

**SOCIAL SUPPORT, RESILIENCE AND PSYCHOLOGICAL
DISTRESS AMONG REFUGEES: THE CASE OF ALEMWACH
REFUGEE CAMP IN NORTH GONDER, ETHIOPIA**

BY

MAHLET AMARE

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

NOVEMBER 2024

ADDIS ABABA, ETHIOPIA

**SOCIAL SUPPORT, RESILIENCE AND PSYCHOLOGICAL DISTRESS,
AMONG REFUGEES: THE CASE OF ALEMWACH REFUGEE CAMP IN
NORTH GONDER, ETHIOPIA**

**A THESIS SUBMITTED TO THE SCHOOL OF PSYCHOLOGY, COLLEGE OF
EDUCATION AND BEHAVIORAL STUDIES, IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL
PSYCHOLOGY ADDIS ABABA UNIVERSITY**

BY

MAHLET AMARE

ADVISOR

MITIKU HAMBISA (PhD)

NOVEMBER, 2024

ADDIS ABABA, ETHIOPIA

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

**SOCIAL SUPPORT, RESILIENCE AND PSYCHOLOGICAL DISTRESS,
AMONG REFUGEES: THE CASE OF ALAMAC REFUGEE CAMP IN
NORTH GONDER, ETHIOPIA**

BOARD OF EXAMINERS

Advisor

Signature & Date

External Examiner

Signature & Date

Internal Examiner

Signature & Date

Head of School of Psychology

Signature & Date

DECLARATION

I, Mahlet Amare, hereby declare that this thesis is my own original work and has not been submitted to any other university or institution for the purpose of obtaining any certification. All referenced sources have been properly acknowledged throughout the thesis.

Name _____

Signature _____

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

Advisor Name

Signature

Date

ACKNOWLEDGEMENTS

My greatest and most obvious debt is to the almighty GOD, who gave me not only life but also faith, hope, and love.

My sincere gratitude and appreciation go to my Advisor, Dr. Mitiku Hambisa who guide me all this way especially for his invaluable guidance and support every step of the way. I'm pleased with his insight knowledge and guidance. I have benefited a lot from him.

I would also like to thank my families, of their support and love, for helping me make my dream come true. Thank you Getenet Teklewold for you constructive comments and help during my study.

I would also in debt to thank all of the respondents from Alemwach refugee camp, who participated as well as those who helped me during the data collection facilitating the process.

Mahlet Amare

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF TABLES	vi
LIST OF FIGURE.....	vii
ACRONYMS	viii
ABSTRACT.....	ix
CHAPTER ONE.....	1
INTRODUCTION	1
1.1. Background of the Study.....	1
1.2. Statement of the Problem.....	2
1.3 Research Questions.....	4
1.4 Objective of the Study	5
1.4.1 General Objective.....	5
1.5. Delimitations of the Study.....	5
1.6. Significance of the Study.....	6
1.7 Limitations	7
1.8 Operational Definitions	7
CHAPTER TWO	8
REVIEW OF RELATED RESEARCH	8
2.1 Psychological Distress	8
2.1.1 Understanding Psychological Distress and Resilience in Refugees: The Role of Social Support	8
2.1.2 Assessing Psychological Distress	11
2.2 Theories of Psychological Distress.....	11
2.2.1 Psychoanalytic Theory and Its Relevance to the Study.....	11
2.2.2 Cognitive Theory and Its Relevance to the Study	12

2.2.3 Integration and Application to the Study	13
2.3. Understanding Social Support.....	13
2.3.1 Social Support	13
2.3.1.1 Basic Concepts of Social Support	13
2.3.1.2 Theories/Models of Social Support.....	14
2.3.1.3 Assessing Social Support	16
2.3.2 Resilience	16
2.3.2.1 Basic Concepts of Resilience	16
2.3.2.2 Theories/Models of Resilience	16
2.3.2.2.1 A Dynamic Model of Resilience in Practice	16
2.3.2.3 Assessing Resilience	17
2.4 Levels, Relationships, and Contributions of Social Support and Resilience in Reducing Psychological Distress	17
2.4.1 Levels of the Variables Psychological Distress, Social Support, and Resilience	17
2.4.2 Relationship among Psychological Distress, Social Support, and Resilience	18
2.4.3 Contributions of Psychological Distress, Social Support, and Resilience	19
2.5 Variations in Social Support, Resilience and Psychological Distress with Respect to Demographic Variables	20
2.6. Conceptual Framework.....	23
2.7 Summary and Implications of the Reviewed Literature.....	24
CHAPTER THREE	26
RESEARCH METHODOLOGY	26
3.1. Research Design.....	26
3.2 Study Area	27
3.3 Population of the Study	28
3.4 Sampling	28
3.5 Sample Size.....	28
3.6 Method of Data Collection.....	30

3.7 Data Collection Procedure	32
3.8 Document Review.....	33
3.9 Pilot Test	33
3.10 Validity.....	34
3.11 Reliability Analysis.....	34
3.12 Data Analysis Procedure.....	35
3.12.1 Data Processing	35
3.12.2 Data Analysis Techniques	35
3.13 Ethical Considerations	35
CHAPTER FOUR.....	36
RESULTS	36
4.1 Socio-demographic Characteristics of Respondents	36
4.2. Level of Social Support, Resilience, and Psychological Distress among Refugees	38
4.2.1. Level of Social Support among Refugees.....	38
4.2.1.1. Level of Social Support Perception Across Sex Group of Refugee	39
4.2.1.2. Level of Social Support Perception Across Age Group of Refugees	39
4.2.1.3. Level of Social Support Perception Across Marital Status of Refugees	40
4.2.1.4. Level of Social Support Perception Across Education Level of Refugees	40
4.2.2. Status of Resilience Among Refugees.....	41
4.2.2.1 Level of Resilience Across Sex.....	42
4.2.2.2 Level of Resilience Across Age	43
4.2.2.3. Level of Resilience of Refugees Across Marital Status	43
4.2.2.4 Level of Resilience Across Educational Status.....	44
4.2.3. Status of Psychological Distress Among Refugees	45
4.2.3.1 Level of Psychological Distress Across Sex.....	46
4.2.3.2 Status of Psychological Distress Across Age	47
4.2.3.3 Level of Psychological Distress Across Marital Status	47

4.2.3.4 Level of Psychological Distress Across Education	48
4.3 The Nature of the Relationship Among Social Support, Resilience and Psychological Distress.....	49
4.4 Contributions of Social Support and Resilience to Psychological Distress	50
CHAPTER FIVE	58
DISCUSSION.....	58
5.1 Level of Social Support among Refugees	58
5.2 Level of Resilience among Refugees	60
5.3 Level of Psychological Distress among Refugees	62
5.4 Relationships among Social Support, Resilience and Psychological Distress	64
5.5 The Extent to which Social Support and Resilience Contribute to Psychological Distress Independently and Jointly.....	65
CHAPTER SIX.....	67
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	67
6.1 Conclusions	67
6.2 Recommendations	69
REFERENCE.....	71
APPENDICES	83

LIST OF TABLES

Table 1: Total sample size was determined as follows:.....	29
Table 2: Sample of Health Experts and Leaders.....	30
Table 3: Socio-demographic Characteristics of respondents in Alemwach Refugee Camp	36
Table 4: Level of Social Support among refugee	38
Table 5: independent sample t-test on level of social support perception across sex	39
Table 6: One way ANOVA summary of level of social support perception across age.....	39
Table 7: Summary of One way ANOVA on level of social support perception across marital status	40
Table 8: summary of One way ANOVA on level of social support perception across Educational level.....	41
Table 9: Level of resilience among Refugees.....	42
Table 10: Level of resilience of refugees across sex	42
Table 11: Level of resilience of refugees across Age	43
Table 12: Level of resilience of refugees across marital status.....	44
Table 13: Level of resilience of refugees across Education level.....	44
Table 14: Level of Psychological Distress across Sex.....	46
Table 15: Level of Psychological Distress across Age	47
Table 16: Level of Psychological Distress across marital status	47
Table 17: Level of Psychological Distress across Education Level	48
Table 18: Correlations analysis.....	49
Table 19: Regression analysis.....	50

LIST OF FIGURE

Figure 1: Conceptual framework adapted from literature review.....	23
Figure 2: Flow chart showing the Research Design	27
Figure 3: Level of psychological Distress	45

ACRONYMS

ANOVA:	Analysis of Variance
SPSS:	Statistical Package for the Social Sciences
UNHCR:	United nation higher commission for refugees
WASH:	Water, Sanitation, and Hygiene
WFP:	World food program

ABSTRACT

*This study investigated the relationship between psychological distress, social support, and resilience among refugees in the Alemwach refugee camp in North Gondar, Ethiopia. Different literatures related with psychological distress, social support, and resilience was widely discussed in relation to the research objective. The research used quantitative research approach with descriptive and inferential data analysis using a quantitative research approach. A simple random sampling technique was used to select questionnaire respondents, while convenience sampling was applied for interviews. Data were collected using the Kessler K10 scale for psychological distress, the Connor-Davidson Resilience Scale, and the Multidimensional Cognitive Social Support Scale. Out of 384 distributed questionnaires, 369 were completed, resulting in a 96% response rate, with data analyzed using SPSS version 24. The findings revealed that 30.4% of refugees reported high social support, 40.5% reported moderate support, and 26.1% reported low support levels. In terms of resilience, 68.28% exhibited high resilience, 23.03% showed moderate resilience and 8.13% had low resilience. Regarding psychological distress, 2.4% experienced severe distress, 45% mild distress, 15.5% moderate distress, and 37.1% low distress. A significant negative correlation was found between psychological distress and social support ($r = -0.342^{**}$, $p = 0.00$), indicating that higher social support is associated with lower psychological distress; conversely, psychological distress is positively correlated with resilience, while social support is also positively related to resilience. Gender and age differences were observed, with females and younger refugees experiencing higher psychological distress compared to males and older refugees who reported greater resilience and social support. The study recommends that enhancing social support networks and fostering resilience are essential for reducing psychological distress among refugees, recommending initiatives such as resilience training programs, hiring more mental health professionals, addressing gender-specific needs, promoting community-led initiatives, and improving collaboration among humanitarian organizations.*

Key words: psychological distress, Refugees, Resilience, social support

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Historically, individuals have fled their homes and crossed borders, both legally and illegally, due to political, economic, and social factors Veljanovska Blazhevska (2017). These individuals are often referred to as refugees; although some scholars argue that there is a significant distinction between these terms Long, K. (2013). According to the United Nations High Commissioner for Refugees (UNHCR, 2023), a refugee is someone who has been forced to leave their country because of persecution, war, or violence and they have a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group. Often, they cannot return to their home country or are too afraid to do so. War, ethnic conflicts, and religious violence are leading causes of refugee displacement.

Numerous studies indicate that refugees endure severe hardships, challenges, and traumas during their journeys to escape conflict, leading to exposure to various physical and mental health issues, ranging from mild to severe. The traumatic events they experience both during conflict and on their journeys across borders increase their risk of mental health disorders such as depression, Post-Traumatic Stress Disorder (PTSD), and anxiety, among others, Grasser (2022). Refugees, in particular, often experience psychological distress, which manifests as symptoms that deviate from an objectively healthy state. Psychological distress involves maladaptive coping patterns and is considered a mild form of psychopathology characterized by feelings of restlessness, anxiety, depression, anger, loneliness, and isolation, as well as problematic interpersonal relationships (Mabitsela, 2023; Burnette & Mui, 1997).

On the other hand, a study by Sundvall (2021) on Syrian refugees found that ongoing separation from family and social networks, as well as limited access to social support was associated with increased psychological distress. Thus, post-migration social support is critical in shaping refugees' experiences during resettlement and protecting against psychological distress (Doma et al., 2022).

Although the positive influence of social support on mental health in refugee populations is well-documented, there remains a gap in understanding the relationship between specific types of social support, the duration of resettlement, and mental health outcomes among refugees residing in high-income countries. Additionally, studies suggest that inadequate social support services in refugee camps can reduce refugees' resilience, or their ability to cope with psychological crises Hassan and Makhoul (2022).

The Tigrayan crisis has created challenging humanitarian conditions, including limited access to essential social and life-saving services for refugees in the Mai Tsebri camps. Due to security concerns, many refugees opted to relocate from the Mai Ani and Adi Harush camps to the Alemwach Camp in Dabat, located in the Amhara region. A UNHCR survey conducted before the relocation found that 90% of refugees were concerned about their security and expressed a willingness to relocate. Between February and July 2022, over 15,000 refugees moved from the Tigray camps to Alemwach, enduring difficult transit conditions. After the cessation of hostilities in November 2022 and improved access to Mai Tsebri, UNHCR, the Refugees and Returnees Service and the International Organization for Migration relocated 7,080 refugees to Alemwach. (UNHCR settlement December 2022)

UNHCR's response strategy in Alemwach involves an integrated area-based approach, allowing refugees and host communities to share services such as water, sanitation, hygiene (WASH), education, and healthcare. UNHCR also plans to strengthen existing facilities rather than build new ones to accommodate the refugee population. The aim of this study was to examine the relationships between psychological distress, social support, and resilience among refugees in the Alemwach Refugee Camp, located in North Gondar, Ethiopia.

1.2. Statement of the Problem

A review of existing literature indicates that the most severe and distressing experiences for many migrant refugees are the hardships and traumatic events they endure during their journeys and while crossing borders. Due to forced migration, exposure to traumatic incidents, and resettlement in unfamiliar environments, refugees face a significantly heightened risk of developing psychiatric disorders (Boehnlein et al., 2004). Similarly, refugees and asylum seekers those awaiting decisions regarding their refugee status are particularly vulnerable to mental

health issues, having often endured prolonged and severe adverse conditions. Research has shown that this population exhibits a higher prevalence of psychological disorders, notably depression and post-traumatic stress disorder (Gerritsen, 2006).

According to Larios et al. (2023), studies focusing on specific refugee groups reveal higher rates of psychological distress. For instance, among Afghan refugees in Norway, significant psychological distress was linked to integration challenges and pre-migration traumas. In Germany, a study found that 41.2% of refugees reported psychological distress, with 10.9% exhibiting severe levels indicative of mental health disorders (Walther et al., 2020).

Refugees living in the Alemwach refugee camp in North Gondar-Ethiopia are residing in the camp are Eritreans who escaped from their country for the last two decades, due to political and economic reasons. At the time of the study, the number of refugees were 20, 910 (10,234 female & 10,676 male). A need assessment UNHCR on 2023, 48 percent of respondents aged 12-17 years, are exposed to various forms of mental health problems. On top of that in the report, it was stated that the medical and psychological service that is given to the refugee is not adequate enough to enable them to develop resilience. Particularly, the social support service provided for the refugee was evaluated as it was poor to bring about the desired resilience in the refugee. Hence, the refugee fails to overcome the psychological distress and is affected by several difficulties that create obstacles in their daily activities and social relationships.

The connection between psychological distress, social support, and resilience in refugees has gained more attention; however, research is still limited, especially for those living in camps. Key studies underscore the significance of social support and resilience in reducing psychological distress among displaced individuals. Bowes and Gardner (2018) highlighted the protective effects of social support on the well-being of refugee youth. Their findings revealed that social support systems comprising family, friends, and community play a crucial role in mitigating the adverse impacts of trauma and psychological distress. This suggests a positive relationship between stronger social support, increased resilience, and reduced psychological distress. However, the case is not known in Ethiopia.

Similarly, Schweitzer et al. (2006) explored how social support helps manage post-traumatic stress and depression among Sudanese refugees in Ethiopia. Their findings indicate that social support significantly contributes to psychological adjustment, with lower levels of support

associated with increased distress. They also emphasize the importance of social interventions in refugee camps to enhance resilience.

In a study of Iraqi refugees, Hassan and Makhoul (2016) found that access to social services and support networks leads to lower levels of mental health problems, such as anxiety and depression. This research supports the idea that improved social services can enhance resilience, ultimately resulting in better mental health outcomes.

Panter-Brick et al. (2014) conducted a systematic review, identifying resilience as a critical protective factor against psychological distress in refugee and conflict-affected populations. The review highlights the role of community and social services in fostering resilience and calls for more research focused specifically on camp settings.

Lastly, Laban et al. (2007) examined the impact of long asylum procedures on mental health among Iraqi asylum seekers in the Netherlands. They demonstrated that delayed access to social services exacerbates psychological distress, while both social support and resilience serve as protective factors. Although this study was not exclusive to camp settings, its findings have implications for refugees in camps, where access to resources may similarly be delayed. These studies underscore the critical role of social support and resilience in reducing psychological distress among displaced populations, even though specific studies targeting refugees in camp settings remain scarce, there for, psychological distress, social support and resilience are areas that need to be studied keenly.

Cognizant of the importance of studies as the area, this study is devoted to examine the psychological distress, social support, and resilience among refugees in the Alemwach refugee camp with the following listed research questions.

1.3 Research Questions

1. What is the level of psychological distress, social support and resilience among refugees in Alemwach Refugee camp in North Gondar?
2. What is the nature of the relationship (i.e., direction, strength and statistical significance) among psychological distress, social support and resilience in Alemwach refugee camp in North Gondar?

3. To what extent do social support and resilience contribute to psychological distress in Alemwach refugee camp in North Gonder?
4. Are there statistically significant differences in psychological distress, social support and resilience among refugees with respect to demographic variables (i.e., sex, age, educational status and marital status) in Alemwach refugee camp in North Gonder?

1.4 Objective of the Study

1.4.1 General Objective

To examine the relations among psychological distress, social support and the resilience developed by refugee in Alemwach Refugee Camp North Gondar.

Specifically, the study was:

1. Intended to identify the level of psychological distress, social support, and resilience among refugees residing in Alemwach Refugee Camp, North Gondar, Ethiopia.
2. To examine the nature of the relationships (including direction, strength, and statistical significance) between psychological distress, social support, and resilience among refugees in Alemwach Refugee Camp, North Gondar.
3. To examine the independent and combined contributions of social support and resilience to the psychological distress experienced by refugees in Alemwach Refugee Camp, North Gondar.
4. To assess the differences in psychological distress, social support, and resilience based on demographic factors, such as sex, age, and educational status, among refugees in Alemwach Refugee Camp, North Gondar.

1.5. Delimitations of the Study

This study is thematically delimited to the exploration of psychological distress, social support, and resilience among refugees residing in the Alemwach Refugee Camp, located in North Gondar, Ethiopia. According to data from the camp record office, there are currently 20,910

refugees living in this facility. These individuals often encounter complex socio-political challenges and have experienced significant trauma both in their home countries and during their journeys to Ethiopia. While Alemwach provides essential services such as shelter, water, and food distribution, refugees continue to face substantial obstacles related to psychological distress, integration, and basic survival needs. Despite the availability of basic healthcare services aimed at addressing both physical and mental health issues, many refugees arrive with deep-seated trauma that necessitates ongoing support. Educational opportunities for children and training programs for adults are offered to foster skill development and improve future prospects; however, social support systems remain crucial for their well-being. Networks among families and the broader community help individuals cope with the stresses of camp life, yet many refugees still experience significant psychological challenges exacerbated by uncertainties regarding their asylum status and living conditions. Resilience varies among individuals based on personal factors and access to social services. Although international agencies like UNHCR and various Non-governmental Organizations provide humanitarian assistance, including food, healthcare, and psychosocial support, social integration remains difficult due to limited resources and potential tensions with local communities. Additionally, while refugees are protected under Ethiopian law and have access to basic legal services, their status can restrict mobility and employment opportunities. Ongoing efforts aim to address these legal challenges while exploring resettlement options or eventual repatriation.

1.6. Significance of the Study

Local research on psychological distress, social support, and resilience among refugees is notably scarce, particularly regarding the Alemwach refugee camp in North Gondar. The researcher underscores the significance of conducting such studies, as they are crucial for governmental and non-governmental organizations, as well as regional entities focused on refugee mental health. The anticipated findings of this research are expected to yield three primary benefits.

Firstly, by providing empirical evidence and insights into the unique challenges faced by refugees, the study will offer mental health professionals a deeper understanding of the complexities surrounding mental distress, social support, and resilience among refugees. Secondly, this study aims to inspire further academic inquiry into these critical areas, offering

foundational data that can be utilized in subsequent research. Lastly, the results are poised to inform policymakers and social psychologists about the necessity of prioritizing mental health services for refugees and enhancing support systems to alleviate their psychological challenges. Additionally, this research could serve as a valuable reference point for future scholars and writers exploring related topics.

1.7 Limitations

This study has its own limitations, which are outlined as follows. One major limitation is the lack of information due to the limited capacity of management information systems, which hinders the ability to respond effectively to challenges.

Additionally, the researcher used self-report measures, which may be affected by reliance on self-reported data. This reliance could introduce response bias, as participants might provide socially desirable answers rather than their true feelings. Consequently, this may restrict the reliability of the data collected from study participants.

1.8 Operational Definitions

1. **Social Support:** Perceived assistance from family, friends, and organizations in the refugee camp, measured using the Multidimensional Cognitive Social Support scale. It consists of 12 items rated on a 7-point Likert scale, where higher scores indicate greater perceived social support.
2. **Resilience:** The ability to recover from adversity assessed using the Connor-Davidson Resilience Scale (CD-RISC). It consists of 25 items rated on a 5-point Likert scale, where higher scores indicate greater resilience.
3. **Psychological Distress:** Emotional suffering, including anxiety and depression, measured with the Kessler K10 scale, categorized into mild, moderate, or severe levels. It consists of 10 questions that evaluate the level of psychological distress experienced over the past four weeks.

CHAPTER TWO

REVIEW OF RELATED RESEARCH

2.1 Psychological Distress

The notion of psychological distress has sparked considerable debate over the years. Various scientific studies indicate that the term often refers to a mix of symptoms, including those related to depression and general anxiety, as well as personality traits, functional impairments, and behavioral issues (Drapeau, Marchand, & Beaulieu, 2012). According to Ridner (2004), psychological distress is conceptually defined as a distinct and uncomfortable emotional state that an individual experiences in response to a specific stressor or demand, which can lead to either temporary or permanent harm. Additionally, other research characterizes psychological distress as a form of emotional suffering marked by symptoms of depression, such as feelings of worthlessness, sadness, hopelessness, restlessness akin to anxiety, and tension (Mirkowsky & Ross, 2002).

2.1.1 Understanding Psychological Distress and Resilience in Refugees: The Role of Social Support

Among refugees, there is a significant prevalence of mental health disorders, particularly depression, post-traumatic stress disorder (PTSD), anxiety disorders, and somatic distress (Bogic et al., 2015; Henkelmann et al., 2020; Turrini et al., 2017). Research by Kirmayer et al. (2011) and Henkelmann et al. (2020) identifies several factors contributing to psychological distress in refugees, including conflict, social unrest, war, and other traumatic experiences, all of which can negatively impact their mental health and heighten their susceptibility to depression, anxiety, and PTSD. The prevalence of mental health issues among refugees is higher than that found in the resident populations of host countries (Fazel et al., 2005; Richter et al., 2015). Refugee populations may have different explanatory models and symptom patterns for mental health problems compared to local populations (Hassan et al., 2016; Lewis-Fernández & Kirmayer, 2019; Schlechter et al., 2021). Additionally, refugees often encounter barriers when attempting to access mental health services (Satinsky et al., 2019; Schlechter et al., 2021). However, there remains a lack of understanding regarding the key factors that contribute to the high rates of

mental health complaints within refugee groups. Key explanations for these issues include forced migration, exposure to potentially traumatic events, and resettlement in unfamiliar surroundings (Al Akash & Boswall, 2014; Morina & Nickerson, 2018). Traumatic experiences among refugees are linked to subsequent mental health disorders diagnosed in host countries such as the United Kingdom (Bogic et al., 2012), the Netherlands (Gerritsen et al., 2006), and Sweden (Lindencrona et al., 2008). These experiences can encompass a broad spectrum of human rights violations (Giacco et al., 2018; Shrestha et al., 2003).

Despite facing potentially traumatic events, not all refugees experience mental health issues, demonstrating mental health resilience (Cicchetti, 2010; Masten, 2011). Resilience is defined as a dynamic process of adaptation that leads to positive outcomes even after experiencing adversity (Bonanno et al., 2011; Rutter, 2013). Other definitions describe resilience as either an inherent trait or a result of overcoming challenges (Fritz et al., 2018). Currently, there is limited understanding of mental health resilience within refugee populations, particularly among those involved in the migration movements that began in 2015 from the Middle East to European countries (Fergus & Zimmerman, 2005; Fritz et al., 2018).

Coping with mental health challenges varies greatly across different cultures. Understanding these coping strategies is vital for practitioners who work with refugees (Schlechter et al., 2021). For instance, in many Middle Eastern nations, suffering is often seen as a natural part of life. Syrian refugees, in particular, may prefer seeking assistance from family and friends over professional services, contrasting with individuals from Western cultures. Furthermore, they may resort to passive coping methods, such as withdrawal, instead of actively confronting their mental health issues (Hassan et al., 2016). Other coping strategies can include maintaining employment, practicing religious rituals, and prioritizing family commitments (Khawaja et al., 2008).

It is essential to examine specific factors that may enhance resilience and impact mental health among refugees. One significant factor is the loss of social support, which is linked to mental health issues in this population (Bogic et al., 2015; Chen et al., 2017). Many refugees are displaced from their communities, separated from loved ones, and often travel alone or without their immediate families. As a result, their typical social support networks become fragmented, increasing their vulnerability to mental health problems (Bogic et al., 2015; Chen et al., 2017). In

host countries, a lack of social support, social isolation, and loneliness are associated with higher rates of mental health issues among refugees (Bogic et al., 2015; Chen et al., 2017; Giacco et al., 2018; Hynie, 2018). Contributing factors to this lack of social support may include limited language skills, which hinder communication in the new country, experiences of prejudice and discrimination, and poverty (Chen et al., 2017; Giacco et al., 2018; Hynie, 2018).

A longitudinal study involving Middle Eastern refugees exposed to trauma found that mental health problems were less likely to persist over time when refugees felt they had adequate social support (Montgomery et al., 2010). Given that refugees often experience separation from their families and that seeking help from them is a vital coping strategy, having appropriate social support appears crucial for protecting refugees from psychological distress.

Many refugees have been exposed to potentially traumatic events and report elevated levels of psychological distress. However, refugees vary greatly in the severity of mental health problems. Intra- and interpersonal factors help some refugees to cope effectively (Schlechter et al., 2021). Despite the growing body of evidence suggesting deteriorating psychosocial well-being at the population level, equivocal data from refugee populations is lacking. Currently surpassing 80 million globally, conflict refugees are particularly at heightened risk of psychological distress when contrasted with host communities. A myriad of psychosocial problems, including Post-Traumatic Stress Disorder (PTSD), depression, and anxiety, has been reported in refugee settings (Tol et al., 2011; Tol et al., 2011). Psychological distress triggered by fears of apprehension, risk of deportation, difficult living conditions, and poor access to health, social, communication, financial, and legal services has also been documented (San Lau et al., 2020; Blanchet et al., 2013; Williams et al., 2006; Barnes & Almasy, 2005; Turrini et al., 2019; Tribe & Sendt, 2019).

Social support plays a vital role in preventing, managing, or mitigating the psychological well-being of individuals through various mechanisms (Ozbay et al., 2007). It is believed to reduce the negative effects of stressful life events by altering negative perceptions and encouraging problem-solving approaches (Roskies, 1980; Rankin, 1991; Wortman et al., 1985). However, some researchers argue that during periods of intense or chronic distress, the protective effects of social support may be limited (Hobfoll, 1987; Leviton & Snell, 2000). Conversely, as a facilitator of coping, social support is seen as providing consistent rewarding experiences, such as positive affection, which help prevent the onset of psychological distress (Wortman et al.,

1985; Hobfoll, 1985).

2.1.2 Assessing Psychological Distress

Psychological distress refers to a wide range of emotional and mental challenges, including anxiety, depression, and stress, which can result from adverse experiences such as displacement, trauma, or chronic life stressors (Kessler et al., 2002). Refugees are particularly vulnerable to psychological distress due to the hardships they face before, during, and after displacement. These experiences often include exposure to violence, loss of family members, and a lack of access to basic needs like shelter, food, and healthcare (Miller & Rasmussen, 2017).

One of the most widely used tools for measuring psychological distress is the Kessler Psychological Distress Scale (K10), which is a self-report instrument designed to quantify general psychological distress. The K10 includes 10 questions related to symptoms of anxiety and depression over the past four weeks, and responses are scored on a Likert scale. The tool has been validated across different populations and has proven effective in refugee contexts as well (Kessler et al., 2002).

Research consistently demonstrates that psychological distress is prevalent among refugee populations, with studies indicating high rates of mental health disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety (Silove, Steel, & Bauman, 2007). The traumatic events refugees endure often contribute to long-term psychological difficulties, making the assessment of distress critical for both research and intervention (Fazel, Wheeler, & DAction for the needy in Ethiopiash, 2005).

2.2 Theories of Psychological Distress

2.2.1 Psychoanalytic Theory and Its Relevance to the Study

The psychoanalytic theory posits that psychological distress arises from unresolved intrapsychic conflicts rooted in early childhood, particularly concerning unconscious processes and defense mechanisms (Box, 1998; St. Clair, 1996). These unconscious conflicts can lead to maladaptive behaviors in adulthood, as individuals cope with present difficulties by relying on defense mechanisms developed during childhood. This is especially relevant in the context of refugee

populations, such as those in Alemwach Refugee Camp, where many individuals have endured severe trauma and stress during their formative years, either in their home country or during displacement. Consequently, the theory suggests that refugees' psychological distress may be intricately linked to unresolved conflicts stemming from these traumatic early experiences. Traditional psychoanalytic models emphasize an intrapsychic perspective on psychological distress, highlighting the importance of unconscious processes and defense mechanisms in shaping both normal and abnormal behaviors. According to these models, early childhood experiences are crucial for later personality development, indicating that current symptoms often manifest as unresolved past conflicts. Thus, psychological distress can be interpreted as an individual's attempt to navigate present challenges through childhood defense mechanisms that may be maladaptive or socially inappropriate in their current context.

Applying this theory, we might hypothesize that refugees who experienced significant trauma during their childhood are more likely to exhibit high levels of psychological distress. Defense mechanisms such as denial or repression, developed in response to trauma, may contribute to an individual's inability to adapt to new environments or stressors. Therefore, interventions focused on addressing past traumas might reduce current levels of psychological distress.

2.2.2 Cognitive Theory and Its Relevance to the Study

The cognitive theory, particularly articulated by Barlow and Durand (2018), emphasizes the significant role of negatively biased thinking in psychological distress. Cognitive theorists assert that distress often arises when individuals interpret their experiences in excessively negative ways, resulting in a cycle of dysfunctional behavior and negative emotions (Weinrach, 1988). This perspective is particularly relevant for refugee populations, who face overwhelming challenges such as loss, uncertainty, and discrimination that can reinforce negative cognitions. Displaced individuals may perceive themselves as powerless or inadequate, exacerbating their psychological distress. According to the cognitive model, a crucial factor in this distress is the tendency to hold negative perceptions of oneself, one's environment, and the future (Barlow & Durand, 1999). Those experiencing distress often view themselves as worthless or unlovable, leading to excessive emotions and dysfunctional behaviors stemming from inappropriate interpretations of their experiences. The model posits that emotional difficulties emerge when individuals exaggerate their perceptions of events beyond the actual evidence, creating a

detrimental cycle that negatively impacts both feelings and behaviors. While contemporary views on psychological distress may be more nuanced than those of previous generations, many explanatory models, including cognitive theory, provide valuable insights that enhance our understanding of these complex emotional challenges.

In this study, cognitive theory helps to explain how the psychological distress experienced by refugees in the Alemwach Refugee Camp may be influenced by their patterns of thinking. For instance, refugees with negative self-perceptions or pessimistic views about their future may be more susceptible to emotional distress. Their interpretation of daily events (e.g., difficulties in accessing services, lack of employment) as evidence of their inadequacy or hopelessness can create a feedback loop of negative emotions and maladaptive behaviors.

Moreover, cognitive theory also informs potential interventions. Cognitive-behavioral approaches that challenge refugees' negative thoughts and teach more adaptive ways of thinking could help to reduce distress. Addressing negative cognitions such as beliefs about personal failure or a bleak future could empower individuals and foster resilience, especially in a refugee context where daily stressors are abundant.

2.2.3 Integration and Application to the Study

Both theories offer valuable insights into understanding and addressing psychological distress among refugees, as combining the psychoanalytic approach, which emphasizes the importance of addressing past trauma, with the cognitive approach, which focuses on altering present thought patterns, creates a comprehensive framework for analyzing the complexity of psychological distress and developing targeted interventions that address both its roots and current manifestations.

2.3. Understanding Social Support

2.3.1 Social Support

2.3.1.1 Basic Concepts of Social Support

Albrecht, T. L., & Adelman, M. B. (2013) defines social support refers to verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the

self, the other, or the relationship and functions to enhance the perception of personal control in one's experience. Social support acted as a mediator, implying that the negative effect of somatic health problems, especially hearing, on psychological distress was mediated by low social support. Lack of social support and somatic health problems were associated with psychological distress in elders Lund, H. S., & Kjølstad, B. (2012).

A study by Lakey and Cohen (2000) three classes of support concepts: social networks, perceived social support, and supportive behaviors. Social networks refer to the structure of social relationships, including the existence, quantity, and type of relationships. Perceived social support refers to the function of social relationships, specifically the perception that these relationships will provide resources such as emotional and informational support when necessary, and supportive behaviors refer to the mobilization and receipt of behaviors intended to aid individuals in facing stressful events.

It has been suggested that recent research continues to support the idea that social support is crucial for maintaining mental health, particularly in stressful situations. Studies have consistently shown that social support is linked with lower levels of psychological distress (Smart Therapy PC, 2024; Orlando Therapy, 2021). Findings indicate that a significant portion of the stress experienced by caregivers of individuals with various mental and physical impairments may be associated with a lack of essential supports, such as crisis information and support services, continuity of care, psychosocial rehabilitation programs for skill development and participation in work or education, caregiver counseling, and respite services (Shankar & Muthuswamy, 2007).

Similarly, Baskin (2023) cited Chao (2012), stating that the term social support refers to the social and psychological support one receives or perceives in their environment. It involves reliance on others for guidance and assistance, as well as the disclosure of problems (Chang et al., 2020; Taylor, 2011). Likewise, social support is a construct that varies across cultures, issues, and situations (Chang et al., 2020).

2.3.1.2 Theories/Models of Social Support

According to Lakey and Orehek (2011), Relational Regulation Theory (RRT) posits that significant effects arise when individuals manage their emotions, thoughts, and actions through

everyday conversations and shared activities, rather than through discussions focused on coping with stress. This regulation is fundamentally relational and is influenced by personal preferences regarding social interactions. RRT quantitatively defines relationships, allowing for a clear distinction between the nature of relationships and the personality of the individual receiving support. In contrast to traditional theories like the Stress Buffering Theory, which advocate for social support as a means to cope with stress, RRT suggests that perceived social support enhances mental health by enabling individuals under stress to manage their emotions through routine interactions.

Additionally, the Life Span Theory (Uchino, 2009) highlights the significant role of social support throughout an individual's development. This theory connects early life social support such as childhood bonding to coping abilities during later traumatic experiences; including significant life stressors like forced migration. Cohen and McKay (1984), as cited by Das (2013), emphasize that while traditional theories focus on coping mechanisms, RRT underscores the importance of everyday interactions in fostering emotional resilience and overall mental well-being.

Applying Relational Regulation Theory (RRT) asserts that emotional regulation is achieved through everyday interactions rather than formal discussions about managing stress. This idea is particularly pertinent for refugees, who frequently endure trauma and stress due to forced migration. Participation in casual conversations and shared activities within their communities can alleviate psychological distress and bolster resilience. However, the impact of these social interactions can differ based on individual preferences and cultural backgrounds, highlighting the need for customized support systems to enhance mental health outcomes. In parallel, Stress Buffering Theory emphasizes the critical role of social support in alleviating stress and facilitating coping during difficult times. For refugees, robust community networks can foster a sense of belonging that is essential for dealing with trauma and mitigating stressors associated with displacement. Initiatives that connect refugees with host communities can further strengthen social support.

On the other hand, Life Span Theory underscores the significance of social support across various developmental stages, linking early experiences to coping strategies in later traumatic situations. For refugee children, secure attachments formed in early life are crucial for

developing effective coping mechanisms. Programs designed to nurture these attachments can offer long-term mental health benefits, while ongoing social support is vital as refugees navigate the complexities of resettlement and integration into new environments. By addressing both immediate and developmental needs, these theories collectively inform strategies to improve mental health outcomes for refugees (Lakey & Orehek, 2011; Uchino, 2009).

2.3.1.3 Assessing Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. in 1990, is a widely utilized tool for evaluating perceived social support from three key sources: family, friends, and significant others. This scale comprises 12 items that respondent's rate on a 7-point Likert scale, where 1 indicates "very strongly disagree" and 7 signifies "very strongly agree." The MSPSS has shown excellent internal consistency, achieving Cronbach's alpha scores of .88 for the overall scale, .87 for the family subscale, .85 for the friends subscale, and .91 for the significant others subscale (Zimet et al., 1990).

2.3.2 Resilience

2.3.2.1 Basic Concepts of Resilience

Resilience is most appropriately conceptualized as a developmental process or a dynamic capacity rather than as a static outcome or trait. Applicable to a broad range of systems ranging from children and families to institutions and societies, resilience encompasses the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development (Masten, 2014).

2.3.2.2 Theories/Models of Resilience

2.3.2.2.1 A Dynamic Model of Resilience in Practice

According to dynamic models of resilience, which propose that resilience develops through interactions between individuals and their environment, practice efforts to support competence in contexts of adversity must accommodate and respond to the dynamic nature of development, as the influence of a given factor as either protective or vulnerability-enhancing is moderated by the context in which it is embedded and the developmental stage of the system at the time it is

introduced; for example, promoting positive peer relationships may be most effective in settings such as schools during middle childhood and adolescence, when peer interactions are particularly salient (Masten, 2014).

2.3.2.3 Assessing Resilience

The Connor-Davidson Resilience Scale (CD-RISC) is commonly used to assess resilience in both general and clinical populations. It has demonstrated solid psychometric properties, including strong internal consistency and test-retest reliability. The CD-RISC is also valid relative to other measures of stress and hardiness, differentiating between populations based on their degree of resilience, such as the general population versus patients with anxiety disorders (Connor & Davidson, 2003).

2.4 Levels, Relationships, and Contributions of Social Support and Resilience in Reducing Psychological Distress

2.4.1 Levels of the Variables Psychological Distress, Social Support, and Resilience

Understanding the levels of psychological distress, social support, and resilience is critical to assessing the overall well-being of refugee populations. Numerous studies have measured these variables in various contexts, including among refugees and vulnerable populations in Ethiopia.

With the case of psychological distress; Psychological distress among refugees often manifests as depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health challenges. A study by Mekonen Tsehay et al. (2023) in Dessie, Ethiopia, during the COVID-19 pandemic, found that the prevalence of psychological distress among healthcare professionals was 42%. The levels of distress varied, with 18% experiencing mild distress, 11% moderate, and 13% severe. In the refugee context, studies like those by the Center for Victims of Trauma (2017) indicate that psychological distress is pervasive, often tied to traumatic experiences, loss, and ongoing uncertainty, with refugees frequently rating psychological issues such as grief, anxiety, and worry as more severe than their material challenges. This data suggests that psychological distress among refugees tends to be high across different settings, regardless of the varying levels of available resources and interventions.

With regards to social support; Social support refers to the emotional, informational, and practical resources that individuals receive from their social network. In the study by Mekonen Tsehay et al. (2023), social support was identified as a critical factor influencing psychological distress levels among health professionals, with higher levels of social support associated with lower levels of distress. Similarly, Lee et al. (2022) highlighted the effectiveness of social support in reducing depression among elderly individuals in a community setting, indicating the potential for social support to alleviate psychological burdens. For refugees, the Center for Victims of Trauma (2017) emphasizes that social support plays a crucial role in helping them cope with mental health challenges, particularly through shared experiences and emotional support within their communities.

When we talk about Resilience, or the ability to adapt and recover from adversity, is another critical factor in the well-being of refugees. The study by Sewalem and Molla (2022) in South Ethiopia on women who experienced gender-based violence found that resilience was inversely related to psychological distress. Factors like rural residence, lack of education, and low family income were associated with lower resilience and higher psychological distress. This suggests that resilience among vulnerable populations is often hindered by socio-economic factors, though it remains a protective factor in mitigating mental health challenges.

2.4.2 Relationship among Psychological Distress, Social Support, and Resilience

The relationship between psychological distress, social support, and resilience has been well-documented across various populations, including refugees and health-care professionals.

Psychological Distress and Social Support: There is substantial evidence supporting the negative correlation between psychological distress and social support. Baskin (2021) found that social support significantly reduces psychological distress, with higher levels of support correlating with lower levels of distress. In the Ethiopian context, Mekonen Tsehay et al. (2023) showed that a higher level of social support was associated with lower psychological distress among healthcare professionals. For refugees, social support can buffer the adverse effects of trauma and displacement. According to the Center for Victims of Trauma (2017), social support not only helps refugees cope with distress but also fosters a sense of belonging and emotional security, which is critical for mental health stability.

Psychological Distress and Resilience: Resilience has been consistently shown to have a buffering effect on psychological distress. Studies like those by Sewalem and Molla (2022) reveal that resilience is inversely related to psychological distress. In their study, individuals with higher levels of resilience exhibited lower levels of psychological distress, particularly among women exposed to gender-based violence. Baskin (2021) further supports this relationship, demonstrating that resilience, while not as strong a predictor as social support, still plays a significant role in reducing distress levels.

Social Support and Resilience: Social support and resilience are closely interconnected, with the former often bolstering the latter. Baskin (2021) found a significant positive correlation between social support and resilience, suggesting that individuals with stronger social networks tend to have higher resilience levels. This is particularly relevant in refugee settings, where social networks and support systems can provide the necessary resources and emotional strength to cope with the challenges of displacement. For example, refugees who report higher levels of social attachment and interaction often demonstrate greater resilience in the face of adversity.

2.4.3 Contributions of Psychological Distress, Social Support, and Resilience

Each variable psychological distress, social support, and resilience contributes uniquely to the overall mental health and well-being of refugees. Understanding these contributions is essential for developing effective interventions.

Social Support's Contribution to Psychological Distress: Social support is one of the most significant contributors to reducing psychological distress. Baskin (2021) demonstrated that social support was a stronger predictor of distress than resilience. In practical terms, interventions aimed at enhancing social support systems within refugee communities can directly alleviate psychological distress. As recommended by Lee et al. (2022), creating systems that allow refugees to perceive and utilize social support resources is crucial for addressing mental health challenges like depression and anxiety. Similarly, the Center for Victims of Trauma (2017) emphasized the importance of social support in coping with grief and loss, suggesting that social and psychosocial support services (MHPSS) should prioritize strengthening refugees' social networks.

Resilience's Contribution to Psychological Distress: While resilience may not have as direct an impact on distress as social support, it remains a critical factor in reducing psychological distress, particularly in contexts of severe adversity. Sewalem and Molla (2022) found that resilience significantly mitigated the effects of psychological distress among women exposed to violence. In refugee populations, resilience-building interventions, such as psychosocial support programs, can empower individuals to adapt to the stresses of displacement and reduce their psychological distress. Refugees with higher resilience are more likely to recover from trauma and manage their mental health effectively, even in the face of ongoing challenges.

Joint Contribution of Social Support and Resilience: The combined effect of social support and resilience on psychological distress is particularly potent. Baskin (2021) highlighted the collective significant effect of both variables, indicating that while social support may have a stronger individual impact, resilience plays a complementary role in reducing distress. In the refugee context, interventions that simultaneously enhance social support networks and foster resilience are likely to be the most effective in reducing psychological distress. Programs that promote community-based support systems while teaching coping strategies can create a synergistic effect, enabling refugees to navigate their challenges with greater emotional and psychological strength.

In conclusion, the levels of psychological distress, social support, and resilience vary significantly across different populations, including refugees. The relationships among these variables are well-established, with social support and resilience both playing key roles in mitigating psychological distress. Effective interventions must focus on strengthening social support systems and enhancing resilience, particularly in vulnerable refugee communities.

2.5 Variations in Social Support, Resilience and Psychological Distress with Respect to Demographic Variables

The issue of mental distress, including post-traumatic stress disorder (PTSD), depression, and anxiety, is more prevalent among women from refugee backgrounds than among men, reflecting broader gender disparities in mental health (Sullivan et al., 2020; Davaki, 2021). Studies indicate that women refugees face disproportionate mental health burdens due to multiple intersecting vulnerabilities, such as gender-based violence, caregiving responsibilities, and economic

insecurity. In comparison, men from refugee backgrounds, especially those from non-OECD regions, also face significant psychological distress, but women tend to be more affected due to additional social, cultural, and structural barriers to mental health care and support.

Migration status further complicates the picture of psychological distress. A study of refugees and migrants in Sweden revealed that all migrants, except men from OECD-predominant regions, had a higher likelihood of experiencing psychological distress compared to Swedish-born individuals. The marginal effects on psychological distress increased with age at migration and longer duration of residence in the host country, suggesting that prolonged adjustment challenges may exacerbate mental health problems. Importantly, after controlling for social determinants like social cohesion, discrimination, and socio-economic status (SES), the differences in mental distress between migrants and natives were significantly reduced, indicating that these social factors play a crucial role in mediating the mental health outcomes of refugees and migrants.

In the East African context, Seruwagi et al. (2022) conducted a study on distress and social support among conflict refugees in Uganda, focusing on those living in urban, semi-rural, and rural settlements. The findings revealed significant disparities in mental health based on the settlement type. Refugees living in rural or semi-rural settlements exhibited higher levels of psychological distress compared to their urban counterparts. The study found several critical patterns:

The first point is that refugees in rural or semi-rural settlements had more opportunities for social interaction compared to those in urban areas. This can be attributed to close-knit communities and shared daily activities, which foster frequent interactions. However, while the availability of social interaction was higher, its quality or adequacy was much lower in these areas.

Secondly, there is a lower adequacy of social interaction which implies that the quality of social interactions referring to the meaningfulness and emotional support derived from these interactions was significantly lower in rural and semi-rural settlements. This inadequacy contributed to higher levels of psychological distress, as refugees, despite engaging in frequent social interactions, did not find them emotionally fulfilling or supportive enough to buffer the mental health challenges they faced.

Thirdly, there is a higher availability of social attachment, which refers to the bonds formed between individuals. This phenomenon was more prevalent in rural and semi-rural areas. Refugees in these settings tended to rely on family and community ties for support. However, similar to social interaction, the adequacy of social attachment was low. This means that although refugees had social connections, these relationships did not provide the necessary emotional and psychological support to alleviate their distress.

Fourthly, adequacy of social support and psychological distress, which showed that the adequacy of social interaction and attachment significantly explained variations in psychological distress levels, even after controlling for plausible confounding factors such as age, gender, and socio-economic status. The inadequacy of social interactions and attachments in rural settings was a major predictor of higher levels of psychological distress. In contrast, refugees in urban areas, despite having fewer social interactions, reported higher quality and adequacy of these interactions, which helped buffer against distress.

Fifthly, when considering social interaction versus social support quality, it is important to note that the quantity of social interaction or attachment does not necessarily translate into effective social support. Refugees in rural settlements had more frequent social interactions and attachments; however, these were inadequate in addressing their emotional and psychological needs. This indicates that the quality of social support how well it meets individuals' emotional needs is far more critical than the mere availability of social networks.

In sixth place, the impact of settlement type shows that refugees in urban areas, despite facing challenges such as economic pressure and social isolation, tend to have more adequate and emotionally supportive interactions compared to those in rural settings. Urban refugees may have better access to mental health services and psychosocial support programs, which could explain the lower levels of psychological distress observed in these populations.

Last but not least, on the policy implications, the study suggests that mental health interventions for refugees should be tailored to the specific needs of their living environments. In rural or semi-rural settings, strategies should focus on improving the adequacy of social support enhancing the emotional quality of interactions and ensuring that refugees receive meaningful psychological and emotional support through community programs. In urban areas, where

refugees might experience social isolation despite better access to services, initiatives should aim to foster stronger social connections and attachments to alleviate distress.

In conclusion, the interplay between psychological distress, social support, and settlement type is critical for understanding mental health outcomes among refugees. While refugees in rural areas may have more frequent social interactions, these interactions often lack the emotional depth needed to mitigate mental distress. Therefore, mental health interventions need to prioritize not just increasing the availability of social interactions but improving the quality and adequacy of social support to reduce psychological distress across different refugee settings.

2.6. Conceptual Framework

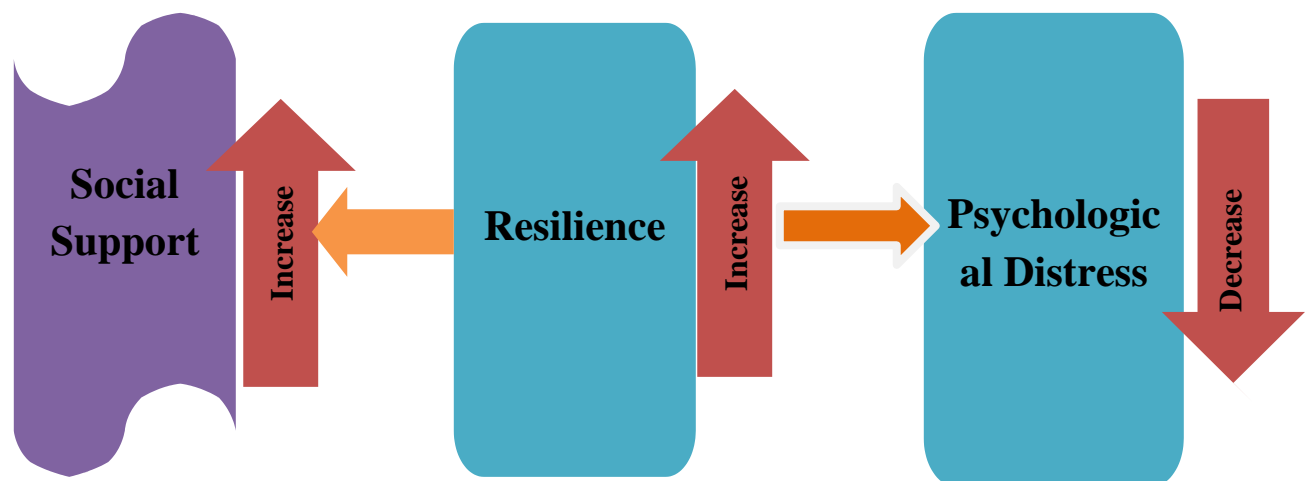


Figure 1: Conceptual framework adapted from literature review

The above framework illustrates the interrelationships between social support, resilience, and psychological distress, positing that higher levels of social support and resilience contribute to a decrease in psychological distress among refugees; this study specifically investigates social support and resilience as independent variables, with psychological distress identified as the dependent variable, aiming to analyze their connections and impact. A review of relevant literature helps identify knowledge gaps between this research and prior studies, while efforts to explore local research provide a deeper understanding of the issues at hand. However, there is a significant lack of studies focusing specifically on the Alemwach refugee camp about psychological distress, social support, and resilience, making it crucial to conduct this study to gain insights into these factors.

2.7 Summary and Implications of the Reviewed Literature

The above Literature has shown that psychological Distress can be caused by many factors, especially when looking at the causes of psychological stress in refugees, conflict, social unrest, war, and other extreme experiences can negatively affect the mental health of refugees and increase their vulnerability to depression, anxiety and post-traumatic stress disorder (PTSD). It is widely raised and states that a person can face it in terms of the childhood influences he has spent in his life. Based on the Socio-demographic trends, depression, post-traumatic stress disorder, depression and anxiety, and psychological distress reflect wider gender differences in mental health in women from immigrant backgrounds than in men of similar backgrounds (Sullivan et al., 2020; Davacki, 2021) and also Adolescents and early adults, especially 18- to 25-year-olds, are more vulnerable to data security vulnerabilities than other age groups.

Theories and studies imply that changes can come based on interpersonal therapy, which focuses on helping people have more satisfying relationships by counseling psychological distress, easing relationship problems, and learning new interpersonal skills. In this process Social support can act as a mediator, which can mitigate the negative impact of somatic health problems, especially hearing, on psychological distress. The support can be provided by family and friends.

Resilience was understood as a developmental process or dynamic capacity rather than as a static outcome or behavior. People with higher spiritual/religious beliefs experience lower psychological problems. Although interventions alone cannot solve these problems, evidence suggests that any intervention with immigrants should prioritize mental health problems. When we considered their relationship, significant negative relationships were found between coping and stress and between social support and stress. The results indicate that there is a joint significant effect between copings, social support, and stress. Social support contributed more to depression than coping. Social support was a significant predictor of stress outcomes, while resilience was not a predictor of stress.

In conclusion, psychological stress in refugees and immigrants is a complex issue that can be caused by various factors. However, interventions such as interpersonal therapy and social

support can help mitigate the negative impact of psychological distress. Additionally, resilience, enhanced socio-economic conditions, younger age, and social support have been linked to better mental health outcomes, especially in adolescent refugee groups. In general, these studies helped the researcher a lot in examining the psychological distress, social support, and resilience among refugees in the Alemwach refugee camp.

CHAPTER THREE

RESEARCH METHODOLOGY

The primary objective of this chapter is to outline the various research operations involved in data collection and analysis, ensuring alignment with the research purpose while maximizing the information obtained. To achieve this, the chapter provides an overview of the research design, study area and period, sources of data, the population of the study, sampling techniques and sample size, data collection procedures and tools, pilot testing, validity and reliability analysis, data processing methods, data analysis techniques, and ethical considerations.

3.1. Research Design

The application of an appropriate methodology is crucial for achieving the overall objectives of a study and effectively addressing the research questions posed. In this research, a quantitative approach was employed. According to Walliman (2011), Aliaga and Gunderson (2002), and Neuman (2014), quantitative research focuses on numerical data and utilizes mathematical operations to analyze its properties. Additionally, Saunders (2012) emphasizes that quantitative research prioritizes numerical data and statistical tests to draw conclusions that can be generalized. This study is descriptive in nature, aiming to provide an in-depth understanding of the phenomena under investigation.

As it is noted above and by Creswell and Creswell (2018), the study utilizes a quantitative design to offer a thorough overview of the levels of psychological distress, social support, and resilience among refugees at the Alemwach Refugee Camp in North Gondar. Further, it examines the interconnections among these three variables. This research is descriptive as it is mentioned above and has the following designs.

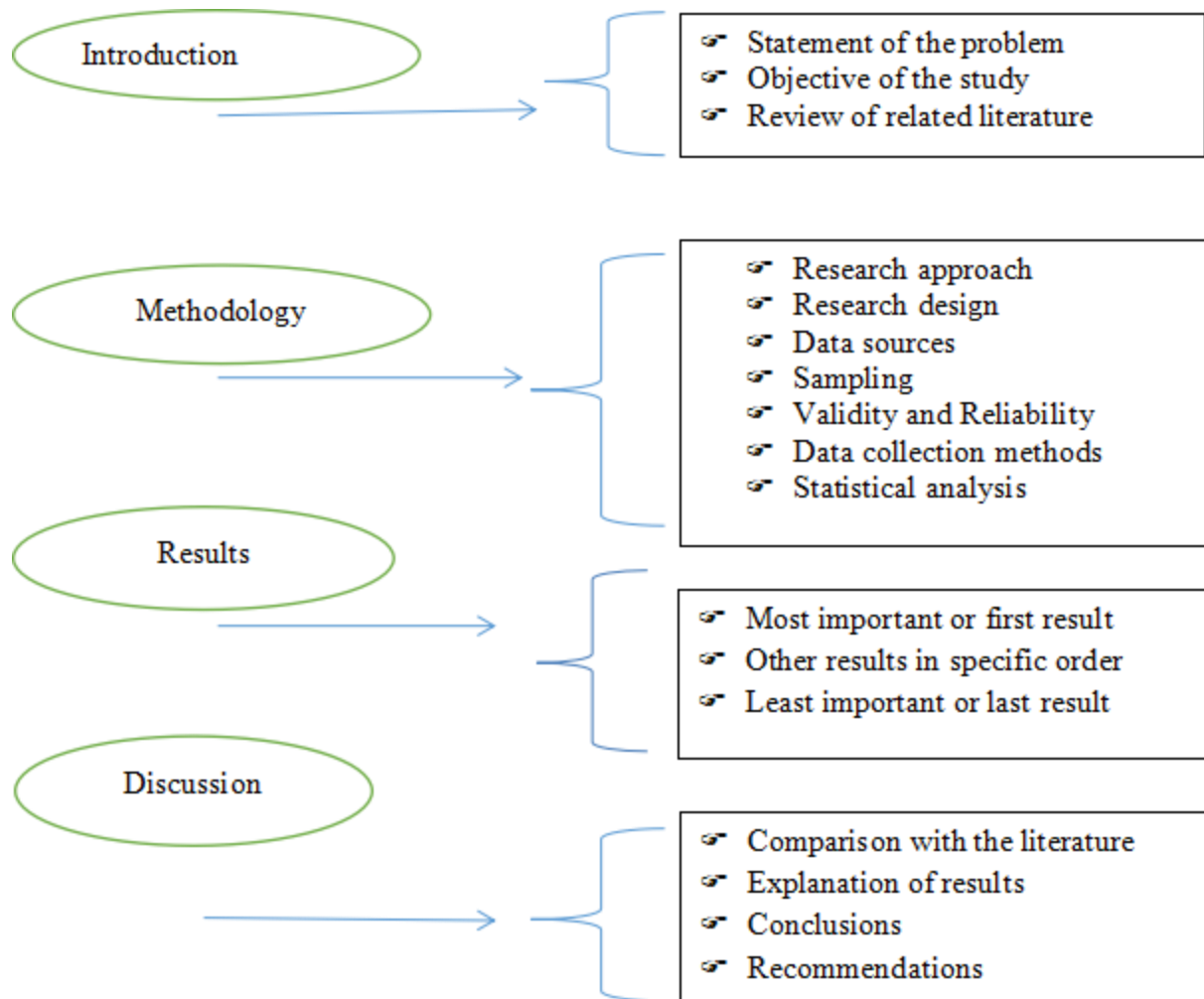


Figure 2: Flow chart showing the Research Design

3.2 Study Area

The research area of this study is the Alemwach Refugee Camp, located in Dabat Woreda, approximately 800 km from Addis Ababa, and about 70 km from Gondar, 29 km from Debark, and just 3 km from Dabat town. The research has been conducted from January 2023 to November 2024, with an expected completion within ten months as outlined in the work plan of this proposal to meet the research targets.

3.3 Population of the Study

Alemwach Refugee Camp focus on women's and children's rights protection, gender-based violence (GBV) prevention, women's empowerment, WASH project expertise, livelihood provision, shelter and firewood distribution, legal aid, disability support, elder care, and mental health counseling in partnership with psychologists. At the time of data collection, the refugee camp has 10,234 female refugees and 10,676 male refugees with a total of 20,910 populations.

3.4 Sampling

The researcher employed a simple random sampling design for this study, focusing on the Alemwach Refugee Camp. This camp was selected due to its unique status as the only facility in the region that provides both residential and health services to refugees, making it an ideal setting for research.

A simple random sampling technique was employed to select respondents for the questionnaire, while convenience sampling was utilized for the semi-structured interviews. This methodological approach ensures that the study's findings provide a meaningful representation of the entire population. By integrating semi-structured interviews, researchers can gather qualitative insights that elucidate the underlying reasons behind the quantitative data. This combination facilitates triangulation, allowing qualitative data to validate and enrich the quantitative results, thereby enhancing the overall robustness of the research findings.

3.5 Sample Size

According to Zikmund et. al (2009) a researcher should not take the whole population because the results of good and representative samples have the same characteristics as the population as a whole. Thus, the researcher observed to assess the representativeness of the responses from the participants and determined the sample size using Krejcie and Morgan (1970) formula and the sample size was 384 questionnaire respondents

This population spans various age groups, children, adolescents, middle-aged individuals, and the elderly. To ensure a representative sample that accurately reflects the diversity of the refugee community, key demographics such as women, youth, and the elderly were carefully considered

during the selection process.

After determining the total sample size, respondents were allocated based on sex group proportions corresponding to the overall population size as indicated in the accompanying table. As the table illustrates below the relationship between sample size and total population is important to note that as the population increases, the sample size also increases at an accelerating rate while remaining relatively constant at slightly more than 380 cases.

Table 1: Total sample size was determined as follows:

Number of refugee		The total number of	Number of sampled refugee respondents
Sex	Female	10,234	185
	Male	10,676	193
Age	Less than or equal to 20	6691	117
	Between 21-59	12,128	214
	Above and equal to 60	2091	38
Marital Status	Married	10455	181
	Single	4182	75
	Divorced	2091	38
	Widowed	4182	75
Education Level	Can read and write	8510	145
	Elementary (Grade	8197	148
	High school	1380	25
	Preparatory	774	14
	College and above	2049	37

The table above presents the distribution of the refugee population in Alemwach Refugee Camp, North Gondar, categorized by sex, age, marital status, and education level. Of the total 20,910 refugees, there are 10,234 females and 10,676 males. The sample sizes for each age group were determined proportionally: 117 respondents from those aged 20 or younger (6,691 refugees), 214 from those aged 21-59 (12,128 refugees), and 38 from those aged 60 or older (2,091 refugees). For marital status, 181 respondents were selected from the married group (10,455 refugees), 75 from the single group (4,182 refugees), 38 from the divorced group (2,091 refugees), and another 75 from the widowed group (4,182 refugees). Regarding education level, 145 respondents were

chosen from those who can read and write (8,510 refugees), 148 from the elementary education group (8,197 refugees), 25 from the high school group (1,380 refugees), 14 from the preparatory group (774 refugees), and 37 from those with a college education or higher (2,049 refugees). In total, the sample size for this study consists of 384 individuals.

Furthermore, six semi structured interview participants were selected based on their willingness to share their experiences and their relevance to the study’s objectives. The sample included six key health experts and leaders: one Project Coordinator, one Senior Health Expert/Medical Doctor, two Social Workers, one Mental Health and Psychosocial Support (MHPSS) Officer, and one Child Protection Officer. These professionals bring advanced qualifications and specialized expertise in fields such as medicine, psychology, social work, and child protection. Their insights are crucial for understanding health service provision and psychosocial support structures within the refugee camp.

Table 2: Sample of Health Experts and Leaders

Interviewees	Position of respondents	Sample of respondents
	1 Project Coordinator	1
Alemwach Refugee	1 Senior health Expert /Medical Doctor/	1
Camp North Gondar	1 Social worker	2
	1 MHPSS officer	1
	1 Child protection officer	1
Total		6

3.6 Method of Data Collection

A structured questionnaire was developed to gather data on the demographic factor of the refugees and psychological distress, social support and resilience among refugees. The initial section of the questionnaire asked participants to provide demographic details, including their sex, age, educational status and marital status of participants. Before administering the tool the participants were informed about the research objectives, procedures, and the confidentiality of their information. Before data collection, an official letter of authorization was secured from

Addis Ababa University College of Education and behavioral studies Social Psychology, granting ethical approval and institutional support for the research.

The questionnaire is divided into three additional sections, which are outlined as follows:

Connor- Davidson Resilient Coping Scale (25 items)

Wagnild and Young (1993) developed a 25-item scale to measure resilience, where each item is rated using a Likert scale ranging from "not true at all" (0) to "all of the time" (4). Higher scores on this Resilience Scale (RS) indicate greater resilience. According to Tsigie G. Zegeye (2019), a score of 100 is considered ideal; thus, a mean score closer to 100 or significantly above 50—the midpoint of the possible score range would be an encouraging result. However, the sample's mean score fell just below the median scale value, indicating a weak status of resilience.

In this case, if an individual scores 100, then they have high resilience and if they score below or equal to 75, then they have a lower level of resilience (Katherine & Dan, 2012).

Multidimensional Scale of Perceived Social Support (12 Items)

According to Zimet, Dahlem, Zimet, and Farley (1988), the Multidimensional Scale of Perceived Social Support (MSPSS) is used to measure perceived social support, with each item rated on a scale from "strongly agree" (1) to "strongly disagree" (7). To score the MSPSS, one sums the scores across all 12 items and divides by 12. Mean scale scores ranging from 1 to 2.9 indicate low support; scores from 3 to 5 suggest moderate support; and scores from 5.1 to 7 reflect high support (Zimet et al., 1988).

Kessler Psychological Distress Scale (K10)

According to Kessler Psychological Distress Scale (K10) is attributed to Ronald C. Kessler, Each item in this scale is attached to a Likert scale that ranges from none of the time (1) to all of the time (5). The scoring numbers attached to the respondent's 05 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores range from 10 to 50. Score under 20 are likely to be well, score 20-24 are likely to have a mild mental disorder; score 25-29 are likely to have a moderate mental disorder, and score 30 and over are likely to have a severe mental disorder. A higher PD score shows higher levels of psychological distress.

Interview

The interview is an indirect oral investigation if the key informants can directly give the information on the interview question and the researcher asks additional on-spot questions to be answered. According to Mahesh and Neena (2013), these kinds of interview questions help investigate the motives, feelings, and characteristics of respondents through tone of voice, facial expression, and hesitation. In addition, they help to get accurate and complete information in a set time and immediately.

Semi structured interviews were collected from the concerned project Coordinators, Social workers, MHPSS officers, Child protection officers, and senior health experts/Medical Doctors/of the camp. The interview was used to describe the underlying motives of human behavior, perceptions, and attitudes on the three variables of the research (psychological distress, social support, and Resilience).

Thirteen interview questions were prepared and asked with adequate clarity and care. The main purpose of their interviews was to triangulate the quantitative results and to find additional information. After reviewing the responses, relevant and salient quotations were used to further describe and elaborate on core themes. The themes were subsequently broken down into subcategories where applicable in order to maintain a logical progression and to help organize the wealth of in-depth information obtained.

3.7 Data Collection Procedure

Before administering the questionnaire, the researcher personally approached each participant to explain the study's purpose and their role in it. This initial engagement highlighted the importance of confidentiality and informed participants of their right to withdraw from the study at any time. The questionnaire and subsequent semi-structured interviews were conducted by the researcher, accompanied by a supportive data collector who served as a Child Protection Officer in the camp. The participants were refugees with diverse educational backgrounds, many of whom had experienced significant disruption due to displacement and conflict. As a result, there was considerable variation in formal education levels among them, including individuals with basic education (primary or secondary), vocational training, and a smaller subset holding higher education degrees. The questionnaires were completed over a two-week period. To address any

questions or concerns about the research process, informational sessions were held prior to the interviews. Informed consent was obtained from each participant before the interviews began. These interviews were scheduled over two days, accommodating participants' preferred times to minimize disruptions to their daily responsibilities. Each interview lasted approximately 30 to 45 minutes, depending on the depth of discussion with each respondent. The interviews took place in private offices provided by the participants, ensuring a comfortable environment conducive to open dialogue. They were conducted during the morning and early afternoon hours (from 9:00 AM to 2:00 PM) to further accommodate participants' availability. Confidentiality was guaranteed for all interviewees; while their names were omitted from the study, their professional positions were referenced. This approach fostered an atmosphere of trust, encouraging candid and in-depth responses from participants. Additionally, relevant documents were thoroughly reviewed with assistance from the officers as needed.

3.8 Document Review

Document review is a way of collecting data by reviewing existing documents and it is relatively inexpensive, a good source of background information, and unobtrusive, it provides a behind-the-scenes look at a program, which may not be directly observable and may bring up issues not noted by other means (Research evaluation team, 2009). It was carried out in annual reports, refugee statistics documents, refugee manuals, abstracts and annual plans, and implementation reports. The relevant document review was used to analyze information with the research question and respondents' answers.

3.9 Pilot Test

According to Bryman & Bell (2011) the instrument should pilot to ensure its appropriateness and acceptance. Based on Bryman's recommendations 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. Thus, the pilot data were excluded from the main fieldwork data.

Therefore, questionnaire was pre-tested in similar refugee camp with 90 refugees/participants who had been in the refugee more than 24 months. These participants were not part of the main study. The participants were selected randomly by considering sex, age disaggregation, educational status, and marital status. The participants in the pilot test provided a written comment directly on

the questionnaire. It helps to assess and get feedback on the significance of the contents, item length, simplicity of items, and details of the questionnaire. Thus, the researcher modified or changed the questionnaire questions to reflect those concerns. In doing so, all necessary amendments were considered before proceeding to the actual data collection.

3.10 Validity

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 or distortion.

Based on this each question was derived from relevant literature/ scholars scale to ensure the validity of the questionnaire. The questionnaire questions were validated with inter vision group of friends and academicians. The study applies content validity to analysis to what extent the instrument provide adequate coverage of the subject under study of the survey items. All accepted comments were included in the final version of the tool.

3.11 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. Therefore, reliability of the data used in SPSS software version 24 was calculated. Teijlingen and Hundley (2014) suggested the following rules as standard: if $\alpha \geq .9$ is excellent, $.8 \leq \alpha \leq .89$ is good, $.7 \leq \alpha \leq .79$ is acceptable, $.6 \leq \alpha \leq .69$ is questionable, $.5 \leq \alpha \leq .59$ is poor, and $\alpha \leq .5$ is unacceptable. Nevertheless, in most cases, Cronbach alpha of $\geq .70$ was considered a good indicator of scale reliability (Zelt et. al., 2018).

The reliability in this study as assessed by coefficient alpha was found to be reliable and acceptable. The Cronbach alpha reliability coefficient of each scale was calculated as: 0.75 for the Multidimensional Scale of Perceived Social Support, and it was acceptable, 0.87 for the Kessler Psychological Distress Scale (K10) to measure the level of Refugee Psychological Distress, which is good and, 0.761 for Connor Davison Resilience 25 scale, which is acceptable.

3.12 Data Analysis Procedure

3.12.1 Data Processing

The method of data processing in this study used manual for interviews and document analysis, and computerize system for questionnaire questions.

3.12.2 Data Analysis Techniques

The result analyzed with simple sentence structures in a comprehended way and compiled the same data together. After collecting all the necessary data coding, tabulation, editing, proofreading, and analyzing were made to minimize mistakes and ensure consistency. The collected data from the questionnaire were analyzed and interpreted using a Statistical Package for Social Science (SPSS) version 24.

Descriptive and inferential analyses were employed. According to the information obtained, different types of tables and figures were used and analyzed in a summative way. After that, discussion would be made by triangulating the research objectives, conceptual framework, and the combined data. Ultimately, the findings provide a deeper understanding of the research problems associated with psychological distress, social support and resilience among refugees.

3.13 Ethical Considerations

Attention was given to ensuring ethical consideration. The researcher provided opportunities for respondents to make autonomous and informed decisions regarding whether to participate in the study or not. In other words, no participant was forced to be a respondent to this study. In addition to this, the participants had a full right to understand every procedure to be employed, and the risks that might be made upon them the participants as well as their information were treated with honesty and respect. The researcher was also responsible not only for ensuring the confidentiality of the respondents` information but also for maintaining the confidentiality of information about the privacy and dignity of them. Full assurance was given to the participants to make sure that their names were not revealed without their permission and they were given full right to complete the questionnaire anonymously. Informed consent of the interview participants was obtained before conducting the interviews. Furthermore, the researcher acknowledged the work of others and used quotations to show the specific phrases taken from others.

CHAPTER FOUR

RESULTS

This chapter deals with the findings of this study collected through questionnaire, semi structured interview and document analysis. 384 questionnaires were distributed to Alemwach Refugee Camp refugees and 369 were collected from the camp refugees, which showed 96.09% 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 approach and discussed below briefly.

4.1 Socio-demographic Characteristics of Respondents

The aim of analyzing the socio-demographic data is to check there is a statistically significant difference in psychological distress, social support and resilience with respect to demographic variables.

Table 3: Socio-demographic Characteristics of respondents in Alemwach Refugee Camp

Variables	Categories	Response (n=369)	
		Frequency	Percentage
Sex	Male	189	51
	Female	180	49
Age	Less than or equal to 20	117	31
	Between 21-59	214	58
	Equal to and above 60	38	10
Marital	Married	181	50
	Single	75	20
Status	Divorced	38	10
	Widowed	75	20
Education	Can read and write	145	38.4
	Elementary (Grade 1-8)	148	39.2
Level	High school	25	6.6
	Preparatory	14	3.7
	College and above	37	9.8

As the above table clearly depicts, 384 questionnaires were distributed to the respondents and 369 questionnaires were returned. In order to assess the social support provided, the psychological distress of refugees as well as their resilience the following three scales were employed:

According to the socio-demographic characteristics as shown in the above table, out of 369 participants, 189 (51%) were male, and 180 (49%) were female. In terms of age, 214 (58%) of the refugees were between the age bracket of 21-59 years, while 117 (31.7%) were below 20 years, and the rest 38 (10.3%) were above 60 years old. The socio-demographic characteristics table indicated the above also revealed that the majority 181(50%) of the respondents were married, the other 75(20%) were single, while 38(10%) were divorced and the rest 75(20%) were widowed.

Concerning the educational background of refugee respondents relatively the majority 145(39.2%) of the respondents can only read and write, 148(39.2%) were in their elementary school (Grades 1-8), while the rest 37(9.8%) were found in college and above education background as well as 25(6.6%) were in their high school, while the rest 14(3.7%) were in preparatory.

Regarding interview, two of the interviewees were males and four of the others were females. Even though the refugee camp was established before two years, the interview respondents were experienced in the working environment. The project coordinator has 20years experience, the senior health expert has ten years' experience, the social workers have two years experiences, the MHPSS officer has seven years' experience, and the child protection officer has eight years' experience.

4.2. Level of Social Support, Resilience, and Psychological Distress among Refugees

The findings of first research question and objective, which discussed about the level of social support, resilience and psychological distress among refugees in Alemwach Refugee camp in North Gondar, stated in the following sub titles respectively.

4.2.1. Level of Social Support among Refugees

To measure the level of social support, Multidimensional Scale of Perceived Social Support twelve items scale, Zimet et al, (2002) (see 3.4.2) was used as a guide and implemented as it is. In this approach any mean scale score ranging from 1 to 2.9 could be considered as **low** support, a score of 3 to 5 could be considered as **moderate** support, and a score from 5.1 to 7 could be considered as **high** support.

Table 4: Level of Social Support among refugee

Scale	Frequency	Percent	Status
1to 2.9	108	29.2	low social support
3 to 5	146	40.5	moderate social support
5.1 to 7	114	30.3	high social support
Total	369	100	

The finding above showed that, the majority of the respondents 146 (40.5%) have moderate social support; while 114 (30.4%) respondents reported high social support, and 109 (26.1%) respondents reported low social support. Hence, the sum of low and moderate social support clearly shows that a considerable number of respondents witnessed that social support was in a range from low to moderate. There were limitations in the social support provided in the camp that made this important service weak.

4.2.1.1. Level of Social Support Perception Across Sex Group of Refugee

Table 5: independent sample t-test on level of social support perception across sex

Variable	Sex	N	Mean	SD	T	Sig. (2-tailed)
Social Support	Male	189	1.06	.766	-.064	.949
	Female	180	1.05	.772	-.064	.949

The study used independent sample t-test to compare social support between males and females. The result from the SPSS shows that there is no statistically significant difference on both males $T=-.064$, $S=.949$ and females $T=-.064$, $S=.949$ on social support. As it is indicated in the above table, the mean of male social support perception ($M=1.06$) is equal to the mean females of social support perception ($M= 1.05$) thus, the difference is no significant.

Specifically, the independent samples t-test results confirmed that there was no statistically significant difference between the two sexes in their level of social support as the respective p-value (0.949) was notably much greater than the acceptable p-value which is 0.05. Therefore, it can be possible to conclude that there is significant no gender difference in the mean social support perception among the refugees as measured by the social support scale.

4.2.1.2. Level of Social Support Perception Across Age Group of Refugees

Table 6: One way ANOVA summary of level of social support perception across age

Variable	age	M	N	Mean square	f	sig.
Social support	≤ 20	.82	117	1.580	2.705	.028
	21to59	1.07	214	.584		
	≥ 60	1.21	38			

The researcher was interested in measuring the mean difference in social support of the refugees across age groups and came up with an appropriate approach that will help to improve social

support. Therefore, ANOVA test was performed to determine whether there were significant differences in social support of refugees in relation to age differences.

The ANOVA analysis was carried out and the result in the above table showed that the mean value for the age group less than or equal to twenty was 0.82, the mean value for ages between 21 to 59 was 1.07, and the mean value for sixty and above was 1.21 respectively with the sig value of 0.028. This result showed that there is a significant mean difference in social support perception across the age groups of the refugees since [F (2.705), (P< 0.05)] out of the social support.

4.2.1.3. Level of Social Support Perception Across Marital Status of Refugees

Table 7: Summary of One way ANOVA on level of social support perception across marital status

Variable	Marital status	Mean	N	Mean square	f	Sig
Social Support	Married	.98	181	1.269	.900	0.368
	Single	1.13	75			
	Divorced	1.16	38	1.411		
	Widowed	1.09	75			

The ANOVA analysis was carried out to analyze level of social support perception across marital status. The result showed that the mean value for married refugees was 0.98, the mean value for single refugees was 1.13, the mean value for the divorced refugees was 1.16 and the mean value for widowed refugees was 1.09 with the significant value of (P=0.368). This result showed that there is no significant mean difference in social support perception across the marital status of the refugees since [F (0.900), (P> 0.05)].

4.2.1.4. Level of Social Support Perception Across Education Level of Refugees

In this research study it was very important to know the Level of social support perception Across Education level of Refugees to introduce an appropriate approach that considers their level of social support perception and provide effective social support in the refugee camp.

Table 8: summary of One way ANOVA on level of social support perception across Educational level

Variable	Educational level	ANOVA			f	Sig
		Mean	N	Mean square		
Social Support	Can read and write	.94	145	.337	.221	0.096
	Elementary 1-8	1.09	148			
	High school	1.20	25			
	Preparatory	1.29	14	1.523		
	College and above	.84	37			

The mean value of social support perception across the five categories was the same except refugees who can read and write. The analysis result using the ANOVA table showed that the mean value social support of refugees in the education category who can read and write was 0.94, the mean value for refugees in the category of elementary school was 1.09, mean value for refugees in high school category was 1.20, mean value for refugees in preparatory school category was 1.29, and mean value for refugees in college and above was 0.84 with the significant value of (P=0.096). Even though the result showed there is no significant mean difference in social support perception across the educational level of the refugees since [F (0.221), (P> 0.05)], there is slight challenge of social support for refugees who can read and write.

4.2.2. Status of Resilience Among Refugees

To identify the level of Resilience among the refugees, Connor-Davidson Resilience Scale 25 items were utilized and the respondents were asked to fill their situation accordingly. According to Bizuneh, S. M. (2022), and Katherine & Dan (2012) it was analyzed as: **high Resilience** (75-100): individuals scoring in this range typically demonstrate strong coping mechanisms, adaptability, and the ability to recover quickly from stress or adversity. **Moderate Resilience** (50-74): individuals in this range may have some effective coping strategies but might struggle under significant stress. They may benefit from additional support or resources. **Low**

Resilience (0-49): Individuals scoring in this range may find it challenging to cope with stress and may experience difficulties in bouncing back from adversity. They could benefit significantly from interventions aimed at building resilience.

Table 9: Level of resilience among Refugees

Resilience Scale	Frequency	Percent	Resilience level
(0-49)	30	8.13	Low resilience
(50-74)	85	23.03	Moderate resilience
(75-100)	254	68.8	Higher resilience

As the table showed above most of the refugees 254(68.8%) were experienced high resilience status, 85(23.03%) experienced moderate resilience status and the rest 30(8.13 %) refugees experienced lower resilience status. Hence the result from the data points out that the camp administration should think about resources for change now, In order to boost the resilience of the refugees.

4.2.2.1 Level of Resilience Across Sex

As the table indicated below the mean value of resilience for male refugees was 0.74 and the mean value for female refugees was 0.63.

Table 10: Level of resilience of refugees across sex

Variable	Sex	N	Independent samples t-test			
			Mean	SD	Sig.	Sig. T
Resilience	Male	189	.74	.032	2.230	0.023
	Female	180	.63	.036		

Table 10 clearly revealed that the independent samples t-test results confirmed that there was a statistically significant difference between the two sexes in their level of resilience as the respective p-values were(0.023) pretty much lower than the acceptable p-value (0.05). Similarly the data set showed that male refuge are psychological resilient than Female refuges in the camp.

Therefore, it can be possible to conclude that there is a significant gender Mean difference in the level of resilience among the refugee as measured by Connor-Davidson Resilience Scale 25 scale. It can be possible to conclude those males are with greater mean psychological resilience than female refugees in the Camp.

4.2.2.2 Level of Resilience Across Age

As the table indicated below, the research paper also aimed at investigating mean difference of resilience across age category.

Table 11: Level of resilience of refugees across Age

		ANOVA			
	Age	Mean	N	SD	Sig.
Resilience	≤ 20	.67	117	.476	0.537
	21to59	.69	214	.438	
	≥60	.76	38	.431	

The ANOVA analysis result, which is indicated in the table above, shows that the mean resilience scores for the different age groups of refugees are as follows: 0.67 for the age group less than or equal to 20, 0.69 for refugees aged between 21 and 59, and 0.76 for the age group of 60 and above. The p-value or sig (0.537) is much greater than 0.05, which means that there is no significant difference in resilience mean across the age groups of the refugees.

4.2.2.3. Level of Resilience of Refugees Across Marital Status

The resilience of refugees is equally taken as an indicator for coping with psychological distress observed on the refugee. In this case, taking into consideration the resilience in relation to each category under marital status, was a decisive factor in designing and implementing with psychological distress coping mechanism. To this end, it was found necessary to deem the resilience of the respondents under marital status. The mean resilience of the refugee respondents under each marital status is presented in the table below.

Table 12: Level of resilience of refugees across marital status

	Marital status	Mean	N	Std.	Sig.
	Married	.67	181	.476	0.360
Resilience	Single	.77	75	.421	
	Divorced	.66	38	.489	
	Widowed	.67	75	.470	
	Total	.69	369	.402	

According to the data set shown in the figure above, the mean values for marital status categories of married (.67), single (.77), divorced (.66), and widowed (.67) respectively. The Significant value ($P= 0.36$), which is greater than 0.05, indicating that there was no significant mean difference among categories under marital status and resilience. Therefore, there is no need to consider category-specific approaches for categories under marital status in boosting the resilience of the refugees.

4.2.2.4 Level of Resilience Across Educational Status

The study examined the level of resilience across different education categories of refugees. The mean value of resilience of refugees in the education category of those who can read and write was ($M=0.57$, $SD= 0.471$), mean value for refugee in the category of elementary school was ($M=0.71$, $SD= 0.460$), mean value for refugees in high school category was ($M=0.80$, $SD= 0.408$), mean value for refugees in preparatory category was ($M=0.54$, $SD= 0.497$) and mean value for refugees in college and above was ($M=0.63$, $SD= 0.494$).

Table 13: Level of resilience of refugees across Education level

Variable	Education level	Mean	N	SD	Sig.
	Can read and write	.57	145	.471	0.575
Resilience	Elementary 1-8	.71	148	.456	
	High school	.80	25	.480	
	Preparatory	.54	14	.497	
	College and above	.64	37	.492	

Based on the data from the table above one can understand that the mean value of resilience across the five categories of education were not the same. That is, there was no statistically significant difference in mean of resilience across the five categories based on education. It is because of the fact that the sig value (0.575) is much greater than 0.05.

4.2.3. Status of Psychological Distress Among Refugees

To measure the level of psychological distress, Kessler Psychological Distress Scale (K10) was implemented. According to Kessler et al, (2002) score, (under 20) are likely to be well, scores between (20-24) are mild, and scores (25-29) are likely to have moderate and the score (30 and above) are likely to have a severe mental disorder.

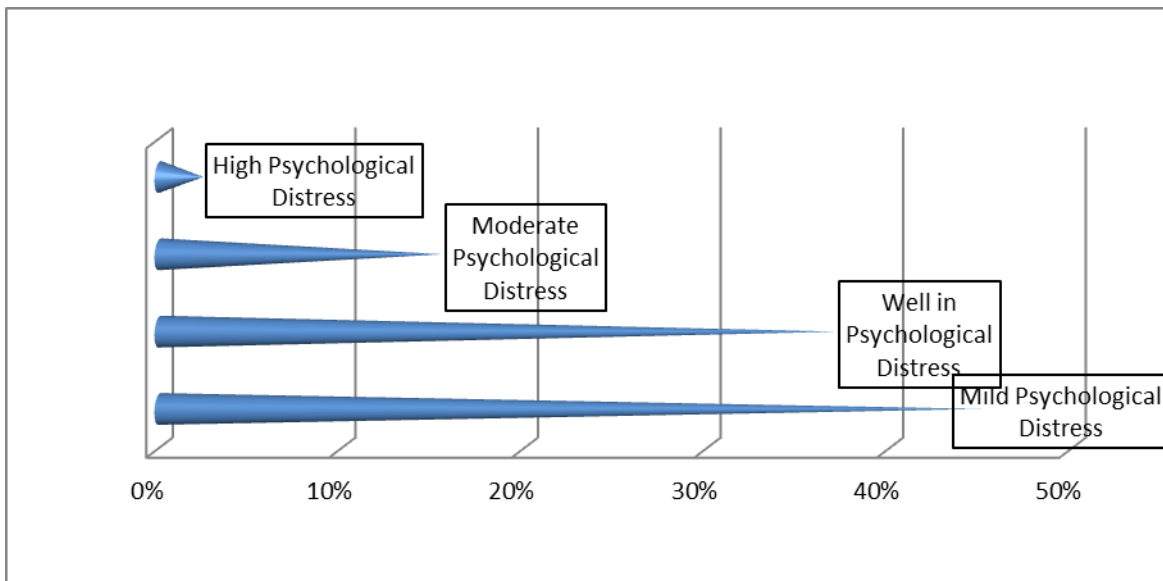


Figure 3: Level of psychological Distress

Based on this scoring criterion in the above figure it was shown that relatively the majority 166 (45%) of the refugees had mild psychological distress. 137(37.1%) of the refugees had low (well) psychological distress, while 57(15.5%) of the other refugees had found in Moderate psychological distress, and the rest 9(2.4%) refugees had severe psychological distress.

Psychological distress status measured in the Kessler Psychological Distress Scale (K10) scale of relatively the majority (45%) refugees were found in mild psychological distress, but a considerable number of respondents had a psychological distress either in moderate(15.5%) or

severe(2.4%). This result will point out the camp administration to work intensively to avail adequate counseling and mental medical care service.

4.2.3.1 Level of Psychological Distress Across Sex

The analysis presented in Table 14 summarizes the level of psychological distress among male and female participants. Out of the total sample of 369 respondents, the mean value of psychological distress level was calculated as 0.73 for males and 0.94 for females.

Table 14: Level of Psychological Distress across Sex

Variable	Sex	Mean	N	SD	T	Sig.
Psychological Distress	Male	0.73	189	0.665	-2.615	0.009
	Female	0.94	180	0.860		

An independent samples t-test was conducted to examine the differences in psychological distress scores between male and female refugees. The results show a statistically significant difference between the two groups at 5% significance level. The mean psychological distress score for males was (M=0.73, SD = 0.665), while for females it was significantly higher at (M= 0.94, SD = 0.860). The p-value obtained from the t-test was [F (-2.615), (P< 0.05)], indicating a significant difference between male and female psychological distress levels.

These findings indicate that female refugees experience significantly higher levels of psychological distress compared to their male counterparts. This suggests that gender plays a crucial role in the psychological well-being of refugees, with females potentially being more vulnerable to stressors in the refugee camp environment.

4.2.3.2 Status of Psychological Distress Across Age

Table 15: Level of Psychological Distress across Age

Variable		ANOVA			
Psychological	Age	Mean	N	SD	Sig
Distress	≤ 20	.96	117	.792	0.036
	21to59	.80	214	.762	
	≥60	.61	38	.718	

According to Table 16, the ANOVA analysis showed that there is a significant difference in the mean score of psychological distress between three age groups: less than or equal to 20 (M=.96, SD=.792), between 21-59 (M=.80, SD=.762), and 60 and above 60years of age (M=.61, SD=.718) is different and the p-value of sig=0.036 is less than 0.05, indicating that there is a statistically significant difference between the above three age groups. Therefore, the result can show that, a younger age groups reporting higher levels of psychological distress than older age groups and older individuals tend to have lower levels of psychological distress compared to younger individuals.

4.2.3.3 Level of Psychological Distress Across Marital Status

This section of the research focuses on evaluating the mean difference among the marital status category of the refugees. The mean, standard deviation and ANOVA result for each category in the marital status was summarized here in the table

Table 16: Level of Psychological Distress across marital status

Variable		ANOVA			
Psychological	Marital status	Mean	N	SD	Sig
distress	Married	.82	181	.756	0.109
	Single	.75	75	.755	
	Divorced	.71	38	.694	
	Widowed	1.01	75	.846	

The summary of the data set indicates that there is no significant mean difference among the marital status of Married (M=.82, SD=.756), Single (M=.75, SD=.755), Divorced (M=.71,

SD=.694), and Widowed (M=1.01, SD=.846) with a p-value of 0.109, which is greater than 0.05. This shows that there is no statistically significant difference between the four categories in marital status. Therefore, any intervention designed and implemented to address the psychological distress of refugees should consider each category in the marital status equally

4.2.3.4 Level of Psychological Distress Across Education

Understanding the level of psychological distress among refugees based on their education level is crucial for implementing targeted interventions that consider the educational background of the refugees, thus helping to alleviate their psychological distress.

Table 17: Level of Psychological Distress across Education Level

Variable	Education	ANNOVA			
		Mean	N	SD	Sig
Psychological distress	Can read and write	.85	145	.811	0.65
	Elementary 1-8	.77	148	.72	
	High school	.84	25	.688	
	Preparatory	.1	14	.745	
	College and above	.95	37	.848	
	Total	.83	369	.722	

The data in Table 18 presents the mean levels of psychological distress among refugees across various educational levels. The results indicate that refugees with college and above education exhibit the highest mean level of psychological distress (M = 0.95, SD = 0.848), while those in the preparatory education group report the lowest level of distress (M = 0.10, SD = 0.745). Refugees who can read and write have a relatively high level of psychological distress (M = 0.85, SD = 0.811), followed closely by those with high school educated refugees (M = 0.84, SD = 0.688). Refugees with elementary education (Grades 1–8) exhibit a slightly lower mean distress level (M = 0.77, SD = 0.720). The total sample (N = 369) shows an average level of psychological distress of (M= 0.83, SD= 0.722), reflecting variability in distress levels across different education groups. The results highlight a significant variation in psychological distress levels based on educational background, with refugees possessing higher education levels

(college and above) experiencing greater distress. This finding suggests that tailored mental health interventions should be sensitive to the educational status of refugees, with more attention given to highly educated individuals who may face unique stressors related to displacement and loss of professional identity.

4.3 The Nature of the Relationship Among Social Support, Resilience and Psychological Distress

This section discussed the relationship between psychological distress, social support, and resilience. Thus, it investigates the correlation between psychological distress, social support, and resilience experienced by refugees available in the camp. Table 19 summarizes the results of the Pearson correlation analysis.

Table 18: Correlations analysis

Correlations				
Psychological Distress		Psychological Distress	Social Support	Resilience
	Pearson Correlation	1	-.342**	0.105**
	Sig. (2-tailed)		.000	.000
	N	369	369	369
Social Support	Pearson Correlation	-.342**	1	.123*
	Sig. (2-tailed)	.000		.019
	N	369	369	369
Resilience	Pearson Correlation	0.105**	.123*	1
	Sig. (2-tailed)	.000	.019	
	N	369	369	369

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The analysis shows a negative significant relationship between psychological distress and social support (Pearson $r = -0.342$, $p < 0.01$). This indicates that as social support increases, psychological distress decreases among refugees. The significance level ($p = 0.000$) confirms

that the correlation is statistically significant, underscoring the importance of social support in mitigating psychological distress.

The correlation analysis reveals a Pearson correlation coefficient of ($p = 0.105^{**}$), indicating a statistically significant positive and strong relationship between social support, psychological distress and resilience. This suggests that higher levels of social support are associated with increased levels of psychological resilience among the refugees in the Alemwach Refugee Camp. The significance level indicates that this correlation is unlikely to be due to random chance, underscoring the role of social support in promoting resilience.

4.4 Contributions of Social Support and Resilience to Psychological Distress

The third major purpose of this research was to examine the extent to which social support and resilience contribute to psychological distress among the refugees in the Alemwach Refugee Camp in North Gondor. The findings indicate a significant effect of both social support and resilience on psychological distress, with social support demonstrating a stronger contribution.

To evaluate the predictive capabilities of resilience and social support on psychological distress, a linear regression analysis was conducted. The dependent variable in this analysis was psychological distress, while resilience and social support served as independent variables. The results are summarized as follows $(2, 366) = 42.388, p < 0.001$

Table 19: Regression analysis

Variable	Contribution to variance (%)	Significance
Social support	10.3	P<0.001
Resilience	2.6	
Total R ²	14.3	
Model Summary		
F- value	42.388	P<0.001
Degree of freedom	(2,366)	

R² = 0.143, indicating that the model explains 14.3% of the variance in psychological distress. Independent Variables: Social Support: (accounting for 10.3% of the variance) and Resilience:

(accounting for 2.6% of the variance). Together, social support and resilience account for 14.3% of the variance in psychological distress. This indicates that while these two factors are important, there are other variables not included in this analysis that also contribute to psychological distress among refugees.

These results demonstrate that both social support and resilience significantly predict psychological distress. However, social support has a more substantial impact, contributing 10.3% to the variance, compared to resilience's 2.6%. The findings imply that while resilience plays a role in mitigating psychological distress, social support is a more critical factor in predicting and reducing such distress among refugees.

According to the experts working at the camp, a person's social connections are crucial for their psychological well-being; the two are inseparable. When social needs are met, psychological health improves, and vice versa. Therefore, they believe that addressing the psychological issues of refugees and resolving their social problems can lead to positive changes. To this end, they plan to collaborate with various organizations to provide community support. One social worker noted, "There is no doubt about the connection; refugees feel calmer when they receive social support. They become more hopeful, engage in various recreational activities, and find relief from their problems."

Given these findings, it is essential for camp administrators to prioritize the enhancement of social support services within the Alemwach Refugee Camp. Increasing the availability and quality of social support can play a significant role in alleviating psychological distress and fostering resilience among refugees. Such initiatives could include peer support programs, community-building activities, and access to mental health resources, which collectively create a more supportive environment for individuals facing psychological challenges.

These results underscore the necessity of integrating social support into programs aimed at enhancing the psychological well-being of refugees, thereby promoting resilience and reducing distress in this vulnerable population. As documents and interviewees replied, refugees experience significant psychological distress due to a multitude of interrelated factors. Data gathered through interviews reveal that exposure to traumatic events during their journey, coupled with living in war-torn areas, contributes heavily to anxiety and fear, ultimately leading

to psychological distress. Many refugees have left their families behind, compounding their emotional turmoil. Additionally, documents showed that, harsh weather conditions in their new locations further exacerbate their struggles.

According to the interview, the community's perception of refugees in the host country, often influenced by negative stereotypes, adds another layer of pressure and intensifies their existing challenges. One of the coordinators noted, "Refugees face poor access to basic necessities, such as food and clothing, and encounter significant barriers to health care. They must also navigate unfamiliar social environments, grapple with language barriers, and deal with cultural conflicts. Financial difficulties further complicate their situations, making it challenging to establish a sense of belonging."

Refugees reported heightened feelings of fear and distress when they see individuals carrying weapons, interpreting such sights as potential threats. The camp coordinator articulated, "They don't want the memory to come back because they were at war. For example, when they see a person with a weapon moving around a familiar area, they experience signs of anxiety and fear. There is shooting in the area, which is a tradition, but when these refugees see this, they don't feel good because they come from a war zone."

Moreover, the unfamiliar sights and living conditions that differ from their culture and traditions can lead to additional psychological distress. Another social worker mentioned, "At the refugee camp, the unfamiliar sights and living conditions that differ from their culture and traditions can cause psychological distress for them."

Stress can also arise when refugees face violence or attacks during their journey, struggle to meet their life expectations, or encounter unexpected situations. Thus, contributing factors for psychological distress extend beyond low levels of social support and resilience. The cumulative effect of exposure to traumatic experiences, adverse living conditions, and various social stressors plays a critical role in the mental health challenges faced by refugees.

In summary, the interplay of these factors including community perceptions, access to basic needs, language barriers, and cultural conflicts significantly contributes to the psychological distress experienced by refugees. Understanding these dynamics is crucial for developing

effective interventions that address their complex needs and support their mental well-being in the host country.

Psychological Support and Services for Refugees

Psychological support and mental health services are essential for addressing the mental health and psychosocial well-being of refugees. In this context, according to the interview and document, Mental Health and Psychosocial Support (MHPSS) programs and community partnership initiatives play a vital role. Within the Alemwach Refugee Camp in North Gondar, two primary coordinators oversee these efforts, those are the Refugee and Returnee Service (RRS), representing the government, and the United Nations High Commissioner for Refugees (UNHCR), which focuses on camp management and resettlement. More than eleven organizations operate in the camp, each addressing different needs based on their project focus. These organizations provide a range of services, including gender-based violence (GBV) prevention, women's empowerment, education, child protection, water, sanitation, and hygiene (WASH) projects, livelihood assistance, shelter provision, legal aid, and mental health support (interview result and document). Notable organizations specifically focused on psychological support include the Ethiopian Orthodox Tewahido church Development (EOC-DICAC), Innovative humanitarian solution (IHS) and the Center for Victims of Torture (CVT).

For instance, Innovative humanitarian solution (IHS) offers psychological support to parents of children vulnerable to psychological distress, although their services are not restricted by age. Other organizations also provide specialized psychological counseling, ensuring that vulnerable refugees have access to necessary services.

Individual and Community Level Interventions

Interviews indicated that various individual and community-level interventions are implemented in the camp to address psychological distress. Both individual and community coping mechanisms exist, characterized by a culture of mutual support, socialization, and religious engagement. These social activities contribute to resilience, allowing refugees to cope more effectively with psychological challenges. At the individual level, interventions include cash support for economically distressed refugees, while direct material support is also provided. Individuals in need of medical assistance are referred to appropriate health institutions.

Community-level support, although limited in terms of large-scale income generation, plays a vital role. Enabling refugees to engage in work not only alleviates economic burdens but also reduces psychological stress. For instance, individual and group therapy, along with counseling services, are available to help refugees process their experiences. The MHPSS officer stated, "If we look at the work that is being done here, there are individual and group therapy and counseling. Other institutes also do counseling and therapy individually."

Gender Disaggregation in Service Provision

Mental health and psychosocial support programs in the camp include a variety of interventions, such as school and community-based programs, health interventions, and evidence-based support. According to interviews, while there are no gender-specific counseling services available, both men and women can access individual and group counseling services. Some organizations focus specifically on women, while others target youth and other demographics. In addition to counseling, recreational activities, such as sports clubs and entertainment programs, facilitate social interaction and community bonding.

The MHPSS Officer noted that, "there is no separate counseling service for men and women, but there is mutual support. If refugees are unable to stabilize after counseling, they are referred to Center for victim of torture for additional assistance." This suggests that although gender-specific approaches are lacking, there is a general commitment to mutual support. However, without gender-specific services, mental health issues unique to each gender may be overlooked.

Organizations Providing Psychological and Social Support Services

Various organizations in the camp provide psychological and social support services. Innovative humanitarian solution (IHS) has its own MHPSS officers who offer counseling sessions for caregivers and create safe spaces for children. DICAC specializes in empowerment and counseling for women and GBV survivors. Recently, the Danish Refugee Council (DRC) has also initiated services in the camp. Center for Victims of Torture (CVT) focuses on supporting victims of torture and offers specialized counseling and psychiatric services. The Medical Team International (MTI) similarly provides treatment and counseling.

Community Support and Outcomes

Community support for refugees manifests in various forms, including economic, material, and social assistance, as well as access to basic necessities like food and healthcare. In the camp, social associations have formed to provide support for refugees experiencing psychological distress. For example, a women's association facilitates discussions over coffee, fostering psychological relief, while a youth association engages members through music and drama activities.

One of the social worker stating, "There is a beginning, but it is not enough. There are community-based organizations like child welfare committees, women's associations, and youth groups." Furthermore, refugees have been proactive in addressing food shortages by pooling resources to help one another. DICAC has also made significant contributions to supporting women who have experienced violence.

Coordination of Community Support Services

Professionals coordinate community support services within the camp, including assigned coordinators focusing on community-wide initiatives and guidance experts providing technical support. Community clubs also facilitate activities and education on health issues, fostering collaboration between organizations and community members. Social worker noted, "There are experts coordinating activities focusing on community-wide services."

To enhance the effectiveness of mental health service delivery, it is essential to include more trained mental health professionals and volunteers to ensure access to support within the broader community, especially outside the camp.

Major Challenges Facing Refugees

Currently, refugees face numerous challenges, including food insecurity, inadequate financial resources, and difficulties accessing clothing and permanent shelter. Safety remains a concern, particularly regarding the freedom to move about the camp, especially at night. Health issues are prevalent, with many refugees requiring substantial support due to the traumas they have endured. Additionally, the fear of resettlement weighs heavily on their mental well-being.

In summary, the primary problems refugees face include food supply issues, security concerns, unmet financial and basic needs, clothing and shelter shortages, health issues, and fears surrounding resettlement.

Efforts to Address Refugee Challenges

As interviewees claimed, efforts to resolve these challenges are underway. Refugee and returnee service (RRS) provides protection, while the World Food Program (WFP) addresses food supply issues. However, delays in food delivery have been reported. Concerning housing, only 400 refugee households have standard accommodations; most reside in tents. Organizations like Action for Needy work to alleviate housing shortages by constructing additional shelters. The government is also collaborating with WFP to tackle food supply problems.

The coordinator remarked, “Organizations are collaborating with community institutions to identify problems, prioritize them, and align them with their goals.” The involvement of refugees themselves in coordination efforts, such as through the Refugee Coordinating Committee (RCC), highlights the importance of community-driven solutions.

Interaction between Refugees and the Host Community

Establishing a harmonious relationship between refugees and the local community is vital. Collaboration among community institutions, the refugees themselves, and various organizations is necessary to foster understanding and support. Migrant women, for example, actively participate in local markets, contributing to economic interactions. However, experts note that some refugees feel marginalized and face societal pressures, underscoring the need for extensive work to improve these dynamics.

As one of the social worker stated, “In order to create a good relationship with the local community, there is a good start, but more needs to be done for the future.” Building positive relationships requires significant commitment and investment to promote understanding, support, and social interactions between refugees and the host community, ultimately creating an environment of trust and cooperation.

This comprehensive overview synthesizes the findings regarding psychological support services, community interventions, gender considerations, and the challenges faced by refugees. It

emphasizes the importance of coordinated efforts among various stakeholders to enhance the well-being of refugees in the Alemwach Refugee Camp.

Collaborative/coordination tasks to solve the psychological stress and social problem in refugees

During the interview, an idea was raised that the institutions should come up with a joint plan, identify the problems together and divide the work responsibilities. There is a weekly and monthly coordination meeting where all partners bring their work and talk about it, but it was suggested that it would be good to solve the problem if they work directly considering the relationship with psychological pressure. In addition, refugees should be given better support in terms of nutrition and health, since the government fulfills their basic needs. The coordinator also explained that: "If refugees can eat properly as human beings, they came to human country because of problems, they have a country and they are human children. Tomorrow we have to help them get out of their psychological and social problems."

Overall, findings suggest that a combination of individual and community-level interventions can be effective in addressing psychological distress among refugees in camp settings. It is important to consider the unique experiences and needs of different refugee populations when designing such interventions and there are many remaining works that should be done well.

CHAPTER FIVE

DISCUSSION

This chapter tries to deal with brief discussion of the research topic, the finding with literature reviews. It examines the nature of the relationship (i.e., direction, strength, and statistical significance) between psychological distress, social support, and resilience. It also examines the extent to which social support and resilience contribute individually and jointly to the immigrant's psychological distress and demographic variables (i.e., gender, age, marital status, and education level) as well as psychological distress, social support, and resilience. Statistically significant differences were analyzed and, in order to fully answer the four research questions, triangulation were performed with the existing theoretical perspectives and discussed below.

5.1 Level of Social Support among Refugees

Formal and informal social support is an important factor for refugees, and there may be differences in the quality and amount of support received by age, gender, education, and marital status etc. (Fazel et al., 2005; Richter et al., 2015). However, social support can be limited. For example, in the case of refugees, not much effort has been devoted to the question of how formal and informal social support work and interact. Forced migration leads to loss of social support and increased vulnerability to psychological distress for displaced individuals

In the present study, the Multidimensional Scale of Perceived Social Support scale was used to measure the level of social support and the majority of refugees 146 (40.5%) result reported moderate level of social support, while 114 (30.4%) refugees result reported high social support, and 109 (26.1%) refugees result reported low social support. This indicates that a considerable number of respondents witnessed that social support was in a range from low to moderate (66.6%). The data clearly shows that there were limitations in the social support provided in the camp that made this important service weak. This finding is consistent with the studies by Seruwagi, G., Nakidde, C., Lugada, E. et al, which found that social support is a critical factor for refugees to cope with the demands of resettlement and is discussed as a key factor for the psychological well-being of refugees. The availability of social support is associated with

immigrant health and well-being, and the most relevant sources of social support among migrants have been identified as the nuclear family and the extended family (study conducted in Spain by HombRehabilitation and Development Organizations-Mendieta I, Millán-Franco M, Gómez-Jacinto L, et al.).

The independent samples t-test results confirmed that there was no statistically significant difference between the male and female in their level of social support as the respective p-value ($P > 0.05$). However, the literature claimed that, the sex difference is an important factor in the provision of social support to refugees, and post-migration stressors can have a negative impact on their well-being. Formal and informal social supports are both important, but there may be barriers to accessing them. A study by Doma, H., Tran, T., Rioseco, P. et al. mentions that men were provided with less emotional or instrumental support services and more informational support than women, which could indicate a difference in service provision between men and women. While migrant and refugee women are also more likely to seek help than men, further research is needed on why humanitarian migrant men may receive less emotional/instrumental support.

Even though, there is significant mean difference in social support perception across the age groups of the refugees, the finding is different from other studies. According to Jiang, L., Drolet, A., and Kim, H.S., research findings indicate that older adults (over 60+) need more explicit social support than younger adults (aged 18-25), but no effect on implicit social support. Additionally, a study by Shin H and Park C showed that social support fulfills the basic psychological needs of young people more than adults. Studies have shown that social support can moderate the effect of depressive symptoms on life satisfaction in old age.

According to Doma, H., Tran, T., Rioseco, P. et al. social support is crucial in helping refugees handle acculturation stress and increase their emotional well-being. However, low education levels, unemployment, and low income have been associated with less received support. In contrast, humanitarian migrants with six or fewer years of education may be provided with more emotional/instrumental support compared to those with 12 or more years of education. In line with this, the finding showed no significant mean difference ($P > 0.05$) of social support of refugees across the education category, but refugees who can read and write experienced slightly social support problem. This could indicate more focused

emotional/instrumental support from providers for those who are less educated. Therefore, it is important to take education into consideration when developing interventions that improve the social support provided in refugee camps.

Providing early social support can help reduce stress and help resettled refugees gain a sense of control and independence. Early positive relationships in the host community have other benefits, such as restoring the immigrant's sense of belonging. Hence it will be very necessary to treat each group separately during the intervention to improve their perception of social support in the camp.

In this study, there is no significant mean difference among refugees in the categories of marital status regarding their perception of social support. The p-value or sig (0.1368) is greater than 0.05, which suggests that there is no significant difference in marital status. The finding was consistent with other studies like a study found by Hollander AC, Bruce D, Burström B, Ekblad S. shows that there was no difference in marital status between refugees and non-refugees.

However, a different from this finding mentioned above, a study by Khatiwada J, Muzembo BA, Wada K, Ikeda S., married migrants tend to receive lower levels of support from significant others. This can be attributed to the practice of restrictions and cultural norms that may limit the support that married migrants receive from their significant others.

5.2 Level of Resilience among Refugees

In the current study, resilience was measured using the Connor-Davidson Resilience Scale 25, which is a 25-item measure of self-resilience. The scale is rated on a 5-point scale (0–4), with higher scores indicating greater resilience. Based on this outcome criterion, the majority of participants 254(68.8%) experienced high resilience status, 85(23.03%) experienced moderate resilience status and the rest 30(8.13 %) refugees experienced lower resilience status. According to Siriwardhana, C., Ali, S.S., Roberts, B. et al. (2014), high-quality social support and family support have been linked to increased resilience and better mental health outcomes, especially in adolescent refugee groups. In support of this finding, some studies have found that refugees have high levels of resilience and that positive emotions constitute a key feature of their resilience. In addition, the interview analysis claimed that refugees face psychological problems due to the problems they face during the journey and various problems in the camp. However,

they have a culture of support and help each other, spending time together and going to religious places helped them to overcome their psychological stress and develop great strength. In addition, medical and financial support is helping refugees who are struggling economically.

When we see resilience across sexes among refugees, male refugees are more resilient than female refugees. Therefore; it can be possible to conclude that there is a significant gender mean difference in the level of resilience among the refugees across sex. This in turn indicates that gender-specific programs should be implemented to elevate the resilience of refugees with weak resilience. However, according to Siriwardhana, C., Ali, S.S., Roberts, B. et al.(2014) the relationship between sex and resilience is complex and may vary depending on the specific context, because of this the researcher recommended that the research conducted on refugees does not specifically focus on the resilience of gender differences and that more research is needed to address gender-specific interventions.

ANOVA analysis revealed to investigate mean difference of resilience across age category and no statistically significant difference found in the level of resilience among refugees of different age groups. This finding is important because it suggests that age is not a factor in determining the level of resilience among refugees. A study by Alduraidi H, Dardas LA, et al. August (2020) explored, the level and social determinants of resilience among Syrian refugees residing in Jordan and found that refugees' place of residence, educational level, employment status, and monthly income were significantly associated with lower resilience scores and together explain approximately 37% of the variance in resilience scores. Overall, the available research evidence suggests that age is not a significant factor in determining the level of resilience among refugees.

This study indicated no statistically significant difference among categories of married, single, divorced, and widowed on the level of resilience of the refugees. The relationship between marriage and resilience among refugees is complex and may be influenced by a variety of factors. According to Walther, L., Amann, J., Flick, U. et al study, these factors include social support, protective factors at the family and community level, experiencing migration as an opportunity, being a parent, and being young. Ciaramella, M., Monacelli, N. & Cocimano, LCE, identified the role of religion or spirituality, economic activity, and access to professional help as factors that can influence resilience among refugees. Additionally, the above study also found that

spouse job loss was positively correlated with marital, parental, and financial stress, and negatively correlated with individual resilience.

This study examined the level of resilience across different education categories of refugees. The result indicated that there was no statistically significant difference in mean of resilience across the five categories based on education ($P>0.05$). But the mean value of resilience across the five categories of education was not the same. Related to this, there are a limited number of researches on the relationship between educational status and resilience among refugees. However, a study on Syrian refugees in the Netherlands found that resilience can be enhanced on a cultural level, and identified factors such as employment status, living inside or outside a refugee camp, income, social support, and faith as potentially promoting resilience, but did not mention educational status as a factor. However, as the interviewee explained, education is considered critical for refugee children and youth, as it can help them become self-sufficient and learn about long-term solutions, which in turn can strengthen community resilience.

5.3 Level of Psychological Distress among Refugees

The study measured Kessler Psychological Distress Kessler et al, (2002) scale on the aforementioned refugees. Thus, majority (45%) refugees were found in mild psychological distress, (37.1%) of the refugees had low (well) psychological distress, whereas (15.5%) of the other refugees had found in moderate psychological distress, and the rest 9(2.4%) refugees had severe psychological distress.

Among all participants, the statistically significant difference between the means of male refugees (0.73) and female refugees (0.94) at a 5% level of significance with the p-value (0.009) shows that, female refugees experience significantly higher levels of psychological distress than male refugees. The finding supported the study by Chung, F Bemak, M Kagawa- Singer (1998) showing that, in a community sample of Southeast Asian refugees, refugee women reported significantly higher levels of psychological distress than their male counterparts. Additionally, the finding was supported by Jarallah Y; Baxter J. showed that women also report significantly higher psychological distress than men.

Another major finding related to psychological distress with regard to age shows that, a younger age groups reporting higher levels of psychological distress than older age groups and older

individuals tend to have lower levels of psychological distress compared to younger individuals. However, this result contradicted by other research findings, According to Psychological distress among refugees in Germany their cross-sectional analysis suggests that the prevalence of distress was particularly high for older refugees (aged ≥ 55 , 70.4% and older refugees may be more vulnerable to psychological distress (Walther L, Kröger H, Tibubos AN, et al., 2020 Aug). When we see the documents and interview results, it reveals some evidence that social and religious support can be beneficial for refugees experiencing psychological distress besides psychological support (MHPSS). The majority of refugees in the camp are within the working age: this means that the elderly and children in their native country Eritrea may lose support, which could increase their socio-economic burden and exacerbate existing socioeconomic inequalities. According to UNHCR report, elderly individuals who lose support from working-age refugees may become more reliant on caregivers that increased poverty among the elderly and children in Eritrea.

Another major finding of this section was the psychological distress across marital status. However, the result showed no statistically significant difference among the four categories. Different studies also showed limited information on the relationship between psychological distress levels and the marital status of refugees. One study conducted in Italy found that married or cohabiting male asylum seekers and refugees had lower levels of psychological distress and depressive symptoms compared to single individuals. Another study conducted in Australia found that length of stay in the resettlement country was associated with psychological distress levels among Iraqi refugees, but marital status was not examined. Therefore, it is important to note that this is just one study and may not be generalized to other populations or contexts. Further research is needed to better understand the relationship between marital status and psychological distress among refugees.

When we see psychological distress across educational status the mean psychological distress of refugees varied across different education categories. For those who can read and write, the mean psychological distress was 0.85 (39.2%). For the elementary school category, it was 0.77 (40.1%). For the high school category, it was 0.84 (6.7%). For the preparatory category, it was 1 (3.7%). And for the college and above category, it was 0.95 (10.0%). This shows that the mean difference of psychological distress across the five groups was not the same, indicating that there

were variations in the levels of psychological distress experienced by refugees across different education categories. However, despite the differences, there was no statistically significant difference in the mean of psychological distress for the five categories. This implies that the variations in psychological distress across the education categories were not significant enough to be considered meaningful or conclusive. However, it is important to note that the relationship between education and psychological distress is complex and may vary depending on individual and contextual factors. Factors such as trauma experience, limited access to education, socioeconomic status, discrimination, and family cohesion may also impact the mental health and well-being of refugees.

According to UNHCR reports, it is important to note that access to education for refugee children and youth is limited, with a significant number of them being out of school additionally, the presence of refugees in host communities can have social and economic impacts, including increased chances of economic vulnerability. The psychological distress finding of refugees varied across different levels of education highlights the importance of considering education as a potential protective factor in addressing psychological distress among refugees. However, it is crucial to address the limited access to education for refugee children and youth and consider the broader social and economic impacts of hosting refugees in communities.

5.4 Relationships among Social Support, Resilience and Psychological Distress

The second research question is about the nature of the relationship (i.e. direction, strength and statistical significance) between psychological distress, social support and recovery. Finding related to this question, Pearson's results show that the two variables (psychological distress and social support) have a negative significant relationship. In other words, psychological distress was negatively and significantly related to social support (individual correlation (r) = -0.342^{**} , $p = 0.00$, $p < 0.05$). In other words, the two variables have an indirect relationship which can be explained as a high level of social support reported in the scale will result from the low level of psychological distress.

This finding is similar to research finding by Abdul Aziz NA, Baharudin NS, Alias NA say that, there is a significant negative relationship between social support and psychological distress. In

line with this finding, another study by Yassin and Zulkifli (2015) showed that there is a significant negative relationship between social support and psychological distress, indicating that the higher the social support, the lower the psychological distress. This means psychological distress has negative relationship with social support and positive relationship with resilience, (Jeanijeltvibool et al ,2022) and social support has positive and good relationship with resilient (Febiona and Agustina, 2021) .

The regression indicated that both social support and resilience significantly predict psychological distress. However, social support has a more substantial impact, contributing 10.3% to the variance, compared to resilience's 2.6%. The interview result also noted that both are inseparable. When the social issue is fulfilled, the psychological will be good.

Similarly, a study by Achour and Nor (2014) showed that there exists a positive and significant correlation between resilience and social support ($r = .340^{**}$, $p < .01$). The regression analysis revealed both Resilience and social support accounts for 0.129(12.3.0%) of the variance in psychological distress. Social support made a stronger contribution to distress than resilience. Resilience was weak to be significantly predictive of psychological distress but it accounts 2.6 % ($\beta = -.282$, $p < .05$) only, while social support significantly predicted distress scores 10.3 % ($\beta = -.282$, $p < .05$). This finding also consistent with a finding by A. Baskin(2021) which indicated that there was a collective significant effect between resilience, social support, and distress. Social support made a stronger contribution to distress than resilience.

5.5 The Extent to which Social Support and Resilience Contribute to Psychological Distress Independently and Jointly

The results indicated that there was a joint significant effect between resilience, social support, and stress. Social support contributed more to depression than coping did. Resilience was not a strong predictor of psychological distress. If resilience and social support were significant predictors of distress, linear regression analysis was used. For this research equation, psychological distress was the dependent variable, and the independent variables were resilience and social support.

Social support contributed more to depression than coping did, and resilience was a weak predictor of psychological distress. However, social support significantly predicted stress outcomes. Therefore, it is important for camp administrators to ensure that there is a wide and high-quality social support service that can properly address the psychological problems of the refugees living in the camp.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter includes the conclusions and recommendations of a study conducted to examine the relationship among social support, resilience, and psychological distress experienced by refugees in the Alemwach Refugee Camp in North Gondar. Based on the findings and discussions, conclusions are drawn, and possible recommendations are provided based on the research findings that could assist both the refugees and relevant stakeholders.

6.1 Conclusions

In order to answer the research questions and achieve the objectives, the study employed quantitative research approaches. In this regard, questionnaires from refugees were collected, interview with six stakeholders were made, and documents were scrutinized. Based on the findings obtained from the research, the following conclusions are drawn:

A significant proportion of the refugees perceived varying levels of social support in the camp, (30.4%) refugees perceived high level of social support, (40.5%) refugees perceived moderate level of social support, and (26.1%) refugees perceived low level of social support. Thus the research can conclude that while many refugees benefit from social support structures, there remains a considerable portion who feels under-supported, which could contribute to their psychological distress. In general, the study found that sex, age, marital status, and education of refugees were all associated with social support.

The finding showed that majority of refugees (68.8%) experienced high resilience level, 85(23.03%) refugee experienced moderate resilience status and the rest 30(8.13 %) refugees experienced lower resilience status. Based on this evidence the research can conclude that a total of (31.16%) refugees needs due attention.

As it is indicated in the finding and discussed in the discussion part, 9(2.4%) refugees had severe psychological distress, (45%) refugees had mild psychological distress, (15.5%) refugees had moderate psychological distress and (37.1%) refugees had low (well) psychological distress. This implies except 37.1% refugees 62.9% had moderate to severe psychological distress.

Relationship between Social Support, Resilience, and Psychological Distress were indicated in the finding. Psychological distress and social support have a negative significant relationship: psychological distress was negatively and significantly related to social support ($r = -0.342^{**}$, $p = 0.00$, $p < 0.05$). Psychological distress has positive relationship with resilience. Social support has positive and good relationship with resilience. This shows higher social support with lower psychological distress which is *visa-vis*. This means when social support increases, psychological distress decreases among refugees (see 4.3).

These results underscore the importance of strengthening social support systems within the refugee camp to enhance resilience and reduce psychological distress. The data clearly suggest that social support is a protective factor against psychological distress, while resilience is a critical mediator in improving refugees' mental health. Efforts to bolster both these elements through structured interventions, community programs, and professional services could significantly alleviate the mental health burden on refugees.

Based on the finding the research can conclude that, female are more psychological distress than men (because of vulnerable to stress, nature/hormonal/mood sewing, because of norm there is no hang out like men, poverty, burden of raising child, violence, economic insecurity etc). Young refugees experience high psychological distress (may be because of hormone) than the elder refugees, refugees who has high educational experience has great distress but there is no significant mean difference, and marital statues doesn't have significance difference.

In conclusion, addressing the psychological distress of refugees requires a holistic approach that includes enhancing social support networks and fostering resilience. By increasing access to these resources, the overall mental health and well-being of refugees can be improved, helping them to better cope with the challenges they face in displacement.

6.2 Recommendations

Based on the findings and conclusions of the study, the following recommendations are forwarded to improve the psychological well-being of refugees in the camp:

- **Develop Resilience Training:** Implement programs that teach coping strategies, emotional regulation, and problem-solving skills to strengthen refugees' resilience. This can be done through workshops, counseling, and peer-led sessions.
- **Hire More MHPSS Professionals:** The camp should consider increasing the number of trained psychologists, counselors, and social workers to provide individual and group counseling services to refugees. Special attention should be given to trauma counseling for those who have experienced war-related events.
- **Address Gender-Specific Needs:** Implement gender-specific mental health services to cater to the distinct psychological challenges faced by men and women. Women may need more tailored programs that address issues such as gender-based violence (GBV) and empowerment, while men may benefit from programs addressing trauma and stress management.
- **Increase Awareness of Available Support:** Many refugees may not be fully aware of the mental health and social support services available to them. Therefore, information campaigns should be conducted in the camp to promote these services.
- **Ensure Accessibility:** Barriers to accessing support services, such as language or cultural differences should be addressed. Providing multilingual support and employing community members as intermediaries can improve access to mental health services.
- **Economic Empowerment Programs:** Offering more livelihood opportunities and financial support for refugees can reduce the economic stress that contributes to psychological distress.
- **Collaborative Approaches:** Strengthen collaboration between humanitarian organizations working in the camp to ensure a coordinated approach to addressing psychological distress. This can include sharing resources, best practices, and aligning goals.
- **Regular Monitoring and Evaluation:** Establish a system for regularly assessing the psychological well-being of refugees and the effectiveness of the social support and

mental health services. Continuous evaluation will ensure that interventions remain relevant and effective.

- Refugees: Engage in cultural practices, traditions, or activities that bring joy and a sense of identity, do regular exercise that can improve mood and reduce stress: activities like walking, dancing, or group sports can also enhance social interaction. Break down larger goals into smaller, manageable tasks and celebrating small achievements to build confidence can reduce resilience, increase social support and decrease psychological distress.

By implementing these recommendations, the camp administrators, government agencies, and partner organizations can better address the psychological distress of refugees, improve their resilience, and enhance the overall well-being of the displaced population.

REFERENCE

- Abdulaziz, N. A., Baharudin, N. S., & Alias, N. A. (2023). Association between stress and social support perceived among undergraduate health sciences students. *Malaysian Journal of Medical Sciences*, 30(3), 176–183.
- Adams, J., Khan, H. T. A., & Raeside, R. (2007). *Research methods for graduate business and social science students*. SAGE Publications, Los Angeles.
- Al Rifai, R., & Drawback, M. (2021). Causes and risk factors of post-traumatic stress disorder in adult asylum seekers and refugees. *International Psychiatry*, 20(4), Article 32.
- Albrecht, T. L., & Adelman, M. B. (1987). *Communicating social support*. Sage Publications, Newbury Park, CA.
- Albrecht, T. L., & Adelman, M. B. (2013). Understanding the different types of social support offered by audience members in blogs. *Cyberpsychology, Behavior, and Social Networking*, 16(3), 194-199.
- Aliaga, M., & Gunderson, B. (2002). *Interactive statistics*. Pearson Education, Upper Saddle River, NJ.
- Barlow, D. H., & Durand, V. M. (2018). *Abnormal psychology: An integrative approach* (8th ed.). Cengage Learning.
- Barnes DM, Almasry and Refugees' perceptions of healthy behaviors. *J Immigr Health*. 2005; 7(3):185–93.
- Baskin (2021). *The Relationship between Resilience and Social Support among College Students During the COVID-19 Pandemic*
- Bizuneh, S. M. (2022). Resilience among students with health, gender and developmental attributes. *Global Journal of Guidance and Counseling in Schools: Current Perspectives*, 12(1), 52-67.
- Blanchet K, Sistenich V, Ramesh A, Frison S, Warren E, Hossain M, Knight A, Lewis C, Smith J, Woodward A, Dahab M. An evidence review of research on health interventions in humanitarian crises. London: London School of Hygiene & Tropical Medicine; 2013.

- Bliss, T. J., Hilton III, J., Wiley, D., & Thanos, K. (2013). The cost and quality of open textbooks: Perceptions of community college faculty and students.
- Boehnlein JK, Kinzie JD, Sekiya U, Riley C, Pou K, Rosborough B. A . (2004) *Ten-year treatment outcome study of traumatized Cambodian refugees*. *J Nerv Ment Dis*;192(10):658–63.
- Bøen, H., Dalgard, O.S. & Bjertness, E. The importance of social support in the associations between psychological distress and somatic health problems and socio-economic factors among older adults living at home: a cross sectional study. *BMC Geriatr* **12**, 27 (2012).
- Bogic M, Ajdukovic D, Bremner S, Franciskovic T, Galeazzi GM, Kucukalic A, Lecic-Tosevski D, Morina N, Popovski M, Schützwohl M, Wang D, Priebe S. *Br J Psychiatry*. 2012 Mar; 200(3):216-23. doi: 10.1192/bjp.bp.110.084764. Epub 2012 Jan 26. PMID: 22282430.
- Bonanno, G. A., & Diminich, E. D. (2013). Annual Research Review: Positive adjustment to adversity—trajectories of minimal–impact resilience and emergent resilience. *Journal of child psychology and psychiatry*, 54(4), 378-401.
- Bowes, L., & Gardner, F. (2018). The protective effects of social support on the well-being of refugee youth. *Child and Adolescent Mental Health*. Wiley-Blackwell, Hoboken, NJ.
- Box, G. (1998). Psychoanalytic perspectives on psychological distress. In University of Pretoria.
- Burnette, D., & Mui, A. C. (1997). Correlates of psychological distress among old-old Hispanics. *Journal of Clinical Geropsychology*, 3(3), 227–244.
- Center for Victims of Trauma. (2017). *The importance of social support in coping with grief and loss*.
- Center for Victims of Trauma. (2017). *The role of social support in trauma recovery*.
- Chang, Y., Wang, Y., & Zhang, L. (2020). Social support is a construct that varies across cultures, issues, and situations. *Journal of Health Psychology*, 25(3), 345-356.
- Chao, M. M. (2012). The role of social support in health: A review of the literature. *Journal of Health Psychology*, 17(6), 837-848.

- Ciaramella M, Monacelli N, Cocimano LCE. *J Immigr Minor Health*. 2022 Oct; 24(5):1328-1344. doi: 10.1007/s10903-021-01247-y. Epub 2021 Jul 29. PMID: 34324124; PMCID: PMC9388436.
- Cohen, S., & McKay, G. (1984). Social support, stress, and the buffering hypothesis: A theoretical analysis. In J. S. House, D. Umberson, & K. R. Landis (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 221-227). Oxford University Press.
- Connor KM, Sutherland SM, Tupler LA, Churchill LE, Malik ML, Davidson JRT. 1999. Fluoxetine in posttraumatic stress disorder: a randomized, placebo-controlled trial. *Br J Psych* 175: 17– 22.
- Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Pearson.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.).
- Das, S. (2013). A new buffering theory of social support and psychological stress. *Psychological Review*, 120(3), 577-598.
- Dawadi, S., Shrestha, S., & Giri, R. A. (2021). Mixed-methods research: A discussion on its types, challenges, and criticisms. *Journal of Practical Studies in Education*, 2(2), 25-36.
- Developmental Psychopathology, Risk, Resilience, and Intervention. (2016). United Kingdom: Wiley.
- Dolma, S. (2010). The central role of the unit of analysis concept in research design. *Istanbul University Journal of the School of Business*, 39, 169-174.
- Doma, H., Tran, T., Rioseco, P. *et al.* Understanding the relationship between social support and mental health of humanitarian migrants resettled in Australia. *BMC Public Health* **22**, 1739 (2022). <https://doi.org/10.1186/s12889-022-14082-z>
- Drapeau, M., Marchand, A., & Beaulieu, M. (2012). Psychological distress in Canada: A review of the literature. *Canadian Journal of Public Health*, 103(1), e1-e6.
- Eymen Ekmen (2021): *How does Social Support Affect Refugee Life satisfaction in Turkey*

- DOI.org /10.3390/ health care 10091598 for research, practice, and translational synergy. *Development and Psychopathology*, 23(2), 493–506.
- Fransen, S., & de Haas, H. (2022). Trends and patterns of global refugee migration. *Population and Development Review*, 48(1), 97-128.
- Ghosal, S., & Wagner, J. (2013). *Analyst*, 138(13), 3836-3844.
- Giacco, D. (2020). Identifying the critical time points for mental health of asylum seekers and refugees in high-income countries. *Epidemiology and psychiatric sciences*, 29, e61.
- Grasser, L. R. (2022). Addressing Mental Health Concerns in Refugees and Displaced Populations: Is Enough Being Done? *Risk Management and Healthcare Policy*. 2022 May 6;15:909-922. doi: 10.2147/RMHP.S270233. PMID: 35573980; PMCID: PMC9094640
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.
- Hassan, G., & Makhoul, M. (2016). Important considerations when providing mental health first aid to Iraqi refugees in Australia: a Delphi study. *International Journal of Mental Health Systems*, 10(1), 87.
- Hassan, G., & Makhoul, M. (2022). Understanding the relationship between social support and mental health among humanitarian migrants: A systematic review. *Journal of Mental Health*, 31(5), 1-10.
- Henkelmann, J. R., de Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., & Molendijk, M. (2020). Anxiety, depression and post-traumatic stress disorder in refugees resettling in high-income countries: Systematic review and meta-analysis. *BJPsych Open*, 6(4), e68.
- Hirsch BJ. Natural support systems and coping with major life changes. *Am J Community Psychol*. 1980; 8(2):159–72.
- Hobfoll SE, Leiberman Y. Personality and social resources in immediate and continued stress resistance among women. *J Pers Soc Psychol*. 1987; 52:18–26.
- Hobfoll SE. Limitations of social support in the stress process. In: *Social support: theory, research and applications*. Dordrecht: Springer; 1985. p. 391–414.

- Hobfoll, S. E., & Lerman, M. (1989). Predicting receipt of social support: A longitudinal study of parents' reactions to their child's illness. *Health psychology*, 8(1), 61.
- Hollander AC, Bruce D, Burström B, Ekblad S. Gender-related mental health differences between refugees and non-refugee immigrants--a cross-sectional register-based study. *BMC Public Health*. 2011 Mar 24;11:180. doi: 10.1186/1471-2458-11-180. PMID: 21435212; PMCID: PMC3072337.
- HombRehabilitation and Development Organizations-Mendieta I, Millán-Franco M, Gómez-Jacinto L, Gonzalez-Castro F, Martos- Méndez MJ, García-Cid A. Positive Influences of Social Support on Sense of Community, Life Satisfaction and the Health of Immigrants in Spain. *Front Psychol*. 2019 Nov 15;10:2555. doi: 10.3389/fpsyg.2019.02555. PMID: 31803103; PMCID: PMC6872520.
- Hu T, Xiao J, Peng J, Kuang X, He B. Relationship between resilience, social support as well as anxiety/depression of lung cancer patients: A cross-sectional observation study. *J Cancer Res Ther*. 2018 Jan; 14(1):72-77. doi: 10.4103/jcrt.JCRT_849_17. PMID: 29516963.
- International Organization for migration (2020): *World Migration Report*, www International Organization for Migration. Intl
- Jarallah Y, Baxter J. Gender disparities and psychological distress among humanitarian migrants in Australia: a moderating role of migration pathway? *Confl Health*. 2019 Apr 4;13:13. doi: 10.1186/s13031-019-0196-y. PMID: 30992713; PMCID: PMC6449952.
- Jeamjitvibool T, Duangchan C, Mousa A, Mahikul W. The Association between Resilience and Psychological Distress during the COVID-19 Pandemic: A Systematic Review and Meta Analysis. *Int J Environ Res Public Health*. 2022 Nov 11;19(22):14854. doi: 10.3390/ijerph192214854. PMID: 36429573; PMCID: PMC9690093.
- Kaplan, D. (2004). *The Sage handbook of quantitative methodology for the social sciences*. sage.
- Karin Johansson Blight, Solvig Ekblad, Fredrik Lindencrona & Shervin Shahnavaz (2009) Promoting Mental Health and Preventing Mental Disorder among Refugees in Western Countries, *International Journal of Mental Health Promotion*, 11:1, 32-44, DOI: [10.1080/14623730.2009.9721780](https://doi.org/10.1080/14623730.2009.9721780)

- Kessler, R., Andrews, G., Colpe, L., Hiripi, E., Mroczek, D., Normand, S., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32(6), 959-976.
- Kessler, R.C., Andrews, G., Cope, .et al (2002) Short screening scales to monitor population prevalence and trends in non-specific psychological distress.
- Khatiwada J, Muzembo BA, Wada K, Ikeda S. The effect of perceived social support on psychological distress and life satisfaction among Nepalese migrants in Japan. PLoS One. 2021 Feb 26;16(2):e0246271. doi:10.1371/journal.pone.0246271. PMID: 33635865; PMCID: PMC7909674.
- Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees in Ethiopia: A qualitative approach. *Transcultural psychiatry*, 45(3), 489-512.
- Kirmayer LJ, Narasiah L, Munoz M, Rashid M, Ryder AG, Guzder J, Hassan G, Rousseau C, Pottie K; Canadian Collaboration for Immigrant and Refugee Health (CCIRH). Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ. 2011 Sep 6;183(12):E959-67. doi: 10.1503/cmaj.090292. Epub 2010 Jul 5. PMID: 20603342; PMCID: PMC3168672.
- Kothari, C. R. (2004). *Research methodology: Methods and techniques*. New Age International.
- Krejcie R. and Morgan D. (1970) Determining Sample Size for Research Activities.: From Educational and Psychological Measurement 1970,30,607,610
- Kühn, A., et al. (2020). “Psychological distress among refugees in Germany: a cross-sectional analysis of individual and contextual risk factors and potential consequences for integration using a nationally representative survey.” *BMJ Open*, 10(8), e033658. Doi:10.1136/bmjopen-2019-033658.
- Laban, C. J., Gernaat, H. P., Komproe, I. H., & De Jonge, J. (2007). The impact of long asylum procedures on mental health among Iraqi asylum seekers in the Netherlands. *Journal of Refugee Studies*, 20(3), 391-410.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social Support Measurement and Intervention: A*

- Guide for Health and Social Scientists* (pp. 29–52). Oxford University Press.
- Lakey, B., & Orehek, E. (2011). *Relational regulation theory: A new approach to explain the link between perceived social support and mental health*. *Psychological Review*, 118(3), 482–495.
- Larios, B., Sam, S., & Sandal, G. M. (2023). Psychological distress among Afghan refugees in Norway as a function of their integration. *Frontiers in Psychology*, 14, Article 1143681.
- Lau LS, Samari G, Moresky RT, Casey SE, Kachur SP, Roberts LF, Zard M. COVID-19 in humanitarian settings and lessons learned from past epidemics. *Nat Med*. 2020 May;26(5):647-648. doi: 10.1038/s41591-020-0851-2. PMID: 32269357.
- Lee Seon Heui et al *Effectiveness of Social Support for Community-Dwelling Elderly* Leviton LC, Snell E, McGinnis M. Urban issues in health promotion strategies. *Am J Public Health*. 2000; 90:863–6.
- Lee, J., Smith, R., & Johnson, P. (2022). Addressing mental health challenges among refugees: The role of social support systems. *Journal of Refugee Studies*, 35(1), 45-60.
- Li, F., Luo, S., Mu, W. *et al*. Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry* 21, 16 (2021).
- Long, K. (2013). When refugees stopped being migrants: Movement, labour and humanitarian protection. *Migration Studies*, 1(1), 4-26.
- Lund, H. S., & Kjølstad, B. (2012). The importance of social support in the associations between psychological distress and somatic health problems among older adults. *BMC Psychiatry*, 12, 1-8.
- Magliano, J., Carretta, D., & D'Angelo, L. (2000). The role of social support in coping with stress: A study among university students. *Journal of Applied Psychology*, 85(4), 739-746.
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20.

- Masten, A. S., & Cicchetti, D. (2016). Resilience in development: Progress and transformation. *Developmental psychopathology*, 4(3), 271-333.
- Maulidya, M., & Eliana, R. (2013). Gambaran resilensi perantau Minangkabau yang berwirausaha di Medan: Resiliency of Minangkabau outmigrants who engage in entrepreneurship in Medan. *Psikologia: Jurnal Pemikiran dan Penelitian Psikologi*, 8(1), 34-39.
- Mekonen Tsehay, A., Abate, A., & Fisseha, M. (2023). Social support and psychological distress among healthcare professionals in Ethiopia. *Ethiopian Journal of Health Sciences*, 33(1), 45-56.
- Mirowsky, J, and C.E. Ross. 2002. "Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality." *Journal of Health and Social Behavior* no. 43:152-170.
- Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Pearson.
- Nwadiora E, McAdoo H. Acculturative stress among Amerasian refugees: gender and racial differences. *Adolescence*. 1996;31(122):477.
- Orlando Therapy. (2021). The importance of social support in mental health.
- Ozbay F, Johnson DC, Dimoulas E, Morgan CA, Charney D, Southwick S. Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)*. 2007 May;4(5):35-40. PMID: 20806028; PMCID: PMC2921311.
- P. Ferrrie and J. Halton (2012) *Two Centuries International Migration*
- Pascal Schlechter, Irene Mateos Rodriguez, Nexhmedin Morina, Judith Knausenberger, Paul O. Wilkinson, Jens H. Hellmann, Psychological distress in refugees: The role of traumatic events, resilience, social support, and support by religious faith, *Psychiatry Research*, Volume 304,2021,
- Rabin BS, Rabin BC. Stress, immune function, and health: the connection. New York: Wiley; 1999.
- Rankin SH, Monahan P. Great expectations: perceived social support in couples experiencing cardiac surgery. *Fam Relat*. 1991;1:297-302.

- Reivich, K., & Shatté, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacles*. Broadway Books.
- Ridner, S. H. (2004). Psychological distress: concept analysis. *Journal of advanced nursing*, 45(5), 536-545.
- Roskies E, Lazarus RS. Coping theory and the teaching of coping skills. *Behavioral medicine: changing health lifestyles*. 1980; 38–69.
- Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students* (6th ed.). Pearson Education Limited.
- Schilling, R. F., Gilchrist, L. D., & Schinke, S. P. (1984). Coping and social support in families of developmentally disabled children. *Family Relations*, 47-54.
- Schlechter P, Rodriguez IM, Morina N, Knausenberger J, Wilkinson PO, Hellmann JH. Psychological distress in refugees: The role of traumatic events, resilience, social support, and support by religious faith. *Psychiatry Res*. 2021 Oct; 304:114121. doi:10.1016/j.psychres.2021.114121. Epub 2021 Jul 18. PMID: 34303945.
- Schlechter, P, Rodriguez, I. M, Morina, N., Knausenberger, J, Wilkinson, PO, & Hellmann, JH. (2021). Psychological distress in refugees: The role of traumatic events, resilience, social support, and support by religious faith. *Psychiatry Research*, 304, 114121.
- Seruwagi, G., Nakidde, C., Lugada, E., Ssematiko, M., Ddamulira, D. P., Masaba, A., ... & Lawoko, S. (2022). Psychological distress and social support among conflict refugees in urban, semi-rural and rural settlements in Uganda: burden and associations. *Conflict and health*, 16(1), 1-12.
- Sewalem, A., & Molla, A. (2022). Resilience as a buffer against psychological distress among women exposed to violence. *Journal of Interpersonal Violence*, 37(5-6), 1234-1250.
- Shankar, A., & Muthuswamy, S. (2007). The role of social support in the health of individuals: A conceptual framework. *International Journal of Health Services*, 37(4), 779-798.
- Simich, L.; Beiser, M.; Stewart, M.; Mwakarimba, E. Providing Social Support for Immigrants and Refugees in Canada: Challenges and Directions. *J. Immigr. Minority Health* 2005, 7, 259–268.

- Sinclair VG, Wallston KA (2004). *The development and psychometric evaluation of the brief resilient coping scale*. *Assessment*. 2004; 11:94–101
- Siriwardhana, C., Ali, S.S., Roberts, B. *et al*. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Confl Health* 8, 13 (2014).
- Smart Therapy PC. (2024). The role of social support in maintaining mental health.
- St. Clair, L. (1996). *The role of childhood experiences in psychological development*.
- Sundvall M, Titelman D, DeMarinis V, Borisova L, Çetrez Ö.(2021) *Safe but isolated – an interview study with Iraqi refugees in Sweden about social networks, social support, and mental health*. *Int J Soc Psychiatry*. 2021; 67(4):351–9. *Support. Perspectives on Psychological Science* 4(3), 236-255.
- Taber, K.S. The Use of Cronbach’s Alpha When Developing and Reporting Research Instruments in Science Education. *Res Sci Educ* 48, 1273–1296 (2018).
- Tanji F, Kodama Y. Prevalence of Psychological Distress and Associated Factors in Nursing Students during the COVID-19 Pandemic: A Cross-Sectional Study. *Int J Environ Res Public Health*. 2021 Oct 1;18(19):10358. doi: 10.3390/ijerph181910358. PMID: 34639659; PMCID: PMC8508419.
- Terrell, S. R. (2012). Mixed-Methods Research Methodologies. *The Qualitative Report*, 17(1), 254-280.
- Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., & Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet*, 378(9802), 1581-1591.
- Tol, W. A., Patel, V., Tomlinson, M., Baingana, F., Galappatti, A., Panter-Brick, C., & Van Ommeren, M. (2011). Research priorities for mental health and psychosocial support in humanitarian settings. *PLoS medicine*, 8(9), e1001096.
- Tribe RH, Sendt KV, Tracy DK. A systematic review of psychosocial interventions for adult refugees and asylum seekers. *J Ment Health*. 2019;28(6):662–76.
- Tsehay M, Belete A, Necho M. Factors Associated with Psychological Distress and Brief Resilient Coping Level During the COVID-19 Pandemic Among Health-Care

- Professionals in Dessie, Ethiopia. *Psychol Res Behav Manag.* 2020 Dec 15;13:1213-1221. doi: 10.2147/PRBM.S288562. PMID: 33364863; PMCID: PMC7751773.
- Turrini G, Purgato M, Acarturk C, Anttila M, Au T, Ballette F, Bird M, Carswell K, Churchill R, Cuijpers P, Hall J. Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis. *Epidemiol Psychiatric Sci.* 2019;28(4):376–88.
- Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on psychological science*, 4(3), 236-255.
- United Nations. (2015). *Report of Statistics Norway, the Turkish Statistical Institute, Eurostat and the Office of the United Nations High Commissioner for Refugees on progress in the work on statistics on refugees and internally displaced. Economic and Social Council, Statistical Commission.* New York: United Nations.
- Veljanovska Blazhevskaja, K. (2017). Factors That Influence the Process of Migration. *Security and Defence Quarterly*, 17(4), 52-53.
- Wagnild, G. M., & Young, H. M. (1993). *Resilience scale.* In *Journal of Nursing Measurement* (Vol. 1, pp. 165-178).
- Walliman, N. (2011). *Research methods: The basics.* Routledge.
- Walther L, Kröger H, Tibubos AN, Ta TMT, von Scheve C, Schupp J, Hahn E, Bajbouj M. Psychological distress among refugees in Germany: a cross-sectional analysis of individual and contextual risk factors and potential consequences for integration using a nationally representative survey. *BMJ Open.* 2020 Aug 20;10(8):e033658. doi: 10.1136/bmjopen-2019-033658. PMID: 32819926; PMCID: PMC7440818.
- Walther, L., Amann, J., Flick, U., Ta, T. M. T., Bajbouj, M., & Hahn, E. (2021). A qualitative study on resilience in adult refugees in Germany. *BMC public health*, 21, 1-17.
- Weinrach, S. G. (1988). *Cognitive therapy: Theory and practice.* American Psychological Association.
- Wheaton B (2007). *The twain meet: distress, disorder and the continuing conundrum of*

- categories (comment on Horwitz)*. Health; 11(3):303–19.
- Wilkinson R, Marmot M (2003) Social Determinants of Health: The Solid Facts. Copenhagen: World Health Organization, Centre for Urban Health; Retrieved from <https://refugeereseach.net/wp-content/uploads/2016/11/Simich-et-al-2005-Social-support-for-immigrants-and-refugees.pdf> with Depression: A Systematic Review and Meta-Analysis <https://doi.org/10.3390/>
- Williams RE, Black CL, Kim HY, Andrews EB, Mangel AW, Buda JJ, Cook SF. Determinants of healthcare-seeking behaviour among subjects with irritable bowel syndrome. *Aliment Pharmacol Ther*. 2006 Jun;23(11):1667-75. doi: 10.1111/j.1365-2036.2006.02928.x. PMID: 16696818.
- Wisdom, J. P., & Creswell, J. W. (2013). Mixed methods: Integrating quantitative and qualitative data collection and analysis while studying patient-centered medical home models. *The Journal of Mixed Methods Research*, 7(2), 117-131.
- Wortman CB, Lehman DR. Reactions to victims of life crisis: support attempts that fail. In: Sarason IG, Sarason BR, editors. *Social support: theory, research and applications*. The Hague: Martinus Nijhoff; 1985. p. 463–89.
- Yasmin and Dzulkifli (2015) The Relationship between Social Support and Psychological Problems among Students www.jobs.net
- Yates And A. Hapten(2014) *Theory and the practice of positive psychology from Individual to Society Vol*
- Zegeye, T. G. (2019). An investigation on the status of resilience among blind adolescent students. *Journal of Pedagogical Research*, 3(1), 50-59.
- Zikmund, W. G., Babin, B. J., Carr, J. C., & Griffin, M. (2009). *Business research methods* (8th ed.).
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1990). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 55(3), 610-617.

APPENDICES

Informed Consent Form

Collage of Education and Behavioral Studies

School of Psychology

Dear Participants,

My name is Mahlet Amare, and I am a postgraduate student in social psychology at Addis Ababa University. I am currently conducting research for my second degree thesis, which focuses on the psychological stress, social support, and resilience among refugees.

Purpose of the Interview

The purpose of this interview is to gather insights that will contribute to my research. The interview is expected to last approximately **45 minutes**.

Voluntary Participation

Your participation in this interview is entirely voluntary. You have the right to withdraw from the interview at any time without any consequences or need for justification. **Recording and**

Confidentiality

Please be informed that I will be using a voice recorder during the interview. If you encounter any questions that you prefer not to answer, you are under no obligation to respond. All information collected during this study will be treated with the utmost confidentiality. Your responses will only be accessible to me and my research team, and no identifying information will be disclosed without your explicit consent.

Importances of Honest Responses

I respectfully request that you provide honest responses to each question, as your insights are invaluable to the success of this research. Thank you for considering participation in this study.

Your contributions are greatly appreciated.

Sincerely,

Mahlet Amare

Postgraduate Student, Social Psychology

Addis Ababa University

Semi structured Interview

Addis Ababa University

Collage of Education and behavioral studies

School of psychology

Interview questions prepared for Alemwach refugee camp workers

1. What do you think is the cause of psychological distress in immigrants? List the main causes.
2. Are there psychological support services for people experiencing psychological distress? Are there any professionals who provide this service? If so, what is the service like?
3. List potential solutions provided to refugees living in camps, both individually and collectively at the community level, to reduce psychological stress.
4. What kinds of services are primarily provided to increase the psychological stability of refugees? Is the service different for men and women?
5. Are there organizations that provide the service? If so, who are they, and what kind of services do they provide?
6. What kind of community support is available in the camp? What are the results or changes?
7. Are there professionals coordinating this community support service? If so, what is the service like?
8. What are the main problems that refugees are currently facing?
9. What efforts are being made to solve these problems?
10. What is the nature of social interaction between immigrants and the host community of the area?
11. Do you believe that psychological distress, social support, and stability in immigrants are related? Please explain.
12. What should be done to address psychological stress and social problems among refugees in a coordinated way?
13. Do you have any suggestions for the future?

Annex 1: Instrument

Social Support, Resilience and Psychological Distress, among Refugees: The Case of Alemwach Refugee Camp in North Gonder, Ethiopia

STRUCTURED QUESTIONNAIRE FOR REFUGEE

The Purpose of this Instrument

The purposes of this instrument were to collect data from refugees of Alemwach camp which is found in Northern part of Gonder, Ethiopia and helped to study Social Support, Resilience and Psychological Distress, among Refugees: In case of Alemwach camp. The study is represented by Addis Ababa University.

Confidentiality

Confidentiality is required to make sure that the data you provide us with is reliable.

- All the data you provide were only used for this study
- All your response was analyzed anonymously thus will NOT be traceable to you.

If you have any questions please feel free to contact the researcher: For more Information please contact:

Tel: 09 32 44 31 5

Survey Questionnaire									
PART ONE – TO ASSESS GENERAL INFORMATION AND PERSONAL DETAIL									
Instruction: Please provide the answer to the questions below as required, that is, either by writing the answer or inserting a mark in the box () next to the correct answer.									
Sex Male Female					Education level Can read and write Preparatory Elementary 1-8 College and above High school				
Age Less than 20 Between 21-59 60 and above					Marital status Married Single Divorced Widowed				
TO ASSESS LEVEL OF SOCIAL SUPPORT									
Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. Please provide the answer by writing the answer or inserting a mark in the box () in front of the correct answer									
-1 if you Very Strongly Disagree									
-2 if you Strongly Disagree									
-3 if you Mildly Disagree									
-4 if you are Neutral									
-5 if you Mildly Agree									
-6 if you Strongly Agree									
-7 if you Very Strongly Agree									
1	There is a special person who is around when I am in need								
2	There is a special person with whom I can share joys and sorrows								
3	My family really tries to help me								
4	I get the emotional help & support I need from my family								
5	I have a special person who is a real source of comfort to me								
6	My friends really try to help me								
7	I can count on my friends when things go wrong								
8	I can talk about my problems with my family								
9	I have friends with whom I can share my joys and sorrows								
10	There is a special person in my life who cares about my feelings								
11	My family is willing to help me make decisions								
12	I can talk about my problems with my friends								

PART 2- TO MEASURE LEVEL OF PSYCHOLOGICAL DISTRESS

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been feel

1. During the last 30 days, about how often did you feel tired out for no good reason?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

2. During the last 30 days, about how often did you feel nervous?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

4. During the last 30 days, about how often did you feel hopeless?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

5. During the last 30 days, about how often did you feel restless or fidgety?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

6. During the last 30 days, about how often did you feel so restless you could not sit still?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

7. During the last 30 days, about how often did you feel depressed?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

8. During the last 30 days, about how often did you feel that everything was an effort?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

10. During the last 30 days, about how often did you feel worthless?

1. None of the time 2. A little of the time 3. Some of the time
4. Most of the time 5. All of the time

PART 3- TO MEASURE LEVEL OF RESILIENCE

Tick beside the number below each question that best represents

0 = Not true at all 1 = rarely true 2 = Sometimes true 3 = Often true 4 = True nearly all the time

Item no	Description	0	1	2	3	4
1	I am able to adapt to change.					
2	I can deal with whatever comes my way.					
3	I try to see the humorous side of things when I am faced with problems.					
4	Having to cope with stress can make me stronger					
5	I tend to bounce back after illness, injury, or other hardships					
6	I believe I can achieve my goals, even if there are obstacles.					
7	Under pressure, I stay focused and think clearly.					
8	I prefer to take the initiative in solving problems.					
9	I can handle unpleasant feelings.					
10	In dealing with life's challenges, I am strong.					
11	I am not easily discouraged by failure.					
12	I think of myself as a strong person.					
13	I can get through difficult times because I have experienced difficulty before.					
14	I actively look for ways to turn my experiences into positive ones.					
15	I am able to learn from my mistakes.					
16	I feel a sense of belonging in my community.					
17	I have confidence in my abilities.					
18	I can find meaning in difficult times					
19	I believe that things will work out in the end.					
20	I am able to maintain a positive outlook despite challenges.					
21	I have a support system that helps me through tough times.					
22	I can make decisions even under pressure.					
23	I feel in control of my life.					
24	I have a clear sense of purpose in my life.					
25	I am able to manage my emotions effectively.					

Annex 2: sample size determination

$$s = X^2_{NP} (1-P) \div d^2 (N-1) + X^2_P (1-P)$$

s= required sample size

$$X^2 = (3.841)$$

$$N = (20,910)$$

$$P = (.05)$$

$$d = (0.0025)$$

$$s = 3.841 (20,910 \times 0.5 (1-0.5)) / 0.0025(20,910-1) + 3.841 \times 0.5 (1-0.5)$$

$$s = 52.2725 \times 3.841 \times 5,227.5 + 3.841 \times 0.5 \times (1-0.5)$$

$$3.841 \times 5,227.5 = 20,084.0575$$

$$20,084.0575 / 52.2725 \approx 384.96095$$

$$3.841 \times 0.5 \times (1-0.5) = 3.841 \times 0.25 = 0.96025$$

$$s = 384.0007 + 0.96025 \approx 384.96095$$

$$s \approx \underline{384.96}$$

Sample size = 384 questionnaire respondents

Annex 3: Guiding Interview questions with consent form

ቃለ መጠይቅ

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ስነ-ባህሪ ጥናቶች ኮሌጅ የሳይኮሎጂ ትምህርት ቤት የፈቃድ መሙያ መግቢያ

የተከበራችሁ የዚህ ቃለ መጠይቅ ተሳታፊዎች ስሜ ማህሌት አማራ ይባላል። በአዲስ አበባ ዩኒቨርሲቲ የማህበረሰብ ስነ-ልቦና የድህረ ምረቃ ተማሪ ነኝ። በአሁኑ ሰዓት ስደተኞች ስለሚገጥማቸው የስነ-ልቦና ጭንቀት፣ ማህበራዊ ድጋፍ እና መረጋጋት ላይ የሁለተኛ ዲግሪ መመሪያ ፅሁፌን እየሰራሁ እገኛለሁ።

ቃለመጠይቁን በማጠናቀቅ በግምት 45 ደቂቃዎችን ይወስዳል። ቃለ-መጠይቁን ለመመለስ በቅድሚያ የእርስዎ ፈቃደኝነት ወሳኝ ነው። በቃለ-መጠይቁ ጊዜ ማስታወሻ ይወሰዳል፤ የድምፅ መቅጃ እጠቀማለሁ። መመለስ የማይፈልጋቸው ጥያቄዎች ካለ መመለስ ግዴታዎ አይደለም፤ መተው ይችላሉ። እንዲሁም ቃለ-መጠይቁን በማንኛውም ጊዜ የማቋረጥ ነፃ ፈቃድ አለዎት።

በዚህ ጥናት የተገኙት ሁሉም መረጃዎች በጥብቅ ሚስጥር ይያዛል።

በመጨረሻም እኔ (ተመራማሪ) በእያንዳንዱ ጥያቄ እውነተኛ ምላሽዎን እንዲሰጡ በአክብሮት እጠይቃለሁ። ምክንያቱም በዚህ ምርምር ስኬት የእርስዎ እውነተኛ ምላሾች ትልቅ ዋጋ አላቸው። ለትብብርዎ እና ለትክክለኛ ምላሽዎ በቅድሚያ አመሰግናለሁ።

የፈቃድ መሙያ መግለጫውን ተረድቼ በፈቃደኝነት የጥናቱ ተሳታፊ ለመሆን ተስማምቻለሁ።

የጥናቱ ተሳታፊ ስም፡- _____ ፊርማ፡- _____ ቀን፡- _____

ቃለ-መጠይቁን ያደረገው ተመራማሪ፡- ማህሌት አማራ ፊርማ፡- _____ ቀን፡- _____

ቃለ-መጠይቅ

አዲስ አበባ ዩንቨርስቲ

የትምህርትና ስነ-ባህሪ ጥናቶች ኮሌጅ የሳይኮሎጂ ትምህርት ቤት

ለአለም ዋጭ የስደተኞች ካምፕ ሠራተኞች የተዘጋጀ ቃለ-መጠይቅ

1. በስደተኞች ላይ የስነ-ልቦና ጭንቀት ከምን የተነሳ ይመጣል ብለው ያስባሉ? ዋና ዋና መንስኤዎችን ዘርዝሩ
2. የስነ-ልቦና ጭንቀት ለገጠማቸው ሰዎች ስነ-ልቦና ድጋፍ አገልግሎት አለ? ይህን አገልግሎት የሚሰጡ ባለሙያዎች አለ? ካለ አገልግሎቱ ምን ይመስላል?
3. የስነ-ልቦና ጭንቀትን ለመቀነስ በካምፕ ውስጥ የሚኖሩ ስደተኞች በተናጠል (በግለሰብ) እና በጋራ (በማህበረሰብ ደረጃ) የሚወስዱት/የሚሰጣቸው መፍትሄዎች ካለ ዘርዝሩ
4. በስደተኞች ላይ ያለውን የስነ-ልቦና መረጋጋትን ለመጨመር በዋናነት ምን አይነት አገልግሎት ይሰጣል? በወንድ በሴት የተለየ አለ ወይ?
5. አገልግሎቱን የሚሰጡ ድርጅቶች አለ? ካለ እና ማንናቸው? ምን አይነት አገልግሎት ይሰጣሉ?
6. በካምፕ ውስጥ ምን አይነት የማህበረሰብ ድጋፍ አለ? ያመጣውስ ውጤት/ለውጥ ምንድነው?
7. ይህንን የማህበረሰብ ድጋፍ አገልግሎት የሚያስተባብሩ ባለሙያዎች አሉ? ካሉ አገልግሎቱ ምን ይመስላል?
8. ስደተኞች አሁን ላይ እያጋጠማቸው ያሉት ዋና ዋና ችግሮች ምንድንናቸው?
9. ችግሮቹን ለመፍታት እየተደረጉ ያሉ ጥረቶች ምንድንናቸው?
10. ስደተኞቹ ከአካባቢው ነባር ነዋሪዎች ጋር ያላቸው ማህበራዊ መስተጋብር ምን ይመስላል
11. በስደተኞች ውስጥ ያለው የስነ-ልቦና ጭንቀት, ማህበራዊ ድጋፍ እና መረጋጋት ተያያዥነት አለው ብለው ያምናሉ? ይብራሩ።
12. በስደተኞች ውስጥ ያለውን የስነ-ልቦና ጭንቀት እና ማህበራዊ ችግርን በተቀናጀ መልኩ ለመፍታት ምን መደረግ አለበት?
13. ለቀጣይ እንደ ሀሳብ/አስተያየት የሚያነሱት ነገር ካለ?