the same time aiming to change harmful gender and social norms.[197] For example, one of the modules, a curriculum developed by the Catholic University of Juba to work with South Sudanese youth as peacebuilders, is on mental health aspects. In South Sudanese refugee settings as well as within South Sudan, many youth-led initiatives in relation to peacebuilding have sprouted.[145] One such notable youth-led initiative to foster peace among South Sudanese populations is #DefyHateNow (https://defyhatenow.org) which uses social media to raise

awareness on how to mitigate social-media-based hate speech, conflict rhetoric and online incitement to violence in South Sudan and neighbouring countries Kenya, Uganda and Sudan.

Other initiatives that promote social cohesion among young South Sudanese people include the Anataban Arts Initiative, striving to raise awareness among citizens through performances and graffiti art in Juba and the work of Artolution in the Bidi Bidi refugee settlement in northern Uganda that engages local artists from refugee and host communities in making communal art works (https://www.artolution.org/uganda-2).

In Uganda, youth-led organizations work to give youth opportunities to help them resolve problems together and also to help engage groups of youth in conflict with each other.[387] In the settlements of Rhino camp, Imvepi, and Kiryandongo in Uganda, UNHCR works with youth peace mentors who are involved in youth led activities that enhance peaceful co-existence and social cohesion among refugees and with host communities.[465] They establish community-based peace clubs, school peace clubs, and activities to increase social-cohesion activities among different cultural groups. They also implement online incident mapping, door-to-door awareness-raising, and workshops on alternative dispute resolution.[330] These refugee- and youth-led organizations frequently expressed the desire to receive basic mental health training, so they are better equipped to respond to a person in distress and can recognize if a person might need health care. They also want to know how to handle people who are suicidal.

In 2021, UNHCR organized a seven-day pilot training programme for 13 South Sudanese refugee youth peacebuilders in Rhino Camp, using the methods of Doing What Matters in Times of Stress, a method to help people living in stressful circumstances to deal better with mental health issues. This training is available in Juba Arabic and English.[469] The pilot training showed that learning these skills enabled the youth leaders to better cope with such issues themselves as well as use the techniques in their work with other refugees.[171] The method is now being taught to the full network of nearly 100 South Sudanese refugee youth peacebuilders in Uganda.

ANNEXES

Annex A:
Nuer terms related to mental health and psychosocial well-being

Annex B:
Dinka terms related to mental health and psychosocial well-being

Annex C:
Shilluk terms related to mental health and psychosocial well-being

Annex D:
Azande terms related to mental health and psychosocial well-being

Annex E:
Bari terms related to mental health and psychosocial well-being

ANNEX A:
NUER TERMS RELATED TO MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

The table below has been made with input from John C. Kuek (La Maestra Community Health Centers, San Diego, USA, Buay Peter Kun (PSTIC Cairo Egypt), Bol Buony Nyuot (Center for Victims of Torture in Gambella, Ethiopia, Nhial Tutlam (Washington University in St Louis, USA), Nhial Wicleek (Mental Health and Wellness Program, Calgary Catholic School Board, Calgary, Canada, leaders of Nuer refugee community in Adjumani, Uganda, and information in a report from the NGO Action against Hunger in Gambella, Ethiopia.[8]

The table is not exhaustive. Moreover, the Nuer language has various dialects and the terms may be pronounced or used differently by different Nuer speakers.

Nuer	Alternative Terms	Literal Translation	Mental States that the Term can be used for
buo̱m lɔac		strength of heart	Indicates perseverance, persistence, resilience
ciaŋ gaak	*jua̱ŋjua̱ŋ*	habit of quarrelling	Used for someone who is aggressive, has a quick temper, is ready to fight all the time
cär ji̱äkni̱ ti̱ de li̱a̱ nööŋ		bad thoughts that can lead to death	Possible suicidal ideation
diɛ̈ɛ̈r		worrying too much	Anxiety and depression. Often accompanied by consistent worry and feeling impatient
diɛ̈ɛ̈r lɔac		worry of the heart	Anxiety and depression, often accompanied by consistent worry and feeling impatient
di̱ɛ̈ɛ̈r ci̱aŋ	*di̱ɛ̈ɛ̈r ni ci̱aŋ* (= worrying all the time)	worry about life	Anxiety and depression, often accompanied by consistent worry and feeling impatient
duäc lɔac kɛ rɔdɛ		heart beating	Worrying too much

Nuer	Alternative Terms	Literal Translation	Mental States that the Term can be used for
jɪ̱äklɔac	*jɪ̱athlɔac*	heart feeling bad	Extreme sadness as in when some loses a loved one NB: *jɪ̱äklɔac* can also mean disappointment
kuɔ̱k kɛ rɔ		forcing yourself	Persistence
laath lɔac		heart shaking or trembling	Fear of something or anxiety
mɪ̱ ŋɔ̱ɔ̱ŋj		feeling always bad or something that is bothering you	Distress
näk kɛ rɔ		killing yourself	Suicide
nän ni kɛ rɔ		Isolating oneself from environment	Fear for being near other people or not wanting to interact with others
nok		seizures	Epilepsy Non-epileptic attacks
nyuɔn wɪ̱äc		being confused	Can be used for people with mental illness but can also be used for ordinary forgetfulness. A person can say '*ci wic da nyuɔn*' (' I am confused')
nyuɔn cäri la		disturbance in your head	Possible psychosis
nyuɔn ngitha		disturbance in your brain	Possible psychosis
pa̱a̱r		'mourning'	Extreme grief
pa̱r/ tɪ̱äm		being startled or easily rattled	Par means, could indicate nervousness, anxiety or panic Expression: *tɪ̱äm a lia daman* – (he/she has been overcome by the loss of her/his brother)
rap		fear/anxiety	

Nuer	Alternative Terms	Literal Translation	Mental States that the Term can be used for
räpräääp	*pa̱wpa̱w*	a lot of fear	Could indicate panic disorder
tiäm kä mi̱ ji̱äk		thinking bad	Could indicate posttraumatic stress complaints. For example in *Tiäm kä mi̱ ji̱äk mi ci duoth jock*
tiääl	*tie̱e̱l*	severe worry/or fear.	Possible depression Expressions: *ce kap ke tiääl* ('someone has been gripped by worry and helplessness) and *ce jic de tem tiääl* (his/her stomach is churning from anxiety or fear)
tɔa̱ŋ		painful experience that is difficult to forget.	Sometimes used to indicate symptoms of post-traumatic stress disorder
tɔa̱ŋ kɛ mi ci kɔn tuɔɔk		being overwhelmed by something that happened in the past	post-traumatic stress conditions
yɔ̱ɔ̱ŋ		madness	NB: derogative term
yɔ̱ŋ kuɔth		possessed (by God or spirits)	Psychosis

ANNEX B:
DINKA TERMS RELATED TO MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Table with Dinka idioms extracted from the work of Martha B. Baird.[32, 33] and with input from Jok Marko (Psychosocial Coordinator in PSTIC, Cairo, Egypt), Joseph Jok (Development Director, RefugeeNet and St Luke's North Park Church, San Diego, United States), Kuany Thon Monywut (Dinka community leader in Maji 11, Adjumani Refugee Settlement, Uganda), Majur Daniel (Youth Mentor, Rhino Camp Uganda), and Mabek Mayar, Dr. James Jong Nhom, Flora Machar, Deng Abraham, Barnaba Lioi, Lina Minyang, Agal Uuor, Ayen Kadugli, Atong Achuwach, Jacklin Abok who participated in a focus group discussion for Dinka speakers in Ajuong Thok South Sudan, October 2021.

Dinka	Alternative Terms	Literal Translation	Mental States that the term can refer to
Aaxardhom	*Aarnhom/arɛmnhom*	Headaches	
Achiek		Children who poorly understand things and are unable to learn	Intellectual disability *Niɔ̈ɔ̈p de ŋiny de käŋ*
Aci yeei noum	*Raan cë nhom riääk, wël ye keek lueel aacï ke ye deetic ku ee yɛ nhom jääm* *Aci jiik nhom*	Someone who talks in strange ways or talks with him/herself	Psychosis see: *tuaany de nhom*
Achi thouk	*Acë thöök*	Sudden loss of consciousness	
Bä cen _Ɔath/ Cen agath ë piir teug	*Acïn ŋäth ë pïïr tuɛŋ de aköldɛ̈ŋ*	Feeling hopeless about the future	
Ba däc dhiäau		Crying easily	
Ba dier arëtic ne kaŋ kedhie	*Diɛɛr apɛi/arëtïc në käŋ. Raanye ɛtɔ̈u kɛ lɛthë guɔ̈p në ke looi rot*	Worry too much about things. Being nervous in every situation	
Ba guɔp tuöc	*Ba yï guɔ̈p kɔ̈ny/ ba yï guɔ̈p yiɔ̈k ke tuc*	Feeling tense or keyed up/feeling 'hot'	
Ba guɔp lɔcut	*Ba guɔp dhäär, ku cïn kä ye keek nhiaar*	Feeling tired, no interest in things	
Bä nyin cen nin	*Bë nïn yic riɛl ku bë nïn guɔ jäl në yï nyin*	Difficulty falling asleep, staying asleep	

Dinka	Alternative Terms	Literal Translation	Mental States that the term can refer to
Bä nyin kok	*Nyinkök/ba rëër ërɔt*	Loneliness	
Ba piou lɔ̈japroör	*Ba pïɔu la jäproor ba ciɛk kɛ yï bë thou*	Terrified, like you're dying	Panic attack
Bä piöu gut arëtic	*Ba piɔ̈u gut apɛɛi/arëtic*	Heart pounding or racing	
Ba piöu cen cäm	*Ba piɔ̈u cïn ca'm*	Poor appetite	
Ba riɔ̈c	*Ba riɔ̈ɔ̈c*	Feeling fearful	
Ba rɔ̈t gɔk abac	*Ba rɔt gɔ̈k abac/ëpath në ke cë rot looi*	Blaming yourself for things	
Ba rɔ̈t yok ke yin ye ran abac	*Ba rɔt yïɔ̈k ke yï cïn kony* *Ba rɔt yïɔ̈k ke yin ye ran piol jiie*	Feeling of worthlessness	
Bä tak cen ye nak rɔ̈t	*Ba nɔŋ täktäk e näk ë rɔt*	Feeling suicidal	
Bi yin lath	*Ba mɛt ëmɛt/bë yï lath guɔ̈p*	Trembling/shaking	
Bi yin luany guɔp	*Ba guɔ̈p dak, ba rɔt yïɔ̈k ke yï niɔp guɔ̈p ba käŋ looi ëmääth*	Feeling low in energy, feeling weak, being slowed down	
Be yic lɔ̈lit	*Bë yï lath yic/ba lɔ roor apɛi*	Nervousness or shakiness inside/too much diarrhoea	
Bethe/Nhom/Miaar	*Ye nhom lac määr/bädh*	Forgetfulness	
Cen thiäk e kam tik kene moc	*Acïn piɔ̈u diäär ka röör/ Ba guop cen bääl*	Loss of sexual interest or pleasure	
Ci muol	*Cë nhom diaŋ/acë muɔ̈l*	Mad	Psychosis
Dhien de piöu	*Dhiën de piɔ̈u*	Feeling sorrow	
Ee riɔ̈c kem	*Riɔ̈ɔ̈c ku pɛ̈wei abac*	Suddenly scared for no reason	
Jam yen tok	*Ɛe ye nhom jääm, ɛ jam ërɔt*	Talking alone, talking to self	
Kieu	*Adhiaau/dhieu*	Crying	
Mietpieu	*Rëër piɛth*	Well-being	

Dinka	Alternative Terms	Literal Translation	Mental States that the term can refer to
Niöp wiecnhöm thöök	*Thöök, awiec de nhom ku niɔ̈ɔ̈p de guɔ̈p*	Faintness, dizziness, or weakness	
Nok	*Nok*	Seizure	Epilepsy
Piuliak	*Dhiɛ̈n de piɔ̈u*	Sadness	Depression
Riang	*Aniɛtniɛt/akɔm, acath cë ŋɔl*	convulsion/jerking movement of limbs	
Riäk nhom	*Nhom diaŋ*	Confusion of the head	Psychosis
tak tak aret	*Tektek apeei Tɛ̈ɛ̈ktɛ̈ɛ̈kdït apɛi*	Thinking too much	
Tak aretic	*Tɛ̈ɛ̈ktɛ̈ɛ̈k de göï de piɔ̈u/ tɛ̈ɛ̈ktɛ̈ɛ̈kdit apɛi/tak tak aretic*	Sad thoughts/Thinking too much	Depression
Tet anon	*Ba aliäp looi*	Agitation	
Twany denom	*Tuaany de nhom/ tuang denom*	Mental illness	Psychosis, mania
Ɣɛn ci nyuc ye leu	*Ayämyäm, aciï rɔt pa'lpiny*	Feeling restless or can't sit still	

ANNEX C:
SHILLUK TERMS RELATED TO MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

The table below was made in 2021 based on focus groups with by Shilluk speaking refugees in White Nile State in Sudan with additional idioms found in a report of IOM in Malakal, South Sudan[315] and input from Alexander Denis (Psychosocial Worker with PSTIC Egypt) and Pastor Polino Dak (Shilluk language Teacher in Egypt).

Shilluk	English	Term can Indicate
abaar/kimø/ca kimø	grieving	grieving
kimø	sadness	sadness
orang/ceg orang	nervous, anxiety	anxiey
ca rum/rumø mø giir	thinking a lot	overthing
wang cang/pyër	distress	distress
dhanh amum	depressed, feeling stuck	depressed
dhanh pyew apöödh	person 'whose heart is going away'	depression
dhanh wije amum or mumi wij	stuck on mind psychosis	psychosis
dhanh wije amäk yi anäk	someone became crazy or chronic mental illness	crazy
dhanh wijee da pöödh	person whose head is about to go away	developing mental health
ceg-a tyelø	seizure	seizure
räm pyëw	emotional distress	emotional distress
jang ree	nervous	nervous
jwøøk-nam	epilepsy	epilepsy
wijee acung, min acung	'stuck of mind''	relaps
orang	stressed, anxiety	anxiety
dhanh dhãr/pïdø	tiredness	tiredness
räji wij	madness	madness
pyërí rumö/mumø	confusion	depressed
wij da anäg	crazy person	mentally ill

ANNEX D:
AZANDE TERMS RELATED TO MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Based on information by Isaac Waanzi Hillary, MA student, Central European University, Vienna-Austria and Jenifer Mongozingbare Ngbidigi (Youth Mentor, Rhino Camp, Uganda) and on information found in the work of Hillary & Braak with Azande refugees in Uganda.[176]

Pazande	Synonym	Literal Translation	Additional Information
asada tise		exerting oneself, trying to do something yourself	can indicate 'coping'
ka kuti pai		to hold on, sticking to an idea	related to 'being principled'
bakere gberarago		overwhelming sadness or feeling stressed	can indicated a person feel stressed about something
bakabangirise		being anxious or being uncertain about something	this can relate to wondering about how things will be in the future it is used in the Azande expression '*mina babangire ene wa kondo ni ra zagi*' which literally means 'i am anxious like a chicken that sleeps out'
kua ngbaduse		break of heart, panic	refers to being anxious due to fear of danger or due to feeling guilty
ima gbaru	*ima wirianya*	epilepsy	
riise yo aima gbera		the head has become bad (acting crazily)	this expression is used to indicate a bad mental state that results from events in the person's past
zukuzuku ri boro yo		brain is mixed up	this indicated severe mental health problems, for example a state of psychosis or confusion

Pazande	Synonym	Literal Translation	Additional Information
gbegbere ngbaduse	*ngegbere*	bad/evil heart	can indicate that the person is very greedy or selfish, which can relate to being a witch
gbatoto/gbatota		madness	can be caused by bad thoughts/bad mind (*gbegbere abera*) or when you have troubles in your mind-set (*ho du moni na kpakarapai riroyo*) or by evil medicine, use of drugs or too much reading/ education
gbatoto		madness	
ira gbatoto/ira gbatota		mad person	

ANNEX E:
BARI TERMS RELATED TO MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

This glossary was made with important contributions from Boniface Duku Dickson (HealthNet TPO, Juba, South Sudan), Joseph Lou Kenyi Mogga (World Health Organisation, Juba, South Sudan), Grace Opicara (UNHCR Moyo, Uganda), Abio Winnie Ondoa (Lutheran World Federation, Palabek Refugee Settlement, Uganda) and Arike Joel (youth mentor, Rhino Camp, Uganda). The Bari language is spoken by various ethnic groups. This glossary mostly uses terms as used by the Kuku.

Kuku	Alternative term or spelling	Literal Translation
ayan lo kwinyit	*gilo na kwinyit*	mental illness
bakan na yenet		hopelessness
bobongotu		forgetfulness
bakan na pusok na yesu		losing appetite
bakan na toto		sleeplessness
bakan na yenet	*bak yenet*	lack of hope
bakan na yeyesi		lack of senses
bunit		traditional spiritual healer ('witch doctor')
bunuk		Witchcraft or someone who is involved in it ('witch doctor')
dekesi ti lenga na burik	*kule mindo lenga na mugun*	desire to commit suicide/suicidal ideations
delesi		sadness
delya na ŋutu logwon a tuwan		bereavement
gwien		crying
gweyen na ŋutu long a tuwan	*gweyen na ngutu long a tuwan*	mourning
gwuluwesi ti toyu na'burek	*gweyari lo lenga*	suicidal behaviour
ŋonarok	*gonarok*	negative or bad things

Kuku	Alternative term or spelling	Literal Translation
ŋutu lu lo medya ret to kwinyit		mental health workers
ŋutu na langa burek	*lenga na borik*	suicide
kakukuyuk		counsellors
kawore kode kamori		aggressiveness
kuwe a lagu		'the head has gone loose' (which can indicate severe mental illness)
likun na mugu		not being able to move the body (paralysis)
lilinyija		loss of consciousness
lokole		sadness
lomeria		epilepsy
mamali		mad person
manur		intellectual disability
mötö na bangi	*mayawayawa bangi piko na bangi* (smoking of *'bangi'*)	drug abuse
mötö na yawa		alcohol abuse
nan a yinikindyo borik	*nan ti yinikindyo borik*	low self esteem
pke pke		seizures/epilepsy
puru ko lokole		sadness or distress
sisidatu gelenŋ ko pajo ko ŋutulu		self isolation
tayinga di nye gwon geleng		feeling lonely
tobunuk		witchcraft
tolinkindo na lonyanyara kode nyanyara	*Tolikindo na gutu lo mede*	loss of a dear one
toyeyeesi ti go moro		memories of war
toyu na barek ko pata	*todu na borik ko pata*	death by suicide through hanging oneself

Kuku	Alternative term or spelling	Literal Translation
toyinga ko delya gulu parik	*toyinga ko delya gulu parik* *toyinya gwon sorrow parik*	feelings of depression or grief
tumalyan		madness
winiko ti kak		local herbal; medicine
wora mamali	*moka tumaliyan*	running mad
yeyesi jore		over thinking
yeyesi na'but		positive thoughts
yeyesi narok		negative thoughts
yeyesi to gor kode ti moro		memories of the war

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