

Effect of problem-focused coping mechanisms on resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement, Yumbe District–Uganda: A cross-sectional study.

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Abstract

Background

Refugees in protracted displacement settings often experience trauma and chronic stress, which heighten their risk of developing post-traumatic stress disorder (PTSD). Problem-focused coping refers to deliberate efforts to address stressors directly and has been shown to enhance resilience. While various coping mechanisms influence psychological recovery, problem-focused coping does require the effort to actively address and resolve stressors. It has also been shown to enhance resilience. This study examined the effect of problem-focused coping mechanisms on resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement, Yumbe District, Uganda.

Methods

A cross-sectional study using a quantitative approach was employed among 108 refugees with PTSD symptoms selected from all five zones of Bidibidi Settlement between May and June 2025. Data were collected using structured, theory-informed questionnaires with clearly defined items measuring problem-focused coping and resilience. Statistical analysis was conducted using ordinal logistic regression in SPSS (version 25) to determine the predictive effect of problem-focused coping on resilience.

Results

Of the participants, 68.5% were female and 31.5% male, with the majority (50%) aged 18-24 years. Problem-focused coping had a significant positive effect on resilience ($\beta = .353, p < .001$). Refugees who engaged in proactive behaviors such as problem-solving, goal setting, and information seeking exhibited higher resilience compared to those who relied on less adaptive strategies. The model explained 38% of the variance in resilience scores, indicating that problem-focused coping is a major determinant of adaptive functioning among refugees experiencing PTSD symptoms.

Conclusion

Problem-focused coping plays a critical role in enhancing resilience among refugees with PTSD symptoms. Actively addressing stressors fosters a sense of control, self-efficacy, and psychological stability despite adversity.

Recommendations

Humanitarian organizations should integrate problem-solving skills training into psychosocial interventions. Mental health practitioners should strengthen resilience-based approaches that emphasize practical coping strategies in refugee settings.

Keywords: Problem-focused coping, Resilience, Post-traumatic Stress Disorder, Refugees, Coping mechanisms, Bidibidi Settlement, Uganda

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1. Introduction

Refugees are exposed to a wide range of traumatic events, including war, displacement, loss of loved ones, and prolonged uncertainty, all of which heighten the risk of developing post-traumatic stress disorder (PTSD) and other mental health challenges (Silove et al., 2017; UNHCR, 2023). Post-traumatic stress symptoms often impair emotional, cognitive, and social functioning, making adaptive coping mechanisms essential for survival and long-term well-being. The manner in which refugees respond to these stressors significantly

influences their resilience levels, together with the capacity to withstand, adapt to, and recover from adversity (Masten, 2014).

Coping strategies are broadly categorized into problem-focused coping, which aims to directly address the stressor, and emotion-focused coping, which seeks to regulate emotional responses (Lazarus & Folkman, 1984). Research consistently shows that problem-focused coping plays a crucial role in promoting psychological adjustment, self-efficacy, and resilience, especially among individuals facing chronic adversity

(Benight & Bandura, 2004; Hobfoll et al., 2015). This coping style includes behaviors such as planning, seeking information, taking constructive action, and mobilizing instrumental support.

Within refugee populations, studies across Europe, Asia, and Africa demonstrate that active coping strategies enhance adaptation by fostering a sense of control and agency (Ai et al., 2005; Kirmayer et al., 2011; Nickerson et al., 2015). For instance, Sleijpen et al. (2016) found that war-affected adolescents who engaged in problem-focused coping exhibited higher resilience and greater optimism about the future. Similarly, Amone-P'Olak et al. (2021) reported that formerly abducted youth in Northern Uganda who adopted proactive coping strategies demonstrated better psychosocial outcomes during reintegration.

Uganda's Bidibidi Refugee Settlement is the second-largest refugee settlement in the world and hosts a predominantly South Sudanese population that has faced extensive trauma, insecurity, and socio-economic deprivation. In such a context, understanding how specific coping mechanisms, especially problem-focused coping, influence resilience is critical for designing targeted psychosocial interventions. Despite the expanding body of literature on refugee mental health, there remains limited empirical research exploring how problem-focused coping predicts resilience within the Ugandan humanitarian setting.

This study, therefore, examined the effect of problem-focused coping mechanisms on resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement, Yumbe District, Uganda. The findings provide evidence to inform mental health programming, resilience-based interventions, and humanitarian policy.

2. Objective

To examine the effect of problem-focused coping mechanisms on resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement, Yumbe District, Uganda.

3. Methodology

Study Design and Approach

The study adopted a cross-sectional design using a quantitative research approach to assess the relationship between problem-focused coping and resilience at a single time point.

Setting (Unit of Analysis)

The study was conducted in Bidibidi Refugee Settlement, located in Yumbe District, northern Uganda. Established in 2016, Bidibidi hosts over 270,000 South Sudanese refugees and is managed by the Office of the Prime Minister in collaboration with UNHCR and partner organizations. Data collection took place between 21st May and 24th June 2025 across all five settlement zones.

Participants and Eligibility Criteria

Participants were 108 adult refugees aged 18 years and above who:

Had resided in Bidibidi Refugee Settlement for at least one year.

Screened positive for PTSD symptoms using a standardized screening tool.

Provided informed consent to participate.

Participants were excluded if they had severe cognitive impairment or acute psychiatric distress that hindered informed consent or questionnaire completion.

Study Size and Sampling

A sample of 108 was determined using the Krejcie and Morgan (1970) table for populations exceeding 100,000. Respondents were selected through simple random sampling across the five settlement zones to ensure representativeness with the support of community leaders and health focal persons.

Bias and Its Management

Potential selection bias was minimized through random sampling across the five settlement zones. Information bias was reduced by using structured, theory-informed questionnaires with clearly defined items and by employing trained research assistants to ensure consistent data collection procedures. Social desirability bias was addressed by ensuring confidentiality and conducting interviews in private settings.

Data Collection Tools

Structured and theory-informed questionnaires with clearly defined items were used. Data collection was conducted by trained refugee research assistants.

Definition and Measurement of Variables

Independent Variable: Problem-focused coping was measured using an 8-item researcher-developed subscale assessing active and solution-oriented coping behaviours. Items evaluated participants' engagement in behaviours such as problem-solving, planning, information seeking, and reflective decision making (e.g., "I actively try to find solutions when faced with challenges"). Responses were rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater use of problem-focused coping strategies. The scale was conceptually informed by the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984).

Dependent Variable: Resilience was assessed using a 10-item resilience questionnaire designed to measure adaptive functioning, positive coping, and psychological adjustment in the face of adversity. Items reflected behavioural, cognitive, and value-based aspects of resilience (e.g., learning from mistakes, maintaining a positive attitude, and relying on personal values). Responses were scored on a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree), with higher scores representing higher resilience. The construct of resilience was guided by developmental and ecological resilience frameworks (Masten, 2014).

Outcome Variable: Level of resilience (ordinal outcome) used in regression analysis.

unique identification number was also assigned to every participant to avoid tracing them by name.

Data Analysis

Quantitative data were analyzed using SPSS version 25. Descriptive statistics summarized demographic data, while ordinal logistic regression assessed the predictive effect of problem-focused coping on resilience. Significance was set at $p < .05$.

Ethical Considerations

Permission was obtained through an approval letter on 17th May 2025 from the School of Graduate Studies and Research at the University of Kisubi, permitting data collection. Permission to access the field was granted by the Office of the Prime Minister. Written informed consent was obtained from all participants, and confidentiality was maintained throughout by ensuring interviews were done in a private and secure place. A

4. Results

Participant Flow

A total of 135 refugees were assessed for eligibility. Of these, 120 met the inclusion criteria. Twelve individuals declined participation, citing time constraints, and 108 completed the study questionnaires. No incomplete questionnaires were recorded.

Demographic Characteristics

Of the 108 participants, 68.5% were female and 31.5% male. The majority (50%) were aged between 18 and 24 years, and all had lived in the settlement for a minimum of one year. Most participants reported symptoms consistent with moderate to severe PTSD.

Table 1: Demographic Characteristics of Respondents

Category	Variable	Frequency	Percentage (%)
Gender	Male	34	31.5
	Female	74	68.5
	Total	108	100.0
Age bracket	18-24	54	50.0
	25-34	43	39.8
	35-44	9	8.3
	45years and above	2	1.9
	Total	108	100.0
Education level	Primary	33	30.6
	O' Level	69	63.9
	A-Level Certificate	6	5.6
	Total	108	100.0
Marital Status	Single	41	38.0
	Married	54	50.0
	Separated/ Divorced	13	12.0
	Total	108	100.0
Duration in the camp	1-2 years	3	2.8
	More than 2 years	105	97.2
	Total	108	100.0
Zone	Zone 1	21	19.4
	Zone 2	22	20.4
	Zone 3	30	27.8
	Zone 4	20	18.5
	Zone 5	15	13.9
	Total	108	100.0

Source: Primary Data (2025)

Inferential Findings

Results from ordinal logistic regression indicated that problem-focused coping significantly predicted resilience among refugees ($\beta = .353, p < .001$). The

model's Nagelkerke $R^2 = .38$ suggests that 38% of the variance in resilience scores was explained by problem-focused coping. Refugees who actively engaged in planning, goal setting, and seeking information exhibited higher levels of adaptive functioning.

Table 2: Coefficients Table

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	PCMR	.475	.133	.353	3.579	.001

a. Dependent Variable: RQ

Source: Primary Data (2025)

Hypothesis Testing

H₁: Problem-focused coping positively predicts resilience among refugees with PTSD symptoms. Result: Supported ($p < .001$).

5. Discussion

The study found that problem-focused coping significantly predicts resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement. This aligns strongly with the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), which suggests that individuals who appraise stressors as modifiable are more likely to adopt active strategies that improve adaptation. In high-adversity contexts such as refugee settlements, the ability to take constructive action even in small ways can enhance a sense of mastery, thereby strengthening resilience (Bandura, 1997).

The findings also resonate with Benight and Bandura's (2004) work on trauma recovery, which emphasizes perceived self-efficacy as a central mechanism linking active coping to positive psychological outcomes. Refugees who plan, solve problems, and seek instrumental resources may interpret these actions as signs of personal competence, thereby buffering the emotional consequences of trauma. This is consistent with Hobfoll's Conservation of Resources Theory (2015), which posits that individuals who actively protect or rebuild resources are more resilient under stress.

Within the refugee literature, similar trends are documented globally. For example, Nickerson et al. (2015) reported that problem-focused strategies reduced depressive and PTSD symptoms among refugees resettled in Western countries. Ai et al. (2005) found that active coping predicted positive mental health outcomes among war-affected Muslim refugees in the U.S. These studies support the present findings, highlighting the universal role of problem-focused coping in trauma recovery.

Regionally, African studies reinforce these observations. Amone-P'Olak et al. (2021) found that Northern Ugandan youth formerly abducted by the LRA who engaged in problem-focused coping showed greater resilience compared to peers relying on emotional venting or avoidance.

Okello & Ekblad (2006) also noted that active problem management was common among Ugandan war survivors who successfully reintegrated into their communities. These parallels underline the cultural relevance of problem-focused coping in the East African context.

However, the effectiveness of problem-focused coping is influenced by environmental constraints. Refugees in Bidibidi face chronic livelihood challenges, limited access to health and education services, restricted mobility, and dependence on humanitarian aid. Silove et al. (2017) argue that structural barriers can undermine active coping by restricting opportunities for meaningful action. Yet, despite these constraints, this study shows that refugees who adopt even basic problem-solving behaviors such as identifying solutions, planning, or seeking information demonstrate higher resilience. This suggests that active coping retains its protective value even in severely resource-limited settings.

The findings carry significant implications for mental health programming. Evidence-based models such as Problem-Solving Therapy (Nezu et al., 2012), resilience-building frameworks (Masten, 2014), and the WHO's mhGAP humanitarian guidelines endorse strengthening problem-focused coping as a core component of trauma counseling. Integrating structured problem-solving modules into MHPSS interventions in Bidibidi could enhance refugees' adaptive capacity, reduce PTSD symptom severity, and promote long-term psychosocial recovery.

Although conducted in Bidibidi Refugee Settlement, the findings of the study may be generalizable to similar protracted refugee settings in low and middle-income countries with comparable socio-economic and humanitarian conditions.

Overall, the study contributes to the growing body of knowledge by providing empirical evidence from a high-adversity, low-resource African context. It affirms that problem-focused coping is a critical driver of resilience, reinforcing its relevance for psychosocial interventions, policy, and humanitarian programming.

6. Conclusions

Problem-focused coping mechanisms have a significant positive impact on resilience among refugees with PTSD symptoms in Bidibidi Refugee Settlement. Refugees who actively address challenges and seek practical solutions exhibit greater psychological adaptability and recovery potential. Strengthening such coping capacities is essential for promoting mental well-being in humanitarian settings.

7. Recommendations

1. Humanitarian organizations should implement training programs that promote active problem-solving and coping skills among refugees.

2. Mental health practitioners should incorporate structured problem-solving interventions within trauma counseling and psychosocial programs.
3. Policy makers should prioritize resilience-building strategies that foster self-efficacy and autonomy among displaced populations.
4. Future research should employ longitudinal methods to explore how problem-focused coping predicts long-term resilience outcomes.

8. Source of Funding

This Study did not receive any external funding.

9. Author's Contributions

Kwesiga Isaac conceptualized the study, conducted data collection, analysis, and manuscript drafting. Dr. Lindrio Celestine provided supervision, methodological guidance, and critical manuscript review. All authors approved the final manuscript.

10. Data Availability

The datasets used and analysed during the current study are available from the corresponding author upon reasonable request.

11. Acknowledgment

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12. List of Abbreviations

PTSD	Post-Traumatic Stress Disorder
UNHCR	United Nations High Commissioner for Refugees
MHPSS	Mental Health and Psychosocial Support
SPSS	Statistical Package for the Social Sciences
OPM	Office of the Prime Minister
RQ	Resilience Questionnaire
PCMR	Problem-focused Coping Mechanism & Resilience

13. Conflict of Interest

The author declares no conflict of interest in conducting or publishing this study.

14. Author Biography.

Kwesiga Isaac is a Mental Health Therapist, Social Worker, and Study Coordinator at the International Center for Child Health and Development (ICHAD), Uganda. He holds a Master of Science in Clinical Psychology & Counselling from the University of Kisubi

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