



ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES  
SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY  
CLINICAL PSYCHOLOGY PROGRAM  
EXPLORING THE LIVED EXPERIENCES OF SOLDIERS WITH  
COMBAT EXPOSURE IN ETHIOPIA

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A THESIS PROPOSAL SUBMITTED TO THE DEPARTMENT OF  
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APPROVED BY BOARD OF EXAMINERS

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## **ACRONYMS**

PTSD: -Post-Traumatic Stress Disorder

UN: - United Nations

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## **ABSTRACT**

**Background:** Combat exposure presents profound psychological challenges for soldiers, with long lasting consequences on their mental health. While research has explored PTSD and other mental health issues among military personnel globally, little is known about the subjective experiences of Ethiopian soldiers who have been exposed to combat. This study seeks to fill the gap by exploring the lived experiences of soldiers at Torhayloch Armed Forces Hospital, Addis Ababa Ethiopia.

**Objectives:** This qualitative study aimed to explore the thoughts, emotions and experiences of soldiers with combat exposure, focusing on their experiences before, during and after deployment to the war front.

**Method:** A phenomenological approach was employed to gather an in-depth insight from 5 participants (4 males, 1 female) receiving treatment at Torhayloch Armed Forces Hospital. Semi -structured, individual interviews were conducted in Amharic with the data recorded, transcribed and analyzed using thematic analysis to identify emerging themes.

**Results:** There are four major themes identified reflecting the multifaced nature of combat exposure. These include; impacts on interpersonal relationships, emotional responses, physical impact of injuries, spiritual reflections and future aspirations.

**Conclusion;** This study provides a comprehensive understanding of the psychological impact of combat exposure on Ethiopian soldiers. It highlights the complexity of their experiences, emphasizing the need for culturally sensitive interventions to address the mental health needs of soldier returning from combat.

**Key words;** - Combat exposure, post-traumatic stress disorder (PTSD), Ethiopian soldiers, military mental health

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## **1. INTRODUCTION**

### **1.1. BACKGROUND OF THE STUDY**

War is a period full of turbulence and bloodshed where soldiers are bound to come face-to-face with brutal realities. It brings not only the physical hazards of the battle but also the immense psychological cost into their faces. Although the body shows many battle scars and wounds, the main results of the war extended much further, cutting deep into their minds and spirits. (1)

War-related trauma is a psychological condition where one is directly or indirectly exposed to some dangers, such as those associated with armed conflicts. It involves the experiences where one is found in the line of duty, such as being on the battlefield, being exposed to some very frightening events, life-threatening encounters, coming back with hardship, loss and stress from being at war. This trauma can have complications such as post-traumatic stress disorder, depression, and anxiety, all affecting how the lives of people are modeled. It is factors such as the nature of the conflict, the duration in which one is exposed to danger, and his support system that determine the level of influence under which he is put. (2)

Of these, combat exposure is the most central: it is symbolic by being the crucible in which the psychological effects of armed conflict are smelted. To bring this home, a rise in the rates of mental health problems such as post-traumatic stress disorder, depression, and anxiety is linked to combat exposure from the return home of soldiers. Violent combat, human trauma, and direct responsibility for taking another human's life may give experience to an individual that could potentially make a minor impact on his or her perceived threshold of invincibility, thus slightly increasing the propensity for risky behavior upon returning home after deployment in wartime. (3)

Researchers looked at the mental health aftermath following exposure to war trauma and found something rather remarkable: there is an enormous burden of post-war psychiatric morbidity among veterans. ((4). A study found that anxiety disorders were at 6.9%, while those of the alcohol and drug-related problems of the soldier on combat deployment were at 8.6% ((5).

According to a study done in Nigeria, findings indicate a strong main effect of combat exposure on PTSD among military personnel. This kind of exposure will therefore be a major contributing factor to the development of PTSD among military personnel in a given place. (6)

South African National Defense Force operational personnel reported increased rates of exposure to traumatic events and increased prevalence rates of PTSD, with a large subgroup meeting the criteria for depression. On self-report, 26% met the diagnostic criteria for PTSD, with another 29% with PTSD also meeting the criteria for depression (7).

According to a study done in Addis Ababa, the prevalence of post-traumatic stress disorder (PTSD) among military clients of the Armed Forces Comprehensive Specialized Hospital was 57.6% (8) Another study done revealed the prevalence of post-traumatic stress disorder among military personnel admitted to the Eastern Command Referral Hospital, Dire Dawa Administration, Eastern Ethiopia, to be 23.6% ((9)).

The soldiers often encounter traumatic events, which can lead to long-lasting psychological consequences. Hence, this study aims to explore the lived experiences of soldiers with combat exposure to facilitate the establishment of tailored interventions and support structures critical to their recovery and well-being.

## **1.2. STATEMENT OF THE PROBLEM**

Ethiopia's armed forces have historically been involved in hostilities, domestic and foreign. This includes recent conflicts, such as the war in Tigray, which started in November 2020(10)), and previous conflicts with neighboring countries, such as Eritrea ((11). Ethiopia has also sent troops on multiple UN peacekeeping missions in Africa. ((12)

Some studies show that Veterans who have been exposed to combat are more likely to experience psychological distress, mood disorders, and disorders linked to stress and trauma. They are also more likely to experience overall health issues that decrease their quality of life.

There is a considerable gap in knowledge in understanding the psychological consequences of combat exposure and how the manifestations of combat exposure are among the soldiers in Ethiopia . In the aftermath of these experiences their mental and emotional wellbeing has not been assessed adequately.

Without targeted interventions and support systems tailored to their unique needs, these soldiers may continue to suffer from long-term psychological scars. By investigating how combat exposure is manifested among these soldiers, the study aims to fill the knowledge gap in this area and contribute valuable insights for the field of trauma psychology as well as military health care providers.

So far, little research has been carried out in Ethiopia. As indicated in the previous section, the earlier studies that were carried out in Ethiopia were mainly related to the incidence of PTSD (8)(9) and not to the subjective experience and manifestations of combat exposure.

This study will explore the lived experiences of soldiers with combat exposure in an effort to shed light on the unique challenges that soldiers encounter and guide the development of sensitive interventions and support mechanisms that are culturally sensitive.

### **1.3. SIGNIFICANCE OF THE STUDY**

This study has the potential to make significant contributions to our understanding of the lived experiences of soldiers with combat exposure. This study sheds light on the mental lives of soldiers who are surviving war trauma, necessitating quantitative measurement and awareness about the unique experiences of Ethiopian soldiers. Additionally, the research can encourage policymakers to allocate more resources to support them.

### **1.4. LITERATURE REVIEW**

#### **1.4.1. EXPOSURE TO TRAUMATIC EVENTS**

The definition of trauma has evolved over time, with early conceptualizations focusing primarily on physical injury. Contemporary understanding recognizes the multifaceted nature of trauma, encompassing both physical and psychological harm. According to the DSM-5-TR, traumatic events involve exposure to actual or threatened death, serious injury, or sexual violence through direct experience, witnessing, learning of such events happening to close family members or friends in a violent or accidental manner, or repeated exposure to aversive details of such events.(13)

Trauma can be defined as emotional or physical response to one or more physically harmful or life-threatening events or circumstances with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (14)



## **Combat Exposure**

Combat Service members are at risk for death or injury. They may see others hurt or killed. They may have to kill or wound others. Combat is a common experience for service members deployed to ongoing conflicts, and it has been repeatedly linked to unfavorable health consequences, such as mental health issues, sleep issues, and alcohol abuse (15). Combat exposure refers to events that military troops encounter in conflict areas, such as when they serve there, get fired at, or end up as prisoners of war (16). Studies indicate that combat exposure is associated to a higher risk of mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) (3). Combat exposure among veterans has significant impacts on mental health and interpersonal relationships. Studies have found that combat exposure is associated with increased risk of PTSD symptoms, which negatively affect family functioning and intimate relationship satisfaction (17). Additionally, research has connected combat exposure to elevated risk-taking, alcohol use, and violence following deployment (3)

## **Experience of Combat**

Involving in combat has a lot of components from fighting and striving to survive to witnessing death. According to a study significant portion of combat veterans reported having witnessed serious injuries or death within their units. 68 percent of service members saw dead or seriously injured Americans and 86 percent knew someone seriously injured or killed (18). The study done by Kuwert identified that the involvement of soldiers in the wars, particularly the exposure to fighting, the escape during the withdrawal and captivity, witnessing the deaths of comrades, and seeing the doings of war crimes, can greatly affect the soldiers' mental health (19).

Besides that, after combat soldiers experience survivors' guilt which is characterized by intense emotional distress over surviving when others didn't (20). This guilt, shame, and conflicting images that soldiers get used to are in direct proportion to their eyewitness impressions of the war's fighting, which shakes their personal selves and worldview fundamentally and, as a result of that, forces them to pursue a path of self-reflection and question their moral beliefs, which is the essence of their traumatic war experience (21).

## 1.4.2. MANIFESTATIONS

Combat exposure significantly impacts soldiers psychological, emotional and physical wellbeing. Psychological manifestations are linked to mental health challenges , leading to various psychological symptoms. According to studies , combat experience is strongly associated with posttraumatic stress disorder (PTSD) symptoms, depression, and alcohol misuse in veterans (22). Research on Israeli veterans has revealed that trauma effects can persist long after the war, potentially affecting spouses and offspring(23). Some veterans experience post combat symptoms that may not meet full PTSD criteria but still cause significant functional impairment , like suicidal ideation and alcohol abuse (24).

Certain types of combat events like fighting, killing, posing a threat to oneself, and causing death or harm to others have been linked to specific patterns of mental health consequences, including alcohol abuse, suicide, and PTSD ((25)(26), (27)(28).

Study done in Philippines veterans lived experience showed that soldier deployed in combat may have some perspective, behavioral, physiological and mental health changes. The study done in Philippines also investigated the emotional and psychological consequences of combat deployments where enemies are killed. The participants mentioned that uncomfortable feeling, having trouble sleeping, and experiencing behavioral changes such as being irritable(29).

Before deployment , soldiers commonly believe that killing is wrong , but many begin to see killing as acceptable once they are in combat (29). Despite one person experiencing happiness following the operation, the majority felt guilt, grief, and pity for the enemy who had been murdered because they were still human(30).

Combat killing is associated with guilt , grief and pity for those killed , as soldiers often see their opponents , as human beings , which can impact their emotional responses (30) . Studies also suggest that combat exposure may lead to antisocial behavior and increased risk - taking behaviors (31), (32).

The result of some findings highlights how crucial it is to incorporate combat exposure assessments into routine screening procedures for veterans to aid in mental health treatment planning (22)

In addition, to this study Purcell et al., 2016 also suggest that for soldiers after deployed killing became a commonplace aspect of fighting, reversing preconceived notions about humanity, life, and the self.(30)

According to Kelley et al., 2019 Combat killing has been connected to depression, post-traumatic stress disorder, and suicidal thoughts. Most soldiers saw the face of the opponent that had been killed after a few days of fighting.(33)

Combat exposure has an association with some personality changes and could be manifested as antisocial behavior. Studies have found that combat exposure are associated with antisocial behavior in combat veterans(31). Other quantitative study done on 180 traumatized Israeli reserve soldiers who sought treatment in the wake of the Second Lebanon War show that combat exposure has positive relationship with risk-taking behaviors. Those behaviors are manifested as substance abuse, reckless driving, occupational misbehavior, severe violence, and aggressive behavior. The findings show increased combat exposure is associated with higher levels of risk-taking behavior (32) . Another study done by Kathleen M et al, 2012, in 1,397 soldiers found a direct correlation between combat exposure and externalizing behaviors, alcohol problems, aggression, and other externalizing behaviors after return from deployment (34).

### **Emotional manifestations**

Combat exposure elicits a wide range of emotional responses; many soldiers reported emotional numbing or a diminished ability to feel emotions. which could lead to difficulties tin forming relationships and engaging in social activities(35).

Stress reactions, such as intrusive images, hyperarousal, numbness, and cognitive disturbance manifested depending on the specific events related to combat trauma. The management of these symptoms heavily relies on emotional competence, since challenges related to perceiving, expressing, or controlling emotions may have a role in the onset or persistence of symptoms

A number of studies have shown a direct link between exposure to combat and the development of PTSD and other psychiatric problems. For example, Xu et al. (2015) carried out a meta-analysis highlighting different risk factors for PTSD associated with war, stressing that having experienced conflict on a regular and severe level greatly raises the chance of acquiring PTSD symptoms(36). This result supports the dose-response connection described in the (petereit., et

al 2020), showing that veterans with greater battle experience are more likely to develop PTSD and depression (37).

Mental health for veterans is characterized by the interaction between PTSD and other medical disorders, such as substance misuse and sleep difficulties. According to Vander et al. (2014), sleep difficulties are common in military personnel, which exacerbates mental health problems. (38) Additionally, Wright et al. (2012) examined the connection between alcohol issues and externalizing behaviors in veterans, emphasizing how exposure to battle might result in maladaptive coping mechanisms that impede healing(34).

The correlation between psychiatric disorders and combat-related guilt, as documented by Marx et al. (2010), provides further context for comprehending the mental health challenges encountered by veterans. Developing comprehensive treatment options that address the multidimensional nature of veteran mental health requires addressing these interconnected challenges(39).

#### **1.4.3. LONG TERMS AND SHORT-TERM IMPACTS**

The majority of research on how combat affects veterans' health has concentrated on the immediate impacts of the war. Although it is a clear and natural emphasis, it does not inform researchers of all the possible long-term repercussions of combat. Moreover, it restricts attention to a specific group of mediating mechanisms and processes that, at the very least tacitly, sidestep emphasis on the psychological and social determinants of health. For example, concentrating only on battle wounds draws attention to the challenges faced by people who sustain them, but it ignores injuries sustained outside of conflict zones and the connections between. In the same way, a focus on posttraumatic stress disorder (PTSD) draws attention to a particularly debilitating mental illness for which combat plays a significant role, but it also masks other types of persistent stress that are visible to people without PTSD. A deeper awareness of alternative scenarios and continuous stress is necessary to comprehend the long-term impacts of conflict on physical health and wellness (40)

### **The Health Effects of Combat exposure**

Combat exposure often results in a wide range of both immediate and long-term health consequences for veterans . Military personnel’s physical health is significantly impacted over the long term by combat exposure. According to studies , exposure to the dead and injured has a particularly significant effect on the likelihood of poor health and disability years after combat (40)

Many war veterans have long-lasting disabilities as a result of wounds they received during fighting. Approximately 50,000 American service members were injured throughout the conflicts in Afghanistan and Iraq (41).Additionally , research has highlighted that musculoskeletal injuries , particularly to the extremities are prevalent among those wounded in combat , with more than half of such injuries affecting the limbs .These injuries often lead to long term disabilities , significantly impacting the lives of affected veterans(42). Beyond physical injuries , some soldiers experience the long-term consequences of hazardous exposures throughout the course of the war, such as exposure to agent orange in Vietnam or to depleted uranium weapons and oil well fires during the Gulf War(43)

Even though these exposures aren't usually linked to fighting, they pose significant health risks to veterans . Studies have found a high prevalence of toxic exposures among veterans , with 43% reporting the experiences during service(44)

Additionally , research by Geretto et al. (2021) highlights that military personnel are frequently exposed to harmful substances such as heavy metals , polycyclic aromatic hydrocarbons (PAHs). And other toxic agents . These exposures not only increase the risk of immediate conditions such as respiratory illnesses and skin disorders but are also associated with long term outcomes like cancer , neurological diseases , reproductive health issues . (45)

Furthermore, Luxton et al. (2010) looked at gender variations in PTSD and depressive symptoms among veterans of combat exposure, and they found that women veterans frequently report higher levels of these symptoms than men veterans.(46)

These health effects are not solely attributed to service-related disabilities but are also influenced by social and behavioral factors in civilian life, like smoking , marital status sand difficulty transitioning to civilian life .(40)

### **Impact on social functioning**

Social functioning refers to an individual ability to interact with their environment and fulfill their roles in various contexts like work, social activities and relationships with family and partners. Bosc and Harvey, suggested that war traumas can have an impact on social functioning both directly and indirectly. Psychological trauma sustained during deployment may have an indirect impact on social functioning. (47)(48)

Different types of injuries sustained in combat can lead to severe outcomes, the most common injuries reported involve the extremities and head / neck regions, with significant increase in head / neck injuries compared to previous wars(41). These variables add to the impact of one's chances of getting a job after serving in the military or forming and maintaining relationships (49).

In a study conducted by Tran et al. 2017, Veterans' employment situation and mental health have been shown to be related. The results showed that compared to deployed military members without PTSD, those with PTSD had a lower employment rate and post-deployed military personnel also experienced a higher rate of homelessness in comparison to the general population.(50)

After reviewing three decades of research on the risk factors for homelessness among US veterans, Tsai and Rosenheck conclude that substance use disorders and mental illness are the most powerful predictors of homelessness, and they also find that these risk factors are significant for the general population. Despite being highly prevalent in veteran populations, PTSD is not a particularly significant risk factor for homelessness compared to other mental illnesses.(51)

## **2. OBJECTIVES OF THE STUDY**

### **2.1. GENERAL OBJECTIVE**

The main objective of this study was to explore the lived experiences of soldiers with combat exposure at Torhayloch Armed Forces Hospital.

### **2.2. SPECIFIC OBJECTIVES**

To explore their thoughts and emotions before they get deployed to the war front.

To explore their experience, thoughts, and emotions while they were engaged in combat (war).

To explore their experience, thoughts, and feelings after they have returned from the war front.

## **3. RESEARCH QUESTIONS**

What were their thoughts and emotions before they got deployed to the war front?

What were their experiences, thoughts, and emotions while they were engaged in combat (war)?

What were their experiences, thoughts, and feelings after they have returned from the war front?

## **4. RESEARCH METHODS**

### **4.1. STUDY DESIGN**

The study used a qualitative study design approach, utilizing a phenomenological study design. A phenomenological study design is ideal for qualitative research that seeks to truly understand how people perceive and interpret a phenomenon. It aids in the discovery of meaning, takes into account context, prioritizes participants' voices, and has practical ramifications, making it an excellent choice for investigating subjective experiences. (52)

### **4.2. STUDY SETTING**

The research was conducted at Torhayloch Armed Forces Hospital, which is located in Addis Ababa, offers medical and psychological services to Ethiopian soldiers and veterans. The hospital has 97 beds and operates 24/7 to provide healthcare services to the armed forces and their families.

### **4.3. SAMPLING TECHNIQUES AND SIZE**

A purposive sampling method was used to recruit participants, ensuring diversity in the sample. Collaborating with medical staff facilitated the identification and recruitment of individuals. Participants were selected based on inclusion criteria. Purposive sampling was employed as the primary recruiting approach.

### **4.4. ELIGIBILITY CRITERIA**

#### **4.4.1. INCLUSION CRITERIA**

Having participated in a war or conflict within the last 5 years.

Who are receiving treatment from the hospital as inpatients or outpatients having follow-up.

Being able to speak and understand Amharic, English, or Afan Oromo.

#### **4.4.2. EXCLUSION CRITERIA**

Soldiers who are unable to give consent.

Who has communication difficulty due to cognitive impairment.

Who are in acute psychotic episodes.

With serious cognitive impairments.

Soldiers with language barriers.

#### **4.5. DATA COLLECTION PROCEDURE**

Primary data was obtained by conducting in-depth, semi-structured interviews conducted with a small and purposeful sample of participants. The interviews were carried out by the researcher. Before each interview participants were offered the informed consent form, after the study's purpose was explained, their consent was obtained. The interviews were conducted in different places in the campus from private rooms provided by the hospital to out space garden areas and bedside interviews. The interviews were audio- recorded for accuracy.

#### **4.6. DATA MANAGEMENT AND ANALYSIS**

The audio recorded interviews were transcribed verbatim and translated. Open code software was used to manage the data, code and develop themes. The analysis processes included carefully reading and re reading the transcripts, taking initial notes and identifying emerging themes, exploring connections between themes analyzing each case and identifying patterns across multiple cases. The themes were further substantiated by including direct quotes from participants to provide authentic insights into their lived experiences.

#### **4.7. DATA QUALITY ASSURANCE**

Several measures were taken to ensure the data's integrity. To begin, the collected data was immediately transcribed verbatim to reduce bias and ensure that the data was not misrepresented. To avoid misinterpretation, the data was translated and then back translated. The themes and data analysis were discussed with other researchers and supervisors to ensure the findings were accurate and reliable

#### **4.8. ETHICAL CONSIDERATION**

Ethical clearance was obtained from the Department of Psychiatry, collage of health sciences and Torhayloch Armed Forces Hospital.

Participants were informed of the purpose and nature of the study, and the freedom to drop out of the study at any stage. The participants provided consent before enrolling in the study and their identity was kept confidential.

## **5. FINDINGS**

### **5.1. SOCIO – DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS**

Five participants were interviewed for this study; all of them were patients receiving treatment at Torhayloch Armed Forces Hospital, both as inpatients and outpatients. There were four male and one female participants. Their ages ranged between 20 to 25 years. Four participants were unmarried, and one was divorced. In terms of education, two participants finished grade 8, one finished grade 9, one finished grade 3, and one finished 10+2. Three of the participants were orthodox Christians, one was a Muslim, and one was protestant religion follower. Their military ranks included two basic soldiers and three corporals, with service years ranging from three to four years.

In this chapter the findings of the thematic analysis which are based on the narratives of soldiers with combat exposure are presented. There are four major themes identified: Impacts on interpersonal relationships, Emotional responses, Physical impact of injuries, Spiritual reflections and future aspirations

### **5.2. IMPACTS ON INTERPERSONAL RELATIONSHIPS**

Combat experiences significantly shaped participants interpersonal relationships with family and comrades, and the community with notable shifts across relationships before, during and after combat.

#### **FAMILY RELATIONSHIP**

Before enlisting in the military participants described having varying levels of closeness with family. For some there was a strong bond marked by support and shared responsibilities which suggests a nurturing environment.

*“I was a farmer I dropped out of school since my parents are alone and I am their only child I was serving them “P1*

In contrast, others described a lack of emotional connection, with one participant reflecting on a struggle to let his mother in, despite living in a supportive environment

*“... I didn’t even let my mother get close with me, because there was a struggle despite growing up and living in a considerate environment” P3*

During combat the communication with family varied widely. Some maintained contact through phone calls, while others faced barriers due to lack of access to communication tools which seemed a struggle soldiers face during combat.

*“Since there was no phone, I couldn’t contact them” P4*

Others chose to limit their communication intentionally, prioritizing their duty over familial ties indicating a deliberate emotional distance during combat.

*“I stayed in touch with my family through phone calls but for at least one year and 8 months, I didn’t call them. Because I cannot serve my family unless I first serve my country and stand on the frontlines. Only if I died in the frontlines would they be able to sit comfortably.” P3*

However, participant reported of the attempt to shield the families from the harsh realities of war. One individual demonstrated a protective instinct, especially as the only daughter in her family.

*“I didn’t tell them there was a war going on I kept telling them there was no war. I am the only daughter for my mother so she used to tell me oh my child leaves it and came back but I used to tell her there is nothing going on and I was sitting at camp and I don t go.” P2*

Post combat, the dynamics with in families often changed. While some participants reported no significant changes in their relationship stating it was the same positive experiences as the pre combat. Others reflected on a newfound appreciation for familial relationships indicating a shift in priorities shaped by their experiences suggesting that combat experiences fostered a deeper recognition of familial bonds.

*“In the past, I didn’t give much space to my family. Now, I think family is all I have left the end is only fighting so I think I have to live only for my family.” P4*

*“The change is in that the way I spend my time with family and here is different well I sometimes think there is nothing like family” P3*

## **Camaraderie among soldiers**

The relationships formed with comrades during combat were characterized by shared experiences, from meals to enduring hardships together and shifting the soldiers from the individualistic lives they had to a communal life. Showing the underscoring of the deepening of bonds through shared experience. Such camaraderie served as a vital source of support and motivation during combat creating a sense of belonging that was crucial for survival.

*“It is after being a soldier that I started to adapt to eating and drinking together. Before when I was with my family I didn’t eat or drink with anyone, but after I marched and became a soldier I eat and drink together with my others thank God. We eat and share what we find together.” P3*

However, the loss of comrades profoundly impacted many soldiers, leading to feelings of sorrow and frustration. Struggling with survivor’s guilt showing the emotional turmoil that accompanies the loss of fellow soldiers.

*“When I think about my friends, I have no desire to live. I feel very anxious, I think a lot, and I feel frustrated” P1*

*“I want to kill myself because I didn’t want to remember them what I want is participating in the battle field and dying there. I get sick in my head thinking I can’t sacrifice for my country like they did.” P3*

The memories of fallen comrades lingered long after combat, which is often a challenge for the soldiers. Their experiences highlight the struggle many faces in reconciling their experiences with the memories of those who did not survive. The emotional aftermath of these experiences often led to a sense of duty and commitment to honor the sacrifices of fallen comrades. Highlighting the intertwined nature of grief and responsibility.

*“I hate everything even if they were here, they will go to family I will say like that and be sad” P2*

*“I remember the times we shared eating and drinking together, training, and enduring hardships as a team. When they made sacrifices, if I can’t remember them who can I*

*remember, I can't forget my friends. Even now, they appear in my dreams. I remember our time together vividly, that is when my illness came back” P3*

Participants shared the impact of their fallen comrades, forecasting a complex interplay of the grief, duty and the difficult process of reconstructing friendships after their loss emphasizing how irreplaceable those bonds were and the lingering fear of loss made them anticipate future grief reflecting the scars left by their experiences.

*“I lived with my friends after that. There’s a saying that if someone leaves, another person will take their place, right? Even though my new friends are good they were not like the old ones who trained, fought and died at the battle. I have witnessed the death of my friends so I see my new friends the same as the old once they are amazing but I keep thinking they will be lost like the old ones.” P3*

One participant mentioned how they wanted to avenge their fallen comrades and are still trying revealing how the grief is intertwined with the sense of vengeance.

*“We were fighting to get their blood back. We are trying but still we are struggling.” P5*

Participants expressed the sense of duty and commitment they felt because of the sacrifices of their comrades. Even though there was the deep sadness that they felt, they want to avenge their comrade’s death. This reflecting how grief can be channeled into action acting as a motivator.

*“I felt deep sorrow when my friends died because we fought together for the same cause and when they were killed, I felt sad but even if I feel sad, I was trying to avenge their death not only about their death but for the responsibility I was given to fulfil too.”*

*P3*

### **Social and behavioral changes**

The experiences of combat have led to complex array of social and behavioral changes among participants, with many reporting positive and negative shifts in their relationships as well as their interactions.

### **Positive transformations**

Several individuals noted significant positive changes in their social relationships and behaviors after combat. A strong desire to share resources, even in times of scarcity was evident. This reflects a new found appreciation for communal experiences over individual ones suggesting that combat has fostered a sense of solidarity and connection.

*“...I want to share with people even if there is only one injera. We have to split and eat the one injera for 10 people even if it is one bite that would make me happy. I rather eat with others than eating alone.” P3*

Another participant expressed joy in engaging with others, highlighting how the shared experiences of war can transform one outlook on social interactions, promoting a sense of belonging and community.

*“... After the war you spend time with a lot of people so it makes me happy because I used to live alone....” P2*

Empathy also emerged as a significant theme a participant articulating a deepened compassion for others. This newfound empathy may stem from the harsh realities faced during combat, promoting a desire to alleviate the suffering of others.

*“After the war, the feeling I felt sad for people. I don’t want to see anyone hurt, since it hurts my conscience. My conscience was hurt by that, not even if people are hurt but even if I see someone missing, I will be happy to give whatever I have.” P2*

Community support played a crucial role in these positive changes as well. One participant reflected on the kindness received from the community, noting this sense of community can be powerful antidote to the isolation often felt during and after combat.

*“I get along well with anyone, I talk, I laugh and I enjoy it now. After the treatment and care I received it was good even during 2013 the hospitality and influence the people had for the army was good, they were gathered and contributed to help the once who marched even those who didn’t have any things they gave us things along with those who had things to give and supported those who marched.” P3*

Another participant described adapting well to social life post war , emphasizing the value of respect and connection suggesting that the challenges faced during combat can lead to personal growth and a commitment to positive social engagement .

*“After the war, it was good I adapted well to the social life. I was like everyone else it's better than what I have seen before, why I said it was better than before is it taught me to respect family and adapt to live with people and for my country, I know that I have promised to protect it. I want to be a good leader to my country “P3*

### **Negative shifts**

In contrast, many participants reported negative shifts in their interpersonal relationships. Feelings of frustration and difficulty engaging with others were common indicating a withdrawal from social interactions that may stem after combat experiences.

*“Before the war it was very good but after the war, I have never thought I would be living life like this I hate it after the war I had no desire to be sociable and communicate and live with them.” P1*

Another participant expressed a sense of disconnection from the community that highlights a potential rift between the experiences of combatants and the civilian population, which can lead to feelings of alienation. Including lack of tolerance, which suggests that the stresses of combat may have eroded their patience and willingness to engage in social situations

*“Before, I used to communicate well with people I used to live however I like, now I go insane with the community. We don't agree with them if they showed me the faces they used to show before I can't accept that..... I used to be able to handle anything or however a person treats me, I had the patience, I didn't even join the civil community properly but I don't think I will be able to get along with them .”P4*

### **5.3. EMOTIONAL RESPONSES**

Participants consistently expressed a range of emotional responses tied to their combat experiences including fear, distress and grief. These emotional reactions were increased by the emotional strain they experienced during combat.

One participant described the physical and psychological strain experienced during combat highlighting the toll on his well-being.

*“It wasn’t good at all during that time. At first, I was going to be sick. After we fought, I got sick, because I was lying on the blood all night that’s why I got sick at that time I haven’t had this in me before” P1*

Fear and sadness were recurring emotions participants described particularly in relation to witnessing the injured , death and the hopelessness they felt , reflecting the turmoil endured in combat

*“It was not a pleasing feeling. Even when people were shot, and shouting for anyone to save them they couldn't find anyone to save them from there it was saddening. You want to help, but there is nothing you can do. As long as it's a matter of national concern, you can't do anything but move forward because you might be shot while trying to take them out of there “P2*

Survivors guilt emerged as a recurrent theme, with participant sharing the presence of the guilt and grief in their daily lives along with their pain of losing comrades. Accompanied with difficulty coping with the constant reminder of their loss and recurring thoughts of the fallen comrades.

*“There were times when I wished I never knew them. I said that because my friends die everywhere and thinking about it is hard for me. When I am alone day or night, they are the only thing I see and I was sick because of them “P3*

Participants described vivid and distressing memories that haunt them intruding upon their daily lives disturbing their sleep and contributing to an ongoing pain.

*“Because of the things I saw at that time my conscience is hurt now. It is a terrible thing where their eyes are going out, when others were being killed how they were falling I see these when I sleep” P2*

A female participant expressed challenges she faced related to being a female soldier with lack of resources and the hardships posed by menstruation in addition to the terrifying times during combat.

*“It was terrifying at that time. You’re a female, you might be on your period, it’s hard on that time. let me tell you the truth there was a time I have kept one modes for four days because we are in the forest you will sit in the forest there is no way for it to get to you , and it was very terrifying specially war for female its very bad since there are times where you can’t find underwear so that s why is said to you it is hard for a female .”P2*

Participants mentioned having self-hating thoughts and anxiety during and after combat. Along with their emotional struggle and the moral complexities of their actions combat experience manifested in thoughts of self-harm and a lack of desire to continue living.

*“At that moment, I loathed being a human. What I mean is as a human I am torturing another human being right? So that is why I think if I wasn't human or if I was not created.” P2*

*“I had a lot of self-hating thoughts and anxiety. I had no desire to live.” P1*

Participants also expressed about the sacrifices made during combat as well as their frustration and injustice they felt on the lack of recognition of their efforts

*“The hardships we saw and passed, how much we suffered, since no one saw, they won’t understand. And then you find that things have been twisted here and find someone sitting and doing something else while you have sacrificed a lot there, which is not good and makes you think, after all the sacrifices I made?” P3*

#### **5.4. PHYSICAL IMPACT OF INJURIES**

All the Participants described having encountered physical injuries during combat which ultimately resulted in their hospitalization. Their accounts revealed an interplay between physical injury, emotional responses and deep sense of duty. The shift in emotions, particularly the transition from despair and hopelessness to hope and faith in recovery which came from the comparison of others in more sever conditions than them which resulted in a new found hope expressed through gratitude.

*“Especially now after I was admitted to this hospital when I look around, I hate everything. I even hate living. Now what I saw when the people were injured, I have*

*also gotten injured now and when I move, I go around in a wheelchair. When I go out, I see someone whose hand is cut off, with a missing eye. And I think to myself I have hands that move I have eyes that work and I hope that if God wills my legs also might work. I started hoping like this now but I had lost hope at first after I was shot. But now after I started going out, I started to think bit by bit because when I see them, I have eyes I can work another job and if I have eyes, I can do any work I want.” P2*

Despite the physical injury and pain a strong sense of duty and determination emerged as recurring theme among participants, particularly in reaction to the desire to return to combat despite the presence of severe and multiple physical injuries.

*“I was wounded in three places: my leg, neck, and head. Bullets entered through here (left leg) and here too (shoulder left) and exited this way (chest area) and these areas the bullet that went through here (left side of the skull) and went out. This is the one tormenting me now but even in the state I am in I want to go to the battle” P3*

A participant expressed gratitude despite being injured, portraying a sense of patriotism and pride in sacrificing for his country.

*“Even if I get shot, I got shot for my countries name, I said thank you and went out” P5*

## **5.5. SPIRITUAL REFLECTIONS AND FUTURE ASPIRATIONS**

The participants in this study expressed significant changes in both their spiritual lives and their perspectives on the future after experiencing combat. Many participants described a strengthened connection to their faith and renewed sense of gratitude toward their creator, which also influenced their aspirations for the future.

### **Spirituality and gratitude**

For some participants, spirituality became a cornerstone of their coping and healing processes. It became crucial for some participants, this transformation in their relationships with faith highlights how spiritual practices can provide solace and strength in the aftermath of combat exposure. Gratitude for survival was a recurring theme; with the acknowledgment of hardship, they faced. These together illustrates a profound shift in their perspective which demonstrated a renewed appreciation for life.

*“I pray 24 /7 it’s not the same as it used to be before, now its praying 24\ 7 what I pray is I saw cruel things and he took me out of a very hard place he was the one protecting me. “P3*

The connection to faith was often framed in terms of gratitude not only for survival but for the strength to endure such hardship.

*“To begin with, I thank my creator a lot. I mean because I have gone through so many hardships and I am out of it now. I don't complain to creator how many friends I have left behind. I always say thank you to the creator and pray “P2*

Despite these transformative experiences a few participants expressed that their relationship with God had remained unchanged, indicating the varied nature of spiritual responses to combat.

*“Nothing has changed from before “P4*

### **Future aspirations and commitment to duty**

The theme of future purpose emerged strongly from participants accounts with many expressing a deep desire to contribute positively to society. These aspirations reflect a broader commitment to kindness and social responsibility such aspirations are rooted in a desire for social stability and meaningful relationships.

*“I want to live by being good to people, doing whatever I want, feeding the hungry, and giving water to the thirsty. I want to live like that “P1*

Family life also featured in their future aspirations. This desire for personal stability and yearning peace underscores the importance of family and stability as a cornerstone of post combat life.

*“I just want to live a good life, where there is peace wherever I am. That is what I desire.” P1*

*“First is the thought about family well together I mean well I wanted to build a family get married “P3*

Moreover, participants expressed unwavering commitment to their country's safety, driven by the sense of patriotism. This commitment is not merely an obligation but a source of spiritual fulfilment.

*"The people of our country are a lot and I am more than capable of sacrificing myself for all those people. I am happy to sacrifice my life, because if I can't be for my country I can't be for anyone else...." P3*

The desire to reconnect with comrades also reflects the strength of their commitment to military duty and sense of belonging to a greater cause. Along with that the longing for connection with fellow soldiers highlight the enduring bonds formed through shared experiences in combat.

*"I think about going back to my place to the military, I think about going back to my friends." P4*

## 6. DISCUSSION

The findings of this study explore the lived experience of soldiers with combat exposure. Emphasizing various aspects of their journey before, during and after combat.

The findings reveal changing dynamics in interpersonal relationships before, during and after combat, encompassing family, camaraderie and social interactions. Before combat, participants described varying levels of closeness with in their families, ranging from strong bonds to emotional detachment. These variations reflect broader socio cultural or personal challenges. During combat, participants faced barriers to maintaining familial connections due to limited communication tools a common challenge in deployment settings or intentional distancing(53) (54). Soldiers prioritized duty over personal relationships a strategy to stay focused on their missions. This resonates with studies indicating that soldiers often prioritize duty over personal relationships, a strategy to maintain focus on their mission and have control over their environments(53).

Uniquely a participant attempt to intentionally lie about her whereabouts in order to protect her families form the harsh realities of war was also mentioned. Findings have been documented in previous studies, where soldiers often shield their spouses from the harsh realities of war, emphasizing a protective instinct for example, Carter et al. (2019) reported that military spouses frequently engage in protective buffering behaviors during deployments to shield their partners from stress and worry. However, most of these studies have focused on the relationship between partners rather than the broader familial dynamics.(55)

Post combat family dynamics shifted, with some participants reporting unchanged relationships, while others developed a renewed appreciation for their families. Combat experience often led to reassessment of priorities, with many veterans placing greater emphasis on family over personal ambitions. This shift highlights the emotional toll of combat and the recognition of family as a source of motivation. These findings align with the concept of posttraumatic growth, where individuals experience positive changes in interpersonal relationships and a heightened appreciation for life after exposure to trauma\_(56),(57)Many veterans expressed that the challenges of combat amplified their

awareness of the importance of family, fostering a deeper emotional connection and commitment to strengthening these bonds for some, family served as a motivational factor to continue in duty(58)

Camaraderie among soldiers also played a crucial role in participants lives, fostering resilience and emotional support. Military life introduced many to communal living and shared experiences including sense of motivation, aligning with the concept of “unit cohesion” (59),(60)However, the profound grief over the loss of comrades underscored the dual nature of these relationships, where deep bonds intertwine with survivors’ guilt and grief. Studies show that these losses can lead to unexpected and shattering experiences, emotional dissociations and detachment from the outside world (61).

Social behaviors also underwent significant changes. Positive shifts such as increased, empathy, communal living and resource sharing, reflect post traumatic growth and the benefits of social support, which posits that adversity can foster a greater appreciation for relationships and altruism (62)

Conversely, challenges like withdrawal, disconnection and frustration highlight the difficulties of reintegrating into civilian life. Participants emotional responses to combat experience were marked by fear, distress, guilt and grief, illustrating the profound psychological toll of war. Fear and distress, particularly from witnessing injuries and death, align with established literature on the emotional impacts of combat exposure (63)

A recurring theme of survivor’s guilt emerged, with participants expressing profound remorse for surviving while their comrades perished. This aligns with research done among war veterans characterizing it by intense emotional distress over surviving while others did not (20)

The vivid and distressing memories reported by participants underscore the intrusive nature of combat trauma, consistent with the DSM-5 criteria for PTSD, particularly intrusive symptoms and negative alterations in cognition and mood.

Notably, the female participant highlighted unique challenges, including the inadequate resources and heightened vulnerabilities emphasizing the gendered nature of combat

trauma. This supports existing literature suggesting that female soldier's deployment might be problematic in that menstruation during deployment is problematic, intensifying challenges related to hygiene and personal care.(64). Although some research mentioned the existence of military sexual trauma\_Brown et al. (2021) this research didn't find anything about it.(65)

Participants narratives regarding physical injuries illustrates the dual burden of physical and psychological sufferings in combat. The injuries sustained during combat were not merely physical but also carried significant psychological implications. The intertwined nature of physical and psychological health is evident, as physical impairments often exacerbate feelings of helplessness and dependency, with the intersection of physical injury and psychological distress widely documented in trauma literature (66). Many participants described multiple injuries that required hospitalization, and for some, the trauma was so profound that it initially led to feelings of hopelessness. However, over time, this despair shifted to hope as they recognized the survivability of others with more severe injuries. This transformation highlights a shift from negative to positive appraisal of their own condition.

Despite the severity of their injuries, a common thread among participants was their continued desire to return to combat. This sense of duty, even in the face of personal suffering, aligns with the literature on combatants' perseverance and commitment to their cause, even when confronted with life threatening injuries (67).

Combat experiences deepened participants' spirituality and gratitude. Many veterans expressed increased reliance on faith. The shift, where hardships are met with gratitude rather than bitterness, is a key element of Post Traumatic Growth (62).

While most participants experienced a transformative spiritual journey, some noted their relationship with God remained unchanged, emphasizing the varied spiritual response to trauma (68).

Despite the hardships, participants exhibited a renewed sense of duty and hope for the future. Their aspirations for social stability, meaningful relationships and continued service to their families and country highlighted their resilience , this aligns with post traumatic growth, as many expressed a desire to create lasting positive relationships

and make a meaningful impact. A strong sense of patriotism and duty emerged, with many veterans longing to return to the battlefield, underscoring the importance of military identity and camaraderie in shaping their future aspirations.

Despite adversities faced participants exhibited resilience and a renewed commitment to their families and country. This sense of duty and hope for the future highlights the transformative potential of combat experiences in shaping identity and purpose. These findings align with resilience theories,(Seery, 2011) which suggest that adversity can foster adaptive outcomes and strengthen personal values (69). Participants also expressed a desire for social stability, with family life and peace being central to their future aspirations. This expression of altruism is consistent with literature on post traumatic growth, which suggests that trauma survivors often develop a heightened sense of compassion and a desire to make a positive difference in the world (70).

The theme of patriotism and unwavering commitment to duty was prevalent throughout participants accounts. Many soldiers spoke about their desire to return to the battle field, indicating strong sense of duty to their country. This deep sense of patriotism is consistent with the notion of military identity where duty acts as a driving force in soldiers' lives (71).

The enduring bonds formed through shared combat experiences suggest that camaraderie remains a source of strength and identity long after the fighting has ceased.

## **7. LIMITATIONS**

One limitation of this study is the small sample size which may limit the generalizability of these findings. While this sample size provided valuable insight, a larger and more diverse sample would offer a broader perspective on the experiences of combat veterans. The sample included only one female participant, which makes it difficult to draw conclusions regarding gender differences in the experiences of combat. Furthermore, the participants age ranged from 20-25 years, which may also limit the applicability of the findings to older veterans who may have different life experiences and perspectives. Given the sensitive nature of the topic, potential

participants were hesitant to share personal experiences due to concerns over confidentiality or stigma associated with discussing mental health and combat experiences. As with any qualitative research, self-reporting may have introduced biases in the data collection process. Participants may have been inclined to present socially desirable responses or minimizing difficult or traumatic aspects of their experience.

Future research should aim to include a larger and more diverse sample and explore the experiences of a broader population of soldiers including both genders a boarder age range and those from different regions and cultural backgrounds and varying demographics and also aim to include participants from different military branches and ranks. Longitudinal studies could also provide deeper insights into the long-term impacts of combat exposure capturing the evolution of experiences and outcomes over time.

## **8. CONCLUSION**

The findings of this study provide a comprehensive exploration of the lived experiences of soldiers with combat exposure, shedding light on their journey before, during and after combat. By examining interpersonal relationships, emotional responses, social behaviors, physical injuries and spiritual transformations, the study sheds light on the multifaced impacts of combat exposure.

Key insights highlight the evolving dynamics of familial bonds, camaraderie, and social interactions, underscoring the protective instincts, resilience and challenges faced by soldiers in maintaining these connections. Emotional responses such as fear, guilt, despair and distress vividly illustrate the psychological toll of combat, while the narratives of spiritual growth and renewed commitment to duty reflect the transformative potential of adversity.

These findings contribute valuable perspectives, including the gendered nature of combat experiences, the intersection of physical injuries and psychological distress, and the deep sense of patriotism that shapes soldiers' identity tied to military service.

Ultimately, this study underscores the dualities evident in combat experiences pain and growth, loss and hope, separation and connection. The resilience and adaptability demonstrated by participants not only highlight the enduring human capacity for recovery but also emphasize the importance of support systems in fostering post traumatic growth.

## **9. IMPLICATIONS**

The findings suggest that spirituality , camaraderie and social stability may play roles in post - combat recovery, but further research is needed to understand their impact . Programs fostering peer support , family stability and community engagement could be beneficial , though their effectiveness requires more exploration .

Future studies should also examine the link between physical injury and psychological distress, as well as how veterans' sense of duty influences their reintegration . Given the study's context , research with larger , more diverse samples in neutral environments and with multiple variables would provide deeper insights into veterans experience and post combat adjustment .

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## **APPENDIX**

**Title:** Exploring the lived experiences of soldiers with combat exposure at Torhayloch armed force hospital

**Principal Investigator:** Ahlam Abdi

**Department:** Addis Ababa University, College of Health Sciences, Department of Psychiatry

### **Introduction:**

Hello, my name is Ahlam Abdi, a clinical psychology trainee at Addis Ababa University. I am conducting research on exploring the lived experiences of soldiers with combat exposure at Torhayloch armed forces hospital . This study is part of the requirements for Master of science in clinical psychology.

### **Purpose of the Study:**

The purpose of this study is to gain a deeper understanding of how soldiers at Torhayloch armed forces hospital experience war trauma . The findings from this study will be used to inform the development of culturally sensitive support programs and interventions for soldiers struggling with these challenges.

### **Study Procedures:**

If you agree to participate in this study, you will be asked to participate in a one-on-one interview that will last approximately 60 minutes. The interview will be conducted by the researcher and will be audio recorded. During the interview, you will be asked questions about your experiences in the military, your exposure to war trauma, and how these experiences have impacted your life.

### **Confidentiality:**

Your participation in this study is completely voluntary. All information you provide will be kept confidential. Your name and other identifying information will not be included in any reports or publications. The audio recordings will be securely stored and transcribed anonymously.

**Right to refuse or withdraw:**

You have the right to withdraw from the study at any time without penalty.

You may opt out of this research study at any time during the procedure. This might occur prior to the interview, during the interview, or even following the interview but before the data analysis process starts. There won't be any negative consequences or impacts if you decide to withdraw. Your choice to withdraw will not affect you in any way.

**Risks and Benefits:** While there are no identified risks associated with participating in this study, it's important to acknowledge that discussing war trauma can evoke emotional discomfort. However, there are potential benefits to participating. By sharing your experiences, you can help to improve the lives of other soldiers who are struggling with similar challenges.

If you perceive any risk related to your participation, please don't hesitate to contact us using the following information

**Contact Information:**

If you have any questions about this study, please do not hesitate to contact the researcher:

Ahlam Abdi: [ahlamabdi0939@gmail.com](mailto:ahlamabdi0939@gmail.com), +251939575513

Addis Ababa University, Department of Psychiatry Clinical Psychology Program, +251-118962052

If you are interested in participating, you will be asked to sign a separate informed consent form.

You will be given a copy of this consent form to keep for your records.

## **Annex I**

### **Informed Consent Form:**

Exploring the lived experiences of soldiers with combat exposure at Torhayloch armed force hospital

Principal Investigator: Ahlam Abdi

**Department:** Addis Ababa University, College of Health Sciences, Department of Psychiatry

### **Statement of Consent:**

I have read the information sheet about this research study exploring the lived experiences of soldiers with combat exposure.

I understand that my participation in this study is voluntary and that I have the right to withdraw at any time.

I have been informed that the interview will be audio recorded and that the researcher will take measures to protect my privacy.

I have understood the purpose, procedures, risks, and benefits of this study.

By signing below, I consent to participate in this research study.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Annex -II**

### **Data collection form**

A. Demographic information of participants

Date :- \_\_\_\_\_

Identification number :- \_\_\_\_\_

1, Age

2, Sex

A) Male

B) Female

3, Religion

4, Address

4, Marital status

A) Married

C) Window / Widower

B) Single

D) Separated

5, Education

A. MSC

B) Diploma

C) BSC

D) Above this

6, Rank

7, Military service years

## **Annex III**

### **TOPIC GUIDE**

#### **Opening questions**

How was your life before joining the military?

Before you joined the campaign

Which fronts did you fight in ?

What was the time of war like?

Where you injured ?

What kind of harm did you witness on people ?

What emotions did you feel at that time?

What did you notice around you ?

In what way were you communicating with your family?

3. After the war, how were the initial times?

What kinds of emotions did you have?

How has your behavior changed

How has your relationship with your family and creator changed, and what did it look like?

After the war, what did you think about yourself?

After that, how was life, and what changes occurred socially and within the family?

What do you think about the future?

## Amharic Version

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