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**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**  
**SCHOOL OF PSYCHOLOGY**

**PREVALENCE AND CONTRIBUTING FACTORS OF**  
**DEPRESSION AMONG WOMEN OFFENDERS IN ADAMA**  
**DIPPO CORRECTION CENTER**

**BY**

**YORDANOS AMARE**

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**ADDIS ABABA**

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DEPRESSION AMONG WOMEN OFFENDERS IN ADAMA  
DIPPO CORRECTION CENTER**

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**YORDANOS AMARE**

**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY COLLEGE OF  
EDUCATION AND BEHAVIORAL STUDIES SCHOOL OF  
PSYCHOLOGY, IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTERS IN PSYCHOLOGY**

**APPROVAL SHEET**

**ADDIS ABABA UNIVERSITY**

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## **DECLARATION**

I, Yordanos Amare, declare that this thesis entitled “Depression among women offenders in Adama Dippo Correctional Center: prevalence and contributing factors.” is my own original work. I have carried it out independently with the guidance and suggestions of my research advisor Dr. Tigist Wuhib. And it has not been presented in Addis Ababa University or any other Universities. And all the sources of materials used for the thesis have been duly acknowledged.

Yordanos Amare  
(The Researcher)

\_\_\_\_\_  
Signature

## **LETTER OF CERTIFICATION**

This is to certify that Yordanos Amare has carried out her thesis on the topic “Depression among women offenders in Adama Dippo Correctional Center: prevalence and contributing factors” under my supervision. This work is original in its nature and is suitable for submission in partial fulfillment of the requirement to earn Master Degree in Psychology.

---

Tigist Wuhib (Dr.)

(Advisor)

## **ABBREVIATIONS AND ACRONYMS**

<b>BDI</b>	Beck Depression Inventory
<b>DSM</b>	Diagnostic and statistical manual of mental disorders
<b>FDRE</b>	Federal Democratic Republic of Ethiopia
<b>ICD</b>	International Classification of diseases
<b>SPSS</b>	Statistical Package for Social Science
<b>WFMH</b>	World Federation for Mental Health
<b>WHO</b>	World Health Organization

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## **ABSTRACT**

*This research aimed to determine the prevalence and contributing factors for depression among female offenders in Adama Dippo Correctional Center. Literatures on prevalence and contributing factors are discussed wisely in relation to the research objectives. It discussed based on Relational Theory of Women's Psychological Development; Implications for the Criminal Justice System developed by Covington in 1998. The research used mixed study design: under the quantitative data questionnaires were made with 80 women offenders who stay in the correction center for more than a month and the qualitative data (interview) was conducted with five women prisoners, women ward guard, women and children affairs officer and a counselor. The study used non-probability sampling technique which is purposive that used to select the respondents from the correction center. The information was gathered strategically & systematically. In order to analyze the data SPSS was used. As a result, descriptive analyses were conducted by employing percent, frequency, mean, standard deviation, and table. Additionally, independent sample T-test and one way ANOVA were used. The study result showed that the major contributing factors which were having children i.e age of children and number of children, length of incarceration and existing age difference are the factors for high level prevalence of depression among female offenders. The quality of the correction center and its accessibilities also matters the female prisoners. Among those participants, 97.5% of the feminine offenders experience severe level of depression. Thus the regional as well as Adama Dippo Correction directors should solve the matter of these depressed feminine offenders found within the Correction Center.*

**Key words:** Contributing factors, Correctional center, Depression, Offenders, Prevalence

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

The meaning of the word depression is determined by the opinions of many researchers and research projects. Depression is defined as a serious and chronic mood disorder, according to a report published by the World Federation for Mental Health in 2012. According to Albert (2015), depression is a common chronic illness that contributes significantly to disease burden. Depression is a mental condition marked by sorrow, loss of interest or pleasure, feelings of guilt or low self-worth, interrupted sleep and appetite, feelings of exhaustion, lowering of mood, and impaired attention, according to Fikirte.et.al.,(2019). Likewise, Zakir defined depression is the most common and severe but treatable mental disorder (Zakir et al., 2018).

To prevent recidivism, the federal government established prisons to teach inmates who have broken the law and to transform them into law-abiding citizens. As a result, according to Rosliza et al. (2018), depression is the most common mental illness in prison. Globally there is a rapid increase in prison population, and one out of nine prisoners worldwide experience a mental disorder (WHO); a number of researches conducted in various countries have shown the higher prevalence of depression among prisoners compared to the general population (Fikirte.et.al. 2019). According to Albert (2015) depressive disorders were the second leading cause of years lived with disability in 2010 in Canada, the United States and globally. When depression-related deaths due to suicide and stroke are considered, depression has the third highest global burden of disease. Major depression is growing in overall disease around the world; it is predicted to be the leading cause of disease burden by 2030, and it is already the leading cause in women worldwide (p.219).

Depression is characterized as mild, moderate, or severe depending on the intensity of symptoms (Albert) (2015). According to Zakir et al., (2018) out of people suffering from depression, 85% live in low and middle income countries.

Severe depression can lead to suicide, which kills over 800,000 individuals every year throughout the world. Around 300 million people worldwide suffer from depression. This includes Ethiopian women in the correction center.

Despite the fact that the situation varies based on the reasons for which people reside in separate countries, depression prevalence in the correction center is high among women prisoners than others (Barbara et.al. 2008). The prison environment is characterized by overcrowding, stereotype regimen, lack of recreational activities, and high level of uncertainty could lead to depression (Rosliza et.al. 2018). Different factors were studied for high prevalence of depression among those women inmates i.e. the length of stay, having children, the correction center itself and age of the imprisoned women etc. are among other factors. One of the reasons that contribute to the frequency of depression among women in correctional facilities is the age gap between them. As Tsigie (2018) stated depression is less prevalent among older adults than among younger adults but can have serious consequences. She also mentioned that imprisoned moms are more concerned about their children's well-being, and that they are more susceptible to depression than other women inmates who do not have children. Alan W., (2011) stated that women offenders, in part as a function of their pre incarceration histories, will display more elevated risky behaviors as expressed through aggression, self-injury and multiple emotion-related problems that depressed themselves in the correction center. Research also indicates that without the guide of informed practice and staff support, correction practice tends to resort to traditional punitive measures such as the use of segregation as a means of managing the challenging and high-risk behaviors for women offenders.

According to WFMH report (October 10, 2012) depression causes feelings of sorrow, despair, helplessness and insignificance. Based on Albert (2015), society-driven risk factors for depression in women are likely have a biological origin, such as differences in physical strength and personality traits, leading to a higher prevalence of depression in women. Depression can be mild to moderate with symptoms of apathy, little appetite, difficulty sleeping, low sense of worth and low grade weakness or it can be more severe (WFMH, 2012). In the other perspectives, some mood changes and depression occur with normal hormonal changes but hormonal change alone don't cause depression other biological factors, inherited traits and personal life circumstances and experiences are associated with higher risk of depression (Tsigie, 2018). These causes increase on women who are in the correction centers. Thus, depression can affect anyone and it

is one of the most widespread illnesses, often co-existing with other serious illnesses. Living with depression, especially if it is chronic or recurring, can make people feel exhausted, overwhelmed and helpless. These feelings can often make people want to give up (WFMH, 2012).

Though, recognizing the negative thoughts of depression is one step towards speedy recovery of one self and women inmate in the correction center. Depression can make even the simplest parts of daily living very difficult. Prison may be new and depression may be unfamiliar for those women inmates. So, living with depression can be difficult for them, they need a lot of support to recover and stick to treatment. Family members and close friends may not play critical roles in treatment. Therefore; the role of women ward guard and counselor in the center is crucial to maintain the lives of those women inmates. Depression is notorious for the different ways: it can be expressed and its changeable nature (WFMH, 2012).

The prevalence of depression has been widely studied in high-income countries and in large cities of low-income countries (Ribeiro et.al. 2016); however, little is known about the prevalence of depression among women offenders in remote area correction centers. In our country Ethiopia, despite the fact that a mental health strategy is in existence, prisoners receive minimal care, and studies on depression among prisoners are still limited (Fikirte.et.al. 2019). Most of those research works were focused on human right and health related problem. For instance, a study conducted by Enguday et. al. (2017) stated suicidal behavior and associated factors among Adama Dippo town correction institution, southwest Ethiopia. The study conducted by Zakir, et.al (2017) prevalence and associated factors of depression among prisoners in Adama Dippo town prison, southwest Ethiopia. A study conducted by Tsigie (2018) depression among women offenders in Kality Correction Center Addis Ababa, prevalence and contributing factors. Because there is a scarcity of data on the frequency of depression among female convicts at Adama Dippo Correction Center, I am motivated to learn more about the subject. Unlike the previous studies, this looked at women and men in prison; this one concentrates solely on female convicts. To this objective, the research will focus on prevalence and contributing factors of depression among women offenders in Adama Dippo Correction Center.

## 1.2 Statement of the problem

The world is full of discrimination. There is blacks and whites, poor and rich, ordinary people and politicians, male and female discrimination etc. Male and female discrimination is very common in under developing and developing countries (Zakir et al., 2018; Ribeiro et.al. 2016) and Ethiopia is one of it. This political, social and economic discrimination is visible on every aspect even if in ministries and places of authorities. Since correction center is a place of isolation, the discrimination of women increases highly in correction center than every other place (Hadas, 2019). As Tsigie (2018) noted those women found in the correction center are the most neglected, misunderstood and unseen women in our society. These three points leads women to isolate themselves. In addition the concerned government and non-government authorities' also deaf ears correction centers. These crate shortage or lack of food, education, sanitary materials and health center facilities in the correction center which exposed the women to be vulnerable to depression (Ashdown & James, 2010).

In the other side, even if those accesses are available in the correction center due to maintenance problem, inconsistency, and poor management and autocracies, women highly pained the wage. Equally, the correction centers are not designed in standard ways that consider women and special needs (Tsigie, 2018). The environment of the correction center also matters women to be in depression. It is very clear that most of our rural females are not well educated and employed, they are uneducated or poorly educated, unemployed and many of them are victims of sexual abuse and physical abuse, they are not strong enough to cope up with problems of the correction center.

According to Hadas (2019), depressions prevalence in the correction center is high. She stated that the length of stay, having children, the correction center and the existing age difference between imprisoned women are among the other factors.

Different researches were done in prison centers on women. Nevertheless, most of them were focused on human right and health related problem of women inmates in different prison centers (Barbaraet.al, 2008: Alan, 2011). In the other side there are some researches focused on prevalence and contributing factors of women offenders. For example, a study by Tsigie (2018), Depression in female criminals at Addis Ababa's Kality Correctional Center: prevalence and

relevant factors. Because the preceding statements indicate that studies on depression prevalence and contributing factors are few, this study focused on the prevalence and contributing factors of depression among women offenders in the Adama Dippo Correction Center.

### **1.3 Objectives of the study**

#### **1.3.1 General objectives**

The general objective of the study is to examine the prevalence and contributing factors of depression among women offenders in Adama Dippo Correction Center.

#### **1.3.2 Specific objectives**

The specific objectives are:-

1. To estimate the prevalence of depression of women offenders in Adama Dippo Correction Center
2. To examine the difference due to age in experiencing depression
3. To describe group difference between women offenders who have children and who don't have in experiencing depression.
4. To examine the existing difference in duration of stay in experiencing depression.
5. To discuss the contributing factors of depression among women offenders in Adama Dippo Correction Center.

### **1.4 Research questions**

This study sought to answer the following research questions:

1. What is the prevalence of depression among women offenders in Adama Dippo Correction Center?
2. To what extent age is one of the contributing factors of depression?
3. Is there difference in experiencing depression between those women offenders who have children and who haven't?
4. To what extent the duration of stay of women in the Correction Center relate with depression?

5. What are the contributing factors of depression among women offenders in Adama Dippo Correction Center?

### **1.5 Significance of the study**

The results of this study expected to answer the prevalence and contributing factors of depression among women inmates in Adama Dippo Correction Center. The researcher believed that this study contributed a lot to Adama Dippo Correction Center to implement its legal obligations and responsibilities towards women inmate. It clearly showed problems in practicing correction activities in the center. Thus, the findings and recommendations of the study suggested towards the better way of implementing corrections in achieving the correction center success in women inmate correction practice. Therefore, primarily, the study offer possible recommendations for those depressed women in the correction center. It also serves as a reference for other researchers who conduct their study in related cases. Since it indicates the problem, it highly guides concerned governmental and non-governmental bodies to focus on the seriousness of the problem especially in women offenders.

### **1.6 Scope of the study**

The study carried out in Adama Dippo Correction Center which is found in Oromia region 99 km away from the capital city, Addis Ababa. This study limited to analyze the prevalence and contributing factors of depression among women inmates in Adama Dippo Correction Center. This enables the researcher to identify the existing practice of the correction center in Adama Dippo in achieving the correction center success towards women offenders. Hence, it only focused on the prevalence and contributing factors of depression among women inmates in Adama Dippo Correction Center.

The data gathered from 100% of women offenders incarcerated in Adama Dippo Correction Center. One women ward guard, women ward counselor and five women prisoners selected purposely for the study. Apparently, the respondents selected and organized by purposive sampling technique.

## 1.7 Operational definition

**Correction Center:** - is a rehabilitation and punishment center for criminals. In this study, it refers to Adama Dippo Correction Center.

**Depression:** A serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way.

**Prevalence:** is a statistical concept referring to the number of cases of a disease/in this research depression/ that are present in particular population/women offenders/ at a given time.

**Offenders /prison inmate:**-a person who breaks the law, in this research it refers to Adama Dippo Correctional Center Offenders

**Contributing factors:** in this research it represents those situations that help to cause depression on women offenders.

## **CHAPTER TWO**

### **REVIEWS OF RELATED LITRATURES**

#### **2.1 Concept of Depression**

Depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, interrupted sleep or food, and impaired concentration are all symptoms of depression. Moreover, depression often comes with symptoms of anxiety (WHO, 2012), low energy, and poor concentration also manifests depression. These issues can become chronic or recurrent, impairing an individual's capacity to manage his or her daily obligations significantly (Bromwich.et.al, 2012). At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).

Two frequently used classification systems are the ICD-10 (International Classification of diseases, 10th edition) and the DSM-IV (Diagnostic and statistical manual of mental disorders, fourth edition)

#### **2.2 Nature and Symptoms of Depression**

According to ICD-10 (Julisca, 2013) depressive episode is in typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. In addition, self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

The ICD–10 requires at least one of the following core symptoms to be present most days, most of the time for at least two weeks (WHO 2004)

- 1) Depressed mood
- 2) Anhedonia
- 3) Loss of interest

The degree of the depression is further determined by the presence of the following symptoms:

Symptoms include:

- 1) Sleep disturbances
- 2) Indecisiveness or a lack of attention
- 3) Lack of self-assurance
- 4) A decrease in appetite or an increase in appetite
- 5) Suicidal ideas or actions
- 6) Movement agitation or delaying
- 7) Self-blame or guilt

The total of these symptoms determines the degree of the depression as follows:

- Not depressed at all (fewer than four symptoms)
- A mild case of depression (four symptoms)
- Depression that is moderate (five to six symptoms)
- Major depressive disorder (seven or more symptoms, with or without psychotic symptoms)

The degree of the depression is further determined by the presence of the following symptoms:

- 1) Sleep disturbance
- 2) Lack of attention or indecisiveness
- 2) Lack of self-assurance
- 3) A decrease in appetite or an increase in appetite
- 4) Suicidal ideas or actions
- 5) Movement agitation or delaying
- 6) Self-blame or guilt

The DSM–IV requires a minimum of five out of the nine following symptoms (which must include depressed mood and/or anhedonia) (WHO, 2004)

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or a comment made by others (e.g. appears tearful).

It's worth noting that in children and teenagers,

**Note:** in children and adolescents, it can present as an irritable mood.

2. Anhedonia: Significantly reduced interest or pleasure in most, if not all, activities for the majority of the day, almost every day (as demonstrated by either subjective account or observation made by others)

3. Significant weight loss or gain (e.g., a shift of more than 5% of body weight in a month) when not dieting, or a decrease or rise in hunger practically every day. **Note:** in children, a failure to make expected weight gains should be considered.

4. Almost every day, I suffer from insomnia or hypersomnia.

5. Nearly every day, psychomotor agitation or retardation (observable by others, not merely subjective feelings of restlessness or being slowed down)

6. Nearly every day, you experience fatigue or a loss of energy.

7. Almost every day, feelings of worthlessness or excessive or inappropriate guilt (which may be illusory) (not just self-reproach or guilt about being sick).

8. Every day, a decreased capacity to thought or concentrate, or indecisiveness (either by subjective account or as observed by others)

9. Suicidal ideation without a particular plan, recurring suicidal ideation without a specific plan, or a suicide attempt or a deliberate plot to commit suicide

To make a diagnosis of depression the DSM-IV also requires assessment of three linked, but separate factors: (WHO 2004)

(a) Severity: based on the amount of symptoms present and their interference with daily functioning (further discussed below).

(b) Duration: a minimum of two weeks duration of symptoms that includes at least one key symptom is necessary for diagnosis of a depressive episode. Individual symptoms should be present for most of every day.

(c) Course: differentiation between a single episode, recidivating episodes, season-bound patterns, post-partum onset and chronic depression.

## **2.3 Types of depression**

According to DSM IV there are 7 types of depression which are disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphonic disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder.

### **2.3.1 Major depressive disorder**

It also called major depression is categorized by a combination of symptoms that inhibit with a person's capability to work, sleep, study, eat, and enjoy once-pleasing activities. Major depression is restricting and inhibits an individual from functioning normally. An episode of major depression may happen only once in a person's lifespan, but more often, it persists throughout a person's life (NIMH, 2007)

### **2.3.2 Dysthymic disorder**

It (persistent depressive disorder) is characterized by long-term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes (NIMH, 2007).

### **2.3.3 Premenstrual dysphonic disorder**

It is a condition resulting from the hormonal changes that typically occur around ovulation and before menstruation begins. During the transition into menopause, some women experience an increased risk for depression. Scientists are exploring how the cyclical rise and fall of estrogen and other hormones may affect the brain chemistry that is associated with depressive illness. (NIMH 2007.p7)

### **2.3.4 Substance/medication-induced depressive disorder**

DSM IV provides a complex and comprehensive iteration of substance related disorders resulting from the use of wide array of drugs. These include tobacco, alcohol, caffeine, marijuana, hallucinogens, opiates and inhalants, sedatives or stimulants (APA, 2013). Substance/medication induced depression is particularly troubling because it's wide variety of causes. Each case is extremely individualized. It may be occurring due to the person's decision to abuse an illegal substance or it may be the result of in proper use medication that has been prescribed by a physician. It manifests itself in an equally extensive list of symptoms that include (but are not limited to) oversleeping, restlessness, a social and emotional disengagement, sadness, suicidal thought, fatigue, a sense of hopelessness and irritability (Moran, 2013)

### **2.3.5 Depressive disorder due to another medical condition**

Certain can lead to a state of depression in an individual; this depression is termed by the DSM-5 as depressive disorders due to another medical condition. A principle diagnostic characteristic of depressive disorder is that it is not the result of some mental disorder; it is instead a consequence of medical conditions that are not always linked to depression. Symptoms of depressive disorders due to another medical condition are contingent on the medical complication that the individual has. Broadly speaking, however, the depression symptoms are similar to those found in other depressive disorders, such as bipolar and major depressive disorder. In seeking for symptoms of depressive disorder, the crucial step is to determine if the individual has a non-neuropsychiatric medical condition (APA, 2013).

### **2.3.6 Other specified depressive disorder**

This category applies to presentations in which symptoms unique feature of a depressive disorder that cause pain and weakness in social, vocational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class. The other specified depressive disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific depressive disorder (APA, 2013).

### **2.3.7 Unspecified depressive disorder**

This category refers to cases in which symptoms of a depressive disorder predominate and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, but do not meet the full diagnostic criteria for any of the disorders in the depressive disorders diagnostic class. In circumstances where the clinician chooses not to describe why the criteria for a specific depressive disorder are not met, the undefined depressive illness category is used. It includes cases where there isn't enough information to make a more specific diagnosis (e.g., in an emergency room) (APA, 2013).

## **2.4 Factors of Depression**

As (National Institute of Mental Health, 2007) informed Combination of genetic, biochemical, environmental, and psychological factors can be a result of depression even though there is no single known cause of depression. Rather, it likely a result from a research indicates that depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally. In addition, important neurotransmitters chemicals that brain cells use to communicate appear to be out of balance. But these images do not reveal why the depression has occurred.

Some types of depression tend to run in families, suggesting a genetic link. However, depression can occur in people without family histories of depression as well Genetics research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors. In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Subsequent depressive episodes may occur with or without an obvious trigger (NIMH, 2007)

## **2.5 Depression on women**

Depression is more common in women than men. Biological, life cycle, hormonal and psychosocial factors unique to women may be linked to women's higher depression rate.

Researchers have shown that hormones directly affect brain chemistry that controls emotions and mood. For example, women are particularly vulnerable to depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming. Many new mothers experience a brief episode of the “baby blues,” but some will develop postpartum depression, a much more serious condition that requires active treatment and emotional support for the new mother. Some studies suggest that women who experience postpartum depression often have had prior depressive episodes (NIMH, 2007). Depression may occur at any age stage during women’s life and it occurs across educational, economic and racial /ethnic groups significant personal costs are associated with depression (APA,2002).

## **2.6 Prevalence of Depression on women offenders in the world**

Females are more vulnerable to depression and other forms of mood disorders more than males due to different biological, psychological and social factors “Comparison analysis confirmed that stress and depression were significantly higher in female inmates than in male inmates” (Ahmad &Mazlan, 2014)

In correction centers depression is very common. Compared to men offenders the prevalence of depression is increase in women’s, its shows that it’s not equally prevalent compared to the general population depression is more prevalent among women’s (Light et al., 2013).

## **2.7 Risk factors for the prevalence of depression**

Economic, social problems less educational opportunities and family affairs are more often the causes for stress and depression among women. For those inmates who have been away from freedom, such situations are more necessary like those outside the prison (Kamoyo et al., 2015).

Despite the fact that other risk factors for the prevalence of depression exist, the study will focus on the three factors that cause women convicts to be depressed. Those are length of incarceration, existing age difference, and having children among those women inmates in the Adama Dippo Correction Center.

### **2.7.1 Age**

Different reasons can be mentioned for the prevalence of depression. Among those reasons in correction centers the inmates' age is one of them. So level of psychological problem varies in different age groups. Compared to the adult incarcerated women's the younger are more vulnerable to depression (James & Glaze, 2006).

Inmate's variability to depression varies in age. Women's less than 24 are more vulnerable to depression compared to women inmates above age of 55 (James& Glaze, 2006).

### **2.7.2 Length of incarceration**

Length of incarceration is the other factor for women's exposure to depression. Research findings shows that a woman's with shorter period of incarceration are less vulnerable to depression than those with longer incarceration duration. As studies implies women inmates with longer incarceration duration tend to be unemployed and had low educational status. Plus, women with long incarceration duration have feelings of self- blame, worry, anxiety and isolation which lead them to low self-esteem that diminishes women's ability to cope with depression (Howard, 1999).

### **2.7.3 Having children**

When we compare women inmates who have children with those who don't have, women inmates who have children are more vulnerable to depression.

Women inmate who has children outside the prison has a great concern over their children's. They are anxious about the disconnection, how they will be treated or if they are taken away from them or not. In addition, if the number of children is more than one and cared by different guardian or institution their concern will increase (UN on drug and crime, 2014)

## **2.8 Correction centers overview**

Those who are sentenced await their judgment at correction center. Correction centers differ in their construction and system through out of the world but they do have common objective. Their

objective is to implement societal rule, preserving the security of the common unity, provide for the penal sentence to delinquents and rehabilitate prisoners (Wardhani, 2015).

Deferent definitions are given for correction centers, Consider the correction Law emphasizing that imprisonment for prisoners is not only intended to punish, but is a series of law enforcement so that prisoners are aware of their mistakes, improve themselves, do not repeat their actions and can be accepted again by the community. This means that correction institution is a place to foster and educate prisoners to be able to return to being useful human beings in their communities (Wardhani, 2015)

## **2.9 Women offenders' overview**

According to surveys, women make up a small percentage of the jail population in most nations, ranging between 2% and 8%. From prison architecture to security procedures to healthcare, family contact, work, and training facilities, prison systems and regimes are almost always designed for the majority male prison population.. Women's prisons are an adaptation of prisons for men. As a consequence, prisons tend not to meet the needs of women prisoners, and women in prison are affected by imprisonment in particularly harsh way. All too often, the human rights and basic dignity of women in prison are systematically violated (Fawcett Society 2004).

The increasing numbers of women involved in the criminal justice system and the paucity of programs and services that are geared toward their needs has prompted criminal justice professionals to examine their sanctioning and supervision processes in terms of gender. Although there is more extensive data regarding the characteristics of women in prisons and jails, there is far less information on female offenders in community correction settings. The neglect of women in criminal justice research has been justified on the grounds that they account for only a small fraction of arrests and commit fewer crimes than males. This justification ignores the fact that, women who do enter the justice system, while fewer in number and less violent than their male counterparts, often become extensive users of the system. In focusing on the overwhelming number of males in the criminal and juvenile justice systems, programs, policies and services often fail to develop a diversity of options for dealing with the gender and

culturally-specific problems of female offenders enmeshed in the system (Bloom & Covington, 1998).

Common problems in prison health care practice include the following. Mental health problems include: low mood or self-confidence (self-esteem and dependence on, for example, drugs or alcohol), anxiety, depression, severe mental disorders, post-traumatic stress disorder (Fraser, 2014)

## **2.10 Theoretical Framework**

The current research is based on Covington's 1998 paper, Relational Theory of Women's Psychological Development: Implications for the Criminal Justice System.

The implication of relational theory of women psychological development on criminal justice system is promoted in 1998 by Covington. This research is based on the Relational Theory of Women's Psychological Development; "relationship" is the basic statement of the theory. Which is the basic human need, and this need is chiefly tough in women. All people need both interpersonal relationships and separation from others, although females are better at connecting with others than males are at differentiating from others. Disconnection, not relationship is the guiding rule of growth for women. Relationships have a great impact on the psychological growth and development of women if they are added rather than being separated.

Customary theories of psychology which described development as a rise from child-like dependence to mature independence: Relational Theory of Women's Psychological Development. The notion undermines established views that claim that a person's objective is to become a self-sufficient, distinguishable, and autonomous self. A person would spend his or her life untying and individuating until adulthood, when he or she would be ready for connection. The relational theory of women's psychological development helps us to be aware of what our criminal justice system needs to provide for women. Women and girls with complicated histories of trauma and addiction are disproportionately young, impoverished, and uneducated when they enter our criminal justice system.

According to this view, the majority of correctional facilities are not conducive to women's growth and development. The majority of existing programs were created by men for men. To provide effective services to women, we must build programs that are based on the realities of

their life and what we know about women's growth and development. It is past time for those correctional facilities to move beyond the trend of punishment and retribution that characterizes our criminal justice system and establish a culture of society and rehabilitation. It's time to make a shift.

Because relational theory suggests that women have desires that differ from men's, this study is based on that notion. Correctional facilities must be created with women's needs in mind. Despite the fact that women require more social interaction than males, the correctional setting forces women convicts to be lonely and isolated from society, and as a result, women inmates lose their autonomy. If those correction centers does not take in to concern women's need, those women who are in the correction centers are vulnerable to depression so this study is intended based on the above theory of the relational theory.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter includes study area and period, research design, source of data, sampling techniques and procedure, data collection tools, data processing, methods of data analysis, ethical considerations and dissemination of results.

#### **3.1 Study area and period**

Oromia region has been made to have its current status after the FDRE Constitution of 1991: and Woreda's are formed in similar years. The region is the first populous region in the country. It has a multiethnic population with long years of experience in living together. The region has a total of 33 prisons services.

Adama, publicly known as Adama and in earlier times Nazareth, is a city in central Oromia region. Adama forms an exceptional zone of Oromia and is bordered by east Shoa zone, and found 99 km away from the capital city Addis Ababa in the south east direction. In Adama city there are two correction centers which are East Shoa Correction Center and Dippo Correction Center. East Shoa Correction Center serves for the nearest East Shoa region male offenders. Dippo Correction Center also known as Oromia prison administration commission prisoners technique and vocational training center which established to serve for only Adama City offenders but later start to receive all East Shoa and Adama city women offenders plus to Adama city male prisoners. The study is carried out in Adama Dippo Correction Center. According to the information obtained from the prison administration the prison started functioning in 1999 Ethiopian calendar. The correction center currently serves for 437 males, 123 females and 25 kids of prisoners a total of 449 prisoners.

#### **3.2 Research Design**

In order to achieve the research objectives, the researcher used mixed research methods. The quantitative method employed questionnaire and the qualitative methods include semi-structured interview. The use of both qualitative and quantitative methods helps the researcher to cross

check the information obtained from the respondents. According to many academics and scholars like McNeill & Steve (2005) and Dawson (2002) mixed-method approaches help to attain broader and often better results. Similarly, Creswell stated that the use of mixed methods helps the research to make a credible conclusion (Creswell, p.237-239). Likewise, Creswell (2003:25) listed the importance of mixed methods as follows:

Mixed methods model has much strength. A researcher is able to collect the two types of data simultaneously, during a single data collection phase. It provides a study with the advantages of both quantitative and qualitative data. In addition, by using the two different methods in this fashion, a researcher can gain perspectives from the different types of data or from different levels within the study.

Quantitative research deals with data in the form of numbers and uses mathematical operations to investigate their properties (Walliman, 2011). The levels of measurement used in the collection of the data i.e. nominal, ordinal, interval and ratio are an important factor in choosing the type of analysis that is applicable, as the numbers of cases involved. In most quantitative studies, the researcher wanted to see how many cases of a population fall into various categories of interest (Neuman, 2014). In this research, the quantitative approach used to know the prevalence of depression among women inmates in Adama Dippo Correction Center. The study uses questionnaire to know the prevalence of depression among those women inmates who have difference by their age, having children and length of incarceration in Adama Dippo Correction Center.

As Wimmer and Dominick (2006) put it qualitative techniques can increase a research's depth of understanding of the phenomenon under investigation. Similarly Yin (2011:9) stated that:

Qualitative research strives to collect, integrate, and present data from a variety of sources of evidence as part of any given study. The variety will likely follow from your having to study a real-world setting and its participants. The complexity of the field setting and the diversity of its participants are likely to warrant the use of interviews and observations and even the inspection of documents and artifacts. The study's conclusions are likely to be based on

triangulating the data from the different sources. This convergence will add to the study's credibility and trustworthiness.

Thus, qualitative approach is used because it helps the researcher to know the contributing factors for the prevalence of depression among those women inmates who have difference by their age, having children and length of incarceration. Detailed interviews were conducted with five women prisoners, women ward guard and counselor in the correction center. It is conducted to get their insight on the issue at hand and aiming at assessing a respondent's point of view, experiences, feelings, values and perspectives. According to Dawson (2002) semi structured interviews are very common and important to compare and contrast with information gained in other interviews (p.28-29). The researcher also remains flexible to raise important information with clear elaborations.

Among the two types of survey which are cross sectional and longitudinal survey the researcher used cross sectional one. Cross-sectional study is aimed at determining the frequency of a particular attribute, such as a specific exposure, satisfaction or any other service-related event, in a defined population at a particular point in time (Creswell, 2003). Thus, it contains questionnaire and interview related to the study objective.

### **3.3 Sources of data**

Primary sources of data were used for this study. Ajayi (2017) distinguished and listed primary and secondary data and its effect. Based on this, primary data was collected using semi-structured interview questions, and questionnaire which contained closed ended questions based on relevant literatures. One female ward guard and a female counselor from Adama Dippo Correction Center, as well as five female inmates took part in the interview, which focused on the contributing elements of depression among female criminals. The actual data collection was made by using a self-administered questionnaire. The researchers distributed at the working time and collected questionnaires at the following hours and or days. By considering that some of the respondents are not educated, the entire questionnaires are prepared in Amharic and Afan Oromo language. Moreover, participants of the study were informed about the objective of the study and they are also be notified of the confidentiality of their response.

### **3.4 Population, Sample and Sampling technique**

Based on the information collected from Adama Dippo Correction Center cornered authority; during the time of data collection, there are 123 female prisoners and out of them 80 inmates who stayed in the correction center for more than a month were taken for this study purposely. In addition, one woman ward guard and one counselor and one women and children office officer were target population of my study. The study used non-probability sampling technique which is purposive that used to select the respondents from the correction center. Five convenient women prisoners were participated in the study to triangulate the response of women ward guard and counselor. Participating and giving concerned bodies gives sufficient information. Basically the researcher consider it is better of getting information from concerned individuals in the correction center than in other bodies to have more reliable and rational data. However, the sampling technique can be adopted and can be done wisely (Kothari, 2004).

#### **3.4.1 Purposive Sampling**

According to Singh (2006:100), purposive sampling is selected by some arbitrary method because it is known to be representative of the total population. The idea is to pick out the sample in relation to some criterion which considered as important for the particular study. Purposive sampling helps to use best available knowledge and it gives the researcher an advantage to create smooth relationship between the information seeker and provider. Maxwell (1996) argued that purposive sampling is a strategy in which particular settings, person or events are selected deliberately in order to provide significant information that cannot be obtained from other choices. Furthermore, it is where the researcher includes cases or participants in the sample because they believe that they authorize inclusion (Taherdoost, 2016). Though, the researcher used purposive sampling method; all women who are incarcerated in Adama Dippo Correction Center are the target population for the study whether they are convicted or waiting for trial.

Based on this, questionnaire and interview were targeted to obtain relevant information about the prevalence and contributing factors of depression among women inmates in Adama Dippo Correction Center. The discussion with five women prisoners, women ward guard, women and children affairs officer and a counselor were made freely about the questions raised based on the study objectives. The data was collected strategically & systematically.

### **3.5 Data collection tools**

Questionnaire and semi-structured interview were used to collect data. The questionnaire contained two parts: the first part contains information about socio demographic characteristics of women inmates in Adama Dippo Correction Center and the second part contains adopted Standardized Scale questionnaires from Beck Depression Inventory-(BDI) (Beck, Steer, & Brown, 1996).

#### **3.5.1 Questionnaire**

Dawson (2002:30-32) listed three types of questionnaire and its uses. Among these, this study used close ended questionnaire: closed –ended questionnaire with boxes or tables to tick, scale or rank. The closed ended questions are designed to get definite answers and are used for simplicity.

Close-ended questionnaires are developed after review of relevant literatures about the study that exactly answers the study research questions. A number of questions that can address the objectives of the study are collected and modified from previous similar studies and other materials. The questions and statements are grouped and arranged according to the particular objectives that should be addressed. Then, the first draft of the questionnaire were produced and submitted to the advisor and colleagues for comments. Valuable comments are taken from these entities to improve worth of the instrument. After extensive revision, the final version of English questionnaire was developed. At the end, the final English version is translated to Amharic and Afan Oromo with a very good command of the languages, and again back to English to ensure its consistency. Though; questionnaires were disseminated to selected women offenders who are imprisoned in Adama Dippo Correction Center so that they can give their reflections on how correction is experienced in the center in relation to depression.

In order to measure depression level of women inmates in Adama Dippo Correction Center, the latest version of Beck Depression Inventory was adopted and used. The questionnaire contains 21 items designed in the form of a multiple- choice questionnaire where each question is accompanied by alternatives to choose. The scale of measurement for the study is interval scale. An interval scale of measurement is based on ordered interval.

The BDI test includes 21 item self-report using four-point scale ranging from zero (symptom not present) to three (symptom very intense) Beck et al, (1996).

**Total Score \_\_\_\_\_ Levels of Depression**

- 1) 0-9 \_\_\_\_\_ Minimal depressive symptom
- 2) 10-16 \_\_\_\_\_ Mild depression
- 3) 17-29 \_\_\_\_\_ Moderate depression
- 4) 30-63 \_\_\_\_\_ Severe depression

### **3.5.2 Semi-structured interview**

According to Hesse-Biber & Leavy (2011) and Dawson (2002), there are different kinds of interviewing techniques: structured, semi-structured, un structured and in depth. Saunders et al. (2003) stated that interviews can be carried out through different mechanisms based on the will of the interviewee and interviewer. Based on the technology and generation face-to-face, telephone, Skype, Viber or any other latest technology application can be applied.

In this regard, this study used semi-structured one to one face-to-face individual interview technique. According to Dawson (2002),” semi-structured interview is the most common type of interview in qualitative research (p 28-29)”. Few prelisted questions were used as a guide of interview to the related points and not to forget important information about the research questions and objectives. Semi structured interview is pretty much effective in reading the interviewee face, gestures and to get original information through hints (Dawson, 2002: Saunders et al., 2003). It also helps to assurance consistency between the research objectives and the data gathered. The interviewer can easily control the discussion by denoting to an interview guide that sets out the issues to be covered during the exchange (Bryman, 2004: Deacon et. al., 1999).

Finally, the interview data were recorded in audio recorder so as to avoid interruption of the discussion and to preserve the discussions more perfectly; some basic notes also were taken in the meantime.

### **3.6 Data Processing**

The questionnaire and interview were collected in the prison center with the help of women ward guard and counselor in the correction center compound. The method of data processing in this study used manual and computerize system. In the data processing procedure editing, coding, classification and tabulation of the collected data were implemented.

### **3.7 Methods of Data Analysis**

In order to analyze data miscellaneous methods of data analysis were used. The interview results were analyzed qualitatively in a descriptive way with simple sentence structures. The same data were compiled together in a comprehend way. The data that is gain from the questionnaires were analyzed and interpreted using the latest version of statistical package for social science (SPSS). As a result, descriptive analyses were conducted by employing different methods. Different types of tables and figures were used according to the information obtained. Then, discussion was made by triangulating the research objectives, research theory and the combined data.

Finally, descriptive statistics including mean, median, standard deviation, frequency and proportion are utilized to describe participant's characteristics.

- Independent sample T-test was used for measuring the existing group difference among those women inmates who have children as well as those women inmates who have no children for the prevalence of depression.
- One way ANOVA was used to know the prevalence of depression on the existing age difference and duration of stay of those women inmates in Adama Dippo Correction Center.

### **3.8 Ethical Considerations**

The study was ethically clear from Addis Ababa University College of Education and Behavioral Studies: School of Psychology. Official letter was submitted to Adama Dippo Correction Center and concerned bodies before starting the study. Then the researcher use the data from Adama Dippo Correction Center women offenders, women ward guard and counselor; permission obtained from each. To maintain the confidentiality of the information provided by women

offenders, the respondents were instructed not to write their names on the questionnaire and assure of the responses will be used only for academic purpose and keep confidential. The women ward guard and counselor also noticed to be free for the information confidentiality.

## **CHAPTER FOUR**

### **FINDINGS OF THE STUDY**

This chapter of the study concerned on the analysis and interpretation of data collected through questionnaire and interview. The interview was made with five convenient women inmates, one woman ward guard, and one counselor and one woman and children affair office officer based on the research objectives. Eighty questionnaires were distributed and the targets eighty were collected from women inmates in the correction center. The response from the respondent analyzed and interpreted based on the research objectives and review of related literature by the researcher in qualitative and quantitative approaches and discussed below briefly.

**Table 1: Socio- demographic information of participants**

<b>Variable item</b>	<b>Frequency ( N=80)</b>	<b>Percentage</b>
<b>Age:</b>		
18-30	31	38.8
31-40	22	27.5
41-50	16	20
Above 50	11	13.8
<b>Educational level:</b>		
Illiterate	21	26.3
Primary/Secondary school	37	46.3
Certificate/diploma	20	25
Degree and above	2	2.5
<b>Marital status</b>		
Single	27	33.8
Married/ domestic partnership	30	37.5
Widowed	15	18.8
Divorced	6	7.5
Separated	2	2.5
<b>Religion</b>		
Orthodox	36	45
Muslim	25	31.3
Protestant	18	22.5
Others	1	1.3

According to the data gained from the questionnaire respondents from those participants 31(38.8%) women inmates are aged from 18-30, 22(27.5%) are from 31-40, 16(20%) are from 41-50 and 11(13.8%) are above 50 years of age. This data shows that most of the participants (women inmates) are adults: they are on the working and running ages. Likewise, the collected data shows 21(26.3%) women inmates are illiterate, 37(46.3%) learned primary/ secondary education, 20(25%) certificate/diploma and 2(2.5%) qualified first degree and above. As the

collected data indicated 27(33.8%) women inmates are single, 30(37.5%) are married whereas the others are widowed, divorced and separated. In relation to religion 36(45%) of the women inmates are orthodox and 25(31.3%) are Muslims: the others are protestant and other religion followers.

**Table 2: Having children of participants**

No	Variable Items	Response	Frequency	Percent
1	Do you have children?	Yes	52	65
		No	28	35
2	If you have children how many children do you have?	One	11	13.8
		Two	14	17.5
		Three	9	11.3
		Four	9	11.3
		Five and above	10	12.5
3	Age of last child	below 4	22	27.5
		5 up to 9	14	17.5
		10 up to 14	6	7.5
		15 up to 18	9	11.3
		above 18	2	2.5

As the data showed in table 2 most of the women inmates 52(65%) have children: among these 11(13.8%) of them has one child, 14(17.5%) have two children, 9(11.3%) have three children, 9(11.3%) have four children and 10(12.5%) have five and more children. Among those children only 2(2.5%) are above 18 years of age. This implies that more than 3/4 of the women inmates have children below 18 years of age who are dependent to their families and or parents.

**Table 3: Inmate background by their crime experience**

No	Variable Items	Response	Frequency	Percentage
1	Have you detained before?	Yes	14	17.5
		No	66	82.5
2	In what type of crime you are currently suspected	Felony	42	52.5
		first degree crime	38	47.5
3	Are you convicted?	Yes	53	66.3
		No	27	33.8
4	If convicted, year of punishment is?	From six month to 3 years	18	22.5
		From 3 years to 5 years	10	12.5
		From 5 years to 10 years	8	10
		More than 10 years	18	22.5
5	The period of stay in the correction center?	from 6 month to 3 years	52	65
		From 3 years to 5 years	19	23.8
		From 5 years to 10 years	7	8.8
		Above 10 years	2	2.5

As table 3 indicated, from those participants majority of the women inmates 66 (82.5%) haven't detained before: 42(52.5%) currently suspected felony and 38(47.5%) first degree crime.

Among these majority of the women inmate 53(66.3%) are convicted. Likely, most of the women inmates 18(22.5%) are punished from six months to three years, a few 10(12.5%) are from three years to five years and few 8(10%) are from five years to ten years: the rest 18(22.5%) are punished above ten years. In relation to period of stay, 52(65%) women inmates are stayed from six months to three years and 2(2.5%) women inmates stayed above ten years in Adama Dippo Correction Center.

#### **4.1 Prevalence of depression among women inmates in Adama Dippo Correctional Center**

To give an answer for the research questions and achieve the specific objectives, frequency distribution, standard deviation, one sample t-test to the whole scale and one way ANOVA was executed. The result from BDI shows that among 80 of the women inmates in Adama Dippo

Correction Center, 2(2.5%) of them experienced moderate depression and 78(97.5%) of them experienced severe depression with the calculated mean value (M=3.97, SD= 0.157).

## 4.2 Risk factors for the prevalence of depression

### 4.2.1 Age difference of women inmates

**Table 4: One way ANOVA summary of age difference on the prevalence of depression**

Dependent	Independent	df	Mean square	f	Sig.
BDI scale	Age	3	.019 .025	.776	.511

ANOVA test was performed to determine whether there were significant differences in BDI scale in relation to age difference. The analysis of variable used to state the prevalence of depression among those women inmates on the existing age difference. The result in table four shows no statistically significant difference at the age difference of those women inmates [F (.776), P> 0.05]. This finding implies that those women inmate found in any age does not have significant difference on the prevalence of depression in Adama Dippo Correction Center.

### 4.2.2 Having children

**Table 5: Analysis of independent sample t-test on having children or not on the prevalence of depression**

Dependent variable	Having children	N	Mean	SD	T	S
BDI scale	Yes	52	4.00	.000	-1.428	.159
	No	28	3.96	.194	-1.045	.299

The study used independent sample t- test to compare the prevalence of depression among those women inmates who have children or not in Adama Dippo Correction Center. The result from

the SPSS shows that there is no statistically significant difference on both women inmate who don't have children  $T = -1.045$ ,  $S = .299$  and on those women inmate who have children  $T = -1.428$ ,  $S = .159$  on the prevalence of depression. As it is indicated in the above table, the result shows no significance difference on those women inmate who have children ( $M = 4.00$ ) and who don't have children ( $M = 3.96$ ) thus, the difference is not significant.

### 4.2.3 Length of incarceration of women in mates

**Table 6:** One way ANOVA summary on effects of duration of stay in the correction center on the prevalence of depression

Dependent variable	Independent variable	df	Mean square	F	Sig.
BDI scale	Duration of stay	3	.037 .024	1.545	.210

The analysis of variance used to show the prevalence of depression among those women inmates on the existing difference of their duration of stay in Adama Dippo Correction Center. No statistically significant difference was found for the duration of stay on the prevalence of depression [ $F (1.545)$ ,  $P > 0.05$ ]. This implies that those women inmates stay in the correction center for short period of time or for a long period of time does not have difference on the prevalence of depression in the Correction Center.

## 4.3 Contributing factors for Depression

### 4.3.1 Categorization of inmates

Different literatures noted that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, disturbed sleep or appetite and poor concentration. Similarly, WHO (2012) stated depression often comes with symptoms of anxiety, low energy, and poor concentration that manifests depression. Regarding this, most of the data collected through interview from five women inmates, one counselor, and one women ward guard, and one women and children affair office officer explained that there is no categories of inmates kept

in separate considering age, having children and length of incarceration. According to them the only reason to separate one woman inmate/inmates from the other is when there has a contagion cases like TB. Consequently, all women inmates convinced me that” rooms and classes are provided in groups”.

#### **4.3.2 Inmates accommodations**

According to the interviewee response Adama Dippo Correction Center Women Inmates’ Accommodation is not fully comfortable for women inmates. It doesn’t full fill correction center services and qualities. The rooms are not comfortable and the compound is too narrow for prisoners. Recreation places, hygiene rooms, food staffs, sleeping rooms and beds size and others couldn’t fulfill and considered to minimize women inmates’ depression. In relation to this the correction center counselor explained that:

If we begin from the establishment it was established for the aim of training center, which provides service for about 40 women’s then later it becomes correction center. The correction center doesn’t design differently; there is no kindergarten or playing ground inside the compound, in general it doesn’t take in to consideration the need of women inmates.

In addition, the women ward guard described the women inmates’ accommodation that as it is not comfortable for them. She said that “since the compound is very small there isn’t any place inside the compound to spend independent time alone.” Likely, all of the inmates aggressively added that the rooms and the number of inmates are not balanced ,there are only two average size rooms provided for about 148 individuals, out of them 125 are women inmates and 23 are kids. Beside this, mothers with children couldn’t get special treatment. According to them even if they have the right to treat by concerned government bodies, if a depressed inmate exists in the correction center, they don’t get special treatment they only get a counseling service and if it’s severe the counselor directly referred to a psychiatrist in hospital setting. Additionally, women and children affair office officer stated the following:

I believe the small size of the room contributes for mental illnesses related to mood disorder. There are some inmates who are not even convicted and

awaiting trial for years. Beside the size of the room, the incarceration of inmates all together without any classification based on the degree of the crime they commit will be a contributing factor for sharing and developing psychological disorders.

All of the respondents response towards women inmate's accommodation is not really comfortable and even the construction was not fulfilled the major criteria's of correction center.

#### **4.3.3 Women Inmates' contact with their Family**

The interview result showed that inmates' can contact with their families/parents/visitors in the regular time interval. According to the interviewee, inmates get permission to freely meet their families/parents/visitors without supervisions or controls, before Covid-19 outbreak. They get visitors on weekends from 9 AM to 12 AM morning and 2PM up to 4 PM in the afternoon. However, currently they are not permitted to have visitors considering Covid-19 safety protocols. This implies that those women inmates are missing and longing their loved ones, families, parents and visitors till the end of Covid-19 outbreak. This in other words added another stress and depression to the inmates.

#### **4.3.4 Women inmates' access to medical service**

In relation to inmates access to medical services all of the interviewee replied that there is a counselor inside the prison compound and the depressed women can get free counseling service both at normal and referral level.

## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.1 Prevalence of Depression among Women Inmates in Adama Dippo Correctional Center**

One of the objectives of the study is to estimate the prevalence of depression among women offenders in Adama Dippo Correction Center. The result of this study shows that 78(97.5%) of women inmate in the Adama Dippo Correctional Center experience severe depression. Therefore, we can say that almost all of the women inmates in the correction center who were participated in the study experience severe level of depression. Thus, the finding is alike with other studies which have done in different correction centers of the countries.

According to different studies (Tsigie, 2018 and Zakir.et.al (2017) the prevalence of depression in the correctional centers is common. Even though, the literature says two thirds of women inmates in correction center are suffering from a depression(Steadman et al., 2009) the study shows 100% of the inmates found in the correction center experience 2.5 moderate and 97.5% severe depression. This shows high existence of prevalence of depression of women inmates in Adama Dippo Correction Center. Though, the researcher can say almost all women inmate participants in the correction center experience sever level of depression.

#### **5.2 Risk factors for the prevalence of depression**

##### **5.2.1 Age difference**

Different factors might be the cause for depression of women in the correction centers. Inmate's variability to depression varies when their age also varies. Depression may occur at any age stage during women's life (APA, 2002). However, according to James& Glaze, (2006 women inmates aged less than twenty four are more vulnerable to depression than women inmates who are above fifty five. Besides, Tsigie (2018) added that depression is less prevalent among older adults than among younger adults but can have serious consequences.

According to the demography (table 1) of women inmates 31(38.8%) of the respondents are at the age range of 18-30: less than twenty four years of age are included under it. This means this

much women inmates are more vulnerable to depression in Adama Dippo Correction Center. Further, 27.5% of them are from 31-40, 20% are from 41-50 and 13.8% are above 50 years of age. The calculated mean value ( $M=2.0875$ ,  $SD=1.069$ ) indicated that there is high level of depression of those women inmates in Adama Dippo Correction Center.

### **5.2.2 Having Children**

According to (NIMH, 2007) women are particularly vulnerable to depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming. Many mothers experience a brief episode of the “baby blues,” but some will develop postpartum depression, a much more serious condition that requires active treatment and emotional support (NIMH, 2007). According to the finding, when we compare who have children and who don’t have children women inmates, those who have children women inmates are more vulnerable to depression than those who don’t have children in the correction center. Regarding this, UN on drug and crime (2014) stated that women inmate who has children outside the prison have great concern over their children and are anxious for the disconnection, how they will be treated or if they are taken away from them or not. In addition, if their number of children are more than one and cared by different guardian or institution their concern to their children increases and become more stressed. Apparently, the finding supports the literature stated by NIMH, (2007) and UN on drug and crime (2014).As table 2 listed above more than half 53(65%) of the respondents have children ( $M=1.35$ ,  $SD=.4799$ ): among these 42(52.6%) women inmates have more than one child ( $M=1.9$ ,  $SD=1.79$ ). In addition, about 51(63.8%) of the children are below 18 years of age ( $M=1.425$ ,  $SD=1.4388$ ). On the other hand, the interview result showed that women inmates who have children are more vulnerable to depression than those women inmates who have no children: room category was listed as one example (see 4.3.1).This implies that those women inmate are more vulnerable to depression: age of child and number of children are among the factors for their depression seriousness/sever. Since imprisoned mothers worried more about their children’s wellbeing; they are more vulnerable for depression than other women inmates who have no children (Tsigie, 2018) and (Alan W., 2011)

### **5.2.3 Length of incarceration of women inmates**

Kamoyo et al., (2015) stated that economic, social problems, less educational opportunities and family affairs are more often the causes for stress and depression of women. Apparently, women inmates who have been away from freedom have vulnerable depression than women outside the prison. According to Howard (1999) length of incarceration is one of the factors for women that exposes to depression. According to the literature women's with shorter period of incarceration are less vulnerable to depression than women's longer incarceration duration (Howard, 1999).

The response of the questionnaire in the above table 3 showed that more than half 52(65%) of the respondents are incarcerated from 6 months to 3 years: whereas, 2.5% of the respondents are incarcerated for more than ten years with the calculated mean value ( $M=1.4875$ ,  $SD=.76297$ ). The result of the study opposes the review of literature stated by Howard.

### **5.3 Contributing factors for depression**

There is no place for women inmates based on different factors except contagion cases. Hence, special need women inmates couldn't separate from the other women inmates in various causes, those inmates get depression due to many uncomfortable situations. This implies that the suffocation of many inmates in a single cell creates more of different unadapt inmate behaviors and vulnerable depression. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities (Bromwich.et.al, 2012)

In addition, according to the finding most of the women inmates get depression due to accommodation. As the qualitative data showed above the center was established purposely for training center not for correction center. It doesn't fulfill correction center services and qualities. The rooms and compound is too narrow and not comfortable for prisoners. No special treatment has been found, no classified rooms for disorders: inmates who have children and not for example. Libraries, recreation places, educational sites, hygiene rooms, food staffs, sleeping rooms and beds size and others couldn't fulfilled and considered to minimize women inmates' depression. The literature also supported the idea that prison environment is characterized by overcrowding, stereotype regimen, lack of recreational activities, and high level of uncertainty could lead to depression (Rosliza et.al. 2018).

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATIONS

This chapter tries to deal with brief conclusions and recommendations of the study topic. As a result, the first issue to be discussed here would be the conclusions of the interview and responses of questionnaires. Possible recommendations are also recommended based on the research findings that could help to minimize the women inmates' depression in Adama Dippo Correction Center.

#### 6.1 Conclusion

The whole effort of this research is to estimate the prevalence of depression among women offenders in Adama Dippo Correction Center. So as to answer the research questions and achieve the objectives, the study employed qualitative and quantitative (mixed) research approaches. In this regard, questionnaires with women inmates were collected, interview with five women inmates, one counselor, one women ward guard, one women and children affair office officer were analyzed. Based on the findings obtained from the research, the following conclusions are drawn:

1. Among 80 participants of the study in Adama Dippo Correctional Center, the finding showed that 2(2.5%) of the women inmates experienced moderate depression and 78(97.5%) of the women inmates experienced severe level of depression. Though, the research can say that almost all of the women inmates experienced severe depression because of different factors.
2. Even if the finding of one way ANOVA shows no statistically significant difference at the age difference of those women inmates in Adama Dippo Correctional Center, the socio demographic analysis of the inmates showed the impact of the existing age difference on the prevalence of depression. Since adults are more vulnerable to depression (38.8%) and greater than above fifty years of age (13.8) and 97.5% of the women inmates experience severe depression. Thus, the research can conclude that the socio-demographic factor (age difference) have impression for the prevalence of depression of women inmates in Adama Dippo Correctional Center.

3. As it is stated in the discussion, the finding showed that those women inmate who have children and women inmates who don't have children don't have statistical difference: however, the number of children and age of children have significance factors. Therefore, the research can conclude that the number of children and age of children makes women offenders more vulnerable to depression in Adama Dippo Correctional Center.
4. Even though, the finding showed no statistically significant difference on the duration of stay of women inmates in the correction center for the prevalence of depression, the socio-demographic analysis showed from 80 participants 52(65%) women inmates stay in the correction center from six months to three years. Though, these women inmates experience severe depression. Therefore the research can conclude that depression is high among those women regardless of length of stays. Those with less than three experiences severe depression even though the literature says it is less as compared to those stayed longer.

## **6.2. Recommendations**

Based on the findings of the study, the following recommendations are forwarded:

1. Adama Dippo Correction Center was not designed and constructed for the purpose of correction center rather it provided service for about 40 women. It couldn't fulfill correction center qualifications and services. Thus, the prevalence is high, so, Adama Town Administration should build and qualify at least the minimum requirements for correction centers to be comfortable and inclusive for all (including disables and women) inmates.
2. Even though, there are different reasons for depression in the correction center, one of the factors of depression is suffocations in one room. Thus, the correction center administration should separate the rooms of women inmates based on age, having children in the correction center and years of incarceration. The society should take care of the children of inmates in and outside of the correction center to reduce women inmates' prevalence of depression.
3. It's clear that women inmates can get permission to freely meet their relatives without supervisors/controls, however due to covid-19 they are not permitted to have visitors

right now. This increases the depression of women inmates alarmingly since most of them have children out side. Thus, the correction center, NGOs and the regional government should create other opportunities to me their relatives.

4. Among different reasons that make women inmates to be more vulnerable for depression is limitation of counseling centers and medication services. So, medication and counseling services and centers ought to strengthen and gives immediate response for the inmates by incorporating volunteers and NGOs. To sum up, to minimize women inmate prevalence of depression in the correction center, the concerned government bodies (e.g. women and children affaire, ombudsman), NGOs, the community, and employees should work responsibly!

### **6.3 Future Research**

The writer of this research work doesn't believe that this research can satisfy the demands on depression among women offenders in Adama Dippo Correctional Center: prevalence and contributing factors. Therefore, the researcher recommended other researchers' to do their study in medication and counseling activities of inmates. In ahead, Adama Dippo Correction Center can carried out additional study taking this study as an input in the fulfilling of the correction center goals and real practices: to minimize prevalence of depression. Similarly interested researchers can extend their study by overviewing the above finding and conclusions.

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## Appendix I

Addis Ababa University College of educational and behavioral studies

School of psychology

(Questionnaire to be filled by female prisoners in Adama Dippo Correctional Center)

**Dear Respondents,**

The purpose of this questionnaire is to collect data for the research to fulfill M.A requirement in Addis Ababa University, Graduate School of psychology, and Department of counseling psychology. These questionnaire questions are prepared to collect relevant data to estimate the prevalence and contributing factors for depression among women offenders in AdamaDippo Correctional Center.

I would like to state your genuine, honest and accurate response will have greater input to the dependability of the research findings. Therefore, I kindly request you to provide your genuine answers to the questions that appear below. I would like to remind you that the answers you will provide me is solely used for research purpose and kept confidential. **Your cooperation would be highly appreciated!**

Are you volunteer to participate 1. Yes 2. No

Data collector's name- Yordanos Amare

Researcher's name – Yordanos Amare phone no.0945049683

### **Section I- Socio- demographic information**

Instruction: The following questions are prepared to get general information. Please indicate your answer by circling the letter.

1. Age:                    A. 18-30                    B.31-40                    C. 41-50                    D. above 50

2. Educational level:

A. Illiterate    B. Primary/Secondary school    C. Certificate/diploma    D. Degree and above

3. What is your marital status?

A. Single never married

B. Married or domestic partnership

C. Widowed

D. Divorced

E Separated

4. Do you have children?

A. Yes

B. No

5. If you have children how many children do have you?

A. One

B. Two

C. Three

D. Four

E. Five and above

6. Age of last child

A. below 4

B. 5 up to 9

C. 10 up to 14

D. 15 up to 18

E. above 18

7. Religion

A. Orthodox

B. Muslim

C. Protestant

D. Others

## **Section 2 information about the inmate**

1. Have you detained before?

A. yes

B. no

2. In what type of crime you are currently suspected

A. felony

B. first degree crime

3. Are you convicted?
  - A. yes
  - B. no
4. If convicted, year of punishment is?
  - A. From six month to 3 years
  - B. From 3 years to 5 years
  - C. From 5 years to 10 years
  - D. More than 10 year
5. The period of stay in the correction center?
  - A. from 6 month to 3 years
  - B. From 3 years to 5 years
  - C. From 5 years to 10 years
  - D. Above 10 years

### **Beck's Depression Scale**

Instruction: this questionnaire consists of 21 groups of statements. Please read each group carefully, and then pick out the one statement in each group that best describe the way you have been feeling during the past two weeks, including today, circle the number you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

#### **1. Sadness**

0. I do not feel sad.
1. I feel sad
2. I am sad all the time and I can't snap out of it.
3. I am so sad and unhappy that I can't stand it.

#### **2. Pessimism**

0. I am not particularly discouraged about the future.
- 1 .I feel discouraged about the future.

2. I feel I have nothing to look forward to.
3. I feel the future is hopeless and that things cannot improve.

### **3. Past failure**

0. I do not feel like a failure.
1. I feel I have failed more than the average person.
2. As I look back on my life, all I can see is a lot of failures.
3. I feel I am a complete failure as a person.

### **4. Loss of Pleasure**

0. I get as much satisfaction out of things as I used to.
1. I doesn't enjoy things the way I used to.
2. I don't get real satisfaction out of anything anymore.
3. I am dissatisfied or bored with everything.

### **5. Guilty feeling**

0. I don't feel particularly guilty.
1. I feel guilty a good part of the time.
2. I feel quite guilty most of the time.
3. I feel guilty all of the time.

### **6. Punishment feeling**

0. I don't feel I am being punished.
1. I feel I may be punished.
2. I expect to be punished.
3. I feel I am being punished.

## **7. Self- Dislike**

- 0. I don't feel disappointed in myself.
- 1. I am disappointed in myself.
- 2. I am disgusted with myself.
- 3. I hate myself.

## **8. Self- criticism**

- 0. I don't feel I am any worse than anybody else.
- 1. I am critical of myself for my weaknesses or mistakes.
- 2. I blame myself all the time for my faults.
- 3. I blame myself for everything bad that happens.

## **9. Suicidal thoughts or wishes**

- 0. I don't have any thoughts of killing myself.
- 1. I have thoughts of killing myself, but I would not carry them out.
- 2. I would like to kill myself.
- 3. I would kill myself if I had the chance.

## **10. Crying**

- 0. I don't cry any more than usual.
- 1. I cry more now than I used to.
- 2. I cry all the time now.
- 3. I used to be able to cry, but now I can't cry even though I want to.

## **11. Agitation**

- 0. I am no more irritated by things than I ever was.

1. I am slightly more irritated now than usual.
2. I am quite annoyed or irritated a good deal of the time.
3. I feel irritated all the time.

## **12. Loss of interest**

0. I have not lost interest in other people.
1. I am less interested in other people than I used to be.
2. I have lost most of my interest in other people.
3. I have lost all of my interest in other people.

## **13. Indecisiveness**

0. I make decisions about as well as I ever could.
1. I put off making decisions more than I used to.
2. I have greater difficulty in making decisions more than I used to.
3. I can't make decisions at all anymore.

## **14. Worthlessness**

0. I don't feel that I look any worse than I used to.
1. I am worried that I am looking old or unattractive.
2. I feel there are permanent changes in my appearance that make me look unattractive
3. I believe that I look ugly

## **15. Loss of energy**

0. I can work about as well as before.
1. It takes an extra effort to get started at doing something.
2. I have to push myself very hard to do anything.
3. I can't do any work at all.

### **16. Changes in a sleeping pattern**

0. I can sleep as well as usual.
1. I don't sleep as well as I used to.
2. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3. I wake up several hours earlier than I used to and cannot get back to sleep.

### **17. Irritability**

- 0 I don't get more tired than usual.
- 1 .I get tired more easily than I used to.
2. I get tired from doing almost anything.
3. I am too tired to do anything.

### **18. Change in Appetite**

0. My appetite is no worse than usual.
- 1 .My appetite is not as good as it used to be.
- 2 .My appetites is much worse now.
3. I have no appetite at all anymore.

### **19. Concentration Difficulty**

0. I have no lost much weight, if any, lately.
1. I have lost more than five pounds.
2. I have lost more than ten pounds.
3. I have lost more than fifteen pounds.

**20. Tiredness or fatigue**

- 0. I am no more worried about my health than usual.
- 1. I am worried about physical problems like aches, pains, upset stomach, or constipation.
- 2. I am very worried about physical problems and it's hard to think of much else.
- 4. I am so worried about my physical problems that I cannot think of anything else.

**21. Loss of interest in sex**

- 0. I have not noticed any recent change in my interest in sex.
- 1. I am less interested in sex than I used to be.
- 2. I have almost no interest in sex.
- 3. I have lost interest in sex completely.

THANK YOU

የስነ-ትምህርት እና ባህሪ ጥናት ኮሌጅ

የሳይኮሎጂ ትምህርት ቤት

የጥናቱ ርዕስ- በአዳማ ዲፖ ማረሚያ ቤት የሚገኙ ሴት ታራሚዎች የድብርት/ድብታ /ቁዝምት ችግር መኖሩን እና የችግሩን ምክንያትና ስፋት ለመረዳት የቀረበ ጥናት ነው።

በመጀመሪያ በመጠይቁ ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ 2. አይደለሁም

የተከበራችሁ መጠይቁን የምትሞሉ ተሳታፊዎች

ይህ ጥናት ከአ/አባዳኒበርሲቲ ለስነ- ት/ት እና ባህሪ ጥናት ኮሌጅ የሳይኮሎጂ ትምህርት ቤት የድብርት/ድብታ ቁዝምት ችግር መኖሩን እና የችግሩን ስፋት ለማወቅ የተዘጋጀ ነው። የዚህ መጠይቅ አላማ በአዳማ ዲፖ ማረሚያ ቤት ውስጥ ያሉ ሴት ታራሚዎች ስለድብርት/ድብታ ቁዝምት ችግር የሚሰማቸውን ስሜት እና እይታ ለመረዳት የተዘጋጀ ነው። ጥናቱ በዚህ መንገድ የተሰበሰቡ መረጃዎችን መሰረት በማድረግ የመፍትሄ አቅጣጫዎችን ያስቀምጣል።

በጥናቱ ውስጥ ለመሳተፍ ፍቃደኛ ኖት 1.አዎ 2.አይደለም

ጥናቱን የሚያጠኑት ስም- ዮርዳኖስ አማረ

መመሪያ:- እባክዎ እያንዳንዱን ጥያቄ ትክክለኛው ነው ያሉትን መልስ በማክበብ ወይም ባዶ ቦታው ላይ በመሙላት ይመልሱ።

ክፍል 1 አጠቃላይ የተሳታፊ መረጃዎች

1. እድሜህ. 18-30                      ለ.31-40                      ሐ.41-50                      መ.ከ 50 ካመት በላይ

2. የት/ት ደረጃ

ሀ. ያልተማረ

ለ.የመጀመሪያ/ሁለተኛደረጃየተማረ

ሐ. ሰርተፍኬት /ዲፕሎማ

መ. ዲግሪ እና ከዛ በላይ

3. የጋብቻ ሁኔታ

ሀ. ያላገባ

ለ. ያገባ

ሐ. ባል የሞተበት

መ. የተፋታ

ሠ. የተለያየ

4. ልጅ አሎት

ሀ. አዋ

ለ.አይደለም

5. ልጅ ካለዋት ስንት ልጅ ነው ያለዋት

ሀ. 1

ለ. 2

ሐ. 3

መ. 4

ሠ.5 እና ከዚያ በላይ

6. የመጨረሻ ልጅዎ እድሜ

ሀ. ከ4 ዓመት በታች

ለ. ከ 5 እስከ 9

ሐ. ከ10 እስከ 14

መ. ከ15 እስከ 18

ሠ.ከ18 ዓመት በላይ

7. ሀይማኖት

ሀ. ኦርቶዶክስ

ለ. ሙስሊም

ሐ.ፕሮቴስታንት

መ. ሌላ

ክፍል 2- ስለ እስረተኛው መረጃ

1. ከዚህ በፊት ታስረው ያውቃሉ

ሀ. አዋ

ለ.አይደለም

2. ማረሚያ ቤት የገቡት በምን አይነት ወንጀል ነው  
ሀ. ቀላል  
ለ. ከባድ

3. ጥፋተኛ መሆንዎ በፍ/ቤት ተረጋግጦ ተወስኖታል  
ሀ. አዎ  
ለ. አይደለም

4. ከተወሰነብዎ ቅጣትዎ ለምን ያህል ጊዜ የሚቆይ ነው  
ሀ. ከ 6 ወር እስከ 3 ዓመት  
ለ. ከ3 ዓመት እስከ 5 ዓመት  
ሐ. ለ. ከ5 ዓመት እስከ 10 ዓመት  
መ. ከ10 ዓመት በላይ

5. ማረሚያ ቤት ውስጥ የቆዩበት ጊዜ  
ሀ. ከ 6 ወር እስከ 3 ዓመት  
ለ. ከ3 ዓመት እስከ 5 ዓመት  
ሐ. ለ. ከ5 ዓመት እስከ 10 ዓመት  
መ. ከ10 ዓመት በላይ

**የቤክ የድብርት (የድብታ) መለኪያ**

**አዲስ አበባ ዩኒቨርሲቲ**

**የሥነ-ትምህርት እና ባህሪ ጥናት ኮሌጅ**

**የሳይክሎጂ ትምህርት ቤት**

መመሪያ፡-ይህ መጠይቅ በ21 አይነት ጥያቄዎች የተከፈሉ አረፍተ ነገሮች አሉት።እባክዎ እያንዳንዱን ጥያቄ በጥንቃቄ በማንበብ በእያንዳንዱ ጥያቄ ውስጥ ከተዘረዘሩት ምላሾች ውስጥ ባለፉት ሁለት ሳምንታት ዛሬን ጨምሮ የሚሰማዎትን ስሜት በደንብ የሚገልፀውን መልስ ይምረጡ።ከዚያም የመረጡትን መልስ ያክብቡ።በእያንዳንዱ ጥያቄዎች ውስጥ ከተዘረዘሩት አማራጮች ውስጥ ከአንድ በላይ አማራጮች ስሜትዎን የሚገልጽ ሆኖ ካገኙት በጣም በከፍተኛ ሁኔታ ስሜትዎን የሚገልጸውን መልስ ብቻ መርጠው ያክብቡ።

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ ፈቃደኛ ነኝ 2. ፈቃደኛ አይደለሁም

**1.ሐዘን**

0. ሀዘን አይሰማኝም።

1. ብዙ ጊዜ ሀዘን ይሰማኛል።

2. ሁልጊዜ አዝናለሁ።

3. እኔ ልሸክመው ከምችለው በላይ ሀዘን ይሰማኛል።ደስተኛም አይደለሁም።

**2.ለራሰዎት ያለዎት እይታ**

0. በተለይ ስለወደ ፊቱ ህይወቴ ተስፋ አልቆርጥም።

1. ስለ ወደፊቱ ተስፋ የመቁረጥ ስሜት ይሰማኛል።

2. ለመኖር እንድንጓ የሚያደርግ ምንም ነገር እንደሌለኝ ይሰማኛል።

3. የወደፊቱ ጊዜ ተስፋ የሌለው እና ነገሮች ሊሻሻሉ እንደማይችሉ ይሰማኛል።

**3. ስላለፈ ውድቀት**

0. እንደተሰናከልኩ (እንደወደኩ) አይሰማኝም።

1. መውደቅ ከነበረብኝ በላይ ወድቄአለሁ።

2. ሕይወቴን መለስ ብዬ ስመለከት ብዙ ጊዜ እንደተሰናከልኩ (እንደወደኩ) ነው የሚታየኝ።

3. እንደ ሰው ሳየው በውድቀት የተሞላሁ እንደሆንኩ ይሰማኛል።

**4. ደስታን ማጣት**

- 0. ቀድሞ ያዝናኑኝ ከነበሩ ነገሮች በበለጠ ሁኔታ የበለጠ ደስታ አሁን አግኝቶባቸዋለሁ።
- 1. ቀድሞ የምጠቀምባቸው ነገሮች አያዝናኑኝም።
- 2. ለመዝናናት ከምጠቀምባቸው ነገሮች የማገኘው ደስታ በጣም ትንሽ ነው።
- 3. ለመዝናናት ከምጠቀምባቸው ነገሮች ምንም ዓይነት ደስታ ማግኘት አልችልም።

**5. የጥፋተኝነት ስሜት**

- 0. የጥፋተኝነት ስሜት የሚሰማኝ የተለየ ጊዜ የለም።
- 1. ስለሰራጋቸው እና መስራት ስላለብኝ ብዙ ነገሮች የጥፋተኝነት ስሜት ይሰማኛል።
- 2. አብዛኛውን ጊዜ ጥፋተኛ እንደሆንኩ ይሰማኛል።
- 3. ሁልጊዜ የጥፋተኝነት ስሜት ይሰማኛል።

**6. የመቀጣት ስሜት**

- 0. እንደተቀጣሁ አይነት ስሜት አይሰማኝም።
- 1. ልቀጣ እችል እንደነበር ይሰማኛል።
- 2. እንደምቀጣ እጠብቃለሁ።
- 3. እንደተቀጣሁ ይሰማኛል።

**7 ራስን አለመውደድ**

- 0. ስለራሴ የሚሰራኝ ስሜት እንደሁልጊዜው ተመሳሳይ ነው።
- 1. በራሴ ያለኝን መተማመን አጥቸዋለሁ።
- 2. በራሴ እናደዳለሁ።
- 3. ራሴን እጠላለሁ።

**8. ራስን የመንቀፍ እና የመተቸት ስሜት**

- 0. ከሁልጊዜው የተለየ እራሴን አልወቅስም ወይም አልቃወምም።
- 1. ከሁልጊዜው በበለጠ ለራሴ ወሳኝ ነኝ።
- 2. ለሁሉም ለስህተቶቼ ራሴን እወቅሳለሁ።
- 3. ለሚከሰቱ መጥፎ ነገሮች ሁሉእራሴን እወቅሳለሁ።

**9. ራስን በራስ የማጥፋት ሐሳብ ወይም ምኞት**

0. እራሴን የማጥፋት ምንም ሀሳብ የለኝም።

1. እኔ እራሴን ለማጥፋት ሐሳብ አለኝ ነገርግን በተግባር አልፈጸምኳቸውም።

2. ራሴን መግደል እፈልጋለሁ።

3. እድል ባገኝ ኖሮ እራሴን እገድል ነበር።

**10. ማልቀስ**

0. ከዚህ በኋላ ከሁልጊዜው የተለየ አላለቅስም።

1. ከሁልጊዜው የበለጠ አለቅሳለሁ።

2. በእያንዳንዱ ትንንሽ ነገር አለቅሳለሁ።

3. እያለቀስኩ እንደሆነ ይሰማኛል ግን ማልቀስ አልቻልኩም።

**11. የመንፈስ መረበሽ**

0. እንደበሬቱ አልጨነቅም።

1. አሁን ከተለመደው የበለጠ እጨነቃለሁ።

2. አሁንም በጣም እጨነቃለሁ እና መረጋጋት ከብደኛል።

3. ወደፊት መሄድ እና የሆነነገር ማድረግ እንዳለብኝ እያሰብኩ በጣም እጨነቃለሁ።

**12. የፍላጎት ማጣት**

0. ለሌሎች ሰዎች ወይም ለነገሮች(ለድርጊቶች)ያለኝ ፍላጎት እንዳለነው።

1. ከበሬቱ በተለየ ለሌሎች ሰዎች ወይም ለነገሮች ያለኝ ፍላጎት ቀንሷል።

2. ለሌሎች ሰዎች ወይም ለነገሮች የነበረኝን ብዙፍላጎት አሁን አጥቸዋለሁ።

3. ለምንም ነገር ፍላጎት የለኝም።

**13. መወሰን አለመቻል**

0. ከበሬቱ በተሻለ ውሳኔዎችን እወስናለሁ።

1. እንደ ሁልጊዜው ውሳኔዎችን መወሰን ከባድ ሆኖ አግኝቸዋለሁ።

2. እንደ በሬቱ ውሳኔዎችን ለመወሰን በጣም ከባድ ሆኖብኛል።

3. ማንኛውንም ውሳኔ ለመወሰን አልችልም።

**14. የዋገቢስነት ስሜት**

0. አልጠቅምም ብዬ አላስብም።

1. እራሴን እንደ ሚጠቅም ሰው ወይም ዋጋ እንዳለው ሰው አድርጌ አልገምተውም።

2. ከሌላው ሰው ጋር ራሴን ሳወዳድረው የበለጠ ጠቃሚ እንደሆንኩ ይሰማኛል።

3 እኔ ምንም አልጠቅምም።

**15. አቅምን ማጣት**

0. ከበሬቱ የበለጠ አቅም አለኝ።

1. ከበሬቱ ያነሰ አቅም ነው ያለኝ።

2. ብዙ ስራ ለመስራት የሚያስችል በቂ አቅም የለኝም።

3. ማንኛውንም ነገር ለመስራት የሚያስችል በቂ አቅም የለኝም።

**16. የእንቅልፍ ሁኔታ መለወጥ ስሜት**

0. እንደበሬቱ ነው የምተኛው

1. እንደ በሬቱ አልተኛም

2. በሬት ከምተኛበት ሰዓት ከ 1 ወይም 2 ሰዓት ቀደም ብዬ እነሳና ተመልሽ መተኛት አልችልም

3. በሬት ከምተኛበት ሰዓት በብዙ ሰዓት ቀደም ብዬ እነሳና ተመልሽ መተኛት አልችልም

**17. መነጫነጭ**

0. ከሁልጊዜው የተለየ አልነጫነጭም።

1. ከቀድሞው ይበልጥ በቀላሉ እነጫነጫለሁ።

2. ከሁልጊዜው በበለጠ እነጫነጫለሁ።

3. ሁልጊዜም እነጫነጫለሁ።

**18. የምግብ ፍላጎት ለውጦች**

- 0. የምግብ ፍላጎት ላይ ምንም ዓይነት ለውጥ አይቸ አላውቅም።
- 1. የምግብ ፍላጎት እንደ ቀድሞው ጥሩ አይደለም
- 2. የምግብ ፍላጎት አሁን ላይ መጥፎ ነው
- 3. በጭራሽ ምንም ዓይነት የምግብ ፍላጎት የለኝም።

**19. ሀሳብን ለመሰብሰብ መቸገር**

- 0. ከምንጊዜውም በበለጠ ሀሳቤን መሰብሰብ እችላለሁ።
- 1. እንደ ሁልጊዜው ሀሳቤን መሰብሰብ አልችልም።
- 2. ማንኛውም ነገር ላይ ሀሳቤን ሰብስቤ ለረጅም ጊዜ መቆየት ይከብደኛል።
- 3. ምንም ነገር ላይ ሀሳቤን መሰብሰብ አልችልም።

**20. ድካም**

- 0. ከሁልጊዜው የተለየ አይደክመኝም።
- 1. ከሁልጊዜው በበለጠ በጣም በቀላሉ ይደክመኛል።
- 2. ቀድሞ እስራቸው የነበሩ ብዙ ነገሮችን ለመስራት በጣም ይደክመኛል።
- 3. ቀድሞ እስራቸው የነበሩ አብዛሀኞቹን ነገሮችን ለመስራት በጣም ይደክመኛል።

**21. ለጾታ ግንኙነት ፍላጎት ማጣት**

- 0. በቅርቡ በጾታ ግንኙነት ፍላጎት ላይ የተፈጠረ ለውጥ ስለመኖሩ አላስተዋልኩም።
- 1. ከቀድሞው በተለየ ለጾታ ግንኙነት ያለኝ ፍላጎት ቀንሷል።
- 2. ለጾታ ግንኙነት ምንም ዓይነት ፍላጎት የለኝም ማለት ይቻላል።
- 3. ለጾታ ግንኙነት ምንም ዓይነት ፍላጎት የለኝም።

## **UNIVARSIITI FINFINNETTI KOLLEJJI QORANNO BARNOOTAFI AMALAA**

### **GOSA BARUMSA XIN-SAMMU**

#### **SAFARA/BIKKOMA/QORANNO MUKA'NNA BECK**

**QAJEELFAMA:-**Gaffileen qoranno kanaa himoota gosa 21 of-keessatti qabatee jira.Gosa himoota hunda isaa tokkon tokkoon sirritti hubattanii erga dubbistaniin booda,turban lama irraa kaasee hanga har'atti filanno gaafillewwan dhiyaatan keessa kan caalmaan isinitti dhagayamu tokko filadhaati irratti marsuun deebii kenna. Gaaffiwwan gosa himoota keessaa filanno tokko ol kan isinitti dhagayamu yoo ta'e ,Irira caalaa kan isinitti dhagayamu tokko qofa filachun gaaffi tokkof filanno tokko qofa kenna.

**Qoranno kana irratti hirmachuf fedhii niqabdu?1.Eeyyen niqaba 2.lakki hinqabu**

#### **1. Wa'ee “Gadda” wanta isinitti dhagayamau**

0. Gaddi natti hindhagayamu

1. Yeroo baay'ie Gaddi natti nidhagayama
2. Yeroo hundaa gadda natti dhagayama keessa of-dammaqsuf hindanda'u
3. Gammachuu dhabu fi gaddaafi isa ani dandamachu hindandenye keessan jira

#### **2. Ilaalcha Farristu/Dukkanumma eegare jireenya kiyyaa/ wanta isinitti dhagayamau**

0. Keessattu haaala jirrenya ful-dure kiyya fedhii abdi hinkutanne qaba

1. Haaala jirrenya ful-dure kiyya abdi waan nakutachisutu natti dhagayama
2. Jireenya eegare kiyyaf waan abdi itti godhu homaa natti hin mul'atu
3. Ful-duren kiyya abdi kan hinqabnefi haalli kan hinjijiramne ta'e natti dhagayama

#### **3. Kufaati Jireenya kiyya dabre Ilaalchisee wanta isinitti dhagayamau**

0. Jireenya kiyyaan akka kufetti natti hindhagayama

1. Jireenya kiyyatti ormaa gadi ta'ee akka kufetti natti dhagayama
2. Yenna jireenya kiyya ofduuba deeb'ie ilaalu wanti dhaggefadhu hundi kufaat kiyya
3. Akka namaati yoo of ilaalu guutumaan guututti nama kufee ta'e natti dhagayama

#### **4. Gammachu dhabu ilaalchise wanta isinitti dhagayamau**

0. Gammachu duraan natti dhagayama ture caalaa amma natti dhagayama jira
1. Akkaataa kanaan dura itti gammadaa ture nan boharsisu
2. Gaammachu isa dhugaa yomiyyu, eessattis nanargadha jedhee abdii hinqabu.
3. Wanti ani argu hundi kan na hifachisufi gammachu nadhabsisudha

#### **0. Addatti Yakkama/balleessa ta'e natti hindhagayamu**

1. Tare tare yakkama ta'ee natti hindhagayame
2. Yeroo baay'ee yakkama ta'ee natti dhagayama
3. Yeroo hundumaa yakkamaa ta'e natti dhagayama

#### **5. Yakkama ta'u/ ballessumma/ wanta isinitti dhagayamau**

#### **6. Nama Adabama ta'ee itti dhagayamu ilaalchise wanta isinitti dhagayamau**

0. Akka nama adabama jirutti natti hindhagayamu
1. Akka adabamu danda'u natti dhagayama ture
2. Akka adabamu irra hinoolle natti dhagayama ture
3. Akka adabama jirutti natti dhagayama

#### **7. Of-jibbu ilaalchise wanta isiitti dhagayamau**

0. Akkuma yeroo hundaa, Of-jibbu natti hindhagayamu
1. Ofitti abddachu hinqabu jedhu natti dhagayama
2. Of-kabaju dhabu cimaa ta'e natti dhagayama
3. Of-jibbiinsa cimaa ta'e natti dhagayama

#### **8. Ballessa ofiitif ofitti aaruu/Ofin of-qeequ/ ilaalchisee wanta isinitti dhagayamau**

0. Orma caala irra dabre balleessaa/dogongora/kiyyaf ofitti aarun natti hindhagayamu.
1. Yeroo hundaa orma caala dabree balleessaa/dogongora/kiyyaf ofittan aara.
2. Yeroo hundaa orma caalaa ballessa kiyyaf ofitti aaraa akka jiru natti dhagayama.
3. Badii Umamu hundaaf balleesan kiyya jedhee yeroo hundaa ofitti aarun natti dhagayama.

**9. Yaada Ofiin of-balleessu/ofin of-ajjeessu/Ilaalchise wanta isinitti dhagayamau**

0. Yaada ofiin of-ajjeessu gonkumaa hinqabu.

1. Ofiin of-balleessuf yaada niqaba garuu akkata/haala/itti gochu danda’u dhabe.

2. Ofiin of-balleessu nibarbaada.

3. Yeroo fi haala argadhen hundan of ballessuf fedhiin natti dhagayama.

**10. Waa’e imimaa baase booyu ilaalchise wanti isinitti dhagayamu**

0. Ammaa achii haala duraan booyu irra caalaa hinbooyu.

1. Haala duraan booyu qabu caalaa amma booyu akka qabu natti dhagayama.

2. Waanuma nama hinbochifne hundaaf naboochisa.

3. Akka duraanii booyuf fedhii osoo qabadhus, booyu garuu hindanda’u.

**11. Yaada qaama miiraan kaka'umsa uumuu ilaalchise wanta isiitti dhagayamau**

0. Yeroo duraanii irra caalaa miira kaka'umsa keessa akka galu wanti natti nagahu hinjiru.

1. Yeroo duraanii caalaa miira dallansuun natti dhagayama.

2. Yeroofi carraa argadheen hundatti miira dallansuun natti dhagayama.

3. Yeroo hundumaa miira dallansuun natti dhagayama.

**12. Namoota f i dhimma adda addatif fedhii dhabuu ilaalchisee wanta isinitti dhagayamau**

0. Akkuma duraa namoota f i dhimma adda addatif fedhii ani qabu jijjirama hinqabu.

1. Namoota f i dhimma adda addatif fedhii ani qabu jijjirama akka qabu ta'ee natti dhagayama.

2. Namoota f i dhimma adda addatif gonkumaa fedhii akka hinqabnetti natti dhagayama.

3. Namoota f i dhimma adda adda hundumaa ilaalchisee fedhii natti dhagayamu homaa hinqabu.

**13. Fedhii dandeessi murteessu ilaalchise wanta isinitti dhagayamau**

0. Yeroo biraa irra caalaa human murtessuu akka danda'u natti dhagayama.

1. Yeroo biraa irra caalaa human murtessuu akka hinqabne natti dhagayama.

2. Yeroo biraa irra caalaa murtessuu akka hindandenyee natti dhagayama.

3. Murtee kennu gonkuma akka nama hindandenyetti natti dhagayama.

**14. Nama gatii hinqabnee godhee of-ilaalu ilaalchisee wanta isinitti dhagayamau**

0. Akka nama gatii hinqabnetti natti hindhagayamu.

1. Akka dulloomefi nama hinbarbaadamnetti natti dhagayama.

2. Namoota biraatiin akka barbaadamu ta'ee natti hindhagayamu.

3. Ana gonkumaa nama gatii qabuufi nama barbaadamu miti.

**15. Anniisa /human/dhabiinsa ilaalchisee wanta isinitti dhagayamu.**

0. Akkumaa armaan duraa anniisa gaariin natti dhagayama.

1. Hamma tokko anniisa dabalata akka barbaadu natti dhagayama.

2. Anniisa dabalataa malee hojii hojochuu akka rakkadhu natti dhagayama.

3. Hojii kamiyyu hojochuuf annisaa homaa hinqabu.

**16. Jijjirama haala hirriiba ilaalchisee wanta isinitti dhagayamu.**

0. Akkuma duraanii hirriiba gaarii nirafa.

1. Akka duraanii hirriiba gaarii rafee hinbeeku.

2. Sa'atii hirriiba duraanii dursee sa'ati 1-2 dura ka'ee deebi'ee rafuun narrakkisa.

3. Sa'ati hirriiba duranii dursee sa'ati saatii dheeraf dammaqqee deebi'ee rafuuf narakkisa.

**17. Waanuma ta'e hundaf dallansuu wanta isinitti dhagayamu ilaalchise**

0. Amala duraan qabu irra dabre hindallanu/hin aaru/

1. Amala duraanii irra caalaa dafe waan salphaatifan aara/dallana/
2. Yeroo hunda dhimma hundaaf aarituu/dallansun/natti dhagayama.
3. Dallansuu/aarii/human kiyya ol ta'e yeroo hundaa natti dhagayama.

**18. Jijirama fedhii nyaataf qabu ilaalchise wanta isinitti dhagayamu**

0. Fedhiin nyaataf ani qabu haala duraanii irra jijirama hinqabu.

1. Fedhiin nyaataf ani qabu haala duraanii irra jijirama niqaba.
2. Fedhiin nyaataf ani qabu yeroo irra yerootti hanaqachaa deema jira.
3. Fedhiin nyaataf homa tokko hin qabu.

**19. Yaada sammun qalbeeffachuu ilaalchise wanta isinitti dhagayamu.**

0. Armaan dura haala qalbeeffachuu danda'u caalaa amma qalbeeffachu nidanda'a.

1. Armaan dura haala qalbeeffachuu danda'u caalaa amma qalbeeffachu hindanda'u.
2. Yaada kamiyyu irratti sammuu kiyya xiyyeffachuun yeroo dheeraf turuu hindanda'u.
3. Yaada kamiyyu irratti sammun xiyyefachuu hindanda'u.

**20. Dadhabbi isinitti dhagayamu ilaalchise**

0. Kanaan dura caalaa dadhabbini natti hindhagayamu.

1. Kanaan dura caalaa dadhabbini natti nidhagayama.
2. waan duraan hojedhu hojechuf yennan yaalu dhadhabbinsa duraan hinqabne natti dhagayama.
3. Dadhabbiinsa irraa kan ka'e home hojechuu hindanda'u.

**21. Fedhii walqunnamtii saalaa ilaalchise wanta isinitti dhagayamu.**

0. Yeroo duraanii caalaa fedhin walqunnamtii saalaa natti dhagayamu hinjiru.

1. Fedhi walqunnamtii saalaa duraan natti dhagayamu gadi natti dhagayama.
2. Fedhi walqunnamtii saalaa homayyu natti hindhagayamu.
3. Gonkumaa fedhii walqunnamtii saalaa hinqabus hinfedhus.

**UNIVARSIITI FINFINNETTI KOLLEJJI QORANNO BARNOOTAFI AMALAA  
GOSA BARUMSA XIN-SAMMU  
SAFARA/BIKKOMA/QORANNO MUKA'NNA BECK**

**Mata dure qoranno:-**Mana sirreessa magaala addamma dippoo dubartoota sirreffamtoota seera jala jiran rakko haala muka'ina/Yaaddoo/cinqii/fi bal'inna isaa qorannon beekuf gaaffilee qophaye.

**Kaayyo qorannoon kunaa:-**Univarsiiti finfinnetti kollejji qoranno barnootafi amalaa gosa barumsa xin-sammu safara/bikkoma/qoranno muka'nna/cinqamu/beck tiin rakko cinqamuu sirreffamtoota dubartotaa qoranno kanaan beekun fala kenuf akka dand'amu gaffii qopha'edha.

**Maqaa Ogessa Qoranno kana gaggessitu:-Yordanos Amare**

**Qoranno kana irratti hirmachuf fedhii niqabdu?1.Eeyyen niqaba 2.lakki hinqabu**

**Qajeelfama gaafite:-**Gaaffilee tokkon tokko isaa sirritti dubbisufi hubachun deebi filattan irra marsun yokiin bakka duwwa qophayetti deebii berrefaman akka debistan kabajaan isin gaafadha.

**Kutaa Tokko:-Odeffanno hirmaattota gaaffi kanaa**

**1. Umrii** A.18-30 B.31-40 C.41-50 D.50 umrii oli

**2. Sadarkaa barumsaa** A.Kan hinbaranne B.Sadarka 1ffa/2ffa C.Sartifiketi/Dippiloma D.Degrii/Isa Oli

**3. Haala gaa'elaa** A.Kan hinfuune B.Kan fuute C.Kan dhirsi jalaa du'e D.Kan wal hiikan E.Kan adda jiraatan

**4. Haala Ijoolle** A.Niqaba B.Hinqabu

**5. Ijoolle Yoqaabatte Meeqa?**A.1 B.2 C.3 D.4 E.Ijolle 5 fi shanii oli

**6. Umrii Ijoollee** A.\_\_\_\_\_ B.\_\_\_\_\_ C.\_\_\_\_\_ D.\_\_\_\_\_ E.\_\_\_\_\_

**7. Amanaa Hordoftu**A.Ortodoksi B.MualiimaC.Protestanti D.Waqeffanna E.Kanbira

**Kutaa Lama:-Odeffanno hirmaattota gaaffi kanaa**

**1. Kanaan dura mana hidhatti hidhamtanii beektuu/mana sirressatti sirreffamtani**

**beektu?**A.Hidhamee/Sirrefamee /nibeeka B.Lakki hinbeeku

**2. Mana sirressa kan seente yakka akkamiini?**A.Ajecha nama B.HannaC.Qorchi Sammu

hadochun D.Malaan maltumma E.Kan biraa-----

**3. Ballessa akka taate mana murtiin sitti murteeffamee jira?**A.Eyyeni B.Lakki

**4. Mana murtiin Yoo sitti murteffame,Yeroo meqaaf** A.Ji'a 6 hanga wagga 3 B.Wagga 3

hanga 5C.Wagga 5 hanga 10 D.Wagga 10oli

**5. Mana sirressa keesa hammam turtan?**A.Ji'a 6 hanga wagga 3 B.Wagga 3 hanga 5C.Wagga

5 hanga 10 D.Wagga 10oli

## **Appendix II**

### **Interview questions**

#### **Interview for AdamaDippo Prison Inmates**

##### **Interviews Guide Questions**

Dear respondents

The set of questions are prepared to gather information on the prevalence of depression in AdamaDippo Correction Center.

Since the interview conducted to know the prevalence of depression in AdamaDippo Correction Center, make sure that the responses you give are for academic purpose and not for any other reasons/ objectives. Thus, your cooperation in giving genuine and reliable information will contribute highly to the achievement of the objectives of this study.

**Thank you in advance!**

Age----- Sex----- Nationality----- Married/ Unmarried-----

Have child/children-----

#### **A. Categorizations of inmates**

1. Is there any categories of inmates kept in separate institutions or parts of institutions taking in to account their age, having children and length of incarceration?

#### **B. Inmates Accommodations**

2. Is the correction center designed differently, that take in to consideration the need of women inmate?

3. Is there any place inside the compound to spend time alone?

4. How rooms or classes provided for you? is it alone or in group ?

5. If it is given in group, do the number of prisoners and the dorm given for you balance to each other?

6. If it is imbalance, do you think it contributes for the prevalence of depression among inmates?

7. If a depressed inmate exists, is she treated differently or not?

8. Those inmate mothers who have children, do they treat differently or not?

## **Interview for Adama Dippo Correction Center counselors and women ward guards**

Are you volunteer to participate in this interview? 1. Yes 2. No

### **Interviews Guide Questions**

Dear respondents

The set of questions are prepared to gather information on the prevalence of depression in adama dippo Correction Center.

Since the interview conducted to know the prevalence of depression in adama dippo Correction Center, make sure that the responses you give are for academic purpose and not for any other reasons/ objectives. Thus, your cooperation in giving genuine and reliable information will contribute highly to the achievement of the objectives of this study.

As Such, the questions of the interviews conducted with the key administrators of Adama Dippo Correction Administrators, counselors and women offenders in Adama Dippo Correction Center are provided as follow.

**Thank you in advance!**

Name -----

Role in the prison -----

### **A. Categorizations of inmates**

1. Is there any categories of inmates kept in separate institutions or parts of institutions taking in to account their age, having children and length of incarceration?

### **B. Inmates Accommodations**

2. Is the correction center designed differently, that take in to consideration the need of women inmate?

3. Is there any place that helps inmates to spend their time alone?

4. How rooms or classes provided for inmates? Is it alone or in group?

5. If it is given in group, the number of prisoners and the dorm given for them balance to each other?

6. . If it is imbalance, do you think it contributes for the prevalence of depression among inmates?

7. If a depressed inmate exists, is she treated differently or not?

8. Those inmate mothers who have children, do they treat differently or not?

**c. Inmates access to medical services**

- 9. If there is a depressed woman, is there any counselor?
- 10. If no, where do they get the counseling services?
- 11. Are those depressed women getting free counseling service both at normal and referral level?
- 12. If the inmates have no money for counseling service fee, what the correction center offer them to get the service?

**C. Inmates' contact with their Family**

- 13. Are inmates get the permission to freely meet their families/visitors without supervisions or controls?

**ከ አዳማ ዲፖ ማረሚያ ቤት የሴቶች ክልል ጠባቂ እንዲሁም ከማረሚያ ቤቱ የስነ- ልቦና ባለሙያዎች ጋር የቃል መጠይቅ ለማድረግ የተዘጋጀ መጠይቅ**

በቃለ መጠይቁ ለመሳተፍ ፈቃደኛ ነዎት

1.አዎ ፈቃደኛ ነኝ 2. ፈቃደኛ አይደለሁም

**ለቃለመጠይቅ የሚመሩን ጥያቄዎች**

የተከበራችሁ የቃለመጠይቁ ተሳታፊዎች የተዘጋጁት ጥያቄዎች አዳማ ዲፖ ማረሚያ ቤት የድብርት/ድብታ ቁዝምት ችግር መኖሩን እና የችግሩን ስፋት ለማወቅ መረጃ ለማሰባሰብ የተዘጋጁ ጥያቄዎች ናቸው።አላማውም ለትምህራት እንጂ ለሌላ አላማ አለመሆኑን ተረድታችሁ ትክክለኛውን እና የምታምኑበትን መረጃ ብትሰጡን ለዚህ ጥናት መሳካት ትልቅ አስተዋጽኦ ያለው በመሆኑ እንድትተባበሩን እንጠይቃለን። በመሆኑም አዳማ ዲፖ ማረሚያ ቤት የሴቶች ክልል ጠባቂና ለስነ ልቦና ባለሙያዎች የተዘጋጀ ቃለመጠይቅ እንደሚከተለው ቀርቧል፡

በቅድሚያ እናመሰግናለን!

**ሀ/ የታራሚዎች ምደባ**

1. እድሜን፣ልጅ ያላችው መሆኑን እና ማረሚያ ቤት ውስጥ የቆዩበትን የጊዜ እርዝማኔ መሰረት ባደረገ ሁኔታ በማረሚያ ቤቱ ውስጥ በተለየ ቦታ ወይም ክፍል እንዲሆኑ የሚመደቡበት አሰራር አለ?

**ለ/ የታራሚዎች መኖሪያ**

2. የማረሚያ ቤቱ አሰራር የሴት ታራሚዎችን ፍላጎት መሰረት ባደረገ መልኩ የተሰራ ነው?
3. በማረሚያ ቤት ውስጥ ሴት ታራሚዎች ጊዜያቸውን የሚያሳልፉበት እና የሚዝናኑበት ቦታ አለ?
4. በማረሚያ ቤት ውስጥ በግል ነው ወይስ በጋራ የመኖሪያ ክፍሎች ለታራሚዎች የተሰጧቸው?

5. የመኖሪያ ክፍሎቹ የተሰጧቸው በጋራ ከሆነ፤ የተሰጣቸው ክፍል እና የታራሚው ቁጥር ተመጣጣኝ ነው?
6. ተመጣጣኝ አይደለም የሚል ከሆነ፤ የድብርት/ድብታ ቁዝምት ችግር እንዲፈጠር/እንዲባባስ አስተዋጽኦ አያደርግም?
7. የድብርት/ድብታ ቁዝምት ችግር ያለባቸው ሴት ታራሚዎች ካሉ ከሌሎች ታራሚዎች በተለየ ሁኔታ እንክብካቤ ያገኛሉ ወይስ አያገኙም?
8. ልጅ ያላቸው ሴት ታራሚዎች ከሌሎች በተለየ ሁኔታ እንክብካቤ ይደረግላቸዋል?

**ሐ/ ሴት ታራሚዎች ህክምና የማግኘት ሁኔታ**

9. የድብርት/ድብታ ቁዝምት ችግር ላለባቸው ሴት ታራሚዎች የስነ-ልቦና አማካሪዎች አሉ?
10. የስነ-ልቦና አማካሪዎች ከሌሉ አገልግሎቱን ከየት ያገኛሉ?
11. የድብርት/ድብታ ቁዝምት ችግር ላለባቸው ሴት ታራሚዎች በማረሚያ ቤቱ ውስጥም ሆነ ውጭ ካሉ የህክምና ተቋማት የስነ-ልቦና የማማከር አገልግሎት በነጻ ያገኛሉ ወይስ ከፍለው ነው የሚታከሙት?
12. ከፍለው ከሆነ ለህክምና የሚሆን የገንዘብ አቅም የሌላቸው ሴት ታራሚዎች ማረሚያ ቤቱ ምን ያደርግላቸዋል?

**መ/ ታራሚዎች ከቤተሰብ ጋር የሚገናኙበት ሁኔታ**

13. ሴት ታራሚዎች በነጻነት እና ያለቁጥጥር ከቤተሰቦቻቸው ወይም ጠያቂዎቻቸው ጋር እንዲገናኙ እና በነጻነት እንዲያወሩ ይደረጋል?

**ከ አዳማ ዲፖ ማረሚያ ቤት ከሴት ታራሚዎች ጋር የቃል መጠይቅ ለማድረግ የተዘጋጀ መጠይቅ**

በቃል መጠይቁ ለመሳተፍ ፈቃደኛ ነዎት

1.አዎ ፈቃደኛ ነኝ 2. ፈቃደኛ አይደለሁም

**ለቃልመጠይቅ የሚመሩን ጥያቄዎች**

የተከበራችሁ የቃልመጠይቁ ተሳታፊዎች የተዘጋጁት ጥያቄዎች በጅም ማረሚያ ቤት የድብርት/ድብታ ቁዝምት ችግር መኖሩን እና የችግሩን ስፋት ለማወቅ መረጃ ለማሰባሰብ የተዘጋጁ ጥያቄዎች ናቸው።አላማውም ለትምህረት እንጂ ለሌላ አላማ አለመሆኑን ተረድታችሁ ትክክለኛውን እና የምታምኑበትን መረጃ ብትሰጡን ለዚህ ጥናት መሳካት ትልቅ አስተዋጽኦ ያለው በመሆኑ እንድትተባበሩን እንጠይቃለን።

በመሆኑም በአዳማ ዲፖ ለሴት-ታራሚዎች የተዘጋጀው ቃልመጠይቅ እንደሚከተለው ቀርቧል፡  
በቅድሚያ እናመሰግናለን!

**ሀ/ የታራሚዎች ምደባ**

1. እድሜን፣ልጅ ያላችሁ መሆኑን እና ማረሚያ ቤት ውስጥ የቆያችሁበትን የጊዜ እርዝማኔ መሰረት ባደረገ ሁኔታ በማረሚያ ቤቱ ውስጥ በተለየ ቦታ ወይም ክፍል እንድትሆኑ የምትመደቡበት አሰራር አለ?

**ለ/ የታራሚዎችመኖሪያ**

2. የማረሚያ ቤቱ አሰራር የሴት ታራሚዎችን ፍላጎት መሰረት ባደረገ መልኩ የተሰራ ነው?
3. በማረሚያ ቤት ውስጥ ሴት ታራሚዎች ጊዜያቸውን የሚያሳልፉበት እና የሚዝናኑበት ቦታ አለ?
4. በማረሚያ ቤት ውስጥ በግል ነው ወይስ በጋራ የመኖሪያ ክፍሎች የተሰጧችሁ?
5. የመኖሪያ ክፍሎቹ የተሰጧችሁ በጋራ ከሆነ፣የተሰጧችሁ ክፍል እና የታራሚው ቁጥር ተመጣጣኝ ነው?

6. ተመጣጣኝ አይደለም የሚል ከሆነ፤ የድብርት/ድብታ ቁዝምት ችግር እንዲፈጠር/እንዲባባስ አስተዋጽኦ አያደርግም?
7. የድብርት/ድብታ ቁዝምት ችግር ያለባቸው ሴት ታራሚዎች ካሉ ከሌሎች ታራሚዎች በተለየ ሁኔታ እንክብካቤ ያገኛሉ ወይስ አያገኙም?
8. ልጅ ያላቸው ሴት ታራሚዎች ከሌሎች በተለየ ሁኔታ እንክብካቤ ይደረግላቸዋል?

**ሐ/ ሴት ታራሚዎች ህክምና የማግኘት ሁኔታ**

9. የድብርት/ድብታ ቁዝምት ችግር ላለባቸው ሴት ታራሚዎች የስነ-ልቦና አማካሪዎች አሉ?
10. የስነ-ልቦና አማካሪዎች ከሌሉ አገልግሎቱን ከየት ያገኛሉ?
11. የድብርት/ድብታ ቁዝምት ችግር ላለባቸው ሴት ታራሚዎች በማረሚያ ቤቱ ውስጥም ሆነ ውጭ ካሉ የህክምና ተቋማት የስነ-ልቦና የማማከር አገልገሎት በነጻ ያገኛሉ ወይስ ከፍለው ነው የሚታከሙት?
12. ከፍለው ከሆነ ለህክምና የሚሆን የገንዘብ አቅም የሌላቸው ሴት ታራሚዎች ማረሚያ ቤቱ ምን ያደርግላቸዋል?

**መ/ ታራሚዎች ከቤተሰብ ጋር የሚገናኙበት ሁኔታ**

13. ሴት ታራሚዎች በነጻነት እና ያለቁጥጥር ከቤተሰቦቻቸው ጋር እንዲገናኙ እና በነጻነት እንዲያወሩ ይደረጋል?