Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

The Impacts of Mindfulness of parents and their Socio-demographic Factors on the Mental Health Condition of their Adolescents in Some Selected Secondary High Schools in Addis Ababa

By

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This thesis is submitted to the School of Psychology in partial fulfillment of the requirements for MA Degree in Clinical Psychology.

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Table of Contents

Contents Pages

Abstract i

Acknowledgment ii

Chapter One 1

Introduction.................... 1

1.1 Background of the Study 1

1.2. Statement of the problem 4

1.3. Research Questions.................... 7

1.4 .Objectives of the study 8

1.5. Significance of the Study 8

1.6. Delimitation of the Study....................9

1.7. Limitation of the Study.................... 10

1.8. Operational Definitions of Important Terms.................... 11

Chapter Two 12

Review of Related Literatures 12

2.1 Adolescence 12

2.1.1 An Overview about Adolescence.................... 12

2.1.2 Adolescence and Parenting 14

2.1.3 Adolescence and Adjustment 16

2.2 Parenting 17

2.2.1 An Overview about Parenting.................... 17

2.2.2 Parenting and Mental Health of adolescents.................... 19

2.3 Mindfulness 24

2.3.1 The Origin and Concept of Mindfulness 24

2.3.2 Mindfulness in Parenting (Mindful Parenting) 26

2.3.3. Mindful Parenting and Mental Health of Adolescents 27

2.4. Summary of the Literatures.................... 35

Chapter Three.................... 37

Research Methods and Procedures 37
3.1. Research Design 37
3.2. Research Site 37
3.3. Population 39
3.4. Participants (Sample Size and Sampling Technique) 39
3.4.1. Variables: 40
3.5. Instruments 41
3.6. Data Collection Procedures 45
3.7. Pilot Testing 46
3.8. Methods of Data Analysis 47
3.9. Ethical Considerations 48
Chapter Four 50
Results 50
4.1. The Socio-demographic Characteristics of the Participants and their Parents/Guardians 50
4.1.1. Demographic Characteristics of the Participants 51
4.1.2. Socio-Demographic Characteristics of the Parents/Guardians: 52
4.2. The Mental Health Condition of the participants and their parents' mindfulness 54
4.2.1. The Mental Health Condition of the participants 54
4.2.2. Mindfulness of the parents of the participants in their parenting practices 57
4.3. The Relationship between Mindful Parenting and the Mental Health Conditions of Adolescents 59
4.4. Differences in Parents' Level of Mindfulness Due to Socio-Economic and Demographic Variables 59
4.5. The Joint and Separate Contributions of Parents' Mindfulness and Socio-demographic Variables to the Variability of Mental Health conditions of Adolescents 67
CHAPTER FIVE 73
Discussion of the Results 73

5.1. Mental Health and Mindfulness among the Adolescents and their Parents Respectively in the Study Sites........73
5.1.1. The prevalence of Mental Health among the Participant Adolescents........73
5.1.2. Mindfulness of the Parents........74
5.2. The Relationship between Mindful Parenting and the Mental Health Condition of the Adolescents........75
5.3. The Difference in Parents' Mindfulness due to Socio-Demographic Variables........78
5.4. The Joint and Separate Contributions of IEMP and ... Socio-demographic Variables of the parents to the Variability of the Mental Health Condition of Adolescents........80
Chapter Six........84
Summary, Conclusion and Recommendations........84
6.1. Summary of the Findings........84
6.2. Conclusion........85
6.3. Recommendations........86
References........90
Appendices........iii
Appendix 1........iii
Appendix 2........x
Appendix 3........xvi

Abstract

The purpose of this research was to investigate the relationships between mindful parenting, the socio-demographic factors of the parents and the mental health condition of the adolescents. In this study, parental mindfulness in the parenting practices was defined and measured as the level of awareness, openness and non-judgementality and non reactivity of the parents during parent-adolescent interactions as measured by the IEM-P scale. The socio-demographic factors of the parents were operationally defined and measured as the parents' age, religion, income per year in birr and level of education.The mental health condition of the adolescents also was defined and measured as the level of general psychological well-being of high school student adolescents as measured by the SRQ-24 scale. 350 participant adolescents, ages 13-19, from three (3) Sample high schools, chosen purposively were selected randomly and took the questionnaire consisting of the above mentioned two scales and the socio-demographic factors of their parents. Participants completed this questionnaire consisting of the Scales of IEM-P and SRQ-24 and their socio-demographic variables as well as of their parents. As hypothesized, results indicated that the level of mindfulness of parents has an impact on the mental health condition of the adolescents. The more mindful parents are, the less the level of the mental health problems of their adolescents are. It was also found that the parents' socio-demographic variables overall have significant effect in influencing their level of mindfulness in their parenting practices .Finally, the findings from the multiple regression implied that both the level of mindfulness of the parents and their education level are impacting or predicting significantly and inversely the level of the mental health problem of their adolescents. The post-hoc analyses also indicated additional support for the relationships between the socio-demographic factors of the parents and their level of mindfulness. Findings of this study provided further support for the benefits of mindfulness in parenting and added to the emerging body of research indicating the beneficial effects of mindfulness of parents in preventing and/or alleviating the mental health problems of their adolescents. Implications of these findings include practical utility in both clinical and non-clinical populations, using mindful parenting skills to attenuate them to the psychological needs and nature of their adolescents during parenting practices, to enhance effective parenting. The findings of this study offered support for the need of increasing mindful parenting, which is established to be highly beneficial for the adolescents' mental health through: enhancing mindful parenting practices and thereby increasing nonjudgmental acceptance, flexibility, more positive parent-adolescent relationship and responsiveness inside the dynamics of home and parenting as well as reducing parenting reactivity, parenting stress and other related problems like unhappy marriage life of the parents so that the psychological well-being and mental health condition of their adolescents can be safeguarded and/or improved as a consequence.

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Chapter One

Introduction

1.1 Background of the Study

As Ary(1999) tried to define, adolescence, derived from a Latin word "adolescere" meaning to grow up, is a bio-psychosocial stage of development occurring between childhood and adulthood. It usually starts with puberty and ends when a person gains a reasonable degree of parental independence or adult roles and responsibilities (Ary, 1999).

This can be a complex, challenging and sometimes a confusing transformation, largely because of the fact that there are no longer clearly defined lines between these developmental stages as there once was (Myers, 1997). According to (Myers, 1997), in ancient societies there were prescribed rites of passage, which separated these periods of life.

At around the onset of menarche for girls and other puberty signs for boys, a special welcoming rite of adolescence was held by the parents and the whole family members to initiate the youth into adulthood (Myers, 1997).

But now, as the researcher himself witnesses from his own experiences, in the contemporary modern societies including Ethiopia, especially in towns and cities, and more specifically in Addis Ababa, there has not been any special consideration of the parents or of the family in general to adolescence and no clearly accepted beginning and prescribed rite of passage.

From the above statements, we can understand that besides the relatively sudden and significant biological changes, there is a psychosocial gap too, among the contemporary modern adolescents of the world in general.

(citation incomplete)

Hall saw adolescence as turmoil, and then other psychologists like Adams (who?) thought that both the disturbed and normal adolescents experienced this

turmoil or significant emotional oscillation between the extremes of psychological functioning (Huebner, 2003).

Therefore, it is now widely accepted that adolescence does present a special burden to the individual experiencing it. But it is not a challenge only rather an opportunity too, especially, if helped by the parents in their parenting practices or in general by the families accordingly.

Steinberg (1992) has tried to express some universal commonalities of adolescents' behaviors. And he has mentioned that it is reasonable to anticipate that certain aspects of adolescents' experiences are common because of the fact that adolescents experience the same biological, cognitive and psychological changes and face almost similar developmental challenges.

If these challenges are not treated accordingly and properly, they are most likely to be the causes of mental health problems for adolescents. According to a recent survey in USA, nearly 25% of college student adolescents report that they are feeling so depressed and have troubles functioning (WHO, 2005). As this survey reports, 15% of them meet the criteria for clinical depression and anxiety.

In Ethiopia also, it has been reported that many adolescents in secondary schools and colleges are suffering from mental health problems (WHO, 2007).

According to Collins (2000), quality parenting has significant positive influence on adolescents' adjustment. Therefore, as adolescent adjustment is closely linked to mental health status, parenting is expected to influence the mental health conditions of children and adolescents. But the most important question here is that, which kind of parenting is quality parenting for adolescents that helps them to be mentally healthier?

In the context of European-American parents, authoritarianism is considered as controlling,dominating,coercive,restrictive,demanding,interfering, and power asserting; but, on the other hand , it was found that this parenting style is

more advantageous to Asian and African Americans than the authoritative parenting style in terms of adolescent adjustment and academic performance(Steinberg, et al.,2004).

According to Eisenberg and others (1998), authoritarian parenting style is valued in the African and Asian communities because it is associated with caring, love, respect, protection, responsibility and the present and future benefits of the son/daughter.

But, among the European –American parents, high quality parenting is a parenting profile, often termed "authoritative" (Baumrind, 1971). It comprises of high positive affective quality, high monitoring and consistency in disciplining with inductive reasoning.

However, other cultural groups have been shown to have different values with regard to high quality parenting (Meyer and others, 1997). Although parenting behavior may be similar across cultures, the meaning attached to them and their influences on the adolescents' mental health may vary.

For example, for low socio-economic status (SES) African American families in USA and other societies of Africa and Asia, positive adolescent outcomes have been related to higher rates of control and less autonomy-granting in the parenting process (Belsky, et al., 1984). Thus, the quality of effective and healthy parenting may vary by context of risk, culture, or norms (Gonzales, et al., 2006).

The general child management of Baumrind's only two dimensional typology of parenting style is a parenting construct that was developed and shown to be reliable and valid in only samples of European-American families (Spoth, et al., 1998).

This means, it cannot be expected to operate similarly for other cultural groups. Therefore, in general, it indicates us that the Baumrind's general typology of only two- dimensional parenting style is less inclusive in the scope

of parenting construct itself and in cross- cultural contexts. Meyer (1995) put this idea conclusively that the general typology of parenting style is less reliable and less valid in defining quality parenting construct in different cultural contexts.

Therefore, mindful parenting has been proposed as a construct that could further the understanding of parenting construct, and one that is flexible with regards to cultural differences in norms with effective parenting (Belsky, et al., 1979).It is also described as a fundamental parenting construct with novel implications for understanding healthy parent-child relationships (Kabat-Zinn, 1997).

As a result of all these propositions and descriptions, mindful parenting is expected to work for improving family focused preventive interventions which are beneficial for parent-child/adolescent relationships in wider cultural contexts and in wider parenting dimensions during the adolescents' transition into adulthood encompassing the collectivist societies including Ethiopia.With the understanding that adolescence is a developmental period that involves substantial risks for maladaptive outcomes that lead to mental health problems(Kumpfer,2003), mindful parenting is hypothesized to have a high concordance with the youth self-disclosure and smooth relationships (Coatsworth, et al.,2009) and thereby to influence and assist them adjust, cope with and become mentally healthier.

This was why this study preferred mindful parenting to the traditional parenting style to hypothesize that it is more important for understanding effective parenting behavior or construct and thereby helps adolescents cope with adjustment difficulties and the consequence of mental health problems.

1.2. Statement of the problem

Parenting is a patterned and complex activity that includes many specific behaviors that work individually and together to influence the outcomes of the

child (Baumrind, 1991). These child outcomes include emotional wellbeing and mental health status of children and adolescents. According to many studies conducted for the last three decades, parenting plays significant role in influencing the children's and adolescents' psycho-social conditions and cognitive capacities as well as their mental health statuses.

The World Health Organization (WHO, 2005) has predicted that by the year 2020 mental health problems especially depression will be the second most frequent cause of disability worldwide, second only to ischemic heart disease. According to this report, for peoples aged between 14 and 44 years, depression is the number one cause of disability followed by alcohol consumption. We can understand from this fact that adolescents are the most vulnerable group of people worldwide because of different bio-psychosocial reasons.

Also according to a WHO report (WHO, 2005), about 30 million adolescents are mentally sick globally. Different reports indicate that Ethiopia has a significant share of it. According to Lazarus and others (1984), the transition to adolescence is a time of increased vulnerability for risk taking and maladjustment; then, as a consequence, less mental health as well as poor social and academic out comes follow.

Therefore, parents and their parenting have potentially an important and significant role in protecting their children and adolescents from these potential harms. Parents, through their daily interactions, are the primary and most important influencing, socializing and guiding agents for the youth (Collins, Maccoby, et al., 2000).

It shows that the parents' parenting skill has potentially an impact on the course of adjustment, adolescent problem behavior, adaptive functioning and in general mental health conditions.

Steinberg and Bronstein (2004) have demonstrated in their research that the parenting process plays major roles in building resilience in children and

promoting the successful transition from childhood to adulthood. Negative parenting practices such as harsh or inconsistent parenting, poor parental monitoring and the lack of reasonable boundaries and limits around adolescent behavior, can also place adolescents at risk for adverse mental health outcomes (Dix, et al., 1991).

However, though parenting has such a great potential role in influencing generally the mental health status of children and adolescents, its multidimensional nature and the cross- cultural contexts have never been included in the traditional Baumrind's parenting style (Baer, 2003).

Although parenting encompasses multidimensional constructs reflecting beliefs, attitudes and behaviors, researchers yet often assesses a single parenting practice or two presumed orthogonal dimensions of parenting: **warmth** and **control,** which is "parenting style", and relates them to developmental and mental health outcomes (Kabat -Zinn, 2003).

Examining any one specific parenting behavior or two-dimensional style, however, without considering the potential for a multidimensional construct of parenting, such as Mindful Parenting may be misleading (Kabat-Zinn, 1997).

Unlike Baumrind's two-dimensional typology, Mindful Parenting accommodates domains of affection, cognitions and motors as well as dimensions of present centered awareness, non judgementality and non reactivity in the parenting process. Mindful parenting is an ability to intentionally maintain present centered awareness and attention with a non judgmental stance including cognitive, affective and attitudinal aspects of parenting in parent-adolescent interactions (Baer, 2003).

Over the last two decades, mindfulness based interventions have been used to successfully treat a multitude of mental health problems and so, bringing mindfulness into parenting (mindful parenting) is one of the newer applications of mindfulness in mental health contexts of children and adolescents (Kabat-

Zinn, 1997).According to Kabat-Zinn (1997), though it is relatively new, mindful parenting interventions are being used in the West especially in USA to prevent from and treat the mental health problems of people, especially children and adolescents.

However, only few studies have examined the hypothesized impact of mindful parenting on the mental health statuses of adolescents. Moreover, to the researcher's knowledge in searching for related literature, no research at all has been conducted in the area in Ethiopia yet and this study is pioneering in its type in the area of mindful parenting and mental health of adolescents. It seemed potentially relevant and important to conduct research in the area on the current mental health conditions of Ethiopian adolescents in secondary high schools and on their parents' mindful parenting construct and skills.

Therefore, this study was planned to fill this gap by examining its hypothesis stated that the mindful parenting (with its dimensions of present –centered awareness, openness, nonjudgementality and nonreacivity encompassing the affective, cognitive and attitudinal aspects of parenting)to be realized through the parent-adolescent interactions has a significant relationship with and an impact on the mental health conditions of secondary high school students in Addis Ababa.

The socio-economic and demographic characteristics of the parents are also hypothesized to influence their own degrees of mindfulness and the mental health condition of the adolescents.

1.3. Research Questions

In this research, attempts have been made to answer the following research questions:

- To Which Extent Are the Adolescents Mentally Healthy and Parents practice Mindfulness in the study sites? not clear what you are asking

are you saying; To what extent are adolescents ~~with~~ who are mentally healthy have parents who practice Mindfulness?

- Is there statistically significant relationship between Mindful Parenting and the mental health condition of the adolescents?
- Is there a statistically significant difference in the parents' level of mindfulness due to their socio-economic and demographic variables?
- What are the joint and separate contributions of the parents' mindfulness and their socio- economic and demographic variables to the variability of mental health statuses of the adolescents?

1.4 .Objectives of the study

The general objective of this study was to assess the impact of Mindful Parenting on the mental health condition of adolescents in three secondary schools in Addis Ababa.

Specifically, this study was intended to:

- Investigate the extent to which adolescents are mentally healthy and parents practice Mindful Parenting in the study sites.
- Examine whether there is statistically significant relationship between Mindful Parenting and the mental health conditions of adolescents.
- Test whether there is statistically significant difference in the level of mindfulness among the parents due to their socio-demographic variables.
- Determine what the joint and separate contributions of the parents' mindfulness and their socio-demographic variables are to the variability of the mental health statuses of the adolescents.

1.5. Significance of the Study

The result of this study has been hopped to be very helpful in informing the parents, the families, the Counselors, Clinical Psychologists, the Social Workers, the health care workers, the teachers, curriculum designers, NGOs,

policy makers and the community in general and adolescents and parents in particular by addressing and identifying the relationship between, and the impact of mindful parenting on the mental health statuses of adolescents.

The findings of this study have been expected to help a lot for the above mentioned professionals and stakeholders to appropriate or adjust and improve the type and quality of the services they render accordingly to the parents and the adolescents specifically.

Almost all the above mentioned stakeholders may have significant roles and contributions depending upon the results of this study in designing, establishing and implementing trainings and/or counseling that can help the parents be well informed, aware, trained, counseled and skilled in Mindful Parenting.

At the same time and by the same token, the adolescents also can be addressed and helped to communicate and interact with their parents and adjust themselves accordingly in a mentally healthier and productive manner.

It was also hoped to reveal whether the socio-economic and demographic variables of the parents have relationship with their degrees of mindfulness in their parenting as well as with the variability of the adolescents' mental health conditions as a consequence.

The results of this study in general, have been anticipated to benefit the parents directly and indirectly so that they can make their child-rearing and parent –adolescent interaction or relationship skills healthier, happier, effective and productive while managing, guiding, monitoring, assisting, communicating and caring their sons and daughters.

1.6. Delimitation of the Study

Despite the fact that there are some other influencing or contributing factors to the mental health conditions of adolescents in Addis Ababa, like the

adolescent's own biological and hereditary predispositions, the adolescent's family condition or communication, the school condition where he/she is learning, the peers he/she has, the environment where he/she is living including the neighborhoods, etc., the researcher has delimited his study to the impacts of parenting, specifically to mindful parenting and to the parents' socio-demographic variables only.

This study was conducted in three secondary high schools in Addis Ababa, mainly because of the chance or advantage of getting many adolescents from different socio-economic, demographic and ethnic backgrounds. But, many adolescents are available collectively in colleges and universities (tertiary level) too in Addis Ababa. However, the researcher has been interested in conducting this study on the earlier samples because of the fact that the tertiary level student adolescents seem to have relatively less day- to- day interactions with their parents than that of the secondary school student adolescents due to different reasons.

Taking into consideration the number of adolescents in each sample school and their presumed stratification, the researcher believed that these three schools were fairly enough in representing the total target population of Addis Ababa.Otherwise, it would have been inconvenient or difficult to access some additional schools too, to gather data from within the limited time and resources that it would have affected as a consequence, the quality of the study as a whole.

Therefore, this study was delimited to three secondary high school student adolescents from 13 years to 19 years old in Addis Ababa.

1.7. Limitation of the Study

Mindful parenting is a relatively new principle of parenting construct. Therefore, the researcher lacked related literatures in this area in general and there has never been a single local literature at all in the Ethiopian context in

particular. As a result of it, it was challenging to access relevant materials and to be well informed of what has been done on the area and what the gap is/ was at present specifically in the local context.

1.8. Operational Definitions of Important Terms

- **Adolescence** – Developmental stage in life between the ages of 13-19 years.
- **Demographic variables** – the gender, age and religion of both the parent and the adolescent.
- **Mental health** – The level of general psychological well-being of high school student adolescents as measured by the SRQ-24 scale.
- **Mindful parenting** – the level of awareness, openness and non-judgementality and non reactivity of the parents during parent-adolescent interactions as measured by the IEM-P scale.
- **Secondary school students** - Students from grades 9-12 or 9-10 in the regular (day) program.
- **Socio-economic and demographic variables**– The parents' religion, age, level of education and income per year in birr.

Chapter Two

Review of Related Literatures

2.1 Adolescence

2.1.1 An Overview about Adolescence

The formal study of adolescence began with the publication of G. Stanley Hall's "Adolescence" in 1904 (Lazarus, et al., 1984). He believed that adolescence was a representation of our human ancestors' phylogenetic shift from being primitive to being civilized (Belsky, et al., 1979).

However, Freud believed that the psychological disturbances associated with adolescence were biologically based and culturally universal; while Erickson focused on the dichotomy between identity formation and role fulfillment (Huebner, et al., 2003).

The beginning of adolescence is marked by puberty, which is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual maturity.

The adolescent growth spurt is a rapid increase in individual's height and weight during puberty resulting from the simultaneous release of growth hormones, thyroid hormones and androgens (Steinberg, et al., 2004).

During adolescence, some of the most developmentally significant changes in the brain occur in the prefrontal cortex, which is involved in decision making and cognitive control, as well as other higher level cognitive functions.

According to Steinberg, the two neurotransmitters that play important roles in adolescent brain development are glutamate, which is an excitatory neurotransmitter and dopamine which is associated with pleasure and attuning to the environment during decision making.

avoid one sentence ¶. You may want to combine these sentences in one ¶.

As Steinberg (2004) further explained the cognitive development of adolescents, by the time these individuals (adolescents) reach age 15 or so, their basic thinking abilities are comparable to those of adults in five areas such as attention, memory, processing speed, organization or hypothetical thinking (abstract thinking) and metacognition (a third gain in cognitive ability involves thinking about thinking itself).

Among the most common beliefs about adolescence is that it is the time when teens form their personal identities in which egocentrism is performed and followed by self consciousness of wanting to feel important in their peer groups and having social acceptance of fitting into the group(Steinberg ,et al., 2004).

Early in adolescence, cognitive development results in greater self awareness, greater awareness of others with their thoughts and judgments and the ability to think about abstract, future possibilities, and the ability to consider multiple possibilities at once.

Contrary to popular belief, there is no empirical evidence for a significant drop in self esteem over the course of adolescence (Adams et al., 1994). Adolescence marks a rapid change in one's role within a family but the potentially important influence on adolescents is change of the family dynamic especially the parenting behavior (Maccoby,et al., 1984).

Therefore, despite these natural and social or familial role changes during adolescence take place by themselves ,but still the home environment and the parents' parenting practices are very important for and impacting on the behavioral adjustments and mental health conditions of adolescents.

According to Maccoby(2003), adolescents who have a good relationship with their parents and parenting behaviors are less likely to engage in or vulnerable for various risk behaviors and mental health problems that are potentially threatening to them in this transitional period from childhood to adulthood.

Therefore, in general, adolescence is a transitional period from childhood to adulthood with increased vulnerability for risk taking and poor mental health that results in social interactions and academic outcomes as a consequence. Many critical and multidimensional life changes occur during the developmental period of this transition.

The commencement of secondary school coincides with the numerous shifts in physical, social and cognitive functioning associated with development and puberty (Steinberg, et al., 2004). If this transition is not well managed, adolescence can be a time when both the adolescent and their family experience significant difficulties such as parent adolescent conflicts, adolescent mental health problems, and the uptake of high risk behaviors such as the use of alcohol and other drugs or early or unsafe sexual practices (Eisenberg, et al.,1998).

Therefore, though broad contextual factors too, have their own influences, parenting have a significant influence upon the adolescent's total outcomes. It has been mentioned beautifully by Eisenberg and others (1998) that as adolescence is a key time for the development of high risk behaviors, the parents parenting during early adolescence is critically important and has significant impact on adolescent outcomes may be including mental health .

2.1.2 Adolescence and Parenting

Parenting is a complex activity that includes many specific behaviors that work individually and together to influence child or adolescent outcomes (Baumrind, 1991).

As it has been mentioned above, adolescence is a critical time when parenting plays an important role in influencing the adolescent's behaviors and mental health.

Therefore, adolescence is a time during which the introduction of effective and preventive strategies of parenting is of paramount importance (Dix,et al., 1991).

Adolescence brings with it a range of new developmental health related and social challenges that are not present or relevant when children are very young. For example as Patterson and others (1984) put it, the need to develop and implement monitoring of adolescent behaviors such as dating, attendance at parties, alcohol and other drugs are specifically relevant to adolescents unlike to children prior to the transition to adolescence.

Discipline and other strategies of parenting will also necessarily change during the adolescent period. According to Collins and others (2000) this change of parenting strategy during adolescence is recognition of the importance of the transition from childhood to adolescence.

It is a potentially protective role of parents and an opportunity to prevent negative outcomes for adolescents that has led to the development of a number of parenting programs targeting adolescents (Coatsworth, et al., 2009).

Programs for parents of adolescents have typically aimed to improve parenting practices and reduce adolescent risk behaviors and mental health problems. More recently, universally targeted adolescent parenting programs have also been developed with the aim of promoting parenting practices that might facilitate prevention or early intervention for serious adolescent mental health problems and antisocial behaviors (Bronfenbrenner,1977).

Generally, with in the literatures on parenting of adolescents, a number of important parenting dimensions and programs have been extensively researched.

However, evaluations of parenting programs suggest that traditional models of parenting interventions are insufficient to meet the needs of adolescents and of the families in general (Dumas, 2005).

Therefore, according to Hayes (2004), it might be useful to supplement these already established traditional models of parenting interventions with alternative new theoretical parenting models like mindful parenting interventions that can define sufficiently the parenting behavior and that can meet the adolescents' nature and needs cross culturally.

2.1.3 Adolescence and Adjustment

According to Bronfenbrenner (1979), there are many other factors too, that influence the adolescent's adjustment and mental health like hereditary predispositions, school, media, society and culture or generally environmental context within a parenting. This theory leads us to rethink about the effects of parenting on the adolescents with cultural context and assuming that the influence of parenting style may differ across cultural groups (Hill, 2003).

Steinberg and others (2004) found in their studies as a result, that the authoritarian parenting style is associated with better adjustment and academic performance of Asian and African American adolescents than is the authoritative parenting.

Jarrett and others (1997), too, thought that for Africans, authoritarian parenting is associated with love, caring, respect, protection and making life easier for the child in the future so that he/she can easily adjust well during the transition period of adolescence to adulthood. Jarrett and others (1997) showed for example that the Korean adolescents associated parental strictness and control with parental warmth and low level of neglect. Generally,Jarrett criticized the Western conceptualization of parenting and thought that parental control and warmth can be compatible in collectivistic cultures.

Accordingly, he argues that adolescents from this cultural background adjust sufficiently well and will be mentally healthier if there is a relational harmony in the family with parental control imbedded with love, acceptance and care instead of individualistic "freedom".

Therefore, it is reasonable to say or think that parenting and the adolescents' adjustment as a consequence are closely linked with cultural contexts. According to Chao (1994), there is a cross cultural differential effect of parenting that result from the fact that different children or adolescents from different cultural backgrounds perceive a kind of parenting behavior differently. She explained that parental control is not viewed negatively as restrictive and dominating by Chinese parents and children.

But, rather it is seen as an organizational strategy that contributes to the harmonious function of the family as a whole and smooth transition or adjustment of adolescents into adulthood responsibilities within the family system in a collectivist context and style of life.

She proposed that the 'guan' parenting style (translated as "training") reflects an important Chinese parenting practice that incorporates control and guidance on one hand and sacrificing and care for the children on the other. The "training" is focused on how the adolescents can adjust during their transitional period into adulthood effectively with adulthood responsibilities and emotional stability or mental health in general.

2.2 Parenting

2.2.1 An Overview about Parenting

Parenting is a psychological construct representing standard strategies that parents use in their child rearing behavior (Baumrind, 1971). There are many different theories and opinions on the best ways to rear children, a swell as different levels of time and effort that parents are willing to invest on. Parental investment starts soon after birth.

One of the best known theories of parenting was developed by Dianna Baumrind. She proposed that parents fall into one of the four categories of parenting styles (Baumrind, 1991): authoritarian (telling their children exactly

what to do), indulgent (allowing their children to do whatever they wish), authoritative (providing rules and guidance without being over bearing) and negligent parents (disregarding the children and focusing on other interests).

However, according to Kabat-Zinn (1997) studies suggest that the parenting styles of European-Americans differ from those of African Americans and Asian Americans. And more research is needed to understand how culture and ethnicity interact with situational demands and the characteristics of individual children.

Therefore, concerns about the generalizability of parenting styles across diverse ethnic and cultural contexts, as well as a more general movement towards understanding the dimensions that underlie general parenting construct, has led to a great deal of research that has focused on disregarding Baumrind's parenting style (Hayes, 2004).

The goal of this movement is to better understand how different parenting dimensions or behaviors interact to affect various child and adolescent outcomes including mental health in different social or cultural contexts.

As a result of this disagreement on the area, and the disregarding of the general Baumrinds's parenting style, because of contextual and dimensional problems, a mindful approach of parenting has been suggested as one new alternative avenue for promoting multidimensional and cross-cultural parenting construct (Kabat-Zinn, 1997).

Such broader parenting programs particularly those utilizing a social learning approach and incorporating behavior management training, can be effective in producing positive outcomes including mental health for children and adolescents (Baer, 2003). According to Baer (2003), the majority of parenting interventions target preadolescent children and it is more effective than later interventions. But, according to Taylor, such early childhood interventions of parenting programs are not expected to prevent all future difficulties.

Adolescence brings with it its own a range of new developmental and social challenges that are not present or relevant when children are very young and for parenting programs to be effective, they must be developmentally timed (Hoof and Ginsberg, 1995).

Therefore, parenting encompasses multidimensional constructs reflecting beliefs, attitudes, and behaviors of parents towards their children at different developmental stages, especially during adolescence.

But, many studies often assess a single parenting practice or two presumed orthogonal dimensions of parenting: warmth and control (i.e. parenting style of Baumrind) and relate them to the developmental outcomes of children and adolescents including their mental health statuses (Kabat-Zinn et al., 1997). However, according to Kabat –Zinn (1997), examining any one specific parenting behavior or two-dimensional style, without considering the potential for higher order construct of parenting such as mindful parenting, is may be misleading.

In general, according to Steinberg (2004) and Kabat–Zinn (1997) mindful parenting has been described this days as a fundamental parenting construct or skill that has a relationship with the outcomes of children and adolescents including their mental health statuses.

2.2.2 Parenting and Mental Health of adolescents

As adolescents make normative transition from middle childhood to adolescence, they are challenged by substantial physiological, cognitive, emotional, mental and social changes (Steinberg and Silk, 2000). According to Steinberg and Silk (2000), if these changes are navigated by supportive and positive internal and external influencing factors, especially and most significantly, by quality parenting, proper adolescent adjustment and mental health can be anticipated and achieved.

In contrast, if contextual risk factors and/or maladaptive heritable predispositions exert influence on adolescent development and these effects are not ameliorated or buffered through the presence of compensatory, protective factors of high quality parenting, healthy functioning may be doubtful (Collins et al., 2000). In the latter case, adolescents may display mental health problems in general including problem behaviors like delinquency. Though external factors like peer relations, school conditions and bonding have influences,the socioeconomic status and demographic variables of the parents, that determine their parenting have been identified in relation to adolescent adjustment and mental health (Kumpfer, et al., 2003).

According to Kumpfer (2003), etiological models have empirically verified the key roles of family socialization and the parents' parenting factors in shaping the developmental trajectories of adolescents either toward or away from mental health and adjustment problems.

Nevertheless,a review by Hoff –Ginsberg and Tardif (1995) found that great consistency across studies regarding differences in parenting practices including mindfulness for parents with different levels of SES and demographic variables.

Although several family focused studies and interventions targeted and focused on the improvement of parenting behaviors and skills (Spoth et al. 2002), future prevention efforts may be improved through further refinement of studies and careful articulation of developmental theories regarding the role of parents' parenting in adolescent adjustment and mental health. As far as my review of related literatures is concerned, a number of important parenting dimensions have been extensively researched in the literatures on parenting the adolescents so that they can easily adjust and become mentally healthy.

The most common dimensions included are the affective quality of the parent-youth relationship and the nature of child management practices (i.e. guidance, discipline, and monitoring) (Collins and Russell, 1991).

For example, as Collins and others (2000) have suggested, research has identified the degree of positive or negative affect that is expressed in the parent –child relationship as one of the most distinguishing dimensions of the relationship. Adolescents' affectional bonding with parents has been associated with increased tendency to abstain from involvement in risky behaviors like addiction, whereas cold and unsupportive parental behavior has been linked with drug use and different mental health problems among adolescents (Shedder and Block, 1990).

According to Steinberg and others (2004), parental acceptance has also been shown to be related to adolescent psychosocial development like self-esteem, self reliance and work orientation.

Besides affective quality another commonly studied aspect of parenting is the general management practices parents employ to discipline, monitor and guide their children and adolescents. In parenting construct, Locke and Prinz (2002) have identified discipline (i.e., restrictiveness or firm control) as including a wider range of parental behaviors than just harsh or punitive actions.

Locke and Prinz (2002) concluded that the accepted definition of discipline is one that also encompasses parenting techniques that are considered to be effective child management (e.g. inductive reasoning and consistency). Therefore, the two components of effective discipline practices are the parent's use of inductive reasoning and consistency.

Generally guidance refers to parental behaviors designed to guide the child and/or adolescent toward a desired behavior, or towards a more advanced understanding of their world, using explanations and demonstrations).

Baumrind (1991) has specified that the use of explanations and reasoning in discipline were keys to distinguishing "authoritative" from "authoritarian" parents and demonstrated that the use of these parenting practices wee related to child social assertiveness and adolescent adjustment or mental health.

Another component of parental discipline is "consistency", a dimension of parenting that has been less frequently studied (as far as my review of different literatures is concerned), yet appears important for understanding the influence of parenting on adolescent mental health problems.

For example, Spoth and Redmond (1998) found that within their adolescent sample, parental consistency in applying discipline accounted for the largest amount of variance in conduct problems of any of their parenting dimensions. These results are in alignment with Patterson's (1997) Macro theory of parenting.

Patterson's Macro Theory is based in part on his findings that when parents respond to misbehavior with harsh verbal threats, yet seldom back up any threats with effective discipline, child problem behaviors are reinforced in a coercive, cyclical, process (Patterson, 1984).

Even in families not stuck in a coercive cycle, inconsistency in discipline has been associated with anti social behavior and adjustment problem in adolescents (Patterson, et al. 1984).

Another dimension of parenting which will not be directly assessed in this study, but important for understanding child and adolescent management is psychological control. According to Steinberg and silk (2002), parental psychological control can have negative impact on adolescents who are seeking greater individuation, privacy and autonomy.

In the absence of behavioral problems in early childhood, psychological control combined with low parental involvement has been found to be related to greater delinquency and mental health problems in adolescence.

The other aspect of child management in parenting construct is parental monitoring. Parental monitoring, an example of a proactive child and adolescent management strategy is distinct form psychological control and it

has been consistently found to be related to lower levels of substance use, antisocial peer affiliation, and sexual activity (Ary et al.., 1999).

Typically, monitoring has been interpreted as parenting practice by which parents actively attempt to watch over their children and adolescents as a means of behavioral control.

However, recent theoretical and empirical work has shown that monitoring may be more a factor of how much adolescents spontaneously disclose information to their parents than an indication of parents' efforts to keep watch .As seen above, the majority of the studies on parenting have focused on the relation between parenting practices and child/adolescent outcomes. However there is a relatively smaller body of research on the determinants of parenting itself (Bronfenbrenner, 1977).

According to Bronfenbrenner's (1977) assertion, parenting like many other aspects of human development, is a process versus a static construct set the stage for other theoreticians to examine the multiple layers of influence on parenting from dynamical, systems perspective.

It has only been since the 1980's that researchers have began to examine the determinants of parenting using two comprehensive models: The Process Model of the Determinants of Parenting (Belsky, 1984) and the Ecological Model of Parenting (Kotchick and Forehand, 2002).

These models place an emphasis on social contextual factors that can serve as a source of stress and therefore, place a strain on parents' efforts at parenting effectively. A primary contextual factor important for understanding the determinants of parenting is socioeconomic status (SES (Luther, 2000).

Factors internal to the parent too, such as psychological symptoms and psychological well-being are suggested by these two models as key predictors of parenting.

2.3 Mindfulness

2.3.1 The Origin and Concept of Mindfulness

Mindfulness meditation, the disciplined practice of bringing Mindful Awareness to moment-to-moment experience, has been at the core of all of the major streams of Buddhist practice and scholarship for centuries (Bradley, 2005). According to Goldstein, mindfulness is an English translation of the 2,500 year-old Buddhist word "Pali", a term which connotes "awareness", "attention", and "remembering" or "intention".

However, mindfulness is also considered to be a capacity inherent to humans independent of any affiliation with Buddhism, and has recently been the focus of psychological practice, theoretical discourse and research in Western Psychology (Kabat-Zinn, 2003).

According to Kornfield (1997) and Rahula (1959), the long standing teachings of Buddhism assert that mindfulness has the potential to provide freedom from the egoistic, hedonic treadmill of continually avoiding discomfort and seeking pleasure from outside sources that are ultimately unsatisfying and short lived.

The cultivation of mindfulness is thought to provide an antidote to states of being unaware (e.g., noticing or not paying attention to thoughts, feelings and sensations) and aversive (e.g., avoiding the experience of what is happening in the present moment) Baer, (2003).

From this perspective, mindfulness can promote a deeper and more enduring sense of well-being found through simply being with whatever is happening in the present moment, with a recognition that it will pass and be replaced by a new experience in the next moment (Shapiro, 2006).

Therefore, mindfulness allows for greater flexibility and an accuracy in perception of what is happening at the moment, as well as greater acceptance

and less reactivity to whatever is taking place on somatic, cognitive, affective or behavioral level of an individual.

In accordance with the Western psychological theory, mindfulness is a receptive attention to and awareness of present events and experience that allows for full awareness of what is happening in the moment (Brown and Ryan, 2003).

In general, according to Brown and others, (2007), mindfulness is a quality of consciousness posited to encompass both clarity of awareness and the ability to flexibility shift between broad awareness and focused attention during moment by moment experience.

Our human history of life experiences frequently condition our responses such that we automatically appraise and judge almost every thing we encounter with little or no conscious awareness.

These subjective appraisals are judgments of an experience or an object as either "good" or "bad". These automatic judgments, along with cognitive biases which are created by our beliefs, opinions and expectations, may lead us to distort the reality of what is currently taking place.

Thus, Mindful Attention and Awareness are intended to overcome these distortions of reality and provide a clearer awareness of one's immediate experience (Brown et al., 2003).

From this perspective, maintaining a Mindful Awareness allows for exercising choice in responding to experience and provides an alternative to engaging in habitual or "automatic", cognitive and behavioral reactions to internal and external experience.

Concordantly, halting automaticity through mindful processing of experience is thought to allow for self regulation in goal pursuit (Brown et al; 2003).

2.3.2 Mindfulness in Parenting (Mindful Parenting)

Incorporating mindful awareness into parenting interactions can allow parents to shift their awareness in order to view their present-moment parenting experience within the context of the long-term relationship that they have with their child as well as attend to their child's needs, while exercising self-regulation and wise choice in their actions(Kabat-Zinn,1997) .

As in most domains, it is believed that acting primarily from automatic, self-focused, or hedonic motivations in parenting interactions will likely lead to less than optimal quality in parent- child relationships (Dix,et al., 2003).

According to Dix and Branca, when these principles have been applied to theories of parenting, essential distinctions have been made between parenting goals and motivations that are egoistic (self or parent –oriented) versus those that are child/adolescent or relationship –oriented.

Parents who can remain aware and accepting of their child's needs through using mindfulness practices can create a family context that allows for more enduring satisfaction and enjoyment in the parent- child relationship (Duncan et al. 2009).

As mentioned above, a Mindful Approach to parenting has been suggested as one avenue for promoting secure attachment relationships with children and adolescents.

According to kabat - Zinn (1994, 2003) mindful parenting encompasses five dimensions relevant to the parent child relationship: listening with full attention; nonjudgmental acceptance of self and child /adolescent; emotional awareness of self and child /adolescent; self regulation in the parenting relationship; and compassion for self and child /adolescent.

Duncan (2009) has suggested that Mindful Parenting is an approach to parenting that is reflected in qualitatively different intrapsychic and interpersonal processes within the dynamic parent-child relationship.

In general, according to Kabat-Zinn (2004) Mindful Parenting is conceptualized as a higher order construct that encompasses parent social cognitions, higher level cognition or metacognition and higher level emotion taking place in the parenting context.

Accordingly, this construct is intended to extend the internal process of mindfulness to the interpersonal interactions taking place during parenting.

As such, assessment of mindfulness in parenting is hypothesized in this study to capture qualities of the behavioral and the cognitive- affective interfaces occurring for parents during parental interactions with their adolescents.

2.3.3. Mindful Parenting and Mental Health of Adolescents

Mindfulness is a form of meditation based on the Buddhist tradition, which has been used over the last two decades to successfully treat a multitude of mental health problems (Baer, et al., 2003).

Bringing mindfulness into parenting ("mindful parenting") is therefore one of the applications of mindfulness. According to Baer and others (2003), Mindful parenting interventions are being used to help prevent and treat mental health problems in children and adolescents as well as parenting problems, and prevent intergenerational transmissions of mental disorders from parents to children.

Kabat-Zinn (1990) developed the mindful-based stress reduction (MBSR) program for trying to help chronically ill people to cope with their illness. MBSR has been helpful for a variety of physical and psychological conditions.

Kabat-Zinn and others (2004) did a meta-analysis on the mental health benefits of MBSR programs and consistently found significant effect size for the MBSR interventions.

Before understanding possible working mechanisms of mindfulness for improving parenting in mental health contexts, we focus on understanding change through mindfulness in general (Bishop, 2002).

According to Bishop (2002), attention process is may be one of the key mechanisms underlying change in mindfulness. Bishop pointed out that the concept involved in mindfulness: being present in the moment, focusing on the reality and accepting it for what it is all involve different aspects of attention.

This idea is consistent with the argument that, in general, meditation modifies attention, as highlighted by for example, Brown and others(2003).However, despite the general connection that has been drown between attention and meditation, there has not been much research investigating the specific ways in which mindfulness meditation affects attention. And it is not possible to provide a comprehensive over view of all the available studies in this research because of various reasons including time.

But, to mention few of the studies on the issue are for example, the findings of Baer and others (2003) showing the improvements in participants' performance depending on their meditation experience in the attention network test.

Mindfulness in parenting (Mindful Parenting) reduces parental stress and thereby improves parenting (Belsky, 1984).

Parenting stress has been found to strongly affect parenting skills, that these parents under stress become more rejecting, controlling, reactive and less warm towards their children which are the main causes of mental health problems for children especially for adolescents.

Mindfulness in parenting is hypothesized to break the cycle of repetitive, negative thoughts, and to allow parents, in interactions with their child, to attend to their child, rather than to their inner ruminations (Dumas, et al. 2003).

According to Davidson and others (2003) too, mindful parenting may help parents to pay attention to their child and adolescent in a more open, nonjudgmental way, instead of having a biased attention for negative cues in the child or adolescent or a biased (negative) interpretation of the adolescent's behavior.

Therefore, in general, as Davidson (2003) concluded, mindfulness in parenting is hypothesized to improve parenting and the parent-adolescent interactions and thereby to prevent and/or improve the intergenerational transmission of negative biases and mental health problems of children and adolescents as a consequence.

If parents are not trained in mindfulness in their parenting, they may tend to function being guided by their subconscious schemas especially while stressed. It was clearly put by Siegel et al. (2004), that particularly when under stress, parents may repeat dysfunctional and even abusive parenting patterns, and automatic subconscious schemas and behaviors are activated via the amygdala without modification from higher cortical levels.

It implies that mindful parenting in the parenting process in general, and thereby during the stressful or painful parent-child interactions may prevent and stop the intergenerational transmission of dysfunctional upbringing patterns and mental health problems of children especially of adolescents as a result.

In local studies also, despite the fact that mindful parenting has never been addressed, Kortman and Ten Horn (1988) too, found in their earlier surveys that the mental health problems of adolescents in Ethiopia are increasing

among the patients who are complaining somatically. It might be because of or as a result of dysfunctional parenting practices.

Kabat-zin and kabat-zinn (1997) noted that when parents' inner resources become depleted, they have to find effective way to replenish them, with out doing so at the expense of their children rather by self compassion.

As Siegel (2009) suggested, that Mindful Parenting is a relational process where you become your own best friend to experience self-compassion and thereby to restore balance between nonjudgmental acceptance, love and attention with awareness to the child and to the self too.

Thus, many individuals, especially the adolescents with mental health problems experience themselves as lacking the ability to love and accept or be loved and accepted, may be as a result of the absence of mindfulness in their parenting by their parents.

Therefore, in general, as Kabat-Zinn (1997) suggested, mindful parenting, defined as paying attention to your child /adolescent and your parenting in a particular way: intentionally here and now, and nonjudgmental, has a significant role in mental health problem prevention and treatment among children and adolescents.

Through mindful parenting and family love relationships, successful socialization that contributes to the mental health of an adolescent can be achieved.

The essence of successful socialization lies in developing the child's inborn potentials for empathy and sensitivity to the needs and feelings of others, through experiencing this within a mindful parenting which is nonjudgmental acceptance and a family love relationship (Belsky, 1984).

Some writers on the area say that the emotional needs of children and adolescents can be summarized under 5 A's: Affection, Acceptance,

Attachment, Appreciation and Approval. However, according to Belsky (1984), the adolescent's need for apology from the parents is also basic and very important for the continuity of the family emotional relationship and as a consequence, for the mental health of the adolescents.

A child or adolescent needs not only to be loved by parents but also to feel loved and so an apology helps to restore the good relationship when a mindful parent makes a mistake.

Different authors highlighted the importance of attending to the parents' own emotional needs during mindful parenting that contributes to the mental health of children and adolescents in turn.

For example, Baer (2003) defined self –compassion as being composed of becoming kind and understanding toward oneself in instances of hardship or perceived inadequacy rather than being harshly self- critical; perceiving ones experiences as part of the larger human experience rather than seeing them as isolating and holding painful thoughts and feelings in mindful awareness rather than over identifying with them.

Mindfulness interventions teach parents to adopt a more accepting, non-judgmental, and compassionate stance toward themselves (Segal, et al.2002).

According to Segal (2002), mindfulness is a relational process where parents can become their own best friends, as the social circuitry of the brain gets activated in mindfulness; and then they can learn to devote positive attention to self -compassion and restoration of balance between attention to the self and to the child/adolescent.

Segal (2002) also added that becoming more compassionate towards themselves in turn helps parents to be more accepting and compassionate towards their adolescents, especially when their adolescents express negative emotions.

Mindfulness of parenting helps adolescents to be mentally healthier through improving the quality of the marital functioning of their parents. For example, marital quality is associated with the quality of parenting and the parent – child/adolescent relationship and is negatively associated with adolescent behavioral and mental health problems (Segal,et al.2003).

Mindfulness techniques may help the parents foster more positive and satisfying marital relationships by increasing couples' open-mindedness, flexibility and reduced criticism and rigidity and thereby reduces the behavioral and mental health problems of their adolescents.

Dishion and others (1991) found that the association between mindfulness of parents and their perceived marital quality was fully mediated by skilled emotion repertoires, specifically those associated with identifying and communicating emotions, as well as the regulation of anger expression and greater capacity to respond constructively to relation –stress, reduced marital conflict and thereby reduced parent-adolescent conflict that would have led the adolescent to behavioral and mental health problems.

In families who are referred to mental health care including adolescents, the marital dysfunction and unresolved divorce and post-divorce co-parenting issues among the parents are likely to be over–responded (Huebner, et al.2003).

Co-parenting refers to the ability of parents to support and not disqualify the partner in the presence of the child/adolescent, whether the partner is present or not (Vickerman, 2009).Therefore, according to Vickerman (2009), the mindfulness of parents may improve supportive co-parenting even in the absence of the other parent that in turn contributes positively to the mental health of children and adolescents.

Several mindfulness programs have targeted parents specifically, with the assumption that, if the parent becomes more mindful in general, this will

improve parenting skills and the parent–child/adolescent relationship through the parents' non-judgmental, here -and- now attention, and intentionality in their parenting.

Parents of the clinically referred adolescents, who were suffering from externalizing different mental disorders like ADHD, Conduct Disorder and Autism- Spectrum Disorder followed mindful parenting course, while their adolescents also followed a parallel mindfulness course for themselves in a separate group (Shelder, et al., 1990).

According to Dumas (2005) too, significant and substantial improvements of the combined mindful parenting and adolescent mindfulness training were found on adolescents' general mental health conditions.

However, despite this promising result among the clinically referred adolescent group, it remained unclear whether this positive effect resulted from the adolescents' mindfulness training, the mindful parenting training or the combination of both.

Mindful parenting has also been described in the context of prevention of psychological disorders or problems of children and adolescents by the enhancement of the mentality of mindfulness among parents Locke (2002).

As Locke(2002) states, parents develop an active, aware and attentive observational stance through the accumulated practice of directing quieted ,patient, curious and alive attention to both the self and to the child/adolescent through learning to respect and follow the child's or adolescent's lead in contact –seeking and exploration if they are mindful parents.

In general, in the context of adolescent drug prevention and other behavioral and mental health problem intervention program, five core aspects of mindful parenting were considered: They are:

listening with full attention, maintaining emotional awareness of oneself and one's adolescent during parenting interaction, practicing nonjudgmental openness and receptivity when children/adolescents share their feelings and thoughts, regulating one's own automatic reactivity to adolescent behaviors, and adopting compassion to oneself as a parent and toward the struggles one's adolescent faces(Duncan et al.,2009).

According to Duncan and others (2009), a number of studies suggest that attention is one of the cognitive mechanisms that is affected by mindfulness and that potentially plays a role in the different processes addressed by mindfulness for parents.

She added that it contributes a lot for the mental health of adolescents by reducing parental stress and preoccupation that has resulted from parental and/or adolescent psychopathology, by improving parental executive functioning in impulsive parents, by breaking the cycle of their own repeating dysfunctional upbringing schemes and habits, by increasing self-nourishing attention and by improving parental functioning and co-parenting.

Hence,according to Segal, (2002), the challenge now is to work out in more detail where the benefits of mindful parenting lie and how to best tailor mindful parenting so that it suits the specific behavioral and mental health problems the parents and /or the adolescents have.

Therefore by considering all these gaps, this study attempted its best to examine and to present the results of the analyses of the collected data on the basis of the hypothesized relations with and impacts of the higher order construct of mindful parenting (that encompasses affective ,cognitive and attitudinal aspects of parenting which is realized in the parent- adolescent interactions) on the mental health condition of adolescents.

2.4. Summary of the Literatures

In general, different researchers in different times have raised and discussed issues on adolescence and adjustment, on different kinds of parenting skills, styles or constructs and their influences on some aspects of child and/or adolescent out comes including the mental health conditions.

However, there have been some criticisms on the validity and reliability of these traditional parenting styles on influencing different aspects of children and adolescents' general Psychological and emotional make-ups including mental health especially in cross-cultural contexts. Hence, may be as a better alternative, recently, many authors are opening their eyes wider seeking for an option and as a consequence, they are shifting to the Mindful Parenting construct.

Therefore, concerns about the generalizability of parenting styles across diverse ethnic and cultural contexts, as well as a more general movement towards understanding the dimensions that underlie general parenting construct, has led to a great deal of research that has focused on disregarding Baumrind's parenting style (Baer, 2003).

As a result of this disagreement on the area, and the disregarding of the general Baumrinds's parenting style, because of contextual and dimensional problems, a mindful approach of parenting has been suggested as one new alternative avenue for promoting multidimensional and cross-cultural parenting construct (Kabat-Zinn, 1997).

As it has been mentioned above, different researchers traced back and dealt with the origin and nature of mindfulness in general. Then, some of them and others too, transferred and applied this construct to the parenting interactional process (mindful parenting) and started to study the nature of the qualitative change it brings about into parenting and its influence on children's and

adolescents' adjustments, behaviors, emotional stabilities and mental health conditions.

For example, according to Kabat –Zinn(1990),Mindfulness is an English translation of the 2,500 year old Buddhist word "Sati", a term which connotes "awareness" ,"attention" and "remembering/intention"; and now it has been used in the Western discipline of psychology to describe a theoretical construct (mindfulness) in parenting process too, that has a significant influence on the child's and adolescent's over all out comes.

Several papers including Baer,Altmaier and Maloney (2006);Kabat-Zinn et al.(2007);Dumas (2005);Duncan et al. (2009);Bradley, et al.(2005); Collins, et al. (2000) have addressed the roles of mindful parenting in mental health conditions of children including the prevention and treatment contexts and mechanisms of the related problems on a theoretical , descriptive, practical and/or empirical outcome levels.

However, relatively less attention has been paid to the specific contexts of the mental health problems of adolescents.

The impacts of mindful parenting and the socio-demographic contexts of the parents on the mental health conditions of adolescents specifically have been given less emphasis globally and particularly in Ethiopia. Therefore, this study was an attempt to bridge this gap especially for the local context.

Chapter Three

Research Methods and Procedures

3.1. Research Design

This study is a cross-sectional survey study that has produced a "snapshot" of a population at a particular point in time. This design was more appropriate to the nature of the study that has helped us to identify the present or contemporary mindfulness of the parents and the mental health statuses of adolescents in the study sites in Addis Ababa.

The researcher has also used this cross-sectional survey design to assess the existing relationship between these two variables, the influences of the socio-economic and demographic variables of parents on their level of mindfulness as well as the joint and separate impacts of the socio-economic and demographic variables and mindfulness of the parents on the mental health conditions of their adolescents.

3.2. Research Site

This research has been conducted in three secondary high schools in Addis Ababa. These schools are Lazarist Catholic Secondary School (l.C.S.S), Menelik Secondary School (MSS) and Kokebe Tsibah Secondary School (KTSS).

Lazarist Catholic School was established in 1925 by the Catholic missionaries. It is located at the northern part of the city of Addis Ababa. It is one of the known schools where a relatively quality education is offered, as it has been seen or proved by the different standardized national examinations.

According to the information obtained from the school's management staff, there are 400 students, 25 teachers and 15 management employees. There are also 10 classrooms, 3 laboratories, 1 library, 1 computer room and 1 hall.

The sons and daughters of the middle and higher middle class families who can afford the quarterly tuition fees and of those who are lower class or poor families that can't afford the tuition fees but sponsored by the catholic missionaries too, learn at this school together.

Therefore, the socio-economic status diversity at this site was considered as an advantage in both representativeness of the total population of Addis Ababa adolescents and in identifying the role of the socio-economic status in the parents' mindfulness as well as its contribution in influencing the mental health statuses of the adolescents.

Menelik Secondary School is the first modern government school in Ethiopia establish in 1905 by King Menelik II at the center of the city of Addis Ababa, traditionally called Arat Kilo area.

As it is a government school, the students learn here freely. According to the information from the management staff, there are 175 permanent employees here. 125 of them are teachers and the rest 50 are employees of management. There are 3245 students, 59 classrooms, 1 library, 1 laboratory, 1 computer room and 1 hall.

Kokebe Tsibah Secondary School is also one of the earliest modern schools in Ethiopia, established in 1932. It is located at the North-eastern part of Addis Ababa.

At present, based on the information obtained from the school's administration, there are 200 permanent employees. Among them, the 160 are professional teachers and the rest 40 are professional and nonprofessional management employees. There are 56 classrooms and 3586 regular students here learning currently.

3.3. Population

The total population of this study was **7231** secondary high school students from the above mentioned 3 schools.

These schools were selected by purposive sampling technique taking into consideration the socio-economic and demographic variations of the schools especially between the catholic school and the government schools as well as among the localities or communities as a stratification of sampling.

3.4. Participants (Sample Size and Sampling Technique)

The individual students from each sample school population as participant of the study has been selected randomly by using stratified probability sampling (lottery system).

The researcher decided to select 5% of the students from each sample school because, the total population was between 1,500 and 10,000 and this percentage was conventionally appropriate according to Cozby(2000) to the representativeness of the total population of 7231 from the three sample schools.

Therefore, there have been 20 students from Lazarist School, 162 students from Menelik School and 179 students from Kokebe Tsibah School which were proportional to the total number of students randomly selected from each school.

In general, from the total sample population of 7231 secondary high school students of three schools, 361 individual participant students have been selected randomly keeping the gender balance or proportion.

3.4.1. Variables:

3.4.1.1. Independent Variables

The independent variable of this study is the mindfulness of the parents or guardians, which was realized through or during the parenting interactions they make with their adolescents in the parenting process. It is a construct or a skill that has been measured by IEM-P scale as a quality or nature of the interaction that the parents make with their adolescent sons or daughters and was quantified by the amount of the total sum of the responses responded by the participants.

This quality of parental interactional behavior or skill was labeled in five-scaled responses measuring the degree of mindfulness from 1-5 levels for each question. The total raw score of ten items each with five- levels was from 10-50 for each respondent and it was measured in a continuous scale to determine the degree of mindfulness of the respondent's parents.

The socio- economic and demographic variables of the parents like their annual income in birr, their educational level, religion and age were also considered as independent variables hypothesized to influence the degree of mindfulness of parents, considered here as a dependent variable in turn. These socio-demographic variables of the parents and their levels of mindfulness were also treated again as independent variables that have been hypothesized to have combined or joint and separate influences on the mental health conditions of the adolescents.

3.4.1.2. Dependent variable

The dependent variable in this study is the mental health status of the adolescents. It was measured by the SRQ-24 scale.

However, while the socio-economic and demographic factors of the parents were treated as independent variables, mindfulness of the parents was regarded as a dependent variable and measured by the IEM-P scale.

The researcher has administered these two different questionnaires to the 361 participant subjects.

These two questionnaires are SRQ -24, Self Response Questionnaire , asking for the individual subject's mental health status and IEM-P- Interpersonal Mindfulness in Parenting during parent-adolescent interactions, asking for the degree of the individual respondent's parents' or guardians' mindfulness in their parenting practices during their interactions with him/her.

Both questionnaires have different items measuring different sub-scales of mindful parenting for the case of IEM-P and the neurotic and the psychotic natures of the mental health problem for the case of SRQ-24.

However, these different sub-scales of the mindfulness as well as neurotic-psychotic categorizations of the SRQ-24 had not been considered here.

The socio-economic and demographic questions have been asked at the first (beginning) part of the questionnaire in general. They are the sex, age, and religion of the respondent and of his/her parent/guardian, as well as the amount of the annual income earned in birr and the educational level of the respondent's parents/guardians only.

3.5. Instruments

In this study the researcher has used a questionnaire consisting of Close ended questions of the two scales as an instrument to collect data from. This questionnaire was employed. The 24 close ended questions of the SRQ-24 scale, to tell about the mental health status of the respondents as a

dependent variable and the 10 IEM-P, Likert like five-level scale close ended questions to determine the degree (level) of mindfulness of the individual respondent's parents / guardians in their parenting process in a continuum as an independent variable were administered to all the 361 respondent subjects.

This questionnaire in general comprised of two parts: they are the socio-demographic part and standardized questionnaire items of the two scales.

During the scoring of the SRQ-24, the number of "yes" response was the key count and the researcher has used ranges using the count of "yes" responses to differentiate the level of mental health problem in a continuum.

Since all the 24 SRQ questions were asked whether the respondent has (feels) the problem for each question, the response "Yes" stands for the presence of the problem anticipated.

This means, if a respondent's responses were all "Yes", the total number of "yes" would be 24 and this respondent would be regarded as the most disturbed or the least mentally healthy in a continuum. But, if his/her responses were totally "No", the total number of "yes" would be 0 and this respondent would be considered as a relatively the healthiest person mentally in the continuum.

Accordingly, the range in SRQ-24 was from 0- 24 "yes" responses, ie.from the highest (mentally the healthiest) to the least (mentally the most disturbed) in mental health conditions respectively in a continuum, despite the two extremes are ideal.

Although SRQ-24 has already been validated by different researchers in Ethiopia, estimating optimal cut-off points with a good degree of precision is yet questionable.

However, eventhough they don't have strong empirical evidences involving sensitivity and specificity scales to support the validity of their cut-off points, different population surveys in Ethiopia have used various cut-off points to determine the cases and non cases. For example, Kebede, et al. (1999), Alem et al (1999) and Teferi et al (1991) have used cut–off points ≥ 6, ≥ 11 and again ≥11respectively for SRQ-20. Therefore, though the primary objective of this study is to measure the degree of the variation of the mental health conditions of adolescents in a continuum as a result of the influence of different degrees of mindfulness of parents, the cut-off point of this SRQ-24 has also been made to be ≥12 "yes" responses. It was made only to be informed about the prevalence of the cases and non-cases among the participant adolescents in the study sites but not for any of the other further purposes of this study.

Respondents with scores of below 12 "yes" responses were considered as relatively, mentally healthy in general but in a varying degree of healthiness in a continuum depending upon the number of "yes" responses with in that range (0-11 "yes" responses).

Respondents with scores of 12 and more "yes" responses were considered as mentally not healthy (disturbed) in general, but with also a different degree of mental disturbance depending on the count of the "yes" response with in the range (12-24 "yes" responses) in a continuum.

In the IEMP scale, each item has a value of mindfulness in the range from 1-5. This means, the total raw score value of mindfulness for each participant's parent falls in the range from 10-50. Then, as a result, the level of mindfulness of parents varies from scores 10-50, which is from least mindful to highest mindful parent (ideally) respectively in a continuum with a continuous scale.

Items 1, 5, 9 and10 of the IEM-P scale are stated negatively asking for the degree of the characteristic of nonmindfulness. Therefore, reverse coding

was done while loading the raw scores or responses of these items as we are measuring the degree of the characteristic of mindfulness.

Concerning the cut-off point, there is no a discrete point to categorize the parents into mindful and nonmindful groups. Rather the degree of mindfulness was measured in a continuum depending on the magnitude of the point of the IEM-P scale, which is in the range of 10-50. The more the participants' total scores of responses are closer to 50, the higher their parents' degree of mindfulness would be. The reverse is also considered as true. The more the participants' total IEMP points are closer to 10, the less their parents' degree of mindfulness would be.

However, to see the extent to what mindfulness in parenting is being practiced among the parents in the study sites, One Sample t-Test has been used.

It was believed to reveal whether there is a significant variation of mean in the degree of mindfulness between the total or general parent population of Addis Ababa and the sample parents in the study sites.

Each subject or respondent has responded to the two questionnaires one after the other at the same time, without time gap in between. The response to each item of the two questionnaires has already been coded.

The case of the sub- scales or dimensions in the IEM-P Scale has not been considered separately here because mindfulness of parents has been treated as a whole.

3.6. Data Collection Procedures

To conduct and accomplish the research, the following data collection procedures were followed ~~in this study~~.

- ❖ The researcher requested a letter of introduction and cooperation from School of Psychology, Addis Ababa University to the sample schools in order to be allowed there to collect data from.
- ❖ After receiving the permission to collect data, the researcher was introduced by one of the principals of each school to almost the total target populations of students in their respective sample schools.
- ❖ After that, the researcher repeatedly appeared to the schools and made himself familiar to the environments.
- ❖ Then, individual subjects were selected and identified randomly after the researcher has asked their cooperation for the purpose already mentioned by using random sampling method at a class level taking into account the gender and grade proportions from each sample school.
- ❖ Accordingly 20, 162 and 179 students from Lazarist, Menelik and Kokebe Tsibah schools respectively (a total of 361 participants) were selected as mentioned above by random sampling method.
- ❖ These participants were informed about the research objectives, the research process and the confidentiality of the information or responses they offer in their own school halls. They were encouraged to give their answers honestly for the questionnaires and to ask if they have any problems in understanding the questions or if there is any ambiguity. My two assistants and a friend of mine were sharing all these tasks and professional responsibilities with me.
- ❖ Finally, the two questionnaires were administered to them at the same time one after the other without any gap between them. These questionnaires were administered to the sample subjects in the three sample schools on a different day for each but in the same week for all. It

was deliberately done so that I could be around while administration of the questionnaires was taking place at each site for different and many reasons including honesty, confidentiality, responsibility, etc. Therefore, the processes of administration and collecting of the responses of the questionnaires was accomplished with great care and effort.

3.7. Pilot Testing

Pilot testing was made on 31 subjects or students, 16 males and 15 females from the target population. The main purpose of this pilot testing was to determine the reliability of the SRQ-24 and IEM-P scales each.

The responses of these 31 students for both tools were collected and scored separately. Their reliability meaning, internal consistency, was checked by using coefficient of Cronbach's alpha. By looking at the Cronbach's Alpha coefficients of reliability for both tools separately, we determined whether these two tools are reliable as follows:

SRQ-24 is a scale used to measure the degree of the mental health conditions of the adolescent students in a continuum as a dependent variable.

IEM-P is the other scale measuring the degree of mindfulness of the parents' parenting construct in a continuum in their parental roles and interactions with their adolescents in the parenting process as an independent variable.

Therefore, the reliability of these two scales for each was measured and determined separately.

These 31 students, found accidentally, were fulfilling the criteria from a school which was out of (different from) the sample schools of the main study .It has been done deliberately so that these same students would

not be subjects of the study again for the second time while administering these same tests in the main study.

Accordingly, after having administered these instruments for the pilot samples, the responses were scored and assessed for their reliability and the computation yielded reliability coefficient of Chronbach's alpha 0.925and0.934 for the SRQ-24 and the IEM-P scales respectively.

The above reliability coefficients clearly showed that these instruments seemed to have been highly reliable.

Subsequently, following the piloting of the instruments to check for their reliability and the evaluation (feedback) for their validity respectively, their results obtained including the feed backs suggested on them, minor modifications were done accordingly.

These minor modifications or amendments were focused on some unclear instructions, difficult terms and concepts for their level and culturally unfamiliar words and expressions that seemed to affect the reliability and validity of the scales.

3.8. Methods of Data Analysis

The collected data from the respondents were analyzed using SPSS software application.

Descriptive statistics, frequency distributions mainly percentage were used to describe the participants' and their parents' socio-economic and demographic characteristics as well as the prevalence of the mental health statuses among the participant adolescents.

One sample t-Test also was used to determine whether there is a significant mean variation in the level of mindfulness between the parents of the participant adolescents in the study sites and the total parent population of Addis Ababa.

It helped the researcher to see whether there is a significant difference between the sample mean of the parents' mindfulness in the study sites and the mean of mindfulness among the total parent population.

The researcher used Pearson's correlation to analyze whether there is a statistically significant relationship between Mindful Parenting and the mental health condition of the adolescents.

Four Way ANOVA was also employed to determine whether the socio-economic and demographic variables of the parents have impacts on their own degree of mindfulness in their parenting process. Finally, the researcher also employed multiple regressions to determine the joint and separate roles of Mindful Parenting and socio- economic and demographic variables of the parents to the variability of mental health statuses of adolescents.

3.9. Ethical Considerations

Genuine, sincere and enthusiastic cooperation of the respondent is critically important for any study that employs self response questions.

If the subjects are not willing to participate in the study voluntarily, they might provide valueless responses which could mislead the overall findings of the study.
While conducting this study, some ethical considerations have been taken into consideration by the researcher as follows:

- Objectives of the study were briefed to all the study subjects orally and their informed consent was obtained accordingly.
- Regarding anonymity or confidentiality, the records would be kept or maintained carefully and secretly so that nobody will identify which individuals are associated with which character or set of data.

- ❖ The instruments and procedures which have been used in this study would not cause any real harm to the study subjects.
- ❖ Subjects of this study have had the right to discontinue offering information or responding to, at any time.
- ❖ The date and time of the data collection in the three sample schools were decided taking in to consideration the convenience of the participant students too.

Chapter Four

Results

The main purpose of this study was to examine whether the mindfulness of the parents in their parenting practices during the interactions they make with their adolescents has significant impact on the mental health conditions of their adolescents in some selected high schools in Addis Ababa.

Examining whether the socio-economic and demographic statuses of the parents have significant influences on their degree of mindfulness and on the mental health conditions of their adolescents also was the other major purpose of this study.

To this end, a questionnaire, consisting of The SRQ-24 and The IEMP Scales as well as the socio-demographic characteristics of the adolescents and their parents was employed to collect data from.

Accordingly, the results of the data collected and analyzed are presented below.

4.1. The Socio-demographic Characteristics of the Participants and their Parents/Guardians

From the initial 361 participant subjects (181 males and 180 females), 11 students (5 males and 6 females) had some missing in their responses. And so, as these responses were incomplete, they were totally cancelled or discarded from the analysis.

Therefore, the analysis was done with the responses of 350 participants.

In addition to the impact of the mindfulness of the parents on the mental health conditions of their adolescents ,the demographic characteristics of the adolescents like sex, age and religion as well as their parents'/guardians' socio-

economic and demographic conditions specifically their age, religion, annual income and educational level were considered and analyzed.

4.1.1. Demographic Characteristics of the Participants

Demographic characteristics of the participant adolescents are shown in Table 1 below. All the participants are high school students ranging from grade 9to grade 12.

Table 1: Demographic Characteristics of the Participants

Variables	Categories/levelsofthe Variables	n	%
Sex	Male	176	50.3
	Female	174	49.7
	Total	350	100.0
Age	13 – 15 years	118	33.7
	16-18ears	134	38.3
	>18 years	98	28.0
	Total	350	100.0
Religion	Orthodox Christianity	207	59.1
	Islam	73	20.9
	Protestant	42	12.0
	Catholic	21	6.0
	Any other	7	2.0
	Total	350	100.0

Table1 above, shows that 176(50.3%) of the total 350 participant adolescents are males and the rest 174(49.7%) are females.

From the total 350 participants, 118(33.7%), 134(38.3%) and 98(28.0%) of them are found in the age ranges of 13-15, 16-18 and above 18 years respectively.

As can be seen from Table1 above, the majority (207 of the total 350 or 59.1%) of the participant adolescents are Orthodox Christians in religion73 (20.9%), 42(12.0%), 21(6.0%) and 7(2.0%) of the total participants are also Muslims, Protestants, Catholics and followers of any others religions together respectively.

4.1.2. Socio-Demographic Characteristics of the Parents/Guardians:

Despite the fact that the participants' parents did not participate directly, they have an indispensable role and so have involved indirectly in this study.

Table 2: Socio–economic and Demographic Characteristics the participant adolescent's parents/guardians

Variables	Categories/levels of the Socio-demographic Factors	n	%
Age	< 35 years	51	14.6
	35-50 years	154	44.0
	51-65 years	91	26.0
	>65 years	54	15.4
	Total	350	100.0
Religion	Orthodox Christianity	208	59.4
	Islam	78	22.3
	Protestant	35	10.0
	Catholic	23	6.6
	Any other	6	1.7
	Total	350	100.0
Annual income in birr	< 12,000	38	10.9
	12,000 – 36,000	88	25.1
	37,000 – 61,000	90	25.7
	62,000 – 86,000	70	20.0
	87,000 – 110,000	52	14.9
	>110,000	12	3.4
	Total	350	100.0
Educational level	Do not read and write	48	13.7
	Elementary school level	77	22.0
	Secondary school	82	23.4
	Diploma	64	18.3
	First degree	61	17.4
	Above first degree	18	5.1
	Total	350	100.0

As indicated in Table2 above, the majority of the parents, 154 (44%) are found in the age range of 35-50 years, which is in the middle adulthood or middle

age. Next to this age group, parents who are found under the category of 51-65 years (late adulthood) accounted for 26% of the total parent population of the study sites.

Table2 also indicated that, 59.4%, 22.3%, 10.0% 6.6%and 1.7% of the total parents are Orthodox Christians, Muslims, Protestants, Catholics and any others respectively in religion.

As shown in Table 2 above, the majority of the parents of the study sites, which accounted for 25.7% and 25.1%, fell in the annual income ranges between 37,000-61,000 and 12,000-36,000 Ethiopian birr respectively.

The annual income of the 10.9% of the total parents of the participant adolescents is below 12,000birr.

Nevertheless, according to Table2, 3.4% of this total parent population earns more than 110,000 Ethiopian birr annually.

Table2 also shows that 13.7% of the whole sample population of the parents of the participant adolescents in the study sites do not read and write.

On the other side, as Table 2 indicated, 5.1% of this total sample parent has above first degree educational level.

The majority of the parents, which accounted for 22.0% and 23.4%, were found at the educational levels of elementary and secondary school levels respectively.

4.2. The Mental Health Condition of the participants and their parents' mindfulness

4.2.1. The Mental Health Condition of the participants

The mental health condition of the participants was measured using the scale SRQ-24, which has already been validated previously by some researchers in the Ethiopian context like by Kortsmann,F.and Horn ,S.(1988).

All the 24 questions in the SRQ-24 ask whether the individual participant has or feels, in the last thirty days, symptoms of mental health problems.

If the participant's response is "yes" to any of the 24 questions, it is an indication that he/she is showing a symptom of a mental health problem in relation to that specific item of the 24 questions. But, if his/her response is " No" to a question, it means that the symptom regarding this question is not seen on or felt by this respondent.

Therefore, the number of "Yes" counts the degree or extent to which the individual participant respondent has as many symptoms and is relatively with a mental health problem. The higher the "yes" counted in the respondent's responses, the more likely this participant is regarded as to have been with mental health problem(s).

Table 3: SRQ – 24 Responses of "yes" (SRQy)

No of "yes" responses	n	%
0	9	2.6
1	6	1.7
2	25	7.1
3	36	10.3
4	30	8.6
5	27	7.7
6	20	5.7
7	6	1.7
8	12	3.4
9	12	3.4
10	11	3.1
11	15	4.3
12	25	7.1
13	14	4.0
14	18	5.1
15	17	4.9
16	9	2.6
17	21	6.0
18	16	4.6
19	10	2.9
20	5	1.4
21	6	1.7
22	0	0.0
23	0	0.0
24	0	0.0
Total	350	100.0

As Table 3 above indicated, 209 respondents (59.71% of the total participants) have less than twelve responses of "yes" each, and are in general regarded as without noticeable mental health problem(s); but, with different degrees of mental health in a continuum, depending upon the number of "yes" responses.

This table also indicated that 9(2.6%) of the respondents are without any "yes" response each, which could be interpreted as free from symptoms of mental health problems.

But, the rest 141(40.28%) of the total participant adolescents have "yes" responses ranging from12-21 each. They are considered as with noticeable mental health problem(s) in different degrees in a continuum, depending upon their number of "yes" responses.

Of these 141 participants, six (6) participants, which is 4.25% of them and 1.71% of the total respondent or participant sample have 21 "yes" responses each, out of the total 24 questions. It is the highest number of "yes" response of all the responses of the total participants

As Table 3 further indicated, no one among the total participants has more than 21 "yes" responses.

4.2.2. Mindfulness of the parents of the participants in their parenting practices

All the ten IEM -P questions ask the degree to which the adolescents' parents practice mindfulness during the parental interactions they make with their adolescents. There were five (5) –leveled alternatives from 1 to5, meaning, from never practice mindfulness to always practice mindfulness for each question.

To see the degree to which mindfulness in parenting is being practiced among the parents in the study sites, one sample t-Test was employed.

It has been believed that this test is a better tool to reveal whether there is a significant mean difference in the degree of mindfulness between that of the general parent population and of the sample parents in the study sites. Hence, the result helped us to take cognizance of the extent to which mindful parenting is being practiced among parents in the study sites.

As Table 4 below indicated, the mean of the mindfulness of the parents in the study sites (the sample mean of IEMPt) is 30.06 with a standard deviation of 9.62.

Whereas, according to Table 4 below, the Test Value was 30.00 as it is the average score of mindfulness of the parents in general in the IEM-P Scale.

Therefore, the difference between the sample mean and the population mean is only 0.06 as is indicated in Table 4 below.

Table 4: The Difference between the Observed Mean and the Expected Mean

				Test Value=30.00			
	N	Mean	St.deviation	t	df	Mean difference	P-value
IEM-P	350	30.06	9.62	0.12	349	0.60	0.91

As Table 4 indicated above, the p-value of the difference between our sample mean and the population mean is 0.91, which is non-significant compared to the significance level of 0.05.

Therefore, this non-significant difference of means has a 91% probability to happen by sheer chance.

4.3. The Relationship between Mindful Parenting and the Mental Health Conditions of Adolescents

One of the main purposes of this study was to examine the impact of mindful parenting on the mental health conditions of adolescents. Hence, the relationship between mindfulness of the parents in their parenting activities as measured by IEMP Scale and the mental health conditions of their adolescents as measured by the SRQ scale was analyzed.

Therefore, the Pearson Correlation coefficient of the IEMP Total (IEMPt) and SRQ"Yes" Responses (SRQy) is -0.731. This coefficient has indicated that there is a strong and negative relationship in magnitude and direction respectively between these two variables.

This correlation is significant at the 0.01 significance level (2-tailed).

It implies that mindful parenting and mental health problems of adolescents have strong inverse relationship. They co-vary; as the one variable increases the other decreases. This co-variation is an indicator of a linear relationship between these two variables that we can reject our null hypothesis stating that there is no relationship between mindful parenting and the mental health condition of adolescents.

4.4. Differences in Parents' Level of Mindfulness Due to Socio-Economic and Demographic Variables

The socio-economic and demographic variables of the parents that have been hypothesized to have influence on their level of mindfulness are age, religion, annual income and level of education.

Therefore, mindfulness of parents (IEMP), which was treated above as an independent variable influencing the level of mental health of adolescents, has

been treated here as a dependent variable, hypothesized to be influenced by the socio-demographic variables identified above.

Hence, Four Way-ANOVA (factorial design with four factors /independent variables) was used to assess and determine their impact on the degree of mindfulness.

Accordingly, the Four-Way Analysis of Variance tested these five research and null hypotheses stated for this part of the study only.

So, after the following five research and null hypotheses had been tested, the results found are given below.

The Research Hypotheses Were:

1. The average mindfulness of the parent is different for one or more categories of the first factor "Age of the Parents;"
2. The average IEMP is different for one or more categories of the second factor "Religion of the Parents;"
3. The average IEMP is different for one or more categories of the third factor "Annual Income of the Parents;"
4. The average IEMP is different for one or more categories of the fourth factor "Education Level of the Parents;"
5. The average IEMP is different for interacting combinations of the four factors.

The corresponding null hypotheses are:

1. The average IEMP is the same for all categories of the first factor "Age of the Parents;"
2. The average IEMP is the same for all categories of the second factor " Religion of the Parents;"

3. The average IEMP is the same for all categories of the third factor "Annual Income of the Parents";

4. The average IEMP is the same for all categories of the fourth factor "Education Level of the Parents;"

5. The average IEMP is not affected by interacting combinations of the four factors.

The effect or influence of each of the socio-economic factors as the main effect and the effect of the combination of each pair of the independent factors as the interaction effect too, have been tested and the results were obtained. Accordingly, the results of the Four Way ANOVA test found are given below:

Table5: Main Effects of the Socio- Demographic Variables of the Parents:

Dependent Variable: IEMP

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	25070.558	155	161.746	4.333	.000
Intercept	74110.183	1	74110.183	1985.501	.000
Par. Age	402.638	3	134.213	3.596	.015
Par. Religion	267.685	4	66.921	1.793	.132
Income	655.665	5	131.133	3.513	.005
Education	2151.588	5	430.318	11.529	.000

As indicated in Table 5 above, the general Corrected Model F statistic is 4.333. This statistic was thought of as an overall test of the model.

As F is a ratio of between groups variance and within groups variance, this F statistic means, that there is 4.333 times more variance between the groups than there is within the groups.

Alternatively we might say that for every one unit of variance within the groups, there are 4.333 units of variance between the groups.

Since this general F statistic's significance is 0.000 we rejected one of the main null hypotheses of this study in general and concluded that there is something going on here beyond or besides chance about the impact or influence of the parents' socio-demographic factors in general on the variability of their degree of mindfulness displayed or realized in their parenting interactions with their adolescents.

According to Table 5, except religion, all the socio-economic factors of the parents have significant main effect each in influencing the level or degree of their mindfulness.

For example, Table 5 indicated that for the Main Effect of age of the parents, we found an F statistic of 3.596 and its significance level is 0.015, so we rejected the first null hypothesis.

But, for the Main Effect of religion of parents, our F statistic is 1.793 and the p-value is 0.132 so we retained the second null hypothesis as it was greater than 0.05 probability.

As is shown in Table 5, for the Main Effects of income of the parents, the F statistic is 3.513 and the p-value is 0.005 which is significant and therefore, we rejected the third null hypothesis.

In accordance with this test result, indicated in Table 5, for the main effect of the educational level of the parents, the F statistic is 11. 529 and it is significant at 0.000; thus, we rejected the fourth null hypothesis too.

However, as it is indicated in Table 6below, there is no any interaction effect at all that has been found to be significant among these socio-demographic variables of the parents and so the fifth null hypothesis was retained.

Table6: Tests of Interaction Effects between the Socio-demographic Factors of the Parents:

Dependent Variable: IEMP

Source	Sum of Squares	df	Mean Square	F	Sig.
Par. Age * Income	614.764	13	47.290	1.267	.236
Par. Age * Education	575.862	14	41.133	1.102	.358
Par. Religion * Income	387.159	11	35.196	.943	.500
Par. Religion * Education	209.281	13	16.099	.431	.957
Income * Education	422.398	17	24.847	.666	.834
Par. Age * Par. Religion * Income	.971	1	.971	.026	.872
Par. Age * Par. Religion * Education	89.582	6	14.930	.400	.878
Par. Age * Income * Education	419.959	15	27.997	.750	.731
Par. Religion * Income * Education	141.556	5	28.311	.758	.581
Par. Age * Par. Religion * Income * Education	.000	0			
Error	7241.182	194	37.326		
Total	348573.00	350			
Corrected Total	32311.740	349			

R Squared =0.776 (Adjusted R Squared =0.597)

Table6 indicated above that the Adjusted R squared of this model is 0.597. Therefore, 59.7% of the change or variability in the degree of the mindfulness of the parents in the study sites was accounted for by these socio-demographic variables of the parents all together.

Post- Hoc Multiple Comparisons between Categories(Levels) of the Socio –demographic Factors of the Parents

The tables of Post- Hoc multiple comparisons among the categories of the parents' socio-economic and demographic variables (Age, Religion, Income and Education Level for each) are shown in the **Appendix Three**. They are indicated each in Multiple Comparisons **Tables 7-10**. These tables indicated whether the differences **among** the **categories** (levels) of each factor or an independent variable were significant in their degrees of impact on the dependent variable's level of mindfulness in parenting (IEMP).

Multiple Comparisons among the Categories of Parents' Ages

The Multiple Comparisons among the categories of Age in Table 7, in Appendix Three showed that " Below 35 Years" is different from both "35-50 years " and "51-65 years" with Significance levels of 0.001and 0.002 respectively, which are significant in both comparisons compared to the significance level of 0.05 . "Above 65 years" is also different from both "35-50 years" and "51-65 years" with Significance level of 0.001,which is significant compared to 0.05 significance level.

These significances implied that the parents under the age categories of "35-50" years and "51-65 years" are more mindful than that of the age categories of "below 35 years" and "above 65 years".

Multiple Comparisons among the Categories of Parents' Religions

The Multiple Comparisons among the categories of Religion,in Table 8, in Appendix Three indicated that except between "Orthodox " and" Catholic";" Orthodox" and "any other"; Protestant " and "any other' and between "Protestant " and "Orthodox" all the differences between the rest of the categories or levels of the factor religion are significant with significance level of 0.01.

Therefore, this table indicated that at least one of the categories of the factor "Religion" was more effective (influential) in impacting the degree of mindfulness of the parents (IEMP level) than at least one other category of this factor.

Hence, based on this fact which is an important principle of ANOVA", Religion of the Parent", which was considered as an insignificant factor in the main and interaction effects ,now , in this Post Hoc test, it was proved a significant factor at a significant level of 0.01.

It implies that the parents in the study sites were not random samples from populations that have the same mean of IEMP because of different factors including religion differences too.

Multiple Comparisons among the Categories of Parents' Income:

The Multiple Comparisons among the categories of Income, in Table 9, in Appendix Three indicates that " except between "Blow 12,000 birr"' and" 12-36,000 birr";" Below 12,000 birr" and "Above 110,000 birr"; "12,000-36,000 birr " and "Above 110,000 birr"; and between 62-86,000birr"and "Above110 birr, all the rest of the differences between the categories or levels of the factor income were significant with significance level of 0.01.

Multiple Comparisons among the Categories of Parents' Education Level

The Multiple Comparisons among the categories of Education Level, in Table10 indicated that except between "Do not Read " and 'Elementary", all the differences between the categories or levels of the factor "Education level" are significant with

Significance level of 0.01.It implied that the higher the educational level of the parents/guardians, the more mindful they are in their parenting practices.

4.5. The Joint and Separate Contributions of Parents' Mindfulness and Socio-demographic Variables to the Variability of Mental Health conditions of Adolescents

Multiple regression was used to examine the joint and separate contributions of the IEMP and the socio-demographic variables of the parents in predicting the mental health conditions of adolescents.

Parent's age, religion, annual income, education level and IEMP were included in the regression model as predictors of the dependent variable SRQ scores, a scale measuring the degree of mental health of adolescents in a continuum.

Therefore, as it is shown in Table 11 below, 57•8% of the variability of the mental health condition of the adolescents was accounted for by both the parent's degree of mindfulness and their socio-demographic factors all together considered in this study.

According to Table 11 below, the R statistic is 0.76 which is an indication of strong and positive overall relationship between the dependent variable and the independent variables. But, the regression used here was not a simple two variable one. So, rather, the adjusted R Square, which is 0.58, was preferred as a registration with five predictors to give us a truer estimate of how much variance in the dependent variable is accounted for by these independent variables all together.

When we were doing this regression analysis, our purpose was to determine whether there is a relationship between the independent variables (IEMPt and parents' socio-economic and demographic factors) and the dependent variable (SRQy) by examining the ANOVA table. This was thought of as the overall fit of the regression model.

If the F statistic is significant, we can assume that the independent variables, taken together, have a relationship with the dependent variable.

Therefore, on the basis of this purpose and assumption or thought, the result of this study was found in our ANOVA summary Table (Table 11) below that the p-value of the F statistic for the regression analysis is 0.000, which is less than the level of significance of even 0.01. Thus, we rejected the null hypothesis that says there is no relationship between these independent variables and the dependent variable.

Table 11: Test of ANOVA Summary Table Showing the Relationship between the Independent Variables and the Dependent Variable

	Sum of Squares	df	Mean square	F	p-value	R	R squared	R adjusted
Regression	7089.121	5	1417.824	96.696	000	0.76	0.58	0.578
Residual	5043.976	344	14.663					
Total	12133.097	349						

As mentioned above, Table 11 indicated that the F statistic of the regression model which is 96.69 is significant at p-value 0.000. This significance (probability) is an indication that all the independent variables taken together have a relationship with the dependent variable and this relationship is considered as the overall fit of the regression model.

The Beta Coefficient of Each Independent Variable

The B coefficient of the independent variable is the slope of the regression line. It represents the amount of change in the dependent variable for a one-unit change in the independent variable.

Beta is standardized indicator of the slope of the regression line. That is, beta is the slope of the least squares regression line when all the X and Y scores are plotted as z-scores.

But, in multiple regression like that of this study, we wanted also to determine the relative strength of each predictor variable.

Therefore, in this study, Table 12 below showed that except the two independent variables (Age of the Parents and Annual Income of the Parents), all the rest of predictors' standardized Beta Coefficients are significant compared to the significance level of 0.05.

Table 12: A Table Showing the Beta Coefficient for Each Predictor Independent Variable

	Unstandardized Coefficients		Standardized coefficients	t	P-value
	B	Std. Error	Beta		
(Constant)	22.421	.895		25.051	.000
IEMP	-.299	0.032	-.487	-9.193	.000
Age of parents	-.015	.235	-.002	-065	.948
Parents' Religion	0490	.223	.084	2.196	.029
Parents' annual income in Birr	-.358	.199	-.081	-1.798	.073
Parents' Educational level	-1.196	.228	-.293	-5.256	.000

Accordingly, IEMP and Educational levels of the parents were the two independent variables with standardized Beta coefficients of -0.487 and -0.293 respectively and with significance level of 0.000 for both in the predictive relationship with the dependent variable SRQ.

As Table 12 indicated above, the standardized Beta coefficients for both Age and Annual Income of the parents are -0.002 and -0.081 for each respectively. Their predictive strength is weaker as their significance levels are 0.948 and 0.073 respectively, which are both more than 0.05 probability level.

As it is seen from Table 12 above, the standardized coefficients of all the predictors except for the religion of the parent have negative sign. It is an indication that there is an inverse relationship between these predictors and the dependent variable. This is meant that as the scores of the independent variables increase, the SRQY scores decrease.

Therefore, in this Table12 of this study, it was found that for every one unit increase in the degree of mindfulness of the parent (IEMPt), there would be a 0.48 unit decrease in the mental health problem of his/her adolescent(SRQY).

It was indicated that for every one unit increase in the annual income of the parent, there would be a 0.08 unit decrease in the mental health problem of his/her adolescent (SRQY).

Table12 showed that for every one unit increase in the education level of the parent, there would be a 0.293 unit decrease in the mental health problem of his/her adolescent (SRQY).

CHAPTER FIVE

Discussion of the Results

This study has been designed mainly to examine the impact of the mindfulness of the parents on the mental health condition of their adolescent sons/daughters; to investigate the influence of the socio-demographic variables of the parents on their mindfulness as parents to find out the joint and separate contributions of the mindfulness of the parents and their socio-demographic variables to the variability of the mental health condition of the adolescents.

Thus, the findings presented in the results section are discussed below in relation to the available related literatures.

5.1. Mental Health and Mindfulness among the Adolescents and their Parents Respectively in the Study Sites

5.1.1. The prevalence of Mental Health among the Participant Adolescents

This study found that 209 (59.71%) of the total participants have less than twelve responses of "yes" in the SRQ-24, and are in general relatively regarded as without noticeable mental health problem(s); but, with different degrees of mental health in a continuum, depending upon the number of "yes" responses, from 0-11.

141(40.28%) of the total participant adolescents have "yes" responses ranging from12-21 each. They are considered as with noticeable mental health problem(s) in different degrees of mental health problems in a continuum, depending upon the number of "yes" responses from 12-24.

This finding indicated that considerable number of adolescents has been screened as with mental health problems but with varying degrees or levels of symptoms.

However, there appears to be a significant underestimation of the prevalence of mental health problems among the adolescents globally, Paul Corcoran (2011).

In local studies too, Kortmann and Ten Horn (1988) found in their earlier surveys that the mental health problems of adolescents and adults in Ethiopia were increasing among the patients who were complaining somatically.

In general, this is a good indication of the present mental health conditions among the adolescents in the Ethiopian high schools ,who are found mostly in the age ranges between 13-19 years old(teenagers).

Adolescence brings with it its own a range of new developmental and psycho-social challenges that were not present or relevant when they were very young children and for parenting programs to be effective, they must be developmentally timed (Steinberg, et al., 2004).

Therefore this finding implies that there is a need for psychological interventions that entails treatment and/or prevention among the adolescents in the Ethiopian secondary schools and training and/or counseling programs on parenting the adolescents among the parents.

5.1.2. Mindfulness of the Parents

It was found out that the difference between the observed mean (30.00) and the expected mean (30.06) of mindfulness among parents was only 0.06, whose significance level is 0.91.This means, that significant difference was not obtained between the observed mean the expected mean.

Therefore, this finding implied that the extent or degree to which the parents in these study sites practice mindfulness in their parenting activities is not different from that of the test value of the general parents' level of mindfulness.

This is an indication of the representativeness of the parents in the study sites to the general parent population of the country in relation to the level of mindfulness in their parenting practices. The level of mindfulness in parenting as indicated above can be determined by different socio-economic and demographic factors according to the findings in this study and some related literatures too.

For example, a primary contextual factor important for understanding the determinants of parenting is socioeconomic status (SES) (Luther, 1994).

Though external factors like peer relations, school conditions and bonding have influences, the socioeconomic status and demographic variables of the parents that determine their parenting have been identified in relation to adolescent adjustment and mental health (Kumpfer et al., 1998).

Therefore, the above mentioned finding of this study which is supported by such related literatures implies that the socio-economic and demographic conditions of parents in a given society have significant roles in determining the quality of parenting, including the level of mindfulness. Hence, this result might be an indication to the reflection of the representativeness of the sample parents in the study sites to the majority of the Ethiopian parents who are relatively lower in socio-economic status.

5.2. The Relationship between Mindful Parenting and the Mental Health Condition of the Adolescents

It has been found out that the correlation coefficient between the level of mindfulness of the parents and the degree of the mental health problems of the adolescents is -0.731, which is a strong inverse relationship, with a p-value of 0.000 (2-tailed).

It implied that mindful parenting and mental health problems of adolescents have strong inverse relationship which indicates a linear inverse relationship between these two variables.

Different studies of mindfulness in parenting have shown that higher mindfulness is related to lower depression and anxiety as well as greater psychological well-being among children and adolescents (Dumas,et al., 2005).

According to this finding mainly, and the related literatures, mindful parenting has a significant impact on the mental health conditions of children and adolescents; but the mechanisms how it could happen so were suggested differently by different international researchers at different times.

For example, according to Bishop (2002), before understanding possible working mechanisms of mindfulness for improving parenting and thereby the mental health contexts, we should focus on understanding the psychological changes that take place through mindfulness of the parents in general (Bishop, 2002).

Hence, according to Bishop (2002), attention process is may be one of the key mechanisms underlying change in mindfulness. He pointed out that the concept involved in mindfulness: being aware and present in the moment, being open and nonjudgmental, focusing on the reality and accepting it for what it is all involve different aspects of attention.

According to Duncan and others (2009) also, a number of studies suggest that attention is one of the cognitive mechanisms that is affected by mindfulness in parenting process and that potentially plays roles in the different processes of mental health conditions of children and adolescents. Duncan added that it contributes a lot for the mental health of adolescents by reducing parental stresses and preoccupations that have resulted may be from parental and/or adolescent maladaptive behaviors, by improving parental executive functioning in impulsive parents, by breaking the cycles of their own repeating

dysfunctional upbringing schemes and habits, by increasing self-nourishing attention and by improving parental functioning and co-parenting.

It implies that mindful parenting during the usual parenting practices and specifically during the stressful or painful parent-adolescent interactions may prevent and stop the intergenerational transmission of dysfunctional upbringing patterns and as a consequence negatively impacts (reduces) the mental health problems of children especially of adolescents.

For xample, listening intently with nonjudgmental acceptance, not focusing on memories and/or future expectations to interpret what is happening in the moment, showing low emotional reactivity and thereby maintaining parent-adolescent closeness help much the parental monitoring and affection so that the situation contributes to the socialization, appropriate behavior and mental health of the adolescent.

Mindful parenting might also be contributing positively to the mental health conditions of children and adolescents through the mechanisms of the parents' being balanced and accepting self, others and the reality in general too.

As an example, according to Segal (2002), mindful parenting is a relational process where parents can become their own best friends, as the social circuitry of the brain gets activated in mindfulness; and then they can learn to devote positive attention to self -compassion and restoration of balance between attention to the self and to the child/adolescent. Segal (2002) also added that becoming more compassionate towards themselves in turn helps parents to be more accepting and compassionate towards their adolescents, especially when their adolescents express negative emotions.

Mindfulness of parenting helps adolescents to be mentally healthier also may be through improving the marital quality and functioning of their parents and thereby the quality of parenting and the parent –child/adolescent relationship.

Mindfulness of parents may help the parents foster more positive and satisfying marital relationships by increasing couples' open-mindedness, flexibility, reduced criticism and rigidity and thereby reduces the behavioral and mental health problems of their adolescents (Gonzales,et al., 2005).

In general, several researchers including Hayes,et al., (2004) have addressed the roles of mindful parenting in mental health problem prevention and treatment contexts of adolescents on a theoretical, descriptive, practical and/or empirical outcome levels.

5.3. The Difference in Parents' Mindfulness due to Socio-Demographic Variables

The socio-economic and demographic variables of the parents that have been hypothesized to have influence on their levels of mindfulness are age, religion, annual income and level of education.

Therefore, mindfulness of parents (IEMP), which was treated above as an independent variable influencing the level of mental health of adolescents, has been treated here as a dependent variable, influenced by these socio-demographic variables.

Hence, Four Way-ANOVA (factorial design with four factors /independent variables) was used to assess and determine their main and interaction effects on the level or degree of mindfulness.

Accordingly, the obtained result or finding is that except religion, all the socio-economic factors of the parents have significant main but no interaction effect in influencing the degree of mindfulness in the parents' parenting process.

The differences between the categories (levels) of the four socio-demographic factors of the parents also were analyzed and the results were given in the previous section. So, these results of the post-hoc analyses indicated additional

support for the relationships between the socio-demographic factors of the parents and their level of mindfulness.

Therefore, in general, 59.7% of the change or the variability in the level of the mindfulness of the parents in their parenting practices was accounted for by these socio-demographic variables of the parents all together.

But, no interaction effect among these socio-demographic variables of the parents at all has been found to be significant in influencing the degree of their mindfulness in their parenting process. And so the null hypothesis was retained that the average IEMPt was not affected by interacting combinations of the four factors.

The result found above implies that contextual factors of the parents are significantly important in influencing the degree of their mindfulness (IEMPt) in their parenting process. These contextual factors are the parents' socio-economic and demographic conditions. This finding has been supported by different related literatures.

According to Luther (2000) too, the parents' psychological well-being and their socio-demographic variables are the primary key factors determining their levels of mindfulness in their parenting processes.

Bradley and others (2005) also conducted a study of families from multiple ethnic groups and demonstrated that low SES parents were more likely to be less mindful than were the higher SES parents across all ethnic groups in their parenting activities.

A review by Hoff –Ginsberg and Tardif (1995) also found that great consistency across studies regarding differences in parenting practices including mindfulness for parents with different levels of SES and demographic variables.

Poverty may negatively influence the parents' psychological functioning, which in turn mediates the influences of low SES on the parenting practices in the parenting process.

Therefore, in general, different literatures have empirically supported this finding obtained in this study that mindfulness is influenced by contexts including the socio-demographic variables, especially the cognitive levels of human intelligence as measured in this study by the education level of the parents.

5.4. The Joint and Separate Contributions of IEMP and Socio-demographic Variables of the parents to the Variability of the Mental Health Condition of Adolescents

Multiple Regressions was used to examine the joint and separate roles of the IEMP and the socio-demographic variables of the parents in predicting the mental health conditions of adolescents.

Parent's IEMP , age, religion, annual income and education level were used as predictors of the dependent variable SRQy(the total number of "yes" responses in the SRQ-24 questions), a scale measuring the level of mental health of adolescents in a continuum.

Therefore, the joint and separate roles of these predictors to the variability of the SRQy was examined and found that the adjusted R Square is 0.578. Therefore, 57.8%of the variability of the mental health condition of the adolescents was accounted for by or predicted by the parent's level of mindfulness (IEMPt) and their socio-demographic factors.

It was also found that the F statistic of the regression model is 96.69 which is significant at 0.000 level. This significance (probability) is an indication that all the independent variables taken together have a relationship with the

dependent variable and this relationship is considered as the overall fit of the regression model in general.

But, as it is a multiple regressions with five independent variables, the researcher wanted also to determine the relative strength of each predictor variable and it was found that except the two variables, i.e., age of the parents and income of the parents, all the rest of the predictors were significant independent variables in influencing the mental health conditions of the adolescents.

And so, it was found that the standardized Beta coefficients for both Age and Annual Income of the parents were-0.002 and -0.081 for each respectively and their predictive strengths were insignificant as their significance levels were 0.948 and 0.073 respectively.

The result of the analyses indicated also that the standardized coefficients of all the predictors except for the religion of the parent have negative sign. It is an indication that there is an inverse relationship between these predictors and the dependent variable. This is meant that as the scores of the independent variables increase, the SRQY scores decrease.

For example, it was found that for every one unit increase in the degree of mindfulness of the parent (IEMPt), there would be a 0.487 unit decrease in the mental health problem of his/her adolescent(SRQY) .

For every one unit increase in the education level of the parent, there would be a 0.293 unit decrease in the mental health problem of his/her adolescent (SRQy).

There are some empirical research findings and logical evidences that support the above mentioned findings. For example, according to Belsky &Greenberg (1984), research on the determinants of parenting indicates that a complex array of cognitions, emotions, social cognitions, perceived parenting stress and socio-demographic conditions can influence parenting behavior and thus thereby impact adolescent outcomes including mental health.

The empirical evidence supporting the effectiveness of mindful parenting intervention in reducing anxiety and depression, promoting adaptive coping with stress and improving psychological well-being in adolescent adjustment is growing (Baer, 2003 and Lazarus, 2005).

Though external factors like peer relations, school conditions and bonding as well as the socioeconomic status of the parents have been identified in relation to adolescent adjustment, other family conditions, specifically the parents' parenting risk and protective factors, however, have consistently been implicated as an important and significant predictors of adolescent adjustment and general mental health or well-being (Kumpfer et al., 2003).

In relation to the significant predicting impact of the parents' educational level obtained as a result on the mental health conditions of the adolescents, higher or better cognitive capacity of the parents as is usually measured by their educational levels might have been related to the overall quality of management of children and general parenting practices including the affective and protective factors that contributes positively to the mental health conditions of children and adolescents.

For example, according to Dix et al., (1986), assessment of mindfulness in parenting was found to capture qualities of the cognitive and affective domains occurring for parents during parenting interactions with their adolescents that in turn had significant contributions in the behavioral adjustment, psychological well-being and mental health conditions of the adolescents in general.

Mindfulness may entail an ability to intentionally maintain present centered awareness and attention with a non judgmental stance including cognitive, affective and attitudinal aspects of parenting in parent-adolescent interactions.

So, as Dishion and others (1991) found that the association between mindfulness of parents and their perceived marital quality was fully mediated

by skilled emotion repertoires, specifically those associated with identifying and communicating emotions, as well as the regulation of anger expression and greater capacity to respond constructively to relation –stress, reduced marital conflict and thereby reduced parent-adolescent conflict that would have led the adolescent to behavioral and mental health problems.

In general, as seen above, different studies of mindfulness in parenting have shown that higher mindfulness is related to lower stress, depression and anxiety as well as greater psychological well-being among children and adolescents (Dumas, 2005).

Therefore, studies of mindfulness in different literatures too have supported this finding empirically and shown that higher mindfulness and thereby higher cognition(as was measured in this study by the education level of parents) in parenting is related to lower mental health problems including depression, anxiety and may be to others too, as well as to better psychological well-being among adolescents.

However, the parents' age and income did not have significant roles in predicting the degree of the mental health conditions of the adolescents unlike in the case of their impact on the degree of their mindfulness. It might be because of the involvement of many other multidimensional risks, affective and protective factors too that contribute to the mental health condition of adolescents apart from the parents' age and income unlike to the mindfulness of the parents. But, it seems against the commonsense anticipation and speculation of many people in this country who think that especially financial strength of the family has a positive impact on the mental health conditions of adolescents and children.

Chapter Six

Summary, Conclusion and Recommendations

6.1. Summary of the Findings

This study was a cross-sectional survey study conducted to assess and determine the impacts of the mindfulness of parents and their socio-demographic characteristics on the mental health status of adolescents. The participants of this study were 361 adolescent students from three high schools in Addis Ababa. The schools were chosen by purposive sampling and then the participants were selected using the random sampling method.

After the participants were selected, the two scales measuring the degree of the mindfulness of the parents (IEM-P) and the mental health condition of the adolescents (SRQ-24) were administered.

After administering the questionnaires, each participant's Reponses were coded or given a number. Reverse coding was done for some questions in the IEM-P Scale that were asked negatively.

However, 11 participants had some missing in their responses and they were incomplete. As a result they were discarded and the number of the respondents has become 350.

The data collected from the 350 respondents were analyzed using SPSS software application.

The result obtained in relation to the prevalence of the mental health condition among the participant adolescents implied that mental health problem was common among participant adolescents. The degree of the mindfulness of the parents of the participants in their parenting practices in the study sites was not significantly different from that of general parent population's degree of mindfulness.

The finding regarding the correlation between the degree of mindfulness of the parents and the level of the mental health problem of the participant adolescents indicated that there is a strong inverse relationship between them.

It was also found out that the parents' socio-demographic variables overall have significant effects in influencing their level of mindfulness. The post-hoc analyses also indicated additional support for the relationships between the socio-demographic factors of the parents and their level of mindfulness.

Finally, the findings from the multiple regression implied that both the parents' degree of mindfulness and education level are impacting or predicting significantly and inversely the level of the mental health problem of adolescents.

The regression analysis indicated also that the standardized coefficients of all the predictors, except for the religion of the parents, have negative sign and it implied that there is an inverse relationship between these predictors and the dependent variable.

However, age and income of the parents did not have significant predictive influence each on the mental health conditions of adolescents.

6.2. Conclusion

The Major Findings of this Study can be Summarized as Follows

Mental health problem is fairly prevalent among the adolescents in Addis Ababa; and the extent to which the parents in the study sites practice mindfulness in their parenting practices was found to be not significantly different from that of the test value result in general.

- ❖ There is a strong inverse relationship between the degree of mindfulness of the parents and the level of the mental health problems of adolescents.

It implied that mindful parenting has an impact on the mental health conditions of the adolescents.

- The parents' socio-economic and demographic variables have significant impact on their levels of mindfulness in their parenting practices. The parents' education level was found to be the most significant factor of all the socio- demographic factors in influencing the levels of mindfulness.
- Both the level of mindfulness of the parents (IEMPt) and their education level are the most significant factors impacting or predicting negatively or inversely the level of the mental health problem of the adolescents.
- However, except education level of the parents and IEMPt, all the other socio-demographic predictors, especially age and income of the parents, did not have significant predictive influence each on the mental health conditions of the adolescents.
- Education level of the parents was found the single most influential factor of all the rest of the parents' SES and demographic variables in impacting and predicting the levels of both mindfulness of parents and mental health conditions of the adolescents.

6.3. Recommendations

On the basis of the findings obtained and the conclusions drawn, the researcher forwarded the following recommendations:

- The result of this study indicated that considerable numbers of adolescents have mental health problems but with varying degrees or levels of severity of symptoms; and there was no statistically significant difference in the level of mindfulness of parents between our parent sample mean and that of the general parents' test value. Therefore, this study would be instrumental to reach this problem through the provision of professional counseling to both the parents and adolescents so that they can improve the quality of their parent-youth relationships, mutual acceptance and listening thereby to

improve the level of mindfulness of the parents as well as the negative biases and mental health problems of adolescents as a consequence.

- It was shown in the result that there is a strong inverse relationship between mindful parenting and mental health problem of adolescents.

So, it is an encouraging finding that mental health professionals, Psychologists and researchers in the area could prevent and/or alleviate mental health problems of adolescents by conducting further related and relevant studies, promoting mindfulness among the parents by counseling and training them to practice mindfulness in their parenting process so that they can be: listening to their adolescents with full attention, maintaining emotional awareness of oneself and one's adolescent during parenting interactions, practicing nonjudgmental openness and receptivity when adolescents share their feelings and thoughts, regulating one's own automatic reactivity to adolescent behaviors, and adopting compassion to oneself as a parent and toward the struggles one's adolescent face to adjust and adaptively to cope to the realities of life. Professionally promoting mindful parenting practices and creating awareness about it among the public too, through different Medias, workshops, seminars and trainings also might facilitate prevention or early intervention for adolescent mental health problems and different kinds of antisocial behaviors. For example, by listening intently with nonjudgmental acceptance, by not focusing on memories and/or future expectations to interpret what is happening in the moment, by showing low emotional reactivity and thereby maintaining parent-youth closeness, parents can support their parental monitoring and responsibilities with affection so that the situation thereby can help their adolescents be socialized to appropriate behavior and mental health as a result.

- It was found that mindfulness of the parents (IEMPt) is the strongest inversely predicting or impacting factor followed by their education level on the mental health problem (SRQy) of the adolescents. This is a

fascinating finding as well as an encouraging beginning in helping adolescents and children with mild mental health problems that seem overlooked because of much emphasis only on medications. Therefore, Psychologists and other mental health professionals can make use of and promote mindful parenting through counseling and training among the parents so that they can pay attention to their adolescents and their parenting in a particular way, intentionally, here and now, and nonjudgmentally that has a significant role in mental health problem prevention and treatment among adolescents.

- The results of this study showed that age and income of the parents did not have significant predictive influence neither each nor in combination on the mental health conditions of their adolescents. This is a result found against the usual common sense expectation of people who think that especially financial strength of the parents influences the mental health conditions of their adolescents. Therefore, Clinical Psychologists, Counselors, Educators, other mental health workers and researchers on the area should encourage and promote continued investigation on it and then whether to rule out its influence on the mental health of adolescents and children of different sexes and age groups.
- According to the results of this study, education level of the parent is the most effective or influential factor of all the rest of the parents' SES and demographic variables in impacting and predicting the levels of both mindfulness of parents and mental health conditions of the adolescents. While this result is encouraging and positive , further research is still needed regarding : the natures of the relationships between cognition and mindfulness of parents as well as between cognition of parents and mental health status of their offsprings in different settings including other groups of people like children at different developmental stages. The further studies are anticipated to help us see whether there would be age and gender differences too, among such groups in responding to this predictor. In general, implications of these findings indicate the need for

their practical utility in both clinical and non-clinical populations of parents, especially using mindful parenting skills to attenuate them to the psychological needs and nature of their adolescents during parenting practices, to enhance effective parenting. These findings offered support for the need of increasing mindful parenting, a parenting practice known or established to be highly beneficial for the adolescents' mental health. It is to be achieved through enhancing mindful parenting and thereby increasing nonjudgmental acceptance, flexibility, more positive parent-adolescent relationship and responsiveness inside the dynamics of home and parenting as well as reducing parenting reactivity, parenting stress and other related problems like unhappy marriage life of the parents so that the psychological well-being and mental health condition of their adolescents can be safeguarded and/or improved as a consequence .

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Appendices:

Appendix One:

The English Version of the Questionnaire:

Addis Ababa University

Graduate Programs

School of Psychology

Questionnaire for Students

Dear Students!

The main purpose of this questionnaire is to gather information on the Influence of Mindfulness of parents on the Mental Health Conditions of the Adolescents in Some Selected High schools in Addis Ababa.

Therefore, you are kindly requested to provide honest and accurate responses to each of the following items.

This questionnaire has 2 parts: Background Information and information on the adolescents' mental health status and on their parents' mindfulness.

In relation to any information you provide concerning your parents/guardians, if you are living with a single parent or, if there is a difference in the degree of involvemement or participation in between the two parents' parenting interactions and roles in the parenting process, take in to consideration only

the single one's or the more active one's background and the parenting roles and interactions. But, if both of them are equally actively participating in the parenting process, please, take in to consideration either your preference to one of them, or the average of the two parents' parenting interactions and roles.

Please, read the entire instructions before you start to give answer.

All the responses you offer will be used entirely for the purpose of the above mentioned academic research only. Therefore, I assure you that your responses will be totally confidential.

Thank you in advance for your cooperation!!

Part I: Background Information:

Instruction: Read each question carefully and then put an "X" in the box, in front of your choice.

1. Sex :

   A/ Male ☐ **B/**Female ☐

2. Age:

   A/ 13-15 years ☐ **B/**16-18 years ☐ **C/** Above 18 years ☐

3. Your Religion:

   A/Orthodox Christianity ☐ **B/** Islam ☐

   C/Protestant Christianity ☐ **D/**Catholic Christianity ☐

   E/any other ☐

4. Your parents'/guardians' age:

A/ <35 years ☐ **B/**35-50 years ☐

C/ 51-65 years ☐ **D/**>65 years ☐

5. Your parents'/guardians' Religion:

A/ Orthodox Christianity ☐ **B/** Islam ☐

C/ Protestant Christianity ☐

D/ Catholic Christianity ☐ **E/**any other ☐

6. Your parents'/guardians' annual income in Ethiopian Birr:

A/ <12,000 ☐ **B/**12-36,000 ☐ **C/**37-61,000 ☐

D/62-86,000 ☐ **E/**87-110,000 ☐ **F/**>110,000 ☐

7. Your parents'/guardians' educational level:

A/ Do not Read and Write ☐ **B/** Elementary School ☐

C/ Secondary School ☐ **D/** Diploma ☐

E/ First Degree ☐ **F/** Above first degree ☐

Part II: The Two Scales, measuring the students' mental health statuses and the mindfulness of the parents:

2.1. SRQ-24 Scale:

Instruction: The following questions are related to certain pains and problems that may have bothered you the last 30 days .If you

think the question applies to you and you have the described problem in the last 30 days, put an "X" under "YES".

On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, put an "X" under "NO".

Please, do not discuss the questions with anyone while answering them.

If you are unsure about how to answer a question, please, give the best answer you can.

We would like to reassure you that the answer you are going to provide here are confidential.

Items	**Response Categories**	
1. Do you often have head aches?	**Yes**	**No**
2. Is your appetite poor?		
3. Do you sleep badly?		
4. Are you easily frightened?		
5. Do your hands shake?		
6. Do you feel nervous, tense or worried?		
7. Is your digestion poor?		
8. Do you have trouble thinking clearly?		
9. Do you feel unhappy?		
10. Do you cry more than usual?		
11. Do you find it difficult to enjoy your daily activities?		
12. Do you find it difficult to make decisions?		
13. Is you daily work suffering?		
14. Are you unable to play a useful part in life?		
15. Have you lost interest in things?		
16. Do you feel that you are a worthless person?		
17. Has the thought of ending you life been in your mind?		
18. Do you feel tired all the time?		
19. Do you have uncomfortable feelings in your stomach?		
20. Are you easily tired?		
21. Do you feel that somebody has been trying to harm you in some way?		
22. Are you a much more important person than most people think?		
23. Have you noticed any interference or anything else Unusual with your thinking?		
24. Do you ever hear voices without knowing where they come from or which other People can not hear?		

2.2. IEM-P Scale:

Please, read the entire instruction before you start to give answer to this questionnaire.

Instruction: The following statements describe different ways that your parents/guardians interact with you on a daily basis. Please, decide and answer whether you think that each statement is: "Never True"=1, Rarely True"=2, "Sometimes True"=3, " Often True"=4, or "Always True"=5 for you by choosing one of the numbers equated to the statement for each and then by putting an "X" under the number of your choice.

Remember! There is no right or wrong answer; and please, answer according to what really reflects your experience rather than what you think your experience should be for each statement. Please, do not discuss the questions with anyone while answering them

We would like to assure you that the answers you are going to provide here are confidential.

Items	Response Categories				
	1	2	3	4	5
1. I find my Parents /guardians listening to me With one ear because they are busy doing or thinking about something else at the same time.					
2. When my parents /guardians are upset with me, they notice how they are feeling before they take action/s.					
3. My parents/guardians notice how changes in my mood affect their moods too.					
4. My parents /guardians listen carefully to my ideas, even when they disagree with them.					
5. My parents / guardians often react too quickly to what I say or do.					
6. My parents/guardians are aware of how their moods affect the way they treat me.					
7. Even when it makes my parents/guardians uncomfortable, they allow me to express my feelings.					
8. When my parents/guardians are upset with me, they calmly tell me how they are feeling.					
9. My parents/guardians rush through activities with me without being really attentive to me.					
10. My parents/guardians have difficulty in accepting my growing independence.					

Appendix Two:

The Amharic Version of the Questionnaire:

አዲስ አበባ ዩኒቨርሲቲ

የድህረ-ምረቃ ፕሮግራሞች

ሳይኮሎጂ ት/ቤት

ለወጣት ተማሪዎች የተዘጋጀ መጠይቅ

ውድ ተማሪዎች፣

የዚህ መጠይቅ ዋና አላማ የወጣት ተማሪዎች ወላጆች/አሳዳጊዎች በንቃት ላይ የተመሰረተና ተመስጠአዊ የልጅ አስተዳደግ ክህሎት በወጣት ተማሪዎች የአእምሮ ጤና ሁኔታ ላይ ያለውን ተፅእኖ ለማጥናት ነው፡፡ጥናቱ የሚካሄደው አ/አበባ ውስጥ በሚገኙ የተወሰኑ ሁለተኛ ደረጃ ት/ቤቶች ላይ ነው፡፡

ስለዚህ ለመጠይቁ እያንዳንዱ ጥያቄ በታማኝነትና በትክክል መልስ እንድትሰጡ በትህትና እጠይቃለሁ፡፡

መጠይቁ ሁለት ዋና ዋና ክፍሎች አሉት፡፡እነርሱም፡-የወጣት ተማሪዎችንና የወላጆቻቸውን/የአሳዳጊዎቻቸውን_የግል ሁኔታ በሚመለከት መረጃ የሚጠይቅና የወጣቶችን የአእምሮ ጤና ሁኔታና የወላጆችን በንቃት ለይ የተመሰረተና ተመስጠአዊ የልጅ አስተዳደግ ክህሎት በተመለከተ የሚጠይቁ ናቸው፡፡

የወላጆችህን/ሽን ወይም የአሳዳጊዎችህን/ሽን የግል መረጃም ሆነ የልጅ አስተዳደግ ክህሎቶቻቸውንና ከልጆቻቸው ጋር ያላቸውን መስተጋብር በተመለከተ መረጃ በምትሰጥበት/ጭበት ጊዜ አሁን ያለኸው/ሽው ከአንድ ነጠላ ወላጅ/አሳዳጊ ጋር ከሆነ ወይም ሁለት ቢሆኑም እንኳ በልጅ አስተዳደግ የተሳትፎ ደረጃቸው የተለያየ ከሆነ ከፍተኛ ተሳትፎ ያለውን አንድ ወላጅ /አሳዳጊ መረጃ ብቻ ስጥ/ጭ፡፡ነገር ግን አሁን ሁለት ከሆኑና ተሳትፏቸውም እኩል ከሆነ፣ የምትሰጠው/ጭው መረጃ

ከሁለቱ ስለ አንዱ መርጠህ/ሽ ወይም የሁለቱን አማካይ መሆን አለበት፡፡ መልስ ለመስጠት ከመጀመርህ/ሽ በፊት እባክህ/ሽ መመሪያውን ሙሉ በሙሉ አንብብ/ቢ፡፡

ይህ እናንተ የምትሰጡት መልስ ሁሉ የሚያገለገለው ሙሉ በሙሉ ከላይ ለተገለፀው ጥናትና ምርምር አላማ ብቻ ነው፡፡ስለዚህ መልሶቻችሁ በሚስጢር የሚያዙ መሆኑን አረጋግጥላችኋለሁ፡፡

ስለ ትብብራችሁም በቅድሚያ አመሰግናለሁ፡፡

ክፍል አንድ፡-የተማሪዎችንና የወላጆችን የግል ሁኔታ የሚመለከት መረጃ፡-

መመሪያ፡- እያንዳንዱን ጥያቄ በጥሞና ካነበብክ/ሽ በኋላ በትክክለኛ ምርጫህ/ሽ ፊትለፊት ባለው ሳጥን ውስጥ የ"X" ምልክት አስቀምጥ/ጭ፡፡

1.ፆታ፡- ሀ/ወንድ ☐ ለ/ሴት ☐

2.እድሜ፡-ሀ/13-15 አመት ☐ ለ/ 16-18 አመት ☐ ሐ/ከ18 አመት በላይ ☐

3.ሃይማኖት፡-ሀ/ኦርቶዶክስ ክርስትና ☐ ለ/ እስልምና ☐

ሐ/ፕሮቴስታንት ☐ መ/ ካቶሊክ ☐ ሠ/ ሌላ ማንኛውም ☐

4.የወላጆችህ/ሽ ወይም አሳዳጊዎችህ/ሽ እድሜ፡ሀ/ከ35 አመት በታች ☐

ለ/35-50አመት ☐ ሐ/51-65አመት ☐ መ/ከ65 አመት በላይ ☐

5.የወላጆችህ/ሽ ወይም አሳዳጊዎችህ/ሽ ኃይማኖት፡-

ሀ/ኦርቶዶክስ ክርስትና ☐ ለ/ እስልምና ☐

ሐ/ፕሮቴስታንት ☐ መ/ካቶሊክ ☐ ሠ/ሌላ ማንኛውም ☐

6.የወላጆችህ/ሽ ወይም አሳዳጊዎችህ/ሽ አመታዊ ገቢ በብር ሲለካ፡-

ሀ/ከ12,000 በታች ☐ ለ/ከ12-36,000 ☐ ሐ/ከ37-61,000 ☐

መ/ከ62-86,000 ☐ ሠ/ከ87-110,000 ☐ ረ/ከ110,000 በላይ ☐

7.የወላጆችህ/ሽ ወይም የአሳዳጊዎችህ/ሽ የትምህርት ደረጃ፡-

ሀ/ማንበብና መፃፍ የማይችሉ ☐ ለ/የመጀመሪያ ደረጃ ትምህርት ☐

ሐ/ የ2ኛ ደረጃ ትምህርት ☐ መ/ዲፕሎማ ☐

ሠ/የመጀመሪያ ዲግሪ ☐ ረ/ ከመጀመሪያ ዲግሪ በላይ ☐

ክፍል ሁለት፡-የተማሪዎችን የአዕምሮ ጤና ሁኔታና የወላጆችን በንቃት ላይ የተመሰረተ ተመስጦአዊ የልጅ አስተዳደግ ክህሎት በተመለከተ የቀረቡ ሁለት መለኪያዎች:-

2.1.ኤስ አር ኪው-24 /SRQ-24 ስኬል(መለኪያ):

መመሪያ፡ የሚከተሉት ጥያቄዎች ባለፉት 30 ቀናት ውስጥ አስጨንቀውህ/ሽ ሊሆኑ ስለሚችሉ ህመሞችና ችግሮች ጋር የተያያዙ ናቸው፡፡ስለዚህ ጥያቄው አንተን/ችን የሚመለከትና የተገለጸውም ችግር ባለፉት 30 ቀናት ውስጥ ከገጠመህ/ሽ፣ ከ"አዎ" በታች ባለው ቦታ ላይ የ"X"ምልክት አስቀምጥ/ጭ፡፡በሌላ በኩል ግን ጥያቄው አንተን/ችን የማይመለከት ከሆነና ባለፉት 30 ቀናት ውስጥ ችግሩ ካልነበረብህ/ሽ ወይም ካልገጠመህ/ሽ "አይደለም"ከሚለው በታች የ "X" ምልክት አስቀምጥ/ጭ፡፡

ይህንን መጠይቅ በምትመልስበት/ሽበት ጊዜ እባክህ/ሽ ከማንም ጋር ቢሆን ስለጥያቄው አትወያይ፡፡አንድን ጥያቄ እንዴት ወይም ምን ብለህ/ሽ መመለስ እንዳለብህ/ሽ እርግጠኛ መሆን ካልቻልክ/ሽ በተቻለ መጠን የተሻለውን መልስ ለመስጠት ሞክር/ሪ፡፡ለዚህ መጠይቅ የምትሰጠው/ጭው መልስ ሁሉ በምስጢር የሚያዝ መሆኑን ላረጋግጥልህ/ሽ እወዳለሁ፡፡

ጥያቄ	አማራጮች	
1.ብዙ ጊዜ የራስ ምታት ህመም ስሜት ይሰማሃል/ሻል?	አዎ	አይደለም
2.የምግብ ፍላጎትህ/ሽ የቀነሰ ነውን?		
3.ጥሩ እንቅልፍ አትተኛም/ኚም?		
4.በቀላሉ የፍርሃት ስሜት ይሰማሃል/ሻል?		
5.እጆችህ/ሽ ይንቀጠቀጣሉ?		
6.የመረበሽ፣የመወጣጠርና የመጨነቅ ስሜት ይሰማሃል/ሻል?		
7.የምግብ መፈጨትና መንሸራሸር ችግር አለብህ/ሽ?		
8.በግልፅ ለማሰብ ትቸገራለህ/ሪያሽ?		
9.የሃዘን ስሜት ይሰማሃል/ሻል?		
10. ከተለመደ በላይ ታለቅሳለህ/ሻለሽ?		
11.በእለታዊ ሥራህ/ሽ ለመደሰት ትቸገራለህ/ሪያለሽ?		
12.ስለአንድ ነገር ወይም ጉዳይ ውሳኔ ለመስጠት ትቸገራለህ/ሪያለሽ?		
13.የእለት ከእለት ስራህ/ሽ ያስጨንቅሃል/ሻል?		
14.በህይወትህ/ሽ አስፈላጊ ሆኖ ግን አንተ/ች ልታደርገው/ጊው ያልቻልከው/ሽው ነገር አለ?		
15.በነገሮች ላይ የነበረህ/ሽ ፍላጎት አሁን ጠፍቶአልን?		
16.ዋጋ የሌለው ሰው እንደሆንህ/ሽ ይሰማሃል/ሻል?		
17.ራስን የማጥፋት ሃሳብ ወደ አእምሮህ/ሽ መጥቶ ያውቃል?		
18.ሁልጊዜ የድካም ስሜት ይሰማሃል/ሻል?		
19.ሆድህ/ሽ ውስጥ ምቾት የማጣት ስሜት ይሰማሃል/ሻል?		
20.በቀላሉ ይደክምሃል/ሻል?		
21.አንድ ሰው አንተን/ችን በሆነ መንገድ ሊጎዳህ/ሽ እየሞከረ እንደሆነ ይሰማሃል/ሻል?		
22.አብዛኛው ሰው ስለአንተ/ች ከሚያስበው በላይ በጣም ጠቃሚ ሰው ነኝ ብለህ ታስባለህ/ቢያለሽ?		
23.በሃሳብህ/ሽ ውስጥ ጣልቃ የሚገባብህ/ሽ ወይም ሌላ ያልተለመደ ነገር ታስታውሳለህ/ሻለሽ?		
24.ሌሎች ሰዎች ሊሰሙት የማይችሉትና ከየት እንደመጣ የማታውቀው/ቂው የሰው ድምጽ ሰምተህ/ሽ ታውቃለህ/ቂያለሽ?		

2.2. አይ ኢ ኤም-ፒ/IEM-P እስኬል (መለኪያ)

ማስታዎሻ፡- ይህንን መጠይቅ መመለስ ከመጀመርህ/ሽ በፊት እባክህ/ሽ መመሪያውን ሙሉ በሙሉ አንብብ/ቢ!!

መመሪያ፡- የሚከተሉት አ/ነገሮች ወላጆችህ/ሽ በየእለቱ ከአንተ/ች ጋር የሚያደርጉትንና የሚያሳዩትን መስተጋብር የሚገልጹ ናቸው፡፡ስለዚህ እነዚህን የሚከተሉት አ/ነገሮች እያንዳንዳንዳቸውን አንተ/ች ለራስህ/ሽ እንደምታስበው/ቢው፡

"ፈጽሞ ትክክል አይደለም"=1

"እጅግ በጣም አልፎ አልፎ ትክክል ነው"=2

"አንዳንዴ ትክክል ነው" =3

"ብዙ ጊዜ ትክክል ነው" =4 ወይም

"ሁልጊዜ ትክክል ነው" =5 ብለህ/ሽ የወሰንከውን/ሽውን ምርጫ በመምረጥና ከምርጫህ/ሽ ቁጥር በታች የ"X" ምልክት በማስቀመጥ መልስ/ሽ፡፡

<u>አስታውስ/ሽ!</u> ትክክል ወይም ስህተት ነው የሚባል መልስ የለም፡፡ስለዚህ አንተም/ችም የግል ተሞክሮህ/ሽ ምን መሆን እንዳለበት ከማሰብ ይልቅ በአንተ/ች ትክክለኛ ተሞክሮ መሰረት ያለውን እውነታ በሚያንጸባርቅ ሁኔታ ትክክለኛ ምርጫህን/ሽን ምረጥ/ጭ፡፡

ይህንን መጠይቅ በምትመልስበት/ሽበት ጊዜ እባክህ/ሽ ከማንም ጋር ስለ ጥያቄው አትወያይ፡፡

ለዚህ መጠይቅ የምትሰጠው/ጭው መልስ ሁሉ በምስጢር የሚያዝ መሆኑን ላረጋግጥልህ/ሽ እወዳለሁ፡፡

ጥያቄ	አማራጮች				
	1	2	3	4	5
1.ወላጆቼ /አሳዳጊዎቼ በአንድ ጊዜ ከእኔም ሌላ ብዙ ነገር በማሰብ ወይም በመስራት ስራ ስለሚበዛባቸው እኔን በግማሽ ልብ ሲያዳምጡኝ አስተውላለሁ::					
2.ወላጆቼ/ አሳዳጊዎቼ ከእኔ ጋር በሚጣሉበት ጊዜ ተግባራዊ እርምጃ ከመውሰዳቸው በፊት አስቀድመው ስለራሳቸው ስሜት ለመገንዘብ ይሞክራሉ::					
3.ወላጆቼ/ አሳዳጊዎቼ የእኔ የስሜት ሁኔታ ለውጥ በእነርሱም የስሜት ሁኔታ ላይ ተጽእኖ እንደሚያሳድር ያስተውላሉ::					
4.ወላጆቼ/ አሳዳጊዎቼ የእኔን አስተያየቶችና ሃሳቦችባይስማሙባቸውም እንኳ ስናገር በጥሞና ያዳምጡኛል::					
5.ወላጆቼ/ አሳዳጊዎቼ ብዙ ጊዜ ወዲያውኑ አንድ ነገር ከመናገሬ ወይም ከማድረጌ ቶሎ ብለው ይቃወሙኛል::					
6. ወላጆቼ/ አሳዳጊዎቼ የራሳቸው ስሜት ሁኔታ ለእኔ በሚያደርጉት እንክብካቤ ላይ ተጽእኖ እንዳለው ይረዳሉ::					
7. ወላጆቼ/ አሳዳጊዎቼ ሁኔታው ለእነርሱ የማይመች ቢሆን እንኳ ስሜቴን ግን እንድገልጽ ይፈቅዱልኛል::					
8. ወላጆቼ/ አሳዳጊዎቼ ከእኔ ጋር በሚጋጩበት ወይም በሚናደዱበት ጊዜ ምን እንደሚሰማቸው ረጋ ብለው ይነግሩኛል::					
9. ወላጆቼ/ አሳዳጊዎቼ እኔን በጥሞና ሳያዳምጡኝ ወዲያውኑ በጥድፊያአብረውኝ ወደተግባራዊ ክንውኖች ውስጥ እንገባለን::					
10. ወላጆቼ/ አሳዳጊዎቼ እየጨመረ ወይም እያደገ የመጣውን በግሌ ነጻ የመሆንና ራሴን የመቻል ሁኔታ በጸጋ ለመቀበል ይቸገራሉ::					

Appendix Three:

Tables 7-10, showing the Post- hoc multiple Comparisons among the Categories of the Socio-demographic Factors of the Parents:

Table 7: Multiple Comparisons among the Categories of ages of the parents:

(I) Age of the parents	(J) Age of the parents	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Below 35 years	35-50 years	-3.9987*	.98704	.001	-6.7824	-1.2151
	51-65 years	-4.2325*	1.06867	.002	-7.2463	-1.2187
	Above 65 years	-.0261	1.19293	1.000	-3.3904	3.3382
35-50 years	Below 35 years	3.9987*	.98704	.001	1.2151	6.7824
	51-65 years	-.2338	.80780	.994	-2.5119	2.0444
	Above 65 years	3.9726*	.96623	.001	1.2476	6.6975
51-65 years	Below 35 years	4.2325*	1.06867	.002	1.2187	7.2463
	35-50 years	.2338	.80780	.994	-2.0444	2.5119
	Above 65 years	4.2063*	1.04947	.001	1.2466	7.1661
Above 65 years	Below 35 years	.0261	1.19293	1.000	-3.3382	3.3904
	35-50 years	-3.9726*	.96623	.001	-6.6975	-1.2476
	51-65 years	-4.2063*	1.04947	.001	-7.1661	-1.2466

Why is this not in Ch. 4? It belongs there

Table8: Multiple Comparisons among the Categories of the Religions of the parents:

(I) Parents' Religion	(J) Parents' Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Orthodox Christianity	Islam	3.3622*	.81116	.002	.8394	5.8850
	Protestant	-5.6668*	1.11620	.000	-9.1383	-2.1953
	Catholic	-1.9661	1.34250	.709	-6.1415	2.2092
	any other	-7.1763	2.52990	.094	-15.0446	.6920
Islam	Orthodox Christianity	-3.3622*	.81116	.002	-5.8850	-.8394
	Protestant	-9.0289*	1.24297	.000	-12.8947	-5.1631
	Catholic	-5.3283*	1.44962	.011	-9.8368	-.8198
	any other	-10.5385*	2.58834	.003	-18.5885	-2.4884
Protestant	Orthodox Christianity	5.6668*	1.11620	.000	2.1953	9.1383
	Islam	9.0289*	1.24297	.000	5.1631	12.8947
	Catholic	3.7006	1.63991	.282	-1.3997	8.8009
	any other	-1.5095	2.69952	.989	-9.9053	6.8863
Catholic	Orthodox Christianity	1.9661	1.34250	.709	-2.2092	6.1415
	Islam	5.3283*	1.44962	.011	8198	9.8368
	Protestant	-3.7006	1.63991	.282	-8.8009	1.3997
	any other	-5.2101	2.80068	.486	-13.9206	3.5003
any other	Orthodox Christianity	7.1763	2.52990	.094	-.6920	15.0446
	Islam	10.5385*	2.58834	.003	2.4884	18.5885
	Protestant	1.5095	2.69952	.989	-6.8863	9.9053
	Catholic	5.2101	2.80068	.486	-3.5003	13.9206

Table 9:Multiple Comparisons among the Categories of the Annual Incomes of the Parents

Dependent Variable: IEMP

(I) Parents' annual income in Birr	(J) Parents' annual income in Birr	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Below 12,000	12-36,000	-.7697	1.18592	.995	-4.7568	3.2174
	37-61,000	-7.2725*	1.18194	.000	-11.2462	-3.2988
	62-86,000	-10.2662*	1.23105	.000	-14.4050	-6.1273
	87-110,000	-14.7409*	1.30386	.000	-19.1245	-10.3573
	Above 110,000	-4.3114	2.02305	.477	-11.1130	2.4901
12-36,000	Below 12,000	.7697	1.18592	.995	-3.2174	4.7568
	37-61,000	-6.5028*	.91591	.000	-9.5821	-3.4235
	62-86,000	-9.4964*	.97846	.000	-12.7860	-6.2068
	87-110,000	-13.9712*	1.06862	.000	-17.5639	-10.3784
	Above 110,000	-3.5417	1.88006	.617	-9.8625	2.7792
37-61,000	Below 12,000	7.2725*	1.18194	.000	3.2988	11.2462
	12-36,000	6.5028*	.91591	.000	3.4235	9.5821
	62-86,000	-2.9937	.97363	.098	-6.2670	.2797
	87-110,000	-7.4684*	1.06420	.000	-11.0463	-3.8905
	Above 110,000	2.9611	1.87755	.778	-3.3513	9.2735
62-86,000	Below 12,000	10.2662*	1.23105	.000	6.1273	14.4050
	12-36,000	9.4964*	.97846	.000	6.2068	12.7860
	37-61,000	2.9937	.97363	.098	-.2797	6.2670
	87-110,000	-4.4747*	1.11849	.008	-8.2351	-.7143
	Above 110,000	5.9548	1.90885	.088	-.4628	12.3724
87-110,000	Below 12,000	14.7409*	1.30386	.000	10.3573	19.1245
	12-36,000	13.9712*	1.06862	.000	10.3784	17.5639
	37-61,000	7.4684*	1.06420	.000	3.8905	11.0463
	62-86,000	4.4747*	1.11849	.008	.7143	8.2351
	Above 110,000	10.4295*	1.95660	.000	3.8513	17.0076
Above 110,000	Below 12,000	4.3114	2.02305	.477	-2.4901	11.1130
	12-36,000	3.5417	1.88006	.617	-2.7792	9.8625
	37-61,000	-2.9611	1.87755	.778	-9.2735	3.3513
	62-86,000	-5.9548	1.90885	.088	-12.3724	.4628
	87-110,000	-10.4295*	1.95660	.000	-17.0076	-3.8513

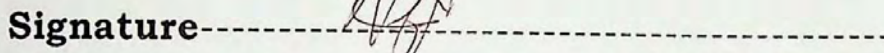
'able10: Multiple Comparisons among the Categories of the Education Level of the Parents:
Dependent Variable: IEMP

) Parents' educational vel	(J) Parents' educational level	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
o not read and write	Elementary school	-2.4180	1.12355	.465	-6.1954	1.3594
	Secondary School	-5.9375*	1.11032	.000	-9.6704	-2.2046
	Diploma	-14.6406*	1.16655	.000	-18.5626	-10.7187
	First Degree	-19.1342*	1.17878	.000	-23.0973	-15.1711
	Above First Degree	-20.6597*	1.68857	.000	-26.3367	-14.9827
ementary school	Do not read and write	2.4180	1.12355	.465	-1.3594	6.1954
	Secondary School	-3.5195*	.96951	.025	-6.7790	-.2600
	Diploma	-12.2226*	1.03342	.000	-15.6970	-8.7482
	First Degree	-16.7162*	1.04721	000	-20.2369	-13.1955
	Above First Degree	-18.2417*	1.59950	.000	-23.6193	-12.8641
econdary School	Do not read and write	5.9375*	1.11032	000	2.2046	9.6704
	Elementary school	3.5195*	.96951	025	2600	6.7790
	Diploma	-8.7031*	1.01902	.000	-12.1291	-5.2771
	First Degree	-13.1967*	1.03300	.000	-16.6697	-9.7237
	Above First Degree	-14.7222*	1.59023	.000	-20.0686	-9.3758
iploma	Do not read and write	14.6406*	1.16655	.000	10.7187	18.5626
	Elementary school	12.2226*	1.03342	.000	8.7482	15.6970
	Secondary School	8.7031*	1.01902	.000	5.2771	12.1291
	First Degree	-4.4936*	1.09321	.006	-8.1690	-.8182
	Above First Degree	-6.0191*	1.62999	.021	-11.4992	-.5390
irst Degree	Do not read and write	19.1342*	1.17878	.000	15.1711	23.0973
	Elementary school	16.7162*	1.04721	.000	13.1955	20.2369
	Secondary School	13.1967*	1.03300	000	9.7237	16.6697
	Diploma	4.4936*	1.09321	.006	.8182	8.1690
	Above First Degree	-1.5255	1.63876	.972	-7.0351	3.9841
bove First Degree	Do not read and write	20.6597*	1.68857	000	14.9827	26.3367
	Elementary school	18.2417*	1.59950	.000	12.8641	23.6193
	Secondary School	14.7222*	1.59023	000	9.3758	20.0686
	Diploma	6.0191*	1.62999	.021	5390	11.4992
	First Degree	1.5255	1.63876	.972	-3.9841	7.0351

Declaration

I, the undersigned, declare that this is my original work and has not been presented for a degree in any other university and that all resource materials used for the thesis have been dully acknowledged.

Name---AZEZE NEGUSSIE---

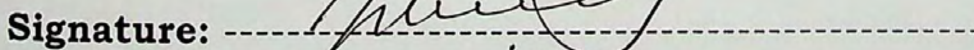


Signature---

Date---26/05/2013---

This thesis has been submitted for examination with my approval as University Advisor.

Name: ---Tassew Habtamu---



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Date: ---27/05/13---