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Karamojong adolescents in Tororo District, Uganda: Life events, adjustment problems, and protective factors

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Abstract

The Karamojong people of Uganda are marginalized and likely to have difficult lives. Research is needed to understand Karamojong children's challenges, adjustment, and resiliency to help guide interventions and policies to improve their lives. Thus, 18 Karamojong 10- to 16-year olds (10 girls; $M = 13.33$ years; $SD = 1.81$) were recruited from an NGO in Tororo District, Uganda, and interviewed about their life events, coping strategies, social support, and hope. Adolescents also were verbally administered questionnaires about their life events and adjustment problems. Participants reported many negative life events ($M = 9.28$ of 16). The number of negative life events was positively correlated with internalizing, but not with externalizing, problems. Participants described a variety of coping strategies. Most participants received emotional or instrumental social support, and were hopeful about their futures. Hardships were often alcohol- or poverty-related events, whereas hope was often centered on education.

Keywords: Karamojong, life events, adjustment problems, resilience, coping

Karamojong Adolescents in Tororo District, Uganda: Life Events, Adjustment Problems, and

Protective Factors

The Karamojong people settled in Karamoja, Uganda. They are stereotyped as violent

and unruly, partly due to their history of conflict (Jabs, 2007). Recent decades in Karamoja have

been filled with death, agriculture failure, poverty, and hunger (Jabs, 2007). Many Karamojong

people have migrated because of Karamoja's problems, only to be met with new difficulties. The

Karamojong often beg in urban streets, are viewed as a problem, are marginalized (Gackle,

Lolem, & Kabanda, 2007; Stites & Akabwai, 2012), and likely have many negative life events.

Studies of Ugandans' negative life events have not been focused on Karamojong people.

Most previous studies have included non-Karamojong Ugandans affected by the Lord's

Resistance Army (LRA). For instance, adolescents (52% had been LRA-abducted) often

experienced beatings, home/property destruction, being forced to leave home, or a relative/friend

being killed (Okello, Onen, & Musisi, 2007). Refugees in Internally Displaced Persons (IDP)

camps reported a lack of parents, food, jobs, clothing, school fees, and safe housing, as well as

the presence of disease, neglect, violence, sexual abuse, alcohol abuse, idleness, and fear of

abduction (Betancourt, Speelman, Onyango, & Bolton, 2009; Horn, 2009). In a study of non-

LRA-affected Ugandans, adolescents often reported themselves or a family member having a

disease or medical problem, death of a family member or friend, and not enough food (*authors*).

Negative life events are often associated with adjustment problems (e.g., internalizing,

externalizing; see Luthar, Crossman, & Small, 2015). Theoretically, major or chronic events

disrupt physiological or psychological equilibrium and elicit cognitive, emotional, and

neurophysiological distress that may affect one's functioning (e.g., Garmezy & Masten, 1990).

Ugandans' negative life events and adjustment problems have been related. For instance,

the number of war-related events was positively related to adolescents' depression and anxiety

(McMullen, O'Callaghan, Richards, Eakin, & Rafferty, 2011). In IDP camps, anxiety and

depression improved over 6 months, on average; however, adolescents experiencing more

negative events had less improvement (Haroz, Murray, Bolton, Betancourt, & Bass, 2013). Non-

LRA-affected Ugandan adolescents' number of negative events was positively related with

externalizing and internalizing problems (*authors*). To our knowledge, Karamojong adolescents'

negative life events and potential relations with adjustment problems have not been examined.

Some people do not experience distress, psychopathology, or adjustment problems after

experiencing negative life events—called *resilient adaptation* (Luthar et al., 2015). *Protective*

factors—factors associated with resilient adaptation, have been identified and include person-

centered and socio-contextual factors (Luthar et al., 2015). Theoretically, many protective factors

mitigate or compensate for distress associated with stressors, return the individual to

physiological and psychological equilibrium, and protect against psychopathology (Garmezy &

Masten, 1990). Below we review theory, as well as research relevant to Ugandan youth, for

several protective factors (coping skills, social support, hope). To our knowledge, coping skills,

social support, or hope have not been examined in Karamojong adolescents.

Coping strategies are responses to stress (Compas & Reeslund, 2009). Strategies that are

effective in one context may not be effective in another context (Lazarus, 1999). Using strategies

that fit the stressor has been associated with fewer adjustment problems (Compas & Reeslund,

2009). However, adolescents using self-blaming, ruminating, or catastrophizing, may be more

likely to develop anxiety and depression (e.g., Garnefski, Kraaij, & Spinhoven, 2001). Ugandan

youths' coping strategies have occasionally been examined. IDP camp residents identified

problem-focused strategies such as earning money (Horn, 2009). In addition, youth described

coping with abduction by distraction and not discussing the event (Corbin, 2008). Non-LRA-affected adolescents also have reported distraction as a coping strategy (*authors*).

Social support—help in the form of materials, information, encouragement, guidance, and division of responsibility, has been negatively associated with psychopathology (Thompson, Flood, & Goodvin, 2006). It may buffer people from maladaptive outcomes because it improves perceived stress-management efficacy and helps resolve problems (Cohen & Wills, 1985). Ugandans have described the importance of receiving emotional and material support when recovering from displacement, abduction, and being orphaned (e.g., Corbin, 2008; Horn, 2009). Social support is sometimes, but not always, related to fewer adjustment problems in Ugandan adolescents. Adolescents' social support was negatively associated with externalizing and internalizing problems (*authors*). In contrast, social support was not associated with former child soldiers' resilience (Klasen et al., 2010), and change in displaced adolescents' depression or anxiety symptoms over 6 months did not differ by level of social support (Haroz et al., 2013).

People with *hope*—goals and positive expectations, may interpret negative events in ways that result in action versus helplessness (Peterson & Seligman, 2004). Hope may protect against adjustment problems (Puskar, Sereika, Lamb, Tusaie-Mumford, & McGuinness, 1999). Ugandan children have reported retaining aspirations or hope despite living in difficult conditions (e.g., Tukundane, Zeelen, Minnaert, & Kanyandago, 2014). In one study, adolescents often reported that the rest of their lives would be good despite experiencing many negative life events, and often attributed their hope to education, religion, and other people (*authors*).

In summary, researchers have examined negative life events and adjustment of Ugandan youth, and many of these studies included youth affected by the LRA (e.g., Betancourt et al., 2009; Haroz et al., 2013). Less is known about the lives and adjustment of Ugandan youth who

have not been LRA-affected but face other adversities. Furthermore, potential protective factors, such as coping, social support, and hope have only occasionally been examined Ugandan youth.

To our knowledge, there has been no study in which Karamojong adolescents' life events, adjustment problems, and protective factors have been examined; however, this type of research is important. Karamojong youths' lives may be difficult due to stigmatization and poverty, and Karamojong people living outside of Karamoja experience discrimination (Stiles & Akabwai, 2012). Given the Karamojong people's history and marginalization, Karamojong adolescents have likely experienced violence, extreme poverty, and discrimination. They also have likely experienced events that affect Ugandan youth more broadly, such as parental death.

To improve Karamojong youths' lives, we need a better understanding of their challenges. Such an understanding will allow for education, policy, and prevention efforts to be targeted to their needs and decrease negative life events. We also need an understanding of Karamojong youths' adjustment problems and processes of resilience to focus intervention strategies promoting the welfare of Karamojong youth facing adversity. As a starting point, the first author interviewed Karamojong adolescents in Tororo District to address three goals: 1) understanding Karamojong adolescents' negative life events, 2) determining if the number of negative life events was positively related to internalizing and externalizing problems, and 3) gaining initial insight into potential protective factors (coping, social support, hope).

The present study differed from *Authors* in that it was focused on Karamojong youth in Tororo District, because the group's social status and history may put them at a greater disadvantage than many other Ugandan youth. *Authors* included adolescents (no Karamojong) from varied backgrounds in Tororo District.

Method

Participants

Participants were adolescents who used a faith-based, non-governmental organization (NGO) in Tororo District, Uganda, which provides over 400 youth (mostly Karamojong) with food, play, and education six days per week. "Adolescent" was defined by age, starting at 10 according to the World Health Organization. All Karamojong 10-17 year-olds at the NGO were asked to gather and were read a recruitment script. Adolescents interested in participating were asked to stay and assigned numbers. Numbers were drawn at random until 10 boys and 10 girls were selected to be interviewed. Data for two participants were excluded (ended the interview early or had poor comprehension). The final sample included 18 10- to 16-year olds (10 girls; M = 13.33 years, SD = 1.81). Adolescents lived with a caregiver (n = 10; 6 in the NGO dorms), with both parents (n = 3), with their mother but not father (n = 3), with their father but not mother (n = 1), or alone (n = 1). All but one adolescent were enrolled in school. Most (n = 12) participants were born in Karamoja, but moved due to drought, famine, or the death or divorce of parents; others were born in Tororo, Busia, or Soroti (ns = 3, 1, and 1; n = 1 missing).

Procedures

The NGO director provided consent *in loco parentis* because the Ugandan government considers her a guardian. Each participant was interviewed individually in a hut at the NGO by the first author (a Caucasian female) and a translator (a Karamojong female). Adolescents gave verbal assent, were read interview questions, and verbally responded because literacy varied. Each interview lasted 1 to 1.5 hours. Participants were given rice and beans, and those requesting assistance or reporting abuse were referred to social workers.

Measures

Adults familiar with the Karamojong reviewed all measures. Items were modified or

omitted for cultural appropriateness. For instance, "Do you set fires," was omitted because it is normative (for cooking). Items were translated and back-translated.

The order of the interview was as follows: demographics, life story (open-ended; *not in this manuscript*), Negative Life Events (quantitative) and follow-up questions (forced-choice and open-ended), most difficult event (open-ended), modified Youth Self Report (quantitative), coping (open-ended), social support (open-ended), hope (open-ended), and debriefing. First, we describe the quantitative questionnaire measures, and then discuss the open-ended measures.

Adolescents were asked if they had experienced 16 Negative Life Events. Items were scored 0 for *no* and 1 for *yes*. The first author used some similar items in another study of Ugandan adolescents (*authors*). A composite score was formed by summing responses across items. Alpha was not computed because events were not all expected to correlate. After each questionnaire item, follow-up questions were asked if the adolescent experienced the event.

Adolescents' adjustment problems were assessed using 29 items of a modified Youth Self Report (Achenbach & Rescorla, 2001). The first author used this questionnaire in another study of Ugandan adolescents (*authors*). Items were scored 0 for *no* and 1 for *sometimes/yes*. Two items were dropped to improve the alpha ("*Do you feel guilty after doing something you should not*" [reversed], "*Do you scream/yell a lot*"). Internalizing problems (anxiety/depression, withdrawal; 15 items; e.g., "*Do you stay away from other people*"; α = .71) and externalizing problems (aggression, delinquency; 12 items; e.g., "*Are you mean to other people*"; α = .72) composites were formed by summing item responses within each subscale.

Each prompt for open-ended response items (i.e., negative life event follow-up questions, most difficult event, coping, social support, hope) is described in the Results section. Open-ended responses were transcribed from audio-recordings. Coding categories for each open-ended

item were created. Responses to open-ended response items involved non-ambiguous classifications. For instance, adolescents' responses for the most difficult event, although varied, were categorized into non-ambiguous coding categories (e.g., death of parent/sibling, rejection). However, responses regarding coping strategies were coded into less-concrete categories that were based on common classifications in the literature (e.g., withdrawal, distraction). Two trained, undergraduate and graduate student coders independently coded the responses for 100% of the participants. Discrepancies were resolved through discussion between the coders. On rare occasions when consensus could not be reached, the first author made a final decision.

Results

Descriptive Statistics

There was no missing data for number of negative life events ($n = 18$; $M = 9.28$; $SD = 2.67$; range = 3 to 15; skewness = -.36; kurtosis = 1.50). Data were missing for one participant due to interviewer error for internalizing ($n = 17$; $M = 7.94$; $SD = 3.13$; range = 1 to 13; skewness = -.60; kurtosis = .38) and externalizing ($n = 17$; $M = 4.18$; $SD = 2.63$; range = 0 to 11; skewness = .91; kurtosis = 1.57) problems. *T*-tests suggested there were no mean-level differences by sex.

Goal 1: Understanding Karamojong Adolescents' Negative Life Events

Adolescents experienced an average of 9.28 of the 16 events assessed (range 3 to 15; Table 1). Below we present each event from the most- to the least-commonly reported. We supplement frequency of occurrence data with information from follow-up questions.

All ($n = 18$) participants experienced the *death of at least one family member*. This usually (89%; $n = 16$) involved the death(s) of siblings (1 to 5 siblings died), and one or both parents. Deaths were often attributed to disease, homicide, accident, and suicide. Deaths of infant siblings often had unknown causes. All ($n = 18$) participants experienced *a serious illness* (e.g.,

malaria). All (*n* = 18) participants reported *hunger because of lack of food* (83% [*n* = 15] said

hunger was "sometimes" or "often"). Nearly all (94.4%; *n* = 17) participants reported that

someone in their family used too much alcohol or drugs. Of those reporting the problem, 71% (*n*

= 12) said the family member(s) used alcohol daily (some added, "from morning until night"),

and the rest used "only when they had money." Alcohol led to family fighting (59% [*n* = 10] of

participants reporting the problem) or other problems (e.g., money spent on alcohol rather than

food [18%; *n* = 3]). Most (83.3%; *n* = 15) participants reported their *family had physically fought*

or verbally argued, and 40.0% (*n* = 6) of these adolescents said the fighting led to injuries (e.g.,

stab wounds). Fighting was mostly attributed to alcohol and money problems.

Many events were experienced by about half to two-thirds of the adolescents. Many

(66.7%; *n* = 12) participants experienced a *separation from their mother and/or father* ranging

from days to years (mode = years). Reasons often involved a parent leaving to find food or visit

relatives, fathers going to live with other wives, or adolescents being told to leave (e.g., for not

working). Many (61.1%; *n* = 11) participants had been *intentionally hurt* (e.g., slapped or beaten

by friends, family, or strangers). Many (61.1%; *n* = 11) participants experienced *one or more*

serious illness in their family (e.g., mental illness, injuries from fights, tuberculosis, malaria,

HIV/AIDS). Half of the adolescents (*n* = 9) reported a time when they *could not go to school*

(range of time = days to years; mode = years) because they lacked school fees, were ill, or had to

work. Half of the adolescents (*n* = 9) reported *seeing violence*. These events included seeing

death by "mob justice" (e.g., a man beaten to death by community members for stealing a pig).

Some events were experienced by less than half of the participants. Participants (44.4%;

n = 8) said they had been *treated unfairly because they were Karamojong*. Specifically, they

were refused employment or payment for their work, or were physically and verbally abused. All

participants who worked (38.9%; *n* = 7) said *work was sometimes difficult*. They discussed enduring severe weather, long hours, exposure to danger, physical demands (e.g., carrying heavy jugs of water long distances), being hungry, or not receiving promised payment or food. Some (27.8%; *n* = 5) adolescents reported that people had *avoided them because they were Karamojong*. They described being insulted or being unwelcome in peers' homes. Four (22.2%) adolescents experienced the *death of one or more close friends* (range = 1 to 3 friends) due to disease, homicide, or accident. Three (16.7%) participants reported *sexual abuse*. Two incidents were reported to an adult, one of which resulted in the victim losing his job and the other resulted in the perpetrator being confronted but not punished. Two (11.1%) adolescents said that *school was difficult* because they often were absent due to illness or work.

To learn about events perceived as the most difficult, participants were asked, "*Tell me about something in your life that was the most difficult for you, for example, something that made you emotionally upset or really affected your life.*" Five adolescents (27.8%) discussed emotional pain and the loss of resources after the *death of their parent(s) and/or sibling(s)*. Four adolescents (22.2%) described pain or emotional distress related to their *own or others' illnesses*. Two adolescents (11.1%) discussed *rejection by family members* (e.g., being told to leave so there would be fewer people to feed). One boy (5.6%) said that *work was difficult* when he was a shepherd. One boy (5.6%) described being alone with no one to provide for *food or basic needs*. One girl (5.6%) described getting expelled from school right before exams because she *lacked school fees*. Three adolescents (16.7%) did not feel comfortable sharing their experiences, and one girl (5.6%) said that nothing was too difficult.

Goal 2: The Relation between Negative Life Events and Adjustment Problems

The number of negative life events was correlated with internalizing problems, $r(15)$ =

.51, *p* = .04. The number of negative life events was not correlated with externalizing problems, *r*(15) = .30, *p* = .24.

Goal 3: Exploring Potential Protective Factors

Participants were asked open-ended questions about coping, social support, and hope. To assess coping strategies, adolescents were asked, "*How do you try to make yourself feel better (okay) when you feel bad?*" An equal number of participants (*ns* = 3, 16.7%) described forgiveness, social support, distraction, withdrawing or avoiding the offender, and ignoring the problem. One adolescent (5.6%) described emotional expression. Two (11.1%) did not know.

Adolescents were asked about emotional (i.e., *Do you have people you can talk to about your problems? [Yes, No]. If yes, who are they?*) and instrumental (i.e., *Do you have people who can help you fix your problems [Yes, No]. If yes, who are they?*) social support. Most (*n* = 12; 66.7%) participants had people with whom they could *talk* about their problems. Most (*n* = 14; 77.8%) adolescents had people who could *help fix* their problems. They often referenced family, but also named friends, neighbors, or elders. Many adolescents named the NGO director.

Adolescents were asked, "*What gives you hope?*" The most common response was obtaining an education, but other answers were given (e.g., receiving NGO assistance, God, belief in one's self). Adolescents were asked, "*In general, do you think the rest of your life will be bad or good?*" The order of "bad" and "good" was counterbalanced. Most (*n* = 12; 66.7%) said, "good." Reasons included getting an education, knowing right from wrong, self-confidence, and God. Some (*n* = 5; 27.8%) adolescents thought the rest of their lives would be bad because they were not enrolled or were doing poorly in school, they did not think they would survive, too much fighting was happening, or they were left on the street. One adolescent did not know. Finally, they were asked, "*What would you like to accomplish in your life?*" Common themes

were: finishing their education, career aspirations (e.g., accountant, nurse, office worker), and helping family (e.g., to build a home or pay rent).

Discussion

This study is one of the first to reveal information regarding Karamojong adolescents' negative life events and adjustment problems. We also explored factors that may be associated with adolescents' resilience, such as coping strategies, social support, and hope.

Our first goal was to understand Karamojong adolescents' negative life events. We found that they had experienced many of the events assessed. Results suggested that Karamojong youth have exceptionally difficult lives. Pervasive events included deaths in the family, illness, hunger, and alcohol abuse in the family. The experience of parental or sibling death was common and reported to be very difficult. We were surprised by the number of deaths attributed to murder or to suicide. The frequency of suicides underscores the need for culturally appropriate interventions aimed at improving the Karamojong people's circumstances and mental health. Illnesses reported were mostly preventable or easily cured. Better access to vaccinations and healthcare will reduce the impacts of illness (e.g., missing school). The majority of participants reported experiencing hunger. Food is readily available in Tororo District; thus, the hunger is due to lack of money. Restoring the livelihoods of the Karamojong is vital.

Alcohol was a prevalent theme. It bothered participants because it caused many problems including fighting and lack of food. Alcohol has been a large part of life in Karamoja (Gackle et al., 2007). Although the beer industry sometimes benefits women and families by providing employment, it also contributes to intoxication-related problems such as children being unattended and neglected (Dancause, Akol, & Gray, 2010). To our knowledge, data regarding the potential roots of frequent alcohol use by Karamojong living in Tororo have not been

published. It is possible that some of the alcohol use is due to unemployment. Furthermore, Karamojong migrants are likely to have left Karamoja because of problems such as loss of livelihood or violence. Thus, it is possible that alcohol is used as a coping strategy.

Other serious, but less frequently reported, negative events included fighting in the home, being intentionally injured, sexual abuse, and discrimination. Domestic and sexual abuse have been noted by Karamojong living in urban areas. The transition from agro-pastoral life to unstable wage labor and poverty may be responsible for increases in stress and domestic abuse (Stites & Akabwai, 2012). Discrimination against (e.g., being denied work) and abuse of the Karamojong were also reported in Mbale and Kampala (Stites & Akabwai, 2012).

With regard to our second goal, we expected the number of negative life events to positively relate to internalizing problems, which was supported, and to externalizing problems, which was not supported. Positive relations between negative life events and internalizing problems (e.g., anxiety, depression) have been obtained in non-Karamojong participants in war-affected northern Uganda (Haroz et al., 2013; McMullen et al., 2011) and with non-Karamojong adolescents in Tororo District (*authors*). Thus, the association between negative life events and internalizing problems in Uganda seems somewhat robust. Adolescents in the present sample experienced severe events that often reduce financial, social, and other resources. Although the direction of effect cannot be inferred, the events experienced by these adolescents may have elicited distress and disrupted adaptive functioning (Garmezy & Masten, 1990).

We expected that the number of negative life events would be positively associated with externalizing problems. Some previous work with Ugandan adolescents suggests the relation is significant, albeit perhaps not as robust as the relation with internalizing problems. For instance, the number of non-war-related negative life events, but not the number of war-related events,

was related to externalizing problems in northern Uganda, whereas both types of events were related to internalizing problems (Amone-P'Olak, Garnefski, & Kraaij, 2007).

There are speculative reasons we did not find a relation between negative life events and externalizing problems. First, it is possible that our sample size was too small to detect an existing relation. Our correlation had a medium effect size, but power was only .50 to detect a correlation with a large effect size. Second, it is possible that externalizing (e.g., aggressive) adolescents are discouraged from visiting the NGO, thus truncating externalizing variability and attenuating the correlation. Third, it is possible that only particular negative life events are associated with Karamojong adolescents' externalizing problems. For instance, exposure to abuse may relate to externalizing problems (Liu, 2004).

Our third goal was to obtain an initial understanding of potential protective factors in Karamojong adolescents. Reported coping strategies included emotional expression, social support, forgiveness, withdrawing/avoiding, ignoring, and distraction. These types of coping are utilized and assessed in other cultures; thus, the results support the adaptation of items from existing coping measures to Karamojong adolescents.

At least two-thirds of the adolescents had someone to talk to about their problems, or help fix their problems. This was encouraging because social support has been related to fewer adjustment problems in (non-Karamojong) Ugandan adolescents (*authors*). Many participants identified the NGO director as a person who could help fix their problems. This makes sense given that the participants received food and other help at the NGO. It is possible that Karamojong adolescents not receiving NGO assistance would report less social support.

Despite their difficult lives, about two-thirds of the adolescents thought that the rest of their lives would be good. Consistent with other studies in Uganda (*authors*; Tukundane et al.,

2014), adolescents' discussion of aspirations and hope had a common theme of education. Karamojong youths often aspired to complete their educations to get out of poverty and help their families. Education gave them hope. In contrast, not receiving an education or doing poorly in school contributed to thinking that the rest of their lives would be bad.

Limitations, Implications, and Directions for Future Research

Because adolescents were recruited from an NGO in Tororo District, participants' lives may have been more or less difficult relative to Karamojong adolescents in the area who did not need or receive NGO services (or relative to Karamojong adolescents living in Karamoja). In future research, Karamojong adolescents should be recruited from diverse sources outside, as well as inside, of Karamoja. Larger samples will improve power and generalizability of results.

We relied solely on self-reports. Self-reports were likely the best source of information for many of the constructs examined, however using multiple reporters would have allowed for examination of consistency across reports. Furthermore, data were collected through a translator. It is possible that some of the meaning of adolescents' responses was lost in translation.

We found that Karamojong adolescents in Tororo experienced many negative life events and that experiencing more negative life events was related to internalizing (but not to externalizing) problems, the next necessary steps are, in collaboration with the Karamojong community, to: 1) determine what support Karamojong adolescents need for improving their lives, and 2) determine how to foster resilience. Reducing the number of negative life events is a daunting task given the complexity of these problems (e.g., hunger, alcoholism). Although the Karamojong people have a unique combination of resources, norms, and values, it may be informative to assess what has been successful in other populations to reduce or help cope with similar challenges. For instance, China has reduced poverty and hunger. Progress has been aided

by government actions to improve agricultural development and small-farm success (Curtis, 2011). Perhaps similar actions by Uganda's government would improve the situation of the Karamojong people and other Ugandans. Furthermore, alcohol abuse was perceived to be a prevalent and damaging problem by adolescents in the present study, and it contributes to chronic poverty. Policy-related suggestions for reducing alcohol abuse in Uganda have been made (Uganda Youth Development Link, 2008). Future research should be aimed at collaborating with the Karamojong people to develop community-based alcohol education programs and interventions.

Our data are a starting point for understanding resiliency in Karamojong adolescents. We hope that this exploratory work can be used to develop measures, appropriate for Karamojong youth, that investigate resilience. In the future, it would be of interest to determine which types of coping strategies and social support predict adjustment trajectories. This line of inquiry should include identification of protective factors at child, peer, and familial levels that may mitigate the effects of negative life events (see Luthar et al., 2015). Determining if these factors protect Karamojong children is important for efforts aimed at improving their lives.

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Table 1

Karamojong Adolescents' Negative Life Events

Negative Life Events	Percent and (*n*) of Adolescents Who Replied "Yes"
Have any of your family members died?	100.0% (18)
Have you ever been very sick with an illness or disease?	100.0% (18)
Have you ever been hungry because there was not enough food to eat?	100.0% (18)
Does someone in your family use too much alcohol or drugs?	94.4% (17)
Has your family ever fought or argued?	83.3% (15)
Did your biological mother or father ever move away from you, or did you ever move away from your mother or father?	66.7% (12)
Has anyone in your family been very sick with an illness or disease?	61.1% (11)
Has someone ever hurt you physically (e.g., hit, kick, burn) on purpose?	61.1% (11)
Has there ever been a time when you could not go to school?	50.0% (9)
Have you ever seen violence happen (someone being injured, killed)?	50.0% (9)
Have you ever felt that you were treated unfairly because you are from the Karamojong tribe?	44.4% (8)
If you used to, or now, work has it ever been too difficult for you?	38.9% (7)
Has anyone ever avoided you (not talked to you, not been your friend) because you are from the Karamojong tribe?	27.8% (5)
Have any of your close friends died?	22.2% (4)
Has someone ever touched you sexually when you did not want them to?	16.7% (3)
If you went, or now go, to school has it ever been too difficult for you?	11.1% (2)

Note. n refers to the number of adolescents who replied "yes".