**College of Education and Behavioral Sciences**

**Department of Psychology**

**Post-traumatic stress disorder, generalized anxiety disorder and associated factors among returnee women migrants from Middle East countries: The case of Jimma town.**

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**A Thesis Paper Submitted to the Department of Psychology in Partial Fulfillment of the Requirements for the Masters of Arts In Counseling Psychology.**

# Jimma University

## Postgraduate Studies

This *is* to certify that the thesis prepared by Mesfin Mekasha entitled post-traumatic stress disorder, generalized anxiety disorder and associated factors among women returnee migrants from Middle East, the case of Jimma town submitted to the department of psychology in partial fulfillment of the requirements for the masters in counseling psychology complies with the regulation of the university and meets the accepted standards with respect to the originality and quality

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## ACKNOWLEDGEMENTS

Firstly, I would like to express my deepest gratitude to My Advisor Mr. Kinde Getachew (Associate professor) and my co-adviser Mr. Teshome Tena for their brief advice and guidance. Secondly, my greatest appreciation is also extended for all participants of the study. Thirdly, I would like to thanks all my family and my friends who helped me in idea and financially during the study.

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**Abstract**

*The aim of the study was to investigate posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and associated factors among returnee migrant women from Middle East in Jimma town. A cross-sectional research design involving mixed method of both qualitative and quantitative (concurrent research design) was used. Using systematic random sampling 127 participants were selected for the study. The data was collected through closed and open-ended questionnaires containing standardized scales PTSD checklist civilian version, GAD 7 generalized anxiety disorder 7 scale, and interviews. Mean, SD, percentage, binary logistic regression, and multiple linear regressions were done for the quantitative data and data collected through interview was analyzed by using thematic analysis. The result of the study showed that prevalence of PTSD was 27.1 % (F= 32) and out of 118 a total of four respondents were had severe and 20 of them had moderate anxiety level and the binary logistic regression indicates that, socio demographic variable such as migration status p =.003, marital status p = .010 were significantly associated with PTSD. Possible factors such as exposed to psychological, sexual and physical abuse p = .001, exposed to worse or excessive working hours p = .018, restriction of freedom to movement and to contact family and friends p = .010, exposed to robberies in destination or during travel p = .013 and way of travel p= .007 were significantly associated with PTSD. Income (ß = .438, P = .005) and education level (ß = .2.492, P = .014), strongly and positively associated with level of GAD. The qualitative result also support that physical, sexual, and psychological abuses by employer were the major risk factors of PTSD among women returnee migrants. In general, the mental health and unemployment problems of returnee migrants need attention from government and NGOs those works on migrants.*

*Keywords: PTSD, GAD, Associated Factors.*

**Acronyms and Abbreviations**

- ✓ **APA-** American psychologist association

- ✓ **CMD**- Common mental disorder

- ✓ **DSM** – Diagnostic statistical manual for mental health

- ✓ **F-** Frequency

- ✓ **GAD** – Generalized anxiety disorder

- ✓ **IOM** – International organization for migration

- ✓ **PTSD** – Post traumatic stress disorder

- ✓ **WHO** – World health organization

- ✓ **PCL - C -** PTSD checklist civilian version

- ✓ **NGO –** Nongovernmental organization

- ✓ **SD -** Standard deviation

- ✓ **SPSS-** Statistical package for social science

# CHAPTER ONE

## 1. INTRODUCTION

### 1.1. BACKGROUND

Migration refers to the process in which people left their place of origin and adopt to live in other place or country (Khan, Alam, and Rehman, 2016). The process of migration involves separation from country of origin, family members and familiar customs, exposure to a new physical environment and navigation of unfamiliar cultural contexts (Ghanem, 2007, as cited in Atinkut, Wonde, Kassaw & Suleyimen, 2019). According to Gyeke (2013), ''Migration has a relationship with human growth and development across the life span, because migratory experiences could have positive or negative effects on the well-beings of migrants "(p.259).

Migrants may have exceptional and increased mental health needs resulting from different shameful, painful, or traumatic experiences that they might face during the process of migration and/or in the country of destination (Ayalew & Minaye, 2017).For instance, stresses involved in the immigration experience can cause or exacerbate mental health difficulties, including anxiety, depression, posttraumatic stress disorder (PTSD), substance abuse, suicidal ideation, and severe mental illness Ghanem, 2007, (as cited in Atinkut,et al,2019).

In addition, Bustamante, Cerqueira, Leclerc & Brietzke (2018) argued that, migration is associated with specific stressors, mainly related to the migratory experience and to the necessary process of acculturation occurring in adaptation to the host country. These major stressors have potential consequences in many areas, including mental health. For example, the prevalence of PTSD among migrants is very high (47%), especially among refugees, who experience it trauma at nearly twice the rate of PTSD among migrant workers.

As described in, Close, Kouvonen , Bosqui , Patel , O'Reilly , & Donnelly (2016) post-traumatic stress disorder prevalence in first generation migrants in general and refugee's/ asylum seekers ranged from 9 to 36 % compared with reported prevalence rates of 1 to 2 % in the general population.  Few studies presented anxiety prevalence rates in first generation migrants and there was wide variation in those that did, prevalence ranged from 4 to 40 % compared with reported prevalence of 5 % in the general population.

In addition , the study conducted in France to examine the prevalence of anxiety disorders associated with migration in the first, second and third-generation by comparing with natives, the result shows that, generalized anxiety disorder, prevalence rate was significantly higher among the whole sample of migrants(15.0% vs. 12.0%, OR = 1.24), as in each of the three generations, the result indicates high prevalence of generalized anxiety disorder among migrants when it compare with native residents (Pignon, et al.,2018).

In the case of Ethiopia according to figures from Ethiopia's ministry of labor and social affairs (2012), around 200,000 Ethiopian women migrated to the Middle East seeking employment in the domestic work industry using legal routes.  The number of women migrating using illegal routes are estimated to be double that figure, top destination countries in the Middle East are Saudi Arabia, United Arab Emirates, Kuwait, Lebanon, and more recently Sudan, which is usually used as transit country (Ketema, 2014).

As described in Jones (2014) migrants' travel experiences differ greatly according to whether they travel illegally or legally, as contract workers.  The illegal route is highly hazardous, with migrants exposed to potential abuse by brokers in route and then by gangs once they reach the Yemeni border.  For girls and women, the risks are higher still, given the present danger of sexual violence on the overland journey.

According to Gezie, Yalew, Gete, Azale, Brand, & Zeeb (2018) Ethiopian trafficked persons were highly likely to return with increased levels of mental health problems, namely anxiety, depression, and PTSD. Socio-demographic factors (sex, wealth index, social support) and trafficking related exposure variables (time spent in trafficking situation, restricted freedom, and history of detention) mediated by violence (physical, sexual, or both) were factors associated with mental health status.

In the other side, migration may benefit women through economic as well as socio-cultural empowerment. Unfortunately, the migration experience is not always safe for women migrant workers. Due to their dual vulnerability as migrants and women, they are still disproportionately affected by a variety of risks arising from their mobility. During every stage of their migratory experience, women migrant workers may be more exposed to human rights violations compared to their male counterparts (IOM, 2009).

Similarly, Bustamante, et al. (2018) illustrates that, women migrants are often subjected to specific risk factors for mental health problems, mainly related to exposure of stressful and traumatizing experiences, including racial discrimination, urban violence, abuse by law enforcement officers, forced removal or separation from their families, detention or reclusion, and/or deportation.

As described in Dunbeck & Przeworski (2015) Posttraumatic stress disorder (PTSD) is often thought of as the psychological disorder that is most commonly triggered by a trauma; other diagnoses such as generalized anxiety disorder (GAD) may also develop in response to a traumatic event. There is a high degree of co-morbidity between the two diagnoses and a significant degree of overlap in the symptoms of these disorders. Worry is a common experience

in both disorders, and numerous mechanisms of action have been proposed for worry in individuals who experience a traumatic event and develop either GAD or PTSD.

The study conducted on Ethiopian returnees migrant's from Middle East and South Africa by Habtamu, Minaye &Zeleke (2017) point out that, common mental disorders symptoms are prevalent among Ethiopian migrant returnees found 26.6%. Migration related factors such as less preparation for domestic work abroad, lack of awareness about the type of job they are supposed to do, low or no cross- cultural awareness and limited or no skill are important predictors of mental disorders in this population. Unable to fulfill aspirations and salary denial are also key risk factors for common mental disorders symptoms.

In addition, research has also revealed that many returnees had little knowledge of the challenges of migration before starting their journey and that it proved to be much more challenging than previously thought. This translates to 25 percent of returnees considering their migration a mistake (Kuschminder & Siegel, 2014). These challenges are particularly present for women who worked in the Middle East, and face social discrimination upon return based on the assumption that they have been exploited and sexually abused making them "not suitable marriage partners" (Regt &Tafesse, 2015).

As described in Amaya (2018) according to informants from Dire Dawa town returnee migrants from Middle East countries the process of integration to the new culture in Middle East and reintegration to their family back home after their return was very difficult. These migrants went to Middle East without having necessary skills such as like Arabic language and foreign food cooking skills.

### 1.2. Statement of the problem

Migration and the remittances it brings are increasingly vital to Ethiopia's economy and are significantly related to poverty reduction. However, given the recent explosion of the 'maid trade', with up to 1,500 girls and women leaving Ethiopia each day to work as domestics in the Middle East, there is mounting concern about reports of these young women suffering physical, sexual and psychological abuse (Jones, 2017). Research also shows that, mental health and psychosocial distress are frequent among people who have faced adversity, such as exposure to abuse, exploitation, loss, displacement, and human trafficking. Returned migrants are the most vulnerable population for such adversities, especially when they work in under-regulated sectors such as domestic work entered through illegal migration (Minaye & Zeleke, 2015).

Ethiopian women migrated to the Middle East being pushed by economic challenges but returned with more complicated problems such as health crises (often mental illness but also kidney infection, gastritis and HIV), social problems (difficulty of adjustment after return with family and the community, lowered possibility of marriage associated with the culture, and more pressure to migrate again) and economic problems (inability to repay the debt they used to migrate) (Firew,2013 as cited in Minaye,2013).

The process of migration can lead to a whole spectrum of mental health disorders, e.g. psychoses, PTSD, common mental disorder (CMDs),eating disorders, suicidal acts, etc. (Bhugra, et al ,2013). The risk factors for PTSD and the distribution of stressful and traumatic events differ considerably among countries that receive and send migrants, creating a complex relationship (Atwoli, 2015, as cited in Bustamante, et al, 2018).

The study conducted in Amhara region shows that the general lifetime prevalence rate of post-traumatic stress disorder among migrant women's returnee from middle was 26.2 %(Atinkut, et al, 2019).  Furthermore, Tsutsumi, Izutsu, and Poudyal (2008) in Nipal reported a higher prevalence of PTSD (45%) among women migrants the finding of Atinkut (2019) was contradict with findings Tsutsumi, Izutsu, and Poudyal (2008).

In addition, as described in Habtamu, et al. (2017) The prevalence of common mental disorders (CMD) among migrant returnees from different Middle East countries and South Africa was found to be 27.6% (using a cut-off point of ≥8) The prevalence of CMD found in this study is higher than what has been reported in the general population in Ethiopia (both from rural and urban areas).  The prevalence rates reported in these studies range from 5 to 22%, although different cut-off values were used.  This suggests that migrant returnees are more likely to have symptoms related to CMD than the general population.

Migrants are often subjected to specific risk factors for mental health problems, mainly related to exposure of stressful and traumatizing experiences, including racial discrimination, urban violence, abuse by law enforcement officers, forced removal or separation from their families, detention or reclusion, and/or deportation (Bustamante, et al, 2018).

The impacts of migration on Ethiopian migrants' mental health constitute an under-studied phenomenon the key reason behind this phenomenon is a lack of professionals or researchers who have expertise in the field, lack of awareness, stigma related to mental health, and partly because of the low level attention given to it by actors in various flied (Zeleke, Minaye and Kygana, 2015).  Only very few studies conducted on migrants who returned to Ethiopia due to their illegal migration status in the Middle East have mainly focused on the socioeconomic

impact of the illegal migration rather than identifying the level of mental health problems (Minaye & Zeleke, 2015).

As described in Carter & Rohwerder (2016) Jimma is having been identified among the main locations from which Ethiopians have migrated to different countries.  In addition, according to Jimma town social affairs office data one hundred ninety-one (191) women migrant's returnee from Middle East counties and settled in Jimma town.  However, according to the researcher personal observation and experience with few returnee migrants from Middle East, the researcher noticed that they had psychological disturbance due to their past Middle East experiences.  Even if there are a few literatures concerning returnee migrants, the researcher could not find other studies conducted in relation to Posttraumatic stress disorder and generalized anxiety disorder among women returnee migrants from Middle East and settled in Jimma town.

To this end, the researcher will aim to investigate the prevalence and associated factors of posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD) and associated factors among women's returnee migrants from Middle East countries in Jimma town.

In line with this, the current study attempted to answer the following basic research questions:

1.  What is the prevalence of posttraumatic stress disorder (PTSD) among migrant women's returnees from Middle East countries in Jimma town?

2.  What is the prevalence of generalized anxiety disorder (GAD) among migrant women's returnees from Middle East countries in Jimma town?

3.  Is there any statistically significant difference in experiencing PTSD and GAD across returnees' age, current employment status, educational status, income, types of abuse they face, the way they travel (legal or illegal), duration after they return?

4. What are possible factors associated with PTSD among migrant women's returnees from Middle East countries?

5. To what extent demographic variables are associated with PTSD and GAD among migrant women's returnee from Middle East countries.

## 1.3.  Objectives of the study

### 1.3.1.  General objective

The general objective of the study is to investigate posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and associated factors among migrant women returnees from the Middle East countries, in Jimma town.

### 1.3.2.  Specific objectives

✓ To explore the prevalence of posttraumatic stress disorder among migrant women returnees from Middle East.

✓ To survey the prevalence of generalized anxiety disorder among migrant women returnees from Middle East country.

✓ To identify whether there is any statistically significant difference in experiencing PTSD and GAD across returnees' age, current employment status, educational status, and income.

✓ To distinguish possible factors associated with PTSD among migrant women returnees from Middle East countries.

✓ To determine the extent to which demographic variables are associated with PTSD and GAD among migrant women returnee from Middle East countries.

### 1.4. Significance of the study

The findings of this study will be significant for the following reasons. The finding can be providing important insights for women who would like to migrate to Middle East, their families, practitioners, policy makers. At practice level, the findings will be serving social institutions and NGOs those works on the well-being of women in general and returnee women from Middle East countries specifically, by providing information in relation to factors associated to PTSD and GAD among women returnee migrants from Middle East. In addition to the above importance, it will be helpful for the researcher in gaining more knowledge regarding the topic and Moreover, to contribute to the existing body of knowledge. The study will also help in informing the policy makers, actors in the system and researchers working in similar or related topics as their part of reference.

### 1.5. Delimitation of the study

The scope this study was limited on investigating prevalence, associated factors of PTSD and GAD among returnee women migrant from Middle East and settled in Jimma town.

### 1.6. Limitations of the study

There were a number of limitations in this research. All of the interviewed migrant returnees were traveled using legal routes migration in order to investigate their illegal routs travel experiences in-depth, using interview the researcher did not get voluntary returnee migrants for interview purpose those traveled by using illegal routs to Middle East. During the day of data collection, they might also have been respondents with other psychological problems such as substance related anxiety and other psychological disorders those, which had high co-morbidity with PTSD, and GAD may have influenced the results.

## 1.7. Operational definition of terms

**Returnee Migrants** - in context of this study women migrants returned from Middle East countries and settled in Jimma town.

**PTSD** - Posttraumatic stress disorder (PTSD) is diagnosed when people who have experienced a trauma persistently experience the traumatic event, avoid stimuli related to the event, and have symptoms of anxiety and hyper-arousal; these symptoms must persist for at least a month (American Psychiatric Association, 2000). In context of this study, respondents those score above 44 on PTSD PCL scale will be positive for PTSD.

**GAD** - Generalized anxiety disorder (GAD) is anxiety disorder characterized by chronic and persistent worry. This worry, which is multifocal (e.g., about finances, family, health, and the future), excessive, and difficult to control, is typically accompanied by other nonspecific psychological and physical symptoms (Stein & Sareen, 2015).

**Associated factors** - in the context of this research migrant's demographic characteristics such as, educational level, age, destination country, migration status duration after they returnee and income is considered as associated variables.

**Possible factors -** in the context of this research migrant's experience such as limitations on freedom of movement, excessive working hours, being arrested, confiscation of documents, withholding of salary , abuse by employer and way of travel legal or illegal was possible factors for PTSD and GAD among returnee migrants women.

## 1.8. Variables of the study

### 1.8.1. Independent variables

Socio demographic variables such as age , marital status , educational status , migration status , current income , duration in the middle east ,duration after returnee and possible factors such as way of travel using legal routs or illegal routs , abused or not abused , exposed to worse working hours and excessive working hours ,restriction food access , exposed to robberies were the  independent variables of the study.

### 1.8.2. Dependent variables

Posttraumatic stress disorder (PTSD) and generalized anxiety disorder (GAD).

**CHAPTER TWO**

**2.  REVIEW OF LITERATURE**

**2.1.    Definition of Posttraumatic stress disorder (PTSD)**

Posttraumatic stress disorder (PTSD) is diagnosed when people who have experienced a trauma persistently re-experience the traumatic event, avoid stimuli related to the event, and have symptoms of anxiety and hyperactive arousal; these symptoms must persist for at least a month (APA, 2000).  Rosenberg & Kosslyn (2010) states that "Posttraumatic stress disorder (PTSD) the anxiety disorder that arises a month or more after a traumatic event and that involves a persistent re-experiencing of the event, avoiding stimuli related to the event, and symptoms of anxiety and hyper-arousal that persist for at least a month'' (p.314).

In related with prevalence of PTSD was estimated between 2-15%, according to population based studies, whereas this prevalence was reported to be between 3-58% in the risk groups.  It is also reported that trauma caused by humans have greater negative effects on mental health (Yasin, et al., 2008).  According to the landmark national women's study reported in 1993, the rate of women having PTSD in their lifetime is 12.3% an estimated 11.8 million women and at any one point in time, 4.6% of women meet diagnostic criteria for PTSD (Julia, et al., 2009).

**2.2.    Migration and posttraumatic stress disorder**

Migrants are often subjected to specific risk factors for mental health problems, mainly related to exposure of stressful and traumatizing experiences, including racial discrimination, urban violence, abuse by law enforcement officers, forced removal or separation from their families, detention or reclusion, and/or deportation.  Stress and trauma have been robustly

associated with risks for mental disorders, including but not limited to posttraumatic stress disorder (PTSD), major depressive disorder, psychosis, and suicide (Bustamante, et al., 2018).

Women currently account for nearly 50% of all migrants worldwide (Simkhada et al., 2018).According world health organization (2018) report women and girls encounter different opportunities and challenges at some stage in migration, as well as a range of limiting or enabling factors in both the origin and host countries.

As described in Zahid, et al., 2002, & 2004 (as cited in Zeleke, 2015) Women who migrated to the Middle East as domestic workers were two to five times more likely to experience mental health illness from than other females in the native population.  They also often work in different sectors from men (and boys) sometimes under conditions that can be very isolating such as in household work and care sectors and are therefore exposed to different risks in the migration process compared to men ,such risks include: exploitation; higher risk of trafficking; forced sexual labor and sexual assault leading to adverse reproductive and sexual health consequences; gender-based discrimination that is sometimes exacerbated by racial and ethnic prejudices; and predisposition to a range of human rights abuses by virtue of their gender. All the above leaves and impact on their health and well-being (WHO, 2018).

In the case of Ethiopia as described in Zeleke (2018) over the past five decades, Ethiopia has witnessed various types of migration waves.  For much of this time, political instability coupled with economic push factors have been the leading drivers of migration for hundreds of thousands of Ethiopians leaving the country.  For instance, according to figures from Ethiopia's ministry of labor and social affairs (2012), around 200,000 Ethiopian women migrated to the Middle East seeking employment in the domestic work industry using legal routes, the number of women migrating using illegal routes are estimated to be double that figure, top

destination countries in the Middle East are Saudi Arabia, United Arab Emirates, Kuwait, Lebanon, and more recently Sudan, which is usually used as transit country (Ketema, 2014).

As described by Temin et al., (2013) migrant and refugee women and girls may experience violence at all stages of the migration process, whether at home or in the community. Gender-based violence or conflict related sexual violence may force women and girls to migrate, and they may be subject to violence during transit (e.g. at refugee camps) or at their destination (e.g. by an employer), (Temin, et al., 2013 as cited in Neil, Fleury &Foresti, 2016). Research says the instances of mental health and psychosocial problems are much more frequent among people who have faced adversity, such as exposure to abuse, human trafficking, and "unsafe immigration (Zeleke, Minaye &Kygana, 2015).

The case study conducted on deportation experience of Ethiopian women who returned from Kingdom of Saudi Arabia shows that, poor working condition, low pay, religious conflict, lack of access to health services, sexual, emotional and physical abuse, denial of salary, suffering from deprivation of food and restricted from movement are the main experience of the deported returnees in the destination country (Feraw, 2015).

In the other hand, most Ethiopian women who migrate to Middle East countries such like Saudi Arabia are unmarried Muslim women who have finished at least some years of secondary education and they are often coming from rural areas and intend to help their families back home (Fernandez, 2010). Those who migrated via regular channels sometimes attended a short pre-departure training at the MOLSA in Addis Ababa, these trainings cover legal rights, the content and terms of employment contracts and information on whom to contact in case of problems (Regt & Tafesse, 2015).

The study conducted in Amhara Region, South Wollo Zone, on the returnees and those who are in the process of migration shows that, the prevalence of mental distress was elevated among the returnees, some variables namely age and religion were having significant impact on mental distress. Independent sample t-test indicated that there was significant deference between the two groups in the experiences of both neurosis and psychosis (Ayalew, 2016).

In addition to the above, according to Habtamu, et al. (2017) finding the prevalence of common mental disorders among Ethiopian migrant returnees was found to be 27.6%. Highly prevalent specific common mental disorder symptoms included headaches, poor appetite, being tired, sleeping problems, and feeling unhappy or nervous are among the major symptoms of common mental disorder among returnee migrants. As associated factor being originally from Amahara and Oromia regions, being Christian, being divorced, not receiving salary on time, not being able to contact family, unable to prepare for domestic labor abroad, lack of cross- cultural awareness, and lack of knowledge and skills for work were all important risk factors for CMD.

As described in Animaw (2011) in Ethiopia, many women that migrate for employment as domestic workers ended up being trafficked into forced labor and exploitation in Middle East countries, among the female migrants in Ethiopia, 53.6 per cent of the migrants are between 19 and 25 years of age; about 30.3 per cent are between the age group 25– 30 . This indicates that most of the women migrants are within the reproductive age group in which they are forced to spend this age in the country of destination. The prevalence of migration is very high in Addis Ababa, Adama, Diredawa, Shashemene, Jimma, and Dessie, while it is relatively low in Mekelle, Bahirdar, and Hawassa (Animaw, 2011 as cited in Abitew, 2015).

## 2.3.    Factors associated with post traumatic stress disorder among migrants

As described in Berry, (1980) the process of migration has been described as occurring in broadly three stages.  The first stage is pre-migration, involving the decision and preparation to move.  The second stage, migration, is the physical relocation of individuals from one location to another.  The third stage, post-migration, is defined as the "absorption of the immigrant within the social and cultural framework of the new society."  Social and cultural rules and new roles may be learnt at this stage (Berry, 1980, 2008, as cited in Bhugra et al., 2011).

According Coid et al., (2008) the higher rates of mental disorders in immigrant women are attributed to post-migration stressors like lack of social support, family and cultural conflict, unemployment, acculturative stress, and discrimination, which are also risk factors for depression and anxiety disorders (Coid et al., 2008; Hollander et al., 2013; as cited in Yusuf ,2015).The initial stage of migration may have comparatively lower rates of mental illness and health problems than the latter stages, due to the younger age at that stage, and the problems with acculturation and the potential discrepancy between attainment of goals and actual achievement in the latter stages . It is worth noting that the stages are often not discrete and merge into one another (Bhugra et al., 2011).

According to Bhugra, et al., (2011) during the stages of migration, there may be factors that predispose individuals to mental disorders or psychological disorder.  Pre-migration factors include the personality structure of an individual, forced migration, and persecution, among others.  Migration factors include cultural bereavement, culture shock, a discrepancy between expectations and achievement, and acceptance by the new nation are potential post-migration factors   for the development of psychological disorder.

Posttraumatic stress disorder (PTSD) is often thought of as the psychological disorder that is most commonly triggered by a trauma (Dunbeck & Przeworski, 2015). Research also shows that most of Ethiopian women's migrated to the Middle East countries are exposed to traumatic event and abuse, the research conducted by (Minaye & Zeleke,2015) on experience of returnee migrants, the result shows that ,57% of the migrants experienced more than one form of exploitation and abuse and 43% reported to have faced one form of abuse and exploitation. employers screamed at the employees, they were burdened with much household chores; they were forced to work in the employers' relative's household, they suffered from sleep deprivation and sleep disorder, they were not given time for rest, they were denied food, physical safety and health care, they suffered from beating, emotional abuse, and sexual abuse/rape, All these led to mental illness.

As contributing factors for PTSD, limitations on freedom of movement, enforced cultural isolation, verbal and sexual abuse, excessive working hours, being arrested, confiscation of documents, withholding of wage and life threatening trial were highly reported problems (Atinkut, et al., 2019).

As illustrated in Gezie, et al., (2018) demographic background such as (sex, wealth index, social support, history of detention, restricted freedom of movement, and time spent in trafficking situation), one mediator variable (violence), and the three endogenous variables highly associated in the development of (GAD, PTSD, and Depression) among migrants.

### 2.4.  Generalized anxiety disorder

Generalized anxiety disorder (GAD) is the most common anxiety disorder in the general population and has been associated with high economic and human burden (Remes, Wainwright, Surtees, Lafortune, Khaw & Brayne2018).  The study also shows that the major challenges the migrants face are: sexual harassment; physical damage; psychological damage and loss of health condition; returning before finishing contractual time that may put the families in additional crisis; loss of hope, being in frustration by workload; refuse to get vacation and refuse to pay their salaries and lack of freedom of movements are among the major burdens deported by returnee migrants (Gurmu, 2013).

In addition as described in Atinkut et al., (2019 ) life threatening trial were highly reported problem among returnee women migrants from Middle East countries .  Research also support that in clinical practice, GAD is often seen after stressful events that are perceived as threatening (Vicar, 2008)

For instance, the study conducted in France to examine the prevalence of anxiety disorders associated with migration in the first-, second- and third-generation by comparing with natives, showed that generalized anxiety disorder, prevalence rate was significantly higher among the whole sample of migrants (15.0% vs. 12.0%, OR = 1.24), as in each of the three generations, the result indicates high prevalence generalized anxiety disorder among migrants when it compares with native residents (Pignon, et al.,2018). The study conducted by Gizie, et al., (2018).  On 1387 Ethiopian returnee migrants shows that, history of detention had a positive total effect on GAD (total $\beta = 1.380$, 95% CI 1.074–1.687) and PTSD (total $\beta = 15.63$, 95% CI 13.708–17.545), and direct positive effect on depression ($\beta = 0.89$, 95% CI 0.65–1.13).

## 2.5. Factors contributing to GAD among women

According to Stein and Sareen (2015), well-established risk factors for generalized anxiety disorder include female sex, low socioeconomic status, and exposure to childhood adversity (e.g., physical or sexual abuse, neglect, and parental problems with intimate-partner violence, alcoholism, and drug use). Recent evidence suggests that exposure to physical punishment in childhood is associated with an increased risk of generalized anxiety disorder in adult hood. However, these risk factors are nonspecific and can be associated with risks of other anxiety and mood disorders. Studies involving twins have shown evidence of a moderate genetic risk of generalized anxiety disorder, with heritability estimated at between 15 and 20%.13(p.260). The study conducted in Ethiopia returnee migrant shows that history of detention had a positive total effect on GAD (total $\beta = 1.380$, 95% CI 1.074–1.687) (Habtamu et al., 2018).

## 2.6. DSM V, risk and prognostic factors of generalized anxiety disorder

DSM V (20013) illustrated the flowing as a risk and Prognostic factors of generalized anxiety disorder:

**Temperamental -** Behavioral inhibition, negative affectivity (neuroticism), and harm avoidance have been associated with generalized anxiety disorder.

**Environmental** - Although childhood adversities and parental overprotection have been associated with generalized anxiety disorder, no environmental factors have been identified as specific to generalized anxiety disorder, necessary or sufficient for making the diagnosis.

**Genetic and physiological -** One-third of the risk of experiencing generalized anxiety disorder is genetic, and these genetic factors overlap with the risk of neuroticism and are

shared with other anxiety and mood disorders, particularly major depressive disorder .(p.224).

## 2.7.    Functional consequences of generalized anxiety disorder

As described in DSM V (2013) "Excessive worrying impairs the individual's capacity to do things quickly and efficiently, whether at home or at work.  The worrying takes time and energy; the associated symptoms of muscle tension and feeling keyed up or on edge, tiredness, difficulty concentrating, and disturbed sleep contribute to the impairment.  Importantly the excessive worrying may impair the ability of individuals with generalized anxiety disorder to encourage confidence in their children.  Generalized anxiety disorder is associated with significant disabilisty and distress that is independent of co morbid disorders, and most non-institutionalized adults with the disorder are moderately to seriously disable.  Generalized anxiety disorder accounts for 110 million disability days per annual in the U.S. population '' (p.225).

## 2.8.    Overview of return migration

According to Gmelch (1980), "Return migration is defined as the movement of emigrants back to their homelands to resettle.  Migrants returning for a vacation or an extended visit without the intention of remaining at home are generally not defined as return migrants, though in some settings it is difficult to distinguish analytically the migrants returning home for a short visit or seasonally from those who have returned permanently"  (Gmelch 1980 as cited in Kuschminder, 2013,p.10).

There are various types of returnees, which include deportees, returnees with health and other problems and volunteer returnees (Abera, 2014). Migrants returning temporarily or permanently bring needed skills to their home countries. Programs that identify migrants with specific skills needed by their home countries and facilitate return and reintegration contribute to economic development, as does support for return migrants who plan to open small businesses upon reintegration. The skills may be needed for economic development, but they may also be required to help move the source country towards greater democratization and respect for human rights (Martin, 2003). However in Ethiopian returnee women migrants from middle east context bringing needed skills and economic development contribution for their country is a smaller amount, rather than that as described in (Mesfin, 2011) returning migrant workers often come back home after having faced severe abuses, traumatic situations or other serious events. A number of returning migrants attempt to reintegrate into society on their own, however, there are no means to follow-up or verify the rate of success in reintegration.

As described in Abera (2014) almost all of the returnees from the Middle East look very exhausted with a very calm look and obviously unhappy about something. Most of them site and worry a lot which includes crying a lot, shouting and unwilling to leave the terminal. Some returnees show excessive psychological depression and with a serious trauma and mental health problems.

## 2.9.    Causes of migration

As described in Martin &Herzberg (2014) factors influence whether adolescent and young women will migrate internationally.  For all women, drivers of migration may be found at the individual, familial and societal levels, the interplay between personal and societal factors is particularly important in explaining cross-border movements of adolescent and young women. As girls enter adolescence, not only the interests of the individual and family but also the broader society define expectations about their future responsibilities.

According to Zeleke (2018) finding the process of migration was largely initiated by the migrants themselves (64%), followed by Friends (20%) and family (14%).  In addition the study conducted in Amahara region among returnee migrants from Middle East revealed that, to improve personal and family life situation, poverty and poor life situation of the families, to search for better life and better paying job, failure to succeed in educational endeavors, unemployment, to get initial capital to start a business, peer and family pressure, success of others and failed marriage were highly reported factors for migration to the Middle East (Zewidu, et al.,2019).

In the other hand, as described in Mulugeta and Makonnen (2017) the role of returnee migrants was found to be one of the vital driving factors for the expansion of cross-border illicit migration from Ethiopia.  According to some interviewees, returning migrants were creating false impressions to potential migrants and their families.  They underplay the challenges and exaggerate the opportunities in destination areas.  They tend to hide the other side of the story: the risky travels, labor abuses, sexual assault, insufficient payment and beating. They talk about the neatness of cities, multistory skyscrapers, transpiration and housing facilities, the varieties

and quality of dish, and above all the money they make abroad.  These, together with other push

factors, activate the youth to go abroad and long for grasping the dream opportunity (p.62).

# CHAPTER THREE

## 3. RESEARCH METHODOLOGY

### 3.1. Research design

In order to answer the research questions, cross-sectional research design involving mixed method qualitative and quantitative (concurrent research design) was used. The purpose of a convergent (or parallel or concurrent) mixed methods design is to simultaneously collect both quantitative and qualitative data, merge the data, and use the results to understand a research problem (Creswell, 2012). Cross-sectional research design is considered mainly for the reason that it was enabling the current researcher to conduct a survey of study at once for a group of respondents (Leary, 2001). Specifically, the cross-sectional survey was used to investigate the status of PTSD and GAD together with respondents' demographic information of participants and its associated variables with PTSD and GAD among returnee migrant.

### 3.2. Study area

The study was conducted in Jimma town, which is located to the west of Addis Ababa at a distance of 350 kilometers. According the federal democratic republic of Ethiopia central statistical agency statistical report (2012) Jimma town had an estimated population of 106,414. As described in Carter & Rohwerder (2016) Jimma is having been identified among the main locations from which Ethiopians have migrated to different countries.

### 3.3. Target population

The target populations of the study were Jimma town returnee migrant women from Middle-East countries. According to social affairs office of Jimma town, the total number of returnee migrant women from Middle-East countries is one hundred ninety-one (191). Thus, all of the returnee migrants were the target population of the study.

### 3.4. Sample and sampling techniques

To comply with the objectives of this study, probability-sampling technique was used. To select participants from the study population, specifically, systematic random sampling method was used, this procedure ensures that all participants have an equal chance of being selected or not be selected. The researcher arranged the list of returnees obtained from Jimma town social affairs assigns a number to every element, and select the participants by two intervals repeatedly until the expected sample size is obtained. To determine the number of participants for study Krejcie & Morgan (1970) sample size table was used. Accordingly, 127 participants were taken for the quantitative study. In addition eight respondents were selected for the interview by using non-probability sampling technique particularly convenience sampling technique.

Formula used to determine the sample size was, $s = x^2\ NP\ (1\text{-}P) \div d^2\ (N-1) + x^2\ P\ (1-P)$

$s$ = required sample size.

$x^2$ = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

$N$ = the population size.

$P$ = the population proportion (assumed to be .50 since this would provide the maximum sample size).

$d$ = the degree of accuracy expressed as a proportion (.05).

## 3.5. Tools of data collection

The data was collected mainly through self-developed close ended and open-ended questionnaires, PTSD checklist (PCL-C) and GAD 7 scale, and interview guide.

**PTSD checklist (PCL- C)**

To investigate the status of post-traumatic stress disorder, PTSD checklist civilian version (PCL-C) was administered. PCL-C was developed, by Frank Weathers and his colleagues at VA National Center for PTSD in 1993 (VA National Center for PTSD, 2012). PCL is a standardized self-report rating scale comprising 17 items that correspond to the key symptoms of PTSD and respondents indicate how much they have been bothered by a symptom over the past month using point (1–5) scale, circling their responses. Responses range from 1 not at all up to 5 extremely. Regarding to its scoring system, a total score of 44 is considered PTSD positive for the general population (civilian), while a total score of 50 is considered PTSD positive in military populations. The PCL showed a sensitivity of .97 and a specificity of 0.87, Test-retest reliability (0.96) (Blanchard, et al., 1996, as cited in, Girma, Fikadu & Bekuma, 2018).

**Generalized anxiety disorder scale (GAD 7 scale)**

To measure generalized anxiety disorder GAD 7 scale that developed by Spitzer, Williams & Kroenke in (2006) was used. GAD 7 scale contains 7 self- administered items and respondents indicate how often they been bothered over the last 2 weeks. The scoring system ranges from 0-3. A total score of 5 indicate mild anxiety, total score of 10 indicates moderate anxiety and total score of 15 indicates sever anxiety. Regarding the validity and reliability, evidence supports validity of GAD-7 scale as a measure of anxiety in the general population. The

GAD-7 scale is a valid and efficient tool for screening for generalized anxiety disorder and assessing its severity in clinical practice and research (Spitzer, Williams & Kroenke in, 2006).

Both GAD and a PTSD inventory tool was translated to a local language Afan Oromo and Amharic. In order to secure, the validity of the test then translated back to English, tools. Here, the researcher was consult linguistic experts from Jimma university for their advice based on their suggestion some translation modification was conducted. Besides, a both closed and open-ended questionnaire was administered to collect demographic information about the respondents.

**Interview guide**

In order to elicit detail responses and allow the researcher to get more information about the problem, interview guide was prepared. The interview guide was had seven open-ended questions. The set of interview questions was focus on the challenges and experience that face women migrant in destination and after they return.

## 3.6. Pilot study

Before conducting the main survey pilot study were conducted on 30 participants who are not the target population, returned women migrants returned from middle east and settled in Agaro town because, it is always advisable to conduct 'pilot study' (Pilot Survey) for testing the questionnaires and the reliabilities of the tools (Kothari, 2004), Pilot survey is in fact the replicate and rehearsal of the main survey. Such a survey, being conducted by experts, brings to the light the weaknesses (if any) of the questionnaires and of the survey techniques.

Accordingly, during the pilot study, the reliabilities of the tools were found to be 0.88 PTSD Amharic version and Afan Oromo version and 0.86 the reliabilities of the tools were found to be GAD,0.89 and 0.87 for Amharic version and Afan Oromo version respectively. In

addition, from the experience gained in this way, improvement was made on the contents of the questioners or vague questions. For instance, the socio demographic variables asked respondents about age when living Ethiopia for the first time replaced by current age duet to most pilot study participant's responds contradicted age with their current age, duration in Middle East and duration after returned.

## 3.7. Procedure of data collection

As the preliminary procedure to conduct survey of the participants, the researchers was contact Jimma town social Affairs office and explain the aim the research project to collect information about the returnees. As per the information from the office, the total numbers of women migrant returnees from middle-east countries are 191. After the participants of the study were identified, based on the address information gathered from Jimma town social Affairs office, the data collectors was contact the participants for the study. In addition, data collectors was given an orientation; about the objectives of the study and how to explain the aim of the research for participants, ethical issues how to administer the instruments and soon they get familiarized with all the instruments and was able to come up with the required data.

## 3.8. Methods of data analysis

Data that was collected via PTSD, GAD inventory tools and questioners was analyzed using Statistical Package of Social Sciences (SPSS) version 25. Descriptive statics such as percentage, mean value, and standard deviation was used to analyze the prevalence of PTSD, GAD and demographic information of the participants. To identify whether there is any statistically significant relationship in experiencing PTSD and GAD across returnees', age, current employment status, educational status, income, migration status, the way they travel (legal or illegal) Binary logistic regressions was conducted. In order to analyze to what extent

demographic variables are associated with GAD, multiple linear regression was used. In addition, the data collected by open-ended questioners and interview was analyzed by using direct quotation and thematic analysis.

### 3.9.    Ethical considerations

During data collection, the researcher was followed all APA research ethical consideration. Among others, the participants were informed about the research aim, process, and secure their consent. Likewise, the purpose of the study and its benefit to the society were explained to participants. Research participants were provided with sufficient information in order to make a fully informed decision on whether to take part. At the end, the researcher was ensuring in protecting the collected information from participants in the respect to its confidentiality. After accomplished of the analysis the finding of this study the will be disseminated for concerned body or Jimma town social affairs office.

## CHAPTER FOUR

## 4. RESULTS OF THE STUDY

## 4.1. Description of the socio- demographic characteristics of respondents

The total numbers of the distributed questionnaires were 127 and out of these 118 were filled completely and consistently with a response rate of 92.9%. Among the total respondents who filled the questionnaire 44.9 % (f= 53) were between age 22-26, 39% (f=46) were between 27 – 31 age 13.6 %, (f= 16) were between 32- 36 age and 2.5%, (f=3) were between 37- 42 age. The minimum and maximum ages of respondents were 22 and 42 respectively and the mean age of respondents were 27.64 with a standard deviation of 4.031. In relation to marital status of respondents, 65.3 % (f=77) of respondents was single and 34.7 % (f=41) were married. With regard to educational level, 5.9% (f= 7) could read and write, 30.5 % (f=36) had found to be elementary level, 43% (f= 51) (were high school complete, and 20% (f=20) were college or diploma level. Concerning migration status in the Middle East participants 41 .5 % (f= 49) were documented or legal and 58.5 % (f= 69) were undocumented or illegal.

With regard to current employment status, 65.3 % (f= 77) of respondents were currently unemployed and 34.7% (f=41) of respondents were currently employed. With regard to current monthly income 20.3 % (f= 24) respondents earn between 1500-400 ETB monthly incomes, 11% (f= 13) earn between 4100-8000 ETB monthly income, and 2.5% (f=3) earn above 8100 ETB monthly income and the rest 66.1 % (f=78) of respondents have no income or live with support from family and others.

**Table 1  Socio demographic characteristics of respondents**

| No | Variable | Frequency | Percentage |
|----|----------|-----------|------------|
| 1 | **Age** | | |
| | Between 22 - 26 | 53 | 44.9 |
| | Between 27 - 31 years old | 46 | 39.0 |
| | Between 32- 36 years old | 16 | 13.6 |
| | Between 37 - 42 years old | 3 | 2.5 |
| 2 | **Marital status** | | |
| | Single | 77 | 65.3 |
| | Married | 41 | 34.7 |
| 3 | **Migration status** | | |
| | Illegal | 69 | 58.5 |
| | Legal | 49 | 41.5 |
| 4 | **Current income** | | |
| | No income | 78 | 66.1 |
| | Between 1500-4000 ETB | 24 | 20.3 |
| | Between 4100-8000 ETB | 13 | 11.0 |
| | Between 8100-12000 ETB | 3 | 2.5 |
| 5 | **Employment  status** | | |
| | Unemployed | 77 | 65.3 |
| | Employed | 41 | 34.7 |
| 6 | **Educational status** | | |
| | Read and write only | 7 | 5.9 |
| | Elementary | 36 | 30.5 |
| | High school | 51 | 43.2 |
| | Diploma/college | 24 | 20.3 |
| 7 | **Total** | 118 | 100.0 |

### 4.1.1.  Duration of respondents in the Middle East and after returned

With regards of duration of respondents in the Middle East 14.4% (f= 17) of respondents stayed in Middle East between 1- 3 years, 62 7.7% (f= 74) stayed in middle between 4-6 years and 22.9% (f= 27) respondents stayed above 6 years.  The mean duration of respondents in Middle East was 3.67 with standard deviation of 1.931, the minimum duration year of respondents was 1 year, and the maximum were 11 years.  When we look upon respondent's duration after returnee from Middle East, 72.9 % (f= 86) were stayed between 1 – 2 years 25.4% (f=30) were between 3 - 4 years and 1.7% (f= 2) was above 4 year.  The mean duration of

respondents was 2.19 with standard deviation of 1.099; in addition, the minimum and maximum duration of respondents after returnee was 1 and 6 years respectively.

**Table 2 Duration of respondents in Middle East**

| | Variable | Frequency | Percentage |
|---|---|---|---|
| 1 | **Duration after returnee** | | |
| | Between 1 year -2 | 86 | 72.9 |
| | Between 3 year -4 | 30 | 25.4 |
| | Above 4 year | 2 | 1.7 |
| 2 | **Duration of in middle** | | |
| | **east** | 17 | 14.4 |
| | Between 1- 3 years | 74 | 62.7 |
| | Between 4- 6 years | 27 | 22.9 |
| | Above 6 years | | |
| 3 | **Total** | 118 | 100 |

### 4.1.2. Destination countries of respondents in Middle East

According information gained from respondent's majority of returnee migrant's destination countries were Saudi Arabia (25.4 %), UAE, (22 %), Qatar (9.3%), Lebanon (11%), Kuwait (9%), and the reset migrant's returnee destination countries were, Oman (8.5%), Bahrain (6.8%), Yemen (3.4 %) and Jordan (4.2%).

### 4.2. Prevalence of PTSD among returnee migrants

In order to assess the general prevalence rate of Post Traumatic Stress Disorder PCL-C or PTSD checklist that contained 17 items was employed with cut point of 44 score and above as positive for PTSD. Depend up on this Out of 118 participants of the study 27.1 % (f= 32) of them screened positive for PTSD. The reset 72.8 % (f= 86) respondents screened negative for PTSD. This indicates that the overall prevalence of PTSD among women returnee migrants from Middle East settled in Jimma town and participated in this study was 27.1 % (f= 32).

**Table 3 prevalence of PTSD among participants**

| No | PTSD | Frequency | Percentage |
|----|----------|-----------|------------|
| 1 | Negative | 86 | 72.9 |
| 2 | Positive | 32 | 27.1 |
| 3 | Total | 118 | 100 |

## 4.3.    Prevalence of GAD among returnee migrants

In order to assess the general prevalence of generalized anxiety disorder among women returnee migrants GAD 7 scale generalized anxiety disorder test was used with cutoff point 0-4 minimal anxiety, 5-9 mild anxiety , 10-14 moderate anxiety and  15-21 severe anxiety .  In respect of this out of 118 returnee migrant women from Middle East settled in Jimma town and participated in this study, 33 % (f= 33) experienced minimal anxiety, 51.7 % ( f= 61) had mild anxiety, 16.9% (f= 20) had moderate anxiety and 3.4 % ( f= 4) had severe anxiety.

**Table. 4: Prevalence of generalized anxiety disorder among respondents**

| No | GAD 7 level | Frequency | Percent |
|----|------------------|-----------|---------|
| 1 | Minimal anxiety | 33 | 28.0 |
| 2 | Mild anxiety | 61 | 51.7 |
| 3 | Moderate anxiety | 20 | 16.9 |
| 4 | Severe anxiety | 4 | 3.4 |
|   | Total | 118 | 100.0 |

## 4.4.    Socio demographic variables associated with PTSD among returnee women migrants from Middle East

To identify the socio demographic variables that significantly associated with incidence of PTSD among returnee migrants, Binary logistic regression was conducted.  The binary regression omnibus test of model coefficient shows that Binary logistic model was statistically significant at (Chi –square = 25.549, P- value= < .001 with df =7) so it was appropriately fit for

the model data. The Cox & Snell R square and Nagelkerke R Square value were .195 and .282 respectively. The Hosmer – Lemeshow test result showed that, the chi - square value of 11.976 with P- value of .152. This indicates that P value is greater than 0.05 level depicts that there is no difference between the observed value and the predicted value and the predicted value and hence expected of the model value was fit the data at an acceptable level.

As shown in the table below the result of binary logistic regression analysis of showed that, socio demographic variable such as migration status (p= .003) and marital status of returnee migrants (p=.010) was statistically significantly associated with posttraumatic stress disorder. The migration status of returnee migrants showed strong relationship or association to PTSD. The odds ratio of 6.102 indicated that when we holding other variables constant those who had illegal migration status (un-documented) returnee migrants in the Middle East 6.102 times more likely to had PTSD than those who had legal migration status in Middle East. In addition, current marital status of respondents 4.808 odd ratio indicates that, those who are single 4.808 times more likely to have PTSD than married respondents. The rest of the variables did not predict PTSD significantly.

As indicated in below table migrants migration status had significantly associated with PTSD and similarly, the qualitative result shows that, having document or legal status reduces the risk of abuses, for instance, the one interviewed participants articulate her experiences as follows.

> *"When I first went to Saudi, I used a visitor's visa. After I got there [Saudi Arabia], I started working for a Saudi Arabian family living in Jidda. In the first few months, I had good relationship with my employer, but after she [the wife of a man who hired me] realized that my visitor visa was out of date and I had not prepared other options, she*

*began to abuse me physically and psychologically. She even stopped paying my salary*

*for one year. However, I was patient because I feared that if I went out of their house, I*

*would be arrested."*

**Table 5 Binary logistic regression - socio demographic variables and PTSD**

| Variables in the Equation | B | S.E. | Wald | Df | Sig. | Exp B | 95% C.I. for EXP(B) Lower | Upper |
|---|---|---|---|---|---|---|---|---|
| **Step 1ᵃ** | | | | | | | | |
| Education level | .181 | .291 | .389 | 1 | .533 | 1.199 | .678 | 2.119 |
| Duration in Middle East | -.061 | .130 | .219 | 1 | .640 | .941 | .729 | 1.214 |
| Marital status | 1.570 | .609 | 6.644 | 1 | .010 | 4.808 | 1.457 | 15.868 |
| Destination country | -.046 | .100 | .210 | 1 | .646 | .955 | .785 | 1.162 |
| Current income | .816 | .599 | 1.852 | 1 | .174 | 2.260 | .698 | 7.316 |
| Current employment status(1) | 1.475 | 1.030 | 2.049 | 1 | .152 | 4.371 | .580 | 32.939 |
| Migration status(1) | 1.809 | .606 | 8.910 | 1 | .003 | 6.102 | 1.861 | 20.011 |
| Constant | 4.760 | 1.567 | 9.228 | 1 | .002 | .009 | | |

## 4.5.  Possible factors associated with PTSD during migration and in destination among returnee migrants.

The Cox & Snell R square and Nagelkerke R Square value were .557 and .837 respectively.  The Hosmer – Lemeshow test result showed that, the chi – square value of 2.408.434 with P- value of .966 this indicates that P value is greater than 0.05 level depicts that there is no difference between the observed value and the predicted value and the predicted value and hence expected of the model value was fit the data at an acceptable level.

As can be seen from the binary logistic regression results in the table below being bothered by limitations of freedom to movement and restriction to contact family and friends in phone or physically (p=.010): exposed to robberies in destination or during travel (p=.013): way of travel to middle east (p=.007): exposed to physical, psychological, or sexual abuse during travel to Middle East or in destination (p=.001): imposed worse working conditions or excessive

working hours (p=.018): were significantly associated to PTSD among women returnee migrants from Middle East.

The odds ratio of 79.206 indicated that, migrants way of travel to Middle East when we holding other variables constant migrants travel using illegal routs to Middle East were 79.206 times more likely to had PTSD than those who traveled using legal routs to Middle East.

The odds ratio of 79.206 exposed to robberies in destination or during travel indicated that those who exposed to robberies 79.206 times to had PTSD than none exposed to robberies returnee migrants. Exposed to physical, psychological, or sexual abuse during travel to Middle East or in destination the odds ratio 156.339 of indicated that those exposed to physical, psychological, or sexual abuse in destination by their employer 156.339 times to had PTSD than other respondents.

Similarly, the qualitative result shows that exposed to physical, psychological, or sexual abuse by employer in destination country had significant impact on incidence of PTSD among returnee migrants for instance one interviewed participant express her experience in the Middle East as follows.

> *".When I was at Middle East I faced physical and verbal abuse by my employer repeatedly due to she suspected me as I had sexual relationship with her husband. as a result of that still now I had sleep disturbance and disturbing dreams of a stressful experience, I have Feeling of upset when something reminded me about my past stress full experience."*

However, variables like being been in imprisoned, employer confiscated their documents, employer withhold their wage, restriction accesses to food had not have significantly associated with PTSD among returnee women migrants except limitations on freedom of movement to contact friends and families in phone and physically with which had negative significant relationship PTSD among migrants.

The qualitative result shows that, most participants also expressed their challenges while working in Middle East, especially when they were burdened with workload of other household other than the one they gave their consent, they were forced to work without their agreement and without additional payment for additional job. The following response of a returnee illustrates instances challenges she experienced at her employers' house.

*"I was working whatever they commanded me including washing clothes, cleaning house, cooking foods and providing care for children. However, things changed dramatically after the son of my employer got married and begun his new life near his family's house. After that, I was required to work additionally at his house. Due to these, I was forced to work for long working hours without rest and got so tired. Regardless of this, I only told my employers once about the situation and she promised me the situation would only continue until her married son got another housemaid. Nevertheless, she did not keep her promise. She even began blaming me when I asked her about this situation."*

It appears that the employers were forcing the worker to do additional job other than the job they were hired to do as a regular job. Besides, they were not given additional payment when required to accomplish beyond their job agreement. They were even subjected to verbal abuses from their employers when they demand their right.

**Table 6 Binary regression model SPSS output for possible associated factors with PTSD**

**Variable in equation**

| | | B | S.E. | Wald | Df | Sig. | Exp(B) |
|---|---|---|---|---|---|---|---|
| Step 1ᵃ | Does your employer reject you access to food? | 1.178 | .851 | 1.918 | 1 | .166 | 3.248 |
| | Have your employer you to impose even worse working conditions or excessive working hours (>8)? | 2.723 | .851 | 1.981 | 1 | .018 | 15.230 |
| | Have you been imprisoned? | 1.028 | 1.507 | .465 | 1 | .495 | 2.796 |
| | Have you bothered by restrictions on freedom of movement? | -8.060 | 3.113 | 6.704 | 1 | .010 | .000 |
| | Does your employer withhold your salary? | -2.455 | 1.773 | 1.918 | 1 | .166 | .086 |
| | Have your employer confiscated your documents? | -.505 | 1.291 | .153 | 1 | .696 | .604 |
| | Have you ever been exposed to robberies? | 2.201 | .886 | 6.177 | 1 | .013 | 9.038 |
| | In what way was your first travel to Middle East(1) | 4.372 | 1.622 | 7.270 | 1 | .007 | 79.206 |
| | Have you faced any physical, psychological, or sexual abuse during your stay in Middle East? | 5.056 | 1.454 | 12.069 | 1 | .001 | 156.339 |

## 4.6. Generalized anxiety disorder (GAD) and associated factors among women returnee migrants from Middle East.

In order to identify significant socio demographic factors associated with GAD among returnee women migrants from Middle East using SPSS 25 multiple liner logistic regression analysis was conducted. Before applying the regression analysis, the multiple regression assumptions multi -collinearity was checked using variance inflation factors (VIF) and tolerance. The VIF indicates whether a predictor has a strong linear relationship with the other predictor(s). All VIF values were less than 10 and the tolerance values were above 0.2, which indicated that

there was no multi-collinearity. The Durbin-Watson statistic showed that the values of the residuals are independent. The obtained value was between 1 and 3. (Durbin-Watson =2.333) and the essential conditions were attained.

The regression, analysis result indicates, income (ß = .438, P < 005) and education level (ß = .2.492, P < .014) predicted positively returnee migrants generalized anxiety disorder level while migration status (ß= -188, P< .034): employment status (ß = - 449, P<, 004) and Marital status with, (ß -297 P < .002) predicted negatively returnee migrants generalized anxiety disorder level. Similarly, the interview result shows that unemployed returnee migrants fill anxious and worry about their unemployment and dependency on their families as one respondent of the study express her situation as follows.

> "*Even if I have interests open my own business but I do not have money to do that, at first time, Social affairs offices provided us some training regarding food coking and entrepreneurship but still no one helps in facilitating for financial sources or credit. Only some shades are given, for some returnees and they work in it. I think if I get a job I fill better, rather than spending my all day at home and looking my mother's hand for all my costs*".

In the other hand, most returnee migrants respond that, Middle East experience had impact on their current life but those who had good emotional and economical support from their family express their experience differently, other interviewed respondents express how her Middle East experience had impact in her current life and her family support as follows.

> " *During first months of my returnee even if I am stressed and I was had disturbance due to my awful experiences in Middle East, my families are*

*supportive in helping me as I fell a better and they are emotionally support me to*

*overcome from my disturbance, due to my families emotional and economical*

*support now I am in good situation and I had my own business".*

**Table 7: Model summary of multiple linear regressions for GAD and associated factors**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|---|---|---|---|---|---|
| 1 | .502a | .252 | .190 | 3.18413 | 2.333 |

a. Predictors: (Constant), current employment status, destination country in middle east, duration after return, education level, migration status, duration in middle east, marital status after returnee, age, current income

b. Dependent Variable: GAD7_scale_total

**Table: 8 Multiple linear regression out put**

| **Coefficients [a]** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Model | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. | Collinearity Statistics | |
| | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | | | | | | | |
| (Constant) | 7.320 | 2.275 | | 3.218 | .002 | | |
| Age | -.056 | .092 | -.064 | -.611 | .543 | .636 | 1.572 |
| Duration in middle east | .050 | .163 | .027 | .306 | .760 | .872 | 1.147 |
| Education level | .910 | .365 | .216 | 2.49 | .014 | .923 | 1.083 |
| Migration status | -1.347 | .628 | -.188 | -2.14 | .034 | .897 | 1.115 |
| Duration after return | .457 | .318 | .142 | 1.43 | .153 | .710 | 1.408 |
| Marital status after returnee | -2.199 | .687 | -.297 | -3.20 | .002 | .802 | 1.246 |
| Destination country | -.090 | .129 | -.059 | -.699 | .486 | .962 | 1.040 |
| Current income | 1.956 | .687 | .438 | 2.846 | .005 | .292 | 3.423 |
| Employment status | -3.324 | 1.120 | -.449 | -2.96 | .004 | . | 3.308 |

## 4.7.    Presentation and interpretation of qualitative result

In order to gather in-depth information about the situation from respondents the researcher presented some qualitative questions, and interviewed five voluntary respondents about their experience in Middle East and after returned from migration.  In respect to their duration in Middle East 7, interviewed participants were stayed between 2 - 6 years and one interviewed participant was stayed above 11 year in Middle East.  Among the interviewed 3 of them had legal migration status and 5 of them had traveled to Middle East to work as domestic worker by using visiting visa which only works for three month only and after that it will be expired.

### 4.7.1.   Overall experiences of respondents during their stay in Middle East

During the interview, participants were interviewed about their relationship with their employer and overall experiences during their stay at Middle East.  Most of interviewee shared similar experiences including psychological and physical abuse, for instance one of the returnees explained her experiences of migration in Middle East as follows:

*"When I first went to Saudi, I had a Visitor Visa, after I had arrived there, I started working for a  Saudi Arabian family living in the Jidda, In the first few months, I had good relationship with my employer but after she realized that my visitor visa has out of date and as I had no choice she began abusing me psychically and psychological.  Also even she withhold my salary for one year, I was patient because I fear that if I leave out the house I will be arrested."*

The statement clearly indicates that the returnee was suffering from psychological and physical abuses and financial impediments from her employer regardless of the illegal migration status she was had in Middle East.  In addition, another interviewee explained their experience in

Middle East as full of faced, verbal abuse, workload, and physical exploitation. In view of this, one of the returnees explained her experiences of migration in Middle East as follows:

*"When I traveled to Middle East to work as housemaid, I was filled with hope that every situation would be good for me, since I went there [Doha] via legal agencies in Ethiopia. As soon as I arrived at Doha, I was employed by one extended family. During my first weeks of working as house maid, I faced a difficult situation in communicating with my employers due to language barrier and cultural differences. However, I was able to communicate with them easily few months later. Due to extreme work load, like working for 16 hours a day without rest, I became so exhausted and could not get adequate rest. Even when I got tired and slowed my speed on work, my employers showed me no sympathy but they insulted me and physically abused me. After 6 months, I contacted my agency, told them my problems, and needed to quit the job but they were not interested in helping me."*

It can be understood from the response of the participant that language barrier, cultural differences, and workload were among the major challenges they were facing while working at Middle East. Besides, the interviewee was mindful of the employer's lack of humanity regardless of their effort in working for longer hours than expected. In addition, the agencies were not cooperative in resolving their customers' problem with their employers.

However, most participants compiling their relationship with their employer, but few respondents of the study express their relationship with their employer and their Middle East experiences differently, for example, as one of the returnees, explained her relationship with her employer and her experiences in Middle East differently as follows.

*"I had good relationship with my employer they are compassionate and supportive to me, I was spend more than 5 year with them. Even if there is overloaded work, I was so lucky when I compare my employer's supportive behavior with my most friends' situation those works as domestic in Dubai similar to me. Nevertheless, but after returned I cannot get all my money I send to my family by expecting they will keep for me to begin my own business after I returned to Ethiopia but they spend it all. Due to that now I am unemployed and I cannot open my own business as my friends, as a result I fell anxious all the days about my future life."*

As most interviewed participants are expressed, their working experiences in the Middle East they had over loaded working condition, they work without their consent, and without additional payment for other house hold , for instance one interviewed participant expressed her experience as follows.

*"I work whatever they command me like washing, cooking foods and care giving children's but after the son of my employers married and began his new life near to his family's home I supposed to work in his house in addition. Due to that, I fill tired for long working hours without rest. Once I to told my employers about the situation and she promised me that the situation will continue until they get another domestic worker but she didn't keep her promise and even she began blaming me when I ask her about this situation. Then I decided to contact my agency and I told everything about. Even things became worse and began insulting me. I remember one day when I was chinning in her son's home the machine is broken at my hand after she hears about that from her daughter in law she spited on me because she believe as if I broke the machine intentionally."*

### 4.7.2. Challenges of returnee migrants after they returned from Middle East

In regards to the situation after returning most interviewed participants were not ready and they don't had enough preparation time to returnee because they were not economically well established and they suddenly returned without preparation due to deportation.

*"I stayed Saudi for two years. My migration status was illegal; I went to Saudi because I had no option to help my poor families and to get some amount of money to begin my own small business at my hometown. Nevertheless, suddenly the government of Saudi announces to return illegal migrants to their home country. Even if the Saudi government announced amnesty window period to illegal migrants as they returned voluntarily to their country, I was not ready to came back home. When the amnesty period was ended, I am arrested and was in jail for two months. However, when I was in jail for two months I was not abused by any one in prison."*

When look upon to their situation after they returned most interviewed participants expressed their situation, as they are not happy. For instance as one of the returnees, explained her situation after she returned to Ethiopia as follows.

*"I was returned to Ethiopia due to deportation from Saudi Arabia , when arrived at Bole Air port I can't express my felling I was happy because I survived in life from harsh full life that I spent it in Saudi, but I was back with my bare hands, I had only some clothes in my bag, I fell anxious about how I got to my mom who sends me by borrowing money but she was happy because I returned in life , but still I am worried so because I am dependent in my poor mother and I had no good sleep due to my worry and night mare as a result of my traumatic experience in Saudi".*

In addition, another interviewed participants returned voluntary they had pushing factor to returnee. One interviewed described her situation as follows.

> " I had hope to stay and work in middle east until I fully covered my families debt that borrowed to send me to middle east and until I obtain enough amount of money to start my own business in my home country but I am tired of the verbal and physical abuse and due to over loaded working condition I was suffered back pain for long period of time, I decided to come home now even if I worried about my future life thanks to god I am in good health condition."

Regarding to their relationship with their family most interviewed respondents were not satisfied with their relationship with their family for instance as one respondent expressed her experiences as follows.

> "How I had good relationship with my family if they spend all the money that I have been sending for seven years while suffering in Arab kitchens. Only they maintained our old house with that money, now I feel, as I am useless because after many years of struggle to change my life I had nothing now and still I am dependent on them."

As most interviewed participants respond, their experience in the Middle East had impact in their current life after they returned one participants of the interview express her experience as follows.

> "When I was Middle East, I faced physical and verbal abuse by my employer repeatedly duet to she suspect me, as I had sexual relationship with her husband. As a result of that, still now I had sleep disturbance and disturbing dreams of a stressful experience, I have Feeling of upset when something reminded me about my past stress full experience."

In the other hand, most returnee migrants, Middle East experience had impact on their current life but those who had good emotional and economical support from their family express their

experience differently, other interviewed respondents express how her Middle East experience had impact in her current life and her family support as follows.

> "During *first months of my returnee even if I am stressed and I had disturbance due to my awful experiences in Middle East. However, my families are supportive in helping me as I feel a better and they emotionally support me to overcome from my disturbance. Due to my families emotional and economical support now I am in good situation and I had my own business.*"

As the researcher understand from interviewed participants, most abused returned migrants from Middle East had psychology disturbance and unemployment problems they did not get enough support from any governmental and nongovernmental organizations as one respondents expressed her situation as follows.

> "*Even if I have full interest to work by opening my own, business but I do not have money to do that at first time. Social affairs offices provided as some training regarding food coking and entrepreneurship but still no one helped us to facilitate for financial sources. Only some shades are given for some returnees and they work in it. I thought, if I get my job I will feel better, rather than spending my all day in home and looking my mother's hand for all my expanses.*"

# CHAPTER FIVE

## 5. DISCUSSION

### 5.1. Discussion

In this part, the findings of the present study were discussed with respect to the research questions and with other previously conducted studies. This section of the research also provides possible explanation for the result of the study presented in chapter four.

The result of the study showed that 32 (27.1%) of participants were PTSD positive. This finding is consistent with a study conducted by Atinkut, et al (2019) among returnee migrants from Middle East. His finding shows that 26.2 % prevalence of PTSD among returnee migrants from Middle East. However as described in Close, et al, (2016) the prevalence of post-traumatic stress disorder in first generation migrants in general ranged from 9 to 36% This result is somehow lower than the finding of Bustamante ( 2018 ) which shows prevalence of PTSD around 47% among migrants.

The result of the study showed significant difference of experiencing PTSD based returnee's current marital status, migration status in Middle East. The study result is consistent with previous study conducted by Atinkut et al., (2019). The previous study conducted by Jurado, Alarcón, Ortega, Marichal, Rojas, and Gurpegui(2017) in relation with factors associated with common mental disorders in migrant populations across the world shows that, poorer mental health among the widowed, divorced or separated when compared with those married. Similarly, this study also showed that, those who are single were more likely to had PTSD, than married respondents.

According to the finding of this study, level of education and duration in Middle East did not significantly predict incidence of PTSD among returnee migrants. The previous study conducted on Haitian migrants in southern Brazil shows that, socio-demographic variables such as level of education, duration, or times spent in Brazil were not associated with PTSD. Brunne, Bolaséll, Weber and Kristensen, (2017) also found that level of education and duration in Middle East were not significantly predict incidence of PTSD among returnee migrants. In contrary, Habtamu, Minaye and Zeleke, (2017) found educational status as significant predictor of common mental disorder.

In the current study, exposure to physical, psychological, or sexual abuse were found to be significant risk factors of PTSD among women returnee migrants from Middle East. Similarly, a study conducted by Habtamu et al (2017) among Ethiopian migrant returnees from the Middle East and South Africa showed that, experience of abuse were found to be important risk factors for developing common mental disorder symptoms. In addition, the study of Mhlongo, Tomita, Thela Maharaj, and Burns (2018) shows that, exposure to physical, psychological, or sexual abuses was associated with greater odds of PTSD risk and were strong predictor of PTSD among returnee migrants. In the current study restriction accesses to food was not significantly associated with incidence of PTSD but study contradict in Habtamu et al (2017) shows that, starvation problems among migrants were significantly associated with common mental disorder among returnee migrants.

Regarding the prevalence of generalized anxiety disorder among women returnee migrants, the result shows that 16% (n=20) had moderate anxiety and 3.4 % (n=4) had severe anxiety. The result of the study is smaller than the finding of Pignon, et al, (2018) who found of 15 % prevalence of GAD among migrants.

In addition, this study finding found less prevalence of GAD when comparing with Asfaw, Mekonen & Candido (2016) Finding of 40% prevalence of chronic anxiety (post-traumatic stress disorder and other anxiety disorder among North Wollo victim returnees from Arab nations.

The current study found that returnee migrants' educational status as significant predicator of GAD. Previous study conducted among Haiti migrants by Jurado, et al. (2017) shows that, individual socio-demographic (marital status, educational level and visa status,) were associated with psychological distress or common mental disorders among migrant populations across the world. This study result also shows that, educational level, migration status, and marital status predicted returnee migrants generalized anxiety disorder level. In contrast, a study conducted by Habtamu et al (2017) among Ethiopian migrant returnees from the Middle East and South Africa shows that, educational status was not significantly associated with common mental disorders among returnee migrants.

# CHAPTER SIX

## 6. CONCLUSION AND RECOMMENDATIONS

### 6.1.    Conclusion

This study is conducted with a major objective of investigating post-traumatic stress disorder, generalized anxiety disorder, and associated factors among returnee women migrant from Middle East countries.  The target populations for the study were Jimma Town women returnee migrant from Middle East.  To obtain the major objective of the study five-research questions were proposed and addressed.  To investigate the prevalence of PTSD among migrants standardized PCL-C checklist was employed and filled by respondents.  Accordingly those who scores above 44 were considered as positive for PTSD and the finding of the study shows that, 27.1 % (f=32) PTSD prevalence.  Depend up on the finding the researcher conclude that there is high prevalence of PTSD among returnee women migrants from Middle East.  In addition, to investigate the prevalence GAD among returnee migrants GAD 7 scale standardized test was used, as a result the finding shows that, a total four respondents were had sever and 20 of them were had moderate anxiety level.  The researcher concludes that there is high prevalence of GAD among returnee migrants than reported prevalence of GAD in general population.

To identify significant socio-demographic variables associated with PTSD among returnee migrants, the researcher was also administered self developed questioner and the collected data also arranged and entered to SPSS 25 and analyzed by using Binary logistic regression as a result the researcher concluded that, socio demographic variables such as migration status and marital status are significantly predicted the incidence of PTSD among returnee migrants from Middle East countries.

In relation with possible factors associated with PTSD among returnee migrant women from Middle East countries the researcher also administered self developed questioner and the data also arranged and entered to SPSS 25 and analyzed by using Binary logistic regressions, as result the researcher also conclude that way of traveling to Middle East, exposed to sexual, physical, psychological abuse by employer, exposed to robberies during travel and in destination, and exposed to worse working conditions or excessive working hours were the major factors of PTSD among returnee migrants .

To identify socio-demographic variables associated with GAD among returnee migrants multiple linear regression was used, as a result returnees socio-demographic variables such as marital, status, migration status, employment status, income, and education level also associated with GAD. Socio-demographic variables for instance age, duration in Middle East, and duration after return were not significantly associated with incidence of GAD among returnee migrants from Middle East countries.

In addition to quantitative study, eight participants were interviewed about their relationship with their employer overall experience during their stay at Middle East and about their situation after returned. Accordingly, most of interviewee shared similar experiences including psychological and physical abuse, sexual harassment, and over loaded work by their employer.

In relation with to their situation after returned most of returnees reported that, Unemployment problems and disturbances due to their migration experiences. The researcher also conclude that returnee migrants from Middle East were highly vulnerable to posttraumatic stress disorder and generalized anxiety disorder their migration experiences and challenges they had after returned to their countries.

### 6.2. Recommendation

Based up on the finding of the study the researcher forwards the following recommendations for concerned body.

- ✓ Since the finding of the study shows high prevalence of PTSD and GAD among women returnee migrants from Middle East countries, Ministry of Health, and NGOs those who work with migrants should provide counseling and mental health service for returnee migrants.

- ✓ Government organizations such as women affairs, social affairs should increase the basic skill trainings they provide to women migrants before traveled to Middle East, such as language skill, cultural background of their destination countries.

- ✓ The Ethiopian embassies found in the Middle East countries should increase their support and follow up for migrant women in their respective countries.

- ✓ The government should reconsider labor migration implementation to Middle East based strong on agreement with respective countries to reduce abuse and that can protect interest of migrants.

- ✓ The government and NGOs works with migrants should assist on empowering returnee migrants from Middle East by facilitating different entrepreneurship training and means of access to credit to establish returnee migrants in sustainable way.

- ✓ The researcher moreover recommended that in relation to other psychological disorders and challenges of women returnee migrants from Middle East countries further research needs to be conducted by other researchers.

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**Appendix A - English version of informed consent form**

I am asked to participate in research titled Post-traumatic stress disorder, generalized anxiety disorder and associated factors among returnee women migrants from Middle East countries. Before participating in this study the necessary information concerning the study that is the purpose of the research, procedures, risk and/ or discomforts with their solutions, benefits, privacy and confidentiality and freedom to withdraw is provided for me. Including who are the investigators of this study in a well organized way. So, based on the information and by taking this study as a means of solution to reduce migration related psychosocial problems I have decided to participate in this study by my own and I put my signature to certify this.

**Signature**_____

 **Date**_____

**Appendix B - Amharic version of informed consent form**

## በጥናቱ ላይ ለሚሳተፉ ሰዎች የፍቃደኝነት መጠየቂያ ፅሁፍ

በዚህ ከአረብ ሀገራት ወይንም ከመካከለኛው ምስራቅ ስደት የተመለሱ ሴቶችን የድህረ ጭንቀት መታወክ (Post traumatic stress disorder ) እና አጠቃላይ ጭንቀት መታወክ (Generalized anxiety disorder ) ተዘማች ምክንያቶችን ፤ ስርጭት ፤እንዲሁም በቸግሩ ላይ ምን አይነት ተዘማች ሁኔታወች አስተዋጾ ያደርጋሉ የሚለውን ለማጥናት ታስቦ በተዘጋጀ የምርምር ጥናታዊ ጽፍ ላይ በበጎ ፍቃደኝነት ስሳተፍ አስፈላጊ የዉን የጥናቱን መረጃ ማለትም ስለጥናቱ ዓላማ፣ ስለ ጥናቱ ሂደት፣ ከጥናቱ ጋር ሊያያዙ ስለሚችሉ ችግሮች ከነ መፍትሄያቸዉ፣ በጥናቱ ስለሚገኝ ጥቅም፣ ሚስጥር ጠባቂነትና ጥናቱን እነማን እንደሚያጠኑት እንዳዉቅ ተደርጊያለሁ። ይህን የተሰጠኝ መረጃ መሰረት በማድረግና አጠቃላይ ጥናቱ ከመካከለኛው ምስራቅ ስደት የተመለሱ ሴቶችን የሚያጋጥሙ የማህበራዊና ስነ-ልቦናዊ ችግሮችን ከነ መፍትሄያቸው የሚዳስስ መሆኑን በመገንዘብ በዚህ ጥናት ላይ ለመሳተፍ በራሴ ሙሉ ፍቃድ መወሰኔን ከዚህ በታች በፊርማዬ አረጋግጣለሁ።

ፊርማ --------------------

ቀን ----------------------

**Appendix – C Afan Oromo version of informed consent form**

**Walii galtee namoota qorannoo irratti hirmaattaniif**

Qorannoo kun dubartoota godaansa biyya Arabaa ykn baha giddugaleessa irraa galan dhiiphuu samuu rakkoon boodaa (Post traumatic stress disorder ) fi rakkoo yaaddoo waliigala ( Generalized Anxiety disorder ) tamsaasa isaa fi haaloota rakkoo kan waliin  walqabatanii qorachuuf kan  yaadamee qopha'ee  ta'u isa hubadhee  yeroo qorannoo kan irratti hirmaadhu oddeeffanoon barbaachiisaa ta'ee kan  akka kayyoo qorannoo ,oddeeffanoon  anni keennuu iccitidhan kan qabamuu ta'u isa , miidha fi bu'aa  qabuu,  bu'an inni hawwaasaf busuu keessatuu rakkoo godaansii Shamaran irrati gahu danda'uu hiikuu irratti faayidaa qabuu hubadhee fedhii koottin kan hirmaadhee ta'u isaa mallattoo koottin naan mirkkaneessa.

Mallattoo _____

Guyyaa _____

**Appendix – D - English version of data collection instruments**

**JIMMA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE**

**DEPARTMENT OF PSYCHOLOGY COUNSELING PSYCHOLOGY PROGRAM**

**QUESTIONNAIRE**

Dear participants, first of all I would like to thank you for your participation in advance. This questionnaire is designed to obtain relevant information about Post-traumatic stress disorder, generalized anxiety disorder, and associated factors among returnee women migrants from Middle East countries. The instrument is meant to collect data in order to make opinion survey to a thesis for an M.A degree. I would like to assure you that your responses will be used only for the aforementioned academic research purpose and that it will be kept confidential. Since the quality and success of this study depends on the validity and reliability of the information you provide, you are kindly requested to complete each item of the question or scale genuinely and return the questionnaire.

Sincerely yours,

**No need to write your name**

 This questionnaire has 4 parts

**PART ONE: DEMOGRAPHIC INFORMATION**

1. Age-----------------

2. What was your migration status?

   1) Documented/legal

   2) Undocumented/illegal

3. Duration of stay abroad (please specify) _____

4. Duration of stay after return (please specify) _____

5. Marital status?

   1) Single □  2) Married □

6. Educational status?

   1) Read and write only (without formal schooling)

   2) Grade 1-8 □

   3) Grade 9-1 □

   4) above grade 12 □

7. Your destination country in Middle East? _____

8. What is your current employment status?

   1) Employed □  2) Unemployed □

9. What is your current monthly income? _____

**PART 2: POSSIBLE FACTORS FOR PTSD AND GAD AMONG MIGRANT WOMEN DURING THEIR JOURNEY OR IN THEIR DESTINATION COUNTRY**

1. Does your employer refuse you access to food?

    1) **Yes □**     **2) No □**

2. Have your employer impose to you, even worse working conditions or excessive working hours (>8)?

    1) **Yes □**     **2) No □**

3. Have you been imprisoned in prison?

    1) **Yes □**     **2) No □**

4. If your answer is **yes** for question number 5, how long had you been in prison?( please specify) _____

5. Have you bothered by limitations on freedom of movement or meeting your friends and family by phone or physically?

    1) **Yes □**     **2) No □**

6. Does your employer withhold your wage?

    1) **Yes □**     **2) No □**

7. Have your employer confiscated your documents?

    1) **Yes □**   **2) No □**

8.  Have you ever been exposed to robberies during your trvalile or in Middle East?

    **1) Yes   □   2) No □**

9. In what way was your first travel to Middle East?

    1) Using legal routs □

    2)  Using illegal routs  □

10. Have you faced any physical, psychological, or sexual abuse during your stay in Middle East?

      **1) Yes** □    **2) No** □

11. In what way you returnee from Middle East?

    1)  Voluntarily □

    2)   By involuntary deportation □

12. When you returnee from Middle East do you had enough preparation time for returning to Ethiopia?

      **1) Yes** □    **2) No** □

13. Did you get any life skill or other rehabilitation training after you return from Middle East?

    1)  **Yes** □    **2) No** □

14. If your answer is **yes** for question number 18, please specify _____

15. Before travelling to Middle East, have you obtained basic training?

    1)   **Yes** □    **2) No** □

16. How are adjusting to family and life in Jimma after your return from Middle East? Have you faced any discrimination? _____

17. What are the opportunities and challenges you faced after you return from Middle East?

    _____

# PART TWO: PTSD CHECKLIST – CIVILIAN VERSION (PCL-C)

**Instruction**: Below is a list of problems and complaints that migrants sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

| No | `Response | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|----|-----------|-----------|--------------|------------|-------------|-----------|
| 1 | Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | | | | | |
| 2 | Repeated, disturbing dreams of a stressful experience from the past? | | | | | |
| 3 | Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? | | | | | |
| 4 | Feeling very upset when something reminded you of a stressful experience from the past? | | | | | |
| 5 | Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past? | | | | | |
| 6 | Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it? | | | | | |
| 7 | Avoid activities or situations because they remind you of a stressful experience from the past? | | | | | |
| 8 | Trouble remembering important parts of a stressful experience from the past? | | | | | |
| 9 | Loss of interest in things that you used to enjoy | | | | | |
| 10 | Feeling distant or cut off from other people? | | | | | |
| 11 | Feeling emotionally numb or being unable to have loving feelings for those close to you? | | | | | |

| 12 | Feeling as if your future will somehow be cut short | | | | | |
|---|---|---|---|---|---|---|
| 13 | Trouble falling or staying asleep? | | | | | |
| 14 | Feeling irritable or having angry outbursts? | | | | | |
| 15 | Having difficulty concentrating? | | | | | |
| 16 | Being "super alert" or watchful on guard? | | | | | |
| 17 | Feeling jumpy or easily startled? | | | | | |

## PART THREE: GENERALIZED ANXIETY DISORDER -ITEM (GAD-7) SCALE

**Instruction:** Please read each one carefully and put an "X" in the box to indicate how often have you been bothered by the following problems over the last 2 weeks?

| No | Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all sure | Several days | Over half the days | Nearly every day |
|---|---|---|---|---|---|
| 1 | Feeling nervous ,anxious or on edge | | | | |
| 2 | Not being able to stop or control worry | | | | |
| 3 | Worrying too much about different things | | | | |
| 4 | Trouble relaxing | | | | |
| 5 | Beings restless that it | | | | |
| 6 | Becoming easily annoyed or irritable | | | | |
| 7 | Feeling afraid if something awful might happen | | | | |

**Interview guide for returnee migrant women**

1. Describe your relationship with your employer, agency, embassy, and other people in destinations?

2. Why did you return and how was your situation when you return?

3. How you feel when you remember your experience of Middle East?

4. Do you think your experiences in Middle East had impact on your current life? If so, please tell me about the detail?

5. What are the challenges you face during your migration?

6. Please describe your relationship with your family after you return?

7. What you think about factors causes stress among women migrant in their destination country or after they return home?

**Appendix E- Amharic version of data collection instruments**

<div align="center">

ጅማ ዩኒቨርሲቲ

የትምህርት እና ስነ በህሪ ኮሌጅ

የሳይኮሎጂ ትምህርት ክፍል

የድህረ ምረቃ ካውንስሊንግ ሳይኮሎጂ ትምህርት ፕሮግራም

</div>

**መጠይቅ**

ውድ ተሳታፊዎች በመጀመሪያ ሰለ መልካም ትብብሮዋ አስቀድሜ ላመሰግንዋ እወዳለው። ይህ መጠይቅ ከአረብ ሀገራት ወይንም ከመካከለኛው ምስራቅ ስደት የተመለሱ ሴቶችን የድህረ ጭንቀት መታወክ (Post traumatic stress disorder ) እና አጠቃላይ ጭንቀት መታወክ (Generalized anxiety disorder ) ስርጭት ፣እንዲሁም በችግሩ ላይ ምን አይነት ተዛማች ሁኔታዎች አስተዋጾ ያደርጋሉ የሚለውን ለማጥናት ታስቦ የተዘጋጀ ነው :: መጠይቁ የሚውለው በ ጅማ ዩኒቨርስቲ በካውንስሊንግ ሳይኮሎጂ የትምህርት ክፍል ለድህረ ምረቃ ጥናት የመመረቂያ ጴሁፍ ማሟያ ነው።

**ማሳሰቢያ**- መጠይቁ 3 ክፍሎች ያሉት ሲሆን፣ የዚህ ጥናት አላማ ግቡን የሚመታው በእናንተ በሚሰጠው መረጃ ተገቢነትና እውነተኛነት ላይ ተወስኖ መሆኑን ተረድታችሁ በመጠየቁ ላይ ያሉትን ጥያቄዎች በአግባቡ እና በእውነተኛነት እንድትሞሉ ና መጠይቁን እንድትመልሱ በትህትና እጠይቃለሁ።

> ➢ **ለዚህ መጠይቅ የተሰጠው መረጃ ሚስጥራዊነቱ የተጠበቀ እና ለትምህርት አላማ ብቻ የሚውል እንደሆነ ላረጋግጥለዎት እወዳለሁ፡**

> ➢ **ስሞን መጻፍ አያስፈልግም።**
>
> **አመሰግናለሁ!**

**መጠይቅ አንድ : የግልና የቤተሰብን ሁኔታ በተመለከተ**

**መመሪያ፦** የሚከተሉት ጥያቄዎች ያንቺን ወይም የቤተሰብሽን ሁኔታ በተመለከተ መረጃ ለማግኘት የቀረቡ ናቸው:: እባክሽ አማራጭ ላላቸው ጥያዎች ከቀረቡት አማራጮች ትክክለኛውን መልስ በመምረጥና ለምርጫ የተሰጠውን ቁጥር በማክበብ መልሽ : አማራጭ ለሌላቸው ጥያቄዎች ደግሞ በተሰጠው ባዶ ቦታ ላይ ትክክለኛውን መልስ በመፃፍ መልሽ ::

1. አሁን ዕድሜሽ ስንት ነው? _____

2. የመካከለኛው ምስራቅ ቆይታሽ ሁኔታ እንዴት ነበር ?

    1/ ህጋዊ ዶክመንት ወይንም ቪዛ ነበረኝ

    2/ ዶክመንት ወይንም ቪዛ አልነበረኝም

3. መካከለኛው ምስራቅ (አረብ አገር) ምን ያህል ጊዜ (ዓመታት) ቆይተሻል? _____

4. ከ መካከለኛው ምስራቅ (አረብ አገር) ወደ ኢትዮጵያ ከመጣሽ ምን ያህል ጊዜ ሆነሽ ? _____

5. አሁን ያለሽበት የጋብቻ ሁኔታ ከሚከተሉት የቱ ነው?

    1/ አላገባሁም    □              2/ አግብቻለሁ □

6. የትምህርት ደረጃሽ ከሚከተሉት የቱ ነው?

    1/ ማንበብና መፃፍ

    2/ ከ1-8 ባለው የክፍል ደረጃ ውስጥ ነኝ::

    3/ ከ9-12 ባለው የክፍል ደረጃ ውስጥ ነኝ::

    4/ 12 ኛ ክፍል በላይ::

7. የነበርሽበት ሀገር? ------------------------------

8. በአሁን ሰዓት ወራዊ ገቢ? ------------------

9. በአሁን ሰዓት የስራ ሁኔታሽ ?   ሀ/ ሰራተኛ   □   ለ/ ስራ የለኝም   □

**መጠይቅ ሁለት**

**የድህረ ጭንቀት መታወክ ( ) እና አጠቃላይ ጭንቀት መታወክ ምክንያት ሊሆኑ የሚችሉ ጥያቄዎች**

**መመሪያ-** የሚከተሉት ጥያቄዎች ስደተኞች በስደት ወቅት ወይንም በስደት ቢኖርበት ሀገር የድህረ ጭንቀት መታወክ ( ) እና አጠቃላይ ጭንቀት መታወክ ምክንያቶች ሊሆኑ የሚችሉ ጥያቄዎችናቸው እባክሽ አማራጭ ላላቸው ጥያቄዎች ከቀረቡት አማራጮች ትክክለኛውን መልስ በመምረጥና ለምርጫ የተሰጠውን ቁጥር በማክበብ ወይንም በሳጥኑ √ መልክት በማድረግ በማመልሺ ፡ አማራጭ ለሌላቸው ጥያቄዎች ደግሞ በተሰጠው ባዶ ቦታ ላይ ትክክለኛውን መልስ በመፃፍ መልሺ ፡፡

1. መካከለኛው ምስራቅ (አረብ አገር) በነበርሽበት ወቅት አስፈሪ ለሆነ ነገር ተጋልጠሽ(አጋጥሞሽ) ያውቃል?

   1/አዎ ☐        2/አላውቅም ☐

2. ለጥያቄ ቁጥር አንድ መልስሽ አዎ ከሆነ ምን አይነት አስፈሪ ነገር ነው ያጋጠመሽ? እባክሽ ይብራራ--
   _____

3. መካከለኛው ምስራቅ (አረብ አገር) በነበርሽበት ወቅት አሰሪዎችሽ ምግብ ከልክለውሽ ያውቃሉ

   1/አዎ ☐           2/አያውቁም ☐

4. መካከለኛው ምስራቅ (አረብ አገር) በነበርሽበት ወቅት አሰሪዎችሽ ከአቅምሽ በላይ የሆነ ስራ ወይንም ከ 8 ሰዓት በላይ እንድትሰሪ የስገድዱሽ ነበር?

   1/አዎ ☐              2/የለም ☐

5. መካከለኛው ምስራቅ (አረብ አገር) ቆይታሽ ለዕስር ተጋልጠሽ ታውቄለሽ?

   1/አዎ ☐           2/አላውቅም ☐

6. ለጥያቄ ቁጥር 5   መልስሽ **አዎ** ከሆነ ለምን ያህል ግዜ? እባክሽ ይብራራ -----------------------------------
   -----------------------------------------------------------------------

7. መካከለኛው ምስራቅ (አረብ አገር) ቆይታሽ ከቤተሰቦችሽ፣ ከጓደኞችሽ ጋር በአካልም ይሁን በስልክ አንዳትገናኚ ጫና ይደረግብሽ ነበር?

   1/አዎ ☐   2/አይደለም ☐

8. መካከለኛው ምስራቅ (አረብ አገር) በቆይታሽ አሰሪዎች የሰራሽበትን ደሞዝ ከልክለውሽ ያውቃሉ?

   1/አዎ ☐        2/አያውቅም ☐

9. መካከለኛው ምስራቅ (አረብ አገር) በቆይታሽ አሰሪዎችሽ ቪዛሽን ከልክለውሽ ያውቃሉ?

1/አዎ□          2/አያውቅም

10. በጉዘሽ ወቅት ወይንም መካከለኛው ምስራቅ (አረብ አገር) በቆይታሽ ለዝርፊያ ተጋልጠሽ ?

          1/አዎ □          2/አላውቅም □

11. በመካከለኛው ምስራቅ (አረብ አገር) በነበርሽበት ወቅት በአሰሪወቸሽ ወይንም በሌላ አካል የደረሰብሽ አካላዊ ፣ፆታዊ ፤ ስነ ልቦናዊ ጥቃት አለ?

     1/አዎ □     2/አያውቅም □

12. ለጥያቄ ቁጥር 11 መልስሽ አዎ ከሆነ እባክሽ ይብራራ--------------------------------

13. በምን መንገድ ነበር  ወደ መካከለኛው ምስራቅ (አረብ አገር) የሄድሽው?

     1/በህጋዊ መንገድ  □     2/ በህግ ውጥ መንገድ □

14. በምን መልኩ ነበር ከመካከለኛው ምስራቅ (አረብ አገር) የተመለሽው ?

          1/ በራሴ ፍቃድ □    2/ ያለ ፍቃዴ □

15. ወደ ሀገር ቤት ስትመለሺ በቂ የዝግጅት ግዜ ረበረሽ?

          1/አዎ □     2/የለም □

16. ከተመለሽ ቡሃላ የህይወት ክህሎት ወይንም የማገገሚያ ስልጠና ውስደሽ ታውቂያለሽ?

     1/አዎ □     2/አላውቅም□

17. ለጥያቄ ቁጥር 17 መልስሽ አዎ ከሆነ  እባክሽ  የስልጠናው አይነት ይብራራ ------------------------------------

     --------------------------------------------------------------------------------------------------------------

18. ወደ መካከለኛው ምስራቅ (አረብ አገር) ከመሄድሽ በፊት መሰረታዊ ስልጠና ወስደሻል ?

          1/አዎ  □          2/የለም □

19. ከተመለሽ ቡሃላ ከቤተሰብ ጋር ለመላመድ ተቸግረሽ ነበር  የደረሰብሽ መገለላ አለ ?

     1/አዎ □          2/የለም □

20.  ከተመለሽ በኃላ የገጠሙሽን መሌካም አጋጣሚዎችና ፈታኝ ሁኔታዎች ምንድን ናቸው?---

21. ከተመለሽበኃላ ከቤተሰብሽ የተረገልሽን የኢኮኖሚ ፤ ማህበራዊ ፤ስነ ልቦናዊ ድጋፍ እንደት ታዪዋለሽ ?

     1/ዝቀተኛ     □          3/በጣም ዝቀተኛ  □

     2/ጥሩ     □          4/በጣም ጥሩ  □

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**መጠይቅ ሶስት**

**መመሪያ:**ከዚህ በታች የተዘረዘሩት ጥያቄዎች ከስቴት ተመላሽ አስደንጋጭ ወይም አስጨናቂ ጊዜ ውስጥ ካለፉ በኋላ የሚያንፀባርቁትን ሥሜቶች ናቸው።በጥንቃቄ ካነበብሽ በኋላ ስሜቱን ይወክላል ብለሽ የምታስቢውን መልስ ሥር ( X ) ምልክት አስቀምጭ።

| ተ/ቁ | ጥያቄ | በፍፁም የለም | በመጠኑ | አልፎ አልፎ | ብዙ ግዜ | በጣም ብዙ ጊዜ |
|---|---|---|---|---|---|---|
| 1 | ከዚህ በፊት በጣም አስጨንቆሽ ከባድ ውጥረት ውስጥ ገብተሽ ያሳለፈሽው ሂወት በሀሳብሽ ወይም በምናብሽ እየመጣብሽ መረበሽ | | | | | |
| 2 | በሀልምሽ ከዚህ በፊት ያጋጠመሽን አሰቃቂ አጋጣሚ (አስጨናቂ ጊዜ) ደጋግመሽ ማየት | | | | | |
| 3 | ከዚህ በፊት ያጋጠመሽ አስጨናቂ ጊዜ አሁንም የተከሰተ እየመሰለሽ በድንጋጤ የተለየ እንቅስቃሴ ማሳየት? | | | | | |
| 4 | የሆነ ነገር ከዚህ በፊት ያጋጠመሽን አስከፊ ሂወት ሲያስታውስሽ መበሳጨት? | | | | | |
| 5 | የሆነ ነገር ያንን አስጨናቂ ሂወት ሲያስታውስሽ የተለየ አካላዊ ለውጥ ማሳየት (ምሳሌ:- የልብ ምት መጨመር፣አተነፋፈስ መረበሽ፣ላብ)? | | | | | |
| 6 | ባንድ ወቅት ስለሳለፍሽዉ አስጨናቂ ሂወት ላለማሰብ፣ላለማውራት ወይም እሱን እያሰብሽ ስሜት ውስጥ ላለመግባት ጥረት ማድረግ ? | | | | | |
| 7 | ከዚህ በፊት ያጋጠመህሽን አስጨናቂ ሂወት እንዳያስታውስሽ አንዳንድ አጋጣሚዉን የሚያስታውሱ ሥራዎችንና ሁኔታዎችን መራቅ ? | | | | | |
| 8 | አስጨናቂ ግዜ ባጋጠመሽ ወቅት የነበሩትን አንዳንድ ነገሮች ለማስታወስ መቸገር? | | | | | |
| 9 | ድሮ ያአደስቱሽ የነበሩ ነገሮች ላይ አሁን ፍላጎት ማጣት? | | | | | |
| 10 | ከሠዎች ለመራቅ (ተገንጥለሽ ለመኖር) መፈለግ? | | | | | |
| 11 | የመፍዘዝ ሥሜት እንዲሁም ለሌሎች ሠዎች ጥሩ ስሜት ለማሳየት መቸገር? | | | | | |
| 12 | የወደፊት ሂወትሽ ባጭሩ እንደተቀጨ አይነት ሥሜት መሰማት? | | | | | |
| 13 | እንቅልፍ ለመተኛት ወይም ከተኛሽ በኋላ በቀ እንቅልፍ ለማግኘት መቸገር? | | | | | |
| 14 | የብስጭት ስሜት ወይም ቁጡነት ? | | | | | |

| 15 | የአእምሮበነገሮችላይትኩረትለመስጠትመቻገር ? | | | | | |
| 16 | በጣም ነቄ መሆን ወይም ነገሮችን በንቃት መከታተል፤ ራስሽን ሁሌም ዝግጁ ማድረግ ? | | | | | |
| 17 | በድንጋጤ ዘሎ መነሳት ወይም ድንጉጥ /ደንጋጣ/ መሆን? | | | | | |

**መጠይቅ አራት**

**መመሪያ:** ከዚህ በታች ሳታች የተዘረዘሩት ጥያቄዎች ባለዋፉት ሁለት ሳምንታት ከታች በተዘረዘሩት ነጥቦች ምን ያህል ተቸግረሻል ? ጥያቄዎችን በጥንቃቄ ካነበብሽ በኋላ ስሜቷን ይወክላል ብለሽ የምታስበበውን መልስ ሥር ( X ) ምልክት አስቀምጭ።

| ተ/ቁ | ጥያቄ | እርግጠኛ አይደለውም | ብዙ ቀናት | ከግማሽ ቀናት በላይ | ሁል ግዜ ሊባል በሚችል በልኩ |
|---|---|---|---|---|---|
| 1 | የመጪነቅ ስሜት መኖር | | | | |
| 2 | መጪነቅን መቆጣጠር ወይም ማቆም አለመቻል | | | | |
| 3 | ስለተለያዩ ነገሮች በከፍተኛ ሁኔታ መብሰልሰል | | | | |
| 4 | ለመረጋጋት መቸገር | | | | |
| 5 | መቅበዝበዝና ተረጋግቶ መቀመጥ መሳን | | | | |
| 6 | በቀላሉ መከፋት ወይም መናደድ | | | | |
| 7 | ክፉ ነገር ሊደርስ ነው ብሎ መስጋት ወይም መፍራት | | | | |

**Appendix F- Afan Oromo version of data collection instruments**

**Yunivarsiitii Jimmaa**

**Kooleejii Barumsa fi Saayinsii Amalaa**

**Kutaa Saayikoolojii**

## Sagantaa Maassitarsii Kaawunsiliing Saayikoolojii

Duraan dursee deeggarsa keessaniff galatoomaa jechaa kaayyoon qorannoo kanaa dubartoota godaansa biyya Arabaa ykn baha giddugaleessa irraa galanii dhiiphuu sammuu rakkoon boodaa (Post traumatic stress disorder ) fi rakkoo yaaddoo waliigalaa ( Generalized Anxiety disorder )  tamsaasa isaa fi haaloota rakkoo kan waliin  walqabatanii qorachuuf kan yaadamee qophaa'eedha.   Odeeffannon sassaabamuss kaayyoo Waraqaa qooranaa sagantaa maassitarsii kaawunsiliingii saayikooloojii barreesuuf kan oluudha.

**<u>Yaadachiisa</u>**  oddeeffanoon kennitan iccitiidhan kan qabamuu  fi  kaayyoo qorannoo  qofaaf kan ooluu yoommuu ta'u  bu'aa qorannoo gaha ta'ee argachuuf oddeeffanoo dhuugaa  isiin kennitan  murtessaadha waan ta'eef oddeeffanoo dhuugaa ta'ee akka naaf keenitan kabaja guddaadhaan  isin gaafadha .

**Gaaffiilee**

**Gaafannoo 1 odeeffannoo dhuunfaa**

**Qajeelfama** - Gaaffileen armaan gaditti tarrefaman odeeffannoo waa'ee dhuunfaa keetif fi maatii kee argachuuf yaadameeti kanaafuu gaaffilee filannoo qabaniif deebii kan kee irratti marsuun gaaffilee bakka duwwaa qabaniif bakka duwwaa irratti barreessun deebisi.

1. Umrii yeroo ammaa? -----------------------

2. Haala kamiin biyyaa baatee ykn godaantee?

   1) Seeraan ala ☐        2.Karaa seera qabeessaan      ☐

3. Turmaata biyyaa Arabaa (baha giddugaleessa)?  --------

4. Turmaata erga biyyaa Arabaa (baha giddugaleessa) deebitee booda?  ------

5. Sadarkaa barumssa?

   1. Barumssa qalammaa qofa ☐    2. Kutaa 8 ol ☐    3. Kutaa 9-12  ☐    4. Kutaa 12 ol  ☐

6. Haala gaa'elaa kee yeroo ammaa?

   1)  Heerumee jira ☐  2) Qaree ☐

7. Gali jia yeroo ammaa? _____

8. Biyya kamma turtee? _____

9. Haala hojii kee yeroo ammaa?

   1) Hojii hin qabu ☐      2) Hojjettuu dha ☐

**Gaafannoo lama**

Gaafillen armman gadditti tareefamaan haaloota namoota goodansa irraa galaniif dhiiphuu sammuu rakkoon boodaa (Post traumatic stress disorder) fi rakkoo yaaddoo waliigalaa (Generalized Anxiety disorder) tiif saaxiluu danda'uu jedhamanii kan yaadamaniidha. Kanaafuu gaaffilee filannoo qabaniif deebii kan kee irratti marsuun gaaffilee bakka duwwaa qabaniif bakka duwwaa irratti barreessun deebisi.

1. Yeroo baha giddugalleessa ykn biyya Arabaa turtee keessatti hojachiistooni kee nyaata si dhoorkannii? Beekuu

      1)  Eeyee □

      2)  Lakki □

2. Hojii humnaa Ola ta'ee ykn sa'aatti 8 ol akka hojatuu si dhiirqiisiisuu?

      1)  Eeyee □

      2)  Lakki □

3. Turtii baha giddugalleessa ykn biyya Arabaa kee kessatti hidhaadhaaf saaxilamtee beektaa?

      1)  Eeyee □

      2)  Lakki □

4. Gaaffii 3 ffaa tif deebiin kee eyee yoo ta'ee yeroo

hammamif_____

5. Turtii baha giddugalleessa ykn biyya Arabaa kee kessatti hiriiyoota fi maatii waliin qaamaanis ta'ee bibillaan akka walii hin qunnamnee dhoorkmatee beektaa?

      1)  Eeyee □

      2)  Lakki □

6. Hojachiistooni kee miindaa itti hojatee sii dhoorkanii beekuu

1) Eeyee □

2) Lakki □

7. Hojachiistooni kee viizaa kee si dhoorkanii beekuu?

1) Eeyee □

2) Lakki □

8. Deemsa kee irratti ykn turtii Turtii baha giddugalleessa ykn biyya Arabaa kee kessatti saamiichaaf saaxilmtee beektaa?

1) Eeyee □

2) Lakki □

9. Turtii baha giddugalleessa ykn biyya Arabaa kee kessatti hojachiistoota ykn iljoollee isaanittiin haaleelaan saalaa sii qunamee beekaa

1) Eeyee □

2) Lakki □

10. Haala kamin gara baha giddugalleessa ykn biyya Arabaa goodaantee?

1) Karaa seera qabeessa fayyadamee

2) karaa seera qabeessa hin taane fayyadamee

11. Yemmuu baha giddu galeessaa/biyya arabaa turte miidhaa qaamaa, xiinsammuu ykn wal qunnamtii saalaatiif saaxilamteetta?

1) Eeyee □

2) Lakki □

12. Yoo deebiin kee gaaffii 11ffaa eeyyeen ta'e ibsi-------------------------------------------------------

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13. Haala kamiin baha giddu galeessaa/biyya arabaatii deebitee? a).

    1) Fedha kootiin

    2) Fedha kootiin ala

14. Yeroo baha giddu galeessaa/biyya arabaatii gara biyya Itiyoophiyaa deebitu yeroo qophii

gahaa qabda?

    1) Eeyee □

    2) Lakki □

15. Erga baha giddu galeessaa/biyya arabaatii deebitee leenjii muuxannoo jireenyaa ykn leenjii

haaromsaa fudhatteetta?

16. Osoo baha giddu galeessaa/biyya arabaa hin deemin dura leenjii hubannoo fudhatteetta?

    1) Eeyee □

    2) Lakki □

17. Erga baha giddu galeessaa/biyya arabaa irraa deebitee haala kamiin wal simsiifta maatii

keetii fi jireenya kee jimma keessaa? Qoba ba'ummaaf saaxilamtee beekta?-------------------------

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18. Erga baha giddu galeessaa/biyya arabaa irraa deebitee carraa akkamii fi rakkoo akkamiitiif

saaxilamtee?---------------------------------------------------------------------------------------------------

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19. Erga baha giddu galeessaa/biyya arabaatii deebitee deeggarsa maatiin kee diinagdee irratti,

hawaasummaa irratti fi fedhii kee irratti siif Kennan haala kamiin madaalta?

    1) gadi 'aanaa

    2) baay'ee gadi'aanaa

**Unka 1**

**Qajeelfama** - Gaaffileen armaan gaditti tarrefaman ji'oota darbee kessatti rakkoolee armaan

gaditti tarreefaman irratti yeroo hammam jeeqamaa turtee kan jedhu argachuuf yaadameeti

kanaafuu gaaffilee deebii Kan kee irratti mallatoo √ kaa'uudhan deebisi.

| Lakk | Gaaffilee | Gonkumaa/ tasuma | Baayyee Xiqqoo | Giddu galeessa | Ol'aanaa | Baayyee ol'aanaa |
|------|-----------|------------------|----------------|----------------|----------|------------------|
| 1 | Rakkoowwan Jireenya kee kanaan dura dabarsite keessa si mudate yaadachaa ni dhiphattaa? | | | | | |
| 2 | Jireenya dhiphinaan dabarsiite Abjuudhaan irra deddeebiidhaan sitti dhufuun si dhiphisaa? | | | | | |
| 3 | Dhiphinni kana dura si mudate tasa yaadaan sitti dhufuun si rifachiisaa? | | | | | |
| 4 | Wantootni dhiphina jireenya kee keessatti sii yaadachiisan yommuu argaman si aarsa? | | | | | |
| 5 | Yeroo wantoota mudannoowwan dhiphinaan jireenya kee keessatti dabarsite si yaadachiisan argituu mallattowwan qaama irratti mul'atan kan akka rukuttaa onnee, sirna hargansuu, dafquu qaamaa ni mul'atu? | | | | | |
| 6 | Muddannoowwan kanaan dura dhiphiisaan dabarsite Yaaduu, namaaf qooduu ykn yaadate miira keessa akka hin gale yaalii gotaa? | | | | | |
| 7 | Gochoota ykn haalota mudannoowwan | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | dhiphiinsa   kan duraa si yaadachiisan irraa of dhorkuu. | | | | | |
| 8 | Haaloota gurguddaa yeroo dhiiphiinsaa si mudate yaadachuuf rakkachuu. | | | | | |
| 9 | Waantota kana dura si bashanaansiisan gochuuf fedhii dhabuu? | | | | | |
| 10 | Miira namoota waliin dabarsuu irraa feedhii dhabuu ykn kophummaa filachuu. | | | | | |
| 11 | Miira fajajuu ykn namoota firaafi waliitti siqxuuf miira jaalalaa dhabu. | | | | | |
| 12 | Jireenyii kee fulduraaf abdii kutachuun akka gabaabumatti gufatee sitii dhagahamuu | | | | | |
| 13 | Hirriba rafuuf rakkachuu ykn erga raftee boodaa hirriba gaha argachuuf  rakkaachuu | | | | | |
| 14 | Miira aarii ykn  dheekamuu | | | | | |
| 15 | xiyyeffannaa dhabuu | | | | | |
| 16 | Waanti ta'e mudachuuf jira jettee yaaduun, yeroo hunda qophaa'inaa fi dammaqinaan eeguu. | | | | | |
| 17 | Yeroo tokko tokkoo naasuudhan lafaa ol utaaluu ykn naatuu ta'uu | | | | | |

**Unka - 2 Torbaan lamaan darbe keessatti rakkoolee armaan gaditti tarreefaman irratti yeroo hammam jeeqamaa turtee ?**

| Lak k | Gaaffiilee | Gonkuma a | Guyyaa muraasa | Walakkaa Guyya ol | Guyyaa hundaa |
|---|---|---|---|---|---|
| 1 | Miira Yaaddoo, sodaa qabaachuu? | | | | |
| 2 | Yaadda'uu to'achuu fi dhaabuu dhadhabuu? | | | | |
| 3 | Wantoota garaagaraa irrati baayyee yaadda'uu? | | | | |
| 4 | Rakkina bashannanuu dadhabuu? | | | | |
| 5 | Boqonnaa dhabuu ykn tasgabbiidhan taa'uu dadhabuu? | | | | |
| 6 | Salphaati  mufachuu ykn waanta xinnootti aaruu | | | | |
| 7 | Wanni suukanneessa ta'ee umamuu danda'aa jettee sodaachuu? | | | | |

| | | | | | |
|---|---|---|---|---|---|