ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

EXPERIENCES OF EMOTIONAL DISTURBANCES AMONG MALE MILITARY PERSONNEL AT ETHIOPIAN ARMED FORCE COMPREHENSIVE AND SPECIALIZED HOSPITAL

BY: MEKDES YALEW

October, 2024

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

EXPERIENCES OF EMOTIONAL DISTURBANCES AMONG MALE MILITARY PERSONNEL AT ETHIOPIAN ARMED FORCE COMPREHENSIVE AND SPECIALIZED HOSPITAL

By: MEKDES YALEW

ADVISOR: ASSEFA BERIHUN (PHD)

A THESIS SUBMITED TO THE SCHOOL OF PSYCHOLOGY, ADDIS ABABA UNIVERSITY, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER OF ARTS DEGREE IN COUNSELING PSYCHOLOGY

October, 2024

Addis Ababa. Ethiopia

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Experiences of emotional disturbances among male military Personnel in Ethiopian armed force comprehensive specialized hospital

Chair, dep't committee	Signature	Date
Advisor	Signature	Date
External Examiner	Signature	Date
Internal Examiner	Signature	Date

Declaration

The researcher hereby declares that the thesis on the title "experiences of emotional disturbances among male military personnel at Ethiopian armed force comprehensive specialized hospital'' is my original work and that all source of materials used for thesis have been properly acknowledged.

Name: -Mekdes Yalew

Date: - October ,2024

Signature: _____

The thesis has been submitted for examination with my approval as a university advisor.

Name of the advisor; Assefa Berihun (PhD)

Signature _____

Date _____

Place: Addis Ababa University, college of Education and Behavioral Studies, School of psychology

Acknowledgement

Above all, I would like to thank Dr, Assefa Berihun, my advisor, for his sincere, intelligent and relevant thoughts, ideas and recommendation. He gave his constructive advice while he was critically sick. In addition to that, I would like to thank the staff at Ethiopian armed force comprehensive specialized hospital, especially the nurses for their support in data gathering. Also, I am grateful to thank the study participants for their willingness and cooperation to fill the data. Finally, I want to express my heart-felt gratitude to my friends and staffs who were encouraging me throughout the research process.

Table of Contents

Page

List of Tables and Figures

List of Figure

Acronyms

DASS	Depression Anxiety Scale
DSM	Diagnostic Statistical Manual
CMD	Common Mental Health Disorder
AAU	Addis Ababa University
PTSD	Post Traumatic Stress Disorder
WHO	World Health Organization
CGP	Canadian General Population
GAD	General Anxiety Disorder
CAF	Canadian Armed Force
SPSS	Statistical Package for Social science

Abstract

Mental health issues are prevalent globally, particularly affecting individuals in the armed forces. This study aimed to assess the prevalence of depression, anxiety and stress among military personnel at the Ethiopian Armed Force Comprehensive Specialized Hospital. Across-sectional survey design was employed. The data was examined with descriptive statistical methods such as frequency, percentage, mean, and standard deviation, as well as inferential statistical method such as one-Way ANOVA. involving 196 male military personnel. It revealed that 40.8% of respondents reported symptoms of depression ,47% reported anxiety, and 17.8% reported stress. Further analysis indicated that 17.3% experienced mild depression ,15.8% moderate ,4.6% severe, and 3.1% extremely severe. Similarly, anxiety levels were categorized as mild (16.8%), moderate (22.4%), severe (5.1%), and extremely severe (3.1%). Stress levels were reported as mild (9.7%), moderate (7.1%), and severe (1%). These findings highlight the significant prevalence of mental health challenges among Ethiopian military personnel, emphasizing the need for targeted interventions and support services to address these issues and promote the well-being of those serving in the armed forces. This study also reveals a complex interplay of socio-demographic factors and emotional disturbance among military personnel. While age and financial income have significant difference in the level of depression, having children also have significance difference in level of stress, other socio-demographic characteristics, such as marital status, level of education and work experience, didn't show significant difference with depression, anxiety or stress. Based on the research male military personnel above 55 years old have high level of depression and military have four children have low stress level.

Key words; Emotional disturbance, depression, anxiety, stress, male military personnel

CHAPTER ONE: INTRODUCTION

1.1 Background

The study of emotional disturbance among populations, including military personnel, often encompasses conditions such as depression, anxiety and stress. Research indicates that these emotional disorders can significantly impact individuals' mental health and overall wellbeing regardless age, gender or career status, however its common among those in the military (Lim et al., 2022; Teh et al., 2015).However, the term emotional disturbance is commonly used umbrella term for several different mental disorder according to this study it represents depression, anxiety and stress.

Depression is typified by depressed mood, lack of interest in activities, sleep disturbances, changes in appetite, low self-esteem, thoughts of suicide, hopelessness, exhaustion, and difficulty concentrating. When these signs are present for the majority of the day, for at least two weeks, and they significantly hinder functioning, they are indicative of depression(Arif1, 2023; WHO, 2023). According to the Global Health Data Exchange ,2017, depression affects between 251 and 310 million individuals worldwide. One adult out of fifteen reported having depression in a given year, and one out of six reported having depression at some point in their lives. Approximately 280 million people worldwide suffer from depression, which is the leading cause of disability worldwide, according to the WHO 2023 study. In addition, the WHO 2024 study listed Solomon Islands as having the lowest rate of depression (2.9% of the population affected by depression) and Ukraine as having the highest prevalence (6.3% of the population). Based on this research, Ethiopia ranks 54th out of all countries with study population of 4,480,113 people, or 4.7% of the total(Gbadamosi et al., 2022; WHO, 2017).

The DSM-5 defines anxiety as a mental illness marked by excessive and ongoing concern or fear that interferes with day-to-day functioning. WHO 2023 estimates that 4% of people worldwide suffer from anxiety. Anxiety disorders affected 301 million people globally in 2019, making it the most prevalent mental illness globally(GlobalBurdenofDiseaseStudy, 2019). Anxiety disorders are thought to account for 4% of Ethiopia's overall disease burden, of which 3.5% are male(Zergaw et al., 2023). Nevertheless, there is no precise information available regarding the frequency of anxiety disorders among Ethiopian military members. The prevalence

of anxiety among military personnel varies depending on the population in the world, but it is estimated to be 15.4%(Patricia D. Russell a, 2022).

Stress is a condition of tension or strain in the mind or emotions brought on by difficult or demanding situations (APA,2023). According to the World Mental Health Day 2022 Ipsos Global Advisor Survey, 62% of individuals worldwide report that stress has impacted their everyday lives at least once in the last year(Ipsos, 2023).The research results do not specifically state how common stress is in Ethiopia's general population. Nonetheless, 28.6% of Ethiopian university students reported feeling stressed out, according to a research. 52.3% of high school students in northwest Ethiopia who participated in a study on depression, anxiety, and stress also reported having these conditions, 60.8% of them, and 40.4% of them stressing out. In Tepi town, southwest Ethiopia, a community-based cross-sectional survey revealed that the prevalence of stress, anxiety, and depression symptoms among locals was 44.2%, 39.9%, and 37.7%, respectively(Nakie et al., 2022; Simegn et al., 2022; Tareke et al., 2023).

The frequency of stress experienced by military personnel has been shown by numerous researches. A study found that 26% of military personnel reported high levels of work-related stress, 15% reported high levels of emotional discomfort, and 8% reported high levels of stress that were negatively impacting their mental health and Compared to civilian workers, military personnel reported experiencing occupational stress at a much higher rate(Kelly, 2024). However, the research does not specifically state how common stress is among Ethiopian military members.

Different theoretical frame work and empirical source indicated how military personnel risky for emotional disturbance, for example stress -diathesis model/biological vulnerability suggests that individuals are predisposed to mental health issues due to a combination of genetic and environmental factors(diathesis) and stressful life events (stress. This frame work can help understand how military service, with its inherent stressors, might interact with individual vulnerabilities to contribute to emotional disturbances (Demke, 2022). About 50% of those who experienced conflict in the military went on to experience mental health issues such as PTSD, anxiety, and depression. In the world, 23% of active military personnel and 20% of veterans suffer from depression n(Asare- Doku et al., 2021; Moradi et al., 2021).Those mental health problems are a series of conditions that need understanding and medical care, including

psychotherapy. People can get better when early detection, diagnosis, and treatment are done; however, if left untreated, it is devastating.

This study is intended to explore the prevalence of depression, anxiety, and stress and potential contributing factor of emotional disturbance among male military personnel in Ethiopia. Military personnel may not know whether they suffer from depression, anxiety, or stress due to undetected symptoms or misdiagnosis of the disorder by health professionals. This means that the focus could be on their physical injury, although they might complain of symptoms related to that mental health problem. Research on experiencing depression, anxiety, and stress among military personnel is prevalent in developed countries, but there is a significant gap in our country. Overall, this study aims to shed light on the experience of emotional disturbance among male military personnel in Ethiopia, contributing to a better understanding of their mental health needs and informing strategies for improving their wellbeing.

1.2 Statement of problem

Military service can lead to stress, anxiety, and depression due to various factors such as the rigorous nature of duty, exposure to trauma, stigma, family influence, and transitional difficulties. To address these issues, it's crucial for military personnel to be aware of these challenges, seek help when needed, and utilize available mental health facilities(WHO, 2023). Globally, 3.4%, 4%, and 62% of people suffer from stress, anxiety, and depression(Global Burden o fDisease Study, 2019; Ipsos, 2023; WHO, 2023). In Ethiopia, 4.7% of the population is affected by depression, accounting for 4% of the overall disease burden (Gbadamosi et al., 2022; Zergaw et al., 2023). The general level of stress among the Ethiopian population remains unknown, with studies showing varying prevalence in different segment of population. Such as a study in Tepi town, southwest Ethiopia, revealed a high prevalence of stress (44.2%), anxiety (39.9%), and depression (37.7%) symptoms among residents, with varying rates across different demographic segments(Nakie et al., 2022; Simegn et al., 2022; Tareke et al., 2023).

Regarding the focus of this research on stress, anxiety, and depression in male military personnel, various investigations were carried out among those populations and their results were presented. Therefore, 23% of active military personnel and 20% of veterans worldwide suffer from depression, according to a study done to ascertain the pooled prevalence of depressive illnesses, suicidal ideation, and attempts among the military(Moradi et al., 2021). The prevalence of anxiety disorders among active duty service members varies depending on the population worldwide, but an estimated 15.4% of them suffer from anxiety disorders, according to a study done on the subject(Patricia D. Russell a, 2022). Numerous researches have demonstrated the frequency of stress faced by military people, according to another study on the subject. For instance, A 2024 survey revealed that 26% of military members experienced high levels of stress related to their jobs, 15% reported experiencing high levels of emotional pain, and 8% reported experiencing high levels of stress that were having a detrimental effect on their mental health. Military soldiers reported experiencing occupational stress at a far higher rate than civilian workers did(Kelly, 2024).

Ethiopia passed through different war in these five years. the Ethiopian military personnel with TPLF was recent events that leads to different mental health consequence among military personnel and also the community as shown below. The Tigray Peoples Liberal Front

began a war in November 2020, targeting Ethiopian military bases in the Tigray region. The conflict has spread to neighboring regions of Afar and Amhara, causing violence and health issues. The World Health Organization estimates a prevalence of 13-20% for mild depression, anxiety, and posttraumatic stress disorder in conflict settings. In the war-torn districts, at least 28560 people, including women and children, have severe mental health conditions requiring immediate assistance (Dadi, 2022; Gebreyesus et al., 2024)..

Finally, the researcher works in Ethiopian Armed Force Comprehensive Specialized Hospital as nurse. During the stay, I observed that, despite the prevalence of depression, anxiety, and stress among male military personnel at the Ethiopian Armed Forces Hospital, health care professionals primarily focus on physical injuries, neglecting the significant emotional disturbances experienced by these individuals or try to treat through anti pain medication. This lack of attention to mental health needs creates a gap in care, potentially leading to untreated psychological distress, impaired wellbeing, and compromised overall health outcomes for military personnel. When we see the current impact of the problem due to these problems the military personnel lead to chronic pain like kidney failure and substance abuse specially cigarette smoking. And for future there will be increment of suicide without addressing the underlying mental health issues and the military personnel expose to traumatic experience and increase risk of developing mental health problem.

Following that different reason initiate the researcher to conduct this research:

- As showed in the above, however military personnel who participate in the war are exposed to depression, anxiety and stress according to my knowledge there is no specific study conducted in our country on this topic
- Research on experiencing depression, anxiety and stress among military personnel is prevalent in developed countries, but there is a significant gap in our country.
- Most of the research conducted in Ethiopia focuses on different groups of people rather than military groups, as shown above.
- The health care professional focus of treatment is physical injury rather than emotional disturbance.

Therefore, this research aims to fill that gap and examine the prevalence of depression, anxiety, and stress among male military personnel at an Army hospital. If this study is not conducted

military personnel continue to experience the debilitating effects of depression, anxiety and stress without access to proper diagnosis, treatment and support.

1.3 Research questions

This study attempts to answer the following research questions:

- What are the prevalence rates and level of depression, anxiety and stress among male military personnel?
- Is there a statically significant difference in depression, anxiety and stress among military personnel in terms of age, financial income, level of education, marital status, work experience and having children?

1.4 Objective

1.4.1 General objective

The general objective of this study is to determine the prevalence, level and contributing factor of depression, anxiety and stress among male military personnel admitted at Ethiopian Armed Force Comprehensive Specialized Hospital.

1.4.2 Specific objective

Determine the prevalence rates of depression, anxiety and stress among male military personnel admitted to Ethiopian Armed Force Comprehensive Specialized Hospital.

Identify the level of depression, anxiety and stress among male military personnel admitted to Ethiopian Armed Force Comprehensive Specialized Hospital.

Determine the contributing factor of depression, anxiety and stress among male military personnel admitted to Ethiopian Armed Force Comprehensive Specialized Hospital.

1.5 Significance of the study

For several reasons, it is significant to investigate the experiences of male military personnel with depression, anxiety, and stress who are admitted to the Ethiopian Armed Comprehensive Specialized Hospital. It holds significant value for various stakeholders, offering both theoretical and practical insights.

Military personnel

Theoretical Benefit: understanding the prevalence and risk factors for mental health issues within their status can help them better understand their own experiences.

Practical benefit: this study can lead to improved access to mental health awareness through trained health care professionals work in the hospital.

Ethiopian Armed Force Hospital

Theoretical benefit: The study provides valuable data on the mental health landscape specially towards anxiety, depression and stress of their admitted military personnel.

Practical benefit: -This study enhances clinical practices through informing the development of mental health program specifically towards anxiety, depression and stress and treatment protocol for military personnel. It also helps to inform training programs for medical staff on recognizing and managing mental health issue in military personnel.

Ethiopian ministry of defense

Theoretical benefit: -the study provides evidence-based insights into in to the mental health challenges faced by their military personnel.

Practical benefit: -It helps for program development through guiding the development of program to promote mental health with In the military, including training

Finally, this study can be used to develop effective treatment programs with in the hospital system and to provide the right treatment for the military personnel suffer with mental health problem.

1.6 Scope of the study

The study is delimited for the following reasons. First, because there aren't many female military people admitted to the hospital, the study involved only male soldiers and this makes the study incomplete. Second, only military personnel admitted to the Ethiopian Armed Comprehensive Specialized Hospital are included in the study. It's possible that military members who haven't been admitted to the hospital cannot apply the findings generally. Third, it's possible that the results don't apply to other mental health issues. The hospital study is restricted just by the title that they provide, which is the other delimitation.

1.7 Limitation of the study

Despite important findings have been obtained this study could not be without limitations. The first limitation of the current study is that the study measure self -report measures, which might cause biases in response because it's possible for people to report better or worse experiences than they actually had. The second limitation is that it was limited to male military members due to the small number of female military personnel in the hospital. As a result, the findings may not apply to the larger community of military personnel. Another limitation is that the study employed quantitative descriptive study design that cannot determine the cause and effect.

1.8 Operational definition of terms

Emotional disturbance; - In this study emotional disturbance refers to experiences of depression, anxiety and stress among military personnel (Redhwan Ahmed Al-Naggar 1*, 2017; Teh et al., 2015).

Depression: -A mood disorder characterized by persistent sadness, loss of interest in activities once enjoyed, changes in appetite, sleep, energy levels, concentration, and thoughts, measured by DASS, depression subscale.

Anxiety: -A feeling of fear, worry, or unease, typically about an imminent event or something with an uncertain outcome, measured by DASS, anxiety subscale.

Stress: -A state of mental or emotional strain or tension resulting from adverse or very demanding circumstances, measured by DASS, stress subscale

Male military personnel: -Full time employed military individuals that are active and admitted for treatment in Ethiopian armed force comprehensive specialized hospital.

CHAPTER TWO: LITERATURE REVIEW

In this chapter, the existing related literatures which are most relevant to the purpose of the study are reviewed. It attempted to address the overview Ethiopian Armed Force Hospital, conceptual explanations of psychological constructs that the study attempted to focus and the different theoretical framework related to being military personnel. Moreover, this chapter comprises of the empirical study finding related to the study variables.

2.1 Overview of the severity

The prevalence of depression, anxiety, and stress among male military personnel hospitalized to army hospitals is significantly higher than in the general population. A research of the English veteran community found that common mental health issues (CMD), such as anxiety, depression, and posttraumatic stress disorder (PTSD), are more common among veterans than in the general population. According to the study's findings, depression is the most common (17.8%), followed by anxiety (15.0%) and PTSD (3.4%)(A. Finnegan, 2022).

Although the prevalence of stress, anxiety, and depression among male military personnel varies around the world, it is a serious issue that must be addressed. Being away from home, being deployed in a conflict zone, and being exposed to violence are all stressors that contribute to the development of mental health difficulties in this group. These mental health issues can have a disastrous effect on people, families, and the military as a whole(S A M Stevelink, 2014).

2.2 Conceptual explanation and the prevalence of depression, anxiety and stress

Depression is a widespread mental health condition that affects millions of individuals worldwide. It is characterized by continuous unhappiness, lack of interest in previously loved activities, changes in sleep and food, and feelings of worthlessness and guilt(WHO, 2023). If left untreated, depression can lead to various consequences. Untreated depression increases the risk of engaging in risky behaviors like substance abuse, can strain relationships, impact work performance, and make it challenging to cope with serious illness(Debra Fulghum Bruce, 2021;

WHO, 2017). It can also manifest physically, leading to symptoms such as chronic pain like cardiovascular disease, headaches, digestive issues, and fatigue (Gan et al., 2014).

Anxiety is another prevalent mental health condition that can cause severe distress. It is defined by excessive worry, fear, and tension caused by the anticipation of danger, which might be internal or external (American Psychatric Asociation, 1980). A 2013 study conducted among veteran affairs primary care setting discovered that roughly 12% of veterans have generalized anxiety disorder, which is four to six times greater than the general population (Milanak et al., 2013). Untreated anxiety in the military can lead to persistent symptoms such as restlessness, irritation, difficulty concentrating, trouble sleeping, exhaustion, and physical symptoms such as a racing heart, sweating, and trembling. Untreated anxiety can also emerge as avoidance of specific locations or things, the use of substances to cope, and difficulties with employment or daily activities(Victoria Langston, 2007).

Stress is a condition of worry or mental tension brought on by a tough situation, as well as a normal physical and emotional reaction to life events. However, chronic stress can have negative effects on both mental and physical health(WHO, 2023).A survey of 472 active-duty military soldiers revealed that 26% experienced major work stress, 15% indicated significant mental discomfort, and 8% reported work stress severe enough to harm their emotional health. These findings show that work stress may be a serious occupational health risk in the United States military, with military members reporting significantly higher levels of job stress than civilian workers(Steven Pflanz 1, 2002; Victoria Langston, 2007). Untreated stress can cause persistent symptoms such as restlessness, irritability, difficulty concentrating, insomnia, exhaustion, and physical symptoms such as a racing heart, sweating, and trembling (Victoria Langston, 2007).

In general, the high prevalence of depression, anxiety, and stress among male military personnel hospitalized to army hospitals has a variety of detrimental repercussions. These mental health disorders can cause poor work performance, social isolation, and substance abuse. They may also raise the chance of suicide.

Various studies conducted around the world have found that military personnel are more prone to suffer from mental health conditions such as depression, anxiety, and stress. As a result, some important studies proving the problem are given below.

A research of the English veteran community found that common mental health issues (CMD), such as anxiety, depression, and posttraumatic stress disorder (PTSD), are more common among veterans than in the general population. According to the study's findings, depression is the most common (17.8%), followed by anxiety (15.0%) and PTSD (3.4%)(A. Finnegan, 2022).

A study was done in war- and conflict-affected areas in 2022 to evaluate the general prevalence of depression, anxiety, and post-traumatic stress symptoms among civilian and military populations exposed to warfare]. The survey discovered that 21.1% of military members suffered from depression, 16.2% from anxiety, and 21.3% from post-traumatic stress disorder (PTSD)(Lim et al., 2022).

2.3 Theoretical frame work

The Ethiopian Armed Forces, like military institutions worldwide, face unique challenges that can significantly impact the mental well-being of its personnel. This literature review delivers into the prevalence of depression, anxiety and stress among military personnel admitted to Ethiopian Armed Forces Hospital, exploring the complex interplay of factors contributing to these mental health issues.

The researcher will utilize three theoretical frame works to guide the understanding: -

Stress theory: -can assist explain how military members suffer sadness, anxiety, and stress. Military personnel are frequently exposed to stressors such as conflict, deployment, and a lack of social support, which can cause stress and, in some circumstances, depression.

Social support theory: -it explains depression, anxiety, and stress among military people by highlighting the necessity of supportive connections in dealing with challenges peculiar to military life.

The biological vulnerability theory: - explains depression, anxiety, and stress among military personnel by emphasizing the interaction of biological predispositions and environmental stresses specific to military service. Here are some major aspects about how this theory explains depression, anxiety, and stress in the military.

By integrating these theoretical perspectives, this literature review aims to provide a comprehensive understanding of the factors influencing the prevalence of depression, anxiety and stress among military personnel admitted to the Ethiopian Armed Forces Hospital. This knowledge will be crucial in developing effective strategies for prevention, early strategies for prevention, early intervention and treatment of mental health issues with in the Ethiopian Armed Forces.

2.3.1. Stress theory

Stress theory is a complicated and growing field that has been contributed to by several researchers throughout history, making it difficult to pinpoint a single individual who "developed" it. However, certain important personalities have profoundly influenced our understanding of stress and its impact: When we look at the original idea introduced by Selye in 1956 and 1960, he sees stress as a response and a stimulus, respectively. He went on, and in 1983, he explained how stress responses build. He claims that the cognitive interpretation of physical symptoms or physiological experiences can have negative or beneficial consequences as part of the stress response. The core notion of his hypothesis is that when people are subjected to stressors, they develop a general adaption syndrome.

The condition is divided into three stages: alarm, resistance, and fatigue. When he discussed how those stages emerge, he stated that the body seeks to preserve physiological balance by dealing with stressors during the alarm stage, but when the stressors persist or become excessive, the body enters the fatigue stage. Following that, resources are drained, resulting in unfavorable health effects such as depression, one of our study's focus areas, and other mental health difficulties(Aneshensel, 1992; Jenna Fletcher, 2021; Walinga, 2014).The second is Richard Lazarus, who developed the appraisal theory of stress, which emphasizes that events are not intrinsically good or bad, but rather how people perceive and interpret them that influences their stress levels. He viewed stress as a transaction, and in 1966, he created transitional stress theory and coping (Lazarus, 1990). The other theories are William James and Carl Lange, who proposed the James Lange theory of emotion, which states that emotions are a physiological response to stimuli. Walter Cannon and Philip Bard also proposed the Cannon-Bard theory of emotion, which holds that emotional responses to stress can occur independently of physiological changes. Stanley Schachter and Jerome Singer proposed that emotional

responses to stress require both attribution and contextual signals for appropriate interpretation (James D. laired, 1990; Jenna Fletcher, 2021) .

Stress is examined from three theoretical viewpoints: social, psychological, and biological stress perspectives. Social theory explains how environmental or external demands cause individual stress, which is dependent on contextual elements or social situations. The psychological approach describes how to assess an individual stressor and manage resources to satisfy the overwhelming demand. The biological perspective also explains how stress increases individual health risks by activating the physiological system(Surachman & Almeida, 2018).

Stress theory can assist explain how military members suffer sadness, anxiety, and stress. Military personnel are frequently exposed to stressors such as conflict, deployment, and a lack of social support, which can cause stress and, in some circumstances, depression. The social stress perspective can assist explain how these stresses are integrated into the military environment and how they affect mental health. The psychological stress perspective can assist explain how individual stressor assessments and coping resource availability influence the development of depression, anxiety, and stress. The biological stress perspective can assist explain the psychological changes that occur in response to stresses and how these changes can contribute to sadness and anxiety(Sampson et al., 2022).

2.3.2. Social Support Theory

This idea is a psychological framework that highlights how important social connections and relationships are during difficult times. The idea has no one creator, but in 1970s prominent figures like as Cobb, Cassel, and House have played important roles in defining it. According to this theory, social support can take several forms, including emotional support, which is communicated through comfort, encouragement, and focus. Informational support provides direction or advice, whereas instrumental help provides practical aid and resources.

Various studies have shown that social support has a substantial impact on people's physical and mental health. To add to the good impact, we see that persons who have significant social support are less likely to acquire mental health problems such as depression, anxiety, or stress. Social support not only minimizes mental health difficulties, but it also enhances people's ability to cope with stress and recover from disease or injury(Blackbyrn, 2024).

The idea explains melancholy, anxiety, and stress among military personnel by emphasizing the importance of social relationships in mental health outcomes. According to research, mental and behavioral health, as well as social support, are crucial variables for military service members, and many studies have highlighted their impact on wellbeing(Barr et al., 2023; Na et al., 2022).

Furthermore, research has revealed that among military personnel, mental health outcome prediction, social connectivity, and support play an important impact. Social connectivity was discovered to be a strong predictor of a variety of health outcomes, including PTSD, depression, anxiety, and overall health, with higher levels of social connectedness associated with less symptoms(Raley, 2017).

Among conclusion, social support theory explains depression, anxiety, and stress among military people by highlighting the necessity of supportive connections in dealing with challenges peculiar to military life.

2.3.3. The biological vulnerability theory

Zubin and spring developed the diathesis, often known as the vulnerability stress model, in 1977. It is a psychological theory that describes how disorders emerge by combining predisposition vulnerability (diatheses) with stress from life experiences. This hypothesis aims to explain how biological or genetic features combine with environmental stressors to determine susceptibility to psychological diseases. The model's goal is to explain how illnesses or their trajectories emerge from the interaction of a vulnerability (diathesis) and stress caused by life experiences(Demke, 2022). Family history and exposure to stressful life events are identified as risk factors for the beginning of mental health problems (Arnau-Soler et al., 2019).

To conclude, the biological vulnerability theory the best theory to guide the entire study because it sheds light on how biological vulnerabilities combine with environmental stressors to impact the emergence of psychiatric diseases. Understanding this concept is critical for understanding how genetic predispositions and life events interact to influence mental health outcomes.

The biological vulnerability theory explains depression, anxiety, and stress among military personnel by emphasizing the interaction of biological predispositions and environmental

stresses specific to military service. Here are some major aspects about how this theory explains depression, anxiety, and stress in the military:

Military personnel encounter unique pressures such as battle exposure, long separations from family, and trauma, increasing their vulnerability to emotional disturbances from current circumstances. Depression can exist prior to or develop during military duty, and mental health problems such as depression may disqualify people from serving. Active duty is known to increase the risk of depression, PTSD, and other mental health issues due to the demanding nature of military service and exposure to horrific experiences. Another element is stigma and barriers. The military culture's emphasis on strength and resilience can create barriers to obtaining mental health support, resulting in underdiagnoses and under treatment of mental health issues in the military community(Charatan, 2008).

2.4 Empirical evidence

2.4.1 International study

There are money studies that have been conducted in these areas of study both at international and national situations, to show that international study located as follow:

According to studies, roughly 50% of those who serve in military combat have mental health issues such as post-traumatic stress disorder (PTSD), anxiety, and depression(Asare-Doku et al., 2021).As study conducted in 2024 ,to identify how common mental health issue in military medicine aspect showed that anxiety and depression are the most typical symptoms of mental health concerns in military medicine, there is a larger percentage among military personnel (Gyorfy*, 2024).

And a systematic review that looked at 17 studies involving US military personnel and examined a variety of mental health disorders found that PTSD (with a range of 2–59%), anxiety (with a range of 16.1-35.5%), depression (with a range of 9.7–46.4%), and psychological distress (with a range of 13.4–36%) are frequently observed. The review was published in the British Medical Journal(S A M Stevelink, 2014). In war-torn locations, a meta-analysis of civilian and military populations revealed that the military had a prevalence of depression of 24.0%, anxiety of 16.2%, and PTSD of 21.3%(Lim et al., 2022).Another study conducted in 2005 among a representative sample of UK veterans at high risk of mental health

problems to determine the frequency and association of disorder and help-seeking behaviors found that the most common problems reported in service were depression (48.3%) and "stress" (37.9%)(AMY IVERSEN, 2005).A study on Peruvian military personnel in 2023 assessed the data of 615 military personnel who took part in the survey 93.7% of them were male, with a median age of 22 years and 73.3 % single. The prevalence of depression and anxiety symptoms was 29.9% and 22.0%, respectively (Valladares-Garrido et al., 2023). Another study conducted to identify the epidemiology of depression across cultures indicate on its study according to the World Health Organization, depression is the fourth largest cause of disability and is expected to become the second leading cause(Kessler & Bromet, 2013). When the study considers the frequency of depression among military A meta-analysis conducted in 2021 found that 23% of active-duty military members and 20% of veterans suffer from depression. It implies a significant burden of depression among military personnel (Moradi et al., 2021). The increased prevalence of depression in the military not only impacts active duty personnel but also extends to their families, highlighting the broader implications of mental health challenges within military communities(Jackson., 2023). A systematic review that included 28 studies conducted in 2020 to investigate mental health service use in depressed military personnel showed that in 2010 major depression among Australian Defense Force personnel was 6.4%, in 2013 among Canadian Armed Forces personnel 8.0%, in 2015 among British Armed Forces anxiety and depression were over two times higher than among civilians, and in 2012 major depression among US military personnel who had previously deployed was 13.1%. According to the Five Eyes intelligence collaboration, which includes the UK, US, New Zealand, Australia, and Canada, there is a higher risk of suicide, premature withdrawal from the military, and reduced operational effectiveness in Five Eyes countries.

In addition to depression different international study conducted on anxiety as follow, Anxiety is a widespread mental health disorder that affects people of all ages, genders, and occupation. According to the WHO 2023 study, the global prevalence of anxiety is predicted to be around 4%, which translates to 301 million individuals suffering from an anxiety condition in 2019. Towards military it is anticipated that up to 20% of military people would develop anxiety disorders at some point in their employment(S A M Stevelink, 2014).

A study conducted in Canada to identify differences in socio-demographic risk factors, comorbid mental conditions, clinical presentations, and functional impairments associated with past-year generalized anxiety disorder (GAD) between Canadian Armed Forces (CAF) Regular Force personnel and the Canadian general population (CGP) found that the prevalence of lifetime and past-year GAD was significantly higher in the Canadian armed force(CAF) (12.1% and 4.7%) than in the Canadian general population (CGP) (9.5% and 3.0%)(Taillieu et al., 2018).

In Africa, the sources use does not expressly address male African military personnel's experiences with depression, anxiety, and stress in army hospitals. However, the study conducted to assess the prevalence of depression among military members; we find considerable rates of depression. According to research, depression and anxiety are common mental health difficulties among West African military forces (Asare-Doku et al., 2021). Another retrospective cohort study in Africa, notably in the Democratic Republic of the Congo, Mali, and Nigeria, on mental health and psychosocial treatment for the war wounded found that 36.61% of them were depressed (AndersenID & 1, 2022).

2.4.2 National study

When I observe research conducted on this topic in our country, there is no much study for the military, according to my understanding, but several studies conducted for various sectors of the Ethiopian people, as follows: The first survey of Ethiopian university students discovered that the prevalence of depression, anxiety, and stress was 46.3%, 52%, and 28.6%, respectively (Simegn et al., 2021).

The second study, done among Eritrean refugees in Dabat town, northeastern Ethiopia, indicated that depression, anxiety, and stress were prevalent at 37.8%, 26%, and 40%, respectively (Melese et al., 2024).

The third research on war survivors in northern Gondar found that they have a greater rate of PTSD, melancholy, anxiety, and somatization. The essay also emphasizes the importance of comprehensive mental health and psychosocial assistance in reducing the long-term impacts of conflict on the community's healthy lifestyle (Yigzaw et al., 2023).

The fourth study on the mental health consequences of wars in northern Ethiopia underlines that the violence has caused massive internal displacement, homelessness, financial and family loss, and disruption of the culture and values of millions of people living in these regions. The article also emphasizes mental health difficulties as important indirect ramifications of armed conflict, which can have both short- and long-term impacts for impacted communities. Combat exposure and deployment can negatively affect military personnel's mental health, leading to higher rates of PTSD, depression, drug misuse, suicide, and other mental health issues(Dadi, 2022). Military soldiers, as participants in the war, are suspected of having mental health issue such as depression, anxiety, and stress.

A study of 406 military personnel admitted to the Armed Forces Referral and Teaching Hospital in Addis Ababa, Ethiopia, found a 15.5% prevalence of post-traumatic stress disorder (PTSD)(Tesfalem Araya1*, 2019).

Variable

Dependent

- Experience of emotional disturbance

Independent

Demographics

Nature of job

Conceptual frame work

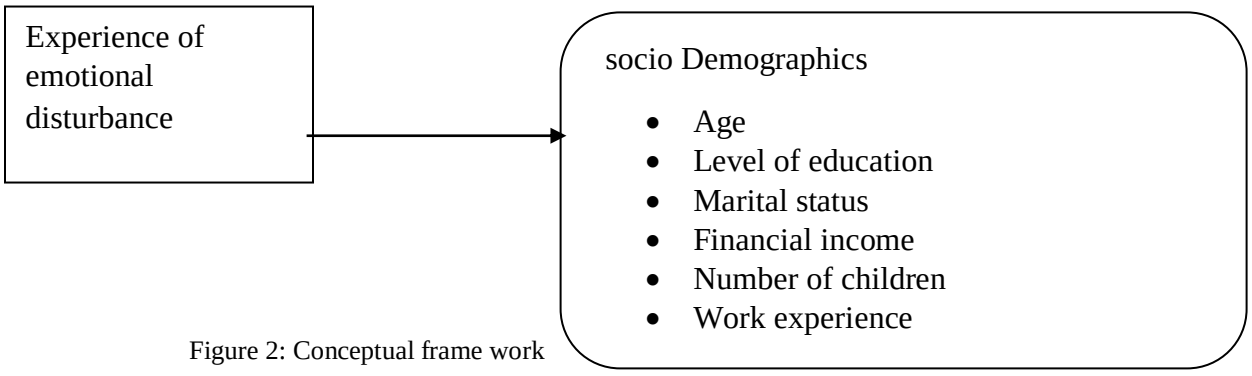

Figure 2: Conceptual frame work

Implication

The literature reviewed highlights the significant prevalence of depression, anxiety and stress among male military personnel hospitalized to army hospitals in Ethiopia. This underscores the urgent need for comprehensive mental health initiatives within the Ethiopian Armed Forces. The findings have several key implications.

- Increased awareness and training: The Ethiopian Armed Forces should prioritize mental health awareness campaigns and training programs for medical staffs.This should encompass recognizing the sign and symptoms of mental health conditions with the differential of physical injury.
- Early intervention and screening: Regular mental health screening programs should be implemented to identify individuals at risk for depression, anxiety and stress. Early intervention strategies can help prevent the escalation of these conditions and improve outcomes.
- Further investigation of prevalence: More research is needed to accurately assess the prevalence of depression, anxiety and stress among military personnel in Ethiopia, considering factor such as gender, rank and specific military roles.

To conclude the prevalence of depression, anxiety and stress among military personnel in Ethiopia is a serious concern that requires immediate attention. By implementing the above implication, the Ethiopian Armed Force can create a more supportive and health environment for its personnel, promoting their wellbeing.

CHAPTER THREE: METHODLOGY

This chapter covers the following sections: research design, study setting, study population, sample and sampling technique, inclusion and exclusion criteria, sampling procedure, data gathering tools, data collection procedures, pilot study, data analysis methodology, and ethical considerations.

3.1 Research design

This study employs cross-sectional descriptive survey design using quantitative approach. The reason to select this research approach was that, the nature of the basic research questions needed some statistical procedures. The research employed a quantitative approach.

Quantitative research, according to Creswell (1994), is positivist, experimental and empirical. The data in this type of study employs statistical models. There are psychological variables /constructs/ that should be measured quantitatively in order to report them meaningfully, that may not be obtained by other approaches. The nature of the data that were collected was also quantifiable which was helpful to identify and report statistical significance of findings.

3.2 Description of the study site

The study was conducted in Addis Ababa in Ethiopian Armed Forces Comprehensive Specialized Hospital (Torhyloch) located in Addis Ababa. The hospital serves a diverse population of military personnel, including those stationed in remotes areas. The hospital operates with in a hierarchical military structure and culture that emphasizes discipline and stoicism. The military foster a strong sense of camaraderie and loyalty among its members. This can be a positive factor providing support networks for those experiencing emotional distress, However, it can also create pressure to conform and suppress personal struggles.

It is the only hospital in Addis Ababa that treats wounded military patients that focus on treating wounded military personnel suggests a specialized environment with dedicated resources and expertise in trauma care. This could influence the patient's perception of the hospital and their expectations for treatment. Also, largest hospital and the primary referral facility for the Ethiopian Armed Forces. The hospital has 1,000 beds and offers a wide range of medical treatments, such as general surgery, orthopedic surgery, neurosurgery, cardiology, and oncology. It also contains several specialist clinics, including a burn, trauma, and pediatric unit.

Additionally, it is a teaching hospital that collaborates with the AAU School of Medicine. The hospital is also part of the Ethiopian Ministry of Health's network of hospitals.

3.3 Target population /Data sources

The hospital has the capacity to admit a total of 1000 patients of which 50 beds are allocated for female patients and 950 for male patients. During the study period there were no female patients, and male patients were 718.

A proportionate simple random sampling strategy was employed to select the sample. The sample size is established using a single population proportion formula, and EAFCSH admits 718 male military personnel. Because the numbers are less than 10,000, the researcher applied an adjustment formula.

To determine the size of the sample the researcher used a research conducted by the Ethiopian Ministry of Defense and the findings (19%) reported having depression, anxiety, and stress in the previous year, therefore p = 19%.

The sample size is derived using the single population proportion formula, which is the 95% confidence interval, Za/2 = 1.96, the original sample size (N!), the margin of error (W), which is 5%, and the military personnel proportion (p) of 19%.

so, using the formula $n! = (Z_{a/2})^2 p(1-p)/w^2$

The following result come as follow $n! = (1.96)^2 x\ 0.19(1-0.19)/ (0.05)^2 = 236$

The final sample size determines using adjustment formula due to the number of populations is less than 10000.

N*f*=n! / (1+n! /N), where, Nf is the final sample size (Siyoum et al., 2021)

N- number military personnel in EAFCSH. (N=) N*f*=236/ (1+236/718) =178

178 is original sample size and to reduce sampling error add **10%** of nonresponse rate of 18 so there will have 196 total sample.

3.4 Inclusion and exclusion criteria

This study was including male military individuals admitted to the Ethiopian Armed Forces Comprehensive Specialized Hospital. The study involved military people who receive medical care at the institution.

Determining the experience of depression, anxiety and stress among military personnel admitted to the army hospital requires careful consideration of exclusion criteria. These aim to ensure accurate interpretation of the results. Here are some common exclusion criteria for such studies: -

- **Individuals with a prior diagnosis of serious mental illness** (e.g., bipolar disorder, schizophrenia) may be experiencing symptoms unrelated to their current situation. Excluding them can provide a more accurate picture of depression, anxiety, and stress associated with military service and hospitalization.
- **Females** admitted to the hospital due to the study's concentration on male military was excluded. Non-conscious military members, such as those in the intensive care unit, was barred.
- **Non-military persons**: Because the study is primarily concerned with military personnel, civilians admitted to the hospital will be excluded.
- **Inability to understand informed consent**: Participation necessitates informed consent. As a result, we eliminate those who are unable to understand the study's goal and implications due to language problems or other factors.

3.5 Sample and sampling technique

Proportionate stratified simple random sampling was used by the researcher. Stratified random sampling involves dividing the population into subgroups(strata) based on a relevant characteristic. In this case the wards are the strata. This allow the researcher to ensure representation from each ward. Within each stratum(ward),the researcher would then use simple random sampling to select participants(military personnel).The number of military personnel selected from each ward is proportional to the ward’s size in the overall population. This ensures that the sample accurately reflects the distribution of military personnel across the different wards.

Determine the population of interest before using proportionate stratified random sampling to investigate the experience of emotional disturbance among male military members at the Ethiopian Armed Forces Comprehensive Specialized Hospital. All-male military troops who are presently stationed at the hospital will fall under this category. The population will be separated according to the ward they are admitted to after we have identified it. It must determine the size of the sample from each ward after dividing the population into the wards they admit. Each ward's sample size must correspond to its proportional share of the population. It will choose a random sample from each ward after calculating the sample size for each ward.

This study used a random number generator for this. Following the selection of a sample from each ward, data from the sample members will be gathered. Information about their experiences with stress, anxiety, and depression will be included in this data. The Ethiopian Armed Forces Comprehensive Specialized Hospital's male military personnel's experiences with stress, anxiety, and depression will be ascertained by analysis of the data gathered from the sample persons.

The sample sizes would be proportionally allocated using a formula sample.

ni=Nixno/N, N= total population of military personnel, Ni=is number of military personnel

ni=No of sample for each military personnel and

no=Represents total sample size.

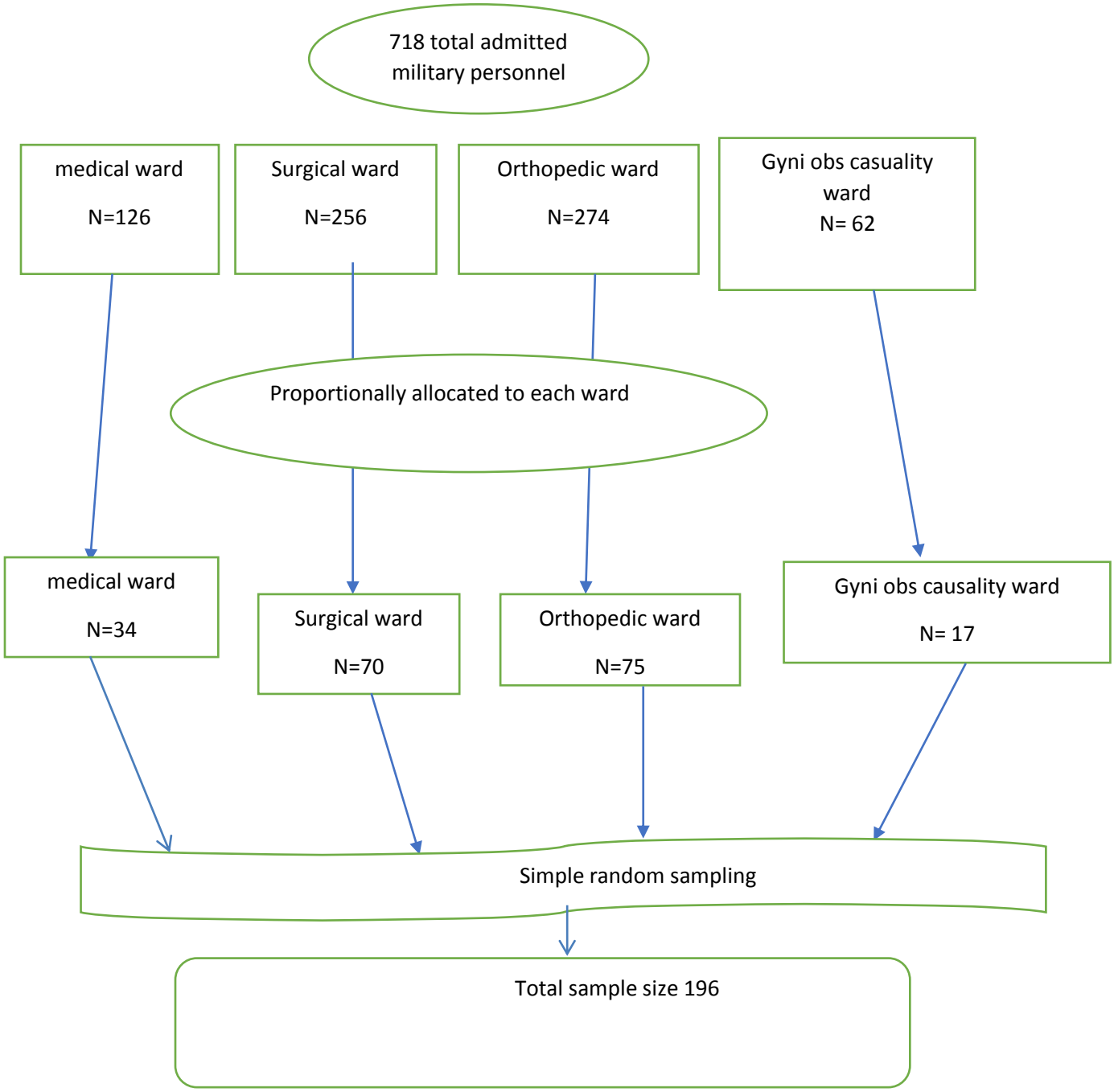

Figure :2 Proportional allocation 1

The formula for single population proportion used to determine the sample size. 19% of military personnel reported experiencing depression, anxiety, or stress in the previous year, according to a sample size calculation based on a single proportion formula with a 95% confidence interval, a 5% margin error, and a prevalence of depression, anxiety, and stress taken from research done by the Ethiopian Ministry of Defense. This yields a total of 178 samples.

The final sample, which is made up of 178 + 18 = 196 surgical, medical, orthopedic, and gynecological obsessive-casualty patients who are randomly selected using a proportionate simple random selection technique, has a 10% non-responding rate assumed. It indicates how 178 actual study participants select from the target population.

To calculate the sampling interval, divide the total number of study participants admitted to the four wards during the month of data collection by the entire sample size. Patients admitted to the medical, surgical, orthopedic, and gynecological casualty wards will make up 34, 70, 75, and 17 patients, respectively. For four wards, a two-selection skip interval will be employed. There will be a lottery to choose the first military personnel.

3.6 Data collection Instruments

A questionnaire was the main instrument used in this study to collect data. The researcher adapting the DASS-21 scale to fit the specific context of the study. The first section comprised six questions covering demographic factors (age, marital status, number of children level of education, work experience, income, etc.) and questions related to their job “Do they like their job?" and "Do they think their job is stressful or non-stressful?"

The second section of the questionnaire is the DASS - 21 scale. The DASS-21 scale measures the Depression, Anxiety, and Stress symptoms and levels of military personnel. The scale is a self-reported questionnaire and has three subscales made up a total of 21 items and each sub-scale with seven items.

The depression sub-scale questions evaluate Dysphoria, hopelessness, life devaluation, self-depreciation, lack of interest or involvement, anhedonia, and lethargy, Likewise, the anxiety sub-scale assesses the autonomic arousal, skeletal muscle effects, situational anxiety, and subjective feelings of anxious affect. The stress subscale assesses nervous arousal, impatience, agitation, irritation, and trouble relaxing. Participants were asked to indicate intensity of each unpleasant state experienced during the previous week on a 4-point severity/frequency scale(S. H. Lovibond & P. F. Lovibond, 1995). The instrument is reliable. A study done on military personnel showed a reliability of 0.871.Using a four-point Likert response scale, the three-dimensional self-reporting scale assesses the presence and severity of depressive, anxiety, and stress affective states in the previous week. Each subscale contains seven items with a total

score ranging from 0 to 21. As the score increased, so did the levels of sadness, concern, and stress symptoms.

The DASS-21 is especially effective since, unlike other tests like the Beck Depression Inventory, it measures depression symptoms rather than depressed disease. In the Australian population, the subscales of depression, anxiety, and stress had a reliability of 0.71, 0.79, and 0.81, correspondingly(S. H. Lovibond & P. F. Lovibond, 1995).

According to the DASS manual, the DASS-21 symptom is based on a 4-point severity scale ranging from 0 to 3 measurements, and scores are classified as normal, mild, moderate, severe, and extremely severe for each subscale(P. F. Lovibond & S. H. Lovibond, 1995).

The lowest possible score is 0, and the highest possible score is 21. The DASS-21 final score can be classified using the cutoff points as shown in the table below. The stress subscale has items 1, 6, 8, 11, 12, 14, and 18; the anxiety subscale has items 2, 4, 7, 9, 15, 19, and 20; and the depression subscale has items 3, 5, 10, 13, 16, 17, and 21.

Finally, the 21-item DASS is a self-report measure that is easy to administer, precise, quick to score, and free to use(S. H. Lovibond & P. F. Lovibond, 1995), and these characteristics, together with its reliability and validity, make it a popular screening and treatment outcome measure.

Table 1: DASS -21 Severity Ratings

Severity	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extreme severe	13+	9+	16+

Source: Lovibond & Lovibond, 1995

3.7 Data collection procedures

The researcher first communicated the academic directorate of the Ethiopian Armed Forces Comprehensive Specialized Hospital with a letter of Ethical clearance letter from the Addis Ababa University College of Education and Behavioral Studies, School of Psychology. After permission was obtained from the academic directorate director I have started the data collection process from the participant after gaining their willingness to participate in the data

completion activity using the prepared questioners and providing clear instructions on how to complete. The data collection process was facilitated by the head nurse and nurses by assisting the researcher in selecting the respondents, distributing the questioners and collecting from the respondents from different wards. The data collection from the study participants had taken place in the Ethiopian Armed Force Hospital wards, where the patient admitted. Moreover, the study participants were informed to provide their own response and that there were no correct or wrong responses. The instrument was administered on individual basis by the researcher and the assistants on particular working days for 10 days.

3.8 Pilot testing

A pilot study is a small-scale study that is conducted to test effectiveness and feasibility of the study and can be used to identify potential problems with a research method so that to address before the main study is conducted. Participants typically small in number when pilot study conduct, often 10-100.This allows researchers to test the intervention or research method with a manageable number of people and to make changes as needed. Pilot studies are also typically conducted over a short period of time, often a few weeks or months. This allows researchers to collect data quickly and to make changes to the intervention or research method as needed. Pilot studies can provide valuable information about the feasibility and effectiveness of a new intervention or research method. They can also help researchers to identify potential problems with the intervention or research method so that they can be addressed before the larger study conducted. Therefore, data were collected from 30 military personnel at Ethiopian Armed Force Hospitals, who will not include in the final study. The reason for selection of 30 was using a common rule of thumb that is aim for a pilot study sample size of 10-20% of the planned sample size for the main study. If the main study is planned to have 150-200 participants, a pilot study with 30 participants would be within this range. Reliability of the instrument was passed by Cronbach alpha using the data collected during the pilot survey. The computation yields 0.871 for DASS-21 with 95% confidence interval.

3.9 Data analysis procedures

Both descriptive and inferential statistical methods were used to analyze the data. The study tried to analyze the socio demographic characteristics of participants and the level and prevalence of depression, anxiety and stress by using descriptive statistics (Number, frequency and percentage values).

In order to analyze group difference in depression, anxiety and stress score due to socio demographic variables, one Way ANOVA was employed. One Way ANOVA was used to examine the difference in depression, anxiety and stress among military personnel in terms of age group, marital status, having children, level of education, work experience and financial income. When ANOVA results showed significant differences, post hoc test were conducted in an attempt to identify the specific difference. On the other hand, when assumption of homogeneity of variance was met, Tukey's honestly significant differences (HSD) post hoc test was used. And for the small variation and magnitude effect size Eta square used. Employing these statistical methods were possible after checking the assumptions and no violations of these assumptions was taken into consideration this difference is relatively small. This means that

3.10 Ethical considerations

The student researcher has received the ethical approval letter from the Addis Ababa University School of Psychology ethical clearance committee. The obtained approved ethical clearance has been submitted to the comprehensive specialized hospital of the Ethiopian Armed Forces. Then letter of acceptance was obtained from the hospital. Following that participants of the study were asked to give their agreement to take part the study and sign the written consent. The signed agreement involves their willingness to take part the research, reassurance about the confidentiality of their responses.

CHAPTER FOUR: RESULTS

The findings and interpretation of the data are presented in this chapter, which is divided into two sections. The first section presents a socio -demographic profile and statistics on military personnel based on frequency, percentage, mean and standard deviation. In the second section ,one way -ANOVA analysis were used to determine whether there was a statistically significant difference among military personnel in depression, anxiety and stress in terms of age, marital status, level of education ,having children, financial income and work experience .

Table 2: Socio demographic characteristics of the participants in Ethiopian Armed Force Hospital (N=196)

Variable	Category	N=196	Frequency(%)
Sex	Male	196	100%
Age	18-24	125	63.8%
	25-34	45	23.0%
	35-44	8	4.1%
	45-54	10	5.1%
	Above 55	8	4.1%
Marital status	Married	54	27.6%
	Single	135	68.9%
	Divorced	7	3.6%
	Widowed	0	0%
	Other	0	0%
Having children	yes	45	23.0%
	no	151	77.0%
Number of children	none	151	77.0%
	One	25	12.8%
	two	12	6.1%
	three	4	2%
	Four	2	1%
	Above five	2	1%
Level of education	Can't read and write	5	2.6%
	Can read and write	38	19.4%
	Elementary school completed	95	48.5%
	Secondary school completed	47	24.0%
	Collage and higher education	11	5.6%
Work experience in years	1-5	156	79.6%
	6-10	17	8.7%
	11-15	4	2.0%
	Above 15	19	9.7%
Financial income	low (<4500 birr per month)	84	42.9%
	medium (4501-8000 birr per month)	106	54.1%
	upper middle (8001-13,000 birr per month)	5	2.6%
	high (above 13,001 birr per month)	1	0.5%

A total of 196 participants were included in this study. In the socio-demographic variables such as age, marital status, having children, number of children, level of education, work experience and financial income were examined. As it can clearly see in table 1 above, the response of 196 participants who were able to complete the questioners were analyzed. When we look at the respondents age brackets, majority (n=125; 63.8%) were between the age range of 18-24. The reason of these group high in number is due to they are newly recruited and have active role, mostly they engage in more physically demanding and risky operation, lack experience to navigate dangerous situation those all reason leads them injury and admitted to hospital.

Regarding the marital status of the participants the majority (n=135, 68.9%) were single, followed by married (n=54, 27.6%) and divorced (n=7, 3.6%). were divorced but there is no in widowed and another category. When looking at whether the respondents had child/children, most of the participants (151;77.0%) reported that they have no children, 25(12.8%) have only one child,12(6.1%) have two children,4(2%) have three children, having four and above five equally 2(1%).As mention above majority of them were single and have no children because military service mostly attract individuals who have not yet settled, long deployment and frequent relocation nature of military service also affect to establish family.

Regarding the level education of the respondents, majority (n=95;48.5%) were elementary school completed followed by secondary school completed (n=47;24.0%), can read and write (n=38;19.4%) college and higher education attended (n=11;5.6%), and can't read and write (n=5;2.6%). Based on the data obtained most of the respondents have a work experience of 1-5-years (n= 156; 79.6%) and those that have short duration of work experience were 9.7% (n=19).Finally when we see their financial income majority of the respondents(106;54%) had financial income of medium (4501-8000 birr per month) followed by 84(42.9%) low(<4500 birr per month),5(2.6%) upper middle (8001-13,000 birr per month) and 1(0.5%) high (>(above 13,001 birr per month). Being they are younger is a contributing factor for their level of education to be majority of them were complete elementary school. As majority of them younger and have 1-5 years' work experience, they live in the camp, the armed force provides the logistics during war and most the participant come directly from war their financial income is middle.

4.1. Prevalence and level of depression, anxiety and stress among military personnel admitted at Ethiopian Armed Force Hospital

Table 3: Prevalence and level of depression, anxiety and stress

	Number (frequency)	**Percent (%)**
Depression		
Normal	116	59.2
Mild	34	17.3
Moderate	31	15.8
Severe	9	4.6
Extremely severe	6	3.1
Total (mild- extremely severe)	80	40.8
Anxiety		
Normal	103	52.6
Mild	33	16.8
Moderate	44	22.4
Severe	10	5.1
Extremely severe	6	3.1
Total (mild- extremely severe)	93	47.4
Stress		
Normal	161	82.1
Mild	19	9.7
Moderate	14	7.1
Severe	2	1
Total (mild- severe)	35	17.8

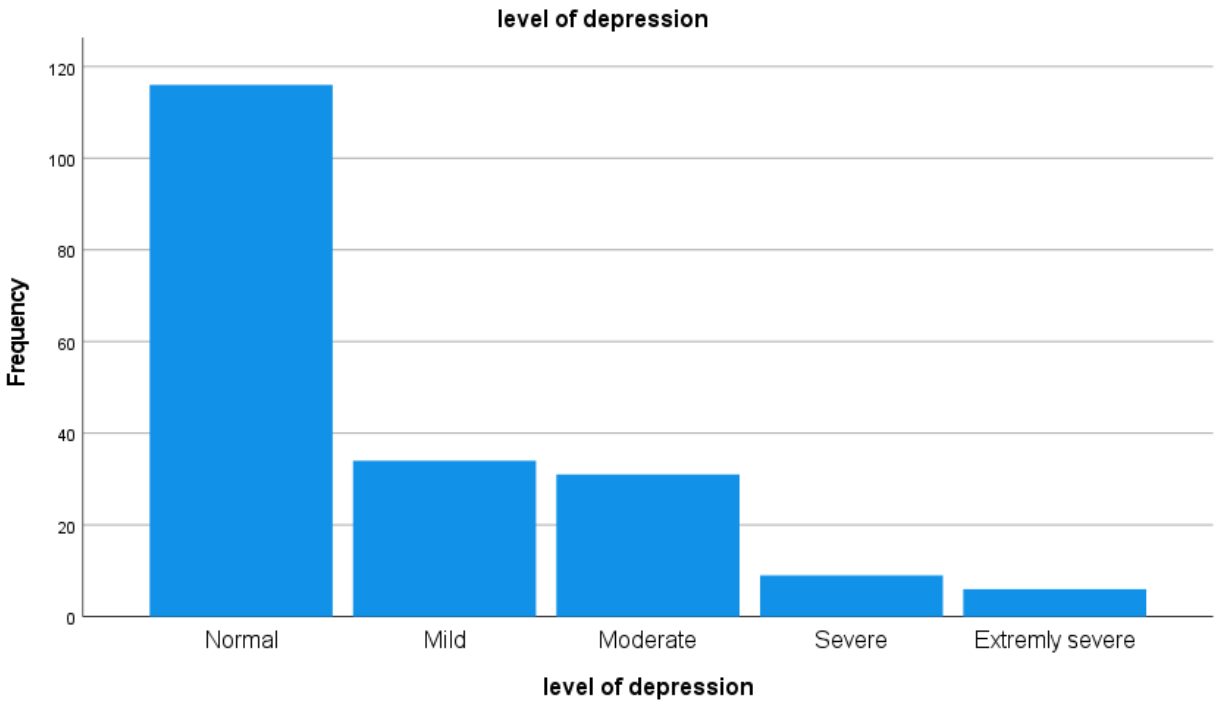

Figure 3; Level of Depression

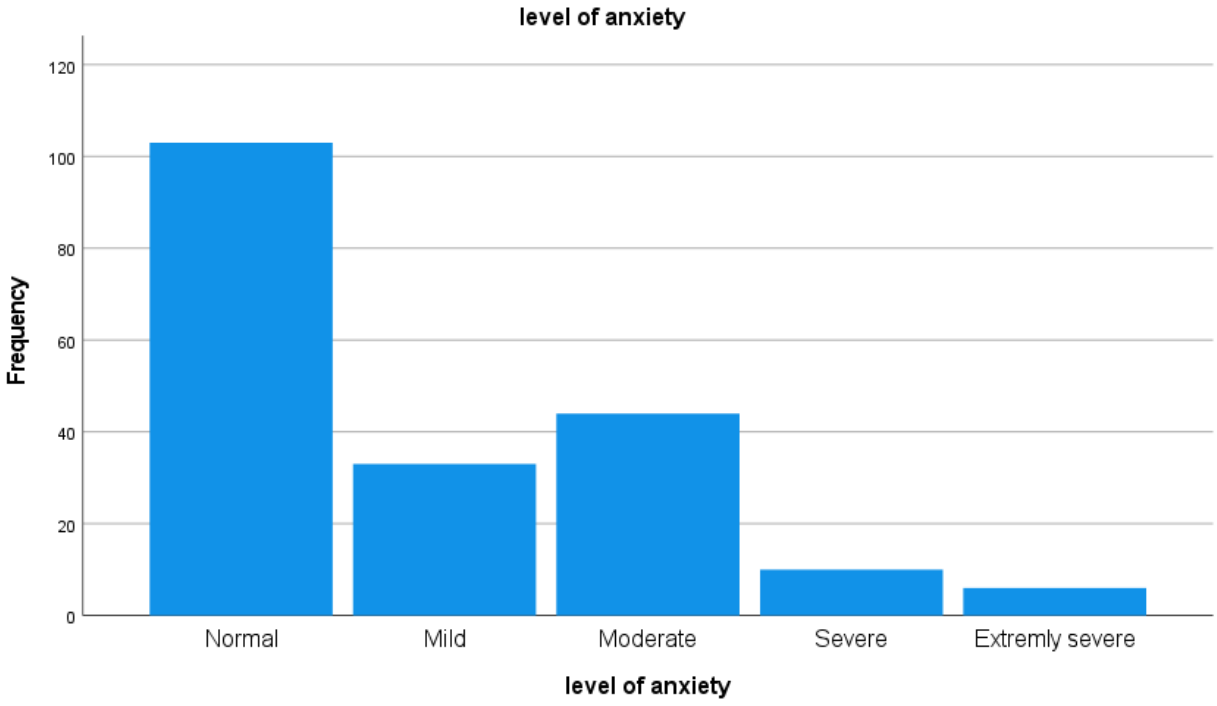

Figure 4: Level of Anxiety

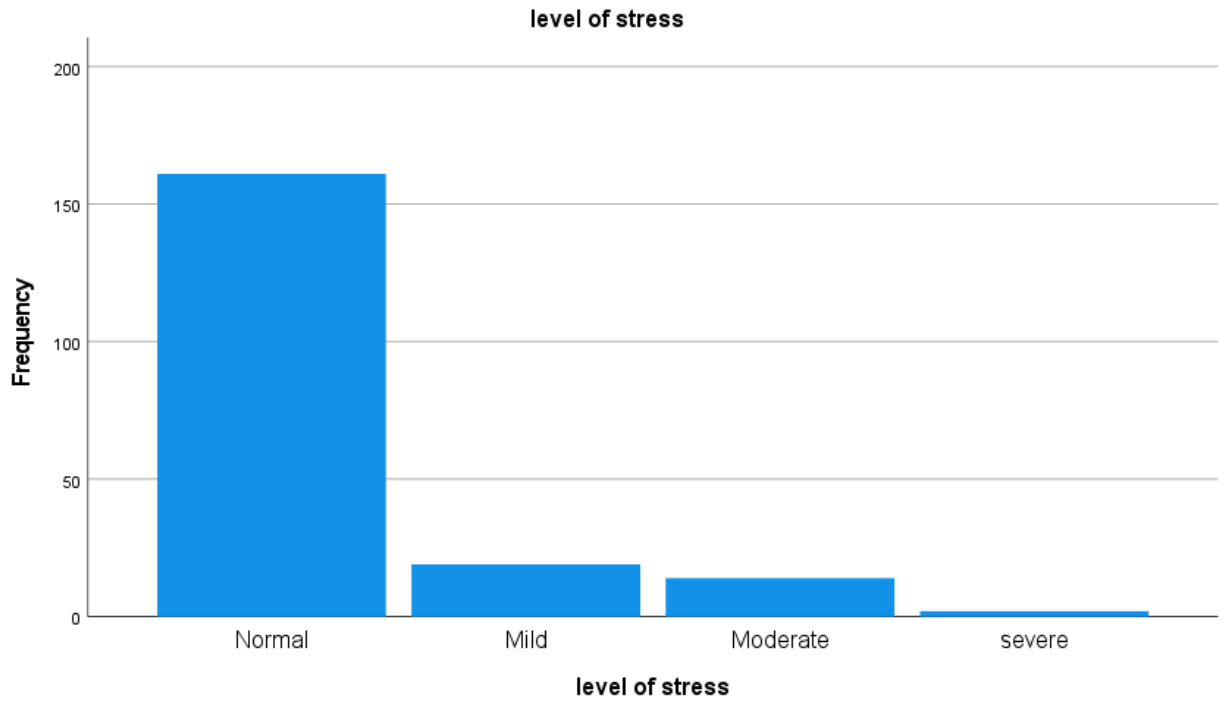

Figure 5: Level of stress

Table 3 above reveals that depression, anxiety and stress scores among male military in Ethiopian armed force comprehensive specialized hospital. In this study, the scores from each of the dimension were added up separately then the depression, anxiety and stress were divided in to five categories, which were normal, mild, moderate, severe and extremely severe categories based on the DASS-21 manual.

From the total 196 respondents who participated in this study, the total prevalence of depression was found to be 40.8% according to depression, anxiety and stress scale (DASS-21). Among those soldiers with depression 15.8% and 17.3% had moderate and mild depressive symptoms respectively. The remaining 4.6% and 3.6% of soldiers had severe and extremely severe depressive symptoms respectively. About 59.2% of the soldiers were having normal depression subscale scores of DASS-21. The mean and standard deviation result found 1.07 and 1.75 respectively.

Prevalence of anxiety was found to be 47.4% according to DASS-21 subscale score. Among with those respondents with symptoms of anxiety problems ,16.8% and 22.4% had mild and moderate anxiety symptoms respectively. About 5.1% of respondent had severe anxiety symptoms and 3.1 % of the respondents had extremely severe anxiety problems as per DASS-

21 scoring standards. The mean and standard deviation result found 1.89 and 1.11 respectively. More over 17.8% of the respondents were found to have stress according to the DASS-21 cut scores. Among those soldiers with symptoms of stress,7.1% and 9.7% had moderate and mild stress respectively. Only 1% of the respondent had severe stress symptom and there is no respondent who had extremely severe stress symptom. About 82.1% of the respondents were having normal stress subscale of DASS-21 manual.

Table 4: One- way ANOVA Summary Comparing Military Personnel Level of Depression, Anxiety and Stress by socio demographic status

	Socio demographic character					
Variable	Age	Marital status	Having children	Financial income	Work experience	Level of education
Level of depression	F=3.618	F=0.905	F=0.595	F=3.387	F=2.338	F=2.081
	Sig=0.007	Sig=0.406	Sig=0.704	Sig=0.019	Sig=0.075	Sig=0.085
Level of anxiety	F=0.806	F=0.197	F=0.829	F=0.586	F=0.677	F=0.440
	Sig=0.522	Sig=0.822	Sig=0.530	Sig=0.625	Sig=0.567	Sig=0.780
Level of stress	F=2.455	F=0.814	F=2.982	F=0.662	F=1.179	F=0.421
	Sig=0.47	Sig=0.445	Sig=0.013	Sig=0.577	Sig=0.319	Sig=0.793

As indicated in table 4 above, one way between groups analysis of variance was conducted to examine group difference in the level of depression among military personnel due to difference in socio demographic characters (age, marital status, financial income, work experience, having children and level of education).

Results of the analysis of one-way ANOVA revealed that: -

The level of depression

There is no significant difference at $p<0.05$ level in the level of depression among military personnel due to difference in socio demographic character for the four of them (marital status(2,193) =0.905,Sig=0.406, having children F(5,190)= 0.595,Sig=0.704, ,work experience F(3,192)= 2.338,Sig=0.075 and level of education F(4,191)= 2.081,Sig= 0.085) .However there

is significance difference among military due to difference in age F(4,191)= 3.618,Sig=0.007) and financial income F(3,192,)= 3.387,Sig= 0.019.

The level of anxiety

There is no significant difference at $p<0.05$ level in the level of anxiety among military personnel due to difference in socio demographic character (age F(4,191)= 0.806, p=0.522, marital status F(2,193)= 0.197, p=0.822, having children F(5,190)= 0.829, p=0.530, financial income F(3,192)=0.586, p=0.625, work experience F(3,192)= 0.677 ,p=0.567 and level of education F(4,191)=0.440,p=0.780).

The level of stress

There is no significant difference at $p<0.05$ level in the level of stress among military personnel due to difference in socio demographic character for the five of them(age F(4,191)= 2.455,p=0.47, marital status F(2,193)= 0.814,p=0.445, financial income F(3,192)= 0.662,p=0.577 ,work experience F(3.192)= 1.179,p=0.319 and level of education F(4,191)= 0.421,p=0.793) .However there is significant difference among military due to difference in having children F(5,190)= 2.982,p=0.013).

Overall age and financial income appear to be significantly associated with depression levels, none of the socio-demographic variables show a significant association with anxiety levels, having children seems to be significantly associated with stress levels. Therefore, the analysis suggests that age and financial income are associated with depression levels, and having children is associated with stress levels following that post hoc test analysis will continue understand the specific groups difference that contribute to the overall significant finding from the ANOVA.

Table 5: One-way ANOVA summary comparing male military personnel level of depression by age difference

Variable	Age category	N	Mean	DF B/n group	W/n group	F	Sig
	18-24	125	1.6080	4	191	3.618	0.007
	25-34	45	1.7778				
	35-44	8	2.1250				

	45-54	10	2.2000
	>55	8	2.8750

A one way between group analysis of variance was conducted to explore the difference in age on depression. Participants were divided in to five groups according to their age (Group 1:18-24 years, Group 2:25-34 years, Group 3:35-44 years, Group 4:45-54 years and Group 5: Above 55 years). There was a statically significant difference at the $p<0.05$ level in depression scores for the five age groups: $F(4,191) = 3.618$, $p=0.007$.

To identify which mean scores were different from other means, post hoc comparison specifically Tukey HSD test was conducted. Results showed that mean score of those male military whose age was above 55 years old mean score (2.8750) were have significantly and statistically different from 18-24 years (1.6080),25-34 years (1.7778),35-44 years (2.1250), 45-54 years (2.2000) in the level of depression score.

Table 6: One-way ANOVA summary comparing male military level of depression by financial income

Level of depression

	Sum of squares	**Df**	**Mean square**	**F**	**sig**
Between groups	11.298	3	3.766	3.387	.019
Within groups	213.452	192	1.112		
Total	224.750	195			

As it stated on table 6 above, one-way ANOVA was carried out to find out if there is a variation in level of depression among male military personnel in terms of financial income. The result shown that there were a statistically significant difference $F(3,192)=3.387$, $p=0.019$.

To identify which mean scores were different from other means, post hoc comparison specifically Tukey HSD test was conducted. But the test didn't give out put so compute using effect size of Eta -squared (η^2

Table 7: Comparing male military level of depression by financial income using effect size

			95% confidence interval	
		Point estimate	Lower	Upper
Level of depression	Eta-squared	0.50	0.01	0.110

Note; The effect size interprets as 0.01 is consider a small effect ,0.006 consider a medium effect 0.14 consider as a large effect.

The result showed that Eta -squared is 0.0050, which means that 5% of the variation in depression levels is explained by financial income. The 95% confidence interval ranges from 0.001 to 0.110. Therefore, the effect size for level of depression in relation to financial income are generally small to medium. This suggests that financial income explains a relatively small amount of the variation in depression levels. While the ANOVA results showed a statistically significant difference in depression levels between financial income groups, the effect sizes suggest that the magnitude of this difference is relatively small. This means that financial income might play a role in depression levels, but it's not the primary factor.

Table 8: One-way ANOVA summary comparing male military personnel level of stress by having children

Variable	Number of children have	N	Mean	Df B/n group	W/n group	F	S
Level of stress	no children (0)	151	1.2185	5	190	2.982	0.013
	One child	25	1.4800				
	Two children	12	1.1667				
	Three children	4	1.2500				
	Four children	2	2.5000				
	Above five	2	2.0000				

As it is stated in table 7 above, to identify the level of stress score difference among male military personnel based on having number of children, one-way ANOVA was performed. The results of the analysis of one-way ANOVA revealed a statistically significant difference in the level of stress score at the $p<0.05$ level in the level of stress due to difference in having number of children, $F(5,190) = 2.982$, $p=0.013$.

To exactly identify the groups which had such difference, Tuky HSD post hoc test was performed. The test revealed that the significant difference in stress levels identified by the ANOVA is specifically between those with four children (2.5000) and those with no children (1.2185). Those with four children have significantly lower stress levels compared to those with no children. On the other, the mean scores of one child, two children, three children and above four children didn't show statistically significant difference in the level of stress.

CHAPTER FIVE: DISCUSSION

This chapter focus on analyzing the study's finding in relation to the research questions prior empirical findings, and theoretical models. It also provides possible explanations for the results of the study presented in chapter four.

5.1. Prevalence and Level of Depression, Anxiety and Stress among male military personnel

This study investigated the prevalence of emotional disturbance among military personnel admitted to an Ethiopian Armed Force hospital, revealing a significant burden of mental health issues. The findings indicate that 40.8% of the 196 individuals in the sample experienced depression, with a notable distribution across severity levels:17.3% mild ,15.8% moderate ,4.6% severe, and 3.1% extremely severe. Similarly, anxiety affected 47.4% of the sample, with 16.8% experiencing mild anxiety ,22.4% moderate ,5.1% severe, and 3.1% extremely severe. Stress was reported by 17.8% of the sample, with 9.7% experiencing mild stress,7.1% moderate stress and 1% severe stress.

These findings align with the broader international literature on mental health in the military. A systematic review of 17 studies involving US military personnel((S A M Stevelink, 2014) found that PTSD ,anxiety and depression are common ,with prevalence rates ranging from 2-59% for PTSD ,16.1-35.5% for anxiety ,and 9.7-46.4% for depression. While this study did not asses PTSD specifically, the prevalence of anxiety and depression in our sample falls within the ranges observed in the US military. Likewise, a study conducted by IVERSEN,(2005) showed that 48.3% of UK veteran had depression and 37.9% of them had stress. This study also demonstarate significant prevalence of depression ,with over 40% of individuals experiancing this condition.This suggests that depression may be a common mental health chalange among military personnel accros different contexts.While the prevalence of stress is lower in the Ethiopian sample (17.8%) compared to UK veterans(37.9%).Both studies highlight the significant impact of stress on military personnel.This suggests that miitary service,regardles of location ,can be stressful experience. However A study of the English veteran community (A. Finnegan, 2022) found that common mental health issues (CMD),such as anxiety, depression and PTSD ,are more common among veterans than in the general population. The study reported a prevalence of 17.8% for depression,15.0% for anxiety, and 3.4% for PTSD. Therefore, the

prevalence of depression (40.8%) and anxiety (47.4%) in this study sample is considerably higher than the rates reported in English veteran study and the distribution of depression. This suggest that mental health challenges may be particularly prevalent among Ethiopian military personnel and anxiety across severity levels in this study sample is noteworthy. While the majority of individuals experienced mild to moderate symptoms, a significant proportion (7.7% for depression and 8.2% for anxiety) experienced severe or extremely severe symptoms. This highlights the need for comprehensive mental health services that address a range of severity levels. The prevalence of stress in this study sample (17,8%) is comparable to the prevalence of depression in the English veteran study (17.8%). This suggests that the stress is a significant factor contributing to mental health challenges in military populations.

The finding of this study aligns with another literature conducted on military population particularly in conflict -affected regions. While the prevalence of anxiety symptoms in this study (47.4%) is higher than that reported by (Valladares-Garrido et al., 2023) among Peruvian military during the pandemic (22%) and (Lim et al., 2022) in a meta-analysis of war and conflict-affected areas (16.2%),it is important to consider the unique context of the Ethiopian Armed Forces. The study by (Asare-Doku et al., 2021) on mental health and psychosocial treatment for war wounded in the Democratic Republic of Congo, Mali, and Nigeria, found a prevalence of depression at 36.61%, Which is comparable to the findings of this study. However, the current study reveals a higher prevalence of depression compared to (Valladares-Garrido et al., 2023),Who reported a prevalence of 29.9% among Peruvian military during the pandemic. And lower prevalence of stress compare to the study conducted by (Steven Pflanz 1, 2002) and (Victoria Langston, 2007),which indicated that 26% of active duty military personnel experienced work -related stress.

This study also tried to compare with existing Ethiopian research conducted on depression, anxiety and stress among different population to reveal a consistent trend of widespread mental health challenges across diverse populations. Among Ethiopian university students Depression (46.3%), anxiety (52%), and stress (28.6%) (Simegn et al., 2021) suggests that mental health issues are prevalent in younger generation. Among Eritrean refuges (Melese et al., 2024) indicates a significant mental health burden, with 37.8% experiencing depression ,26% experiencing anxiety, and 40% experiencing stress. This highlights the impact of trauma and displacement on mental wellbeing like the challenge by military personnel. A research on war

survivors (Yigzaw et al., 2023) reveals a higher rate of PTSD, depression, anxiety and somatization, emphasis the long-term impact of conflict on mental health, this indicates the military personnel are exposed due to they are war survivors. The study on the mental health consequences of wars in northern Ethiopia (Dadi, 2022) underlines the significant mental health challenges caused by violence, displacement and loss. A study of 406 military personnel (Tesfalem Araya1*, 2019) found a 15.5% prevalence of PTSD, highlighting a significant mental health concern in military populations. This all result showed how military personnel vulnerable and need special attention in Ethiopia.

Finally, this study showed how different theoretical frame work also explain the prevalence of depression, anxiety and stress among military as follow. This study findings on the prevalence of depression, anxiety and stress among Ethiopian Armed Forces personnel align strong with the principles of social support theory. This theory emphasizes the crucial role of social connections and relationships in promoting mental well-being, particularly during challenging times(Barr et al., 2023; Na et al., 2022).The high prevalence of depression ,anxiety and stress in this study suggests a potential lack of adequate social support among the military personnel. Military life often involves isolation, deployment and exposure to traumatic experiences, which can strain social connections and leave individuals feeling unsupported. The distribution of emotional disturbance across severity levels, with a significant proportion experiencing moderate to severe symptoms, further supports the idea that a lack of social support can exacerbate mental health challenges. Individuals with weaker social networks may be less equipped to cope with stressors, leading to more severe symptoms. The theory's application to military personnel is particularly relevant, as military life presents unique stressors that can impact social support. Deployment, combat exposure, and the demanding nature of military service can all contribute to social isolation and strain relationships.

Another theory that align with this study finding is, the diathesis-stress model, also known as the vulnerability -stress model. This model explains how a combination of predisposing vulnerabilities (diatheses) and environmental stressors contribute to the development of mental health disorders (Demke, 2022). Military life is inherently stressful, exposing individuals to unique challenges like combat exposure, deployment, separation from family, and the demanding nature of military service. These stressors can act as the triggers for individuals with underlying

vulnerabilities, leading to the development of depression, anxiety and stress. The distribution of emotional disturbance across severity levels, with a significant proportion experiencing moderate to severe symptoms, suggests that the interaction between vulnerabilities and stressors can lead to more severe outcomes. Individuals with stronger vulnerabilities or who experience more intense stressors may be more likely to develop severe mental health issues.

The third theoretical frame work align with this study finding is stress theory that include Selye's General Adaption Syndrome (GAS), Lazarus Appraisal Theory, particularly those emphasizing the interplay between environmental stressors, individual appraisals and physiological response. The finding relates to the key stress theories as follow, according to (GAS) the high prevalence of emotional disturbance suggests that many military personnel are in prolonged state of alarm, constantly responding to stressors. The initial alarm response, while necessary for survival, can become detrimental if sustained. The finding also reflects the resistance stage, where individuals are attempting to cope with stressors, but their resources are becoming depleted. This can lead to exhaustion and increased vulnerability to mental health issues. In addition to that the presence of severe and extremely severe levels of depression and anxiety suggests that some individuals may be entering the exhaustion stage, where their coping mechanisms are failing, and they are experiencing significant mental health consequences. Under stress theory another theory is Lazarus' Appraisal theory the study highlights the importance of individual appraisals in stress responses. Military personnel may interpret the same stressors differently based on their personal experiences, coping skills, and support systems. And the study finding also suggest that many military personnel may lack adequate coping resources, leading to heightened stress levels and increased vulnerability to depression and anxiety.

5.2. Difference in Depression, Anxiety and stress due to demographic characteristics

This study reveals a complex interplay of socio-demographic factors and emotional disturbance among military personnel. While age and financial income have significant difference in the level of depression, having children also have significance difference in level of stress, other socio-demographic characteristics, such as marital status, level of education and work experience, didn't show significant difference with depression, anxiety or stress. This suggests that while socioeconomic factors play a role in emotional disturbance, other factors, such as exposure to traumatic experience or specific stressors with in the military context, may be more influential in shaping the mental well-being of these individuals. The lack of significant associations with certain socio-demographic factors may also reflect the limitations of this study, such as the sample size or the specific measures used.

This study reveals the relationship between age, having children and emotional disturbance with in military personnel. The finding that older military personnel (above 55 years) exhibit a higher prevalence of depression compared to younger counterparts suggests a potential association between aging and increased risk of depression with in this population. However, our finding showed the association of age with level of depression the study conducted by Valladares-Garrido et al. (2023) found that married military members had a lower prevalence of depression symptoms compared to single individuals, that is the association of marital status with depression. It is possible that cultural and societal factors in Ethiopia may differ from those in the context of Valladares-Garrido et al.'s study, leading different outcomes regarding marital status and depression. And a study conducted by Lim et al. (2022) showed that adequate financial aid can reduce long term morbidity associated with conflict. This suggest that financial insecurity is a significant contributor to mental health challenges, particularly depression, in conflict -affected populations.

The study's observation that military personnel with four children experience lower stress levels compared to those with no children. Therefore, having a larger family may provide a sense of purpose and social support, which could act as a buffer against stress. Alternatively, it could be that individuals with larger families are more resilient to stress due to prior experience of managing multiple responsibilities .This finding supported by the social support theoretical frame work ,strong social connections can mitigate the negative impacts of military stressors

(Barr et al., 2023; Na et al., 2022) and strong link between social connectedness and positive health outcomes ,including reduced symptoms of PTSD ,depression and anxiety(Raley, 2017).The theory conclude that having a larger family may provide a protective factor against stress for military personnel align with this study finding.

CHAPTER SIX: SUMMARY CONCLUSION AND RECOMMENDATION

6.1. Summary

The study's main purpose was to find out how common depression, anxiety and stress were, how severe they were and to explore the contributing factor. The study investigated the prevalence and level of depression, anxiety and stress among male military at Ethiopian armed force comprehensive specialized hospital.

The study used a quantitative research approach to attain the stated objectives. Using simple proportional random sample technique, data was obtained from a total 196 respondents. The data was analyzed using quantitative descriptive statistics method. Frequency, mean, standard deviation and descriptive statics were among the approaches utilized. The survey revealed that 47.4% those who took part felt anxious ,41% of military personnel had depression symptoms, while 17.8% had stress symptoms.

6.2. Conclusion

Based on the findings of the present study, the researcher had made the following conclusions.

Level of depression, anxiety and stress is growing concern among male military in Ethiopian armed force comprehensive specialized hospital as increase number of conflicts in Ethiopia. This indicates that a number of military personnel experience mild to severe symptoms of depression, anxiety and stress. According to the quantitative descriptive analysis of this study, military personnel vary in their level of depression, anxiety and stress due to variation in their age, financial income and having children.

6.3. Recommendation

The researcher has made the following recommendation based on the findings and conclusions of the current study

- As the prevalence and severity of depression, anxiety and stress among military personnel in Ethiopian armed force increasing, the Ethiopian Armed Force Hospital, minister of defense administrative body and health professionals should properly understand the severity of these psychological problems among the military personnel.
- The doctors, nurse including psychiatry nurse and counselors who work at Ethiopian Armed Force Hospital are the responsible body to help those military personnel
- To support military personnel, the Ethiopian Armed Force Hospital ought to create a mental health program including counseling, support groups, and other services could be part of this program additional to psychiatry department.
- Enhancing mental health service within the Armed Forces through increasing accessibility like establish easily accessible mental health services with in military bases and hospitals, reducing stigma and travel barriers. This include on site counseling, group therapy sessions, and readily available mental health professionals, specialized training that is provide specialized mental health training for military medical personnel and commanders to improve identification, assessment, and initial management of mental health conditions. This training should include cultural sensitivity and understanding of the unique stressors faced by military personnel, create a confidential and supportive environment where personnel feel comfortable seeking help without fear of reprisal or negative career consequences. Promote open communication and destigmatize mental health issues through awareness campaigns.
- The researcher recommend more research should be conducted on female military personnel and other mental heath disorder.

Reference

A. Finnegan, R. R. (2022). <mental disorder in uk military.pdf>. *BMJ*. https://doi.org/10 10.1136/bmjmilitary-2021-002045

AmericanPsychatricAsociation. (1980). *Diagnostic and statistical manual of mental disorders. 3rd ed.*

Amy Iversen, c. d., Naomi Smith, Neilil Greenberg, Rebecca Walwyn, Catherine Unwin, Lisa Hull, Matthew Hotopf, Christopher Dandeker, John Ross and Simon Wessely. (2005). <depression ex of uk.pdf>. *britsh journal of psychatry*. https://doi.org/10.1192/bjp.186.6.480

AndersenID, I., & 1, Rodolfo RossiID 1, Polycarp Kyaave Nyamkume1, Ives Hubloue. (2022). <depression in africa.pdf>. *PLOS ONE*. https://doi.org/10.1371/journal

Aneshensel, C. S. (1992). <*aneshensel-2003-social-stress-theory-and-research.pdf*>.

Arif1, S. P. C. H. (2023). Depression. *National Liberary Of Medicine*.

Arnau-Soler, A., Adams, M. J., Clarke, T. K., MacIntyre, D. J., Milburn, K., Navrady, L., Generation, S., Major Depressive Disorder Working Group of the Psychiatric Genomics, C., Hayward, C., McIntosh, A., & Thomson, P. A. (2019). A validation of the diathesis-stress model for depression in Generation Scotland. *Transl Psychiatry*, *9*(1), 25. https://doi.org/10.1038/s41398-018-0356-7

Asare-Doku, W., Donnir, G. M., Ayuurebobi Ae-Ngibise, K., Peprah, J., Awuviry-Newton, K., & Acquah, F. (2021). Psychiatric Disorders among the Military in West Africa: A Systematic Narrative Review. *Behav Sci (Basel)*, *11*(10). https://doi.org/10.3390/bs11100138

Barr, N., Petry, L., Fulginiti, A., Arora, A., Cederbaum, J., Castro, C., & Rice, E. (2023). Who Supports the Troops? Social Support Domains and Sources in Active Duty Army Networks. *Armed Forces & Society*. https://doi.org/10.1177/0095327x231182907

Blackbyrn, S. (2024). Understanding The Social Support Theory. *COACH FOUNDATION*.

Charatan, F. (2008). One in five US soldiers have depression or post-traumatic stress disorder, study finds. *BMJ*.

Dadi, A. F. (2022). The mental health consequences of war in northern Ethiopia: why we should be concerned. *Lancet Psychiatry*, *9*(3), 194-195. https://doi.org/10.1016/S2215-0366(22)00013-X

Debra Fulghum Bruce, P. (2021). Untreated Depression. *webmed*.

Demke, E. (2022). The Vulnerability-Stress-Model-Holding Up the Construct of the Faulty Individual in the Light of Challenges to the Medical Model of Mental Distress. *Front Sociol*, *7*, 833987. https://doi.org/10.3389/fsoc.2022.833987

Gan, Y., Gong, Y., Tong, X., Sun, H., Cong, Y., Dong, X., Wang, Y., Xu, X., Yin, X., Deng, J., Li, L., Cao, S., & Lu, Z. (2014). Depression and the risk of coronary heart disease: a meta-analysis of prospective cohort studies. *BMC Psychiatry*, *14*, 371. https://doi.org/10.1186/s12888-014-0371-z

Gbadamosi, I. T., Henneh, I. T., Aluko, O. M., Yawson, E. O., Fokoua, A. R., Koomson, A., Torbi, J., Olorunnado, S. E., Lewu, F. S., Yusha'u, Y., Keji-Taofik, S. T., Biney, R. P., & Tagoe, T. A. (2022). Depression in Sub-Saharan Africa. *IBRO Neurosci Rep*, *12*, 309-322. https://doi.org/10.1016/j.ibneur.2022.03.005

Gebreyesus, A., Niguse, A. T., Shishay, F., Mamo, L., Gebremedhin, T., Tsegay, K., Gebremariam, A. G., Kidanu, K. G., Gidey, S., & Tesfay, F. (2024). Prevalence of

depression and associated factors among community hosted internally displaced people of Tigray; during war and siege. *BMC Psychiatry*, *24*(1), 3. https://doi.org/10.1186/s12888-023-05333-3

GlobalBurdenofDiseaseStudy. (2019). Global Health Data Exchange website. In: Institute for Health Metrics and Evaluation (IHME) Seattle.

Gyorfy*, A. (2024). Anxiety and depression from military medical aspects. *Archives of Depression and Anxiety*. https://doi.org/10.17352/ada Ipsos. (2023). World MentaL Health Day 2023. *IPSOS*.

Jackson., C. I. E. S. C. H. J. M. J. M. C. A. (2023). Veteran and Military Mental Health Issues. *National Liberary Of Medicine*.

James D. laired, C. B. (1990). <william-james-and-the-mechanisms-of-emotional-experience.pdf>.

Jenna Fletcher, J. F. (2021). What Is the Cannon-Bard Theory About?

Kelly, M. M. V., Dawne S. (2024). Military stress: Effects of acute, chronic, and traumatic stress on mental and physical health.

Kessler, R. C., & Bromet, E. J. (2013). The epidemiology of depression across cultures. *Annu Rev Public Health*, *34*, 119-138. https://doi.org/10.1146/annurev-publhealth-031912-114409

Lazarus, R. S. (1990). <Lazarus-TheoryBasedStressMeasurement-1990.pdf>. *Taylor and Francis*.

Lim, I., Tam, W. W. S., Chudzicka-Czupala, A., McIntyre, R. S., Teopiz, K. M., Ho, R. C., & Ho, C. S. H. (2022). Prevalence of depression, anxiety and post-traumatic stress in war- and conflict-afflicted areas: A meta-analysis. *Front Psychiatry*, *13*, 978703. https://doi.org/10.3389/fpsyt.2022.978703

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, *33*(3), 335-343.

Lovibond, S. H., & Lovibond, P. F. (1995). Depression anxiety stress scales. *Psychological Assessment*.

Melese, M., Simegn, W., Esubalew, D., Limenh, L. W., Ayenew, W., Chanie, G. S., Seid, A. M., Beyna, A. T., Mitku, M. L., Mengesha, A. K., & Gela, Y. Y. (2024). Symptoms of posttraumatic stress, anxiety, and depression, along with their associated factors, among Eritrean refugees in Dabat town, northwest Ethiopia, 2023. *BMC Psychol*, *12*(1), 62. https://doi.org/10.1186/s40359-024-01554-7

Milanak, M. E., Gros, D. F., Magruder, K. M., Brawman-Mintzer, O., & Frueh, B. C. (2013). Prevalence and features of generalized anxiety disorder in Department of Veteran Affairs primary care settings. *Psychiatry Res*, *209*(2), 173-179. https://doi.org/10.1016/j.psychres.2013.03.031

Moradi, Y., Dowran, B., & Sepandi, M. (2021). The global prevalence of depression, suicide ideation, and attempts in the military forces: a systematic review and Meta-analysis of cross sectional studies. *BMC Psychiatry*, *21*(1), 510. https://doi.org/10.1186/s12888-021-03526-2

Na, P. J., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2022). Provision of social support and mental health in U.S. military veterans. *npj Mental Health Research*, *1*(1). https://doi.org/10.1038/s44184-022-00004-9

Nakie, G., Segon, T., Melkam, M., Desalegn, G. T., & Zeleke, T. A. (2022). Prevalence and associated factors of depression, anxiety, and stress among high school students in, Northwest Ethiopia, 2021. *BMC Psychiatry*, *22*(1), 739. https://doi.org/10.1186/s12888-022-04393-1

Patricia D. Russell a, J. L. J. b., Alexis Blessing a, Brian Moore c, Sandra B. Morissette a. (2022). Incidences of anxiety disorders among active duty service members between 1999 and 2018. *Journal of Anxiety Disorders*.

Raley, M. J. (2017). <Social suport 3.pdf>. *UNF*.

Redhwan Ahmed Al-Naggar 1*, D. H. A.-N. (2017). <emotional disorder among malysia university student.pdf>. *International Journal of Collaborative Research on Internal Medicine & Public Health*, *4*.

S A M Stevelink, E. M. M., 1 C Mason,1 S Jenkins,1 J Sundin,2 N T Fear1,2. (2014). <depression 2.pdf>. *BMJ*. https://doi.org/10.1136/oemed-2014-102207

10.1136/oemed-2014-102684

Sampson, L., Cabral, H. J., Rosellini, A. J., Gradus, J. L., Cohen, G. H., Fink, D. S., King, A. P., Liberzon, I., & Galea, S. (2022). Stressful life events and trajectories of depression symptoms in a U.S. military cohort. *Sci Rep*, *12*(1), 11026. https://doi.org/10.1038/s41598-022-14496-0

Simegn, W., Dagnew, B., Yeshaw, Y., Yitayih, S., Woldegerima, B., & Dagne, H. (2021). Depression, anxiety, stress and their associated factors among Ethiopian University students during an early stage of COVID-19 pandemic: An online-based cross-sectional survey. *PLOS ONE*, *16*(5), e0251670. https://doi.org/10.1371/journal.pone.0251670

Simegn, W., Yohannes, L., Seid, A. M., Kasahun, A. E., Sema, F. D., Flatie, A., Elias, A., & Dagne, H. (2022). Perceived stress and associated factors among university students in Ethiopia during the late stage of the COVID-19 pandemic: A cross-sectional study. *Front Psychol*, *13*, 978510. https://doi.org/10.3389/fpsyg.2022.978510

Siyoum, M., Assfaw, G., Yitbark, H., & Tesfaw, G. (2021). Prevalence and Associated Factors of Depression among Admitted Adult Patients in Surgical and Medical Wards of Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia. *Depress Res Treat*, *2021*, 8874834. https://doi.org/10.1155/2021/8874834

Steven Pflanz 1, S. S. (2002). Work Stress in the Military: Prevalence, Causes, and Relationship to Emotional Health. *Military Medicine*.

Surachman, A., & Almeida, a. D. M. (2018). Stress and Coping Theory Across the Adult Lifespan. *psychology*.

Taillieu, T. L., Afifi, T. O., Turner, S., Cheung, K., Fortier, J., Zamorski, M., & Sareen, J. (2018). Risk Factors, Clinical Presentations, and Functional Impairments for Generalized Anxiety Disorder in Military Personnel and the General Population in Canada. *Can J Psychiatry*, *63*(9), 610-619. https://doi.org/10.1177/0706743717752878

Tareke, S. A., Lelisho, M. E., Hassen, S. S., Seid, A. A., Jemal, S. S., Teshale, B. M., Wotale, T. W., & Pandey, B. K. (2023). The Prevalence and Predictors of Depressive, Anxiety, and Stress Symptoms Among Tepi Town Residents During the COVID-19 Pandemic Lockdown in Ethiopia. *J Racial Ethn Health Disparities*, *10*(1), 43-55. https://doi.org/10.1007/s40615-021-01195-1

Teh, C. K., Ngo, C. W., Zulkifli, R. A. b., Vellasamy, R., & Suresh, K. (2015). Depression, Anxiety and Stress among Undergraduate Students: A Cross Sectional Study. *Open Journal of Epidemiology*, *05*(04), 260-268. https://doi.org/10.4236/ojepi.2015.54030

Tesfalem Araya1*, H. M., Tadesse Awoke3 (2019). Prevalence and factors associated with post-traumatic stress disorder among military personnel admitted to Armed Forces Referral and Teaching Hospital, Addis Ababa, Ethiopia: Cross-sectional study. *East African Journal of Health Sciences*.

Valladares-Garrido, M. J., Picon-Reategui, C. K., Zila-Velasque, J. P., Grados-Espinoza, P., Vera-Ponce, V. J., Pereira-Victorio, C. J., Valladares-Garrido, D., & Failoc-Rojas, V. E. (2023). Depression and anxiety in peruvian military personnel during the pandemic context: a cross-sectional study. *BMC Public Health*, *23*(1), 691. https://doi.org/10.1186/s12889-023-15612-z

Victoria Langston, B. H. M. G., DClin Psych†; Surgeon Commander Neil Greenberg‡. (2007). What Is Its Effect on Stress in the Military? *Military Medicine*.

Walinga, C. S. a. J. (2014). *Introduction to Psychology – 1st Canadian Edition*. BCcampus.

WHO. (2017). Depression: let's talk" says WHO, as depression tops list of causes of ill health. *Saudi Medical Journa*.

WHO. (2023). Depressive disorder (depression). *WORLD HEALTH ORGANIZATION*.

Yigzaw, N., Hailu, T., Melesse, M., Desalegn, A., Ezezew, H., Chanie, T., Nenko, G., Tesfahun, M., Sendek, S., & Tinsae, S. (2023). Comprehensive mental health and psychosocial support for war survivors at Chenna Kebele, Dabat woreda, North Gondar, Ethiopia. *BMC Psychiatry*, *23*(1), 172. https://doi.org/10.1186/s12888-023-04653-8

Zergaw, A., Tadesse, S., Taju, A., Berheto, T. M., Agachew, M., Arja, A., Bitew, S., Tollera, G., Dheresa, M., Naghavi, M., & Misganaw, A. (2023). The Burden of Mental Disorders in Ethiopia, from 1990 to 2019. *Ethiopian Journal of Health Development*, *37*.

Appendixes

Annex I: English Version of Information Sheet and consent

Information Sheet

I am undersigned, at Addis Ababa University College of education and behavioral studies school of psychology graduate studies program. For this study, you will be selected as a participant and before getting your consent of participation, you need to know all necessary information related to the study. Thus, the following information will be detailed about the study and your participation:

Title of the Research: Experience of depression, anxiety and stress among male military personnel at Ethiopian Armed Force Comprehensive and Specialized Hospital.

Name of the Organization: Ethiopian Armed Force Comprehensive and Specialized Hospital.

Objective of the study: Determine the prevalence of depression, anxiety and stress among male military personnel admitted at Ethiopian Armed Force Comprehensive Specialized Hospital.

Participants to be included: The participant in this study will be male military personnel admitted at Ethiopian Armed Force Comprehensive Specialized Hospital. The study will include male military personnel and receive health service at the hospital.

Procedure: - The data will be collected through interview**.**

Confidentiality: All information you give will be kept confidential and cannot be accessible to any third party. Your name will not be registered, rather it's written in numeric code.

Risks: The information retrieved will only be used for the study purpose and has no harm on participants. During the interview you will not be forced to respond to the information you do not know.

Benefits: The research will not have a payment at the moment for those participating in the interview. However, the study has an indirect benefit for the participant to give insights into the specific challenges faced by military personnel and for informing the development of target support and interventions to improve their mental health outcome. The recommendation based on the finding will also help the facilities offer specialized treatment programs and support service tailored to the need of military personnel.

Consent:

Dear respondents:

This questionnaire is only for research purposes. I assure you that confidentiality and anonymity will be fully maintained. To strengthen this, you are not expected to write anything such as name, ID, and address that may lead to your identification. Your participation is purely voluntary, and you can withdraw at any time after you get involved in the study without compromising your right. However, I hope that you will participate in this study since your responses are quite important. If you are willing to take part in the study, you are kindly requested to respond to all questions honestly!

Now do you agree to participate in the study? Yes _____ No _____.

Thank you very much for your cooperation!

Data collector facilitators name _____ signature _____

Date _____ month_____ year_____

Supervisor name _____ signature _____

Date _____ month_____ year_____

Annex II: Amharic version of information sheet and consent

የመረጃ ገፅ

በአዲስ አበባ ዩኒቨርሲቲ የ ትምህረት እና የስነ ባህሪ ኮሌጅ የ ካውንስሊንግ ሳይኮሎጂ ድህረ ምረቃ ትምህርት ፕሮግራም ተማሪ ነኝ። በመሆኑም አሁን ላይ እየሰራሁ ላለሁት ጥናት እንደ ተሳታፊ ሆነው ይመረጣሉ እናም የተሳትፎ ፍቃድ ከመስጠቶ በፊት ከጥናቱ ጋር የተያያዙ አስፈላጊ መረጃዎች ማወቅ ያስፈልግዎታል። ስለዚህም የሚከተለው መረጃ ስለ ጥናቱ እና ስለ እርስዎ ተሳትፎ በዝርዝር ይብራራሎታል፡፡

የጥናቱ ርእስ፡-በጦርሄሎች ኮምፐረንሲቭ እስፔሻላይዝድ ሆስፒታል ውስጥ ተኝተው በሚታከሙ ወንድ ወታደሮች ላይ ያልው ድብርት ወይም ድባቴ፤ የጭንቀትና ውጥረት ልምድ ምን ያህል ነው

የድርጅቱ ስም፡- ጦርሄሎች ኮምፐረንሲቭ እስፔሻላይዝድ ሆስፒታል

የጥናቱ አላማ፡-በጦርሄሎች ኮምፐረንሲቭ እስፔሻላይዝድ ሆስፒታል ተኝተው በሚታከሙ ወታደሮች ውስጥ ያለውን የዲፕረሽን፤አንዛይቲ እና እሰትረስ ስርጭት መለየት።

በጥናቱ ውስጥ የሚካተቱ ሰወች፡-በዚህ ጥናት ውስጥ የሚካተቱ ሰወች ሚሆኑት ወንድ ወታደሮች ሆነው በጦርሄሎች ኮምፐረንሲቭ እስፔሻላይዝድ ሆስፒታል ውስጥ ተኝተው የሚታከሙ ወታደሮች ናቸው።

የጥናቱ ሂደት፡- መረጃው የሚሰበሰበው በመጠይቅ ይሆናል።

የጥናቱ ምስጢራዊነት፡-ሁሉም ሰው የሚሰጠው መረጃ በሚስጥር የተጠበቀ እና ለማንኛውም ሶስተኛ ወገን የሚደርስ አይሆንም ሆኖም ስም በመጣፍ ፋንታ በቁጥር ኮድ የሚጻፍ ይሆናል።

ስጋቶች፡- የተገኘው መረጃ ለጥናት ዓላማ ብቻ የሚውል እንጂ በተሳታፊዎች ላይ ምንም ጉዳት የለውም።

በቃለ መጠይቁ ወቅት ለማያውቁት ጥያቄ ምላሽ ለመስጠት አይገደዱም።

ጥቅሙ፡ ጥናቱ በአሁኑ ጊዜ በቃለ መጠይቁ ላይ ለሚሳተፉ ምንም አይነት ክፍያ አይኖረውም። ሆኖም የጥናቱ ተሳታፊ የሆነው ወታደር ይሄ ስርጭት በመታዎቁ ድብርት ወይም ድባቴ፤ የጭንቀትና ውጥረት ችግሮች እና እሱን ተከትሎ ስለሚመጡ ፈተናዎች ግንዛቤ ይሰጠዋል እንዲሁም የነሱን የአእምሮ ጤና ለማሻሻል አሰየተወሰደ ያለውን ርምጃ እንዲያውቅ ይረዳዋል። በግኝቱ መጨረሻ አገልግሎት ሰጪ አካላት ቁስለኛ ወታደሮችን መሰረት ያደረግ አገልግሎት እንዲሰጡ ምክረ ሀሳብ ይሰጣል።

የስምምነት ፈቃድ፡-

ውድ ምላሽ ሰጪዎች፡-

ይህ ቃለ መጠይቅ የሚውለው ለጥናቱ ዓላማ ብቻ ይሆናል። ምስጢራዊነቱን ሙሉ በሙሉ እንደሚጠበቅ

በዚህ ፅሁፍ አረጋግጣለሁ። ይህንን ለማጠናከር እንደ ስም፣ መታወቂያ እና አድራሻ ማለትም ወደ መታወቂያዎ

የሚወስድ ማንኛውንም ነገር እንዲጽፉ አይጠበቅብዎትም። የእርስዎ ተሳትፎ በፈቃደኝነት ላይ ብቻ

የተመሰረተ ነው፣ በተጨማሪም በማንኛውም ጊዜ በጥናቱ ውስጥ ከተሳተፉ በኋላ የመመውጣት መብቶ

የተጠበቀ ነው። ሆኖም፣ የእርስዎ ምላሾች በጣም አስፈላጊ ስለሆኑ በዚህ ጥናት ላይ እንደሚሳተፉ ተስፋ

አደርጋለሁ። በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ከሆንክ/ሽ ሁሉንም ጥያቄዎች በሐቀኝነት እንዲመልሱ

በአክብሮት እንጠይቃለን፡-

አሁን በጥናቱ ለመሳተፍ ተስማምተሃል? አዎ _____ አይ _____.

ስለ ትብብርዎ በጣም እናመሰግናለን!

የቃለመጠይቅ መለያ ቁጥር _____

የመረጃ ሰብሳቢ አስተባባሪዎች ስም _____

ፊርማ _____

ቀን _____ ወር___ አመት_____

የተቆጣጣሪ ስም _____

ፊርማ _____

ቀን _____ ወር___ አመት_____

Annex III: English Version of socio-demographic information and DASS

Part I - Socio demographic information

1. What is your age?
    1.1. 18-35 years old
    1.2. 36-55 years old
    1.3. Above 56 years old
2. What is your marital status?
    2.1. Married
    2.2. Single
    2.3. Divorced
    2.4. Widowed
    2.5. Others
3. Have you children?
    3.1. Yes
    3.2. No
4. If you have children, how many children do you have?
    4.1. One child
    4.2. Two children
    4.3. Three children
    4.4. Four children
    4.5. Above five
5. Level of education
    5.1. Illiterate
    5.2. Can read and write
    5.3. Elementary school completed
    5.4. Secondary school completed
    5.5. Collage and higher education
6. Work experience
    6.1. 1-5 years
    6.2. 6-10 years
    6.3. 11- 15 years
    6.4. Above 15 years

7. Financial income

7.1. low (< 4500 birr per month)

7.2. medium (4501-8000 birr per)

7.3. upper middle (8001-13,000 birr per month)

7.4. high (above 13,001 birr per month)

Part 2: Information's Related with career

1. Do you like your job?

   1.1 yes

   1.2 no

2. Do you think you job is stressful or not?

   2.1 stressful

   2.2 not stress full

Part 3; - Information's Related with Psychological Conditions of male military personnel in Ethiopian armed force comprehensive specialized hospital, The English Version of Depression, Anxiety and Stress Scale (DASS-21)

Instruction: There are 21 groupings of statements in this scale. Please read each group carefully and select one statement from each group that best expresses how you have felt throughout the previous week, including today. Make a circle around the number you've chosen. If multiple assertions in the group appear to apply equally well, circle the group with the highest number. Make sure that no single group has more than one statement. Please read each statement and circle a number indicating how much the statement applies to you in the previous week (0, 1, 2, or 3). There are no correct or incorrect replies. Spend as little time as possible on each assertion. The rating scale is as follows:

0: Did not apply to me at all or **NEVER**

1: Applied to me to some degree, or some of the time or **SOMETIMES**

2: Applied to me to a considerable degree, or a good part of time or **OFTEN**

3: Applied to me very much, or most of the time or **ALMOST ALWAYS**

	0	**1**	**2**	**3**
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3.I couldn't seem to experience any positive feeling at all	0	1	2	3
4.I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5.I found it difficult to work up the initiative to do things	0	1	2	3
6.I tended to over- react to situations	0	1	2	3
7.I experienced trembling (e.g., in the hands)	0	1	2	3
8.I felt that I was using a lot of nervous energy	0	1	2	3
9.I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11.I found myself getting agitated	0	1	2	3
12.I found it difficult to relax	0	1	2	3

13.I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15.I felt I was close to panic	0	1	2	3
16.I was unable to become enthusiastic about anything	0	1	2	3
17.I felt I wasn't worth much as a person	0	1	2	3
18.I felt that I was rather touchy	0	1	2	3
19.I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20.I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

DASS cut-off scores for Depression, Anxiety and stress

Severity	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extreme severe	13+	9+	16+

Annex IV: - Amharic Version of socio-demographic information and DASS

ክፍል 1፡አጠቃላይ መረጃዎች

እባክዎ ከሚከተለት ጥያቄዎች እርስዎ ትክክል ነው የሚለትን በማክበብ ይመልሱ

1. እድሜ፡ 1.1. ከ 18-24 አመት 1. 2. ከ 25-34 አመት 1. 3. ከ35-44 አመት 1. 4. ከ 45- 54 አመት 1.5. ከ55 አመትበሊይ
2. የጋብቻ ሁኔታ፡ 2.1. ያገባ 2.2. ያላ ገባ 2.3. አግብቶ የፈታ 2.4. አግብቶ የሞተበት 2.5.ሌላ
3. ሌጆች አለህ? 3.1. አዎ 3.2. የለኝም
4. ሌጆች ካለህ ስንት ናቸው? 4.1. አንድ ልጅ 4.2. ሁለት ልጆች 4.3. ሶስት ልጆች 4.4.አራት ልጆች 4.5. አምስትና ከዚያ በሊይ
5. የትምህርት ሁኔታ፡ 5.1 ያልተማረ 5.2. ማንበብና መጻፍ የሚችል 5.3. አንደኛ ደረጃ ያጠናቀቀ 5.4. ሁለተኛ ደረጃ ያጠናቀቀ 5.5. ኮላጅና ከዚያ በሊይ ክፍሌ
6. የስራ ልምድ ወይም ቆይታ

   6.1.ከ 1-5 አመት

   6.2 6ከ 6-10 አመት

   6.3 ከ11-15 አመት

   6.4 ከ 15 አመት በላይ
7. የገቢ ሁኒታ ፡ 7.1. ዝቅተኛ(በወር ከ 4500 ብር በታች የሚገኝ 7.2. ምካከልኛ በ ወር ከ 4501-8,000 ብር የሚያገኝ 7.3. ከፍተኛ መካከለኛ (በ ወርከ 8001-13,000 ብር የሚያገኝ 7.4. ከፍተኛ (በወር ከ 13,000 ብር በላይ የሚያገኝ

ክፍል ፡2 ከሙያ ጋር የተገናኙ ጥያቄዎች

1. ስራህን ትወደዋለህ
   - 1.1 አወ
   - 1.2 አልወድውም
2. ስራህ አስጨናቂ እንደሆነ ታስባልህ
   - 2.1 አወ
   - 2.2 አይደለም

ክፍል 3፡-የወታደሮችን ስነል ቦናዊ ጤንነት የሚመከሉ መረጃዎች፡

ከዚህ በታች የተዘረዘሩትን እያንዳንዱ ጥያቄዎች ካነበቡ በኋሊ በእርስዎ ሊይ <u>ባለፈው አንድ ሳምንት ውስጥ የእርስዎን ስነልቦናዊ ሁኔታ በይበልጥ</u> ይገልፃል የሚለትን ከተዘረዘሩት አራት አማራጮች አንዱን በማክበብ ይመልሱ፡፡

1. መጨነቅ በማቆም ዘና ማለት ይከብደኝ ነበር

0). ፈፅሞ የእኔን ሁኔታ አይገልፅም (አልቀበለውም) 1). አንዳንድጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). እጅግ ብዙ ጊዜ (ሁሌጊዜ)

2. አፌ ሲድርቅ ይታወቀኝ ነበር

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). እጅግ ብዙጊዜ(ሁሌጊዜ)

3. ምንም አይነት ጥሩ ስሜት እየተሰማኝ አሌነበረም

0). ፍጽሞ የእኔን ሁኔታ አይገልፅም(አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2) ብዙጊዜ (በተደጋጋሚ) 3) እጅግ ብዙ ጊዜ (ሁሌጊዜ)

4. ለመትንፈስ እቸገር ነበር

0). ፈጽሞ የእኔን ሁኔታ አይገሌፅም(አሌቀበለውም) ነ). አንዳንድጊዜ(አልፎ አልፎ)

2).ብዙ ጊዜ(በተደጋጋሚ) 3). እጅግ ብዙ ጊዜ(ሁሌጊዜ)

5. ማንኛወንም ነገር ለማከናወን ተነሳሽነት አጣለሁ

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበለውም) ነ). አንዳንድ ጊዜ (አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

6. አንዳንድ ነገሮች ከተገቢው በላይ አጋንናለሁ

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

7. መንቀጥቀጥ አጋጥሞኛል

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎአልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

8.ብዙ የነርቭ(ስሜታዊ ጉሌብት) እንደተጠቀምኩ ይሰማኛሌ

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም(አሌቀበውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙጊዜ(በተደጋጋሚ) 3). አጅግብዙጊዜ(ሁሌጊዜ)

9.አንዳንድአጋጣሚዎችሊይተጨንቁእራሴንእንዳሊዋርድእሰጋነበር

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (እልቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

10. ምንም ወደፊት የሚያጓጓ ነገር እንደልለ ይሰማኛል

0). ፈፅሞ የእኔን ሁኔታ አይገልፅም(አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎአልፎ)

2). ብዙጊዜ (በተደጋጋሚ) 3). አጅግ ብዙጊዜ(ሁሌጊዜ)

11. የመንፈስ መረበሽ ውስጥ እራሴን አገኘዋሇሁ

0). ፈፅሞየእኔንሁኔታአይገሌፅም (አልቀበለውም) ነ). አንዳንድጊዜ(አሌፎአሌፎ)

2). ብዙ ጊዜ (በተደጋጋሚ) 3). አጅግብዙጊዜ(ሁሌጊዜ)

12. የመዝናናት መንፈስ ውስጥ መግባትይከብደኛሌ

0). ፈፅ ሞየእኔን ሁኔታ አይገሌፅም(አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). እጅግ በጣም ብዙጊዜ(ሁሌጊዜ)

13. የሃዘን ስሜት ይሰማኝ ነበር

0). ፈፅሞ የእኔን ሁኔታ አይገልፅም (አሌቀበለውም) ነ). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ በጣም ብዙጊዜ(ሁሌጊዜ)

14. ከማንኛውም እያደረኩት ከነበረው ነገር የሚያስቆመኝ ነገር መታገስ አሌችሌም

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበሇውም) 1). አንዳንድጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

15. ሌረበሽ ትንሽ የቀረኝ እንደሆነ ይሰማኛል

0). ፈፅሞ የእኔን ሁኔታ አይገልፅም(አሌቀበለውም) 1). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). እጅግ ብዙ ጊዜ(ሁሌጊዜ)

16. ማንኛውምነገርበጥሩስሜትማየትአቅቶኝነበር

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም(አሌቀበሇውም) 1). አንዳንድ ጊዜ(አሌፎ አሌፎ)

2). ብዙጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

17. እንደ ሰው ምንም የማለረባ መስል ይሰማኝ ነበር

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም(አሌቀበሇውም) 1). አንዳንድጊዜ(አሌፎአሌፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

18. ትንሽ የሚበቃው እንደሆንኩ ይሰማኛሌ

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም(አሌቀበሇውም) 1). አንዳንድ ጊዜ(አሌፎ አሌፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

19. የአካሌ እንቅስቃሴ በሌለበት የሌቤን ድርጊት አስተውሌ ነበር (ሇምሳላ- የሌብ ምት መጠን መጨመር፣ የሌብ ምት መዝሇሌ)

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበሇውም) 1). አንዳንድ ጊዜ(አሌፎ አሌፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

20. ያሇ ምንም ምክንያት ፍርሃት ይሰማኛሌ

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አሌቀበለውም) 1). አንዳንድ ጊዜ(አልፎ አልፎ)

2). ብዙ ጊዜ(በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

21. ህይዎት ትርጉም እንደሌለው ይሰማኛል

0). ፈፅሞ የእኔን ሁኔታ አይገሌፅም (አልቀበለውም) 1). አንዳንድ ጊዜ(አሌፎ አሌፎ)

2).ብዙ ጊዜ (በተደጋጋሚ) 3). አጅግ ብዙ ጊዜ(ሁሌጊዜ)

አመስግናለሁ