

'When you are dirty, you don't have confidence in you': The 'good life', personal appearance, and mental health of Congolese refugees in Rwanda and Uganda.

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Rationale: Research into mental health and wellbeing recognises the role of positive mental health to enable people to lead healthy and emotionally fulfilling lives. Mental health difficulties continue to be associated with high levels of disability worldwide, and refugees fleeing conflict are known to suffer from poor mental health for years after their forced migration.

Method: Informed by Sen's Capability Approach and as part of a wider research project, we used semi-structured interviews to engage with 60 men and women in two refugee communities in Uganda and Rwanda to explore their aspirations and what a 'good life' meant to them.

Findings: While aspects of what constituted a good life were gendered, both men and women struggled to achieve their aspirations within their communities. Following the basic needs of food and shelter, the complex needs of being dressed well and being clean were consistently associated with being able to achieve a 'good life' by women and men across age groups. Looking good and being clean were highly valued and associated with gaining the respect of others, achieving good relationships with neighbours, and avoiding conflict. Participants identified personal appearance and related social status as critical precursors to their successful engagement with other gendered dimensions of social and economic life in their communities, such as finding employment and being well regarded in their religious community.

Conclusions: Our findings suggest that without the means to present a good appearance, people living in refugee communities may experience feelings of shame and isolation and are unable to gain self-respect and the respect of others needed to achieve the positive mental and physical health they associate with leading 'a good life'.

Mental health and behavioural disorders are linked to high levels of health loss worldwide, associated with 22.7% of Years of Life lived with Disability (Vos et al., 2012). The World Health Organisation recognises mental health as a global health issue, defined as:

'... a state of wellbeing, in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community' (World Health Organisation, 2004)

Refugee populations have been shown to experience elevated levels of daily stress, social adversity (Lindert et al., 2009; Miller & Rasmussen, 2014; Riley et al., 2017) and common mental health problems (Charlson et al., 2019; Fazel et al., 2005; Priebe et al., 2016; Vossoughi et al., 2018).

Of all the continents, Africa is home to the largest number of refugees (World Bank, 2015), with the United Nations High Commission for Refugees (UNHCR) reporting in 2019 that Uganda hosts the third largest refugee population in the world (UNHCR UK, 2020). Countries in the Great Lakes Region of Africa, including Rwanda and Uganda, have received large numbers of refugees fleeing three major conflicts in the Democratic Republic of Congo (DRC) over the last 20 years. Rates of mental health difficulties may be particularly acute in conflict-affected settings such as the DRC, with a recent meta-analysis reporting an overall prevalence of mental disorders as high as 22.1% at any point in time in a conflict-affected area (Charlson et al., 2019). Social adversity in the form of 'daily stressors' such as lack of access to basic resources, isolation, lack of safety and security, and family violence have been identified as important determinants of common mental disorders for refugee populations (Tol et

al., 2014; Whitley, 2015). Research has highlighted that Congolese refugees in Uganda and Rwanda experience elevated levels of mental health difficulties, and of social difficulties that can impact on mental health, such as intimate partner violence (Morof et al., 2014; Sipsma et al., 2015).

While international development projects have focussed on providing solutions to the more immediate and visible issues that refugees experience, such as the provision of food, shelter and security (Thompson et al., 2018), here we consider the ‘invisible’ issues that prevent people from achieving good health and wellbeing, such as experiences of shame and stigma (Reddy & Snehalatha, 2011). Building on existing evidence of the factors that contribute to poor mental health for refugees, our study with Congolese refugees hosted in Rwanda and Uganda develops a fuller understanding of opportunities to achieve positive mental health by exploring their ideas of a ‘good life’.

Researching a ‘good life’

Related to concepts of ‘quality of life’ and ‘wellbeing’, the concept of a ‘good life’ has developed from moral philosophy, most notably from Aristotle’s reflections on how people can achieve happiness (*eudaimonia*) (Raibley, 2018). Recently, the concept has been developed to prompt international governments to move beyond initiatives designed to meet only the basic needs of world’s poor, to consider how people can be assisted to feel fulfilled and able to engage with all aspects of their social, personal and working lives (Nussbaum & Sen, 1993; Sutton, 2020). To meet the challenge of identifying and assessing the essential dimensions of a good life, scholars have developed theories to be applied across populations, geographies and cultures.

Notably, Nussbaum (2000) developed a set of 10 central capabilities that sustain human life and dignity, namely: Life; Bodily Health; Bodily Integrity; Senses, Imagination and Thought; Emotion; Practical Reason; Affiliation; Other Species; Play; and, Control Over One's Environment. Similarly, Narayan and Cassidy (2001) specify the dimensions of social capital that enable people to co-operate with others and maintain successful social relationships in their 'Social Capital Inventory'; and in their 'Theory of Human Needs' Doyal and Gough (1991) isolate the factors people need to achieve autonomy and good health.

While these approaches have been used by scholars to identify the needs of communities in diverse settings, the economist Amartya Sen advocates an alternative approach to determine 'a good life'. Rejecting the notion that ideas of quality of life are universal to all populations, Sen advocates a collaborative, and culturally and geographically sensitive approach to working with communities to identify the elements of a 'good life', termed 'functionings', that have value for them (Sen, 2004, p.45). By encouraging researchers to consider the role of gendered and other intersectional inequalities that sustain power differentials within communities and households, Sen recognises distinctions in human social experience and emphasises the need to involve diverse groups in research (Sen, 2003, p.48).

Sen's open and exploratory approach to assessing quality of life enables a critical appraisal of not only the number and nature of opportunities open to people, but their freedom to choose between alternatives (Sen, 2001, 2003). Looking beyond peoples' aspirations for a 'good life', Sen considers both people's capability to access commodities, and the interpersonal characteristics and context (capacity) that

necessarily mediates their use (Sen, 2005). For example, owning a phone may be identified as a means of communication for one person, but others may be unable to speak or be forbidden to use a phone. This challenges the assumption that commodities or goods have intrinsic value, and that a supply of commodities will necessarily help people obtain a 'good life'.

It is this space between people's valued functionings and their freedom, capacity, and capability to achieve them that offers opportunities for intervention and development initiatives. Interventions designed to reduce barriers or constraints to valued functionings will expand people's capabilities to achieve their goals for a good life (Sen, 2003). Reviewing Sen's approach, Robeyns (2000) identifies it as a 'framework of thought' relevant across settings to illuminate complex theoretical and empirical issues (Sen, 1993). The study by Greco et al. (2015) applied Sen's Capability Approach with women in Malawi to develop a more nuanced means of evaluating the effectiveness of a maternal health intervention *Maimwana*. Through focus group discussions, the women highlighted the value of social relationships and emotional attachments, as well as physical safety and economic security. While Sen's Capability Approach has been criticised for being under-theorised (Nussbaum, 2003; Pogge & Pogge, 2002), others claim that its utility comes precisely from this lack of specificity and embrace the opportunities it presents for uncovering new knowledge (Alkire, 2005; Clark, 2005).

Methods

The data we draw on was collected between February and April 2019 as part of a wider research project, : *Community-based Socio-therapy Adapted for Refugees* (COSTAR), set up to evaluate how a community-based psychosocial intervention can be adapted to reduce depressive symptoms for Congolese refugees in Rwanda and Uganda. Funded by the Economic and Social Research Council, COSTAR is a research collaboration between the UK, Rwanda, Uganda, and the United Nations High Commission for Refugees (UNHCR), working in partnership with Community Based Socioterapy (CBS) Rwanda, an organisation with 15 years' experience of delivering group psychosocial support that has been used extensively in post-Genocide Rwanda (Richters et al., 2008; Scholte et al., 2011). Ethical approval for COSTAR was gained after review by ethical committees at the University of Liverpool, UK, Makerere University, Uganda and the University of Rwanda, Rwanda, and administratively approved by the Uganda National Council for Science and Technology (UNCST). We undertook a qualitative exploration of the 'good life' to sensitise ourselves to the valued 'beings and doings' of Congolese refugees living in these two communities. Our aim was to ensure that our adaptation of the community-based psychosocial intervention was both 'informed and intelligent' (Sen, 2003). We consider participants' own goals for positive mental health and a good life and explore the capabilities that they believe will help achieve them.

COSTAR was located in two sites hosting Congolese refugees: Gihembe Refugee Camp in Rwanda, and Kyangwali Refugee Settlement in Uganda. The Gihembe Camp was

established in 1997 and 99.7% of camp residents are Congolese. Currently, there are around 3,030 households, averaging 4-5 people, and population density is very high at 38,418 people per sq.km. With a reliance on agriculture for food and firewood for cooking there are severe pressures on land use and deforestation in and around the camp. While refugees in Rwanda are permitted to move freely there are limited opportunities for people to work outside the camp, and most live on a monthly allowance distributed via the UNHCR, with supplementary resources for young children. Recognising that the current camp model is unsustainable in the longer term, recent additional investments in education and business opportunities, such as the UNHCR Livelihoods programme, aim to assist refugees to leave the camps and live independently in Rwanda or another country of choice by 2030 (UNHCR, 2019; UNHCR Rwanda, 2016).

Kyangwali Refugee settlement, established in the late 1960's near Hoima, Western Uganda, hosts 109,207 people living in around 40,000 households. Approximately 80% of the camp population are from the DRC, with other refugees from South Sudan, Rwanda, Burundi, Kenya and Somalia. Uganda follows a self-reliance model of support which gives refugees the right to work, freedom of movement in Uganda, and promotes economic interaction between refugees and the host community (Omata & Kaplan, 2013; UNHCR, 2018). While population density in Kyangwali is lower than in Gihembe and households have small plots of land around their homes that they can cultivate for food, many still rely on additional food assistance as unemployment rates remain high inside the settlement and in the surrounding areas.

Despite the difficulties experienced by refugee communities and host communities caused by pressures on land, water, jobs and services (Bagenda et al., 2003; Bjørkhaug, 2020), wider research and evidence from Uganda suggests that the standard of living of both refugee communities and the national population is elevated by the increased provision of services within the refugee settlements and government investment in the surrounding areas (Kreibaum, 2016). However local people often have a negative perception of refugees, suggesting that more needs to be done to improve social integration to mitigate any violence, hostility and mistrust (Fajth et al., 2019).

Researching 'a good life' through interviews

We used individual interviews as the most effective way to locate the interpersonal differences in people's individual capabilities and freedoms to achieve valued functionings. Unlike the consensus that tends to be achieved by focus group discussions, taking a participatory approach to individual interviews using open questions offers participants the opportunity to detail their individual perspectives (Flick, 2018). The interviews were conducted by two teams of 8 people in both Gihembe Camp in Rwanda, and in Kyangwali Settlement in Uganda, working in cross-gendered pairs of male and female researchers. All researchers were trained in qualitative interviewing techniques and were fluent in either Kiswahili or Kinyarwanda. Following extensive consultation with community representatives, participants were given oral and written information about the research, and after discussing the study and having the chance to ask questions, participants were asked to sign/ mark a consent form. One researcher asked questions while the other

researcher wrote down the responses verbatim in the language used by the participants. Interviews took place outside, in a quiet location and lasted from 25 to 40 minutes.

Researchers started the interviews using the rapid interviewing approach drawn from Design, Implementation, Monitoring and Evaluation (DIME), which asks people to list the daily stressors that they face (Applied Mental Health Research Group, 2013; Chiumento et al., 2020). This was followed by open questions to elicit their ideas of a 'good life' and the capabilities they believed they had, or needed, to achieve a good quality of life within their current community (Sen, 2004, 2005). Following Greco *et al.*, we started with the opening question 'What does 'having a good life' mean to you?' (Greco et al., 2015, p.71) to ensure that people could identify the issues important to them. This open question was followed up with further open questions that probed their ideas of a 'good life' and people were encouraged to enlarge and reflect on their ideas. Our Congolese Kiswahili translation of '*What does the term "having a good life" mean to you?*' in Uganda was: '*Maneno kukuwa na maisha mazuri anamanisha nini kwako?*' In Rwanda, the question was phrased in English as, '*What for you represents a "good life?"*', translated in Kinyarwanda as, '*Ese kuri mwebwe ubuzima bwiza burangwa ni iki?*'.

Data Collection

We interviewed 60 men and women in Kyangwali (n=30) and Gihembe (n=30), ranging in age from 19 to 74 years. The 30 participants in each country were drawn from 6 villages within each camp/settlement, with 5 participants from each village. All

participants identified as Congolese refugees and were matched for age, education and gender across the two countries, with 30 participants aged between 25 and 45 years of age, and a mean age across all participants of 40 years. Twenty-five participants had no formal education, but 32 had accessed either primary or secondary school and 2 participants had been to college or university. While people had lived at the camps for different lengths of time, 25 had lived in the same place for over 20 years, with 22 of the 25 living in Gihembe Camp in Rwanda. An additional 5 participants had either been born in the camp/ settlement or had arrived in infancy.

Table 1: Participants from Kyangwali and Gihembe.

Variable		Uganda	Rwanda	Total
Age	<=25	5	5	10
	25-45	15	15	30
	46-65	7	7	14
	>66	3	3	7
Gender	Female	15	15	30
	Male	15	15	30
Marital status	Single	3	6	9
	Married	23	24	47
	Widowed	4	0	4
Education	Informal / none	12	13	25
	Primary	9	8	17
	Secondary	8	8	16
	Tertiary	1	1	2

Data analysis

Embedding the feminist principles of ethical and equitable conduct in research, all members of the writing team were engaged in the design and management of data collection and provided insight and advice throughout, and two authors, TR and RK, actively engaged with the researchers collecting the data at the two sites (Jenkins et al., 2019). All hand-written transcriptions were entered onto MSWord in the original language and translated into English. These were checked for accuracy and consistency by local researchers fluent in either Kiswahili or Kinyarwanda and in English. The transcripts were read and explored within the writing team and initial ideas discussed. All languages were referred to during data analysis and two authors were able to ensure that our English interpretation remained consistent with the responses in the original language, either in Kiswahili (RK) or Kinyarwanda (TR). Using NVivo to assist with data management and coding, we followed an inductive approach to data analysis and two researchers (JR and AC) led the initial free coding of the good life interview data. After comparing and refining this initial coding, codes were combined to form themes and these themes were again compared to the data to ensure that all nuances and variations were captured. The themes arising from this process were shared with the wider teams in the UK, Uganda and Rwanda for comments and additional insights as our thinking continued to develop.

We remained sensitive both to issues of language, and the age and gender of participants throughout our analysis and considered the nature of these differences as we developed our conceptual framework. We also considered the geographical and structural differences between Kyangwali settlement and Gihembe Camp and return

to this in our discussion. In our analysis we drew on Sen's Capability Approach to identify people's capabilities and their effective freedom to achieve them. For the quotations we present below, those identified R signifies Rwanda, and similarly U denotes a participant from Uganda. For Ugandan identifiers, the designations of KI, KA, MU, MO and NG refer to the six areas within the settlement where data collection took place.

Overview of the findings

Through our analysis, we identified dimensions of both basic and complex capabilities as participants gave detailed and descriptive accounts of the dimensions that would enable them to achieve a good life. While there were differences between the dimensions described by female and male participants, and the fine detail of how these were described varied by age, life stage, and location, essentially there was remarkable similarity in their aspirations for a good life. People identified different elements (sets of capabilities) that would help them to achieve overall wellbeing (Sen, 1985). Within these sets, it was apparent that enhancing capability to act in one area would also enhance capability in others. For example, for this participant, the basic needs of shelter and food were the means to achieving the valued capability of family harmony:

It is poverty that causes bad life. When you have gotten what to eat and what to wear. When you have porridge, a child eats nutritious food, he/she has eaten that bread and he/she eats midday and in the evening and that pregnant woman finds porridge and

gives birth to a healthy child and you sleep on bedsheets and cover yourself with a blanket and you sit on good seat like this. R023, Male, 50 years, married

In the final stages of our analysis and to build our conceptual model, we identified three intersecting and overlapping functionings that matter to participants summarised in Figure 1 as: *Appearing decent in public; Harmonious personal and family relationships; and Peace, security and community relationships.* These functionings reflect an emphasis on the personal and private dimensions of life that were valued, as well as the public and community-based activities. We use these three functionings to draw together the different capabilities, associated commodities and the other interpersonal, environmental, and structural factors that mediate people's abilities to realise their goals.

Figure 1 - Capabilities in two refugee communities in Uganda and Rwanda

Appearing in public without shame

- Having decent clothes
- Maintaining a good appearance
- Having good food and health
- Being able to maintain good hygiene

Harmonious personal and family relationships

- Having a loving and caring relationship
- Maintaining a good home
- Being able to access education and training

- Having an income and owning goods

Peace, security and community relationships

- Having peace of mind
- Living in good relationships with others
- Feeling safe in the community
- Living free of war/ conflict

A desire for choice, variety and the freedom to choose crosscut the valued functions and were prominent throughout the participants' responses.

Appearing decent in public

A valued activity for both women and men was to be able to access the time, resources and space to present a 'good appearance' to themselves and in public. In their accounts of what it meant to have a good appearance, participants mentioned different dimensions, including looking well-nourished and healthy, being clean and having resources to wash clothes, and if possible, having a choice of clothes to wear. It was notable that clothes were a particular preoccupation for Congolese refugees in Rwanda even compared to those in Uganda, reflecting the social and cultural norms, values and expectations that had evolved in the different settings. In both settings, participants' experiences of their physical appearance and dress were personal, social and relational, as their individual appearance mediated not only how they regarded themselves in terms of their self-esteem, but how they believed others saw them.

Confidence in their appearance therefore appears to translate into greater confidence and more positive experiences during their interactions with others in their neighbourhoods:

Having decent clothing. To appear decent before people. UKG2: Female, aged 47 years, married

Dress well. For instance, someone can see that you are wearing good clothes, clean, but when you are a servant people don't even greet you. What does a servant mean? It is a person who is dirty. When you are dirty you don't have confidence in you. R009: Female, aged 48 years, married

Many participants were acutely conscious of their status as 'refugees' and believed that people in the host country looked down on them for their poverty and lack of status. Having decent clothes offered them the opportunity to present a more positive view of themselves to the outside world and enabled them to avoid public stigma or shame:

When you have clothes for everyday errands and you have others you change when you go somewhere, in that case it is good.... a man who has two trousers and has one suit hung up there so that when another man calls him, he is smart when he goes there, to the extent no one can tell where he comes from, in that he case, he has good life. R014: Female, aged 49 years, married

Others reflected that people who were hungry and poorly dressed could not meet and greet others in public in the ways that they aspired to. In this way, the commodities of clean clothes could visually signify other dimensions of personal virtue, as a person who valued themselves, perhaps with status in their community, and someone who was safe to engage with:

Good clothes... You cannot go anywhere if you're not wearing kitenge [printed cloth], and even [school] uniform for children. UMO1: Female, aged 36 years, married

Female more than male respondents were likely to expand on ideas of the importance of having clothes and appearing clean, perhaps as the work to maintain family hygiene is regarded as women's work, and they were aware of the judgements that might be made about their status and the shame they would experience if members of their family appeared in public dirty or poorly dressed. This association between clothes with visible cleanliness and standards of personal hygiene, meant that people needed the basic commodities of soap and water and opportunities to wash themselves and their clothes as critical components of their capability to appear decent in public:

When you wear a washed dress, which is not dirty, in that case I feel that there is no problem. You cannot have one dress, I am saying like two or three dresses, and you keep them all clean. R030: Female, aged 26 years, married

While some people, like the participant above, talked of their desire for more than one dress or a change of clothes to help maintain their good appearance, it was

apparent that the cleanliness of the clothes mattered more than the number, variety or condition:

To have hygiene in what you eat, wear and where you live. It means washed clothes even if they are not smart, when things are like that you have got hold of good life.

R022: Male, aged 42 years, married

Others spoke of additional commodities needed to achieve a good personal appearance, which included body lotion. From discussions with our research team and collaborators it was agreed that in many countries in Central and East Africa, buying body lotion goes beyond taking care of one's body and being presentable, and indicates a person's autonomy, dignity and (to a lesser extent) stability and cohesion in their lives:

And if I could get good body lotion, a good soap, trousers, a shirt and shoes and you look nice indeed. R026: Male, aged 23 years, single

Participants' confidence in their appearance appears to translate into greater confidence and more positive experiences during their interactions with others, leading to enhanced social and wider relationships.

Participants spoke of *having food* as an important way to maintain their good appearance. Being 'fat' represents a visible sign of someone living in relatively affluent

circumstances, and the concept of 'fatness' related to the appearance of rounded cheeks and healthy skin. Meat was valued as a high-status food in both communities, and in Rwanda where refugees in Gihembe were not given areas of land to cultivate around their homes, they spoke of their desire not only to have enough to eat but to access a variety of fruits and vegetables in addition to the staple foods that they were given:

Happiness, eating and clothing. Listen, when you have eaten and you find what to wear, you are happy to the extent that you can even add body weight, you wear new clothes or you can vary what you eat, what your heart wants. R025: Male, aged 39 years, single

Eating good food: This helps even children to grow well and this is happiness. UK11: Male, aged 32 years, married

Despite a regular supply of basic foodstuffs given to all refugees in both communities, some interpersonal circumstances often combined with gendered inequalities, meant that people went without food or had little to eat. Some men and a small number of women were described as trading food for alcohol or material items, and food could be stolen by more powerful individuals or gambled away. People who routinely lacked food became highly visible in these communities, as these families inevitably did not have the other commodities needed to maintain a good personal appearance, such as soap and items of clothing:

A person who has a good life is a person who has eaten, dresses well, whilst a person who has slept on an empty stomach has a bad life. R002: Female, aged 61 years, married

Gendered power relations meant that it was often women and children who suffered from a lack of food, and women were known to hide essential items in their homes to avoid their appropriation by males in their households:

As a mother, if I have cash in my pocket I will not let my husband know that I have it, because I will need it, especially if I do not have salt at home. UG015: Female, aged 36 years, married

Eating enough food was strongly associated with achieving good health and avoiding diseases. While participants appreciated that routine health care was free at both Gihembe and Kyangwali, it was sometimes hard for them to access as demand was very high, and they spoke of the steps they took to ensure good health. While some participants lived with disabilities and physical impairments, they were regarded as being in good health if they had no ongoing pain or illness.

In both communities, cleanliness and good hygiene were known to prevent disease and infection, relating again to the social value of the capacity to access the means to be clean:

Cleanliness. Cleanliness prevents diseases. Getting my needs. Feel happy in my want.

Being healthy. To have a long life. UKG1: Female, aged 32 years, widow

The other thing is to be clean. When you are not clean you suffer from diseases that are caused by dirt. In fact, there is time you fall sick but you suffer from diseases that are caused by the fact you are not clean, you understand that you don't have good life.

R028: Female, aged 25 years, single

People in both settlements equated cleanliness with the appearance of good health, and this reflected well on their personal social standing and that of their families.

Harmonious personal and family relationships

Discussions of what constituted a good life often included references to the lives of other family members, with family harmony and happiness highly valued. As refugees fleeing violent conflict, many of the participants had their family lives severely disrupted and some had spent years without their partner and/or children, who might be living in another country or be missing. Until they were reunited with their families they were unable to achieve their goal of family unity. Both single and married participants believed that having a loving and caring relationship between spouses and with their children led to emotional fulfilment, and status in their community:

Good life is a good marriage... In short, to have everything in life, money, children and a husband you love, and he loves you. R021: Female, aged 19 years, single

Some participants referred to the problematic use of alcohol as a major barrier to achieving a happy marriage, and the loss of social standing would affect the entire family:

It is many things, to have a good family it is among things that indicate a good life. It is to have a good home which does not have a drunkard. Do you think that having a drunkard husband or drunkard wife that family will be good? It is an impossible family to keep, it disintegrates. R025: Male, aged 39 years, single

Ideas of family harmony related to having good living conditions, and both men and women referred to the acute overcrowding experienced in both Kyangwali and Gihembe that adversely affected their home lives. Many young couples could not hope to gain a house as their parents had done on their arrival or were concerned that it could be some distance away in another part of the community, and perhaps would not have as much land (Kyangwali). Participants aspired to have a house with a concrete floor, cement walls and a corrugated iron roof with a place for seats for the family and for visitors. Descriptions of leaking roofs, crumbling walls and damp, and a lack of household goods suggested that many participants' current homes had a negative impact on family life and on their wider capabilities:

Good life, the way I am living now there are many things I cannot do... it would be better if we could have better living conditions. R019: Male, aged 22 years, single

Having money to pay for schooling, books and school uniforms enabled families to invest in their children's future economic prosperity as well as the emotional and intellectual lives of their children. This was consistent with community norms associated with being good parents and as such, would enhance the family's social standing:

When someone knows to read and write he/she is enlightened. It is one of the things that indicates a good life. R008: Male, aged 43 years, married

Giving my children education. After education my children would get jobs UKG1: Male, aged 48 years, married

Adults wanted to enhance their economic prospects through training and learning new skills. These associations between education and employment indicate that many people were looking to the future and were actively planning activities and organising resources that would enable them to pursue their aspirations of a 'good life' (Hobfoll, 1989).

Good job. To buy clothes and construct a good house. UK13: Female, aged 37 years, single.

Land ownership for men and women was associated with personal autonomy and economic security by people in both communities as they could work when they liked

and grow what they liked. While many participants in Kyangwali had access to land within the settlements where they grew vegetables and some kept livestock, they still aspired to have more so that they could sell the excess to improve their income. Refugees in Gihembe did not have access to land meaning men travelled to cultivate the land in the surrounding areas and were paid for their labour. This work was seasonal, precarious, and for some refugees, dangerous, as they were not always well-regarded by people living in the surrounding countryside:

You can do animal husbandry if you have a big piece of land and you don't dig for others, if you have security. Education and you work for yourself you have a good life. To have an occupation generates a good life. R023: Male, aged 50 years, married

Gendered cultural norms ascribed men as the income earners and financial decision makers, whereas women were expected to be carers of children and the sick, and maintainers of the homes and gardens. While women also made an additional contribution to the financial security of the household through taking in washing and making goods for sale, it tended to be male participants who identified money as the means of achieving a good life for them and their families. The male participants aspired to buy material goods that they believed would enhance their status in their community as a 'business-person' and good provider. By having clothes, shoes and goods to present a good appearance, and a telephone or a motorbike to support their livelihood, they would enhance their families' status as well as their own:

When you are a business person, you solve all the problems be it in relation to clothing, feeding children or dwelling in a good place. What dressing well is like? You can wash and you find what to wear and you can change clothes. R029: Male, aged 42 years, married

The acquisition of commodities therefore relates to family harmony and to the capability of *appearing decent in public*. Previous research confirms that when a man buys clothes or a Kitenge for his wife, he signals to others that not only does he have the means to buy cloth and make his wife presentable, but theirs is a harmonious and loving household (Osei-Tutu et al., 2018). As before, ideas of the importance of having clothes to participate in wider community life combined with food and with happiness:

You cannot go where others are when you have not eaten, not wearing trousers and your wife does not have fabrics (Kitenge). A good family, children are not miserable, the wife is happy, and the husband is happy. R023: Male, aged 50 years, married

Peace and Security

Participants valued having peace of mind as a key capability for them to achieve a good life, and they believed that this was achieved by maintaining good relationships within households, communities and with the national population outside the camp/settlement.

When you are wise, you have confidence in you but when you lose confidence in you, even [your] life has problems. But the first thing is to have confidence in you, and you

have peace in your heart it makes you take care of yourself, and you also take care of children, they grow up and they will in return help you. R009: Female, aged 48 years, married

Both men and women positioned interpersonal relationships and a sense of belonging within their household/community as integral to achieving inner wellbeing. There was some evidence that women's concept of 'community' tended to be more local, focussing on their household, and with their religious community and immediate neighbours. Conversely men had more expansive ideas of community and referred to the wider political and social life of the camp/settlement, and their engagement with life outside the refugee community.

Peaceful relationships with neighbours that enabled them to move confidently in their community and maintain good relationships with neighbours were not only desirable for social interaction, but also an important resource in times of hardship. When commodities were short, neighbouring women often gave each other goods such as soap, food, utensils and tools either as system of delayed reciprocity or in return for a service, such as washing or looking after children.

Sharing food with my neighbours. Caring so that they live well. Taking care of my neighbours' children. To protect them, ensure their safety. UKG3: Female, aged 34 years, married

Despite their desire for peace and harmony, conflict and crime were widely reported issues for the communities. Participants referred to thieving of goods and crops (Kyangwali) and in both settings, acts of vandalism, such as destroying household vegetable patches and damage to fences and walls, were common. Arguments with neighbours caused problems for day-to-day living and sometimes escalated to violence. Participants were aware that avoiding conflict with their neighbours enabled them to better engage with wider economic and social activities and gave a means of emotional and practical support:

Good life is when a person has security in his/her body, having peace of mind... it means living without quarrels in your home even with neighbours. R008: Male, aged 43 years, married

While some people thought about security and safety in terms of their current life, others were clearly referring to their sometimes very recent experiences of conflict in the Democratic Republic of Congo. The concerns people expressed related not only to how much they valued their current physical safety and security, but also to mental health benefits of living in a peaceful community, such as being able to sleep at night without fear:

Security. I sleep well no problem and noise and no one who will torture me. Freedom. UMU4: Female, aged 44 years, married

A place with no bullets heard. We live a good life and sleep without any worries. UK12: Male, aged 49 years, married

Having the freedom to securely move around the refugee communities was also valued. In Rwanda, travel and opportunities were more restricted as refugees were not permitted to settle outside the camp, whereas in Uganda the refugees were free to move around the country and to work and settle in other places:

We were allowed to move in Uganda the way we want without any conditions or disturbance. We have stayed in Kyangwali refugee camp without the case of thieving.

UKA3: Male, aged 59 years, married

Discussion

Our research using Sen's capability approach found ideas of 'a good life' were intersectional and mutually sustaining: *appearing decent in public* linked to *having peace of mind* and to *good relations with neighbours*, as participants believed that people would greet you and talk to you if you were clean and well dressed. *Family harmony* was also shaped by good relationships, as families relied on one another for assistance and support, and this could sustain them in times of hardship. Valued elements ranged from essential commodities such as shelter, food, water, and clothes, to more desirable items such as a change of clothes, soap, furniture for guests to sit on, and assets that could be used to improve their livelihood such as livestock or land. Having the capability to access desirable resources improved not only their self-esteem but their willingness to appear in public and engage with others, thus enhancing opportunities for *peace and community relations* to flourish.

These intersecting dimensions of social life relate to previous studies on the good life and capabilities, all of which highlight that protecting, sustaining and developing valued capabilities can help people achieve multiple functions that they most value (Dubois & Trani, 2009; Greco et al., 2015; Nussbaum, 2011). Despite the provision of shelter, some food and financial assistance, and the presence of multiple government services and non-governmental organisations (NGOs) in their communities, both male and female refugees described how they sometimes lacked the capability to meet their basic needs and undertake actions that that would enhance their wellbeing.

As found in studies of gendered power and poverty in Uganda by Ninsiima et al. (2020), Wyrod (2008) and Greco (2018), some barriers to achieving a good life in Kyangwali and Gihembe are cultural and structural. While there are some female-headed households in both communities, the majority of households are headed by males, and embedded gendered inequalities mean that they exercise control over economic resources. Following the work of Workneh (2020), we found that patriarchal views of marriage and family relationships meant that women and some young men had basic commodities (food, soap, household items) appropriated by their husbands or fathers, as well as any additional money they made from providing services and selling goods. These cultural and structural norms and constraints meant that women, children, and younger men living in Kyangwali and Gihembe found themselves hungry, dirty, and poorly dressed, unable to access and control the resources distributed to them through UNHCR and NGOs.

Despite new initiatives by UNHCR and national governments to increase employment opportunities for refugees (UNHCR, 2018), unemployment and underemployment are high in both Gihembe and Kyangwali, supporting participants' descriptions of how hard it was to obtain well paid and/or regular employment. Research consistently links high levels of unemployment and underemployment with poor mental health and problematic alcohol use, particularly for men (Nalwadda et al., 2018). Our findings are further supported by studies that explore how traditional hegemonic concepts of masculinity that position men as financial providers for their households means they may experience unemployment as a personal rather than a structural failing, and be reluctant to show weakness or ask for help if they are suffering from poor mental health (Ssebunnya et al., 2019). These factors further diminish the capabilities of men and other household members, and increase the risk of domestic disharmony (Hawkins et al., 2020).

In line with other studies, participants articulated an awareness of how hunger and a lack of access to soap and clean water contribute to illness and disease and poor physical health (Kalipeni & Oppong, 1998). By being visibly clean, participants were not only avoiding sources of infection, but actively demonstrating their mental and physical 'wellness' to others in their community (Robinson & Howland, 2021). Following Sclar et al. (2018), our study foregrounded participants' concerns about how cleanliness interacted with self-esteem and social participation, in sum, how cleanliness impacted on their mental health. People desired cleanliness to avoid the judgement of others who they believed would not engage with them if they were dirty and with unwashed clothes (De Herdt, 2008; Stark et al., 2015). The research by Greco

et al. (2015) on the 'good life' with women in Malawi found that good conduct and the avoidance of shame were linked with inner well-being, or the Malawian concept of *mtendere*, which was translated as '*Having peace of mind or peace in the heart*' (p.73).

Strengths and limitations

Following the work of Narayan (2000) and Greco et al. (2015), our findings highlight the strengths of using an inductive approach to determine what people value and their freedom to achieve these valued functionings to inform the development of interventions to positively promote people's mental health and wellbeing. While our study included only 60 Congolese refugees across the two communities, we found shared values between men and women, and across ages, reflecting 'communal agreement' that is often achieved by people who share other dimensions of their lives (Nussbaum, 2011).

Conclusions

Using Sen's capability approach to explore local understandings of a 'good life' with people living in refugee communities enabled us to illuminate the complex, intersectional and reflexive interconnections between mental health and wellbeing, and capabilities. We found that poor mental health effectively undermined people's capabilities to utilize resources and opportunities, preventing them from achieving their idea of a 'good life'. Furthermore, a lack of access to the basic commodities required to present a decent personal appearance, such as soap and clean clothes, negatively affected their self-esteem, their ability to access other material resources,

and to cope with adversity. The provision of clothes and washing facilities for refugee families has the potential to improve not only mental health, but their ability to socialise with others and engage with educational and employment opportunities. However, this provision needs to be supported by cultural and social interventions to address local issues, specifically the gendered and generational power relationships that reduces the freedom of some, particularly women and children/youths, to access these valued resources to develop their personal capabilities.

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