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Psychological Distress, Associated Factors and Coping Strategies among Conflict Induced School Dropout Adolescents in North Mecha Woreda

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DECLARATION

This is to certify that the thesis entitled *"*Psychological Distress, Associated Factors and Coping Strategies among Conflict Induced School Dropout Adolescents in North Mecha Woreda*"*, submitted in partial fulfillment of the requirements for the degree of Masters of Arts in Counseling Psychology, Department of Psychology, Bahir Dar University, is a record of original work carried out by me and has never been submitted to this or any other institution to get any other degree or certificates. The assistance and help I received during the course of this investigation have been duly acknowledged.

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Advisor's approval sheet for Defense

I hereby certify that I have supervised, read, and evaluated this thesis titled "Psychological Distress, Associated Factors and Coping Strategies among Conflict Induced School Dropout Adolescents in North Mecha Woreda" by Abelneh Shemaye prepared under my guidance. I recommend the thesis be submitted for oral defense.

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Examiners' approval sheet

As members of the board of examiners, we examined this thesis entitled "Psychological Distress, Associated Factors and Coping Strategies among Conflict Induced School Dropout Adolescents in North Mecha Woreda" by Abelneh Shemaye. We hereby certify that the thesis is accepted for fulfilling the requirements for the award of the degree of "Masters of Arts (MA) in Counseling Psychology".

Approved by Board of Examiners

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ABSTRACT

This study assessed the level of psychological distress, associated factors, coping strategies, and gender differences among conflict induced school dropout adolescents in North Mecha Woreda, Amhara Region, Ethiopia. The study employed a concurrent mixed methods design. A total of 410 participants were involved in the study, including 395 adolescents' survey respondents (177 males and 218 females) and 15 interview participants selected purposively from adolescents, caregivers, community elders, religious leaders, health professionals, education experts, and Women, Youth and Social Affairs Office representatives. Quantitative participants were selected using stratified and proportional sampling techniques, while qualitative participants were selected purposively. Data were collected through the Kessler Psychological Distress Scale (K10), Social Support Scale, Brief COPE Scale, semi structured interviews, and document review. Frequency, percentage, mean, standard deviation, bar graph, independent samples t-test, and multiple linear regression were employed to analyze quantitative data, whereas qualitative data were analyzed thematically through narration, paraphrasing, and direct quotations. The findings revealed a critically high level of psychological distress among conflict induced school dropout adolescents. About 98.6% female and 90.4% *male of respondents experienced severe psychological distress, while the remaining 7.9% of male and 1.4% of female respondents experienced moderate distress. Depressive symptoms, hopelessness, sadness, worthlessness, and nervousness were the most frequently reported psychological problems. The study also found a statistically significant gender difference in psychological distress, with female adolescents reporting significantly higher distress levels than males. Economic hardship and safety and security concerns were identified as significant predictors of psychological distress. Qualitative findings further revealed that conflict related trauma, exposure to violence, gender based violence, family separation, social distrust, community fragmentation, and loss of livelihoods were major contributors to adolescents' psychological suffering. Regarding coping strategies, adolescents predominantly relied on emotion focused and avoidant coping strategies, while problem focused coping strategies were less frequently utilized. The study concluded that psychological distress is a serious mental health concern among conflict induced school dropout adolescents in North Mecha Woreda. Therefore, government institutions, humanitarian organizations, and mental health professionals should strengthen community based mental health and psychosocial support services, improve protection and educational reintegration programs, and address the socio economic and security challenges affecting conflict affected adolescents.*

Key Words: *Psychological Distress, Conflict Induced School Dropout, Adolescents, Associated Factors, Coping Strategies.*

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CHAPTER ONE: INTRODUCTION

1.1. Background of the Study

Adolescence is the phase of life bridging between childhood and adulthood (Sawyer et al., 2018). According to World Health Organization (WHO), Adolescence is defined as the period between 10 and 19 years of age, represents a critical stage of growth and development characterized by swift physical, cognitive, emotional, and social changes. Additionally, Adolescence is the phase of life between childhood and adulthood. It is a unique stage of human development and an important time for laying the foundations of good health.

However, as adolescents experiences a rapid biological growth, heightened emotional reactivity, and increased social engagement, they often more sensitive to environmental conditions, including instability and conflict (Jones et al., 2022). Children's and Adolescents are the right to get free education, the right to life and to have basic needs met, the right to be safe from harm, abuse, neglect, and exploitation, the right to play, the right to survival (Ochaíta et al., 2001)

During natural disasters and other humanitarian emergencies, adolescents' shoulder immense burdens. Many are forced to dropout of school to help care and provide for their families. Others are cut off from education and basic needs like health, nutrition, protection, water and sanitation due to conflict and natural disasters (Cuesta, J et al.,2020). Today, various countries are involved in fighting than at any time in the past 30 years, leaving adolescents extremely vulnerable to violence, abuse and exploitation.

Globally, one in four adolescence lives in a country affected by armed conflict or disaster often accompanied by exposure to a range of adversities including trauma and loss. (Peltonen, K. 2024). Adolescents involved with armed groups (often referred to as "child soldiers") typically exhibit high levels of mental health needs linked to their experiences Shaheen et al. (2020).

Similarly, according to UNICEF (2018), 1 in 3 children and adolescents between 5 and 17 years old living in countries affected by conflict or disaster, 104 million are not in school, a figure that accounts for more than a third of the global out of school population. According to this report, a total of 303 million 5- to 17-year-olds are out of school worldwide. Furthermore, the report notes

1 in 5 young people aged 15 to 17 years old living in countries affected by conflict or disaster have never entered any school, and 2 in 5 have never completed primary school.

In Ethiopia, according to the latest Humanitarian Situation Report by UNICEF (2025), over 10,000 schools representing 18% of the country's total have been damaged by conflict and climate shocks. UNICEF stated that this has "further reduced the availability of safe and functional learning spaces." The report highlights that the highest numbers of out of school children are found in the Amhara (4.4 million), Oromia (3.2 million), and Tigray (1.2 million) regions. This unavailability of safe and functional learning spaces may lead to adolescents's psychological distress.

As indicated in the above paragraph, Amhara region currently faces the highest burden. Beyond physical damage, many schools have been repurposed as military shelters and Internally Displaced Persons camps.

Similarly, The Forum for Higher Education Institutions in the Amhara Region (2025), disclosed that 4.7 million children and adolescents in the region are out of school, with only 32% enrolled in the current academic year. Additionally, 4,870 schools comprising 47% of the region's total remain closed primarily due to conflict and insecurity, while over 1,500 schools have been destroyed. Additionally, the forum showed that more than 50% of the out of school children in Amhara are concentrated in the North, West, and East Gojjam zones, as well as the Central Gondar Zone.

All the above stated humanitarian crises significantly affect Adolescents Psychological wellbeing by restricting that right to education, freedom, and exposed to war, unwanted and early marriages. These disruptions also often expose adolescents to multiple stressors, including loss of family members, destruction of property, economic hardship, and fear of violence. Such experiences can result in significant psychological distress, including symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), and hopelessness (Biset et al.,2023).

As work of Slone, M., & Mann, S. (2016), this effect of conflicts in the psychological wellbeing of adolescents include PTSD and post-traumatic stress symptoms, behavioral and emotional symptoms, sleep problems, disturbed play, and psychosomatic symptoms.

Furthermore, the horror of conflict has negative consequences on adolescents's psychological well-being and educational outcomes. Exposure to conflict can lead to trauma, anxiety,

depression, and behavioral problems, ultimately impacting their ability to learn, form relationships, and thrive in adulthood (Cairns& Cairns, 2015).

The experience of being excluded from the school system affects these adolescents from social engagement and structured environments that typically promote resilience and positive coping. The psychosocial effects of conflict induced school dropout may have long lasting impacts on an individual's wellbeing, community participation, and future productivity (Cairns& Cairns, 2015). In addition to the psychological distress due to conflict induced school dropout, there are factors that worsen psychological distress.

The work of (Bekuretsion, et al., 2025), on the level and associated factors of psychological distress among internally displaced people in Mekelle, Tigray, Ethiopia indicates as age, gender, number of traumatic events, poor social support, and chronic illness were the major associated factors of psychological distress in conflict affected areas.

When individuals experience psychological distress due to suffering, they employ coping strategies, like behavioral and cognitive efforts to manage the internal and external demands of the stressful situation. In conflict affected areas, vulnerable communities often use dysfunctional coping strategies to manage stress by avoiding or ignoring the source of the problem, which often exacerbates psychological distress (Carver, 1997).

Similarly, according to Hamama and Hamama-Raz (2025), the major dysfunctional coping strategies commonly used by conflict affected individuals are include behavioral disengagement, denial, self-distraction, self-blaming, substance use, venting (expressing feelings of frustration, anger, or distress without a clear focus on problem-solving.

systematic review and meta-analysis report on the updated World Health Organization (WHO) level figures, the level of mental illnesses (schizophrenia, depression, anxiety, bipolar disorder, and PTSD) in the populations impacted by conflict was 22.1% at post-conflict moment in the global level (Charlson et al., 2019).

Overall, the ongoing instability in conflict-affected areas of Ethiopia, specifically in the Amhara region, including North Mecha woreda, has led to school closures, internal displacement, and social disruption. Numerous adolescents have been forced to dropout of school, losing not only vital educational opportunities and vital human rights but also crucial social structures that provide psychological stability and emotional support.

Therefore, the focus of this study was on the psychological distress and its associated factors among conflict-induced school dropout students in North Mecha woreda.

1.2. Statement of the Problem

Psychological distress among adolescents is a growing global public health concern, particularly in contexts affected by conflict and instability. Adolescence is a critical developmental stage characterized by significant emotional, cognitive, and social transitions, making individuals highly vulnerable to mental health challenges (Patton et al., 2016).

Exposure to conflict related stressors including violence, displacement, loss of family members, and disruption of social systems has been consistently linked to increased risks of psychological distress, including anxiety, depression, and trauma-related disorders (Betancourt et al., 2013; Kessler et al., 2002).

In low and middle income countries, especially in sub-Saharan Africa, the burden of psychological distress among adolescents is further exacerbated by limited access to mental health services, weak social protection systems, and constrained educational opportunities (WHO, 2021; UNICEF, 2025).

In Ethiopia, recurrent internal conflicts have created complex humanitarian conditions, leading to widespread displacement, disruption of livelihoods, and breakdown of community support systems (Internal Displacement Monitoring Centre [IDMC], 2023). One of the most profound yet underexamined consequences of such conflicts is the interruption of education, resulting in increased rates of school dropout among adolescents (UNESCO, 2021).

School dropout adolescents, particularly when induced by conflict, is not only an educational issue but also a significant psychosocial concern. Schools provide critical protective environments through structure, peer interaction, and access to support services (Masten & Narayan, 2012). When adolescents are forced to leave school due to conflict, they lose these protective factors and become more vulnerable to social isolation, economic hardship, exploitation, and long-term psychological distress (Murthy & Lakshminarayana, 2006).

Despite this, existing research in Ethiopia and similar contexts has largely focused on in school adolescents, general youth populations, or displaced groups, with limited attention given specifically to adolescents who have dropout of school as a direct consequence of conflict.

Furthermore, the existing empirical findings on psychological distress has predominantly focused on adults and university students, with limited attention given to adolescents, particularly those who have dropout of school due to conflict-related disruptions.

For instance, Granieri, et al. (2020) examined psychological distress among university students, emphasizing academic and psychosocial stressors affecting mental health. Similarly, Eskin, et al. (2016) conducted a multinational study involving 5,572 university students across twelve countries, assessing suicidal behavior and psychological distress using self administered questionnaires. While these studies provide valuable insights into student mental health, they fail to capture the experiences of adolescents who are excluded from formal education systems due to conflict.

In contrast, the present study specifically targets conflict induced adolescents school dropouts, a highly vulnerable and under researched population. Unlike previous studies that focus on institutionalized student populations, this research seeks to assess not only psychological distress but also its associated factors, coping strategies, and gender differences among adolescents who are no longer in school due to conflict related disruptions.

Moreover, studies conducted in Ethiopia have largely examined psychological distress among specific groups such as college students (Tesfalem et al., 2019) and patients with chronic illnesses (Yakob et al., 2024). Although these studies contribute to understanding mental health in different populations, they do not address adolescents affected by conflict induced school dropout, nor do they consider the unique socio cultural and geographic context of North Mecha Woreda.

In addition, other studies have explored psychological distress in different contexts. For example, Hardy et al. (2023) investigated the relationship between psychological distress and work absenteeism, while Yakob et al. (2024) assessed psychological distress among individuals with diabetes and hypertension in the Sidama Region. These studies focus on adult populations and clinical or occupational settings, making their findings less applicable to conflict affected adolescents populations.

In Amhara region, some studies have examined mental health outcomes in conflict affected populations. For instance, Biset et al. (2023) assessed post traumatic stress disorder among children and adolescents, and Mamed et al. (2025) investigated Conflict, trauma, and coping: The experiences of internally displaced people in northern Ethiopia. Despite these important

contributions, none of these studies specifically focus on adolescents school dropouts resulting from conflict, nor do they comprehensively examine the interaction between psychological distress, associated factors, coping strategies and gender differences within this group.

Furthermore, while previous research has identified key determinants of psychological distress such as trauma exposure, poverty, and lack of social support. there is a lack of integrated analysis that simultaneously examines these factors alongside coping mechanisms. Coping strategies in particular, have often been treated as secondary variables, with limited exploration of how adolescents in conflict affected settings manage psychological distress in the absence of structured mental health and psychosocial support services.

Furthermore, while several studies have identified factors associated with psychological distress such as poverty, trauma exposure, and lack of social support there is insufficient evidence that holistically examines how these factors interact within the lived experiences of conflict-induced adolescents school dropouts (Lund et al., 2018).

In addition, coping strategies, which play a critical role in moderating psychological outcomes, have often been underexplored or treated as secondary variables rather than central analytical components (Compas et al., 2017). There is a particular lack of context based understanding of how school dropout adolescents' cope with distress in the absence of structured mental health and psychosocial support systems.

The researcher wants to limit this study to North Mecha Woreda. Because following the ongoing internal conflict, there are 19270 Girls and 15710 boys a total of 34980 Adolescents who out of school due to the internal conflicts (North Mecha woreda Education Office, 2025 Report).

Besides, unlike other woredas in the Amhara region, conflict has repeatedly occurred in this woreda, resulting in significant school destruction, numerous adolescents being out of school, and a lack of access to basic services like child protection, mental health and psychosocial support services.

In North Mecha Woreda, where communities have experienced conflict and instability in recent years, circumstantial and programmatic evidence suggests an increasing number of adolescents school dropouts and rising psychosocial challenges. However, there is a lack of empirical research that systematically assesses the level of psychological distress among this group, identifies its associated factors, and explores the coping mechanisms they employ.

Therefore, conducting research on the level, associated factors, coping strategies, and gender differences in psychological distress among conflict induced school dropout adolescents is crucial. The finding may essential for designing effective, context specific mental health and psychosocial support (MHPSS) interventions, as well as supporting educational reintegration and accelerated learning programs.

Accordingly, this study aims to fill these critical gaps by assessing the level of psychological distress, identifying its associated factors, and examining coping strategies and gender differences among conflict induced adolescents school dropouts in North Mecha Woreda.

1.3. Research Questions

This research answered the following basic research questions.

1. To what level is psychological distress experienced among conflict induced school dropout adolescents in North Mecha Woreda?
2. Are there statistically significant differences in psychological distress levels between male and female among school dropout adolescents in the study area?
3. What are the major associated factors of psychological distress among conflict induced school dropout adolescents students in the study area?
4. What coping strategies are commonly applied by adolescents who have dropout of school in North Mecha Woreda?

1.4. Objectives of the Study

1.4.1. General objective

The general objective of this study was to assess the psychological distress and its associated factors of conflict induced school dropout students in North Mecha Woreda.

1.4.2. Specific objectives

The specific objectives of this study were to:

- Show the level of psychological distress among adolescents who have dropout of school due to conflict in North Mecha woreda.
- Investigate whether conflict induced school dropout Adolescents male and female adolescents differ in their psychological distresses
- Identify the major associated factors of psychological distress among conflict induced school dropout adolescents in the study area.

- Identify the coping strategies commonly applied by adolescents who have dropout of school in North Mecha woreda

1.5. Significant of the Study

The findings of this study may have importance for a wide range of stakeholders from the school dropout adolescents to national policymakers by revealing the invisible scars left by the intersection of conflict and educational disruption. By focusing specifically on conflict induced school dropouts in North Mecha Woreda, a group often overlooked in favor of university students or general displaced populations, this research seeks to empower a vulnerable lost generation.

Identifying the level of psychological distress and its unique drivers provides a foundation for interventions that treat these adolescents not merely as statistics of educational loss, but as individuals in need of targeted mental health care. Furthermore, by exploring their existing coping mechanisms, the study may help develop resilience based projects that honor the strength these adolescents have shown while addressing the specific vulnerabilities created by the loss of the school's protective environment.

At a policy and institutional level, this research serves as a critical resource for the Ethiopian Ministry of Education and the Ministry of Health. By establishing a clear link between conflict induced school dropout and long term mental health risks like anxiety, depression, and PTSD, the findings may guide tangible actions such as the integration of trauma informed counseling into community based programs and accelerated learning initiatives.

Practically, the study generates the missing evidence needed by government sectors and humanitarian NGOs to design mental health and psychosocial support (MHPSS) services that are truly responsive to those outside the formal school system. In the specific context of North Mecha Woreda, where school destruction and a lack of basic child protection services have exacerbated the crisis, these results may help local administrators and community leaders advocate for much needed resources and integrate mental health considerations into broader peacebuilding and recovery efforts.

Finally, the study's focus on gender differences and holistic factor analysis addresses a significant scientific gap in Ethiopian literature. By revealing how boys and girls process conflict related trauma differently balancing the domestic expectations placed on girls with the specific violence exposure faced by boys, the research enables the creation of gender sensitive support

systems. Unlike previous studies that focused on clinical or occupational settings, this work provides a context specific baseline for out of school adolescents. Ultimately, it offers a vital data point for future researchers interested in the long term effects of conflict on human capital, ensuring that the psychological wellbeing of the most marginalized adolescents remains a priority in Ethiopia's path toward humanitarian and educational recovery.

1.6. Scope/ Delimitation of the Study

Geographically, this study was deliminated to North Mecha Woreda in the Amhara Region of Ethiopia and does not cover other Woredas or Regions. Conceptually, it focuses on the level of psychological distress, gender differences in their level of distress, associated factors, and coping strategies among adolescents who drop out of school because of conflict. The target population was adolescents in North Mecha Woreda who drop out of school due to conflict related reasons such as displacement, school closures, or insecurity, and it does not include adolescents who are still in school or any adults. Methodologically, this study was employed a mixed research approach with concurrent parallel research design.

1.7. Operational Definition of Key Terms

- **Adolescents:** For this study, adolescents are any male or female aged 10–19 years living in North Mecha Woreda.
- **Conflict induced school dropout:** for this study, an adolescent who has stopped attending school for three consecutive years mainly because of conflict related problems, such as armed violence, displacement, school destruction, school closure, or serious insecurity that prevents regular schooling.
- **Psychological distress:** for this study, the researcher used as any non specific psychological problems as a state of emotional suffering shown by symptoms like sadness, fear, worry, hopelessness, sleep problems and others measured in this study by Kessler Psychological Distress Scale (K10).
- **Associated factors:** in this study associated factors are the factors that predicts the conflict induced school dropout adolescents's psychological distress. These factors may include individual, family, social, and conflict related conditions, such as age, sex, exposure to traumatic events, social support, chronic illness, poor economic status etc……

- **Coping strategies:** in this study coping strategy used as the ways dropout adolescents try to manage or deal with stress and difficult experiences related to conflict and school dropout, such as problem focused coping, seeking social support, or dysfunctional strategies like denial, self-distraction, substance use and others.
- **Distress Level:** in this study distress level means the K10 cutoff of conflict induced school dropout adolescents psychological distress.

1.8. Limitations of the study

Despite its contributions, this study has several limitations that should be considered when interpreting the findings.

First, the study relied primarily on self reported data collected through questionnaires. Since participants were asked to recall and report their own experiences and feelings, the responses may have been affected by recall bias and social desirability bias. Some adolescents may have underreported or overreported their psychological experiences due to fear, stigma, or emotional discomfort.

Second, the study was geographically limited to North Mecha Woreda. Therefore, the findings may not be generalized to all conflict induced school dropout adolescents in other woredas, regions, or conflict contexts where social, cultural, economic, and security conditions may differ.

Third, although the study examined several factors associated with psychological distress, other potentially influential variables such as resilience, family functioning, parental mental health, personality characteristics, access to mental health services, and post traumatic stress disorder (PTSD) were not included in the analysis.

Finally, given the sensitive nature of conflict related experiences, some participants may have been reluctant to fully disclose traumatic events, abuse, or psychological difficulties during interviews and questionnaire administration. This may have influenced the completeness of the information obtained.

Despite these limitations, the use of a mixed methods approach, triangulation of quantitative and qualitative data, and inclusion of a relatively large sample of conflict induced school dropout adolescents enhanced the credibility and richness of the study findings.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

The purpose of this chapter is to assess related literatures and researches in related to the psychological distress, level, gender differences, associated factors, and its coping strategies of conflict induced school dropout Adolescents. Previous related literature review contributed to build a foundation for the current study and to identify gaps. The review focused on the empirical and conceptual explanation about the psychological distresses level, gender differences, associated factors, and coping strategies of conflict induced school dropout Adolescents from other countries experience and some national studies of conflict induced school dropout adolescents.

2.1. Concept of Adolescence

Adolescence is a sensitive period of human development in which biological changes, identity formation, and shifting social roles make young people particularly vulnerable to the impacts of conflict, school disruption, and forced dropout Coleman, 2011). For adolescents in conflict-affected settings such as North Mecha Woreda, the combination of exposure to violence and exclusion from school significantly increases the risk of psychological distress and long-term mental health problems.

Besides, Adolescence is widely described as a bridge between childhood and adulthood, marked by rapid physical growth, cognitive maturation, and expanding social worlds. These changes amplify sensitivity to environmental conditions (Mastorci, F et al 2024). So that instability, displacement, and violence are more likely to trigger emotional problems, identity confusion, and difficulties in coping. Global and African evidence shows that about a quarter of adolescents experience significant mental health distress, with higher risks where poverty, insecurity, and weak services are present.

Sawyer et al. (2018) emphasize adolescence (10-19 years) as a bridge from childhood to adulthood, involving biological growth and social transitions that forge identity, making youth highly sensitive to instability. WHO defines this stage by swift physical, cognitive, emotional, and social shifts, laying health foundations amid rapid growth and emotional reactivity (Jones et al., 2022). Ochaíta and Espinosa (2001) Believes adolescents' rights to free education, safety from harm, and basic needs, underscoring how conflicts violate these essentials.

2.2. Conflict-Induced Educational Disruption and Adolescent Well-Being in Ethiopia and Amhara Region

Over the past several years, Ethiopia has experienced recurrent armed conflicts that have resulted in widespread displacement, destruction of infrastructure, disruption of public services, and significant humanitarian crises. These conflicts have affected millions of people across different regions, particularly women, children, and adolescents.

Among the most severe consequences has been the interruption of education, as thousands of schools have been damaged, occupied, or forced to close due to insecurity. Educational disruption has emerged as one of the most significant challenges facing conflict-affected adolescents, limiting their access to learning opportunities and exposing them to numerous psychosocial risks.

According to national and international reports like International Organization for Migration (IOM), 2024), conflict-related displacement in Ethiopia has reached unprecedented levels, making the country one of the largest internally displaced populations in Africa. Displacement often forces families to relocate to unfamiliar environments where educational services, healthcare, and psychosocial support systems are either limited or unavailable.

For adolescents, these disruptions occur during a critical developmental stage characterized by rapid biological, cognitive, emotional, and social changes. As a result, conflict-related instability can have profound implications for their mental health, identity formation, and future life opportunities.

Educational disruption is not merely the loss of classroom attendance; it also represents the loss of a protective environment that provides routine, social interaction, emotional support, and opportunities for personal development. Schools play an important role in fostering resilience, promoting social connectedness, and creating a sense of normalcy during times of crisis. When schools are closed or destroyed, adolescents lose access to these protective resources and become increasingly vulnerable to psychological distress, social isolation, child labor, early marriage, exploitation, and other adverse outcomes.

Evidence from Ethiopia demonstrates a strong relationship between conflict exposure and poor mental health outcomes among adolescents and young people. Studies conducted in conflict-affected areas of Southern Ethiopia have shown that students exposed to violence, threats to personal safety, sexual abuse, and witnessing armed attacks were significantly more likely to

experience mental distress compared to their non-exposed peers. Furthermore, poor academic performance and educational failure were found to increase the likelihood of psychological distress, suggesting that educational disruption and mental health difficulties often reinforce one another.

The situation has been particularly severe in the Amhara Region, where recurring armed conflict has resulted in extensive destruction of educational infrastructure and prolonged school closures. Qualitative evidence from conflict-affected adolescents in Amhara indicates that displacement, insecurity, fear of violence, and uncertainty about the future have substantially weakened adolescents' motivation to learn and pursue educational goals.

Many adolescents reported feelings of hopelessness, fear, sadness, and frustration as a result of losing access to education and witnessing the destruction of their communities. The disruption of social networks, separation from peers, and uncertainty regarding educational reintegration further contributed to emotional distress and reduced psychological well-being (Jones et al., 2022).

Research conducted by Jones et al. (2022) revealed that conflict affected adolescents in Ethiopia frequently described education as one of the most important sources of hope and future opportunity. Consequently, the loss of schooling due to conflict was experienced not only as an educational setback but also as a psychological and social crisis. Adolescents reported concerns about their future careers, diminished aspirations, and feelings of abandonment resulting from prolonged educational interruption. These findings suggest that educational disruption should be understood as both an educational and a mental health issue.

In North Mecha Woreda, the context of the present study, repeated conflict-related disruptions have led to widespread school closures, displacement of families, destruction of educational facilities, and a substantial increase in the number of out-of-school adolescents. Such circumstances place adolescents at heightened risk of psychological distress while simultaneously reducing access to formal support systems. Understanding the broader Ethiopian and Amhara regional context is therefore essential for examining the level of psychological distress, associated factors, and coping strategies among conflict-induced school dropout adolescents.

2.3. Theoretical Framework

A theoretical framework provides a lens through which the study phenomenon can be understood and interpreted. Because this study examines psychological distress, associated factors, coping strategies, and gender differences among conflict-induced school dropout adolescents, three complementary theories are particularly relevant: Ecological Systems Theory, Stress and Coping Theory, and Resilience Theory. Together, these theories explain (a) how multiple environmental systems shape adolescents' psychological well-being, (b) how stressors are appraised and managed through coping, and (c) why some adolescents maintain or regain psychological health despite severe adversity.

2.3.1. Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (1979) posits that human development is shaped by interactions among multiple environmental systems ranging from immediate contexts to broad cultural and historical forces. The theory identifies five interrelated systems:

- Microsystem: immediate settings such as family, peers, and school.
- Mesosystem: interactions among microsystems (e.g., home–school relations).
- Exosystem: external contexts that indirectly influence the individual (e.g., community institutions, local policies).
- Macrosystem: broader cultural, economic, and political environments.
- Chronosystem: the dimension of time, including historical events and life transitions (e.g., war, displacement).

For conflict-induced school dropout adolescents, armed conflict disrupts nearly all ecological systems simultaneously. At the microsystem level, adolescents may lose family members, friends, or educational opportunities, and may face increased caregiving burdens or exposure to violence. At the mesosystem level, the breakdown of home–school linkages removes a key protective pathway. At the exosystem level, schools and community institutions may be destroyed or inaccessible. At the macrosystem level, conflict, displacement, and poverty create adverse living conditions and limit access to services. The chronosystem captures the temporal dimension: prolonged conflict and repeated displacement intensify stress over time and alter developmental trajectories.

The theory suggests that psychological distress is not caused solely by individual factors but emerges through the interaction of multiple environmental stressors. Therefore,

Ecological Systems Theory provides a useful framework for understanding how conflict exposure, poverty, social support, and school dropout collectively influence adolescents' psychological well-being. It also clarifies why interventions must target multiple levels (e.g., family support, school re-entry programs, community services, policy changes) rather than focusing only on individual symptoms.

2.3.2. Stress and Coping Theory

Lazarus and Folkman's Stress and Coping Theory (1984) proposes that psychological distress occurs when individuals perceive environmental demands as exceeding their available coping resources. Stress is not determined solely by external events but by an individual's appraisal of those events and their perceived ability to manage them. The theory distinguishes two major coping approaches—problem-focused coping and emotion-focused coping—and, in later work, highlights avoidant coping as a distinct pattern that often exacerbates distress.

- Problem-focused coping aims to directly address the source of stress through actions such as seeking information, problem-solving, seeking assistance, and returning to school.
- Emotion-focused coping seeks to regulate emotional responses through seeking emotional support, prayer and spirituality, acceptance, and emotional expression.
- Avoidant coping involves efforts to escape or ignore stressful situations through denial, withdrawal, substance use, and self-distraction.

Among conflict-induced school dropout adolescents, exposure to violence, displacement, educational disruption, and poverty create substantial stressors. The coping strategies adolescents use may either protect them from distress or increase their vulnerability to mental health problems. For example, problem-focused strategies such as seeking assistance or attempting to re-enter school can reduce distress by restoring structure and future aspirations. Conversely, avoidant strategies such as substance use or withdrawal may increase depression, anxiety, and social isolation.

This theory directly informs the current study's objective of identifying coping strategies employed by conflict-induced school dropout adolescents and examining how these strategies relate to psychological distress.

2.3.3 Resilience Theory

Resilience Theory focuses on individuals' ability to adapt positively despite exposure to adversity (Masten, 2014). Resilience refers to the process through which individuals maintain or

regain psychological well-being following stressful experiences. Protective factors that promote resilience include strong family support, positive peer relationships, community connectedness, religious and spiritual resources, and adaptive coping skills.

In conflict settings, resilience helps explain why some adolescents experience severe psychological distress while others maintain relatively healthy psychological functioning despite similar exposure to adversity. The theory suggests that strengthening protective factors can reduce the negative psychological consequences of conflict and educational disruption. For conflict-induced school dropout adolescents, resilience may be fostered by re-establishing social connections, accessing psychosocial support, and finding meaningful roles (e.g., caregiving, vocational training) that restore purpose and agency.

Taken together, these three theories provide a comprehensive lens: Ecological Systems Theory explains the multi-level environmental influences; Stress and Coping Theory explains how stressors are appraised and managed; and Resilience Theory explains why some adolescents maintain well-being despite adversity.

2.4. Conflict, School Disruption, and Psychological Distress

Armed conflict affects adolescents not only through direct exposure to violence but also by disrupting education systems, family life, and community supports. Studies from Ethiopia's Amhara region like (Jones et al., 2022) show that conflict has destroyed school infrastructure, interrupted learning, and reduced adolescents' educational aspirations, while trauma and stress make it difficult to concentrate and stay in school. Reviews of conflict-affected populations indicate elevated rates of depression, anxiety, and post-traumatic stress disorder (PTSD), with pooled level of common mental disorders in post-conflict settings around one-fifth of the population (Tol, W. et al 2018).

The researcher believes that being excluded from school removes adolescents from structured environments that support routine, peer interaction, and adult guidance, which are central protective factors for psychological well-being.

International evidence like the work of (Fothergill, K. al 2008) links early school dropout with higher risks of substance misuse, depression, externalizing behaviors, and later unemployment, suggesting that loss of education can establish cycles of disadvantage and distress. For adolescents in conflict zones, school closures also mean loss of safe spaces, school-based protection mechanisms, and opportunities for resilience-building activities

Psychological distress among conflict-affected adolescents commonly includes symptoms of depression, anxiety, irritability, sleep disturbance, and PTSD-related reactions such as intrusive memories and hyperarousal. These symptoms often coexist with behavioral problems, such as aggression, defiance, and risk-taking, which can strain family relationships and make school re-entry more difficult. Long-term, untreated distress can impair educational attainment, social functioning, and future economic productivity, reinforcing poverty and social exclusion (Abdelaziz, T et al.,2013).

2.5. Associated Factors of Psychological Distress

Psychological distress among adolescents in conflict affected areas doesn't merely happen due to school closure, it also happens with various interconnected factors that amplify vulnerability during this critical developmental stage. Research consistently points to trauma exposure, social disruptions, and personal circumstances as key drivers, especially for those forced out of school by violence and instability. At the heart of it, repeated exposure to traumatic events stands out as a primary trigger. Studies in conflict affected Ethiopia, like Bekuretsion et al. (2025), show that witnessing violence, losing loved ones, and fleeing home are directly correlates with higher distress levels among internally displaced people, including adolescents.

Besides, the findings from Slone and Mann (2016), who link war experiences to PTSD symptoms, emotional outbursts, sleep disturbances, and even physical complaints like stomachaches in young people. For school dropouts, the destruction of routine and safety nets, as noted by Cairns and Cairns (2015), compounds this, turning everyday fears into deep seated anxiety, depression, and behavioral issues that hinder learning and relationships long-term.

Jones et al. (2022) highlight how rapid biological and emotional changes in adolescence make teens hypersensitive to instability, like family separations or economic hardship from conflict issues widespread in Amhara region, where over 4.7 million kids are out of school (Forum for Higher Education Institutions in the Amhara Region, 2025). Poor social support emerges as a major aggravator; without friends, teachers, or community structures, adolescents lack the buffers that build resilience (Bekuretsion et al., 2025).

School closures, affecting 47% of schools in Amhara due to fighting (UNICEF, 2025), strip away these protective spaces, leading to isolation and heightened distress, as Biset et al. (2023) observed in local studies on PTSD among affected youth.

Demographic and health related elements add layers of risk. Age and gender often play roles, with adolescents facing outsized burdens from early marriages, exploitation, or caregiving duties amid crises (Cuesta & Leone, 2020; Ochaíta & Espinosa, 2001). Chronic illnesses further worsen outcomes, interacting with trauma to spike distress (Bekuretsion et al., 2025). Globally, WHO data shows mental health issues at 22.1% in post-conflict populations, driven by these same stressors (systematic review cited in your proposal).

In high-stress settings, adolescents often turn to dysfunctional tactics like denial, substance use, or self-blame behaviors that Hamama and Hamama-Raz (2025) and Carver (1997) describe as avoidance mechanisms. These not only fail to resolve problems but often deepen hopelessness, especially without access to education or support.

In North Mecha Woreda, where conflict has exhausted schools and displaced families, these factors converge uniquely, yet few studies drill down on dropout adolescents specifically. This gap underscores the need for targeted research to inform interventions.

2.6. Coping Strategies Among Conflict Affected Adolescents

Coping strategies refer to the cognitive, emotional, and behavioral efforts individuals employ to manage stressful situations that exceed their available resources (Lazarus & Folkman, 1984). For adolescents living in conflict-affected settings, coping becomes particularly important because they are exposed to multiple stressors simultaneously, including violence, displacement, loss of loved ones, educational disruption, poverty, and uncertainty about the future. During adolescence, a developmental period characterized by identity formation, emotional sensitivity, and increasing social awareness, exposure to such adversities can significantly challenge psychological adjustment. Consequently, the coping strategies adolescents adopt play a crucial role in determining whether conflict exposure results in resilience or psychological distress.

According to Lazarus and Folkman's (1984) Stress and Coping Theory, individuals first evaluate a stressful event through a process known as cognitive appraisal. When adolescents perceive a situation as threatening or beyond their control, they experience stress and attempt to cope with it using available psychological and social resources. The theory distinguishes between problem-focused coping, which aims to address the source of stress, and emotion-focused coping, which aims to regulate emotional responses to stress. Later research has also identified avoidant or maladaptive coping strategies, which involve attempts to escape, deny, or disengage from stressful experiences rather than confronting them directly (Carver, 1997).

In conflict settings, adolescents often face circumstances that are beyond their immediate control, such as armed attacks, displacement, school closure, family separation, and destruction of property. Because many of these stressors cannot be solved directly by adolescents, emotion-focused and avoidant coping strategies become common responses. However, the effectiveness of these strategies varies considerably. While some coping mechanisms promote resilience and psychological recovery, others may increase vulnerability to depression, anxiety, post-traumatic stress symptoms, and behavioral problems.

Research consistently demonstrates that social support is among the most effective coping resources available to conflict-affected adolescents. Support from parents, peers, teachers, community members, and religious leaders provides emotional reassurance, practical assistance, and a sense of belonging. Social support functions as a protective factor by buffering the negative psychological effects of trauma exposure. Studies among war-affected children have found that adolescents who maintain strong social relationships exhibit lower levels of depression, anxiety, and PTSD symptoms compared to those who experience social isolation (Betancourt & Khan, 2008). Social support not only reduces emotional distress but also strengthens adolescents' confidence in their ability to manage adversity.

Religious and spiritual coping also plays a significant role in many conflict-affected communities. In low-income countries and humanitarian settings, adolescents frequently rely on prayer, participation in religious activities, and faith-based beliefs to make sense of traumatic experiences. Spiritual coping can provide hope, meaning, emotional comfort, and a sense of control during periods of uncertainty.

Cherewick et al. (2016) found that spiritual resources often serve as important resilience mechanisms among populations affected by armed conflict and displacement. In Ethiopia, where religion occupies a central place in community life, faith-based coping may be particularly important for adolescents experiencing educational disruption and psychosocial hardship.

Problem-focused coping strategies are generally associated with more positive psychological outcomes. These strategies include seeking information, planning for the future, searching for educational opportunities, engaging in productive activities, and actively seeking support from others. Adolescents who employ problem-focused coping are more likely to demonstrate resilience because they attempt to address challenges directly rather than passively enduring them. Research suggests that active coping enhances self-efficacy, promotes a sense of control,

and reduces the severity of psychological distress following exposure to adversity (Compas et al., 2017).

Conversely, maladaptive coping strategies are frequently associated with poorer mental health outcomes. Adolescents exposed to chronic conflict may engage in avoidance, denial, withdrawal, aggression, substance use, self-blame, or emotional suppression in an effort to escape painful experiences. Although these strategies may provide temporary relief from emotional distress, they often fail to address underlying problems and may intensify psychological symptoms over time. Carver (1997) argues that avoidant coping prevents individuals from processing traumatic experiences effectively, thereby increasing vulnerability to anxiety, depression, and hopelessness. Studies conducted among conflict-affected youth have shown that substance use, social withdrawal, and persistent avoidance are significant predictors of long-term psychological difficulties.

Research from conflict and humanitarian settings further demonstrates that coping strategies influence the relationship between trauma exposure and psychological outcomes. Adolescents exposed to similar levels of violence may experience markedly different psychological consequences depending on the coping strategies they employ. Adaptive coping mechanisms such as social support seeking, problem solving, and spiritual engagement tend to weaken the impact of traumatic experiences on mental health, whereas maladaptive coping mechanisms strengthen the association between trauma exposure and psychological distress (Masten, 2014).

Evidence from psychosocial interventions also highlights the importance of strengthening adaptive coping skills among conflict-affected adolescents. School-based and community-based mental health programs that incorporate psychoeducation, emotional regulation techniques, peer support groups, and resilience-building activities have been shown to improve coping capacities and reduce symptoms of distress (Cherewick et al., 2016). These interventions are particularly important for conflict-induced school dropout adolescents who often lack access to formal educational environments where psychosocial support services are typically provided.

In the Ethiopian context, limited but growing evidence suggests that conflict-affected adolescents rely heavily on family support, religious practices, and community networks to cope with adversity. However, prolonged conflict, repeated displacement, poverty, and educational disruption may weaken these protective resources and increase reliance on maladaptive coping mechanisms.

Despite the growing number of studies examining mental health among conflict-affected populations, little empirical evidence exists regarding the coping strategies specifically employed by conflict-induced school dropout adolescents. This knowledge gap is particularly evident in North Mecha Woreda, where repeated conflict has disrupted education and social support systems. Therefore, investigating the coping strategies used by conflict-induced school dropout adolescents is essential for designing effective mental health and psychosocial support interventions tailored to their unique circumstances.

2.7. Gender Differences in Psychological Distress

Research findings like (Zungu, N. P., et al 2025), consistently shows that adolescents girls often report higher levels of psychological distress than boys, particularly in contexts of conflict and social inequality. In Ethiopia, students from conflict-affected areas who are female have been found to be about three times more likely to experience mental distress than males, reflecting intersecting vulnerabilities such as gender-based violence, early marriage, and shortened schooling. Broader African data also suggest that social disadvantages such as low education, unemployment, and urban poverty contribute to gender disparities in distress, with girls more exposed to cumulative stressors across home, school, and community.

2.8. Conceptual Framework for the Present Study

A useful way to conceptualize psychological distress among conflict induced school dropout adolescents is to see it as the outcome of interacting risk and protective factors operating at individual, family, school, and community levels. In this framework, armed conflict and school destruction create proximal stressors (violence exposure, displacement, economic hardship, loss of schooling), which are filtered through personal characteristics (age, gender, prior health), social resources (family support, peer networks), and coping strategies (adaptive vs. dysfunctional) to produce varying levels of distress. This study conducted in North Mecha Woreda builds on this model by focusing specifically on the level of psychological distress, its associated socio demographic and conflict related factors, adolescents' coping strategies, and gender differences among those who have dropout of school due to conflict.

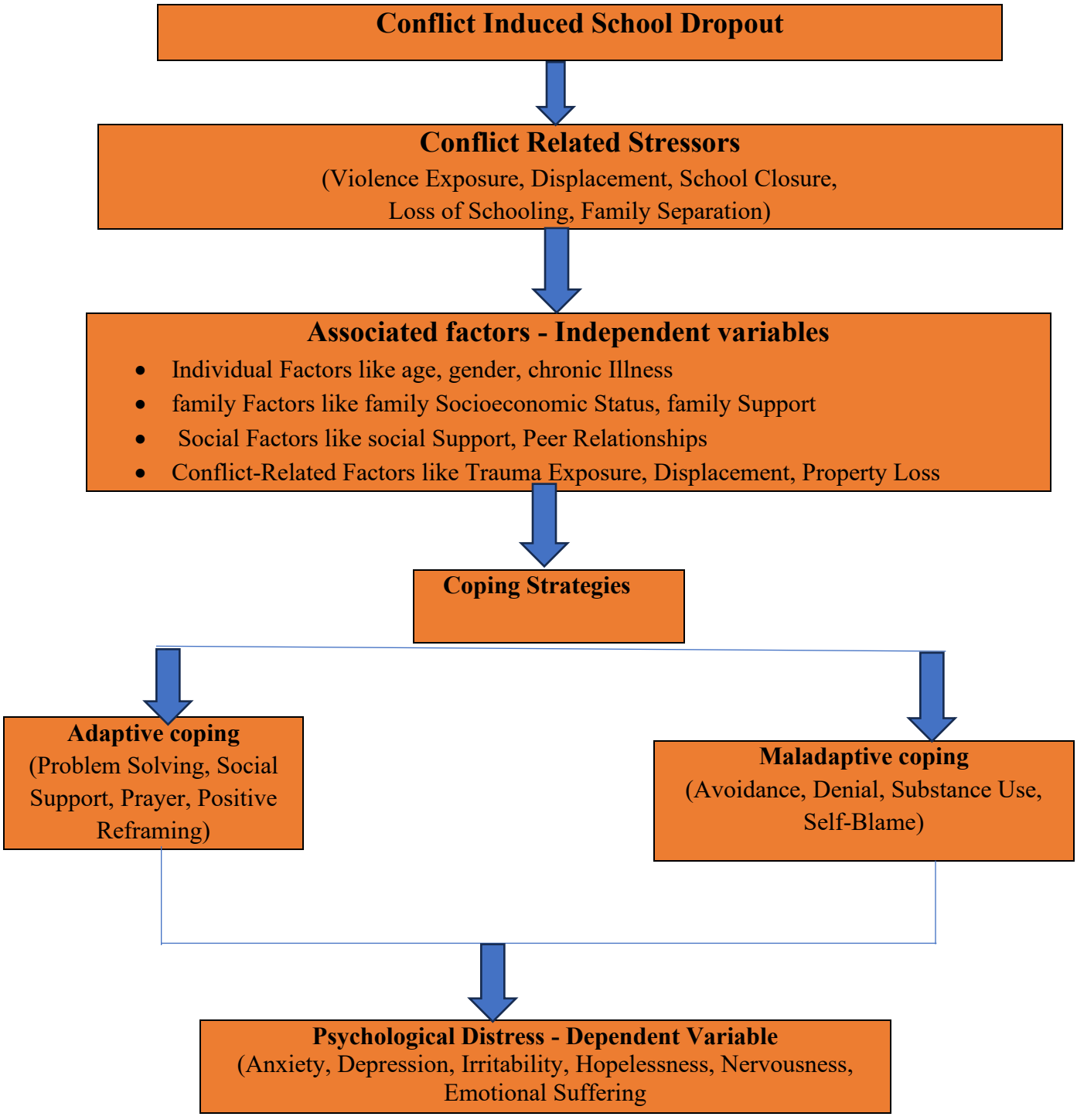

Figure 1. Conceptual Framework of the study developed by the researcher based on literature Review

2.9. Summary

Within Ethiopia, most empirical work on psychological distress has focused on adults, university students, and specific patient groups rather than conflict induced school dropout adolescents. Recent studies in Amhara and other regions have examined mental distress, PTSD, and related outcomes among internally displaced people and students, but have not systematically addressed the subgroup of adolescents who out of school because of conflict related closures and insecurity. This leaves an important gap regarding how conflict induced school dropout, gender, trauma exposure, social support, and coping strategies jointly shape psychological distress in local contexts like North Mecha Woreda.

CHAPTER THREE: METHODS OF THE STUDY

3.1. Description of Study Areas

In order to assess the level, gender differences in their level of Psychological distress, associated factors and coping strategies among conflict induced school dropout adolescents, the study was conducted in North Mecha Woreda.

North Mecha located in the north Gojjam Zone of the Amhara Region, Ethiopia, the woreda shares borders with Bahir Dar Zuria to the northeast, Yilmana Densa to the east, Sekela to the south, and Achefer to the southwest. Geographically, North Mecha Woreda is situated between 11°05′ to 11°30′ N latitude and 37°05′ to 37°25′ E longitude. Its administrative center, Merawi town, is positioned at approximately 11°24′ N latitude and 37°09′ E longitude.

The woreda features an elevation ranging from 1,800 to 2,500 meters above sea level, placing it predominantly within the *Woyina Dega* (sub-tropical) agro-ecological zone. This diverse setting provides a representative context for examining the psychosocial impacts of conflict on displaced and out-of-school adolescent populations.

North Mecha Woreda is a woreda affected by the ongoing conflicts that exhausted schools and pushed many Adolescents out of classrooms. This area faces big troubles like damaged buildings, families on the move, and tough access to basics like health care or counseling, making it a key spot to look into how dropouts from school due to fighting are holding up Psychologically. Woreda Education Office report (2025) shows 19270 Girls and 15710 boys a total of 34980 Adolescents were out of school because of insecurity, school closures, and displacement, leaving them open to stress and emotional struggles.

3.2. Research Approach

This thesis investigates the extent of psychological distress, gender differences in their level of psychological distress, associated factors and coping strategies among conflict induced school dropout adolescents in North Mecha Woreda, Amhara Region, Ethiopia, area heavily impacted by ongoing conflict leading to widespread school closures and insecurity. It specifically examines level rates, potential gender differences in distress levels, key associated factors and coping strategies employed by these adolescents.

By addressing these elements through empirical analysis, the study aims to provide evidence based insights that can guide targeted mental health support, reintegration programs, and policy

interventions to mitigate the long-term effects of conflict on vulnerable adolescents in the north mecha woreda

To achieve this, the researcher employed mixed research approach, combine numbers and stories to get the full picture on psychological distress, associated factors and its coping strategies among school dropout adolescents. Quantitative parts were measured psychological distress levels, associated factors, gender differences and coping strategies through surveys, while qualitative parts were sequentially add depth on personal experiences related to school dropout, conflicts, their psychological distresses and coping strategies.

According to Creswell and Garrett (2008) mixed method procedures are those in which the Researcher converges or merges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. In this approach, the researcher collected both forms of data at the same time and then integrated the information in the interpretation of the overall results.

Also, in this method, the researcher may embed one smaller form of data within another larger data collection in order to analyze different types of questions (the qualitative addresses the process while the quantitative, the outcomes). Alternatively, researchers may first survey a large number of individuals and then follow up with a few participants to obtain their specific language and voices about the topic. In these situations, collecting both closed-ended quantitative data and open-ended qualitative data proves advantageous.

3.3. Research Design

The researcher used concurrent parallel mixed research design. Because it fits best where a researcher collects both quantitative and qualitative data at the same time.

In mixed research method, the concurrent parallel design referred to as the convergent parallel design or simply convergent design is one of the most prominent frameworks utilized by behavioral, social, and health science researchers (Creswell, J. W., & Plano Clark, V. L. (2023)).

This design allows researchers to collect, analyze, and integrate distinct quantitative and qualitative databases within a single phase of study to achieve a comprehensive understanding of a research problem (Creswell & Plano Clark, 2023).

The researcher collects and analyses two separate databases quantitative and qualitative and then merges the two databases for the purpose of comparing or combining the results (as cited in Morgan, H. (2022).

Besides, the databases are kept separate during analysis to preserve the integrity and counteracting biases of each tradition (Greene et al., 1989).

3.4. Population, Sample Size and Sampling Techniques

The target population of this study was covered conflict induced school dropout adolescents aged 10-19 in North Mecha Woreda.

There are 19270 females and 15710 males a total of 34980 Adolescents were out of school because of conflict, insecurity, closures, and displacement, leaving them open to stress and emotional struggles (North Mecha woreda Education Office, 2025 Report).

And to conduct this research, the researcher was limited the sample size from the whole school dropout adolescents by using Yamane (1967) formula. And also, the researcher used stratified sampling technique to take a sample in terms of gender, after that the researcher used Proportional sampling technique to take the sample from each gender proportionally**.**

For qualitative data, the researcher used purposive sampling technique for the purpose of getting detailed information about the issues from school dropout adolescents, their parents, woreda Education office, Health Office, and women, youth and social affairs offices. Moreover, for quantitative data the sample size of this study was determine by using Yamane (1967) formula. $n=\frac{N}{1+N(e2)}$ where, n is sample size, N is population size, 1 is constant and, e is compromising margin of error; (in social science there is 95% confidence level, and e=0.05).

$\mathbf{n=}\frac{34980}{1+34980(0.0025)}$ = 395. So, the sample size of this survey study was 395 Adolescents who dropout schools due to the conflict. The researcher was took the samples from each gender as indicated in the table below.

Table 1. Population and sample size of participants

Population Group	Population	Sample	Sampling techniques
Female	19270	218	Proportional sampling technique
Male	15710	177	
Total	**34980**	**395**	

3.5. Data Collection Instruments

The aim of this study is to assess the level of psychological distress, Gender differences in their level of psychological distress, associated factors, and coping strategies of conflict induced

school dropout adolescents in North Mecha woreda. To achieve these objectives, the researcher used questionnaire, document and semi structured interview as a data collection tools.

3.5.1. Questionnaire

In order to assess the level of psychological distress, the researcher used Kessler-10 (K10) scale developed by Kessler,.et al (2002) to screening scales to monitor population levels and trends in non specific psychological distress. It widely used to survey research tools for adolescents, and it consists a solid 10 item survey that consists distress through feelings like nervous, hopelessness, or restlessness over the past months and five choices namely one of the times, a little of the time, Some of the time, most of the time and all of the time. It's reliable in Ethiopian settings with good cutoffs.

Additionally, in order to identify the associated factors of psychological distress among school dropout adolescents, the researcher used Social Support Scale consists of eleven (11) items and five (5) choices consists of strongly disagree, disagree, neutral, agree, and strongly agree. The researcher adapted this question from Journal of Personality Assessment, Volume 52, Issue 1, pages 30-41. Besides, the researcher developed nine (9) yes or no and multiple-choice questions to identify its associated factors.

To identify the coping strategies used by conflict induced school dropout adolescents, the researcher adapted Brief COPE Scale. It consists of 17-item and four (4) choices consisted of I haven't been doing this at all, I've been doing this a little bit, I've been doing this a medium amount and I've been doing this a lot. It designed to measure how people respond to serious stressors, such as conflict and displacement.

3.5.1.1 Pilot test

For the pilot test, the researcher used total of 50 school dropout adolescents (25 males and 25 females) who were not part of the main survey. In this test, Cronbach's alpha was employed to determine the reliability of the questionnaires. Internal reliability of the K10 measurement of psychological distress scale was 0.964, the social support scale was 0.759, and coping strategies of psychological distress scale was 0.621. The results are summarized in the table below:

Table 2. Cronbach'Alpha result of pilot study

Items	No of items	Results
K10 Psychological Distress scale	10	0.964
Social Support scale	11	0.759
Coping strategies of psychological distress scale	17	0.621

3.5.2. Interview

An interview was also carried out in order to cross check and enrich the data gathered through questionnaires. The researcher prepared an interview guideline (semi structured interview) that contains eleven (11) questions. These interview guides were designed for persons who have sufficient knowledge or information about the issue under investigation. Those are 2 education experts, 2 health professionals, 2 adolescents, 3 care givers and parents, 2 religious leaders, 2 socially recognized elders and 2 Women, youth and social affaire woreda experts.

Besides, the researcher was conducted semi structured interview with some conflict induced school dropout adolescents to explore daily struggles and strategies in their own words.

3.5.3. Document

In order to bridge the gap between individual lived experiences and the institutional realities of the conflict in North Mecha Woreda, the researcher used document review as a data collection method.

Documentary sources provide a valuable and relatively objective record of events, policies, and institutional responses, enabling researchers to examine phenomena beyond participants' personal accounts (Bowen, 2009). In this study, school records, educational reports, and administrative documents served as silent witnesses to the timing, extent, and patterns of school dropout during the conflict period.

These records helped verify and contextualize adolescents' experiences of educational disruption. Furthermore, by cross referencing official documents with adolescents' testimonies, the study employed methodological triangulation, which enhances the credibility, validity, and trustworthiness of qualitative findings by corroborating evidence from multiple sources (Patton, 2015, Creswell & Poth, 2018).

Consequently, the integration of documentary evidence with primary source data provided a more comprehensive understanding of the impact of conflict on adolescent school dropout in North Mecha Woreda.

3.6. Data Collection Procedure

The data collection was conducted over a period of four to six weeks following ethical clearance and permission from relevant authorities. Quantitative data were gathered through community based, house to house visits by the researcher and trained data collectors, with eligible participants identified in collaboration with local leaders and community representatives to ensure a representative and geographically diverse sample (Bennett et al., 1991).

Prior to administering the questionnaires, the purpose of the study was clearly explained, and informed consent from care givers and assent from adolescents under age 18 was obtained while ensuring confidentiality. According to Ford et al. (2004), informed consent and assent is important to mitigate social desirability bias and protect participant privacy, strict confidentiality protocols were maintained throughout the process. Participants completed the questionnaires with appropriate guidance, and all responses were checked on site for completeness and consistency, with immediate clarification provided when necessary. Discrepancies, missing values, or ambiguous responses were clarified with participants in real time prior to concluding the visit (Bowling, 2005)

To complement the statistical findings and capture deeper contextual nuances, qualitative data were gathered concurrently through semi structured interviews with purposively sampled key informants. Informants were recruited leveraging established community and institutional networks to identify individuals with specialized insight or lived experience relevant to the research questions (Creswell & Creswell, 2018).

Interviews were conducted in private, neutral, and convenient settings chosen to maximize participant comfort, psychological safety, and openness. With the explicit, recorded consent of the informants, all interviews were digitally audio recorded. To strengthen the credibility, depth, and trustworthiness of the qualitative matrix, the primary researcher maintained comprehensive field notes during and immediately after each session. These notes captured non verbal cues, environmental contexts, and reflexive insights that audio recordings alone could not preserve, thereby enhancing the overall interpretive validity of the study (Patton, 2015).

3.7. Methods of Data Analysis

The data collected through Questionnaire, interview and document was analyzed by means, standard deviation and bar graph for its level, independent sample t-tests for boy and girl adolescents differences in their level of psychological distresses, and multiple linear Regression to identifies which associated factors predict psychological distress.

Additionally, in order to identify the coping strategies used by conflict induced school dropout adolescents, the data were collected through Brief COPE Scale and analyzed via one sample t-test to see which is used mostly.

A data collected with semi structured interview were analyzed by thematic analysis in NVivo code transcripts for patterns associated factors and coping strategies, then mix findings to quantitative results.

3.8. Ethical Considerations

To ensure the confidentiality of participants, the researcher and data collectors did not collect identifying information such as names, phone numbers, or personal addresses on the questionnaires. Each participant was assigned a unique code number instead of using personal identifiers.

All information obtained from participants used strictly for academic purposes and kept confidential throughout the study process. Interview recordings, transcripts, and completed questionnaires were accessible only to the researcher and the research advisor. During data analysis and report writing, findings were presented in aggregated form so that no individual participant could be identified. Participants were also informed that their responses would remain private and would not be shared with unauthorized individuals or institutions.

Prior to data collection, the researcher obtained informed consent from parents or legal caregivers of adolescents under the age of 18 years, while assent was obtained from the adolescents themselves. Participants aged 18 and above provided their own informed consent. The researcher clearly explained the purpose of the study, procedures, potential risks and benefits, confidentiality measures, and participants' rights using simple and understandable language. Participants were informed that their participation was entirely voluntary and that they had the right to refuse participation or withdraw from the study at any stage without any negative consequences. Only participants who willingly agreed to participate were included in the study.

Considering that the study focused on psychological distress among conflict induced school dropout adolescents, some questions might trigger emotional discomfort or distress during data collection. To minimize harm, the researcher conducted the data collection process sensitively and respectfully. Participants who showed signs of severe emotional distress, trauma reactions, or psychological difficulties during interviews or questionnaire administration were referred to available mental health and psychosocial support (MHPSS) services, nearby health centers, or trained counselors within the woreda. In addition, participants were encouraged to seek support from trusted caregivers, community support systems, religious leaders, or health professionals whenever necessary.

All collected data were securely stored to maintain privacy and confidentiality. Hard copy questionnaires and consent forms were kept in a locked cabinet accessible only to the researcher. Electronic data, including SPSS files, interview transcripts, and audio recordings, were stored in password protected computers and encoded digital folders. Backup copies of the data were also securely maintained to prevent accidental loss. The collected data were used solely for the purpose of this research and will be destroyed safely after the completion of the study in accordance with research ethical guidelines.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1. Results

The purpose of this study is to assess the level, Gender differences in their psychological distress, associated factors, and coping strategies of conflict induced school dropout adolescents in North Mecha woreda. The results of the study presented in five sections including the demographic characteristics of the participants and data analyzed for each research question. The results of quantitative and qualitative data are presented in the following subsections.

4.1.1. Demographic characteristics of respondents

A total of 410 people participated in this research as a survey respondent and interviewee. The total number of survey respondents was 395(177 male and 218 female). For qualitative data, there were15 interview participants: 2 education experts, 2 health professionals, 2 adolescents, 3 care givers and parents, 2 religious leaders, 2 socially recognized elders and 2 Women, youth and social affaire woreda experts. The demographic characteristics of survey participants in terms of gender, age, grade level adolescents's dropout and family socio economic status are summarized in the following table.

Table 3: Demographic characteristics of the respondents

Demographic variable		Frequency	Percent
Gender	Male	177	44.8
	Female	218	55.2
	Total	395	100
Age of the respondents	10-15	173	43.8
	16-19	222	56.2
	Total	395	100
grade level Adolescents dropout of school.	1-4	66	16.7
	5-6	142	35.9
	7-8	131	33.2
	9 and above	56	14.2
	Total	395	100.0
Family Socioeconomic status	Low	167	42.3
	Middle	184	46.6
	High	44	11.1
	Total	395	100.0

Table 3 shows that there were 395 survey respondents 177(44.8%) were male and 218(55.2%) were female. Regarding to age of respondents, majority of the respondents 222(56.2%) were found in the age between 16-19 years old. The remaining 173(43.8% of the respondents were found in the age between 10-15.

Regarding the grade level Adolescents dropout of school, majority of the respondents 142(35.9%) attended only 5-6, the remaining 131(33.2%), 66(16.7%), and 56(14.2%) adolescents were dropout out from 7-8,1-4, and 9 and above respectively.

Concerning the Family Socioeconomic status, majority of the respondents 184(46.6%) founds in middle income level family, the remaining 167(42.3%), and 44(11.1%) of the participants founds in the lower and higher income level family respectively.

4.1.2. Level of Psychological Distress

Respondents were asked Kessler 10 standardized questions in the survey and the collected data were analyzed via mean and standard deviation. The results are indicated as follows.

Table 4: Level of Psychological Distress

Item	N	Mean	SD	Min	Max
1. Felt tired out for no good reason	395	3.41	0.96	1	5
2. Felt nervous	395	3.50	0.76	1	5
3. Felt so nervous that nothing could calm you down	395	3.13	0.89	1	5
4. Felt hopeless	395	3.58	0.88	1	5
5. Felt restless or fidgety	395	3.46	0.82	1	5
6. Felt so restless you could not sit still	395	3.38	0.93	1	5
7. Felt depressed	395	3.63	0.69	1	5
8. Felt that everything was an effort	395	3.59	0.81	1	5
9. Felt so sad that nothing could cheer you up	395	3.59	0.91	1	5
10. Felt worthless	395	3.62	0.89	1	5

Table 4 results revealed the level of psychological distress among conflict induced school dropout adolescents. respondents reported elevated mean scores across all items of the Kessler Psychological Distress Scale (K10), indicating that psychological distress symptoms were commonly experienced within the study population.

Specifically, depressive related symptoms showed the highest level, including feeling depressed (M = 3.63, SD = 0.69), feeling worthless (M = 3.62, SD = 0.89), feeling that everything was an effort (M = 3.59, SD = 0.81), and feeling so sad that nothing could cheer them up (M = 3.59, SD = 0.91). In addition, high levels of hopelessness (M = 3.58, SD = 0.88), nervousness (M = 3.50, SD = 0.76), and restlessness (M = 3.46, SD = 0.82) were observed among respondents.

These findings suggest that conflict induced school dropout adolescents experienced moderate to severe emotional and psychological distress. The consistently high mean scores across all K10 items indicate that psychological distress was highly level among the respondents; likely associated with conflict exposure, school dropout experiences, social disruption, and limited psychosocial support.

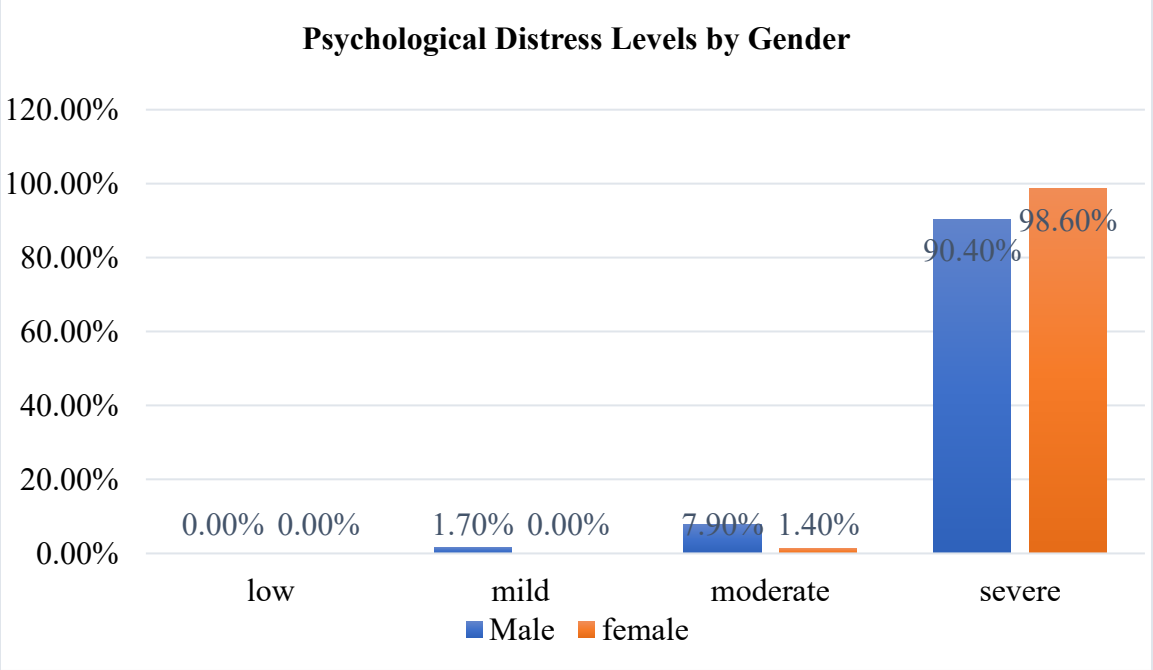

Figure 2: Psychological Distress Levels by Gender

In addition to the above mean and standard deviation analysis, Figure 2 indicated the Percentage distribution of psychological distress levels among conflict induced school dropout adolescents by gender. Distress levels were categorized using K10 cut off scores: Low (10–19), Mild (20–24), Moderate (25–29), and Severe (30–50). The majority of participants in both gender groups were classified as experiencing severe psychological distress, with a higher proportion among females (98.6%) than males (90.4%).

4.1.3 Gender differences in a psychological distress

In order to investigate whether psychological distresses level differs among conflict induced school dropout adolescent boys and girls, the researcher computed an independent samples *t*-test. The assumption of normality was met, and degrees of freedom were adjusted. The result summarizes in the table below.

Table 5:Gender differences in psychological distress

Gender	N	Mean	SD	T	Df	P
Male	177	33.8531	3.61			
Female	218	35.7706	3.08	-5.69	393	< .001

As can be seen in table 5, the analysis revealed a statistically significant difference in distress scores between the two groups, t (393) = -5.69, p < .001. Specifically, female participants reported a significantly higher mean psychological distress score (M = 35.77, SD = 3.08) than male (M = 33.85, SD = 3.61).

4.1.4. Associated factors of Psychological Distress

As can be seen from the above two tables, there is a high level of psychological distress among conflict induced school dropout adolescents and there is a significant statistical difference between male and female adolescents in their psychological distress. To identify the major associated factors the researcher administered 20 items for participants and also after collecting the data towards the associated factors of conflict induced school dropout adolescents' psychological distress the researcher categories those 20 items into four dimensions: social support related, conflict exposure related, safety and security related, and economic related associated factors. The results of these associated factors are summarized through multiple linear regression statistics in the table below.

Table 6: Associated factors of psychological distress

Predictor	B	SE B	β	t	p
Constant	29.538	1.001	—	29.500	<.001
Conflict Exposure	-0.284	0.238	-.098	-1.197	.232
Social Support	0.038	0.057	.036	0.671	.503
Safety and Security	0.517	0.230	.180	2.246	.025*
Economic Hardship	0.788	0.189	.238	4.161	<.001***

Table 7: Model Summary

Model	R	R^2	Adjusted R^2	F	df	p
1	0.311	0.097	0.077	4.83	(4, 390)	< .001

A multiple linear regression analysis was conducted to assess the association of conflict exposure, social support, safety and security, and economic hardship with psychological distress among conflict induced adolescent school dropouts. The overall regression model was statistically significant, $F(4, 390) = 4.83$, $p < .001$, explaining 9.7% of the variance in psychological distress scores ($R^2 = .097$, Adjusted $R^2 = .077$).

Evaluation of the individual predictors revealed that Economic Hardship was the strongest positive predictor of psychological distress ($\beta = .238$, $t = 4.161$, $p < .001$), followed by Safety and Security ($\beta = .180$, $t = 2.246$, $p = .025$). Conversely, Conflict Exposure ($\beta = -.098$, $t = -1.197$, $p = .232$) and Social Support ($\beta = .036$, $t = 0.671$, $p = .503$) were not statistically significant predictors of psychological distress within this model.

Prior to conducting multiple regression analysis, the assumptions of linearity, normality, multicollinearity, independence of errors, homoscedasticity, and outliers were examined. Correlation analyses indicated linear relationships between the dependent variable and the predictor variables. The normality of residuals was supported by the Shapiro-Wilk test, W = .995, p = .269. Multicollinearity diagnostics revealed acceptable tolerance values ranging from

.348 to .797 and VIF values ranging from 1.255 to 2.875, indicating no multicollinearity concerns. The Durbin-Watson statistic was 2.47, suggesting independence of errors. Homoscedasticity was confirmed through the Breusch-Pagan test, $\chi^2 = 1.80$, $p = .773$. Examination of standardized residuals and Cook's distance values showed no influential outliers. Therefore, all assumptions for multiple regression analysis were adequately met.

The interviewees of this study asked to mention the associated factors of conflict induced school dropout adolescents' psychological distress in North Mecha woreda. So that the participants responded accordingly and the researcher has explained it via Thematic analysis as follows.

The data collected through semi structed interview revealed that psychological distress among conflict induced adolescents school dropouts was shaped by multiple, interrelated social, psychological, economic, and security related stressors. Participants described a cumulative burden of conflict exposure, fear, social instability, and prolonged school closure that collectively amplified psychological distress. Six primary themes and corresponding subthemes emerged from the analysis. These are:

Theme 1. Severe conflict induced psychological terror

Participants consistently identified the pervasive climate of fear produced by ongoing armed conflict as a dominant driver of adolescents' psychological distress. Key Informants reported recurring gunfire, active military engagements, targeted attacks, and direct exposure to community violence, which continuously undermined adolescents' sense of safety and emotional stability (KII2, KII4, and KII 5)

Participants described how many adolescents directly witnessed bad atrocities, including severe physical beatings and the presence of unburied dead bodies in their neighborhoods, producing persistent fear, intrusive memories, emotional numbing, anxiety, and existential hopelessness (KII1; KII3).

One community elder noted that perpetrators often weaponized violence to maximize terror:

> "...ከገደሉት በኋላ እሬሳው እንዳይነሳ በማድረግ ቤተሰቦች እና ሌሎች የማህበረሰብ ክፍሎች እንዲዩት ማድረግ፣ እለቀሶ እንዳይለቀስ መከልከል..." ("…After killing them, they leave the dead body exposed so that families and other community members are forced to see it, while actively forbidding anyone from mourning or holding funeral cries…").

Adolescent girl also reported direct armed intimidation and coercive interrogations. she recalled:

> “ከፊቴ ላይ ጥይት አስቀምጦ እያየሽው ነው አይደል ብሎ ጠየቀኝ አዎ አልኩት...” (“He placed a bullet right in front of me and asked, ‘You are looking at it, right?’ I replied ‘Yes’ out of sheer terror…”).

Professionals and caregivers emphasized that, under such extreme psychological pressure, formal education became secondary to immediate survival (Kii 2, KII 3, KII 7). Parents prioritized physical protection over schooling, while adolescents reported a profound loss of academic motivation, impaired concentration, and reduced emotional readiness to learn (KII 8 and KII9). These findings indicate that conflict related trauma operates as a primary driver of psychological distress of conflict induced school dropout adolescents in North Mecha woreda.

Theme 2. Targeted violence, suspicion, and abuse against adolescents

Participants repeatedly highlighted the particular vulnerability of male adolescents (ጎረምሶች), who were systematically viewed with intense suspicion by various armed actors. Male adolescents were frequently accused without evidence of supporting opposing parties, acting as intelligence informants, or engaging in subversive activities (KII9, KII11 and KII 13).

Caregivers and elders reported that this suspicion led to targeted intimidation, arbitrary detention, severe physical abuse, and extrajudicial executions of male adolescents.

One community elder said that “...ደርሶ ጎረምሶችን በጥርጣሬ መግደል፣ መምታት፣ ማስፈራራት...” (“...The sudden killing, severe beating, and constant intimidation of male adolescents based on mere suspicion...”).

As a result, many adolescents were forced into hiding or immediate displacement, and families severely restricted their mobility, leading to enforced confinement, social isolation, and inability to attend school (KII8 and KII 15).

Theme 3. Gender based violence and systematic threats against girls

Participants described gender specific forms of psychological distress among adolescents girls linked to pervasive threats of gender based violence (GBV). Girls reported living under constant risk of sexual harassment, coercion, physical assault, and exploitation by armed actors (KII 13, KII 14, and KII 8).

One adolescent girl shared a narrative of explicit sexual coercion under the threat of death.

> “ከፊቴ ላይ ጥይት አስቀምጦ እያየሽው ነው አይደል ብሎ ጠየቀኝ አዎ አልኩት... ማታ አብረሽኝ ካላደርሽ እች የአንች መግደያ ናት’ ብሎ አስፈራራኝ፣ ዛተብኝ በዛ በጣም ተጨናነቅሁ።” (“He placed a bullet right in

front of me and asked, ‘You are looking at it, right?’ … ‘If you do not spend the night with me, this weapon will be the instrument of your death,’ he threatened me.

Because of this intimidation, I became distressed and psychologically overwhelmed.”).

Professionals and caregivers indicated that such threats produced fear, trauma, shame, learned helplessness, and anxiety. so GBV functions as a direct source of psychological distress.

Theme 4. Breakdown of family structures and ambiguous loss

Participants identified the disruption of family structures as a major factor in adolescents psychological distress. Many adolescents experienced sudden loss of parents, siblings, or primary caregivers due to conflict, forced displacement, or separation. The erosion or loss of these primary support systems left adolescents without emotional guidance, financial backing, or physical protection.

Interviewees also described instances in which adolescents were pressured into armed groups and then completely lost contact with their families. One parent noted that “no contact with themselves...,” reflecting the ongoing uncertainty about their children’s survival. This state of ambiguous loss produced continuous, unresolvable grief and emotional tension within households, and affected adolescents reported pervasive loneliness, hopelessness, and emotional exhaustion.

Theme 5. Social distrust, community fragmentation, and erosion of social support

Participants emphasized that conflict precipitated a profound breakdown in social cohesion and community trust. Traditional informal networks that had previously functioned as protective networks for adolescents and safety nets for vulnerable families were fractured by pervasive fear, mutual suspicion, and perceived betrayal.

interviewees recounted how neighbors accused one another of collaborating with opposing armed factions or leaking sensitive community information, and how such accusations often led to targeted violence or reciprocal revenge (Religious-2; Elder-1).

One participant stated that *“አንቺ ነሽ ጥቆማ ሰጠሽ ልጄን ያሰገደልሽ...”* (“You are the one who leaked information; you are the one who caused my child to be killed...”). This environment of structural mistrust reduced emotional support available to adolescents, discouraged community participation, and impaired normal peer relationships.

Theme 6. Socio-economic hardship and institutional collapse

The qualitative data revealed that severe economic deprivation and the collapse of protective community institutions were major structural drivers of adolescents psychological distress. Participants described the destruction of livelihoods, halting of agriculture, closure of small businesses, and elimination of formal and informal employment opportunities.

As household incomes collapsed, families struggled to secure basic necessities such as food, clothing, healthcare, and learning materials (KII7 and KII 5). Many adolescents were forced into risky child labor or survival based economic activities to support their households, which health and education professionals observed produced persistent emotional strain, frustration, and hopelessness.

Educational participation became practically impossible when families lacked resources for subsistence or school supplies, and prolonged school closures stripped adolescents of institutional protections, peer socialization, recreational activities, and community based psychosocial support services (KII 3 and KII9). These findings underscore the role of economic hardship and institutional collapse in amplifying psychological distress.

Overall, the qualitative findings indicate that psychological distress among conflict induced school dropout adolescents is shaped by a complex, compounding interaction of multi systemic stressors. These factors are direct exposure to violence and murders, fear and systemic insecurity, loss of core family protection and ambiguous loss, social isolation and community fragmentation, gendered threats and suspicion based abuse, severe economic instability and household livelihood collapse, and absence of functional educational and psychosocial.

4.1.5. Coping strategies of conflict induced school dropout Adolescents.

As can be seen from table 6 economic hardship, safety and security related factors are the major associated factors of psychological distress among conflict induced school dropout adolescents in North Mecha woreda. To identify the coping strategies frequently applied by school dropout adolescents, the researcher administered 17 questions for survey participants and also after collected the data toward the coping strategies of these adolescents the researcher conceptualized those 17 questions in to four categories namely avoidant, behavioral disengagement, emotion focused, and problem focused. The results are summaries through one sample t- test and summarizes as follows.

Table 8: Coping strategies of conflict induced school dropout Adolescents

Coping strategy	N	M	SD	t	df	p
Avoidant	395	13.09	1.44	146.70	394	< .001
Behavioral disengagement	395	3.92	1.23	22.94	394	< .001
Emotion-focused	395	17.48	2.69	110.81	394	< .001
Problem-focused	395	9.96	1.78	83.39	394	< .001

The findings indicated that avoidant coping strategies were significantly higher than the midpoint value, $t(394) = 146.70$, $p < .001$, mean difference = 10.59, 95% CI (10.45, 10.74). This result suggests that conflict induced school dropout Adolescents frequently used avoidance related coping mechanisms such as denial, distraction, emotional withdrawal, and attempts to escape stressful experiences. The very high *t* value indicates that avoidant coping was strongly level among the adolescents. This pattern may reflect difficulties in directly confronting the psychological and social challenges associated with conflict exposure and educational disruption. Similarly, behavioral disengagement was significantly higher than the test value, $t(394) = 22.94$, $p < .001$, mean difference = 1.42, 95% CI (1.30, 1.55). This finding indicates that many adolescents demonstrated tendencies to reduce effort, withdraw from problem solving attempts, or give up dealing with stressful situations. Behavioral disengagement is generally considered a maladaptive coping strategy because it may increase vulnerability to psychological distress and limit effective adjustment.

The analysis further revealed that emotion focused coping strategies were significantly higher than the midpoint, $t(394) = 110.81$, $p < .001$, mean difference = 14.98, 95% CI (14.71, 15.24). This suggests that adolescents strongly relied on emotional coping mechanisms such as emotional expression by dancing drinking, yelling, seeking emotional support, spiritual or religious comfort, and positive reframing. Emotion-focused coping strategies may considered as both maladaptive and adaptive.

In addition, problem-focused coping strategies were significantly higher than the test value, $t(394) = 83.39$, $p < .001$, mean difference = 7.46, 95% CI [7.28, 7.64]. This finding implies that participants also engaged in constructive coping behaviors such as planning, active problem-solving, and taking practical steps to improve stressful situations. Problem-focused coping is

widely recognized as an adaptive coping mechanism because it addresses the source of stress directly and promotes resilience.

Overall, the quantitative results demonstrate that conflict induced school dropout adolescents employed maladaptive coping to alleviate from their psychological distress,

The thematic analysis of the qualitative data gathered from 15 key informants revealed a complex matrix of coping strategies utilized by adolescents who dropped out of school due to conflict. Rather than exhibiting adaptive problem solving, these adolescents frequently resort to maladaptive externalizing and internalizing behaviors to navigate their disrupted realities, shattered academic aspirations, and psychological trauma. the major themes emerged from the data analysis are presented as follows.

Them One: Internal Emotional & Psychological Coping

Behind their public facades of anger or indifference, adolescents experience profound grief. Participants reported that when alone or within safe confines, adolescents, mostly girl adolescents frequently yield to uncontrollable weeping and crying spells. This crying represents the raw expression of mourning for lost peers, interrupted education, and the sudden theft of their childhood innocence.

Additionally, the psychological trauma of conflict and the grief of lost academic opportunities often manifest as severe externalized emotional distress, causing profound strain on the adolescents' immediate social networks and families.

The qualitative data indicated that traumatized adolescents carry an immense burden of suppressed tension that frequently explodes within the domestic scope. Informants across all categories noted that these adolescents become hyper sensitive and reactive, instigating intense verbal arguments and physical altercations with family members over minor, trivial issues. Consequently, the household shifts from a place of refuge to an arena of volatile confrontation.

A significant portion of the adolescents' coping range is internalized, characterized by behaviors that actively erode their physical health and psychological well being.

Theme Two: External Behavioral Manifestations & Coping Mechanisms

According to the interviewees, many conflict induced school dropout adolescents resort to substance abuse as a form of emotional numbing. Health professionals and caregivers emphasized a worrying trend of heavy alcohol consumption and frequent intoxication. Local bars

and drinking establishments effectively replace schools, serving as spaces where youth seek temporary forgetfulness from their harsh realities.

According to adolescents care givers, the somatic manifestation of the adolescents' depression often presents as a severe restriction of food intake**(“ኦለመመገብ”)**. Informants described cases where youth completely lose their appetite or consciously refuse to eat. This dietary neglect reflects deep existential despair a somatic communication that without an educational path or viable future, maintaining physical life no longer holds meaning.

To cover their underlying feelings of helplessness and fear, some adolescents adopt an exterior persona of hyper masculinity or intense aggression. This manifests as explicit verbal insults (*“መሳደብ”*) and the utilization of traditional war chants, boasting, or war mongering rhetoric (*“ማቅራራት”*). Community elders and religious leaders identified this behavior as a psychological defense mechanism designed to project strength when the youth feel entirely powerless.

In contrast to physical or aggressive outpourings, some adolescents cope with their internal confusion through pressured, excessive talking. Interviewees described this hyper verbal communication as a subconscious mechanism utilized by the youth to process racing thoughts, manage acute anxiety, and forcefully drown out the painful silence of their disrupted lives

Theme Three: Societal & Structural Vulnerabilities as a coping mechanism

female adolescents face distinct gender based vulnerabilities following school dropout. Caregivers and social affairs experts reported a marked increase in early and forced marriages. Within the economic collapse and physical instability caused by conflict, parents frequently view early marriage as a protective strategy against sexual violence and financial destitution, effectively truncating the young girls' development and perpetuating gender inequality.

Additionally, when localized conflict strips away both physical safety and future prospects, cutting ties entirely emerges as a common coping mechanism. Adolescents frequently migrate independently to distant towns or urban centers. Participants characterized this wandering behavior as a desperate search for a fresh start, though it often results in severe isolation, exploitation, and heightened vulnerability on the streets.

Theme Four: Radical Agency, Resistance & Behavioral Shifts as a coping mechanism

For many adolescents, the unexpected dropout of their education creates an existential and functional void. To reclaim a sense of control, protection, or economic survival in a volatile environment, participants noted that adolescents often make severe life alterations that prematurely drive them into hazardous adult roles.

For male adolescents, the absence of a structured school routine combined with pervasive insecurity often drives them toward militarization. Informants highlighted that joining armed groups or retreating into forested areas serves as a desperate mechanism to seek safety, survival, or a channel for grievances. One participant observed that without the protective area of a school, the forest and armed groups become a misplaced reservation where adolescents attempt to regain power over their circumstances.

Furthermore, according to the education experts, adolescents who have witnessed the destruction of their communities, the loss of relatives, or the systematic ruin of their academic futures, the desire for retribution becomes a dominant cognitive framework. The urge to seek revenge against perceived perpetrators operates as a powerful driving force. Informants noted that this retaliatory mindset traps adolescents in a cyclical trajectory of violence, alienating them from psychosocial rehabilitation and strengthening their detachment from any formal educational environment.

4.2. Discussions

4.2.1 Level of psychological distress among conflict induced school dropout adolescents

The present study revealed a high level of psychological distress among conflict induced school dropout adolescents in North Mecha Woreda. The findings showed that almost all participants experienced moderate to severe levels of psychological distress, with 98.6% of female and 90.4 % of male respondents falling within the severe distress category. Symptoms such as depression, hopelessness, worthlessness, sadness, and feeling that everything was an effort were particularly common.

This finding is consistent with previous studies conducted in conflict affected settings. For instance, Tol et al. (2018) reported that populations exposed to armed conflict experience significantly higher levels of mental health problems, including depression, anxiety, and post-traumatic stress symptoms. Similarly, Biset et al. (2023) found elevated levels of psychological problems among conflict affected children and adolescents in Ethiopia. The current finding also aligns with the work of Slone and Mann (2016), who reported that exposure to armed conflict

increases emotional and behavioral problems among adolescents, including fear, anxiety, sleep disturbances, and depressive symptoms.

The qualitative findings further support these quantitative results. Interview participants described repeated exposure to gunfire, killings, physical abuse, displacement, threats, and the sight of dead bodies left unburied. Such traumatic experiences may contribute to persistent emotional suffering and psychological instability. The finding is also supported by the Trauma Theory, which argues that repeated exposure to traumatic events overwhelms an individual's ability to cope, resulting in long term emotional and psychological difficulties (Suleiman, S. R. (2008)).

However, the level reported in the current study appears significantly higher than the global estimate reported by the World Health Organization, which found that approximately 22.1% of conflict affected populations experience mental disorders in post conflict settings.

This discrepancy may be explained by the unique vulnerability of the study population. Unlike the general conflict affected population examined in previous studies, the participants in this study were adolescents who not only experienced conflict but were also forced to discontinue their education. The loss of schooling may have removed an important protective environment that normally provides social support, daily structure, peer interaction, and hope for the future.

The findings can also be interpreted through the Ecological Systems Theory of Bronfenbrenner (2000). According to this theory, adolescents development is influenced by multiple interconnected systems. In North Mecha, conflict disrupted family relationships, school environments, community support networks, and economic systems simultaneously. Such disruptions across multiple ecological levels may have intensified psychological distress among adolescents.

Overall, the findings suggest that conflict induced school dropout adolescents constitute a highly vulnerable group experiencing severe psychological distress requiring urgent mental health and psychosocial support interventions.

4.2.2 Gender differences in psychological distress level among conflict induced school dropout adolescents

This study found a statistically significant difference in psychological distress between male and female conflict induced school dropout adolescents. Female participants reported significantly higher levels of psychological distress than male adolescents.

This finding is consistent with previous empirical studies like Zungu et al. (2025) reported that adolescents girls consistently experience higher levels of psychological distress than boys, particularly in conflict affected areas. Similarly, Bekuretsion et al. (2025) identified female gender as a significant predictor of psychological distress among conflict affected populations in Ethiopia. Studies conducted in other humanitarian settings have also shown that girls are more likely to experience depression, anxiety, and emotional distress than boys (WHO, 2021).

The qualitative findings provide further explanations for this difference. Female participants described constant fear of sexual violence, harassment, exploitation, and coercion by armed actors. One adolescents girl reported being threatened with death unless she complied with sexual demands. Such experiences create persistent fear, insecurity, and emotional trauma that may significantly increase psychological distress among girls.

This research findings are also consistent with Gender Role Theory, which suggests that societal expectations and gender specific vulnerabilities expose girls to unique psychosocial stressors. In conflict settings, girls often face increased risks of gender based violence, early marriage, domestic responsibilities, and social restrictions, all of which may contribute to elevated levels of distress.

Nevertheless, the finding contradicts some qualitative evidence from the current study indicating that boys were frequently targeted, accused of collaborating with armed groups, beaten, arbitrarily detained, or killed. Such experiences would also be expected to produce high levels of psychological distress. One possible explanation for this contradiction is that boys may be less likely to openly express emotional suffering because of cultural expectations regarding masculinity. Consequently, psychological distress among boys may be underreported despite substantial exposure to traumatic events.

The findings can further be explained through the Stress and Coping Theory of Lazarus and Folkman Biggs,et al (2017), which suggests that individuals evaluate and respond to stressful events differently. Girls may perceive conflict related threats as more overwhelming and may have fewer opportunities to access protective resources, resulting in higher levels of emotional distress.

Overall, the findings indicate that conflict affects both boys and girls, but female adolescents appear to experience a disproportionate psychological burden, highlighting the need for gender sensitive mental health interventions.

4.2.3 Associated factors of psychological distress among conflict induced school dropout adolescents

The present study revealed that economic hardship, safety and security concerns were significant predictors of psychological distress among conflict induced school dropout adolescents. In contrast, social support and conflict exposure did not significantly predict psychological distress in the final regression model.

The significant role of economic hardship is consistent with previous studies like Bekuretsion et al. (2025) found that poverty and economic instability were among the strongest predictors of psychological distress in conflict affected populations. Similarly, Lund et al. (2018) reported that economic deprivation increases the risk of mental health problems through chronic stress, uncertainty, and limited access to basic needs.

The qualitative findings strongly support this result. Participants described the destruction of livelihoods, closure of businesses, loss of income, food insecurity, and inability to afford educational materials. Many adolescents were forced into labor activities to support their families. These economic pressures may create persistent stress and feelings of hopelessness, thereby increasing psychological distress.

The present finding also aligns with Maslow's Hierarchy of Needs Theory (1943), which argues that individuals cannot effectively address higher psychological needs when basic physiological and safety needs remain unmet. When adolescents struggle to secure food, shelter, and security, emotional well being may deteriorate significantly.

Similarly, safety and security concerns emerged as a significant predictor of psychological distress. This finding supports previous studies indicating that fear of violence, insecurity, and threats to personal safety are strongly associated with mental health problems among conflict affected populations (Betancourt et al., 2013; Tol et al., 2018).

Interview participants consistently described living in an environment characterized by fear, uncertainty, gunfire, killings, and threats. Such conditions may prevent adolescents from developing a sense of safety and stability, resulting in chronic psychological distress. According to Trauma Theory (Suleiman, S. R. (2008)), continuous exposure to danger may keep individuals in a state of hypervigilance and emotional distress even when direct violence is not occurring.

Unexpectedly, conflict exposure itself was not a statistically significant predictor in the regression model. This finding contradicts many previous studies that identified trauma exposure as a major determinant of psychological distress (Slone & Mann, 2016; Bekuretsion et al., 2025).

One possible explanation is that almost all participants had experienced high levels of conflict exposure, resulting in limited variability between respondents. In such situations, other factors such as economic hardship and insecurity may become stronger predictors of differences in psychological distress levels. Another possible explanation is that the effects of conflict exposure may operate indirectly through economic disruption, school closure, loss of social support, and insecurity.

Additionally, social support was not statistically significant in the regression model, which contradicts previous studies that identified social support as an important protective factor against psychological distress (Masten & Narayan, 2012; Bekuretsion et al., 2025). However, qualitative findings revealed widespread community fragmentation, social distrust, and breakdown of traditional support networks. Therefore, although social support is generally protective, the severe disruption of community relationships in North Mecha may have weakened its buffering effect.

Overall, the findings suggest that economic hardship and persistent insecurity are the most associated factors influencing psychological distress among conflict induced school dropout adolescents in North Mecha Woreda.

4.2.4 Coping strategies of psychological distress among conflict induced school dropout adolescents

The present study revealed that conflict induced school dropout adolescents used multiple coping strategies to deal with psychological distress. Avoidant coping strategies emerged as the most commonly used coping mechanism, followed by emotion focused coping, problem focused coping, and behavioral disengagement.

The predominance of avoidant coping strategies is consistent with previous studies conducted in conflict settings like Carver (1997) reported that individuals exposed to overwhelming stress frequently rely on avoidance strategies such as denial, distraction, and emotional withdrawal. Similarly, Hamama and Hamama-Raz (2025) found that conflict-affected populations commonly employ denial, self-distraction, and avoidance as coping mechanisms.

The qualitative findings support these results. Many adolescents reported withdrawing from social activities, avoiding reminders of traumatic events, and attempting to forget distressing experiences. Such strategies may provide temporary emotional relief but often fail to address underlying problems.

The findings are consistent with Lazarus and Folkman's Stress and Coping Theory Biggs et al (2017), which proposes that individuals employ coping mechanisms when facing stressful situations that exceed their perceived resources. In contexts characterized by ongoing conflict, poverty, and insecurity, adolescents may perceive many stressors as uncontrollable. Consequently, they may rely more heavily on emotion focused and avoidant coping rather than problem focused coping.

The findings also showed substantial use of emotion focused coping strategies. This result supported by Cherewick et al. (2016), who found that emotional coping and seeking emotional support are common among adolescents living in humanitarian crises. Emotion focused coping may help adolescents regulate distress in situations where changing the source of stress is difficult.

Although problem focused coping strategies were also used, they were less dominant than avoidant coping. This finding partially contradicts studies conducted in stable environments where problem focused coping is often more common. A possible explanation is that adolescents in North Mecha have limited opportunities to actively solve problems such as conflict, displacement, school closure, and economic hardship. Consequently, they may perceive avoidant strategies as more realistic than direct problem solving approaches.

Behavioral disengagement was also significantly reported. This finding supports Hamama and Hamama-Raz (2025), who identified withdrawal and giving up as common responses among conflict affected individuals. Prolonged exposure to uncontrollable stressors may lead adolescents to feel powerless, reducing motivation to engage in active coping efforts.

Overall, the findings indicate that most adolescents rely primarily on maladaptive coping strategies, particularly avoidance and disengagement. While these approaches may temporarily reduce emotional discomfort, they may increase vulnerability to long-term psychological problems. Therefore, mental health and psychosocial interventions should focus on strengthening adaptive coping skills, resilience, emotional regulation, and problem-solving capacities among conflict induced school dropout adolescents.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1. Summary

The main purpose of this study was to assess the level of psychological distress, identify its associated factors, examine gender differences, and explore coping strategies among conflict induced school dropout adolescents in North Mecha Woreda.

To achieve this purpose, the following research questions were formulated:

1. To what level is psychological distress experienced among conflict induced school dropout adolescents in North Mecha Woreda?
2. Are there statistically significant differences in psychological distress levels between boys and girls among school dropout adolescents in the study area?
3. What are the major associated factors of psychological distress among conflict-induced school dropout adolescents in the study area?
4. What coping strategies are commonly applied by conflict-induced school dropout adolescents in North Mecha Woreda?

To answer these research questions, the researcher employed a pragmatism research paradigm with a concurrent parallel research design. A mixed research approach used to obtain both quantitative and qualitative data. The study involved 395 conflict induced school dropout adolescents (177 males and 218 females) selected through stratified and proportional sampling techniques. In addition, qualitative data were collected through semi structured interviews with 15 participants, including adolescents, caregivers, health professionals, education experts, religious leaders, community elders, and women, youth and social affairs office experts.

The quantitative data were analyzed using descriptive statistics, mean, standard deviation, independent sample t-test, one-sample t-test, and multiple linear regression analysis. Qualitative data were analyzed thematically through narration, paraphrasing, and direct quotations from participants.

The findings of the study revealed that psychological distress was highly level among conflict induced school dropout adolescents in North Mecha Woreda. The majority of respondents experienced severe psychological distress, with symptoms such as depression, hopelessness, worthlessness, sadness, nervousness, and feelings that everything was an effort reported frequently. The K10 classification further showed that 90.4% of male and 98.6% of female

adolescents were categorized under severe psychological distress, while the remaining 7.9% of male and 1.4% of female adolescents experienced moderate psychological distress.

Regarding gender differences, the study revealed that there is a statistically significant difference between male and female adolescents in psychological distress levels. Female adolescents reported significantly higher levels of psychological distress than male adolescents.

Concerning associated factors, the quantitative findings revealed that economic hardship and safety and security related problems were significant predictors of psychological distress. Although conflict exposure and social support were not statistically significant predictors in the regression model, qualitative findings indicated that adolescents psychological distress was influenced by multiple interconnected factors, including direct exposure to violence, witnessing killings and physical abuse, fear and insecurity, gender based violence, family separation and loss, social isolation, community mistrust, livelihood disruption, poverty, prolonged school closure, and the absence of mental health and psychosocial support services.

Regarding to coping strategies, the study revealed that conflict induced school dropout adolescents used various coping mechanisms to manage psychological distress. Avoidant coping strategies were the most frequently utilized, followed by emotion focused coping, problem focused coping, and behavioral disengagement strategies. The findings suggest that many adolescents depend on maladaptive coping mechanisms such as avoidance, denial, withdrawal, and distraction to deal with the overwhelming challenges associated with conflict and school dropout.

Overall, the study concludes that conflict induced school dropout adolescents in North Mecha Woreda are experiencing alarmingly high levels of psychological distress. Economic hardship, insecurity, exposure to traumatic experiences, social disruption, and limited psychosocial support contribute substantially to their psychological suffering. The findings underscore the urgent need for targeted mental health and psychosocial support interventions, educational reintegration programs, livelihood support initiatives, and community based protection mechanisms to address the mental health needs of this highly vulnerable population.

5.2. Conclusions

Psychological distress is a serious and widespread mental health problem among conflict induced school dropout adolescents in North Mecha Woreda. The present study findings revealed that the overwhelming majority of adolescents experienced severe levels of psychological distress

characterized by feelings of depression, hopelessness, sadness, worthlessness, nervousness, and emotional exhaustion. This indicates that the effects of armed conflict extend far beyond physical destruction and educational disruption, creating substantial psychological and emotional burdens for adolescents.

Overall, the findings imply that conflict induced school dropout adolescents represent one of the most vulnerable groups in conflict affected communities. If their psychological needs remain unaddressed, the consequences may extend beyond individual suffering to affect educational recovery, social cohesion, community resilience, and future human capital development. Therefore, mitigating the severity and addressing adolescents' psychological distress should be considered not only a mental health priority but also an educational, developmental, and peacebuilding priority.

Consequently, coordinated efforts are needed from government institutions, educational sectors, health services, humanitarian organizations, community structures, and mental health professionals to provide accessible mental health and psychosocial support services, facilitate school reintegration, strengthen community protection mechanisms, restore livelihoods, and create safe environments where conflict affected adolescents can recover, develop resilience, and successfully transition into healthy adulthood.

5.3. Recommendation

Based on the major findings and conclusions of the study, the following recommendations are forwarded.

1. The North Mecha Woreda Health Office should establish adolescents friendly Mental Health and Psychosocial Support (MHPSS) services in health centers and assign trained professionals to provide screening, counseling, referral, and follow up services for conflict affected school dropout adolescents.
2. The Woreda Women, Youth, and Social Affairs Office should establish community based psychosocial support, case management services and protection programs for adolescents girls, particularly those vulnerable to gender based violence and psychological distress.
3. Government institutions and humanitarian organizations should strengthen livelihood and economic support programs for conflict affected families through cash assistance, vocational training, and income generating activities.

4. Local authorities, peacebuilding actors, and community leaders should improve community safety by establishing protection committees, safe spaces, and early warning mechanisms for adolescents.
5. MHPSS service provider organizations should implement youth friendly spaces, peer to peer support, psychoeducation, adaptive resilience building and life skills training focused on stress management, emotional regulation, problem solving, and adaptive coping skills.
6. Community elders, religious leaders, and local associations should promote community dialogue and social cohesion activities to rebuild trust, strengthen social support networks, and reduce social isolation among adolescents.
7. Future researchers should conduct longitudinal and intervention based studies to examine the long term effects of conflict induced school dropout adolescents and evaluate the effectiveness of mental health and psychosocial support interventions.

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Appendix I: English version Questionnaire for Adolescents

Bahir Dar University

College of Educational Sciences

Department of Psychology

Questionnaire to be filled by adolescents who dropout of school due to the conflict

Dear respondent, this questionnaire is prepared to collect data for a thesis being conducted on the psychological distress and its associated factors of conflict induced school dropout adolescents in North mecha woreda. The responses you give will be used for the sole purpose of the study and will be kept confidential. You will fill the questionnaire independently.

Thank you in advance for your time and cooperation!

N.B. You don't have to write you name.

Part One: General Information

Instruction: please respond to the following items by writing in the spaces provided.

You are: Male____ Female____

1. Your age in years: _____
2. At what grade level did you dropout of school? _____
3. Family socio economic status (Low, medium, high) _____

Part two: Psychological distress

The following lists are assumed psychological distress that school dropout adolescents are faced. Please give your response according to your experience by putting a tick. "√" mark against your level of agreement.

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

No	Statement	1	2	3	4	5
1	In the past 4 weeks, about how often did you feel tired out for no good reason					
2	In the past 4 weeks, about how often did you feel nervous?					
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down					
4	In the past 4 weeks, about how often did you feel hopeless?					
5	In the past 4 weeks, about how often did you feel restless or fidgety					
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7	In the past 4 weeks, about how often did you feel depressed?					
8	In the past 4 weeks, about how often did you feel that everything was an effort					
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10	In the past 4 weeks, about how often did you feel worthless?					

Is there anything else about how you've been feeling or what you've been going through that you'd like to add?

_____

_____

_____

_____

_____

Part Three: Factors Associated with Psychological Distress

Instructions: Please select the option that most accurately reflects your life since the conflict began and since you left school.

1. What is your current living situation?
   A. Living with both parent C. Living with relatives/extended family
   B. Living with one parent D. Unaccompanied
2. Are you currently separated from any of your immediate family members because of the conflict?
   A. Yes B. No
3. How many times have you been forced to move or relocate due to conflict?
   A. Never B. Once C. 2–3 times D. More than 3 times
4. Are you currently involved in any form of labor or work to earn money for survival?
   A. Yes B. No
5. How often does your household go without enough food or clean water?
   A. Never B. Sometimes C. Often / Most of the time
6. Do you feel you have a safe place to go if you are in trouble or feel threatened?
   A. Yes C. No
7. How long has it been since you last attended formal classes?
   A. Less than 6 months B. 6 months to 1 year C. More than 1 year
8. What is the main reason you have not been able to return to school?
   A. Safety concerns (it is too dangerous to travel/attend)
   B. Lack of school (the school is destroyed or closed)
   C. Economic need (I must work to help my family)
   D. Feeling of hopelessness (I feel I have fallen too far behind)
9. Have you experienced or witnessed a distressing event related to the conflict (e.g., violence, loss of home, injury)?
   A. Yes B. No C. Prefer not to say
10. Is there anything else regarding the associated factors for your distress that you would like to share

    _____

    _____

Part four: Perceived Social Support

Instructions: Read each statement carefully and indicate how you feel about each statement by putting a tick. "√" mark that best describes your feelings.

1=Strongly disagree 2= Disagree 3= Neutral 4= Agree 5=Strongly agree

No	Statement	1	2	3	4	5
1	There is a special person who is around when I am in need.					
2	There is a special person with whom I can share my joys and sorrows.					
3	My family really tries to help me.					
4	I get the emotional help and support I need from my family.					
5	I have a special person who is a real source of comfort to me.					
6	My friends really try to help me.					
7	I can count on my friends when things go wrong.					
8	I can talk about my problems with my family.					
9	There is a special person in my life who cares about my feelings.					
10	My family is wasting to help me make decisions.					
11	I can talk about my problems with my friends.					

Part five: Coping Strategies

The following items describe different ways people may react to stress or difficult situations. Please indicate how often you have been using each way to cope with stress during the past few weeks by putting a tick. "√" mark that best describes your feelings

1 = I haven't been doing this at all 2 = I've been doing this a little bit 3 = I've been doing this a medium amount 4 = I've been doing this a lot

No	Statement	1	2	3	4
1	I've been turning to work or other activities to take my mind off things				
2	I've been doing something to think about it less, such as watching TV, reading, daydreaming, sleeping, or shopping.				
3	I've been taking action to try to make the situation better.				
4	I've been saying to myself "this isn't real				
5	I've been using alcohol or other drugs to help me get through it				
6	I've been getting emotional support from others.				
7	I've been trying to get advice or help from other people about what to do.				
8	I've been giving up trying to deal with it.				
9	I've been saying things to let my unpleasant feelings escape.				
10	I've been trying to see it in a different light, to make it seem more positive.				
11	I've been trying to come up with a strategy about what to do.				
12	I've been thinking hard about what steps to take				
13	I've been making jokes about it.				
14	I've been accepting the reality of the fact that it has happened.				
15	I've been learning to live with it.				
16	I've been trying to find comfort in my religion or spiritual beliefs.				
17	I've been criticizing myself.				

Are there any other ways you have been coping with your situation that were not covered in the previous questions? Please describe them in detail_____

_____

Appendix II: English Version Interview Guideline

Bahir Dar University

College of Educational Sciences

Department of Psychology

Introduction to the Interview

The interviewees of this study include Education Experts, Women, Youth and Social Affairs Office representatives, caregivers, parents, adolescents, religious leaders and socially recognized elders in North Mecha Woreda.

My name is Abelneh Shemaye, and I am a Master of Arts student in counseling Psychology at Bahir Dar University. The purpose of this study is to assess the level of psychological distress, its associated factors, and coping strategies among adolescents who have dropout of school due to conflict in North Mecha Woreda.

You are kindly invited to participate in this study as a key informant because of your experience and role in the community. Your participation in this interview is completely voluntary. You will not face any harm or problem by participating. I have a professional responsibility to keep all the information you provide confidential. Your responses will be used only for academic purposes and will not be shared with anyone in a way that identifies you.

There is no direct benefit or payment for participating in this study, but your contribution is very valuable for understanding and improving the situation of adolescents affected by conflict. With your permission, I would like to use a sound recorder to accurately capture your responses. If there is anything you do not understand, please feel free to ask for clarification at any time.

If you are willing to participate, we can begin the interview.

1. Can you describe your role and experience working with adolescents or community members in this area?
2. How has the recent conflict affected adolescents and education in this community?
3. What types of psychological or emotional problems are commonly observed among adolescents who dropout of school due to conflict?
4. In your opinion, how common is psychological distress among these adolescents?
5. What are the main factors contributing to psychological distress among these adolescents?
   (Probe: conflict exposure, displacement, poverty, family separation, loss of schooling)
6. How does dropping out of school affect adolescents' mental and emotional well-being?
7. Are there cultural or community related factors that influence psychological distress?
8. How do adolescents in this community usually cope with psychological distress?
9. What types of support are available for adolescents experiencing psychological distress?
10. What challenges prevent adolescents from accessing support?
11. Is there anything else you would like to add?

Thank you very much for your time and valuable contribution!!

Appendix III: Amharic Version questionnaire for Adolescents

ባሕር ዳር ዩኒቨርሲቲ

በትምህርት ሳይንስ ኮሌጅ

የሳይኮሎጂ ትምህርት ክፍል

በግጭት ምክንያት ትምህርታቸውን ላቋረጡ ታዳጊዎች የተዘጋጀ መጠይቅ

ውድ የዚህ ጥናት ተሳታፊዎች፡ ይህ መጠይቅ የተዘጋጀው በሰሜን ሜጫ ወረዳ በግጭት ምክንያት ትምህርታቸውን ባቋረጡ ታዳጊዎች ላይ የሚደርሰውን የስነ-ልቦና ጭንቀት እና ተያያዥ ሁኔታዎችን በተመለከተ ለሚሰራ የጥናት መረጃ ለመሰብሰብ ነው። የሚሰጡት ምላሽ ለጥናቱ ዓላማ ብቻ የሚውልና ሚስጥራዊነቱ የተጠበቀ ይሆናል። ታዳጊዎች መጠይቁን በራሳቸው እንዲሞሉት ይጠይቃል።

ለሰጡኝ ጊዜ እና ትብብር አስቀድሜ አመሰግናለሁ!

ማሳሰቢያ፡- ስም መጻፍ አያስፈልግም።

ክፍል አንድ፡ አጠቃላይ መረጃ

መመሪያ፡- እባክዎን የሚከተሉትን ጥያቄዎች በተሰጠው ባዶ ቦታ ላይ በመጻፍ ወይም ምልክት በማድረግ ይመልሱ።

1. ጾታ፡- ወንድ____ ሴት___
2. ዕድሜ ፡- _____
3. የነበሩበት የትምህርት ደረጃ፡- _____
4. የቤተሰብ ማህበራዊና ኢኮኖሚያዊ ደረጃ (ዝቅተኛ፣ መካከለኛ፣ ከፍተኛ)፡- _____

ክፍል ሁለት፡ የስነ-ልቦና ጭንቀት

መመሪያ፡- የሚከተሉት ዝርዝሮች ትምህርታቸውን ያቋረጡ ታዳጊዎች ሊያገጥሟቸው የሚችሉ የስነ-ልቦና ጭንቀቶች ናቸው። እባክዎን እንደ እርስዎ ተሞክሮ እና ስሜት፣ ከቀረቡት አማራጮች ውስጥ የእርስዎን የሥምምነት ደረጃ በሚገልጸው ሳጥን ውስጥ የ "√" ምልክት በማድረግ ይመልሱ።

ተ.ቁ	ባለፉት 4 ሳምንታት ውስጥ...	በፍጹም (1)	በጣም ጥቂት ጊዜ (2)	አንዳንድ ጊዜ (3)	አብዛኛውን ጊዜ (4)	ሁል ጊዜ (5)
1.	ያለ በቂ ምክንያት የድካም ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
2.	የመረበሽ ስሜት ምን ያህል ጊዜ ይሰማዎት?					
3.	ምንም ነገር ሊያረጋጋዎት የማይችል ከፍተኛ የመረበሽ ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
4.	የተስፋ መቁረጥ ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
5.	እረፍት የማጣት ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
6.	መቀመጥ እስኪያቅትዎት ድረስ ከፍተኛ የሆነ የመቁነጥነጥ ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
7.	የድብርት ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
8.	ሁሉ ነገር አድካሚ ወይም ከባድ ሆኖ ምን ያህል ጊዜ ይሰማዎታል?					
9.	ምንም ነገር ሊያስደስትዎት የማይችል ከፍተኛ የሃዘን ስሜት ምን ያህል ጊዜ ይሰማዎታል?					
10.	እኔ የማይረባ ነኝ የሚል ስሜት ምን ያህል ጊዜ ይሰማዎታል?					

11. ከላይ ከተዘረዘሩት ነገሮች ውጪ፣ ስለ ስነ-ልቦናዊ ሁኔታዎ ወይም ስላጋጠሙዎት ተግዳሮቶች መናገር የሚፈልጉት ሌላ ነጥብ ካለ
    ቢያካፍሉን_____
    _____
    _____
    _____
    _____

ክፍል ሶስት፡- ከሥነ-ልቦናዊ ጭነቅት ጋር ተያያዥነት ያላቸው ሁኔታዎች

መመሪያ፡- እባክዎን ግጭቱ ከተጀመረበት እና ከትምህርት ቤት ከቀሩበት ጊዜ ጀምሮ ያለውን የእርስዎን ሁኔታ በትክክል ይገልጻል የሚሉትን አማራጮች ይምረጡ።

1. በአሁኑ ጊዜ ያለዎት የአኗኗር ሁኔታ ምን ይመስላል?

ሀ. ከሁለቱም ወላጆቼ ጋር እኖራለሁ ለ. ከአንድ ወላጄ ጋር እኖራለሁ

ሐ. ከዘመድ/ከቅርብ ቤተሰብ ጋር እኖራለሁ መ. ረዳት የሌለኝ (ብቻዬን ወይም ከሌሎች ልጆች ጋር እኖራለሁ)

2. በግጭቱ ምክንያት በአሁኑ ጊዜ ከቅርብ የቤተሰብ አባላትዎ ተለይተዋል?

ሀ. አዎ ለ. አይ

3. በግጭቱ ምክንያት ስንት ጊዜ ለመፈናቀል ወይም የመኖሪያ ቦታዎን ለመቀየር ተገደዋል?

ሀ. በፍጹም ለ. አንድ ጊዜ

ሐ. ከ2–3 ጊዜ መ. ከ3 ጊዜ በላይ

4. በአሁኑ ጊዜ ለህልውና ለማግኘት ሲሉ በማንኛውም ዓይነት የጉልበት ሥራ ወይም ገቢ በሚያስገኝ ሥራ ላይ ተሰማርተዋል?

ሀ. አዎ ለ. አይ

5. የቤተሰብዎ አባላት በቂ ምግብ ወይም ንጹህ ውሃ የሚያጡበት ሁኔታን ሁኔታ እንዴት ይገልፁታል?

ሀ. በፍጹም ለ. አንዳንድ ጊዜ ሐ. አብዛኛውን ጊዜ

6. ችግር ሲያጋጥምዎት ወይም አደጋ ሲሰማዎት የሚሄዱበት አስተማማኝ ቦታ አለዎት?

ሀ. አዎ ለ. አይ

7. መደበኛ ትምህርት ካቋረጡ ምን ያህል ጊዜ ሆነዎት?

ሀ. ከ6 ወር በታች ለ. ከ6 ወር እስከ 1 ዓመት ሐ. ከአንድ ዓመት በላይ

8. ወደ ትምህርት ቤት መመለስ ያልቻሉበት ዋናው ምክንያት ምንድን ነው?

ሀ. የደህንነት ስጋት (ለመሄድ/ለመማር አደገኛ ስለሆነ)

ለ. የትምህርት ቤት አለመኖር (ትምህርት ቤቱ ስለፈረሰ ወይም ስለተዘጋ)

ሐ. የኢኮኖሚ ችግር (ቤተሰቤን ለመርዳት መሥራት ስላለብኝ)

መ. የተስፋ መቁረጥ ስሜት (ከጓደኞቼ በጣም ወደኋላ የቀረሁ ስለመሰለኝ)

9. ከግጭቱ ጋር በተያያዘ አስከፊ ድርጊት አጋጥሞዎት ወይም አይተው ያውቃሉ? (ለምሳሌ፡- ጥቃት፣ የቤት መፈራረስ፣ የአካል ጉዳት)

ሀ. አዎ ለ. አይ ሐ. መናገር አልፈልግም

ለሥነ-ልቦናዊ ጭንቀትዎ ምክንያት ይሆናሉ ብለው የሚያስቧቸው እዚህ ላይ ያልተጠቀሱ ሌሎች ሁኔታዎች ካሉ እባክዎን ከዚህ በታች ባለው ክፍት ቦታ ላይ ይጥቀሱ፡-_____

_____

ክፍል አራት፡ የማህበራዊ ድጋፍ መጠይቅ

መመሪያ፡- የሚከተሉትን መግለጫዎች በጥንቃቄ ካነበቡ በኋላ፣ የእርስዎን በትክክል በሚገልጸው ሳጥን ውስጥ የ "√" ምልክት በማድረግ ያመልክቱ።

በጣም አልስማማም 2. አልስማማም 3. ግሉል ነኝ 4. እስማማለሁ 5. በጣም እስማማለሁ

ተ.ቁ	ዝርዝር መግለጫዎች	1	2	3	4	5
1	ችግር ሲገጥመኝ ከጎኔ የሚሆን ልዩ ሰው አለኝ።					
2	ደስታዬንና ሃዘኔን የማካፈለው ልዩ ሰው አለኝ።					
3	ቤተሰቦቼ እኔን ለመርዳት ከልባቸው ይጥራሉ።					
4	ከቤተሰቦቼ የሚገባኝን ስሜታዊ እርዳታና ድጋፍ አገኛለሁ።					
5	ለእኔ እውነተኛ የሰላም/የመጽናኛ ምንጭ የሆነ ልዩ ሰው አለኝ።					
6	ጓደኞቼ እኔን ለመርዳት ከልባቸው ይጥራሉ።					
7	ነገሮች ሲበላሹ በጓደኞቼ መተማመን እችላለሁ።					
8	ስለ ችግሮቼ ከቤተሰቦቼ ጋር በግልጽ መነጋገር እችላለሁ።					
9	በሕይወቴ ውስጥ ለስሜቴ የሚጨነቅ ልዩ ሰው አለ።					
10	ቤተሰቦቼ ውሳኔዎችን ስወስን እኔን ለመርዳት ፈቃደኞች ናቸው።					
11	ስለ ችግሮቼ ከጓደኞቼ ጋር መነጋገር እችላለሁ።					

ክፍል አምስት፡ የመቋቋሚያ ስልቶች

የሚከተሉት ነጥቦች ሰዎች ውጥረት ወይም አስቸጋሪ ሁኔታዎች ሲያጋጥሟቸው ሊጠቀሙባቸው የሚችሉ የመቋቋሚያ ዘዴዎች ናቸው። እባክዎን ባለፉት ጥቂት ሳምንታት ውስጥ ውጥረትን ለመቋቋም እያንዳንዱን ስልት ምን ያህል ጊዜ ሲጠቀሙበት እንደነበር ያመልክቱ።

የምላሽ አማራጮች፡- 1 = ይህንን በጭራሽ አላደረግኩትም 2 = ይህንን በትንሹ አድርጌዋለሁ 3 = ይህንን በመጠኑ አድርጌዋለሁ 4 = ይህንን በጣም አድርጌዋለሁ

ተ.ቁ	መግለጫ	1	2	3	4
1	ትኩረቴን ከነገሩ ላይ ለማንሳት ወደ ሥራ ወይም ወደ ሌሎች ተግባራት ፊቴን አዞራለሁ።				
2	ስለ ጉዳዩ ብዙ ላለማሰብ እንደ ቴሌቪዥን ማየት፣ ማንበብ፣ መመሰጥ፣ መተኛት ወይም ግብይት መፈጸም ያሉ ነገሮችን አደርጋለሁ።				
3	ያለሁበትን ሁኔታ የተሻለ ለማድረግ እርምጃዎችን እወስዳለሁ።				
4	“ይህ እውነት አይደለም” እያልኩ ራሴን አሳምናለሁ።				
5	ሁኔታውን ለመቋቋም እንዲረዱኝ አልኮል ወይም ሌሎች ዕፆችን እጠቀማለሁ።				
6	ከሌሎች ሰዎች የስሜት ድጋፍ አገኛለሁ።				
7	ምን ማድረግ እንዳለብኝ ከሌሎች ሰዎች ምክር ወይም እርዳታ ለማግኘት እሞክራለሁ።				
8	ሁኔታውን ለመቋቋም የምደርገው ምንም ጥረት አላደርግም።				
9	መጥፎ ስሜቶቼን እንዲወጡልኝ አንዳንድ ነገሮችን እናገራለሁ።				
10	ነገሩ ይበልጥ በጎ ሆኖ እንዲታየኝ በሌላ እይታ(ችግሩን በተለየ መንገድ) ለማየት እሞክራለሁ።				
11	ምን ማድረግ እንዳለብኝ ስልት ለመንደፍ እሞክራለሁ።				
12	ምን ዓይነት እርምጃዎችን መውሰድ እንዳለብኝ አጥብቄ አስባለሁ።				
13	ስለ ጉዳዩ ቀልዶችን እቀልዳለሁ።				
14	ነገሩ መከሰቱን እና እውነታውን እቀበላለሁ።				
15	ከነገሩ ጋር አብሮ መኖርን እማራለሁ።				
16	በሃይማኖቴ ወይም በመንፈሳዊ እምነቴ መጽናናትን ለማግኘት እጸልያለሁ።				
17	ለሚፈጠረው ነገር ሁሉ እራሴን እተቻለሁ/ተጠያቂ አደርጋለሁ።				

ከላይ ከተጠቀሱት ጥያቄዎች ውስጥ ያልተካተቱ፣ አስቸጋሪ ሁኔታዎች ሲያጋጥምዎ ለመቋቋም የምትጠቀምባቸው ሌሎች መንገዶች አሉ? ካሉ እባክህ በዝርዝር ግለጽ።

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Appendix IV: Amharic Version Interview Guides

ባሕር ዳር ዩኒቨርሲቲ

በትምህርት ሳይንስ ኮሌጅ

የሳይኮሎጂ ትምህርት ክፍል

ከባለሙያዎች፣ ቤተሰብ ወይም አሳዳጊ እና በታዋቂ ግለሰቦች ጋር የሚደረግ ቃለ መጠይቅ

መግቢያ

ጤና ይስጥልኝ፣ ስሜ አቤልነህ ሽማየ ይባላል። በባህር ዳር ዩኒቨርሲቲ በካውንስሊንግ ሳይኮሎጂ የማስተርስ ዲግሪ ተማሪ ነኝ። የዚህ ጥናት ዋና ዓላማ በሰሜን ሜጫ ወረዳ በግጭት ምክንያት ትምህርታቸውን ባቋረጡ ታዳጊዎች ላይ የሚታየውን የስነ-ልቦና ቀውስ ፣ ተያያዥ ጉዳዮችን እና ታዳጊዎቹ ችግሩን ለመቋቋም የሚጠቀሙባቸውን ዘዴዎች መመርመር ነው።

እርስዎ በማህበረሰቡ ውስጥ ካለዎት ሚና እና ልምድ አንጻር ለዚህ ጥናት ጠቃሚ መረጃ ይሰጣሉ ተብለው ስለታመነ በታላቅ አክብሮት ተጋብዘዋል። በዚህ ጥናት ላይ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በመሳተፍዎ የሚደርስብዎት ምንም ዓይነት ጉዳትም ሆነ ችግር የለም። የሚሰጡኝ መረጃ በምስጢር እንደሚጠበቅ እና ለጥናቱ ስራ ብቻ እንደሚውል በሙያዬ ቃል እገባለሁ።

በጥናቱ በመሳተፍዎ የሚከፈል ክፍያ ባይኖርም፣ የእርስዎ ሃሳብ በግጭት የተጎዱ ታዳጊዎችን ሁኔታ ለመረዳትና መፍትሄ ለማምጣት ትልቅ አስተዋጽኦ ይኖረዋል። የምንነጋገረውን ሃሳብ በሙሉ በትክክል ለመመዝገብ እንዲረዳኝ የእርስዎን ፈቃድ በማግኘት በድምጽ መቅጃ መጠቀም እፈልጋለሁ። ያልተረዳችሁት ነገር ካለ በማንኛውም ሰዓት ጥያቄ መጠየቅ ይችላሉ።

ለቃለ-መጠይቁ ፈቃደኛ ከሆኑ መጀመር እንችላለን።

የቃለ-መጠይቅ ጥያቄዎች

1. በዚህ አካባቢ ከታዳጊዎች ወይም ከማህበረሰቡ ጋር በምን አይነት ሁኔታ ላይ እንደሚሰሩና ያለዎትን ልምድ ቢገልጹልኝ?
2. በቅርቡ የተከሰተው ግጭት በታዳጊዎች እና በትምህርት ሂደት ላይ ምን አይነት ተጽዕኖ አሳድሯል?
3. በትምህርታቸው ላይ እያሉ በግጭት ምክንያት ትምህርት ባቋረጡ ታዳጊዎች ላይ በብዛት የሚታዩ የስነ-ልቦና ወይም የስሜት መቃወስ ችግሮች ምን ምን ናቸው?
4. በእርስዎ እይታ፣ በእነዚህ ታዳጊዎች ዘንድ የስነ-ልቦና ቀውስ ምን ያህል የተለመደ ነው?
5. ለታዳጊዎቹ የስነ-ልቦና ቀውስ ዋና ዋና ተያያዥ ምክንያቶች ምን ምን ናቸው በለው ያስባሉ?
   (ማብራሪያ፡- የግጭት ተሞክሮ፣ መፈናቀል፣ ድህነት፣ ከቤተሰብ መለየት፣ ትምህርት ማቋረጥ...)
6. ትምህርት ማቋረጥ በታዳጊዎቹ የአዕምሮ እና የስሜት ጤንነት ላይ ምን አይነት ተጽዕኖ እያሳደረ ይገኛል ብለው ያስባሉ?

7. ከባህል ወይም ከማህበረሰቡ ጋር ተያያዥነት ያላቸው እና ለስነ-ልቦና ቀውስ መንስኤ የሚሆኑ (ወይም ችግሩን የሚያባብሱ) ሁኔታዎች ቢያጋሩን?
8. በዚህ አካባቢ የሚገኙ ታዳጊዎች የሚያጋጥማቸውን የስነ-ልቦና ጫና ለመቋቋም አብዛኛውን ጊዜ ምን አይነት ዘዴዎችን ይጠቀማሉ?
9. በስነ-ልቦና ቀውስ ውስጥ ላሉ ታዳጊዎች በአሁኑ ወቅት በአካባቢው ምን አይነት የድጋፍ አገልግሎቶች አሉ?
10. ታዳጊዎች ድጋፍ እንዳያገኙ እንቅፋት የሚሆኑባቸው ዋና ዋና ምክንያቶች ምንድን ናቸው?
11. በመጨረሻም መጨመር የሚፈልጉት ወይም እኔ ያልጠየቅኩት ሊጠቀስ የሚገባው ሃሳብ አለ?

ስለትብብራችሁ አመሰግናለሁ