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SCHOOL OF PSYCHOLOGY

Post migration Risk Factors to Depression among East and Great lakes Adolescent Refugees in

Addis Ababa

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By: Rahwa Mengistab

A thesis submitted to the School of Psychology of Addis Ababa University in partial fulfillment of the requirements for the degree of Master of Arts in counseling psychology

Advisor: Abebaw Minaye /PhD/

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Abstract

This study has aimed at finding out the post migration risk factors to depression in Somalia, Eritrea, South Sudan and Democratic Republic of Congo adolescent refugees in Addis Ababa. To achieve these research objectives a cross sectional survey design were implemented. A sample of 96 respondents, 45 males and 51 females aged 12-17 were selected through stratified random sampling from JRS and DICAC refugee centers . The depression level and the post migration factors were assessed using Center for Epidemiologic Studies Depression Scale Revised-20 and Multidimensional Students' Life Satisfaction Scale instruments. Along with these questionnaires, the researcher also prepared basic demographic questions to solicit self-information of the participants. The collected data were analyzed through one way ANOVA, independent sample t-test, Pearson correlation and frequencies and percentages. The results showed that 58.5% of adolescents involved in this study are at risk to develop depression. Adolescents post migration risk factors had no significant relationship with depression. The socio demographic factors evaluated in this research adolescent refugees country of origin (F=3.38; p=0.022) and with whom they are living (F=2.572; p=0.024) were found to be a risk for depression but school, living environment, friends, family, self, parental/guardian education level, age, gender and year of stay had no significant effect on being a risk for depression. For this reason, a greater focus is needed on identifying factors that dealt with adolescent refugee depression and results should be applied to design suitable intervention programs especially at organizations working with refugees. As recommendation, providers of public health services and refugee centered originations should develop counseling services at school and this will helps mental health professionals meet with adolescent refugees and their families.

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List of Acronyms

ARRA: Administration for Refugee and Returnee Affairs

CESD-R-20: Center for Epidemiologic Studies Depression Scale Revised-20

DRC: Democratic Republic of Congo

DSM V: Diagnostic and Statistical Manual of Mental Disorders fifth edition

EOTC-DICAC/RRAD: - Ethiopian Orthodox Church Development and Inter Church Aid Commission Refugee & Returnee Affairs Department

MSLSS: Multidimensional Students' Life Satisfaction Scale

IOM: International Organization for Migration

JRS: Jesuit Refuge Service

UNHCR: United Nation High Commissioner for refugees

WHO: World Health Organization

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Chapter One

Introduction

1.1 Background of the Study

The challenges of the society in our world are no longer limited within a specific geographic border. All the insecurities in one particular area have across-the-board consequences around the world. With political, social, and economic conflict happening across the globe people are leaving their countries due to oppression. Each year millions of people are forced to leave their homes and seek refuge from conflicts, violence, human rights violations, persecution and natural disasters. The 1951 Geneva Refugee Convention states that the term refugee applies to a person who has:

> A well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, he/she is outside the country of her/his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 2010, p.14)

Since the beginning of the 21st century, there is a staggering 65.3 million displaced persons—of which 21.3 million individuals are refugees (UNHCR, 2016a). Globally in 2017, 40 million people were internally displaced as a result of conflict and persecution, while 25.4 million were refugees and 3.1 million were asylum-seekers. The vast majority of the world's refugees – 86 per cent – are hosted in developing regions, with more than a quarter in the world's

least developed countries (UNHCR, 2016). From this figure, 52% are children under 18 – the highest proportion in a decade. Close to 58% of the global refugee populations live in urban areas, not in camps or rural areas. (UNHCR Global Trends Report 2017). Sub-Saharan Africa is home to over 18 million people of concern including refugees and internally displaced people, hosting over 29% of the world's refugee population from ongoing conflicts such as those in the Democratic Republic of Congo and Central African Republic; volatile situations in Somalia; and new conflicts in Burundi and South Sudan (UNHCR,2016b).

According to UNHCR March 2018 factsheet, Ethiopia is host to the second largest refugee population in Africa, sheltering over 916,678 registered refugees and asylum seekers as of 31 March 2018. These are 440,319 from South Sudan, 255,305 from Somali, 167,969 from Eritrean, 1,804 from Yemen and around 6,029 from other nationalities. The refugees are sheltered in 26 camps across eight different regions and in urban centers. At the end of March 2018, there were a total of 21,632 refugees in the capital Addis Ababa, mainly from Eritrea, Yemen, Somalia, South Sudan and refugees of other nationalities, mainly from the Great Lakes region. As the fact sheet indicated, among these populations 16% are adolescents aged from 12-17. This indicates each year, several thousand adolescents refugees are resettled in Ethiopia.

While many refugees believe upon leaving their home country their struggles are behind them, the journey to a new host country can be a long and difficult one; ultimately, many refugees reside in developing countries and refugee camps before ending up in a permanent host country (UNHCR, 2011). Every single day, from all over the world, teenagers become refugees. These are young persons who have fled from their countries living their families or friends behind to escape persecution or war. The persecution could be forceful aggression, harassment and dangers to their lives. Refugee adolescents are among the most vulnerable in any refugee

population to the effects of violence. When they live their country, they do not even have time to pack what they have. All they have left is their faith to survive. Additional challenge may await them on arrival in the host country. The post-migration stage pertains to settlement experiences, the process of navigating life in a new country, changes in family structure, and neighborhood environment (Ornelas & Perreira, 2011). The process of displacing one's life and changing to an unfamiliar cultural environment brings significant social and interpersonal challenges for refugees.

During post migration, refugee children must navigate a new society and culture, adjusting to school systems and peer groups in a foreign language (Bates, Baird, Johnson, Lee, Luster, & Rehagen, 2005). Refugees are exposed to a range of post migration risk factors across the relocation process, which increase their likelihood of having a mental illness. These factors include cultural and religious losses, loss of social support, identity confusion, acculturation, and cultural adjustment. Because of these vulnerabilities, mental illness is particularly elevated in refugee communities (Bhurgra & Becker, 2005).The post-migration environment can have at least as much impact on mental health as pre-migration and migration factors (Silove, Steel, McGorry, & Mohan, 1998). There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors (Fazel and Stein, 2002).

The most commonly reported psychological disturbance in refugee adolescents is depression though studies have found widely varying rates of incidence. Depressive disorders, including major depression, were reported among 17% of Bosnian adolescents (Weine, Becker, McGlashan, Vojvoda, Hartman, & Robbins, 1995) and 12.9% Cambodian adolescents exiled in the US (Sack, Clarke, & Seeley, 1996), while 11.5% Tibetan refugee children in India were also

diagnosed as suffering major depression (Servan-Schreiber, Le Lin & Birmaher, 1998). A study conducted in Australia demonstrated a rate of 7.2% for depression in refugee adolescents (Ziaian, Anstiss, Antoniou, Baghurst, & Sawyer, 2001). Depression should be taken as an important public health issue which deserves immediate attention due to the major impact it has on adolescent refugees' physical health, psychosocial wellbeing and quality of life. Therefore, this paper intends to assess the post migration factors which lead adolescent refugees to risk for depression in South Sudan, Somalia, Eritrea and Democratic.

1.2 Statement of the Problem

Adolescent age range falls between 10 to 19-year age group (WHO, 2012). The stages of adolescence can be separated into three: early (10-13 years of age), middle (14-16), and late (17-19) (ReCAPP, 2003). These periods roughly correspond with the phases in physical, social and psychological development in the transition from childhood to adulthood. (WHO, 2006).. It is now widely accepted that adolescence is a time of transition involving multi-dimensional changes: biological, psychological (including cognitive) and social. Biologically, adolescents are experiencing pubertal changes, changes in brain structure and sexual interest, as a start. Psychologically, adolescents' cognitive capacities are maturing. And finally, adolescents are experiencing social changes through school and other transitions and roles they are assumed to play in family, community and school (NRC, 2002).

Being an adolescent by itself is a challenging phase to many youngsters because it is a time to build once personal identity and independence. Considering a unique transition, it is possible to imagine refugees have had unique experience during post migration. Studies report refugee youth as in the host country as having severe symptoms of depression (Derluyn and

Broekaert, 2007). As, have argued that, while earlier war trauma is associated with depression is strongly correlated with stressful events in post migration (Sack, Him, Dickason, 1996). In the host society, perceived discrimination can produce loneliness, anxiety and depression in adolescents (Juang & Alvarez, 2010). During migration, many adolescents are separated from their parents or have lost either one or both of their parents and no longer have the emotional, physical, psychological and financial support of their parents or care givers. While adult identity is generally well-defined, adolescents' identities are still developing and they are therefore more open to the influences of the new culture. Transition to a new culture can be especially difficult for adolescents who are at a critical stage of psychological, emotional and physical development. As Fazel, Wheeler, & Danesh, 2005 stated, in the post migration phase, adolescents often face acculturative stress and family poverty. Some refugee adolescents may choose to isolate themselves from peer influence, others may attempt to acculturate quickly (Matsuoka, 1990). Adolescents may be exposed to new behavior patterns, gender roles, ideas around individual autonomy and control, different clothing and different ways of social interaction (Guerin, Guerin, Abdi & Diiriye, 2003). Some adolescents may feel strong pressure to conform to the cultural norms of a new country. These pressures can be intensified when parents lack the material and social resources to assist their children through this process (Snyder, May, Zulcic & Gabbard, 2005). In the host society, perceived discrimination can produce loneliness, anxiety, and somatization in adolescents (Juang & Alvarez, 2010). Discrimination in the host country also lower their self-esteem, and diminish their feeling of belonging to their community and society in general (Gariba, 2010). Self-esteem is composed of several components among which instrumental competence and social competence have received the most attention. Instrumental competence refers to the perception of being able to perform school and home-related tasks, and

social competence refers to confidence about making and keeping friends (Beiser, Lancee, Gotowiec, Sack, Redshirt, 1993).

This study aimed to fill the gap by addressing the detailed five domains (school, family, friends, living environment and self) as post migration risk factors for depression in Eritrea, Somalia, South Sudan, Democratic republic Congo adolescent refugees from two urban refugee centers in Addis Ababa.

1.3 Research questions

1) What is the prevalence of risk for depression among East and Central Africa adolescent refugees in Addis Ababa?

2) Is there a significance relation between post migration risk factors and risk for depression among East and Central Africa adolescent refugees in Addis Ababa?

3) Is there a difference on risk for depression among the adolescent refugee in terms of their countries of origin?

4) Is there a significant difference in terms of risk for depression based on demographic characteristics?

1.4 Objectives of the study

1.4.1 General objective

The general objective of the research was to study the post migration risk factors which lead to risk for depression among Eritrean, South Sudan, Somalia and Democratic Republic of Congo adolescent refugees in Addis Ababa.

1.4.2 Specific objective of the study

The above general objective would be attained trough the following specific objectives.

- Explore the prevalence of risk for depression among the adolescents
- Examine the relation between post migration risk factors and risk for depression
- Investigate risk for depression in terms of adolescents countries of origin
- Investigate how demographic factors lead the adolescents to risk for depression

1.6 Significance of the Study

The researcher hopes that the result of the study would be helpful in providing a more conclusive overview on risk factors encountered by adolescent refugees which lead them to depression. The study provides insightful information for different concerned bodies which worked with refugee population on the factors impacting their mental health, interventions that may be helpful and to enhance services and resources, and empower to involve effectively with refugee adolescents. It also contributes some points to use as a source of document for further studies.

1.7 Delimitation of the Study

As all of the participants were between the ages of 12 to 17, all the findings of the study is restricted to these age groups. Also the participants in this study were recruited from two urban refugee centers named DICA and JRS from Somalia, South Sudan, Eritrea and Democratic Republic of Congo nationalities who lived in Addis Ababa therefore, generalization and applicability of the results of this study to other institutions and countries of origin is difficult. In this study there have only been used six streams (self, family, friends, living environment, family

structure, and school) to assess the post migration risk factors for depression, for this reason any other generalizations couldn't be applied to other risk factors.

1.8 Limitation of the study

The overall study has the following limitations:

Both of the instruments used in this study were developed in the western world and adapted with some modification for this particular study. Thus, using this instrument which developed in the western and advanced world has its own inherent limitations when used in our context.

The study had conducted within limited time frame. In addition, it was not a longitudinal follow-up study. As a result the cross-sectional nature of the study suggests that interpretation of the results of the data is limited to association and not causation.

1.9 Operational Definition and Terms

Adolescent: **-** refers to the period of human growth that occurs between childhood and adulthood. Adolescence begins at around age 10 and ends around age 19.

Refugee: - persons who flee their country because their lives, security or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order**.**

Post-migration:- Migration and began a new life to another country which may have unfamiliar custom social condition and language.

Depression: **-** is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks.

Risk Factors: **-** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Acculturation: - it comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups.

Chapter two

Literature Review

2.1 Overview of the literature

This chapter provides the key areas of the literature which is important to the specific research questions raised in this study. It summarizes and links the information gathered from literatures with the objectives and research questions. It includes theoretical and conceptual perspective of adolescent refugee, mental health of adolescent refugees, depression and risk factors for depression in adolescent refugees and summary.

2.2 World refugees

The International Organization for Migration (IOM, 2016) defines migration as: The movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, compositions and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. It is when coercive elements—either natural or man-made—directly threaten people‘s livelihood that migration becomes forced (IOM, 2016).

The United Nations High Commissioner for Refugee (UNHCR, 2017) global trend report showed that an unprecedented 68.5 million people around the world have been forced from home. Among them nearly 25.4 million refugees, over half of whom are under the age 18. 31 people are newly displaced every minute of the day. In 2017, the number of people forcibly displaced from their homes worldwide came at a record rate of 44,400 every day. Fuelled in

large part by new crises in the Democratic Republic of Congo DRC and Myanmar, as well as the ongoing conflict in Syria. An estimated 16.2 million people were newly displaced in 2017. This included 11.8 million individuals displaced within the borders of their own countries and 4.4 million newly displaced refugees and new asylum-seekers. Children below 18 years of age constituted about half of the refugee population. Developing regions hosted 85 percent of the world's refugees under UNHCR mandate, about 16.9 million people. The least developed countries provided asylum to a growing proportion, amounting to one third of the global total(6.7 million refugees)

2.3 African Refugee

According to the UNHCR 2017 Global Trends Report, since the 1950s and 1960s, many nations in African have suffered civil wars and ethnic strife, thus generating a massive number of refugees of many different nationalities and ethnic groups. Africa is experiencing waves of refugees and internally displaced people for long ago after decolonization or in the 1950s and Sub-Saharan Africa's massive refugee problem is rooted in the continent's colonial past. Since the 1950s and 1960s, many nations in African have suffered civil wars and ethnic strife, thus generating a massive number of refugees of many different nationalities and ethnic groups. Africa is experiencing waves of refugees and internally displaced people for long ago after decolonization or in the 1950s and Sub-Saharan Africa's massive refugee problem is rooted in the continent's colonial past.

According to the report, the refugee population in Sub-Saharan Africa alone increased by 1.1 million in 2017. Instability, human rights abuses and/or ongoing conflicts in the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Eritrea, Mali, Somalia

and Sudan have worsened the internally displaced and refugee situation in those countries and their regions. The sub-Saharan Africa region remains host to the largest number of persons of concern to UNHCR. According to UNHCR 2018 regional update, by the end of 2017, there were an estimated 24.2 million people of concern in the region, an increase of 4.6 million since 2016. This includes 6.3 million refugees and 14.5 million internally displaced persons (IDPs). In the first half of 2018, the numbers increased, with some 170,000 new refugees and over two million new IDPs - mainly from the Central African Republic, the Democratic Republic of the Congo, Nigeria, Somalia and South Sudan.

2.4 Ethiopian Refugee

Ethiopia has a long standing history of hosting refugees. The country maintains an open door policy for refugee inflows into the country and allows humanitarian access and protection to those seeking asylum on its territory. In 2004, a national Refugee Proclamation was enacted based on the international and regional refugee conventions. Ethiopia acceded to the 1951 Geneva Refugee Convention, to which Ethiopia is a party (1951 Convention relating to the Status of Refugees, and its 1967 Protocol and the 1969 OAU Convention) (UNHCR Ethiopia Country Refugee Response Plan, 2018). Continued insecurity within neighboring states has resulted in sustained refugee movements, either directly as a result of internal conflict and human rights abuses or as a result of conflict related to completion for scare natural resources and drought related food insecurity. Eritreans, South Sudanese, Sudanese, Yemenis and Somalis originating from South and Central Somalia are recognized as prima facie refugees. Nationals from other countries undergo individual refugee status determination. The majority of refugees in Ethiopia are located in Tigray Regional State and the four Emerging Regions of Ethiopia: Afar Regional State; Benishangul-Gumuz Regional State; Gambella Regional State; and the Somali

Regional State. Under the urban program refugees live in the capital Addis Ababa (UNHCR Ethiopia Country Refugee Response Plan, 2018).

According to UNHCR 2018 factsheet, Ethiopia is host to the second largest refugee population in Africa, sheltering 928,663 registered refugees and asylum seekers as of 31 July 2018. So far in 2018, 34509 refugees arrived in the country. They are mostly from South Sudan, Somalia Sudan and Eritrea. UNHCR's main government counterpart to ensure the protection of refugees in Ethiopia is the Administration for Refugee and Returnee Affairs (ARRA)

2.5 Mental health of adolescent refugees

A child's mental health is drawn from his or her own characteristics, the relationship he or she has with parents, family and careers, and by his/ her relation with the wider community to which he/she belongs. Some of these factors increase the risk of mental health problems and some act as a protective barrier (Pryjmachuck, 2011). The experience of immigration itself is a stressor, possibly contributing independently to children's adjustment problems. As WHO's journal in 2002 indicated, in addition to the millions suffering from defined mental disorders, there are millions of others who, because of extremely difficult conditions or circumstances of life, are at special risk of being affected by mental health problems. These include children experiencing violence, those traumatized by war and violence, refugees and displaced persons, and many indigenous people.

Refugees exhibit great resilience due to their ability to survive difficult conditions and traumas prior to emigration, yet they often face several stressors upon arrival in the host country which they may not be fully prepared to manage. Post migration stressors have consistently been shown to act as determinants of mental health disorders among refugees and if left unaddressed,

may also act as barriers to integration which can also negatively impact mental health. (Silove & Ekblad, 2002). Children may feel relief once they resettle, but resettlement can bring additional challenges including financial stressors, difficulties finding adequate housing and employment, a lack of community support, new family roles and responsibilities that often transcend developmental age, acculturation stressors such as generational conflict between children and parents, and a struggle to form a cultural identity in the resettled country (Ballard, Wieling, & Solheim, 2006).

Fazel & Stein (2002) study showed that the prevalence of emotional and behavioral disorders in refugee children is high, with the most frequent diagnostic categories being post-traumatic stress disorder (PTSD), anxiety with sleep disorders, and depression. Immigrant and refugee children may continue to suffer from similar conditions as adults, such as anxiety disorders, depression, and PTSD (Fox, Burns, Popovich, Belknap, & Frank-Stromborg, 2004). The tendency of traumatized refugee children to report more psychological problems has been found to be associated with the occurrence of more daily stressors and less perceived social support (Paardekooper, 1999).

According to DSM 5th edition depressive disorders include disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. The mutual characteristics of all of these disorders is the occurrence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's ability to function. The differences between them are issues of duration, timing, or etiology.

Major depressive disorder is characterized by discrete episodes of at least 2 weeks' duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neuro vegetative functions and inter-episode remissions. A more chronic form of depression, persistent depressive disorder (dysthymia), can be diagnosed when the mood disturbance continues for at least 2 years in adults or 1 year in children.

As WHO 2002 journal, depression could be as disabling or more disabling than several other chronic medical conditions in terms of social functioning, physical functioning, role functioning and days spent in bed. Those with a physical condition as well as depressive symptoms are likely to be at high risk for disability. It described as feelings of sadness, unhappiness, or feeling down, is a normative reaction and can be felt in varying degrees. Depression is known to cause long-term psychosocial dysfunction in refugees who have experienced violence and loss (Momartin et al, 2004).

Previous research has found that PTSD and depression are the two most prevalent mental disorders among refugees, and the symptoms of these ailments are identifiable cross-culturally with only some variation. Disillusionment, demoralization and depression can occur early as a result of migration-associated losses, or later, when initial hopes and expectations are not realized and when immigrants and their families face enduring obstacles to advancement in their new home because of structural barriers and inequalities aggravated by exclusionary policies, racism and discrimination (Cook, et al., 2009). Events that evoke elements of past trauma and loss can contribute to the re-emergence of anxiety, depression or post-traumatic stress disorder (Kirmayer, Lemelson & Barad, 2007).

2.8 Theoretical perspective of adolescent refugees.

Ecological systems theory (1979) and Erikson's psychosocial developmental theory (1950) is a suitable framework for understanding the refugee experience. One of the main elements of Erikson's psychosocial stages theory is the development of ego identity. Ego identity is the conscious sense of self that we develop through social interaction. According to Erikson, our ego identity is constantly changing due to new experience and information we acquire in our daily interactions with others. Erikson saw that each stage of development presents its own unique challenges, which he called crises of the ego presented challenges to one's individual identity (Fleming, 2004). The stage of psychosocial development in which identity crisis may occur is called the identity cohesion vs. role confusion which is the adolescent period.

Adolescence is a time of great change: the body mature, new expectations for social and academic adjustments arise with the transition to middle school, self-image typically suffers, and life can be very stressful, especially in the earlier transition stage. The basic task of this period is to separate oneself from one's parents –and to assume an identity of one's own (Fleming, 2004). During this stage, adolescents form their self-image and endure the task of resolving the crisis of their basic ego identity. Successful resolution of the crisis depends on one's progress through previous developmental stages, centering issues such as trust, autonomy and initiative (Schultz & Schultz 1987).

Ecological systems theory looks at a child's development within the context of the system of relationships that form his or her environment. Bronfenbrenner's (1994) theory defines complex "layers" of environment, each having an effect on a child's development. This theory has recently been renamed "bio ecology systems theory" to emphasize that a child's own biology

is a primary environment fueling his/her development. The interaction between factors in the child's maturing biology, his immediate family/community environment, and the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout other layers. To study a child's development then, we must look not only at the child and her immediate environment, but also at the interaction of the larger environment as well. (Paquette & Ryan, 2001).

The theory proposed development occur between the interaction of individuals and their environment at four levels. The microsystem – this is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem encompasses the relationships and interactions a child has with her immediate surroundings (Berk, 2000). Structures in the microsystem include family, school, neighborhood, or childcare environments. The interaction of structures within a layer and interactions of structures between layers is key to this theory. The mesosystem – this layer provides the connection between the structures of the child's microsystem (Berk, 2000) as the connection between the child's teacher and his parents, between his church and his neighborhood, etc. The exosystem – this layer defines the larger social system in which the child does not function directly. The structures in this layer impact the child's development by interacting with some structure in his/her microsystem (Berk, 2000). The child may not be directly involved at this level, but he does feel the positive or negative force involved with the interaction with his/her own system. The macrosystem – this layer may be considered the outermost layer in the child's environment. While not being a specific framework, this layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. The chronosystem – this system encompasses the dimension

of time as it relates to a child's environments. Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child. As children get older, they may react differently to environmental changes and may be more able to determine more how that change will influence them. (Paquette & Ryan, 2001).

The theoretical frame work used for this study is based on the assumption that in life formation of adolescent refugee's the post migration experiences play the great role. This study focused on the stressors which these domains affect the life of adolescent refugee's while they settle in the host country.

2.9 Post migration risk factors for depression among adolescent refugees

2.9.1 Family related problem

Some studies have related the mental health of refugee children and adolescents with family factors as well as community support (William 1996). Psychiatric disturbance in refugee children is related to mental health difficulties experienced by other family members prior to migration (Thomas & Lau, 2002). Studies of the impact of parenting programs on parental psychological well-being indicate that one potential mechanism through which parental distress impacts adolescent psychological wellbeing is through parenting behaviors and marital relationships (Servan-Schreiber, Lin & Birmaher, 1998).

Another possible mechanism is that exposure to parental distress increases sensitivity to stressful life events in adolescents, thus increasing symptoms of adverse mental health outcomes (Birman, Trickett & Vinokurov, 2002). Parents' experiences of persecution, war violence,

terrorism, powerlessness and exhaustion compromise their ability to care for children (Fox et al., 1994). As the Ajdukovic and Ajdukovic's, (1993) study, the influence of maternal mental health on children's stress reactions and stress indexes emphasized the emotional and behavioral state of mothers as major mediators between children's traumatic experience and psychological functioning. In the study conducted by Saile, Neuner, Ertl, & Catani, 2013 in Northern Uganda children reported that their worst traumatic experiences were related to family violence, not exposure to war violence.

Not all refugees arrive in a new country as part of an intact family. Sometimes children will precede adults in coming to a new country, or one parent or adult will come with some or all of their children (Palmer, 1981). Many women, and some men, become sole parents as a result of the death of their spouses (Israelite, 1999). Sole parents may lack opportunities for social and professional interaction due to lack of support to care for children, especially where a child is traumatized (Rousseau, Rufagari, Bagilishya & Measham , 2004). Sole parents may be financially vulnerable because of restricted ability to work or acquire job skills (Chiswick, 2006). Children can be called upon to take on the role of adults in the family because of the loss of a parent or because a parent is unable to fulfill their normal parenting role (Punamaki, Qouta, El Sarraj, 1997).

Indeed, depression in children of refugee families has been associated with severe financial difficulties (Heptinstall, Sethna & Taylor, 2004). Immigration places a variety of pressures on families, including economic strain and poverty, homelessness, criminal victimization, and family dysfunction. (Laura & Karen, 1996). The lack of financial and cultural resources of the families of refugee children and adolescents leaves them relatively economically

and academically and socially destitute, resulting in psychosocial stressful situations (WHO, 2004).

2.9.2 Gender difference

As WHO 2002 journal indicated, there are a large number of studies which shows clear evidence that gender based differences contributes significantly higher prevalence of depression in girls when compared to boys. During adolescence, girls have a much higher prevalence of depression and eating disorders, and engage more in suicidal ideation and suicide attempts than boys. Boys experience more problems with anger, engage in high risk behaviors and commit suicide more frequently than girls. In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out. Data indicate strong associations between gender based violence and mental health.

Depression, anxiety and stress-related syndromes and suicide are mental health problems associated with violence in women's lives. Globally, sexual violence is experienced more by girls and women. As it is cited in Graham, et al. 2016, in a review of 44 studies of refugee youth by Fazel and colleagues, In half of the studies that enrolled both accompanied and unaccompanied refugee children, the prevalence of depression and internalizing difficulties was higher among girls than boys.

2.9.3 Loss

In every story of immigration or refugee resettlement, a common thread of loss is present. Some losses are obvious, like the loss of home and community or the severance from family and friends who have been left behind or killed. Loss does not end with resettlement; new losses are

experienced and revealed over time, some of which can be obscure, like the loss of identity, social status, language, and cultural norms and values (Ballard, Wieling, and Solheim, 2006). The grief response that comes with loss can manifest as physical, emotional, and psychological responses including crying, anger, numbness, confusion, anxiety, agitation, fatigue, and guilt. The loss of surroundings, possessions, ideas, and beliefs such as those experienced by immigrants and refugees can trigger a grief response similar to those experienced with the death of someone close (Casado, Hong, & Harrington, 2010).

Another way to think about grief and loss experienced by immigrants and refugees is to understand the ambiguous nature of their loss experiences. There are two types of ambiguous loss (Boss, 2004). The first occurs when a loved one is physically absent but emotionally present because there is no proof of death. A kidnapped child, soldiers missing in action, family separation during war, deportation, and natural disasters can all result in this type of ambiguous loss. The second type of ambiguous loss occurs when a loved one is physically present but emotionally absent. Dementia, brain injuries, depression, PTSD, and homesickness can all result in individuals being physically present but emotionally or cognitively they have “gone to another place and time” (Boss, 2004)

2.9.4 Acculturation

Migration involves three major sets of transitions: changes in personal ties and the reconstruction of social networks, the move from one socio-economic system to another, and the shift from one cultural system to another (Roger, 1994). The process of integration into a new society, commonly referred to as acculturation, has been defined as “a process of accessing, understanding, or adopting specific aspects or characteristics of a new culture”. Acculturation is

a multi-faceted and complex construct which can be measured across several different dimensions, including language, cultural identity, values and norms (Miller et al., 2006). In post migration, refugees are forced to learn their host country's societal and cultural frameworks and are absorbed within the current context of the communities they live in. Culture can be a factor that often prevents adolescents from seeking help with their psychosocial problems, difficulties in exposing themselves, cultural differences, and service-related barriers (Amodeo, Peou, Grigg-Saito, Berke, Pin-Riebe, Jones 2004). They can be particularly vulnerable to mental illness if they are not accepted by their host country, experience rejection, alienation, and/or lack self-esteem and social support (Bhurgra & Jones, 2001).

Studies have also shown that depression among immigrants is related to the process of adapting to the host culture (Roosa et al., 2009). Acculturative stress is caused due to difficulties associated with adapting to a new culture also place refugee/asylum seeking children and adolescents at greater psychological risk. Two important factors in the adaptation to a new culture that either increase or decrease susceptibility to poor mental health. First, conflict in the development of identity among adolescents has consistently been related to poor psychological adjustment (Rousseau, 1995). Second, even though the adaptive process to a new culture can make provision for good outcomes, it can also increase psychological vulnerability through the creation of inter-generational stress (Thomas & Lau 2002). Intergenerational conflict arises when children and adolescents, particularly adolescents, adapt much faster than their parents. As such, the authority of parents is often compromised by virtue of their dependence on children for language and cultural access to the host society.

Youth may be encouraged by their families to stay loyal to their ethnic values while they are also asked to master the host culture in school and social activities (Pumariega et al., 2005).

Lastly, high parental expectations have also been shown to significantly predict intra-personal conflict in refugee children and adolescents, thereby posing further risk to poor adaptation (Hyman, Vu & Beiser, 2000). Identification with one's cultural identity and pursuit of relationships with groups outside one's own categorize acculturation as integration, separation, assimilation, or marginalization (Berry, 1991). Integration is retaining one's own cultural identity while maintaining contact with members of the newer culture. Assimilation is making contacts with the new culture without retaining original cultural values. Separation is maintaining the original cultural identity and not seeking contact with the newer culture. Marginalization is shedding one's original identity and cultural values but not seeking contact with other cultural groups. (Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie & Saxe, 2004).

2.9.5 Education related problems

With regard to education refugee children can have an experience of failure and different depressive situation. This might cause due to unfamiliar school system. Displacement has long-lasting effects on children and caregivers, often involving exposure to trauma and disruption of family structures. Relocation brings additional stressors, as families negotiate their needs within foreign social structures and with limited supports. Within this complex dynamic, a child enters a new educational environment and must negotiate multiple transitions, including transitions in family, friendships, schooling, community, language, culture, and identity (Correa-Velez, Gifford, Barnett, 2010).

The structure of the education system may vary from their country-of-origin. Other factors like peer and teachers relations, family education background, and living status can be risk factors. Bulling among children is understood as repeated, negative acts committed by one

or more children against another. These negative acts may be physical or verbal in nature -- for example, hitting or kicking, teasing or taunting -- or they may involve indirect actions such as manipulating friendships or purposely excluding other children from activities. Implicit in this definition is an imbalance in real or perceived power between the bully and victim (Hoover and Oliver 1992). Bakken (2003) agreed that those refugee students, who experience harassment and possibly feel that they are not socially integrated at school, more often do not enjoy school, or dread to go to school. A universal finding was that students from all types expressed need for social acceptance in their school, and in the classroom. (Phelan et al 1991).

In addition teachers contributed to the problem by displaying a lack of cultural knowledge as well as a lack of understanding of refugee experiences and of the special learning needs of refugee students (Humpage, 1999). Thus, teaching strategies can be differentially facilitate and various options of implementing changes in the teaching and learning process. Also, matching teachers' styles with students' ability patterns can have significant effects on students' attitudes, motivation, and achievements (UN Resettlement handbook, 2010). Educational success is largely determined by the social background of the students, like the education of parents and the learning climate at home (Hanushek and Luque, 2003). A stress of refugee students can be compounded by differences between the culture at school and at home. They can also suffer from a decrease in their standard of living or other major changes in their lives, including living in temporary accommodation and therefore, attending several schools (ECRE, 1999).

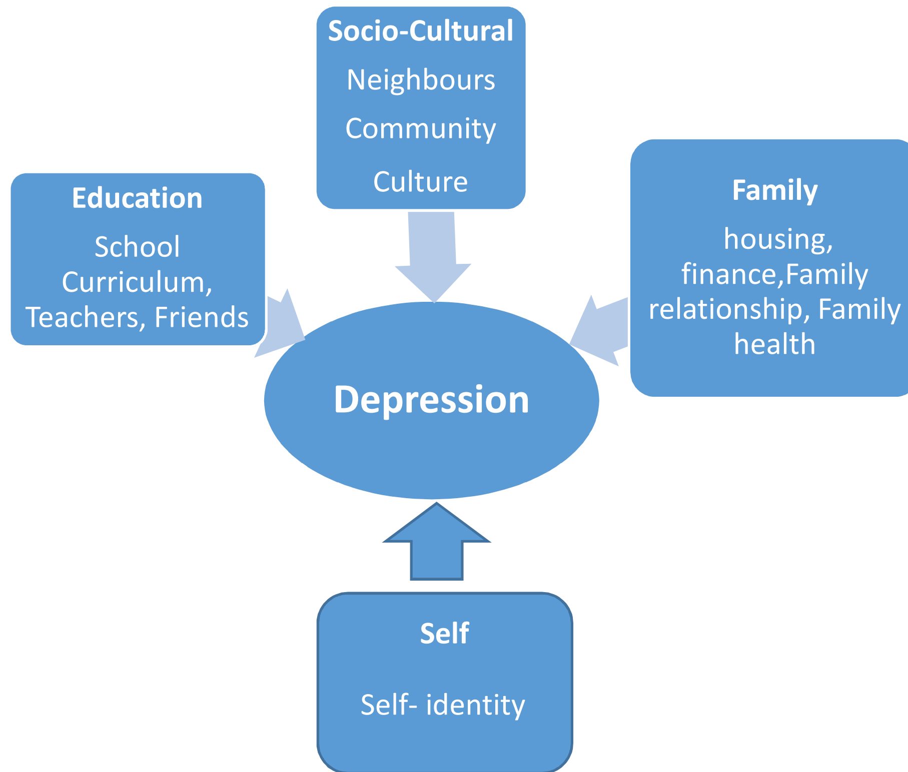
Other factors to have a negative influence on the mental health in refugee children and adolescents include low socio-economic status (Howard & Hodes, 2000); long-term unemployment in parents, particularly fathers and discrimination and bullying (Hyman et al,

2000). Racism, religious prejudice and lack of understanding of the refugees' experience can lead to hostility and discrimination (UNHCR, 1997). The lack of a strong ethnic community within themselves and the inability to maintain traditional social and familial practices can also be problematic as refugees seek to balance in the integration process in the new environment (Woolcock, 1998)

2.10 The Conceptual Framework of post migration risk factors among adolescent refuges

The Conceptual Framework used for this study relies on the assumption that the mental health of adolescent refugees in the post-migration experience depends on four main domains, family, socio-cultural interaction, education and self. When refugees move to a new country, remembering the past, adapting a new life and accepting and struggling with changes are often difficult. Once refugees resettle in a host country, new belief systems, values, and norms challenge their adjustment (Papadopoulos, 2001). In the study of Kinzie, Snack, Angel et.al 1989, in 46 Cambodian refugee children followed up over a number of years, found 21% depression and after three years, level was still high with 41%. This shows resettlement in the host country, which is a new experience, brings stressors which are prevalent among adolescent refugees. The four domains which lead the refugee adolescents for depression are illustrated as follows:

Figure 1: Post migration factors for depression in adolescent refugee



Chapter Three

Research Methods

3.1 Research Design

This study employs a quantitative method to study the post migration risk factors to depression among adolescent refugees. In order to address the research questions the study used a cross- sectional survey design. This design was preferred because it helped to collect data at one point in time. It tries to observe and compare how individuals experience varies in relation to variables at a point of time or people's experiences of a particular initiative or event. (Jacob, 1988).

3.2 Study Site

The study is conducted on adolescent refugees from South Sudan, Eritrea, Somalia, and Democratic Republic of Congo. The study is carried out at two urban refugee centers in Addis Ababa named JRS and DICAC**.** As I have found from the 2017 JRS-Ethiopia Activity Report**,** the institution is an international Catholic organization working in collaboration with ARRA and UNHCR whose mission is to serve, accompany and enhance the human development of refugees and other forcibly displaced people. JRS started working in Ethiopia in 1982. Since then, JRS Ethiopia has built up its projects to serve refugees, asylum seekers and undocumented migrants. The overall activities across the projects include: Education and Educational Support, Vocational Training and Livelihood activities that focus on Marketable Income Generating Activities, Emergency financial assistance, Medical Assistance, Psychosocial Services, Youth Empowerment Programs and Life Skill Training and Workshops of different kinds.

As it is mentioned in the organization's activity report conducted on May 2017 EOTC-DICAC is the oldest faith based organization in the country established in 1965 following the first influx of South Sudanese as a result of the civil war in Sudan Refugee and Returnees Affairs Department (RRAD) is one of the oldest organ of EOTC-DICAC established seven years before the establishment of the Commission itself. Since the then time, it has assisted refugees and returnees for more than half a century, for 50+ years now. Currently, RRAD works in almost all Ethiopian Refugee camps and urban refugees. It has two divisions as camp and urban Program and one section as finance section. The urban program contains medical care in partnership with different government and private health facilities, awareness raising trainings and community based psychosocial support program in support and collaboration with UNHCR, Church of Sweden, DKH, ZOA etc.

3.3. Population and Sampling

Overall, there are around 320 adolescent refugees from the two centers, aged 12-17. There were 145 from JRS and 175 from DICAC with 180 girls and 140 boys. Adolescent participants were selected by stratified random sampling technique. The inclusion criteria were: 1) those who are currently attending school 3) who resided in Addis Ababa before two years. Selection of participants based on these inclusion criteria, which are the basic elements of the study, determined the number of the sample size. For this reason, the sample size was determined based on the rule of representation of Kruger & Neuman, 2006, from which 30 % respondents were taken since population number is under 1000. Using $n = r \times N$, where

n= sample size r= 30% respondents N= total population

$\frac{3}{1}$ ×**320= 96**, 96 were selected as a sample from the whole population accounts. The strata were made based on country and the size of the stratum is determined using proportionate Stratified random sampling formula, nh= Nh/N×n

nh= sample size for hth stratum, Nh= population size for hth stratum, N= population size

n= total sample size

As it is mentioned in the above statements, the population size (N) = 320 and total sample size (n) =96. A data source found from the organization has shown, there are 120 Sudanese, 100 Eritrean, 74 Somalia and 26 Congolese, which indicates the population size for hth stratum (Nh). Using the formula, the sample size for hth stratum (nh) for Sudanese is 36, Eritrean 30, Somalia 22 and Cozngolese 8.

3.4 Research Variables

The Independent Variables are the Socio-demographic variables including: Age, gender, parents/guardians educational level, length of stay in Addis Ababa and questions which measured by MSLSS questionnaire that are school, self, family, environment and friends. Depression is the dependent Variable of the study.

3.5 Data collection Instruments

The data is collected through two standardized self-administered questionnaires and socio-demographic questions. The two standardized self-administered questionnaires that utilized in the study were, Center for Epidemiologic Studies Depression Scale Revised (CESD-

R-20), which measured symptoms of depression and Multidimensional Student Life Satisfaction Scale (MSLSS) which was conducted to measure the risk factors for depression.

Center for Epidemiologic Studies Depression Scale Revised (CESD-R-20)

This scale is a self-report measure of depression with 20 items. It is one of the most accepted and frequently used tools to measure symptoms of depression (Murphy, 2002). Reliability**:** Internal consistency for the CES-D-20 = (Cronbach's =0.85 – 0.90) and Test-retest reliability for the CES-D-20 = (0.45 - 0.70). Validity: The CES-D was moderately correlated to the Hamilton Clinician's Rating scale and the Rating scale (.44 to .54). The total score is calculated by finding the sum of 20 items. Scores range from 0-60. A score equal to or above 16 indicates a person at risk for clinical depression. Negatively-keyed items must be reverse scored. (Radloff, L.S, 1977).

The Multidimensional Students' Life Satisfaction Scale (MSLSS)

The MSLSS was designed to provide a multidimensional profile of children's life satisfaction judgments. It is a 40-item likert-type scale which is administered in groups or individually. Its four responses are: never = 1; sometimes = 2; often = 3; and almost always = 4.. (Compass, 1993). The MSLSS was designed to provide a profile of children's satisfaction with important, specific domains (e.g., school, family, friends) in their lives, assess their general overall life satisfaction; and be used effectively with children across a wide range of age (grades 3-12) and ability levels (e.g., children with mild developmental disabilities through gifted children). Scoring is straightforward. A 6-point agreement format has been used with middle and high school students (Huebner et al., 1998). In this case, response options are assigned points as follows: (1 = strongly disagree, 2 = moderately disagree, etc.). Negatively-keyed items must

be reverse scored. The Internal consistency (alpha) coefficients range from .70s to low .90s and test-retest coefficients is .70 – .90 range. (Dew, 1996; Huebner et al., 1997; Huebner & Terry, 1995, Greenspoon & Saklofske, 1997). The main reasons to apply this instrument was to see detailed factors such us school, self, family, environment, living condition and friends which were the post migration domains in the current study.

Socio-Demographic Information

A demographic question was developed that have questions about the participants' gender, age, country of origin, length of stay in Addis Ababa and parental/guardian education level.

Translation of Instruments

Standardized instruments along with demographic questions were used to collect the data and they were translated into Tigrigna, Somali, French and Amharic languages. The Amharic translation is used for those who stayed long in the city especially for Sudanese adolescents and as the researcher communicate with the organization officers Amharic is more recommendable for these groups. The translated questionnaires are also back translated into English. On the first stage, experts who have the same nationality as the samples, working in the refugee organization as counselors and nurse translated the questionnaires. The back translations were done by language experts who are not a technical expert in the subjects of the questionnaire. These experts made few thematic and grammatical corrections and an appropriate modification was made on the instruments.

3.6 Data collection Procedure

After the permission has been given from the study site, participants who met the criteria of the study were selected based on the information given from the organization. The data was collected inside the organization’s compound. The researcher briefed the purpose of the study for the participants and made an orientation on how to answer the questionnaires and asked their willingness to participate in the study in Amharic, English, and Tigrigna but in the case of Somali and French, the researcher used translators. The reason behind employing these translators was to avoid any kind of misunderstanding as a result of language barrier. The researcher used the translators through the entire data collection process. Verbal Consent was obtained from the participants after provision of information. The researcher has collected the data in this manner.

3.7 Pilot Study

Despite efforts to amend study instruments, data collection tools may still contain unpredicted content and structural errors. Pilot test is important in the development and correction of errors of the instrument prior to administering the instrument in the actual study and to check its reliability. The two instruments were administered on 30 participants and the reliability result for the Multidimensional Students’ Life Satisfaction Scale (MSLSS) yielded Cronbach’s Alpha =0.86 which was strong enough to use in our context without changing the content and words in the instrument and for Center for Epidemiologic Studies Depression Scale Revised (CESD-R-20) = 0.785; here there were some changes during translating the words to achieve the goal of the study. So on both instruments it didn’t have a lot difference on the

cultural or others aspects of the participants since the instrument were developed for the purpose of refugees.

3.8 Data Analysis

Data that were collected using the MSLSS and CES-D instruments, and demographic characteristics questionnaire were analyzed using different statistical techniques. The Statistical Package for Social Science (SPSS) Version 20 was utilized for data analysis. Descriptive statistics including frequencies and percentage were utilized to describe participant's characteristics and prevalence of depression. Pearson Product Moment Correlation was used for measuring associations between post migration factors with depression. One-way analysis of variance (ANOVA) and independent sample t test was utilized to examine the differences of each of the demographic factors on depression level. Significance of statistical association was tested using 95% confidence interval and p- value less than 0.05.

3.9 Ethical Consideration

A request letter of cooperation was written from School of Psychology and the researcher presented a letter to the management of DICAC and JRS to ask permission to conduct the study on the centers and explained the objective of the study to the officials. After the permission has been given, participants were selected based on the information given from the organization. Similarly the purpose of the study was briefly explained for the participants and they were informed that their responses were kept confidential and no one can access their response except the researcher. They were also informed that their participation in the study was voluntarily and that they could leave from being participant at any stage.

Chapter Four

Findings

In this section the results of the study are going to be presented in line with the research questions consecutively as follows, the socio-demographic variables, the prevalence of risk for depression on adolescent refugees, the relation between post migration life satisfaction as measured by the MSLSS with risk for depression CES-D, the difference on risk for depression between the adolescent's across their countries of origin, difference on risk for depression level based on socio-demographic factors and difference on level of life satisfaction based on selected socio demographic factors.

4.1 Socio-demographic characteristics of adolescents

The socio demographic information include is age, gender, country of origin, parents/guardians level of education and family structure.

Table 1: Demographic characteristics of participants N= 96

Variable	Category	N	Percent (%)
Gender	Female	51	53.1
	Male	45	46.9
Age	12-14	38	39.6
	15-17	58	60.4
Country of Origin	South Sudan	36	37.5
	Eritrea	30	31.3
	Somalia	22	22.9
	DRC	8	8.3
Arrival in Addis Ababa	2009-2012	37	38.5
	2013-2016	59	61.5
With whom they are living	Father	6	6.3
	Mother	55	57.3
	Stepmother	5	5.2
	Stepfather	2	2.1
	Grandfather	5	5.2
	Grandmother	-	-
	Guardian	15	15.6
	Father & mother	8	8.3

As it is indicated in the above table out of 96 respondents, 51(53.1%) were females and 45(46.9%) were males. Those in the age group from 12-14 are 38 (39.6) and those from 15-17 were 58(60.4%). From 96 of them 36(37.5%) are from South Sudan, 30(31.3%) from Eritrea, 22(22.9%) from Somalia and 8(8.3%) are from DRC. In terms of stay, 37(38.5%) arrived in Addis Ababa from 2009-2012 and 59(61.5%) arrived from 2013-2016. Their year of arrival started from 2009 which implies none of the respondents got in the city before 2009. The adolescent refugees who only live with fathers were 6(6.3%), majority 55(57.3%) live with mother, 5(5.2%) with stepmother, 2(2.1%) with stepfather, 5(5.2%) with grandfather, 15(15.6%) with guardian and 8(8.3%) with both father and mother. Even if people who raised children with no parent referred as guardians, in this category guardians were referred as other people who are not listed in the categories.

Table 2: Parents and guardians educational level

Variable	Category	N	Percent (%)
Father/male guardian education	Uneducated	17	17.7
	Read & write	11	11.5
	Elementary	20	20.8
	Secondary	37	38.5
	College/ University	11	11.5
Mother/Female guardian education	Uneducated	23	24
	Read & write	19	19.8
	Elementary	13	13.5
	Secondary	35	36.5
	College/University	6	6.3

Out of 96 17(17%) fathers or guardians of the adolescents did not get education, 11(11.5%) can only read and write, 20(20.8%) have elementary education, 37(38.5%) have secondary education, 11(11.5%) have college or university degree. Similarly 23(24%) mothers or female guardians did not get education were 19(19.8%) can only read and write, 13(13.5%) have elementary education, 35(36.5%) have secondary education, 6(6.3%) have college or university degree.

4.2 Prevalence on risks for depression

Table 3: Prevalence of risk for depression among adolescent refugees N= 96

Level of depression	Frequency	Percent
No risk to develop depression 16	40	41.5
Risk to develop depression 16	56	58.5

Out of 96 adolescent refugees from DRC, South Sudan, Eritrea and Somalia who participated in this study, those who have risk to depression were 58.5% and with no risk to depression were 41.5%. According to Center for Epidemiologic Studies Depression Scale Revised (CESD-R-20) score equal to or above 16 indicates a person at risk for clinical depression.

4.3 Relationship between post migration life experience and level of depression

Table 4: Relation between CES-D and MSLSs

		CES-D	MSLSS
CES-D	Pearson Correlation	1	-.131
	Sig. (2-tailed)		.204
	N	96	96
MSLSS	Pearson Correlation	-.131	1
	Sig. (2-tailed)	.204	
	N	96	96

The relationship between post migration risk factors (as measured by MSLSS) and depression (as measured by CES-D scale) was checked by using Pearson product-moment correlation coefficient. The relationship between the two variables was non- significant with $r = -0.131$, $p > 0.05$.

4.4 Difference on level of depression in terms of the adolescent's countries of origin

Table 5: One way ANOVA result summary of depression on countries

Source	Sum of Squares	Df	Mean Square	F	Sig.	Post hoc
Country	1151.436 10444.397	3	383.812 113.526	3.381	0.022	
South Sudan						0.022
Somalia						0.036
DRC						0.008
Eritrea						--------

As the above table indicated, there was a statistically significant difference in level of depression on countries of origin (F (3) =3.381, $p<0.05$). Post-hoc test was carried out for the variables which were found to be significant. In this regard adolescent from DRC had higher level of risk to depression compared to the rest, South Sudan had higher compared to Somalia and Eritrea, Somalia compared to Eritrea. Even if there was a high risk for depression in all countries, in the case of Eritrea there is low level of comparison to the others.

4.5 Difference on level of depression based on some demographic characteristics

Table 6: Independent sample mean result summary of depression on factors

Variable	Category	N	Mean	SD	df	t-value	Sig
Gender	Female	51	47.90	10.504	94	1.129	0.262
	Male	45	45.36	11.604			
Age	12-14	38	47.26	11.877	94	0.397	0.693
	15-17	58	46.34	10.561			
Year of arrival	2009-2012	37	46.22	11.715	94	-0.344	0.732
	2013- 2016	59	47.02	10.700			

Independent t-test was used to investigate the comparison of mean scores of female and male, the age groups and adolescent refugee year of arrival in Addis Ababa with risk for depression. As the above table shows, the risk to develop depression did no differ by sex t(94) =1.129, $p>0.05$). The mean depression score for female (M=47.90, SD=10.504) is not significantly different from the mean of male (M=45.36, SD=11.604). Risk to develop

depression did not vary by age difference $t(94) = 0.397$, $p>0.05$. The mean depression score in the age range of 12-14 (M=47.26, SD=11.877) is not significantly different from the mean of those in the age range of 15-17 (M=46.34, SD=10.561). There is also no significant difference in risk to develop depression based on year of arrival $t(94) = -0.334$, $p>0.05$. The mean depression score in the year of arrival 2009-2012 (M=46.22, SD=11.715) is not significantly different from the mean of those who arrived between 2013-2016 (M=47.02, SD=10.700)

Table 7: Result of One Way ANOVA on factors for depression

Variables	Source of Variables	Sum of Square	Mean square	df	F-ratio	Sig	Post Hoc
With whom they stay		1713.792 9882.042	285.632 111.034	6	2.572	0.024	
	Father						0.006
	Mother						0.004
	Stepmother						0.05
	Stepfather						-----
	Grandfather						-----
	Guardian						----
	With father & mother						-----
Father/guardian education level		680.775 10696.446	170.194 118.849	4	1.432	0.23	
	Illiterate						
	Can read & write						
	Elementary						
	Secondary						
	College/ University						

Mothers/guardian education level	Illiterate Can read & write Elementary Secondary College/ University	279.804 11316.029	69.951 124.352	4	0.563	0.690	

Table 8 shows there is a significant difference between adolescent risk for depression and the people they live with F (6) =2.572, p<0.024. Post-hoc test was carried out for the variables which were found to be significant. Adolescent refugees who are living with their mothers had more risk for depression compared to the others. Following to mothers, adolescents who are living with their fathers were on risk for depression compared to the rest. When we come to parents or guardians educational level there is no significant difference on risk for depression. F (4) =1.432, p> 0.05 is for fathers or male guardians and F(4)=0.563, p>0.05 mothers or female guardians F statistics respectively.

Chapter Five

Discussion

This section of the study is going to discuss the research results with respect to the research questions and in relation to relevant findings of previous researches.

5.1 Prevalence of risk for depression

One of the objectives of the study was to examine whether there is a risk of clinical depression among adolescent refugees living in Addis Ababa with the selected sample groups. From the total of 96 participants 56 or 58.5% of them were at risk to develop depression. The rate of depression on adolescent refugees varied greatly from study to study. Derluyn & Broekaert, (2007); Vervliet et.al, (2013); and Bean et.al, (2006) reported the prevalence as 47%, 33% and 50% respectively. In the study of Kinzie et al. (1986), among 40 Cambodian adolescent refugees, 53% met the criteria for diagnoses of depression.

5.2 The post-migration life satisfaction relation with depression

As a basic research question, the post migration risk factors which was measured using MSLSS instrument was checked whether it has a relationship with depression level which was measured using CESD. The MSLSS assess their general overall life satisfaction with specific domains. These domains are school, family, friends, living environment and self. This helped to identify where the risk factors are. The finding of this study showed the six domains have no significant relationship with depression. However contrary to this result studies in the literature section indicated resettlement in the host country, which is a new experience, brings stressors

which are prevalent among adolescent refugees. They can be particularly vulnerable to mental illness if they are not accepted by their host country, experience rejection, and lack social support. Different from this result, practice of good social support in Ethiopia might positively impact the acculturation problem of the adolescents. Previous researches also reported that benefit of social support helped refugees to prevent acculturation stress (Hovey, 2000; Hovey & King, 1996). As berry 1991 indicated integration is retaining one's own cultural identity while maintaining contact with members of the newer culture. In this study, the adolescents might well integrate with the large society and maintains their own identity. Feeling socially included at all levels in the country of resettlement is imperative to the general well-being of adolescents from refugee backgrounds (Brough, Gorman, Ramirez, & Westoby, 2003). Adolescents who reported having close friends to depend on perceived themselves to be more socially acceptable and demonstrated higher perceptions of self-worth (Kovacev & Shute, 2004). Among Vietnamese Refugee community in Finland proofed that due to the highly cohesive social structure interaction within the group was a key factor for social integration in new society (Valtonen 1994).

There are other reasons for risk to depression like feeling of danger to oneself or family members or separation from family member. As Brawn-Lewensohn and his colleagues discussed the feeling of danger to oneself and family is a predicator for a variety of mental health. Therefore, the stronger the feeling of danger, the more intense the mental health symptoms. As it is discussed in the literature separation from family members, friend or loved ones can be another factor. As it is illustrated in the literature, there are two types of ambiguous loss. The first occurs when a loved one is physically absent but emotionally present because there is no

proof of death. The second type occurs when a loved one is physically present but emotionally absent due to Dementia, brain injuries, depression, PTSD e.t.c.

5.3 Identification of risk factors for depression.

As showed in the result part of this study, seven factors were used to see their effect on risk for depression level. Age, gender, year of stay, with whom they live now, their country of origin and father or male guardian and mother or female guardian educational level. Even if there was a high risk for depression in adolescent who live with their parents/guardians, but when we compare each other, those who are living only with their mothers, fathers and stepmothers had high risk for clinical depression compared to the others. There were previous research results which supported this finding that single refugee mothers are found to be more vulnerable than married or partnered mothers, in terms of living a life of poverty and reduced health and wellbeing (Borrows et al, 2011). In another research, African families led by single mothers are found to have subsequent mental distress (Copeland & Harbaugh, 2010). Refugee single mothers are living in a persistent dilemma, feeling internal conflict and fights related with mothering practices. They attempt to manage their trauma, depression and needs by projecting their problems onto the child. The child, who experiences the mothers as its only safety, adapts unconsciously and exhibits the symptoms (Sallin et al, 2016). Research findings that were mentioned in the literature also supported the idea that many women, and some men refugees, become single parents because of the death of their spouses and single parents may lack opportunities for professional interaction due to lack of support to care for children. Sole parents may be financially vulnerable because of limited ability to work and acquire job. In another

study adolescent refugees who are living with single parents have showed more depression symptoms (Derluyn et al, 2008).

The other finding which showed a significant difference on depression level is the adolescent's countries of origin. In this regard adolescents from DRC had higher level of depression compared to the rest, South Sudan adolescents had higher compared to Somalia and Eritrea, Somalia compared to Eritrea. Even if there was a high risk for depression in all countries, in the case of Eritrea there is low level of depression compare to the others. South Sudan, DRC and Somalia are war zone countries. In agreement with this, previous studies reported high rates of depressive symptoms were found in a study of 480 Croatian youth who fled as refugee from the war zone (Zivcic, 1993). In a survey study in Afghan refugees aged from 15 and above, sixty two percent of the respondents reported experiencing at least four trauma events, among the whole population 67.7% of them have symptoms of depression. (Cardozo, Bilukha, Gotway & Crawford, 2004). The number of pre-flight exposure to war is a significant predictor for depression and refugee children and adolescents who have experienced war, reported high level of depression (Felsman et al, 1990; Ziaian, 2011). In case of Eritrea, the result was different; this is due to the similarity in the culture, language, history and belief system and family ties they share with Ethiopian people. In addition to the positive influence of social support, sharing of the same ethnic community ties has also been a protective factor to cope their distress.

Except for those two variables explained in the above paragraph, all the other variables were not found to be significant as factor for depression. These findings are inconsistent with previous research findings which show the existence of significant difference between age,

gender, year of arrival and parents/guardians educational level with depression. In Fazel and colleagues finding which is cited in the literature section it explained half of the studies that enrolled both accompanied and unaccompanied refugee children; the prevalence of depression was higher among girls than boys. Girls in adolescent age are more vulnerable to depression. This is shown in a research conducted by Angold & Rutter, 1992 in a large clinical sample depressive symptoms and of depressive disorders are found to be twice higher at the age of 14 to 16 in girls than boys. Other findings also revealed that small gender difference began to be evident in rate of depressive disorder between the age 13 to 15, with the great difference emerging at the age of 15 to 18 (Hankin, Abramson, Moffitt, Silva, and McGee, 1998).

In contrary to the result of this paper, in a study on 46 Cambodian children living in the US 6 years after their first evaluation, showed symptoms of depression 7% and 12 years later, they showed 14% (Sack et. al, 1996). This implies the more they stay the more they develop depression. Parental/ guardian education level as independent variable showed no relationship with depression. There is no prior research done on these specific ideas related with depression but as Suarez-Orozco, (2001) mentioned parents who are highly educated are better to help and guide their children with school work.

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Chapter six

Summary, Conclusion and Recommendation

6.1 Summary

This research was cross-sectional survey study used to examine the post migration factors for risk on depression among adolescent refugees from South Sudan, Somalia, DRC and Eritrea. The study was also aimed to assess the prevalence of risk on depression and to investigate the significant association of depression with the socio demographic variables. From DICAC and JRS urban refugee centers, 96 participants (51 females and 45 males) were selected using stratified random sampling. MSLSS and CESD-R instruments are used to collect data. MSLSS is used to collect the post migration risk factors and revised version of CESD is used to assess depression. Pilot study was done for 30 refugee students to check the psychometric property of the instruments. The collection of data from the respondents was undertaken with the help of translators. After the main data was collected from the respondents, it was analyzed using SPSS version 20 software. To assess the prevalence of risk for depression frequency and percentage was used. To analyze difference of gender, age and year of stay in the city with depression and post migration life satisfaction, t-test was employed. To assess the relationship of post migration factors with depression Pearson correlation was used. To examine the effect of parental or guardian educational level, with whom they live now and country of origin and depression one way ANOVA was employed.

The findings of this study revealed that the prevalence of risk for depression was 58.5%. The result of t-test showed that there was no year of stay, gender and age difference on

depression. The Pearson correlation also showed no relationship between post migration risk factors and depression. The One way ANOVA results showed that, the adolescent's country of origin and with who they are living now had effect on risk for depression.

6.2 Conclusion

Based on the research findings, the researcher draws the following conclusions, and their corresponding implications**:**

- The prevalence of risk for depression is around 58.5% and this implies most of the refugee adolescents who live in Addis Ababa are at high risk for depression.
- Factors which are considered as post migration risk factors did not have any relationship with risk for depression. This implies there are other external factors which are likely to impact the mental health of the adolescents.
- Their year of stay in the city has no impact for being depressed. This and the above result showed there might be a good social support in Addis Ababa.
- Those who are living only with their mothers, fathers and stepmothers had high risk for clinical depression. This indicates parents/guardians difficulty in achieving social support and psychological problems due to different reasons can impact health of adolecents.
- The participant's country of origin is a factor for their depression. Even if all of them are at risk for depression compared with one another DRC, South Sudan and Somalia are at high risk. This implies war zone country adolescents are vulnerable for developing depression.

6.3 Implication for Counseling

Counseling is defined as a widely applied method of treatment for all age groups intended to provide professional support to individuals, groups or organizations for more successful management of everyday situations presenting challenges in view of social pressures or personal issues (Petz, 2005). The ultimate outcome of counseling is determined as the ability to perform self-help (Nelson-Jones, 2007). The study results revealed that there is a risk for depression in Somali, South Sudan, Eritrea and DRC adolescent refugees who live in Addis Ababa. There were differences in risk for depression according to country of origin and parental living condition. Understanding the problems would be helpful in providing counseling services for those who are in need.

6.4 Recommendation

The result of this study showed that adolescent refugees are at high risk for depression.

Based on this finding, the researcher forwarded the following implications**:**

Adolescence is an interesting stage with a search for identity; try to acquire skills that will help them become responsible adults. When adolescents are supported and encouraged by adults they will become resourceful. As the result indicated most of the adolescents are at high risk for depression, this will hinder them from being contributing members in their world. For this reason, a greater focus is needed on identifying factors that dealt with adolescent depression and results should be applied to design suitable intervention programs especially at organizations working with refugees. This can be through,

- Providers of psychosocial and public health services should develop patterns on how to work with refugee adolescents. Western mental health treatment methods may not be perfect for all refugees rather alternatives like cultural and spiritual methods should be given when appropriate. For this reason, mental health professionals and trained social workers from the refugees' countries of origin should also be employed to provide services.
- In terms of counseling, family therapists or counselors who work with refugee families should conduct family assessments and provide long-term family therapy and consultation to address issues regarding mental health of the individual and the entire family members. A healthy family and community can be a strong protective factor for adolescents and may decrease the symptoms of depression.
- Establishing mental health services at school helps mental health professionals meet with adolescent refugees and their families. For refugee parents who may not identify mental health problems affecting their children, schools can be a source of information. The families can provide essential information concerning their children to the professional and this two way communication may help the adolescent's psychological wellbeing. Besides giving information, the school health service can provide knowledge, skills and necessary resources to the adolescents and their families.

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Appendix A: Socio-demographic questionnaires

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Counseling Psychology Program

My name is Rahwa Mengistab and I am currently studying for my Masters in Counseling Psychology at Addis Ababa University. I am conducting a research on the risk factors which leads to depression among adolescent refugees. The research is being conducted at JRS and DICAC center. You are expected to fill a self-administered questionnaires and socio-demographic question without identifying your name and address. The information you give will be useful for my research and your response will only be checked by me. You have every right to stop giving information or skip at any question you don't want to answer. I appreciate your participation in the study.

Thank you for your cooperation

Part I: Background Information

Instruction: Please read the statements of the questions and answer by marking a tick ✓ or answering the most accurate response for each of the following questions.

1. Gender: Female _______ Male _______

2. Age: ______

3. What is your country of origin? __________

4. When did you arrival in Addis Ababa: _____

5. With whom are you living now: Father _____ Mother_____ Stepmother _____ Stepfather_____ Grandmother_____ Grandfather _____ Guardian_____ Other _____

6. What is your father's/male guardian educational level: uneducated _______ Can read and write_______ Elementary education _______ Secondary education_______ College or University education _______ Other_____________?

7. What is your mother's/female guardian educational level? Uneducated____ Can read and write ________ Elementary school_____ Secondary school ______ College or University education ________ Other ________

Appendix B: Survey Questionnaires

Instruction I: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week. Please read each statement and answer by marking the response that is most true in your life.

1 = Rarely or None of the Time (Less than 1 Day)

2 = Some or a Little of the Time (1-2 Days)

3 = Occasionally or a Moderate Amount of Time (3-4 Days)

4 = Most or All of the Time (5-7 Days)

During the past week:

	Rarely or none of the time (less than 1 day)	**Some or a little of the time** (1-2 days)	**Occasionally or a moderate amount of time** (3-4 days)	**Most or all of the time** (5-7 days)
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family or friends.				
4. I felt that I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was				

an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people dislike me.				
20. I could not get "going".				

Instruction II: I would like to know what thoughts about life you've had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with life. Circle the number (from 1 to 6) next to each statement that indicates the extent to which you agree or disagree with each statement. It is important to know what you REALLY think, so please answer the question the way you really feel, not how you think you should. This is NOT a test. There are NO right or wrong answers. Your answers will NOT affect your grades, and no one will be told your answers.

Circle **1** if you **STONGLY DISAGREE** with the sentence , Circle **2** if you **MODERATELY DISAGREE** with the sentence, Circle **3** if you **MILDLY DISAGREE** with the sentence, Circle **4** if you **MILDLY AGREE** with the sentence, Circle **5** if you **MODERATELY AGREE** with the sentence, Circle **6** if you **STRONGLY AGREE** with the sentence

1. My friends are nice to me	**1**	**2**	**3**	**4**	**5**	**6**
2. I am fun to be around	**1**	**2**	**3**	**4**	**5**	**6**

3. I feel bad at school	**1**	**2**	**3**	**4**	**5**	**6**
4. I have a bad time with my friends	**1**	**2**	**3**	**4**	**5**	**6**
5. There are lots of things I can do well	**1**	**2**	**3**	**4**	**5**	**6**
6. I learn a lot at school	**1**	**2**	**3**	**4**	**5**	**6**
7. I like spending time with my parents	**1**	**2**	**3**	**4**	**5**	**6**
8. My family is better than most	**1**	**2**	**3**	**4**	**5**	**6**
9. There are many things about school I don't like	**1**	**2**	**3**	**4**	**5**	**6**
10. I think I am good looking	**1**	**2**	**3**	**4**	**5**	**6**
11. My friends are great	**1**	**2**	**3**	**4**	**5**	**6**
12. My friends will help me if I need it	**1**	**2**	**3**	**4**	**5**	**6**
13. I wish I didn't have to go to school	**1**	**2**	**3**	**4**	**5**	**6**
14. I like myself	**1**	**2**	**3**	**4**	**5**	**6**
15. There are lots of fun things to do where I live	**1**	**2**	**3**	**4**	**5**	**6**
16. My friends treat me well	**1**	**2**	**3**	**4**	**5**	**6**
17. Most people like me	**1**	**2**	**3**	**4**	**5**	**6**
18. I enjoy being at home with my family	**1**	**2**	**3**	**4**	**5**	**6**
19. My family gets along well together	**1**	**2**	**3**	**4**	**5**	**6**
20. I look forward to going to school	**1**	**2**	**3**	**4**	**5**	**6**
21. My parents treat me fairly	**1**	**2**	**3**	**4**	**5**	**6**
22. I like being in school	**1**	**2**	**3**	**4**	**5**	**6**

23. My friends are mean to me	**1**	**2**	**3**	**4**	**5**	**6**
24. I wish I had different friends	**1**	**2**	**3**	**4**	**5**	**6**
25. School is interesting	**1**	**2**	**3**	**4**	**5**	**6**
26. I enjoy school activities	**1**	**2**	**3**	**4**	**5**	**6**
27. I wish I lived in a different house	**1**	**2**	**3**	**4**	**5**	**6**
28. Members of my family talk nicely to one another	**1**	**2**	**3**	**4**	**5**	**6**
29. I have a lot of fun with my friends	**1**	**2**	**3**	**4**	**5**	**6**
30. My parents and I do fun things together	**1**	**2**	**3**	**4**	**5**	**6**
31. I like my neighborhood	**1**	**2**	**3**	**4**	**5**	**6**
32. I wish I lived somewhere else	**1**	**2**	**3**	**4**	**5**	**6**
33. I am a nice person	**1**	**2**	**3**	**4**	**5**	**6**
34. This town is filled with mean people	**1**	**2**	**3**	**4**	**5**	**6**
35. I like to try new things	**1**	**2**	**3**	**4**	**5**	**6**
36. My family's house is nice	**1**	**2**	**3**	**4**	**5**	**6**
37. I like my neighbors	**1**	**2**	**3**	**4**	**5**	**6**
38. I have enough friends	**1**	**2**	**3**	**4**	**5**	**6**
39. I wish there were different people in my neighborhood	**1**	**2**	**3**	**4**	**5**	**6**
40. I like where I live	**1**	**2**	**3**	**4**	**5**	**6**

Appendix C: French Translation

Université d'Addis Abeba

Collège d'éducation et d'études comportementales

École de psychologie

Programme de psychologie du counseling

Mon nom est Rahwa Mengistab et j'étudie actuellement pour ma maîtrise en psychologie du counseling à l'Université d'Addis-Abeba. Je mène une recherche sur les facteurs de risque qui mènent à la dépression chez les adolescent réfugiés. La recherche est menée au centre du JRS DICAC. Vous devez remplir un questionnaire auto-administré et une question sociodémographique sans indiquer votre nom et votre adresse. L'information que vous donnez sera utile pour mes recherches et votre réponse ne sera vérifiée que par moi. Vous avez le droit d'arrêter de donner des informations ou de passer à une question à laquelle vous ne voulez pas répondre. J'apprécie votre participation à l'étude.

Merci de votre collaboration

Partie I: Informations générales

Direction: Veuillez lire les énoncés des questions et réponses en cochant la case ✓ ou en répondant à la réponse la plus précise pour chacune des questions suivantes.

1. Sexe: Femme _______ Homme _______

2. Âge: ______

3. Quand êtes-vous arrivé à Addis-Abeba: _____

4. Avec qui vivez-vous actuellement: Père _____ Mère_____ Belle-mère _____ Beau-père _____ Grand-mère _____ Grand-père _____ Tuteur _____ Autre _____

5. Quel est le niveau d'éducation de votre père ou de votre tuteur: Sans instruction _______ Peut lire et écrire _______ Enseignement primaire _______ Enseignement secondaire _______ Enseignement collégial ou universitaire _______ Autre_____________?

6. Quel est le niveau d'éducation de votre mère / tuteur féminin? Sans instruction____

Peut lire et écrire _______ École primaire _____ École secondaire ______ Éducation collégiale ou universitaire _______ Autre _______?

Instruction :Vous trouverez ci-dessous une lists des maniéres dont vous aveez pu vous sentir ou vous étre com porté Dites-moi s'il l vous plaît combine de tois vous vous étes senti de cette facon la semaine derniére veuillez lire chaque declaration et ré ponder en marquant la reponse qui' est la plus vraie dans viotre vie

1= Rarement ou pas du tout Moins de 1 jour

2= Certains ou peu de temps 1-2 jours

3= Parfois ou une quantité modéréé de temps3-4 jours

4= Plus ou tout le temps5-7 jours

	Rarement ou pas du tout Moins de 1 jour	Certains ou peu de temps 1-2 jours	Parfois ou une quantité modéréé de temps 3-4 jours	Plus ou tout le temps 5-7 jours
1. J'ai été contrarié(e) par des choses qui d'habitude ne me dérangent pas.				
2. Je n'ai pas eu envie de manger, j'ai manqué d'appétit.				
3. J'ai eu l'impression que je ne pouvais pas sortir du cafard, même avec l'aide de ma famille et de mes ami(e)s				
4 J'ai eu le sentiment d'être aussi bien que les autres				
5 J'ai eu du mal à me concentrer sur ce que je faisais				
6 Je me suis senti(e) déprimée. (I felt depressed.)				
7 J'ai eu l'impression que toute action me demandait un effort.				
8 J'ai été confiant(e) en l'avenir.				

9 J'ai pensé que ma vie était un échec.				
10 Je me suis senti(e) craintif(ve).				
11 Mon sommeil n'a pas été bon.				
12 J'ai été heureux(se). (I was happy.)				
. 13 J'ai parlé moins que d'habitude				
14 Je me suis senti(e) seul(e).				
15 Les autres ont été hostiles envers moi.				
16 J'ai profité de la vie				
17 J'ai eu des crises de larmes.				
18 Je me suis senti(e) triste				
19 J'ai eu l'impression que les gens ne m'aimaient pas.				
20 J'ai manqué d'entrain.				

Instruction . J'aimerais savoir ce que vous pensez de la vie que vous avez vécue au cours des dernières semaines. Pensez à la façon dont vous passez chaque jour et chaque nuit, puis réfléchissez à la façon dont votre vie a été pendant la majeure partie de cette période. Voici quelques questions qui vous demandent d'indiquer votre satisfaction à l'égard de la vie. Encerclez le nombre (de 1 à 6) à côté de chaque énoncé qui indique dans quelle mesure vous êtes d'accord ou pas d'accord avec chaque énoncé. Il est important de savoir ce que vous pensez vraiment, alors s'il vous plaît répondez à la question de la façon dont vous vous sentez vraiment, pas comment vous pensez que vous devriez le faire. Ce n'est pas un test. Il n'y a pas de bonnes ou de mauvaises réponses. Vos réponses n'affecteront PAS vos notes, et personne ne sera informé de vos réponses.

Entourez 1 si vous désapprouvez fortement la phrase, Encerclez 2 si vous n'êtes pas d'accord avec la phrase, Encerclez 3 si vous êtes en désaccord avec la phrase, Encerclez 4 si vous êtes d'accord avec la phrase, Encerclez 5 si vous êtes modérément d'accord avec la phrase, Entourez 6 si vous ACCEPTEZ FORTEMENT la phrase

1. Mes amis sont gentils avec moi	**1**	**2**	**3**	**4**	**5**	**6**
2. Je suis amusant d'être autour	**1**	**2**	**3**	**4**	**5**	**6**
3. Je me sens mal à l'école	**1**	**2**	**3**	**4**	**5**	**6**
4. Je passe un mauvais moment avec mes amis	**1**	**2**	**3**	**4**	**5**	**6**
5. Il y a beaucoup de choses que je peux faire bien	**1**	**2**	**3**	**4**	**5**	**6**
6. J'apprends beaucoup à l'école	**1**	**2**	**3**	**4**	**5**	**6**
7. J'aime passer du temps avec mes parents	**1**	**2**	**3**	**4**	**5**	**6**
8. Ma famille est meilleure que la plupart	**1**	**2**	**3**	**4**	**5**	**6**
9. Il y a beaucoup de choses à propos de l'école que je n'aime pas	**1**	**2**	**3**	**4**	**5**	**6**
10. Je pense que je suis beau	**1**	**2**	**3**	**4**	**5**	**6**
11. Mes amis sont géniaux	**1**	**2**	**3**	**4**	**5**	**6**
12. Mes amis m'aideront si j'en ai besoin	**1**	**2**	**3**	**4**	**5**	**6**
13. J'aimerais ne pas avoir à aller à l'école	**1**	**2**	**3**	**4**	**5**	**6**
14. Je me suis aimé	**1**	**2**	**3**	**4**	**5**	**6**
15. Il y a beaucoup de choses amusantes à faire là où je vis	**1**	**2**	**3**	**4**	**5**	**6**
16. Mes amis me traitent bien	**1**	**2**	**3**	**4**	**5**	**6**
17. La plupart des gens m'aiment	**1**	**2**	**3**	**4**	**5**	**6**
18. J'aime être à la maison avec ma famille	**1**	**2**	**3**	**4**	**5**	**6**
19. Ma famille s'entend bien	**1**	**2**	**3**	**4**	**5**	**6**
20. J'ai hâte d'aller à l'école	**1**	**2**	**3**	**4**	**5**	**6**
21. Mes parents me traitent assez	**1**	**2**	**3**	**4**	**5**	**6**

22. J'aime être à l'école	**1**	**2**	**3**	**4**	**5**	**6**
23. Mes amis sont méchants avec moi	**1**	**2**	**3**	**4**	**5**	**6**
24. J'aimerais avoir des amis différents	**1**	**2**	**3**	**4**	**5**	**6**
25. L'école est intéressante	**1**	**2**	**3**	**4**	**5**	**6**
26. J'aime les activités scolaires	**1**	**2**	**3**	**4**	**5**	**6**
27. 27. J'aimerais habiter dans une autre maison	**1**	**2**	**3**	**4**	**5**	**6**
28. Les membres de ma famille parlent bien les uns aux autres	**1**	**2**	**3**	**4**	**5**	**6**
29. Je m'amuse beaucoup avec mes amis	**1**	**2**	**3**	**4**	**5**	**6**
30. Mes parents et moi faisons des choses amusantes ensemble	**1**	**2**	**3**	**4**	**5**	**6**
31. J'aime mon quartier	**1**	**2**	**3**	**4**	**5**	**6**
32. J'aurais aimé habiter ailleurs	**1**	**2**	**3**	**4**	**5**	**6**
33. Je suis une bonne personne	**1**	**2**	**3**	**4**	**5**	**6**
34. Cette ville est remplie de gens méchants	**1**	**2**	**3**	**4**	**5**	**6**
35. J'aime essayer de nouvelles choses	**1**	**2**	**3**	**4**	**5**	**6**
36. La maison de ma famille est belle	**1**	**2**	**3**	**4**	**5**	**6**
37. J'aime mes voisins	**1**	**2**	**3**	**4**	**5**	**6**
38. J'ai assez d'amis	**1**	**2**	**3**	**4**	**5**	**6**
39. J'aimerais qu'il y ait des gens différents dans mon quartier	**1**	**2**	**3**	**4**	**5**	**6**
40. J'aime où je vis	**1**	**2**	**3**	**4**	**5**	**6**

Appendix D: Somalia Translation

Addis Ababa Jaamacad

Kulliyadda Waxbarashada iyo Darsssadaha Akhlaaqda

Iskuulka Maskaxda

Barnaamijka Cilmi Nafsiga ee la talinta

Magacaygu waa Rahwa Mengistab, waxa aan ka diyaariyaa shahaada labaad ee lo yaqaano Masters in Counseling Psychology Jamacada Addis Ababa. waxan aan samaynaya cilmi baadhis ku saabsan halisaha la xidhiidha walwalka(depression) ku dhaca dhalinyarta(adolescent) qaxootiga ah. Cilmi baadhista waxa laga samaynaya xarunta JRS & DICAC. Waxa aan kaa filaya inaad suulaha iyo waydiimaha la xidhiidha noloshaada sida da'da, heerka waxbarasho IWM adiga oon ku darayn magacaaga iyo cinwaanka halka aad ku noshay. Xogta aad bixisa waxay muhim u tahay cilmi badhistaydan, jawaabtada waxa akhriyaya oo hubinaya aniga(Rahwa). Waxa aad xaq u leedahay inaad diidi karto bixinta xogta. Sido kale, waxaad dhaafi karta suul kasta oo anad jeclayn inaad ka jawaabto. Waxaan aad u so dhawaynaya ka qayb qaadashadada.

Waad ku mahad san tahay wada shaqayntaada.

QAYBTA 1AAD: TIXRAAC XOGEED.

Tilmaan: Fadlan akhri weedhaha suulaha ah dabadeed ku buuxi halka banana calaamada sax(ð). Ku jawaab sida ugu saxsan suualaha u baahan jawaab qoraal ah.

1. Jinsiga: lab________ dhedig ________
2. Da'da________
3. Goorma ayaad timid Addis Ababa : ________
4. Yaad la nooshahay imika: Aabo________ Hooyo ________ Aayo ________
   Odayga hooyo Qaba ________ Awoowo ________ Ayeeyo ________ Daryeele ________
5. Waa maxay heerka waxbarasho ee abaaha/daryeelahaga lab : aan la aqoon ________
   akhriyi, kara, qori karaa________ hoose/dhexe ________ dugsi sare ________
   kolej/Jaamacad ________ mid kale________
6. Waa maxay heerka waxbarasho ee Hooyada/daryeelahaga dhedig : aan la aqoon________
   akhriyi kara, qori karaa ________ hoose/dhexe ________ dugsi sare ________
   kolej/ Jaamacad ________ mid kale ________

Tilmaan. Hoos waxa liisto ku saabsan waxyabaha laga yaabo inaad dareentay ama ku fal celisay. Fadlan, I sheeg intee in leeg ayad dareentay sidan todobaadki tagay?.

Fadlan, akhri weedhaha soo socda mid kasta oo ku jawaab mida ugu saxsan xaga noloshaada dabadeed calaamadi jawabtaada.

Todobaadki tagay dhexdiisi:

	Marmar (rarely) ama aan hore u dhicin(wax ka yar 1 maalin)	**Marmar qaar ama waqtiyo kooban(1-2 maalmood)**	**Xaalado gaar ah ama waqtiyo iska badan(3-4 maalmood)**	**Uugu badan ama waqti kasta(5-7 maalmood)**
1. Waxaan dhibsaday waxyaabo aanan inta badan dhibsan jirin.				
2. Maan dareemin baahi cunto; baahidayda cunto/abetaytkygu(apepatite) aad buu u liitay.				
3. Culeyska Maskaxda wuu iga bi'waayey xataa caawin ay sameeyen qoykeygu				
4. Waxaan dareemay inaan u fican nayay si lamida sida dadka kale				
5. Waxay dhibaato iga haystay sidi aan maskaxda ugu hayn laha waxan qabanayo.				
6. .Waxaan dareemey murugo ama niyad-jab				
7. Waxan dareemay in wax kasta oo an qabanaya aha dadaal				
8. Waxan daremayay rajo fiican mustqalka				
9. Waxaan dareemay sidi aan nolosha guuldaraystay.				
10. Waxaan dareemay cabsi badan				
11. Hurdadaydu may daganayn				

12. Aad baan u faraxsana				
13. Hadalkaygu wuu ka yara intii caadiga ahayd.				
14. Waxaan dareemay kali(lonely)				
15. Dadku iilma dhaqmayn si saaxiibtinimo leh.				
16. Waan ku raaxaystay/baashaalay nolosha				
17. Mararka qaar waan ooyay/lilmeeyay				
18. Waan murugooday				
19. Waxan dareemay inaan dadku I jeclayn				
20. Waan ka gudbi kari wayaay xalaadan(I couldn't get" going"				

Tilmaan. Waxan jecelahay inaan waxka ogaado fikradahaga nolosha ee dhawrki todobaad ee tagay.waxaad ka fikirtaa sida aad uqaadato habeen iyo maalin kast dabadeed wax dib u eegta siday noloshaadu ahayd inta badan dhawrkii todobaad ee la soo dhaafay.halkan waxa ah dhawr wayiimo oo ku suaalaya inaad tilmaanto qanaacadaada nolosha. Goobo gali tirada(bilaw 1 ilaa 6) ku xigta weedha taas oo tilmaamaysa inaad ku taageerto ama kaga so horjeedo weedh kasta.waxa muhiim ah runtii fikirkaaga, sidaa darteed fadlan ku jawaab sida aad rumaysan tahay, maha sida aad is leedahay inaad samayso. Tani maaha tijaabo. Ma jiraan sax iyo qalad. Jawaabahaagu ma samayn doonaan darajaadada ,cid kale na looma sheegayo jawaabaha aad bixiso.

	hadii aad si qayaxan u diiday weedha ka horaysa	hadii aad si dhex dhexaad ah u diiday weedha ka horaysa,	hadii si dabacsan u diiday weedha ka horaysa,	rabitaan dabacsan	rabitaan dhexdhe xaad	rabitaan xoogan
1. Saaxibaday way i fican yihin	**1**	**2**	**3**	**4**	**5**	**6**
2. Aad ban ugu faraxsanahay jooogistayda	**1**	**2**	**3**	**4**	**5**	**6**
3. Kuma faraxsani dugsiga	**1**	**2**	**3**	**4**	**5**	**6**

4. Waqti fiican lama qaato asxaabtayda	**1**	**2**	**3**	**4**	**5**	**6**
5. Waxa jira waxyaabo badan oo aan ku fican nahay.	**1**	**2**	**3**	**4**	**5**	**6**
6. Dugsiga aad ayn aqoon uga korodhsada	**1**	**2**	**3**	**4**	**5**	**6**
7. Waxaan jecelahay inaan waalidkayga waqti la qaato	**1**	**2**	**3**	**4**	**5**	**6**
8. Waalidkaygu aa bay uga fican yihiin dhamaan kuwa kale.	**1**	**2**	**3**	**4**	**5**	**6**
9. Waxa jira waxyaabo oo aanan jeclayn dugsiga dhexdiisa	**1**	**2**	**3**	**4**	**5**	**6**
10. Waxaan ahay qof qurxoon	**1**	**2**	**3**	**4**	**5**	**6**
11. Asxaabtaydu aad bay u fican yihin	**1**	**2**	**3**	**4**	**5**	6
12. Saaxiibaday way i caawinayaan hadii aan kaalmo u baahdo	**1**	**2**	**3**	**4**	**5**	6

13. Waxaan6 jeclaan laha inaan dugsiga t6agin/aadin	**1**	**2**	**3**	**4**	**5**	**6**
14. Naftayda a6ad baan u jecelahay	**1**	**2**	**3**	**4**	**5**	**6**
15. Waxbadan oo madadaalo leh oo aan qabto halka aan ku noolahay aya jira	**1**	**2**	**3**	**4**	**5**	**6**
16. Saaxiibaday waxay iila dhaqman si fiican	**1**	**2**	**3**	**4**	**5**	**6**
17. Dadku inta badan way i jecel yihiin	**1**	**2**	**3**	**4**	**5**	**6**

18. Aad ban ugu raaxaysta inaan qoyskayga la joogo guriga	**1**	**2**	**3**	**4**	**5**	**6**
19. Qoyskaygu si fiican ayuu isu dhexgala/isu fahmaa.	**1**	**2**	**3**	**4**	**5**	**6**
20. Aad ban ugu rajo wayn nahay inaan dugsiga aado/tago	**1**	**2**	**3**	**4**	**5**	**6**
21. Qoyskaygu si caadi ah ayay iila dhaqmaan	**1**	**2**	**3**	**4**	**5**	**6**
22. Waan jecelahay inaan dugsiga joogo	**1**	**2**	**3**	**4**	**5**	**6**
23. Asxaabtaydu way iga xun yihiin	**1**	**2**	**3**	**4**	**5**	**6**
24. Waxaan jeclaan laha inaan haysto asxaab kale	**1**	**2**	**3**	**4**	**5**	**6**
25. Dugsigu waa meel xiiso badan.	**1**	**2**	**3**	**4**	**5**	**6**
26. Waan ku raaxaysta hawlaha dugsiga	**1**	**2**	**3**	**4**	**5**	**6**
27. Waxaan jeclaan laha inaan ku noolahay guri kale	**1**	**2**	**3**	**4**	**5**	**6**
28. Xubnaha qoyskaygu waxay u wada hadlaan is fiican.	**1**	**2**	**3**	**4**	**5**	**6**
29. Waxaan la qaata madaadalo badan asxaabtayda	**1**	**2**	**3**	**4**	**5**	**6**
30. Aniga iyo waalidkay waxan wada samayna wax badan o madadaalo leh	**1**	**2**	**3**	**4**	**5**	**6**
31. Waan jecelahay jaarkayga	**1**	**2**	**3**	**4**	**5**	**6**
32. Waxaan jeclaan laha inaan ku noolaan laha meel kale	**1**	**2**	**3**	**4**	**5**	**6**
33. Waxaan ahay qof wanaagsan	**1**	**2**	**3**	**4**	**5**	**6**

34. Magaalada waxa ku nool dad bakhayl(mean)	**1**	**2**	**3**	**4**	**5**	**6**
35. Waxaan ka helaa inaan wax cusub tijaabiyo.	**1**	**2**	**3**	**4**	**5**	**6**
36. Guriga qoyskaygu wuu fiican yahay	**1**	**2**	**3**	**4**	**5**	**6**
37. Waan ku faraxsanahay jaarka	**1**	**2**	**3**	**4**	**5**	**6**
38. Waan haystaa asxaab igu filan	**1**	**2**	**3**	**4**	**5**	**6**
39. Waxaan jeclaan laha in jaarkayga ay ku nool yihin dadyow kala duwan	**1**	**2**	**3**	**4**	**5**	**6**
40. Waan ku faraxnahay meesha aan ku noolahay.	**1**	**2**	**3**	**4**	**5**	**6**

Appendix E: Tigrigna Translation

ኣዲስ ኣበባ ዩኒቨርስቲ

ኮሌጅ ስነ ትምርታውን ስነ ባህርን

ቤት ትምህርቲ ስነ ልቦና

ስነ ልቦናዊ ምክሪ ፕሮግራም

ራህዋ መንግስትኣብ ዝተበሃልኩ ናይ ማስትረይት ትምህርተይ ብ ስነ ልቦናዊ ምክሪ ኣብ ኣዲስ ኣበባ ዩኒቨርስቲ ኣብ ምክትታል ይርከብ። እዚ ዘካይዶ ዘለኩ መጽናዕቲ ን መንእሰያት ስደተኛታት ልዑል ጸቅጢ ናይ ኣእምሮ ዘስዕቡ ጠንቅታት ምርኩስ ብምግባር'ዩ። እዚ መስርሕ ሕቶ ኣብ ጂ፡ኣር፡ኤስ እና ዲ.ካ.አ.ክ ዝካየድ ኮይኑ ካባኻ/ኺ ዘድልዩ ነገራት እንተሎ ድማ ብ ወለንታኩም ብዘይ ናይ ካልእ ሰብ ድጋፍ ነዚ ፎርም ክትመልእ/ኢ ብትሕትና ይሓትት። መንነትኻ/ኺ ኣድራሻኻ/ኺ ምጽሓፍ ኣየድልን'ዩ ብተወሳኪ ውን ገምጋሚት ናይዚ ሓበሬታኩምን ኣነ ምኻነይ የረጋግጸልኩም። እዚ እትህቡኒ ሓበሬታ ንመጽናዕተይ ኣዝዩ ሓጋዚ ስለ ዝኾነ ዘይተረደአክዮ/ኻዮ ወይ'ውን ንክትምልስዮ/ሶ ፍቃደኛታት ዘይኮንኻ/ኺ ሕቶ ናይ ምግዳፍ ምሉእ መሰል ከምዘለኺ/ኻ ኪነግረኻ/ኪ እፈቱ።

ንምትሕብባርኩም ደጊመ የመስግን ።

<u>ክፍሊ 1.ድሕሪ ባይታዊ ሓበሬታ</u>

መምርሒ፦ ነዘን ኣብ ታሕቲ ዘለዋ ሕቶታት ተረዲእኩም ን እትህብዎ መልሲ ብመልክዕ ምልክታት ( )ወይ 'ውን ብ ቅኑዕ ዝኮነ መልሲ ብምጽሓፍ ኣብዚ ዝተዳለወ ባዶ ቦታታት መልሱ።

1.ጾታ፦ ኣን_______________________ ተባ_________________________

2 ዕድመ፦ ___________________________

3 ኣዲስ ኣበባ ዚኣተካሉ/ክሉ ፦

4. ምስ መን ትነብር ኣለኻ/ኺ ፦ ኣቦ____________ኣደ ___________ሰብአይ አዶ__________

ሰበይቲ ኣቦ__________ኣባሓጎ _____________ሞግዚት፦_____________

ካልእ ______________

5.ናይ ኣቦኻ/ኺ ወይ ወዲ ተባዕታይ ሞግዚትኻ/ኺ ደረጃ ትምህርቲ፦

ዘይተማህረ_______ ምንባብ/ምጽሓፍ ዝኽእል _______ መባእታ_______ ካልኣይ ደረጃ__________ ዩኒቨርስቲ _ ካልእ__________

6.ናይ ኣዴኻ/ኺ ወይ ጓል ኣንስተይቲ ሞግዚትኻ/ኺ ደረጃ ትምህርቲ፦

ዘይተማህረ_______ ምንባብ/ምጽሓፍ ዝኽእል _______ መባእታ_______ ካልኣይ ደረጃ__________ ዩኒቨርስቲ _ ካልእ__________

__መምርሒ 1__፦እዘን ኣብ ታሕቲ ተጠቂሰን ዘለዋ ዝርዝራት ዝተሰመዓካ ወይ ዘንጸባረቅካዮ ዝገልጻ እየን። ኣብዘን ዝሓለፋ ሰሙናት ማዕረ ክንደይ ከምዘን ዓይነት ስምዒታት ከም ዝተሰምዓካ ክትገልጽ ብትሕትና ንክትምዝግብ ይሓትት።ነፍሲ ወከፍ ኣገላልጻ ብምንባብ እቲ ምስ ሂወትካ ሓቀኛዩ ዝበልካዮ ብመልክዕ ምልክት መልስካ ሃብ

	ኣብዘን ዝሓለፈ ሰሙናት	ሳሕቲ ወይ ከኣ ኣይፈልጥን'የ (ትሕቲ 1 መዓልቲ)	ገለ ገለ መዓልታት ወይ ውሑድ መዓልቲ (1-2 መዓልቲ)	ኣብ ገለ ኣጋጣሚ ወይ መጠኘኛ መዓልቲታት (3-4 መዓልቲ)	ዝበዝሐ ግዜ ወይ ኩሉ ግዜ (5-7 መዓልቲ)
1	ኩሉ ግዜ ዘየሸግረኒ ዝነበሩ ነገራት ኣሸጊሮምኒ				
2	ናይ ምብላዕ ድልየት ኣይነበረንን				
3	ዘለኒ ጸገማት ብሓገዝ ቤተሰበይ/ይዕሩኽተይ?መሓዙተይ ዝፍታሕ ኮይኑ ኣይተሰመዓንን				
4	ማዕረ ሰበይ ብቁዕ ኮይነ ተሰሚዒኒ				
5	ኣብ ዝገብሮ ነገራት ናይ ምቱካር ጸገም ኔርኒ				
6	ጭንቀት ተሰሚዕኒ				
7	ኩሉ ዝገበርክዎ ነገር ጻዕሪ ዘድልዮ ኮይኑ ተሰሚዕኒ				
8	ብዛዕባ መጻኢየይ ተስፋ				

	ተሰሚዕኒ				
9	ናብራይ ውድቀት እዩ ኔሩ ኢለ ሓሲበ				
10	ፍርሒ ተሰሚዕኒ				
11	ድቃሰይ ዕረፍቲ ኣልቦ ኔሩ				
12	ሕጉስ ኔረ				
13	ከም ናይ ቅድሚ ሕጂ ኣይዛረብን				
14	በይናውነት ተሰሚዕኒ				
15	ሰባት ኣብ ልዕለይ ሓልዮት ኣይነበሮምን				
16	ሂወት ኣስተማቂረያ 'የ				
17	ናይ ሓዘን ግዜ ኣሕሊፈ				
18	ሀዘን ተሰሚዕኒ				
19	ሰባት ይጸልኡኒ'ዮም ዝብል ስምዒት ኔርኒ				
20	ሰልችዩኒ				

መምርሒ 2፦ኣብዚ ክፋል እዚ ኣብ ዝሓለፈ ሰሙናት እንታይ ሓሳባት ብዛዕባ ሂወት ከም ዝሓሰብካ ክፈልጥ ምደለኹ፡፡ነፍሲ ወከፍ መዓልትን ለይትን ከመይ ጌርካ ከም ዘሕለፍካዮ ሓሳብ ቀጺልካ ኣብቲ እዋን እቲ ሂወትካ ከመይ ከም ዝነበረ ሕሰብ ፡፡እዘን ኣብ ታሕቲ ዘለዋ ሕቶታት ናይ ሂወት ዕግበትኪ/ካ ዝግምግማ እየን፡፡በዚ መሰረት ብምግባር ከኣ ካብ ቁጽሪ 1-6 ተጠቂሰን ዘለዋ መግለጺታት መጠን ናይ ምቅባልካን ዘይምቅባልካን ብመልክዕ ክቢ መልስ ፡፡

		ብፍጹም ዘይትሰማማዕ/ዒ እንተኾንካ/ኪ	ምጡን ዘይትሰማማዕ/ዒ እንተኾንካ/ኪ	ቀሊል ዘይትሰማማዕ/ዒ እንተኾንካ/ኪ	ቀሊል ትሰማማዕ/ዒ እንተኾን ካ/ኪ	ምጡን ትሰማማዕ/ዒ እንተኾን ካ/ኪ	ብፍጹም ትሰማማዕ/ዒ እንተኾን ካ/ኪ

			2	3	4	5	6
1	መሓዙተይ/የዕርኩተይ ምሳይ ዘለዎም ቅርበት ጽቡቅ'ዩ		2	3	4	5	6
2	ብህላውነተይ ኣብ ዙርያይ ዘለዉ ሰባት ደስ ይብሎም		2	3	4	5	6
3	ኣብ ቤት ትምህርቲ ሕማቅ ይስምዓኒ	1	2	3	4	5	6
4	ምስ መሓዙተይ/የዕርኩተይ ደስ ዘይብል ግዜ የሕልፍ	1	2	3	4	5	6
5	ብዙሓት ነገራት ብግቡእ የሰላስል	1	2	3	4	5	6
6	ኣብ ቤት ትምህርቲ ብዙሓት ነገራት ይቀምስ/ይመሃር	1	2	3	4	5	6
7	ምስ ወለደይ ብዙሕ ግዜ ከሕልፍ ደስ ይብለኒ	1	2	3	4	5	6
8	ስድራ ቤተይ ካብ ኩሉ ነገራት ይበልጹኒ	1	2	3	4	5	6
9	ብዛዕባ ቤት ትምህርቲ ብዙህ ዘይፈትዎ ነገር ኣሎ	1	2	3	4	5	6
10	ጽቡቅ ኮይነ ይስማአኒ	1	2	3	4	5	6
11	መሓዙተይ/የዕርኩተይ ብሉጻት'ዮም	1	2	3	4	5	6
12	መሓዙተይ/የዕርኩተይ ኣብ ጸገመይ ሓገዝተይ እዮም	1	2	3	4	5	6

13	ቤት ትምህርቲ ተዘይከይድ ይምነ	1	2	3	4	5	6
14	ነብሰይ ይፈቱየ	1	2	3	4	5	6
15	ኣብ ከባብየይ ብዙሕ ንክትገብሮም ደስ ዘብሉ ነገራት ኣለዉ	1	2	3	4	5	6
16	መሓዙተይ/የዕርኩተይን ኣዝዮም ይንከባከቡኒ	1	2	3	4	5	6
17	ብዙሓት ሰባት ይፈትዉኒ	1	2	3	4	5	6
18	ኣብ ገዛ ምስ ስድራ ቤተይ ሙካን የስተማቅሮ	1	2	3	4	5	6
19	ስድራ ቤተይ ጽቡቅ ይሰማምዑ	1	2	3	4	5	6
20	ትምህርቲ ናይ ምምሃር ሓሳብ ኣለኒ	1	2	3	4	5	6
21	ወለደይ ብመጠኑ ይንከባከቡኒ	1	2	3	4	5	6
22	ቤት ትምህርቲ ምህላወይ ደስ ይብለኒ	1	2	3	4	5	6
23	መሓዙተይ/የዕርኩተይ ሑሱማት እዮም	1	2	3	4	5	6
24	ካልኦት መሓዙትን/የዕርኩትን ክህልዉኒ ደስ ይብለኒ	1	2	3	4	5	6
25	ቤት ትምህርቲ ሰሓቢ'ዩ	1	2	3	4	5	6
26	ኣብ ቤት ትምህርቲ ዝግበር ንጥፈታት ይሕጉስኒ	1	2	3	4	5	6
27	ኣብ ካልእ ቤት/ገዛ ንክነብር ይምነ	1	2	3	4	5	6
28	ኣብ ስድራቤተይ ጽቡቅ	1	2	3	4	5	6

	ሕድሕዳዊ ምስምማዕ ኣሎ						
29	ብዙሕ ደስ ዘብል ዕላል ምስ መሓዙተይን/ የዕርኩተይን የሕልፍ	1	2	3	4	5	6
30	ምስ ወለደይ ብዙሕ ደስ ዘብል ነገራት ብሓባር ንገብር	1	2	3	4	5	6
31	ዝነብረሉ ከባቢ ደስ ዘብል'ዩ	1	2	3	4	5	6
32	ኣብ ካልእ ቦታ ተዝነብር አለ ይሓስብ	1	2	3	4	5	6
33	አነ ጥዑም ሰብ እየ	1	2	3	4	5	6
34	እዚ ከተማ ብ በደልቲ ዝተመልአ'ዩ	1	2	3	4	5	6
35	ሓዲሽ ነገራት ምፍታን ደስ ይብለኒ	1	2	3	4	5	6
36	ናይ ስድራቤተይ ገዛ ንክትነብሮ ምቹእ'ዩ	1	2	3	4	5	6
37	ጎረባብተይ ደስ ዘብሉ እዮም	1	2	3	4	5	6
38	እኩላት መሓዙትን/የዕርኩትን ኣለዉኒ	1	2	3	4	5	6
39	ኣብ ገዛውተይ ሰባት ተዝህልዉኒ ደስ ምበለኒ	1	2	3	4	5	6
40	ዝነብረሉ ቦታ ደስ የብለኒ	1	2	3	4	5	6

አዲስ አበባ ዩኒቨርስቲ

የትምህርት እና ስነ-ባህርይ ጥናት ኮሌጅ

የሣይኮሎጅ ትምህርት ቤት

የካውንስሊንግ ትምህርት ክፍል

ስሜ ራህዋ መንግስተአብ ይባላል፡፡ በአዲስ አበባ ዩኒቨርስቲ በካውንስሊንግ ሳይኮሎጂ የድህረ ምረቃ ትምህርቴን እየተከታተልኩ እገኛለሁ፡፡ በጉርምስና ዕድሜ ላይ ያሉ ስደተኞች ወደ አዲስ አበባ ከመጡ በኋላ ለድባቴ(Depression) የሚያጋልጣቸው ምክንያት ምን እንደሆነ በማጥናት ላይ እገኛለሁ፡፡ ይህ ጥናት ጂ.አር.ኤስ እና ዲካአክ የስደተኞች ድርጅት ውስጥ የሚካሄድ ይሆናል፡፡ ይህንን መጠይቅ ለመሙላት የአንቺ/የአንተ ተሳትፎ የሚያስፈልግ ሲሆን በመጠይቁ የምትሰጠው/ጭው ምላሽ ምስጢራዊነቱ የተጠበቀና ለጥናቱ ዓላማ ብቻ የሚውል ይሆናል፡፡ በመጠይቁ ማንኛውም ገጽ ላይ ስም መጻፍ አያስፈልግም፡፡ መጠይቁን መመለስ ተስማሚ ሆኖ ካላገኘህው/ሽው መሙላት የማቆም ሙሉ መብት ያለህ/ሽ መሆኑን እያሳወቅኩኝ ጊዜህን/ሽን ወስደህ/ሽ መጠይቁን ለመሙላት ፈቃደኛ ስለሆንክ/ሽ በቅድሚያ አመሰግናለሁ፡፡

ክፍል አንድ ፡ አጠቃላይ መረጃ

መመሪያ፡ ለሚከተሉት ጥያቄዎች "✓" ምልክት በማድረግ ወይም የተጠየቀውን መረጃ በመጻፍ መልስ ስጥ/ጭ፡፡

1. ፆታ፡ ሴት…………. ወንድ……………
2. ዕድሜ፡…………
3. ወደ አዲስ አበባ የገባህበት/የገባሽበት አመተ ምህረት…………..
4. በአሁን ወቅት ከማን ጋር ትኖራለህ/ትኖሪያለሽ ከአባት………….. ከእናት……… ከእንጀራ እናት…………ከእንጀራ አባት………..ከሴት እያት………… ከወንድ አያት………..ከሞግዚት……..

5. የአባት/የወንድ አሳዳጊ የትምህርት ደረጃ: ያልተማረ…………ማንበብ እና መፃፍ የሚችል…………የመጀመሪያ ደረጃ ትምህርት……………የሁለተኛ ደረጃ ትምህርት…………….ዩኒቨርስቲ/ኮሌጅ ምሩቅ……..

6. የእናት/የሴት አሳዳጊ የትምህርት ደረጃ: ያልተማረ…………ማንበብ እና መፃፍ የሚችል………… የመጀመሪያ ደረጃ ትምህርት……………የሁለተኛ ደረጃ ትምህርት……………. ዩኒቨርስቲ/ኮሌጅ ምሩቅ……..

መመሪያ: ከዚህ በታች ያለፈውን ሳምንተ ስሜትሽን/ስሜትህን ሊወክሉ የሚችሉ አረፍተ ነገሮቸች በሰንጠረዥ ተዘርዝረዋል። አረፍተ ነገኖቹን በማንበብ ባለፈው ሳምንት ምንያህል እንደተሰማህ/ እንደተሰማሽ በአረፍተ ነገሮቹ ትይዩ ከተሰጡት አማራጮች በፍፁም፣ በጥቂቱ፣ አንዳንዴ እና በጣም ላይ ምልክት በማድረግ መልስ ስጪ/ስጥ።

	በፍፁም (ከአንድ ቀን ሳነሰ)	**በጥቂቱ** (ለ1 ወይም 2 ቀናት)	**አንዳናዴ** (ለ3 ወይም ለ4 ቀናት)	**በጣም** (ለ5-7 ቀናት)
1. የማያስጨንቁ ነገሮች ያስጨንቁኛል ነበር				
2. የምግብ ፍላጎት አልነበረኝም				
3. ቤተሰቦቼ ወይም ጓደኞቼ ጥሩ እንዲሰማኝ ሊረዱኝ ቢሞክሩም ድብርቴ ሊለቀኝ አልቻለም				
4. እንደሌሎች ልጆች ጥሩ እንደሆንኩ ይሰማኝ ነበር				
5. የምሰራውን ስራ ሀሳቤን ሰብስቤ ማከናወን አልቻልኩም ነበር				
6. የድብርት ስሜት ይሰማኝ ነበር				
7. ሁሉን ነገር በበቂ ሁኔታ የሞከርኩ መስሎ ተሰምቶኛል				

8. ጥሩ ነገር ሊፈጠር እንደሚችል ይሰማኛል.				
9. ህይወቴ ውድቀን እንደሆነ ይሰማኛል.				
10. የፍርሀት ስሜት ተሰምቶኝ ነበር.				
11. ከዚህ በፊቱ እንደነበረው ጥሩ እንቅልፍ አልረበረኝም.				
12. ደስተኛ ነበርኩ				
13. ከተለመደው በላይ ዝምተኛ ነበርኩ				
14. ብቸኝነት ይሰማኝ ነበር.				
15. ሰዋች ለእኔ መልካም እንዳልነበሩ ይሰማኝ ነበር.				
16. በህይወቴ ደስተኛ ነበርኩ.				
17. የማልቀስ ስሜት ይሰማኝ ነበር.				
18. ከፍቶኝ ነበር.				
19. ሰዋች እንደማይወዱኝ ይሰማኝ ነበር				
20. ነገሮችን ለማከናወን መጀመር ከብዶ ያታየኝ ነበረ.				

መመሪያ: ባለፈው ሳምንት ስለኑሮህ/ስለኑሮሽ ምን እንዳሰብክ ለማወቅ የሚረዳ መጠይቅ ሲሆን እያንዳንዱ ቀን እና ማታ እንዴት እንዳሳለፍሽ/ክ እና ኑሮህ በእነዚህ ጊዜያት ምን ይመስል እንደነበር አስቢ/ብ፡፡ ከዚህ በታች በተጠየቁት ጥያቄዎች በኑሮሽ/ህ ምን ያህል እንደረካሽ/ህ ከ1-6 ያሉትን ምርጫዎች በመመልከት ቁጥሮቹ ላይ በማክበብ መልስ ስጪ/ጥ፡፡

1. እጅግ በጣም አልስማማም
2. በጣም አልስማማም
3. አልስማማም
4. እጅግ በጣም እስማማለሁ
5. በጣም እስማማለሁ
6. እስማማለሁ

1. ጓደኞቼ ለእኔ ጥሩዋች ናቸው	1	2	3	4	5	6
2. ሰዋች ከእኔ ጋር ሲሆኑ ደስተኛ ይሆናሉ	1	2	3	4	5	6
3. ትምህርት ቤት ስሆን ጥሩ ስሜት አይሰማኝም	1	2	3	4	5	6
4. ከጓደኞቼ ጋር መጥፎ ጊዜ አሳልፋለሁ	1	2	3	4	5	6
5. በደንብ ማከናወን የምችላቸው ብዙ ነገሮች አሉ	1	2	3	4	5	6
6. ትምህርት ቤት ብዙ ነገር እማራለሁ	1	2	3	4	5	6
7. ከወላጆቼ ጋር ጊዜ ማሳለፍ ያስደስተኛል	1	2	3	4	5	6
8. ቤተሰቤ ከሌላ ቤተሰብ የተሻለ ነው	1	2	3	4	5	6
9. ትምህርት ቤት ውስጥ የማልወዳቸው ብዙ ነገሮች አሉ	1	2	3	4	5	6
10. ቆንጆ ነኝ ብዬ አስባለሁ	1	2	3	4	5	6
11. ጓደኞቼ ጥሩዎች ናቸው	1	2	3	4	5	6
12. እርዳታ ስፈልግ ጓደኞቼ ያግዙኛል	1	2	3	4	5	6
13. ትምህርት ቤት ባልሄድ እመርጣለሁ	1	2	3	4	5	6
14. እራሴን እወዳለሁ	1	2	3	4	5	6
15. የምኖርበት አካባቢ ብዙ የሚያስደስቱ ነገሮች ማድረግ የሚቻልበት ቦታ ነው	1	2	3	4	5	6
16. ጓደኞቼ በደንብ ይንከባከቡኛል	1	2	3	4	5	6
17. ብዙ ሰዎች ይወዱኛል	1	2	3	4	5	6
18. ከቤተሰቤ ጋር ቤት መሆን ያስደስተኛል	1	2	3	4	5	6
19. ቤተሰቦቼ እርስ በርስ ይግባባሉ	1	2	3	4	5	6

20. ትምህርት ቤት የመሄድ ፍላጎት አለኝ	1	2	3	4	5	6
21. ቤተሰቦቼ በጥሩ ሁኔታ ይንከባከቡኛል	1	2	3	4	5	6
22. ትምህርት ቤት ስሆን ደስ ይለኛል	1	2	3	4	5	6
23. ጓደኞቼ ለእኔ ጥሩዎች አይደሉም	1	2	3	4	5	6
24. ሌሎች ጓደኞች ቢኖሩኝ ብኜ እመኛለሁ	1	2	3	4	5	6
25. ትምህርት ቤቴ ደስ ይለኛል	1	2	3	4	5	6
26. ትምህርት ቤት ውስጥ የማደርጋቸው ነገሮች ደስ ይሉኛል	1	2	3	4	5	6
27. ካለሁበት ቤት የተለየ ቤት ውስጥ ብኖር ብኜ እመኝለሁ	1	2	3	4	5	6
28. ቤተሰቦቼ እርስ በርስ በመልካም ሁኔታ ይነጋገራሉ	1	2	3	4	5	6
29. ከጓደኞቼ ጋር ብዙ አስደሳች ነገሮች አደርጋለሁ	1	2	3	4	5	6
30. ከወላጆቼ ጋር አስደሳች ነገሮች በህብረት እናደርጋለን	1	2	3	4	5	6
31. ሰፈሬን እወደዋለሁ	1	2	3	4	5	6
32. ሌላ ቦታ ብኖር ብኜ እመያለሁ	1	2	3	4	5	6
33. ጥሩ ሰው ነኝ	1	2	3	4	5	6
34. ይህ ከተማ በመጥፎ ሰዎች የተሞላ ነው	1	2	3	4	5	6
35. አዳዲስ ነገሮች መሞከር ያስደስተኛል	1	2	3	4	5	6
36. የቤተሰቦቼ ቤት ምቹ ነው	1	2	3	4	5	6
37. ጎረቤቶቼን እወዳቸዋለሁ	1	2	3	4	5	6
38. በቂ ጓደኞች አሉኝ	1	2	3	4	5	6
39. አሁን ካሉት ይልቅ ሌሎች ሰዎች ሰፈሬ ውስጥ ቢኖሩ ብኜ እመኛለሁ	1	2	3	4	5	6
40. የምኖርበትን ቦታ እወደዋለሁ	1	2	3	4	5	6