



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

**BY
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**PREVALENCE AND ASSOCIATED FACTORS OF STRESS
AMONG ELDERLY PEOPLE IN MACEDONIA CHARITY
ASSOCIATION IN ADDIS ABABA, ETHIOPIA**

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE
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APPROVAL SHEET

ADDIS ABABA UNIVERSITY

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Examiner	Signature	Date

DECLARATION

I, Mister Lulesged declare that this thesis entitled “prevalence and associated factors of stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia” 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.

(The Researcher)

Signature

Date

LETTER OF CERTIFICATION

This is to certify that Mister Lulesged has carried out her thesis on the topic “prevalence and associated factors of stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia” 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 Counseling Psychology.

Dr. Tigist Wuhib

(Advisor)

Signature

Date

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AIDS	Acquire Immune Deficiency Syndrome
CSA	Central Statistical Agency
FDRE	Federal Democratic Republic of Ethiopia
HAIE	Help Age International Ethiopia
HIV	Human Immune Virus
MCA	Macedonia Charity Association
MoLSA	Ministry of Labor and Social Affairs
NGOs	Non-Governmental Organizations
SPSS	Statistical Package for Social Science
UK	United Kingdom
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
WHO	World Health Organization

ABSTRACT

This research determines the prevalence and associated factors of stress among elderly people in Macedonia Charity Association, Addis Ababa, Ethiopia. It also determined the prevalence and assesses associated factors. Literatures on prevalence and associated factors were discussed wisely in relation to the research objectives. The research was carried out using quantitative research design. Thus, 348 structured questionnaires were distributed and 211 were collected from Macedonia Charity Association elderly people with 60.6% response rate. Purposive sampling technique was used to select the charity association and elderly peoples, since more elders are found there together. The overall finding of the study shows that 59.7% of the elderly people experienced moderate stress and 4.3% of the others experienced high level of stress. The research can conclude that elders above 65 years of age have impression for the prevalence of stress: elderly people who have health problems have more vulnerable to stress than elderly people who don't have health problems. Political unrest of Ethiopia stressed 81% of the elders and alarming increment of the goods and items stressed 71.6% of the others. 79.6% of the elders claimed that the increased population of the country, Ethiopia increased their stress level and 78.7% of the elders have Musculo-skeleton problems in Macedonia Charity Association. Based on the findings, the charity association center should employ professional counselor to provide proper professional support for those elderly people. The government, NGOs and concerned authorities should build effective and efficient hospitals for older people and should encourage mass sport with a physician. The government ought to give immediate solutions for political unrest of Ethiopia.

Key words: Associated factors of stress, Elderly people, Prevalence of stress, Stress,

CHAPTER ONE

INTRODUCTION

1.1 Background

The problem of elderly people aging now days is increasing in high, middle and low income countries. The number of elderly population has significantly increased for the last decades due to several factors that include reduction of mortality rates, better quality of life, prominent to an increase in life expectancy at the global level (Manaf, et al., 2016; World Health Organization 2016). The World Health Organization (WHO) has projected that the global elder population above the age of 60 will be doubled from 11 to 22% between the year 2000 to 2050 (Paul, et al., 2019).

Elderly populations face a number of challenges that are linked with physical and psychological changes majorly associated with the aging process (WHO, 2016). Even though a number factors caused the changes as common and tolerable among elderly, there are some characteristics in mental health that are pathological and should be identified and treated early, especially those progressing to emotional variability and obvious depression (Blazer & Hybels, 2005).

Remarkably mental health problems in the elderly are due to complex interaction of social, psychological, and biological factors (Edwards et al., 2019). The elderly populations are more likely to experience events such as bereavement, a drop in socio-economic status owing to retirement, inability to work because of progressive disability, and loss of social roles and network (MoLSA, 2006). Studies have shown that about 15% of elderly had limited mobility which required assistance, 30% had suffered with cognitive impairment and over 50% had chronic physical illnesses (Munsawaengsub, 2012). Later, this may lead to a double impact in the sequel, of losing their ability to live well mentally as well as losing their independence in life.

Older adults, those aged 60 years or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis (MoLSA, 2006). Furthermore, as people get older, they are more likely to

experience several conditions at the same time (WHO, 2017). More importantly, WHO (2016) asserted that globally around 15% of the elderly population is suffering from mental disorders, and stress is one major mental health problem affecting a sizeable proportion (10–55%) of the elderly population. Then the prevalence of stress and anxiety among the elderly population is gradually increasing and expected to reach double in the next one decade.

Stress is among the mental health issues of elderly people which is defined as self-perceived emotions like tension, frustration, anxiety, anger and depression that have a negative or unpleasant impact (Feldman, 2008). Perceived stress is associated with not only exposure to stressors, but also personal coping skills and resources to deal with stressful situations. The elderly peoples may face physical, social and mental complexities so that research suggests that common factors affecting stress among the elderly are family relationship, financial status, social or community environment, physical health and chronic illness (Seangpraw K et al., 2020).

According to 2013 population projection for the year 2017 by Central Statistical Agency (CSA) the population of Addis Ababa was 3,434,000 of whom 1,809,001 were males (CSA, 2013). Although Ethiopia is a young country with 46% of the population under the age of 14, above 5% of the 100 million Ethiopians are aged 65 years and or above. This proportion of older person is anticipated to nearly double to nine percent by 2050. Older men who live to 60 can expected to live an additional 15 years and older women an additional 16 years after their 60th birthday (Anteby, 2005). Correspondingly, according to Macedonia Charity Association (MCA) information center there were 2000 elderly people as of January 2020. Among these population 348 elderly people were participated.

1.2 Statement of the Problem

The focus of the majority of research efforts in Sub-Saharan regions have been in the area of child care, adolescent delinquency, prenatal care, and related topical issues. In contrary, very little attention has been given for the issue of elders (HAI, 2001; MoLSA, 2006). In support of such less emphasis, although their proportion showed year to year increment, (UN, 2004) noted that elderly people are unrecognized and highly vulnerable to multi-faced problems. A study which was conducted in Sub-Saharan countries stated that older people are adversely affected by economic, physiological and psychosocial challenges (HAI, 2001). There are also many myths

and stereotypes about elderly as: senile, rigid in thought and manner, having old fashioned morality and skills, greedy, forgetful, asexual, unattractive and even useless. All these myths and stereotypes called ageism, leads prejudice against the elderly (Leighlin, 2008; KAHSA, 2007).

Mental health disorders according to the World Health Organization (WHO) are one of the leading causes of stress worldwide. It may induce functional disability, disturbed rehabilitation, burden to the health care system, and impaired quality of life of the elderly people and their families (Knaak, et al., 2017). Studies have generated very inconsistent findings about the prevalence of stress among older adults, although most studies report decreased prevalence rates in advanced age (Kessler et. al., 2010). Most studies have tended to focus on selective disorders such as dementia or depression. The previous studies using different study designs have found lifetime and current prevalence rates of mental disorders in elderly people ranging from 1 to 18% (Volkert. et.al, 2013).

To date, there is little known regarding the spectrum of stress among the elderly people in Ethiopia in general and in Addis Ababa in particular (Mussie, 2006). In the other way round the elderly population in Ethiopia have unique feature in the sense that there is no stabilized and advanced organizational system that maintains life of this population rather there are a number of problems that affected them (HAIE, 2010).

While the stress process model examines the crucial role of psychosocial resources in stress research, several issues have not been addressed adequately that are particularly relevant to the elderly. First, most studies have paid little attention to possible variations in the types of stress experienced by different age groups, with little work on stress with the very old. With advancing age, elders experience certain types of stressors such as death and health problems more often than younger people (Edwards et. al., 2019).

World Health Organization report (2017) indicated that there may be multiple risk factors for mental health problems at any point in life. Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. However, most local studies conducted earlier have focused on mental health problem on the other segments of the population. Therefore, realizing this breach in investigation, so the aim of this study is to determine the prevalence of

stress in the elderly among Macedonia Charity Association, Addis Ababa, Ethiopia. It hoped that this preliminary data help to determine the burden of stress among the elderly community in MCA, especially the factors contributing to these problems. MCA were selected purposely only because of many older people are found together.

To the researcher' preliminary interviews and observation of resided in Macedonia Charity Association older people have been experienced reduced mobility, chronic pain, and other physical related health problems, for which they require some form of long-term care. Moreover, they experience critical life events like bereavement, drop in socio-economic status with retirement, loneliness and separation from family (MCA website). In addition to these factors the novel corona virus or COVID -19 pandemic may negatively affect the mental health of older people and the research conducted by Brenda (2020) illustrated that stress experience of older adults at the outset of the COVID-19 pandemic event, a stress or unique in its far-reaching impact and unknown long-term implications. Taking these conditions into account the researcher therefore, inspired to fill these gaps by determining the prevalence and associated factors of stress among elderly people in Macedonia Charity Association (MCA) Addis Ababa, Ethiopia.

1.3. Objectives of the Study

1.3.1. General Objective

The general objective of the study is to determine the prevalence and associated factors of stress among elderly people in Macedonia Charity Association, Addis Ababa, Ethiopia

1.3.2. Specific objectives

The specific objectives are:-

- To determine the prevalence of stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia
- To assess the factors associated with stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia.

1.4. Research questions

These basic research questions draw in realizing of the statement of the problems hereunder.

1. What is the prevalence of stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia?
2. What are the factors associated with stress among elderly people in Macedonia Charity Association in Addis Ababa, Ethiopia?

1.5. Significance of the study

The results of this study are expected to answer the prevalence and associated factors of stress among elderly people in Macedonia Charity Association, Addis Ababa, Ethiopia. The researcher believes that this study will contribute a lot to Ethiopian elderly people. The finding clearly shows prevalence and associated factors of stress among elderly people in Macedonia Charity Association. Thus, the findings and recommendations of the study will suggest prevalence and associated factors of stress among elderly people. The research finding provides realistic endorsements for the problem. Therefore, primarily, the study offers possible recommendations for Macedonia Charity Association. It will also serve as a reference for other researchers who conduct their study in related cases. Since it indicates the problem, it will highly guide concerned governmental and non-governmental bodies to focus on the seriousness of the problem especially in prevalence and associated factors of stress in elderly ages.

1.6 Scope of the study

The study carried out in Macedonia Charity Association which is found in Addis Ababa, the capital city, near Hayat Square. The study mainly focused on prevalence and associated factors of stress among elderly people in Macedonia Charity Association. Concerning sampling, the data was gathered from 100% of the elderly people. Apparently, the respondents were selected and organized by purposive sampling techniques. The time coverage of the study started from preparation of proposal in December 2020 and this thesis research part were finalized at the end of August 2021.

1.7. Operational Definitions

Prevalence: is a statistical concept referring to the number of cases of a stress that are presented in a particular population in a given time.

Stress: stress is a common mental health problem of elderly people that affects the quality of life to measure stress. The researcher will use the perceived stress scale (Cohen, 1994) and identified the level of stress.

Associated factor: in this study which are the factors that reason to develop stress which are age, sex, educational status, isolation/separation, income and present illness which defined chronic illness those are Diabetes, Hypertension and the current COVID-19 pandemic.

Elderly People: in this study it refers to the senior citizen Aged 65 and above Men and women who are currently residing in Macedonia Charity Association in Addis Ababa. Ethiopia.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, a detailed discussion of related literature works about the concept of elderly population, stress and empirical studies of prevalence of stress among the elderly and the contributing factors of stress that will guide the study are presented.

2.1. The Concept of Elderly

Getting old is a normal stage of life, which comes to every person. Considered old age as the stage of life in which wisdom is personified, the fruit of well spent life is enjoyed and unquestionable power of authority and respect are obtained. In our Ethiopian society, old age has always been a concerned due to lack of power of social, economic and professional spheres, and its closeness to death but with changed family patterns and value system there is a drastic changes in the life style and living standards in the society as well as at home front (HAIE, 2010). As population aging becomes more and more pronounced, the concern for mental health and well-being of older people is also increased.

The term 'elderly' or older person has been perceived in different ways in different countries. It is, however, mainly explained in relation to chronological age. Robertson (1996) in his discussion about 'what is old age' has stated that the age of retirement for judges in UK is 70 years and the age at which a woman is placed on pension would be raised to 65 years. On the other hand, while a study carried out in Sweden sets old age at 76, that of the study conducted in Finland about depression among the old people consider the category of people with age 60 years and above as old age class. Kotkamp-Mothes et al. (2005) in their part referred elderly people as those who are older than 60 years. This evidenced that; there is no consensus about the age range for elderly category. For Toner et al. (2003) Africa is estimated 1.2 billion which constitutes 16 % of the world's population. From this population, 55 million which accounts 3.6% of Africa's population fall under elderly people category aged 60 years and above (ADB, 2015). Much of the world's overall projected increment expected between the years 2015 to 2050 is to occur either in high-fertility countries, mainly in Africa, of which Ethiopia is amongst those countries with large populations.

As to the Central Statistics Agency's current sample statistics data, the population size of Ethiopia was projected at 94.5, 106, and 129 million by 2015, 2020, and 2050 respectively. The number of elders making up 5.2% in 2015; and expected to grow to 10.4% in 2050 (CSA, 2006). The life expectancy at birth for the period 2010-2015 for Ethiopia is estimated to be 63.1 years, and grows to 74.5 years in average by 2050 (UNDESA, 2015).

The elderly in the Ethiopian context have been seen as icons for patriotism, reservoir of heritages of useful cultural values for the next generation, agents for solving problems and reconciliation of conflicts between and among individuals and ethnic groups (MoLSA, 2006). Even though elderly people, in most ethnic groups, do have such tremendous socio-political contributions, there is no specific legal framework designed to protect them (Bergon, 2001). The Constitution of the Federal Democratic Republic Ethiopia (FDRE) Article 18 No 1, on prohibition against inhuman treatment states that, "everyone has the right to protection against cruel, inhuman, or degrading treatment or punishment" (FDRE, 1995).

These days, population of elders is raising worldwide including developing countries like Ethiopia (UNFPA and HAI, 2012). Elders can be productive, if favorable conditions are created and when stakeholders (families, neighbors, community-based organizations and voluntary associations, governmental and non-governmental organizations) share their problems. It is largely of a hidden problem which will be committed against aging people by family members in the domestic settings (Choi and Mayer, 2000). Lesser value has been given to make use of their life-long accumulated knowledge and experiences. Lesser attention has been also given to elderly people in contrary to what they have contributed for the continuity of traditions and cultures of the society. In addition, they can also contribute a lot in the development of their country.

Even though aging was the time when they are in need of family and communal payback for what they had contributed, such a good culture seemed gradually eroded away. This poor payback is thought aggravated, when families and communities themselves faced problems. Such societal difficulties make the livelihood of elders like mumps on goiter. Nowadays, elders are encountering various problems, which eventually expose them to begging because of the absence of family and community support (HAI, 2011).

Globally, 15% of the elderly population is suffering from mental disorders, and stress is one major mental health problem affecting a sizeable proportion (10–55%) of the elderly population^{1, 2}. The prevalence of stress and anxiety among the elderly population is gradually increasing and expected to reach double in the next one decade¹. About one fifth of the world's aging population lives in Thailand, and their number will increase by 28% in the coming ten years (Lelghlin, 2017; KAHSA, 2018).

2.2. The Concept of Stress

Stress has had many different definitions by different scholars, but most commonly accepted definition today: stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize. People feel little stress when they have time, experience and resource to manage a situation. On the other hand they feel great stress when they can't handle demands. In most cases stress is a negative experience in which its effect or reaction depend on people's perception and ability to cope. The reason behind inability to use a single definition of stress is the nature of stress. Stress is made up of many things that different people experience the different aspects (Cooper & Payne, 1998).

According to Feldman (2008), stress is the physical and emotional adaptive response to an external situation that results in physical, psychological and behavioral deviations. Examples include financial difficulties, health issues, conflict with friends, all carry force or pressure on person's body, mind and spirit. Some of the pressure may arise from the environment but most often comes from within a person's head in the form of regret, discouragement, low confidence, worry, and anxiousness.

There are different ways to define stress across various disciplines yielding medical, environmental, and psychological models of stress (McNamara, 2000). The medical model of stress defines the term stress as it is a state of distress in an individual in response to an environmental precipitant. This psychological response of an organism is also measured by increased heart rate, elevated blood pressure and the presence of hormones and neurotransmitters that heighten the arousal of an organism (Selye, 1993).

The environmental model attributes stress to the external stimulus that includes immediate harm or aversive environmental conditions so that we can measure such stress using stress inventories.

It is also related with negative outcomes such as anxiety, depression and aggression (Jasor, Langrock & Keller, 2005; Chassin, Ritter, Trimer, & King, 2003) and compromised life satisfaction (Mc Knight, Huebner & Suldo, 2002).

Psychological model of stress emphasize the idea of perceived stress which refers to the organism's perception and evaluation of the potential harm posed by a stimulus. The perception of threat arises when the demands imposed upon an individual are perceived to exceed his or her felt ability to cope with those demands (Quyen, 2007). This imbalance gives rise to experience stress and as a result a stress response that may be physiological and psychological in nature (Martin, Kazarian, & Breiter, 1995). Although the three models define stress from different perspectives, the concept of stress can generally be considered as "any factor, acting internally or externally, which makes adaptation to environment difficult and which induces increased effort on the part of the individual to maintain a state of equilibrium between himself or herself and the external environment" (Humphrey, Yow, & Bowden, 2000).

According to Lazarus & Folkman (1984), stress is a mental or physical phenomenon formed through one's cognitive appraisal of the stimulation and is a result of one's interaction with the environment and a person's response towards stress depends on whether an event is appraised as a challenge or a threat. Challenging stimulus can lead to positive outcomes such as motivation and improved task performance while threatening ones or distress can result in anxiety, depression, social dysfunction and even suicidal intention. As indicated by Prabhakar & Gowtha (2013), along with the improvements during the scientific era and the rapid development of information, competitiveness among people has become increasingly intense, as a consequence, people have become busier and, therefore, stress is a natural consequence.

Even though appropriate stress is a juncture for self-growth, it is also a motivation for people to progress actively, however, overstress causes problems and discomfort, and can have serious effects on people's thoughts, feelings and behavior as well (Wortman, Sheedy, Gluhoski, & Kessler, 1992).

The existence of stress depends on the existence of stressors which it is defined as anything that challenges an individual's adaptability or stimulates an individual's body or mentality (Holm & Holroyd, 1992). Stress can be caused by environmental factors, psychological factors, biological

factors, and social factors and it can be negative or positive to an individual, depending on the strength and persistence of the stress, the individual's personality, cognitive appraisal of the stress, and social support (Feng, 1992; Volpe 2000).

2.3. The Prevalence of Stress among the Elderly

According to Karel, Gatz & Smyer, (2012) stress may be referred to as an unpleasant state of emotional and physiological arousal that people experience in situation that they perceive as dangerous or threatening to their well-being. Some people define stress as event or situation that causes them to feel tension, pressure, or negative emotions such as anxiety and anger (Birkeland & Natvig, 2009). Others view stress as the response to these situations. This response includes physiological changes such as increased heart rate and muscle tension as well as emotional and behavior changes. However, most psychologists regard stress as a process of common experience. We may feel stress when we are very busy, have important deadline to meet, or have too little time to finish all of our tasks. Often people experience stress because of problems at work or in social relationships, such as a poor evaluation by a supervisor or an argument with a friend (Chassin et.al. 2003). Some people may be particularly vulnerable to stress in situation involving that threat to failure or personal humiliation. Stress is the excitement, feeling of anxiety, and or physical tension that occurs when the demands placed on an individual are thought to exceed his ability to cope. This most common view of stress is often called distress or negative stress (WHO, 2017; Jasoret.al, 2005).

The physical or psychological demands from the environment that cause this condition are called stressors (Edwards et. al., 2019). Defined stress as a stimulus event that presents unusual demands. Whilst there is little disagreement about the prevalence of stress there is considerable debate about what the word stress actually refers to. In ordinary conversation we seem to be willing to apply the word to both cause and effect (Birkeland & Natvig, 2009).

Stress is as the result of an interaction between an individual's emotional, intellectual, social and physical resources and the demands on him or her (Wortman et.al, 1992). Argued that stress is a different phenomenon from pressure, stress is something more than pressure. It carries strong overtones of the breakdown of normal performance.

Elderly people come voluntarily and some by force to the old age home. The level of stress and depression is more in those elderly people residing in old age home than those elderly people living with families. Elderly people residing in old age home have a feeling of hopelessness, helplessness and worthlessness. Now a day's most of the elderly people are isolated from families.

A study reveals that a prevalence rate of 21 percent and an annual incidence of 12.8 percent (Geriatric depression score of five or more) were found risk factors associated with prevalence of depression include not live with friends and family, poor satisfaction with living accommodation and poor satisfaction with subsequent development of clinically significant depressive symptoms was associated with base line increased scores in depression (Birkeland & Natvig, 2009).

2.3.1 Prevalence of Stress

Several studies across the world have reported different prevalent rates for stress among elders. In cross-sectional study which was conducted to determine the prevalence and the factors associated with stress among elders was found that 27.9% (Saniet.et al, 2012). When examined the severity of stress level it was 24.4% (Birkeland & Natvig 2009). Another study which was conducted by Muhammad and his colleagues among Ethiopia have also found that the prevalence of 21.6% with high rates of psychological problems.

2.4. Sources of Stress of Elderly People

There are few research reports that provide information about older people in Ethiopia. Kifle's (2002) anthropological study on old age and social change in the rural village of Goshwuha in the district of Ensaro, in Amhara Region explored the life situations of elders. The study identified problems of elderly people including lack of proper care and support, and vulnerability to socio-economic problems.

The scholarly literature addressing elderly issues in Ethiopia is minimal and focuses on the socioeconomic problems of elders, problems facing the families in providing care and support to elders, and factors influencing the traditional values and functions of the family (Assefa, 2010; Kassaye, 2007; Jember, 2007). Mussie (2006) studied the consequences of HIV/AIDS in the traditional support networks of the elderly in Arada Sub-City, Addis Ababa. The findings show

that social exclusion, psychological stress and trauma are the problems of elderly people. According to a report of Help Age International-Ethiopia (2010), among the homeless elders studied in Addis Ababa, many have experienced discrimination, abuse, and violation of rights.

Getachew (2007) pointed out factors affecting the living conditions of elders like changes in values, family structure, demographic characteristics, roles of the family, and urbanization. Setegn (2010) studied community-based elder care in Awuramba, in Amhara Region. This exploratory study focused on mechanisms of providing support for elders; tasks of community members to support elders; selection criteria used to identify elders entitled to community-based care; and the interaction of elders with community members. Solomon (2012) used a phenomenological approach to study the lived experiences of abused elderly people in Bishoftu Town, Oromia Region.

Even if, these studies show some issues about elders, there are still gaps of studies about psychosocial challenges and coping mechanisms among elders. Of course, at a national level, governmental and non-governmental organizations as well as association of older persons have started to make greater efforts in tackling problems of the elderly people. However, due to the absence of networking and inability to streamline the activities of the concerned bodies in conducting in depth study, designing and implementing programs, psychosocial challenges are not well solved. Psychosocial issues include the psychological and social aspects of person's life influencing thoughts, feelings, behaviors, healthy functioning, well-being and quality of life. Psychological components include cognition, emotions, and personality. Social factors include socioeconomic status, religion, culture, education, social supports and job status. Psychosocial challenges are the main problems of elders in day to day activities. For instance, in our culture, while young adults and middle adults can fully participate in different social parties, such as: Idirs (social gathering formed for burial ceremony), Senbete (social gathering formed for religious purpose responsible to provide food and beverage services on Sunday after church service), Mahiber (social gathering in the name of saints for memorial and sharing their blessing) and so on, elders cannot do so due to income shortage, loss of physical strength and the likes.

On the other hand, elders cannot communicate easily, because of aging related hearing impairment and loss of proper production of speech due to the loss of teeth. They cannot walk easily as compared to the other community members in order to participate in different social

activities. Additionally, their visual acuity and range of vision significantly decreases and causes difficulties for easier movement from place to place. Moreover, elders who had psychosocial challenges cannot live as to the standard of the other society members. i.e. they cannot fulfill their necessities, such as food, clothing and households of living homes and so on. On the other hand, elders like other society members are in need of inviting their families and relatives in their homes. But, they fail to do so. This also develops the other psychosocial challenge among elders. Results indicated that the highest group of stressors experienced by elderly was self-imposed stressors followed by pressure cognitive responses were found to be the highest responses to stressors experienced by elderly. Negative correlations were found with elderly perception of health. Excessive stress is also costly. This is owing to the facts that stress leads to low productivity, encourages absenteeism, and leads to high turnover, disability pay –outs and an increase work compensation scheme. Moreover, stress can make a worker become resentful toward his/her employer apart from distracting employee engagement (Feldman, 2008)

Research suggests that common factors affecting stress among the elderly are family relationship, financial status, social or community environment, physical health and chronic illness (Birkeland & Natvig 2009). Non-communicable diseases including hypertension, diabetes, and musculoskeletal disorders are the leading factors shown to develop stress and anxiety Sately (2018) according to Feldman, (2017) Stress is multidimensional and complex, induced by certain factors. Stressors can take a variety of forms the most common are psychological and social factors.

2.5. Conceptual Framework of the Study

Based on the empirical literature review done in the above, the research framework was developed that clearly depicts the associated factors of stress. This is shown by using a diagrammatical expression below. As presented, the lists of associated factors for the prevalence of stress (i.e., the independent variables) are listed on the right side of the diagram. In the same way, the prevalence of stress (i.e., the dependent variable) is presented on the left side of the diagram.

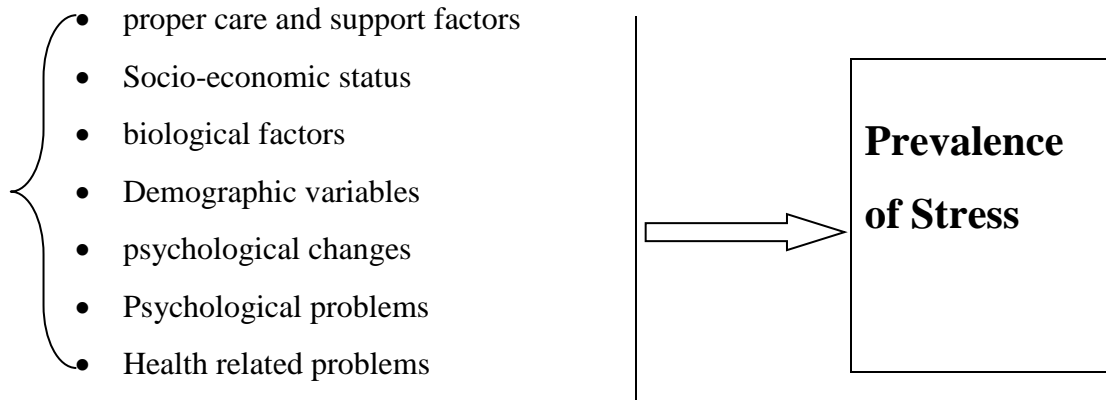


Figure 1: Conceptual frame work of the study (self-developed, 2021)

CHAPTER THREE

RESEARCH METHODS

The purpose of this chapter is to provide an overview of the research design and the method that used to conduct this study. The chapter includes mainly research design, study area and period, sources of data, data collection procedures and tools, sampling technique and sampling size, validity and reliability analysis, data processing, methods of data analysis and ethical consideration.

3.1 Research Design

Among the two types of survey which are cross sectional and longitudinal the researcher used institutional based cross-sectional study design carried out in 2020 at Macedonia Charity Association in Addis Ababa, Ethiopia. Cross-sectional study is aimed at determining the frequency/level of a particular attribute in a defined population at a particular point in time. Since cross-sectional study design refers to collecting data from the sample at a particular point of time for the purpose of inferring the population parameter, independent and dependent variables are measured at the same point in time using a single questionnaire. Though, to achieve this research objective statistical analysis was applied to obtain the findings; therefore the design for this research is quantitative research design. Descriptive survey and inferential statistics method are used to determine the prevalence and associated factors of stress among elderly people in Macedonia Charity Association through the basic questions.

3.2. Study area and period

Macedonia Charity Association (MCA), home for the Elderly and Mentally Disabled People is a non-profit organization founded by Biniyam Belete (Ato) in September 2011 with the mission of alleviating the plight of destitute elderly people and people with mental disabilities by providing food, clothing, housing and medical care. It primarily focuses on providing care for the most helpless and frail elderly people and people with mental illnesses, as they are the most vulnerable segment of the population in Ethiopia. It is a registered organization with a license number 0170. The charity association began by helping 35 people. Before enrolling into Macedonia, most residents were homeless with a very limited opportunity to survive. Since many of the residents

are bed- ridden and terminally ill, they are also provided with assistance in toileting, mobility, bathing and other daily activities (MCA website). According to MCA information center there were 2000 elderly people as of January 2020. Accordingly, the time dimension of this study was from December 2020 to August 2021 as indicated on the work plan.

3.3 Target Population of the Study

The researcher used primary source of data, which were well-design structured questionnaire. Among 2000 elders in MCA, 348 respondents were participated in the study. Since the elders have many problems like reading, language, psychological problems, the actual data collection was made by using a self-administered structured questionnaire (by helping the elders during filling the questionnaire). The researchers distributed and collected the questionnaires at the working hours with the help of MCA nurse.

3.4. Data Collection procedures and tools

3.4.1. Data collection procedures

Data was collected using a structured questionnaire. The elderly stress was assed using perceived stress scale that has 14 items (Sheldon Cohen, 1994). The questionnaire was prepared in English and translated to Amharic and then back to English language to maintain the consistency of the information. Major data were collected on socio-demographic variables, prevalence and associated factors of stress. The researcher asked some of the respondents like interview and filled the questionnaire since the researcher found various problems during data collection (see 3.3). The questionnaire was pre-tested in Yewodekutn Ansu Charity Association with 5% of the total sample of MCA and necessary amendments were considered before proceeding to the actual data collection.

3.4.2 Data Collection Tools

3.4.2.1. Questionnaire

In this study quantitative data were collected using structured questionnaires. It was designed to get definite answers and was used for simplicity. According to Harper (2002), for questionnaire to provide useful results, the questions must be both valid and reliable. The researcher used this

method because it is the most economical way of data collection compared to others in the sense that it is used to collect data from a big population within a small period of time that the researcher has chosen (Mugenda & Mugenda, 2003). The questionnaire contained three sections that focused on the research objective and questions. It incorporated four socio-demographic questions, thirteen associated factors and fourteen items perceived stress scale (Cohen, 1994) questions among elderly in MCA. The questions and statements were grouped and arranged according to the particular objectives that should be addressed. This helped to get pertinent data from the respondents (Dawson, 2002). The closed ended questions were designed to get definite answers and were used for simplicity.

3.5. Sampling Technique and Sample size

3.5.1. Sampling Techniques

Sampling is the process or techniques of selecting a suitable sample for the purpose of determining parameters or characteristics of the whole population (Adams et.al, 2007). This study used purposive sampling technique to select the elderly. The researcher selected 348 elder population aged 60 years and above among 2000 total population from Macedonia Charity Association. Thus, these purposely selected elderly assumed to represent the elder population from the association.

3.5.2. Sample size

Malhortra and Peterson (2006) and Zikmund (2003) stated that the larger the sample size of a research, the more accurate the data generated. However, due to time, financial limitations and the nature of the population the researcher used sample size determination method through taking total elder population in MCA to determine the appropriate samples. The sample size for the study was determined using single population proportion formula by considering proportion since there is no previous study: previous population proportion (50%) z stands for z -value (1.96 for a 95% confidence level) and me = marginal error corresponding (d) 5%, P = percentage picking a choice, expressed as a decimal (0.50 used for sample size needed). n = sample size required is calculated as: $n = Z^2 \times P(1-P) / d^2 = 1.96^2 \times 0.27(1-0.27) / 0.0025 = 313$ plus 10% non-response rate = 35. Therefore, the total numbers of the respondents for this study was 348.

3.6. Pilot Test

To maintain the adequacy, quality and appropriateness of the questionnaire my thesis advisor, two of my friends and classmates commented on it. After the comments have been incorporated, the researcher piloted the instrument to check its reliability. According to Bryman & Bell (2011) the instrument should pilot to ensure its appropriateness and acceptance. The pilot sample comprised 36 participants from 'Yewodekuten Ansu' who were voluntary to partake in the feasibility of the study. Based on Bryman's recommendations (2012) that the pilot test should not be carried out on people who might have been members of the sample that would be employed in the full study. The pilot data were excluded from the main fieldwork data. The reliability of the items obtained through the pilot study is analyzed using Cronbach alpha (α). The result indicated that the instrument was reliable with reliability coefficient ($\alpha= 0.716$).

3.7 Validity of the instrument

Validity in research refers to how accurate an instrument is at measuring what it is trying to measure. Validity checks about the accuracy of the measures to the data through content validity, criterion related validity, constructs validity. It also concerns the extent to which the research measures what it asserts to measure without bias. Though, each attribute was derived from relevant literature to ensure the validity of the questionnaire. The questionnaire were derived from the adapted model and checked with previous related studies, inter vision group of friends and academicians. In addition the questionnaires were commented by my advisor. Generally, the questionnaire was developed based on the literature review and in this study the researcher used content validity to analysis to what extent the instrument provided adequate coverage of the subject under study of the survey items. All accepted comments were included in the final version of the questionnaire.

3.8 Reliability Analysis

Reliability is conducted to assess data quality. A reliability test is used to assess consistency in measurement items (Cerri, 2012). Cronbach Alpha was used to test the reliability of multi-items. This study used reliability statistics to measure the reliability of the data used in SPSS software version 24. In order to test the internal consistency of variables in the research instrument Cronbach's alpha coefficient were calculated. The researcher validate the findings the value

between 0 and 1 during the research because values closer to 1 indicate a higher internal consistency.

In the conducted study, for each variable Cronbach's Alpha value was tested based on the number of questions. To keep the reliability of the instrument it has distributed 14 perceived stress items: the reliability assessed by coefficient alpha was found to be 0.716, as indication of acceptability of the scale for further analysis. Hence, the results indicated that the instrument was highly reliable with reliability coefficient (0.716). This implies that the instrument was reliable.

3.9 Data processing

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 was implemented.

3.10 Methods of Data Analysis

After collecting all the necessary data, coding, editing, proofreading and analyzing were made to eliminate errors/mistakes and ensure consistency. This was intended to ease the tabulation work. The data that gained from the structured questionnaires were analyzed and interpreted using statistical package for social science (SPSS) version 24. As a result, descriptive statistics like frequency, standard deviation, mean and one sample t-test, one way ANOVA and independent sample t-test were used. Different types of tables were used according to the information obtained. Then, discussion was made by triangulating the research objectives, conceptual framework and result. The mean score were calculated from their responses; less stress (0 – 23), moderate stress, (24 – 41), high stress (42 – 61) and severe stress (>62). Finally, descriptive and inferential analyses were conducted by employing the above methods.

3.11. Ethical Consideration

Any researcher need to think carefully about how to gain access to undertake research and about possible ethical concerns that could arise in relation to the conduct of the entire research project (Saunders et al, 2009). Throughout the whole research process an attempt has made to stick with general rules of research ethics. Though, the study is ethically clear from Addis Ababa

University College of Education and Behavioral Studies: School of Psychology. Official letter was submitted to Macedonia Charity Association before starting the study. Verbal and written informed consent was secured from the study participants. Respondents were requested to provide genuine information on voluntary basis and they were communicated in advance about the purpose of the study and confidentiality of their information provided. Name of the study participants were not also included. Moreover, the researcher made the greatest effort to be abided by the rules and regulations of the University and advisor's recommendation.

CHAPTER FOUR

RESULT

This chapter of the study concerned on the analysis and interpretation of data collected through questionnaire. The 348 structured questionnaires were distributed and 211 were collected from Macedonia Charity Association elderly peoples with a 60.6% response rate. The response from the respondent analyzed and interpreted based on the research objectives and review of related literature by the researcher in quantitative approaches and discussed below briefly.

Table 1: Socio- demographic information of participants

Variable item	Frequency n= 211	Percentage
Sex		
M	134	63.5
F	77	36.5
Age		
60-64	83	39.3
65-69	61	28.9
70-74	51	24.2
75-79	-	-
80 and above	16	4.6
Marital status		
Married	70	33.2
Single	28	13.3
Widowed	72	34.1
Divorced	41	19.4
Educational status		
Not read not write	55	26.1
Read and write	57	27
Elementary	16	7.6
High school	39	18.5
College and university	44	20.9

According to the data gained from the questionnaire respondents from those participants 134(63.5%) of them are male aged from 60-64 83(39.3%), from 65-69 61(28.9%), from 70-74 51(24.2%) and the others 16(7.6%) are 80 above years of age. This data shows that most of the participants (elders) are male and they are 60 years of age ages. Likewise, the collected data shows 70(33.2%) elders were married, 28(13.3%) are single, 72(34.1%) are widowed and 41(19.4%) are divorced.

As the collected data indicated above 55(26.1%) of the respondents couldn't write and read, 57(27%) can read and write, 16(7.6%) were interrupted education from elementary school, 39(18.5%) high school, and the others 44(20.9%) qualified college and university education.

4.1 Associated factors with Stress among elderly peoples in Macedonia Charity Association

Table 2 A: Associated factors of stress

No	Variables	Response	Frequency	Percent
1	Stable source of income	Yes	90	42.7
		No	121	57.3
2	If yes to # 1 what is the level of income	Below 200birr	29	13.7
		201-400birr	7	3.3
		401-600 birr	2	0.9
		601-800 birr	1	0.5
		801-1000birr	20	9.5
		Above 1001 birr	31	14.5
3	Do you smoke cigarette	Yes	61	28.9
		No	150	71.1
4.	Do you Drink alcohol	Yes	93	44.1
		No	118	45.9
5.	Present illness	yes	145	68.7
		No	66	31.3
6.	If yes to #5 what type of diseases do you have	Diabetes	66	31.3
		Hypertension	71	33.6
		Cardiac diseases	29	13.7
		Diabetes & Hypertension	17	8.1
		Other	28	13.3

As the result showed in table 2a most of the elders 121(57.3%) have no source of income: however 90(42.7%) do have source of income. Among these 31(14.5%) have above 1001 Etb., 20(9.5%) have 801-1000etb., 1(0.5%) from 601-800 Etb., 2(0.9%) from 401-600Etb.,7(3.3%) from 201-400etb., and 29(13.7%) have below 200Etb., source of income per month respectively.

In the other side 61(28.9%) elders smoke cigarettes and similarly 93(44.1%) elders drink alcohol. Additionally, 145(68.7%) have different types of illness. For example, as the table indicated above 71(31.3%) have diabetes, 29(13.7%) have hypertension, 17(8.1%) have cardiac disease and the other 28(13.3%) have other types of illness. In line with this 80(40%) of them have more than one illness: for example, ten of them have diabetics, hypertension and cardiac illness.

Table 2 B: Associated factors of Stress

No	Variables	Response	Frequency	Percent
1	Have you heard about COVID-19?	Yes	196	92.9
		No	15	7.1
2	Do you think COVID-19 affecting your psychological condition?	Yes	181	85.5
		No	30	14.2
3.	If yes to # 5 how it affects	Causing stress	80	37.9
		Fear of death	56	26.5
		Fear of the disease	-	-
		Fear of loneliness	17	8.1
		Others	28	13.3
4	Do you think the political unrest of the country affects your psychological conditions?	Yes	171	81
		No	40	19
5	Do you think the alarming increment of the goods and items affect your psychology and life style?	Yes	151	71.6
		No	60	28.4
6	Does the population of our country matter on your life?	Yes	168	79.6
		No	43	20.4
7	Musclo-skeleton	Yes	166	78.7
		No	45	21.3

As table 2b indicated, from those participants majority of the elders 196(92.9%) have heard about the pandemic Covid-19 disease and 181(85.8%) of them have affected their psychologically conditions: that means for those 80(37.9%) it causes stress, 56(26.5%) fears of death, 17(8.1%) fears of loneliness and 28(13.3%) others. In contrary, 15(7.1%) of the elders couldn't heard about the Pandemic Covid-19.

In the same line the dominant of the elders, 171(81%) responded that the political unrest of our country Ethiopia affects their psychological condition that leads to high stress. Likewise, the majority 151(71.6%) of them also replied the alarming increment of the goods and items affect their psychology and life styles. Further, 168(79.6%) of the elders claimed that the increased population of the country, Ethiopia matters on their life, stress level. As it is stated above in table (2b) 166 (78.7%) of the respondents (elders) have Musclo-skeleton problems.

4.2 The prevalence of stress among elderly people in Macedonia Charity Association

To give an answer for the research questions and achieve the specific objectives, frequency distribution, percentile, mean, standard deviation, one sample t-test to the whole scale and one way ANOVA was executed. The result from mean score shows that among 211 of the elderly peoples in Macedonia Charity Association, 76(36%) of them experienced less stress, 126(59.7%) experienced moderate stress, and 9(4.3%) of them experienced high stress (Cohen, 1994). This implies that 135(64%) of the elders are vulnerable to stress with the calculated mean value (M= 1.68, SD= 0.55).

Table 3: One sample t-test and descriptive statement of Mean score and Total score

Measure	No. of items	N	Mean	SD	T- value	T	Sig.(2-tailed)
Mean score	14	121	1.682	.550	23	-562.125	.000

As it is indicated in table 3 there is significant statistical difference. Hereafter, the sample mean is smaller than the populations mean and the p- value is .000 which is smaller than 0.05 thus, there is significant mean difference on the prevalence of stress.

4.2.1 Age difference

Table 4: One way ANOVA summary of age difference

Dependent	Independent	df	Mean square	f	Sig.
Mean score	Age	3 207	.301 .303	.991	.398

One way ANOVA test is performed to determine whether there is a significant difference in Mean score & Total score in relation to age difference. The analysis of variable used to state the prevalence of stress among those elderly peoples in Macedonia Charity Association on the existing age difference. The SPSS output in table 4 shows no statistically significant difference at the age difference of those elderly peoples [F (.991), P> 0.05]. This finding implies that those elderly peoples in Macedonia Charity Association found in any age do not have significant difference on the prevalence of stress in Macedonia Charity Association, Addis Ababa, Ethiopia.

4.2.2 Analysis of independent sample t-test on stable source of income on the prevalence of stress

Table 5: Source of Income

Dependent variable	source of income	N	Mean	SD	T	S
Mean score	Yes	90	1.7	.589	.398	.691
	No	121	1.66	.522	.391	.696
Total score	yes	90	1.277	.618	1.359	.176
	no	121	1.173	.494	1.315	.190

Among different inferential analysis, this study used independent sample t- test to compare the prevalence of stress among those elderly people who have source of income and not in Macedonia Charity Association. The (mean score) output from the SPSS shows that there is no statistical significant difference on elderly people who have source of income T= .398, S= .691 and on those elderly people who don't have source of income T=.391, S= .696 on the prevalence

of stress. As it is indicated in the above table 5, the result shows relatively higher on those elderly people who have source of income (M= 1.7) than those who don't have source of income (M= 1.66), thus the prevalence of stress is relatively high on those elderly people who have source of income than those elderly people who don't have source of income.

4.2.3 one way ANOVA summary on effects of Smoking cigarette & drinking alcohol on the prevalence of stress

Table 6: The effects of Smoking cigarette & drinking alcohol on the prevalence of stress

Dependent variable	Independent variable	df	Mean square	F	Sig.
Mean score	Smoking cigarette	1	.665	2.204	.139
		209	.302		
	Drinking alcohol	1	1.090	3.639	.058
		209	.300		

The analysis of variance used to show the effects of smoking cigarette & drinking alcohol on stress among elderly people in Macedonia Charity Association. The result in table 6 shows no statistically significant difference was found for smoking cigarette on the prevalence of stress [F (2.2.04), P>0.05]. Similarly, as it is indicated above no statistically significant difference was found in drinking alcohol on the prevalence of stress [F (3.639), P>0.05]. This implies that those elderly people in Macedonia Charity Association who smoke cigarette and drink alcohol do not have difference on the prevalence of stress.

4.2.4 Analysis of independent sample t-test on present illness on the prevalence of stress

Table 7: The effect of illness on the prevalence of stress

Dependent variable	do you have illness at present	N	Mean	SD	T	S
Mean score	Yes	145	1.703	.554	.820	.413
	No	60	1.636	.544	.825	.411
Total score	Yes	145	1.227	.562	.373	.710
	No	60	1.197	.532	.380	.704

Here, this independent sample t- test is used to compare the prevalence of stress among those elderly people who have illness at present and not in Macedonia Charity Association, Addis Ababa. The (mean score) output from the SPSS shows that there is no statistical significant difference on both elderly people who have illness $T = .820$, $S = .413$ and on those elderly peoples who don't have illness $T = .825$, $S = .411$ on the prevalence of stress. As it is indicated in the above table, the result shows relatively higher on those elderly people. Hence, as the table indicated the output of Mean score, the result shows relatively higher on those elderly peoples who have illness ($M = 1.7$) than those who don't have illness ($M = 1.63$).

4.2.5 Analysis of independent sample t-test on COVID-19 on the prevalence of stress

Table 8: The effect of the pandemic COVID-19 on the prevalence of stress

Dependent variable	COVID-19	N	Mean	SD	T	S
Mean score	yes	196	1.663	.544	-1.840	.069
	no	15	1.933	.593	-1.708	.107
Total score	yes	196	1.193	.509	-2.320	.021
	no	15	1.533	.915	-1.419	.177

The inferential statistics, independent sample t- test is used to compare the prevalence of stress among those elderly people who heard about the pandemic COVID-19 and not in Macedonia

Charity Association, Addis Ababa. The SPSS output of the mean score shows that there is no statistical significant difference on both elderly people who heard about the pandemic COVID-19 $T = -1.840$, $S = .069$ and on those elderly people who don't heard about the pandemic COVID-19 $T = -1.708$, $S = .107$ on the prevalence of stress. As it is directed in the above table, since the size for those elderly people who replied no for the items "have you heard of Covid-19" SPSS result show that elderly people in MCA have high stress.

4.2.6 Analysis of independent sample t-test on political unrest of the country & alarming increment of the goods and items

Table 9: Political unrest of the country & alarming increment of the goods and items

Dependent variable	political unrest	N	Mean	SD	T	S
Mean score	yes	171	1.684	.536	.095	.924
	no	40	1.675	.615	.087	.931
	alarming increment of the goods and items					
	yes	151	1.684	.536	.095	.924
	no	60	1.675	.615	.087	.931

To compare the prevalence of stress among those elderly people in Macedonia Charity Association who thinks about the political unrest of the country, Ethiopia and not independent sample t- test is used. The mean score output from the SPSS shows that there is no statistical significant difference on both elderly people who thinks about the political unrest of the country Ethiopia $T = .095$, $S = .924$ and on those elderly people who don't thinks about the political unrest of the country Ethiopia $T = .087$, $S = .931$ on the prevalence of stress. The result in the above table shows relatively higher on those elderly people who thinks about the political unrest of the country Ethiopia ($M = 1.684$) than those who don't thinks about the political unrest of the country Ethiopia ($M = 1.675$), the mean score shows as it is almost equal and it is not sig different. Apparently, as the table signposted above the result found that prevalence of stress is relatively high on those elderly people who thinks for the alarming increment of goods and items than those elderly people who don't thinks about it

4.2.7 Analysis of independent sample t-test on the effect of population of our country on the prevalence of stress

Table 10: The effect of population of our country on the prevalence of stress

Dependent variable	population of our country	N	Mean	SD	T	S
Total score	yes	168	1.208	.534	-.502	.616
	no	43	1.255	.620	-.460	.647

Different studies showed that population is one of the factors of stress of individuals, especially elderly people. Regarding this independent sample t- test is used to compare the prevalence of stress among those elderly people who concerns population of our country, Ethiopia and not in Macedonia Charity Association, Addis Ababa. The result from the SPSS indicated that there is no statistical significant difference on both elderly people who concerns population of our country, Ethiopia T= -0.502, S= 0.616 and on those elderly people who don't have concern about population of our country T=-0.460, S=0 .647 on the prevalence of stress. As the output illustrated in the above table, the result directed no statistical significance difference on those elderly people who don't have concerns about population of our country (M= 1.255) and those who concerns about population of our country (M= 1.208).

4.2.8. One way ANOVA summary on the effect of Musclo-skeleton on the prevalence of stress

Table 11: Effect of Musclo-skeleton on the prevalence of stress

Dependent variable	Independent variable	df	Mean square	F	Sig.
Mean score	Musclo-skeleton	1	.002	.008	.930
		209	.305		

Here, the analysis of variance is used to show the prevalence of stress on the effects of Musclo-skeleton among elderly people in Macedonia Charity Association. According to the result no statistically significant difference was found for the effect of Musclo-skeleton on the prevalence of stress [F (.008), P>0.05]. The result indicates that those elderly peoples in Macedonia Charity Association who have Musclo-skeleton problem and do not have Musclo-skeleton problem do not have significant difference on the prevalence of stress.

CHAPTER FIVE

DISCUSSION

5.1. Prevalence of stress among elderly peoples in Macedonia Charity Association

One of the objectives of the study is to determine the prevalence and associated factors of stress among elderly peoples in Macedonia Charity Association, Addis Ababa, Ethiopia. The result of this study shows that 126(59.7%) of the elderly people experienced moderate stress and 9(4.3%) of the others experienced high stress. Therefore, we can say that almost the majority (2/3) of the elderly people in Macedonia Charity Association who were participated in this study experience moderate and high level of stress. Here, the finding is alike with the literature: stress causes problems and discomfort, and can have serious effects on people's thoughts, feelings and behavior as well (Wortman, Sheedy, Gluhoski, & Kessler, 1992).

5.2 Associated factors for elderly stress

5.2.1 Age

Various factors might be the cause for stress of elderly people: their stress level varies when their age also varies. As scholars stated with advancing age, elders experience certain types of stressors such as death and health problems (World Health Organization report, 2017) more often than younger people (Edwards, et al., 2019). Similarly, WHO (2016) stressed that globally around 15% of the elderly population is suffering from mental disorders, and stress is one major mental health problem. As the demographic (table 1) of the participant elderly showed most 60.7% of the respondents are above 65 years of age. Older people may experience life stressors common to all people, but also stressors that are more common in later life,(WHO,2017) Though, the finding supports the report the literature review stated above. This means 2/3 of the elderly peoples in Macedonia Charity Association are more vulnerable to stress.

Alike age, elders are encountering various problems, which eventually expose them to begging because of the absence of family and community support (HAI, 2011). The result of the study showed that 28(13.3%) single, 72(34.1%) widowed and 41(19.4%) divorced elderly participants.

The result indicates that 66.8% of the elders in Macedonia Charity Association are more vulnerable to stress (Choi and Mayer, 2000; HAI, 2011).

5.2.2 Income

According to Seangpraw et al., (2020) common factors affecting stress among the elderly are family relationship, financial status, social or community environment, physical health and chronic illness. Similarly, the study result cleared that 57.3% of the elders don't have stable source of income (see table 2a.). Even though, 20(9.5%) have 801-1000etb., 1(0.5%) from 601-800 Etb., 2(0.9%) from 401-600Etb.,7(3.3%) from 201-400etb., and 29(13.7%) have below 200Etb. stable source of income, the total 27.9% out of 42.7%(who have stable source of income) of them have income below 1000Etb. Thus, the result indicates that 57.3% elderly peoples in Macedonia Charity Association are more vulnerable to stress due to income.

In contrary to the result indicated, even though 57.3% of the elders don't have stable source of income and 27.9% of the others have income below 1000Etb., 28.9% elders smoke cigarettes and 44.1% elders drink alcohol in the charity association that hinders their stress when they don't find money.

5.2.3 Present illness

Different scholars stated that physical and mental health related problems happened in old age (Karel, Gatz&Smyer, 2012). According to Birkeland & Natvig, (2009) elderly peoples are affected by physical health and chronic illness. Non-communicable diseases including hypertension, diabetes, and musculoskeletal disorders (Selye, 1993) are the leading factors shown to develop stress and anxiety (Sately, 2018) & (Feldman, 2017). Further, WHO (2017) claimed that many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time.

The end result of the study showed that 68.7% elderly peoples have different types of illness (Knaak, et al., 2017): 31.3% have diabetes, 13.7% have hypertension, 8.1% have cardiac disease and the other 13.3% have other types of illness. Additionally, 40% of them have more than one

illness: for example, ten of them have diabetics, hypertension and cardiac illness. This clearly indicated that 68.7% elder people in Macedonia Charity Association are more exposed to stress due to their illness. They stress about across various disciplines yielding medical, environmental, and psychological models (McNamara, 2000). This psychological response of an organism is also measured by increased heart rate, elevated blood pressure and the presence of hormones and neurotransmitters that heighten the arousal of an organism (Selye, 1993) and may cause death.

5.2.4 The pandemic COVID-19

Brenda (2020) illustrated that the pandemic COVID-19 experiences stress or unique in its far-reaching impact and unknown long-term implications to elderly peoples. Accordingly, 92.9% of the elders heard about the pandemic Covid-19 disease and 85.8% of them have affected their psychologically conditions: that means for 37.9% it causes stress, 26.5% fears of death, 8.1% fears of loneliness and 13.3% others. In the others side, 7.1% of the elders couldn't heard about the Pandemic Covid-19.

5.2.5 Political unrest of the country & alarming increment of the goods and items

According to Bergon (2001) even though elderly people, in most ethnic groups, do have such tremendous socio-political contributions, there is no specific legal framework designed to protect them: though elder peoples are more exposed to get stressed in this situation (MoLSA, 2006). The result in the table (10) shows relatively higher stress on those elderly people who thinks about the political unrest of the country, Ethiopia ($M= 1.684$) than those who don't thinks about the political unrest of the country, Ethiopia ($M= 1.675$). Thus, the study result supports the scholarly literature by Bergon (2001). Therefore; the prevalence of stress is relatively high on those elderly people who think about the political unrest of the country, Ethiopia than those elderly people who don't thinks about the political unrest of the country, Ethiopia. Correspondingly, the result shows vulnerable stress of elderly people (71.6%) in Macedonia Charity Association for the alarming increment of the goods and items in the country.

5.2.6 Effect of population of our country

These days, population of elders is raising worldwide including developing countries like Ethiopia (UNFPA & HAI, 2012). Getachew (2007) also pointed out factors affecting the living conditions of elders like changes in values, family structure, demographic characteristics, roles of the family, and urbanization.

As to the Central Statistics Agency's current sample statistics data, the population size of Ethiopia was projected at 94.5 million in 2015, 106 million in 2020 and 129 million by 2050. The number of elders making up 5.2% in 2015; and expected to grow to 10.4% in 2050 (CSA, 2006). The life expectancy at birth for the period 2010-2015 for Ethiopia is estimated to be 63.1 years, and grows to 74.5 years in average by 2050 (UNDESA, 2015). This means elders get stressed when number of population of Ethiopia increases and visa-vise. The study result showed that 79.6% of the elderly peoples in Macedonia Charity Association claimed that the increased population of the country, Ethiopia matters on their life, alarms their stress level. The result supported the literature (UNFPA & HAI, 2012; UNDESA, 2015).

However, the analysis of independent sample t-test on the effect of population of our country on the prevalence of stress showed no statistical difference of stress on those elderly people who don't have concerns about population of our country ($M= 1.255$) and those who concerns about population of our country ($M= 1.208$).

5.2.7 Effect of Musclo-skeleton on the prevalence of stress

Birkeland & Natvig (2009) "... others view stress as the response to these situations. This response includes physiological changes such as increased heart rate and muscle tension as well as emotional and behavior changes".

According to the response result, 78.7% of the elders have Musclo-skeleton problems. The one way ANOVA result also indicated that those elderly peoples in Macedonia Charity Association who have Musclo-skeleton problem and do not have Musclo-skeleton problem do not have significant difference on the prevalence of stress. Thus, the finding supports in the scholarly literatures (WHO, 2017) and (Birkeland & Natvig, 2009).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

This chapter tries to deal with brief conclusions and recommendations of the research topic based on the research questions and objectives. As a result, the findings of the research would be concluded first. Possible recommendations are also listed below based on the research findings that could help to minimize elderly peoples in Macedonia Charity Association in Addis Ababa, Ethiopia.

5.1 Conclusion

The whole attempt of this research is to determine the prevalence and associated factors of stress among elderly people in Macedonia Charity Association, Addis Ababa, Ethiopia. In order to answer the research questions and achieve the objectives, the study employed quantitative research approaches. In this regard, structured questionnaires with elderly people were collected and analyzed. Based on the findings obtained from the research, the following conclusions are drawn:

1. Among 211 elderly participants of the study in in Macedonia Charity Association, the finding showed that 126(59.7%) of the elderly people experienced moderate stress and 9(4.3%) of the others experienced high stress level. Though, the research can conclude that 135(64%) of the elders are vulnerable to stress because of different contributing factors.
2. The finding of one way ANOVA indicated no statistically significant difference at the age difference of those elderly peoples in Macedonia Charity Association, however, the socio demographic analysis of the elders showed 60.7% of the respondents are above 65 years of age. Since elders are more vulnerable to stress and the greater elders are above 65 years of age they experience stress. Therefore, the research can conclude that elders above 65 years of age have impression for the prevalence of stress in Macedonia Charity Association.
3. Even though, the finding showed no statistically significant difference on stable source of income of elderly people in Macedonia Charity Association as a contributing factors of

stress, the analysis showed from 211 participants most of the elders 121(57.3%) have no source of income. Even if 42.7% have stable source of income, 27.9% of them have stable source of income below 1000ETB. Though, these elderly people experience moderate and high stress level. Therefore the research can conclude that the prevalence of stress is high among those elderly people who have no stable source of income. As it is described in the discussion, the finding showed that those elderly people who have present illness have statistically relatively higher mean score(1.703) or 68.7% than those elderly people who don't have (1.636) or 31.3%. Therefore, the research can conclude that elderly people who have present illness have more vulnerable to stress than elderly people who don't have present illness in Macedonia Charity Association. However, related to the pandemic Covid-19, the result showed high stress level on those elderly people who don't heard about the pandemic COVID-19.

4. In relation to political unrest of Ethiopia & alarming increment of the goods and items: the political unrest of Ethiopia stressed 81% of the elders and alarming increment of the goods and items stressed 71.6% of the others. Though, the research can conclude that stress is more vulnerable to elderly people who think the political unrest of the country and alarming increment of good and items.
5. Even though, there is no statistical significant difference on both elderly people who concerns population of our country, Ethiopia and not, and prevalence of stress is relatively high on those elderly people who don't have concerns about population of our country than those elderly people who concerns about population of our country, Ethiopia. However, 79.6% of the elders claimed that the increased population of the country, Ethiopia increased their stress level. Though, based on the result the research can conclude that elderly people got stressed due to increment of population of the country.
6. The result indicated that 78.7% of the elders have Musclo-skeleton problems. The one way ANOVA result also indicated that those elderly peoples in Macedonia Charity Association who have Musclo-skeleton problem have stress. Thus, we can conclude that elderly people who have Musclo-skeleton have more exposed to stress.

5.2. Recommendations

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

1. As it is indicated in the study, 36% of the elders experienced less stress, 59.7% moderate stress, and 4.3% high stress. Thus, Macedonia Charity Association should employ professional counselor to provide proper professional support for those men and women elderly people: ought to strengthen and give immediate response, full fill equipment's and libraries that makes them busy and decrease their connection to stress. The charity association administration should give attention for elderly people based on their ages and cases.
2. Apparently, when age increase elderly people gets different types of illness, though, the government, NGOs and concerned authorities should build effective and efficient Hospitals for them and the Charity association center should encourage mass sport with a physician. Because elders decrease their use of drugs, and increase their life expectancy. Additionally, the Charity association should timely declare and give information about the covid-19.
3. Among different reasons that make elderly people to be more vulnerable for stress is political unrest of the country, alarming increment of the goods and items & population of our country Ethiopia. Since they are old and in the charity association these contributing factors make them stressed. Though, the heard of the country, the government ought to give immediate solutions for political unrest of Ethiopia, the alarming increments of goods and items, and population. The country citizens should work hard responsibly!

5.3 Future Research

The writer of this research work doesn't believe that this research can satisfy the demands on prevalence and associated factors of stress among elderly peoples in Macedonia Charity Association in Addis Ababa, Ethiopia. Therefore, other similar research works will satisfy more question and demands on the aforementioned area. Thus, it is recommended that other studies on prevalence and associated factors of stress among elderly peoples will definitely fill the gaps. Moreover, the researcher would like to recommend Macedonia Charity Association should take a look at the findings, conclusions and recommendations of this research paper so that it can fill the gap in the stated areas.

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ANNEX

ANNEX

Prevalence and associated factors of stress among elderly peoples in Macedonia Charity Association in Addis Ababa, Ethiopia

Part I: Information Sheet: Introduction

Hello my name is Mister Lulesged, I am a counseling psychology Student in Addis Ababa university school of Psychology. The main aim of the research project is to determine the level and associated factors of stress among elderly people in MCA. The information you provide will be used to understand the prevalence and associated factors of stress among elderly peoples in Macedonia Charity Association in Addis Ababa, Ethiopia, this study will enable to improve the quality of life of elderly people in Addis Ababa through understanding and giving priority intervention areas; the survey asks you question about your level of stress and associated.

2. Participation Procedure and Guideline:

The information you provide will be kept completely anonymous. That is, your name will not be indicated on any of the forms.

It will take about 45 minutes to complete the survey. Nevertheless, if you do not want to participate in the study it is your right and has no influence on the care being provided in this health institution or other areas

Since the questions are prepared in Amharic, the discussion will be in Amharic and the interviewers will ask you in the language that you are familiar with.

3. Participation Benefits and Risk:

Risk: -Your participation in this study does not involve risks to you than those you experience in your daily life. You might feel some mild discomfort in responding question and the time you spent, but it is not different from your appointment time.

Benefits: - you may experience some benefits from participating in the project. These benefits might be positive feelings from helping with important research project and your response will assist to improve the quality of life of elderly people in Addis Ababa through understanding and giving priority intervention areas

Incentives/Payment for Participation: No payment will be given in participating in this study.

4; Confidentiality: The information gathered from you will be confidential and will not be exposed to anybody. The information will be stored in secured place locked by using coded identification without indicating your name.

5, Right to Refuse or withdraw: your participation is Voluntary, and there is no penalty for you not wanting to participate. This means that you are free to stop fully or choose not to answer any particular question or all questions.

You have a right to have any questions about this research project answered. Please direct call to any question to Mister Lulesged Cell phone: +251-0926773089 .**7, Informed Consent Form:** with do understanding of the aforementioned information, are you willing to participate in the study?

If Yes_____ (continue the interview) 2. No_____ (Terminate the interview)

Signature of the participant _____Date: _____

Directions: The information you provide will be used to understand the prevalence and associated factors of stress among elderly peoples in Macedonia Charity Association in Addis Ababa, Ethiopia, this study will enable to improve the quality of life of elderly people in Addis Ababa through understanding and giving priority intervention areas; the survey asks you question about your level of stress and associated.

Part II: Socio-demographic status

No	Variable	Response	Skip	Remark
1	Sex	1. Male 2. female		
2	Age	1. 60-64 2. 65-69 3. 70-74 4. 75-79 5. 80 and above		
3	Marital status	1. married 2. single 3. widowed 4. divorced 5. other		
4	Educational status	1. not read not write 2. read and write 3. elementary 4. high school 5. college and university		

Part III: Associated factors with Stress among elderly

No	Variables	response	Skip	Remark
1	Stable source of income	1. Yes 2. No		
2	If yes to # 1 what is the level of income	1. Below 200birr 2. 201-400birr 3. 401-600 birr 4. 601-800 birr 5. 801-1000birr 6. Above 1001 birr		
3	Do you smoke cigarette	1, Yes 2 ,No		
4.	Do you Drink alcohol	1, Yes 2,NO		
5.	Present illness	1, yes 2,No		
6.	If yes to #3 what type of dieses do u have	1, Diabetes 2, Hypertension 3, Cardiac diseases 4, Other		
7	Have you heard about COVID-19?	1. Yes 2. No		
8	Do you think COVID-19 affecting your psychological condition?	1. Yes 2. No		
9.	If yes to # 8 how it affects	1. Causing stress 2. Fear of death 3. Fear of the disease 4. Fear of loneliness 5. Others		
10	Do you think the political unrest of the country affects your psychological conditions?	1. Yes 2. No		
11	Do you think the alarming increment of the goods and items affect your psychology and life style?	1. Yes 2. No		
12	Does the population of our country matter on your life?	1. Yes 2. No		
13	Musclo-skeleton	1. Yes 2. No		

Part IV

Structured Questionnaire to assess the prevalence and associated factors of stress in Addis Ababa

INSTRUCTIONS:

The questions in this scale ask you about your feelings and thoughts during **THE LAST MONTH**. In each case, you will be asked to indicate your response by placing an “X” over the circle representing **HOW OFTEN** you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don’t try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last month, how often have you felt nervous and “stressed”?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last month, how often have you dealt successfully with day to day problems and annoyances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Almost Never	Sometimes	Fairly Often	Very Often
	0	1	2	3	4
11. In the last month, how often have you been angered because of things that happened that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In the last month, how often have you found yourself thinking about things that you have to accomplish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. In the last month, how often have you been able to control the way you spend your time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ትዕዛዞች

ከዚህ በታች ያሉ ጥያቄዎች በአለፈው ወር ስለነበሩት ሰብዕና አስተሳሰቦች ይጠይቃል። በእያንዳንዱ ጉዳይ በተዘጋጀው ሳጥን ውስጥ የ x ምልክት በማድረግ ምላሽዎን እንድትገልጹ የምትጠየቁ ሲሆን ይህም የዘወትር ስሜቶንና አስተሳሰብን የሚወክል ሃሳብ እንዲመልሱ ነው። የተወሰኑ ጥያቄዎች ተመሳሳይ ቢሆኑም በመካከላቸው ልዩነቶች ስላሉ የተለያዩ ጥያቄዎች እንደሆኑ አድርገው ያሰቧቸውን ትክክለኛ አማራጭ የሆነውን ቶሎ ቶሎ ምላሽ መስጠት ይኖርቦታል። የተለየ ሀሳብ የተሰማዎትን ጊዜ ለመቁጠር እንዳይሞክሩ ነገር ግን ምክንያታዊ የሆነውን ግምት በአማራጭነት ይግለጹ።

ተ.ቁ		በፍጹም 0	ያንያህል አይደለም 1	አንዳንድ ዴ 2	ዘወትር 3	ሁል ጊዜ 4
1	ባለፈው ወር ያልተጠበቀ ነገር በመከሰቱ ለምን ያህል ጊዜ ተስፋ ቆርጠው ያውቃሉ?					
2	ባለፈው ወር በሕይወትዎ ውስጥ ጠቃሚ የሆኑ ነገሮችን መቆጣጠር እንደማይችሉ የተሰማዎት ለምን ያህል ጊዜ ነው?					
3	ባለፈው ወር ውስጥ በጣም የተናደዱትና የተጨነቁት ለምን ያህል ጊዜ ነው?					
4	ባለፈው ወር የዕለት ተዕለት ችግሮችን እና ምስቅልቅሎቶችን ምን ያህል ጊዜ በስኬታማ ሁኔታ ፈትተዋል?					
5	ባለፈው ወር በሕይወትዎ ያጋጠሙ ያሉ ጠቃሚ ለውጦች ጋር በውጤታማ ሁኔታ መላመድዎን ለምን ያህል ጊዜ ተሰምትዎት ያውቃል?					
6	ባለፈው ወር የግል ችግሮችዎን ለመቆጣጠር ችሎታ እንዳልዎ በራስ መተማመን የተሰማዎ ለምን ያህል ጊዜ ነው?					
7	ባለፈው ወር ውስጥ ነገሮች እርሶ በሚፈልጉት መንገድ እየሄዱ እንደ ነበረ የተሰማዎ ለምን ያህል ጊዜ ነው?					
8	ባለፈው ወር ወስጥ መስራት የነበረቦትን ሁሉንም ነገሮች መስራት ሳይችሉ የቀሩት ለምን ያህል ጊዜ ነው?					
9	ባለፈው ወር ውስጥ በሕይወትዎ ውስጥ ንዴትዎትን ለምን ያህል ጊዜ ለመቆጣጠር ችለዋል?					
10	ባለፈው ወር ውስጥ ከነገሮች በላይ እንደሆኑ የተሰማዎት					

	ለምን ያህል ? ጊዜ ነው					
11	ባለፈው ወር ወስጥ ከቁጥጥር ውጭ በመሆንና ባጋጠምዎት ነገሮች ለምን ያህል ጊዜ ተናደዋል?					
12	ባለፈው ወር ወስጥ ስላጠናቀቁት ነገሮች ለምን ያህል ጊዜ አስበው ያውቃሉ?					
13	ባለፈው ወር ወስጥ ጊዜዎትን የሚያሳልፈበትን መንገድ ለምን ያህል ጊዜ መቆጣጠር ችለዋል?					
14	ባለፈው ወር ልታሸንፈላቸው በማትችሉላቸው ደረጃ አስቸጋሪ ነገሮች ከፍተኛ መሆናቸውን ለምን ያህል ጊዜ ተሰምቶት ያውቃል?					

በመቀደንያ በጎ አድራጎት ድርጅት፣ አዲስ አበባ፣ ኢትዮጵያ የአረጋውያን ጭንቀት ተጋላጭነት እና ተያያዥ ምክንያቶች

ክፍል 1: የመረጃ ሠንጠረዥ

1. መግቢያ

ስሜ ሚስጥር ልዑልሰገድ ይባላል፤ በአዲስ አበባ ዩኒቨርሲቲ የሳይኮሎጂ ትምህርት ቤት ውስጥ የማማከር ሳይኮሎጂ ተማሪ ነች። የዚህ ሪሰርች ፕሮጀክት ዋና ዓላማው በመቀደንያ በጎ አድራጎት ድርጅት በሚገኙ አረጋውያን ላይ የሚገኘው ጭንቀት ደረጃ እና ተያያዥ ምክንያቶች ለመወሰን ነው። የሰጣችሁን መረጃ በመቀደንያ በጎ አድራጎት ድርጅት፣ አዲስ አበባ፣ ኢትዮጵያ አረጋውያን ላይ ያለው ጭንቀት ተጋላጭነት እና ተያያዥ ምክንያቶችን ለመገንዘብ የሚረዳ መረጃ ነው። ይህ ጥናት በአዲስ አበባ የሚገኙትን የአረጋውያን የአኗኗር ሁኔታ በመገንዘብ እና ቅድሚያ የማስተካከያ ስራ በመስራት ሕይወታቸው እንዲሻሻል ያስችላል። ጥናቱ የጭንቀቶች ሁኔታ እና ተያያዥ ምክንያቶች ላይ ጥያቄ ይጠይቃል።

2. የተሳትፎ ሂደት እና መመሪያ

የምትሰጣቸው መረጃዎች ስም ሳይገለጹ በድብቅ ይያዛል። ይህ ማለት በየትኛውም ቅጽ ላይ ስምዎ አይገለጽም ማለት ነው።

ጥናቱን ለማጠናቀቅ ወደ 45 ደቂቃ ይሰዳል። ሆኖም በዚህ ጥናት መካፈል ካልፈለጉ መብትዎ ነው። በዚህ ጤና ማዕከል ወይንም በሌሎች ቦታ የሚቀርብልዎ እንክብካቤ ላይ ምንም አይነት ተጽዕኖ አይኖረውም።

ጥያቄዎቹ በአማርኛ የተዘጋጁ በመሆኑ ወይይቱም በአማርኛ ይሆናል። ቃለ-መጠይቅ አቅራቢው እርስዎ በሚመችዎ ቋንቋ/በተላመዱት ቋንቋ ይጠይቅዎታል።

3. የመሳተፍ ጥቅም እና ስጋት

ስጋት: በዚህ ጥናት ላይ መሳተፍዎ በእርስዎ እና ሌት ተቀን ከሕይወትዎ ጋር በሚገናኙ ሰዎች ጋር ምንም አይነት ተጽዕኖ የለውም። ለጥያቄው መልስ ሲሰጡ የተወሰነ ምችዎት የሚነሳዎ ነገር እና የሚወስድብዎ ጊዜ አለ። ሆኖም ከቀጥሮ ጊዜያዎ አይለይም።

ጥቅም: በዚህ ፕሮጀክት ላይ በመሳተፍዎ የተወሰነ ጥቅም ያገኛሉ። ይህ ጥቅም በጥናቱ ፕሮጀክት ላይ አውንታዊ ስሜት ሊሰጠው ይችላል። እርስዎ የሚሰጡት ምላሽ በአዲስ አበባ የሚኖሩ የአረጋውያን ሕይወት በመገንዘብ እና ቅድሚያ የሚሰጠው ማስተካከያ በማድረግ የአረጋውያንን ሕይወት ማሻሻል ላይ አውንታዊ ሚና ይኖራል።

ለተሳታፊዎች ጥቅም/ክፍያ: በዚህ ጥናት ላይ በመሳተፍ ምንም አይነት ክፍያ አይፈጸምም።

4. ምስጢራዊነት

ከእርስዎ የተሰበሰቡ መረጃዎች ምስጢራዊ ይሆናሉ። ለማንም ሰው አይገለጹም። መረጃዎቹ ደህንነታቸው በተጠበቀ ቦታ የእርስዎ ስም ሳይገለጽ ልዩ መለያ የተሰጠው በመጠቀም ይቆለፍባቸዋል።

5. እምቢ የማለት ወይም የማቋረጥ መብት

የእርስዎ ተሳትፎ በፍላጎት ነው። መሳተፍ ባለመፈለግዎ ምንም አይነት ቅጣት አያስከትልም። ይህ ማለት በሙሉ ማቋረጥ ወይም ልዩ ወይም ሁሉንም ጥያቄዎች አለመመለስ መምረጥን ይችላሉ ማለት ነው።

ስለዚህ ፕሮጀክት የትኛውም አይነት ጥያቄ ምላሽ የማግኘት መብት አልዎም። ያልዎትን ሁሉንም ጥያቄ ለአቶ ልዑልሰገድ፣ ስልክ ቁጥር +251 926773082።

6. የፍቃደኝነት ቅጽ

ከላይ የተመለከተውን መረጃ በመገንዘብ በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነኝ?

1. አዎ ከሆነ _____ (ቃለ-መጠይቁን ይቀጥሉ)
2. አይደለም ከሆነ _____ (ቃለ-መጠይቁን ያቋርጡ)

የተሳታፊው ፊርማ: _____ ቀን: _____

አቅጣጫ: ያቀረቡት መረጃ በመቁደንያ የበቆ አድራጎት ድርጅት፣ አዲስ አበባ፣ ኢትዮጵያ አረጋውን ላይ የጭንቀት ተጋላጭነት እና ተያያዥ ምክንያቶች እንድትገነዘቡ መረጃ በማቅረብ፣ በአዲስ አበባ የሚገኙ አረጋውያንን በመገንዘብ እና ቅድሚያ መከላከያ የሚደረግበትን ቦታ በመለየት የአረጋውያንን ሕይወት እንዲሻሻል ያደርጋል። ጥናቱ የእርስዎን የጭንቀት ደረጃ እና ተያያዥ ምክንያቶች ላይ ጥያቄ ይጠይቃል።

ክፍል 2: የማህበራዊ እና የአኗኗር ሁኔታ

ተ.ቁ.	ወሳኞች	መልስ	ይለፉት	ማስታወሻ
1.	ፆታ:	1. ወንድ 2. ሴት		
2.	ዕድሜ:	1. 60-64 2. 65-69 3. 70-74 4. 75-79 5. 80 እና ከዚያ በላይ		
3.	የጋብቻ ሁኔታ	1. ያገባ 2. ያላገባ 3. ሚስት/ባል የሞተበት 4. የፈታ 5. ሌሎች		
4.	የትምህርት ደረጃ	1. ያልተማረ፣ የማይጽፍ እና የማያነብ 2. የሚጽፍ እና የማያነብ 3. መጀመሪያ ደረጃ 4. 2ኛ ደረጃ 5. ኮሌጅ እና የኒቨርሲቲ		

ክፍል 3: በረጋውያን ላይ ላለው ጭንቀት ተያያዥ ምክንያቶች

ተ.ቁ.	ወሳኞች	መልስ	ይለፉት	ማስታወሻ
1.	ቋሚ የገቢ ምንጭ	1. አዎ 2. አይደለም		
2.	ለ1 አዎ ከሆነ የገቢ ምንጩ ደረጃ ምን ያህል ነው?	1. ከ200 በታች 2. ከ201-400 ብር 3. ከ401-600 ብር 4. ከ601-800 ብር 5. 801-1000 ብር 6. ከ1001 ብር በላይ		
3.	ሲጋራ ያጨሳሉ	1. አዎ 2. አላጨሰም		
4.	አልኮል ይጠጣሉ	1. አዎ 2. አልጠጣም		
5.	አሁን በሽታ አለብዎ	1. አዎ 2. የለብኝም		
6.	ለጥያቄ 5 መልስዎ አዎ ከሆነ ምን አይነት በሽታ አለብዎ	1. ስኳር 2. የደም ግፊት 3. የልብ ሕመም 4. ስኳር እና ደም ግፊት 5. ሌሎችም		
7.	ስለ ኮቪድ-19 የሰሙት አለ	1. አዎ 2. አልሰማሁም		
8.	ኮቪድ-19 የእርስዎ የስነ-አዕምሮ ሁኔታ ላይ ጉዳት አምጥቷል	1. አዎ 2. አላስብም		

	ብለው ያስባሉ			
9.	ለጥያቄ 8 መልስዎ አዎ ከሆነ ምን አምጥቶብዎታል	<ol style="list-style-type: none"> 1. ጭንቀት አምጥቶብኛል፤ 2. የሞት ፍራቻ 3. የበሽታ ፍራቻ 4. የብቸኝነት ፍራቻ 5. ሌሎች 		
10.	በሀገሪቷ ያለው የፖለቲካ አለመረጋጋት የእርስዎን የስነ-አዕምሮ ሁኔታ ላይ ተጽዕኖ አምጥቷል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. አዎ 2. አላስብም 		
11.	በከፍተኛ ሁኔታ የዕቃዎች ዋጋ መጨመር የእርስዎን የስነ-አዕምሮ እና የአኗኗር ሁኔታ ላይ ተጽዕኖ ያመጣል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. አዎ 2. አላስብም 		
12.	የሀገሪቷ ህዝብ ብዛት ህይወትዎን ተጽዕኖ ያመጣል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. አዎ 2. አላስብም 		
13.	የሰውነት ጥንካሬ	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም 		