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Self-Efficacy, Perceived Social Support and Coping Styles among Internally Displaced Persons in Host Community of Finoteselam, Amhara, Ethiopia

Zelalem, Melkie Yeshaneh

BAHIR DAR UNIVERSITY

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Counseling Psychology

Advisor: Koye Kassa (PhD)

June, 2026

Bahir Dar, Ethiopia

DECLARATION

This is to certify that the thesis entitled "Self-Efficacy, Perceived Social Support and Coping Styles among Internally Displaced Persons in Host Community of Finoteselam, Amhara, Ethiopia" submitted in partial fulfillment of the requirements for the degree of Master of Arts in Counseling Psychology of 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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College of Education

School of Educational Sciences

Department of Psychology

Approval of Thesis for Defense

I hereby certify that I have supervised, read, and evaluated this thesis titled ““Self-efficacy, Perceived Social Support and Coping Styles Among Internally Displaced Persons in Host Community of Finoteselam, Amhara, Ethiopia” by Zelalem Melkie prepared under my guidance. I recommend the thesis be submitted for oral defense

Koye Kassa (PhD)	_____	_____
Advisor’s name	Signature	Date
_____	_____	_____
Department Head	Signature	Date

BAHIR DAR UNIVERSITY

College of Education

School of Educational Sciences

Department of Psychology

Approval of thesis for defense result as members of the board of examiners, we examined this thesis "Self-efficacy, Perceived Social Support and Coping Styles Among Internally Displaced Persons in Host Community of Finoteselam, Amhara, Ethiopia" by Zelalem Melkie. 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".

Board of Examiners

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LIST OF ACRONYMS

IDPs: Internally Displaced Persons

GSES: General Self-Efficacy Scale

MSPSS: Multidimensional Scale of Perceived Social Support

COR: Conservation of Resources

NGO: Non-Governmental organization

PTSD: Post-Traumatic Stress Disorder

UNHCR: United Nations High Commissioner for Refugees

UN OCHA: United Nations Office for the Coordination of Humanitarian Affairs

MHNTs: Mobile Health and Nutrition Teams

GBV: Gender Based Violence

IDMC: Internal Displacement Monitoring Centre

ICRC: International Committee of the Red Cross

ABSTRACT

This study examined the relationships among general self-efficacy, perceived social support and coping styles among internally displaced persons (IDPs) in the host community of Finote Selam, Ethiopia. Employing a mixed-research approach with a convergent parallel design, a systematic random sample of 359 quantitative respondents was integrated with 10 purposively selected qualitative key informant interviewees. Quantitative data were gathered using the general self-efficacy scale, multidimensional perceived social support, and brief-COPE scales. The quantitative data were analyzed using both descriptive and inferential (Pearson correlation, independent samples t-tests & one way ANOVA, and multiple linear regression) statistics. The qualitative data were analyzed with thematic analysis. The findings revealed moderate baseline levels of self-efficacy (M = 24.02) and perceived social support (M = 52.05), with avoidant coping emerging as the predominant strategy (M = 29.20). Self-efficacy and social support correlated positively with adaptive coping, combining to uniquely predict 50.2% of its variance ($\Delta R^2 = .502$, $p < .001$). Independent t-tests and ANOVA indicated that female IDPs (M = 30.45) and recent IDPs (M = 33.46) relied significantly more on avoidant strategies. The qualitative results revealed that persistent economic hardships drop contextual self-efficacy, while a psychological reciprocity crisis regarding informal hospitality drives defensive self-isolation. Additionally, the sudden loss of domestic roles and structural dependency severely shattered the participants' identity, inducing heavy emotional distress. Conclusively, the study demonstrates that while internal psychological resources and informal community support are vital protective factors for displaced individuals, the absence of structural economic capital and role stability ultimately forces a reliance on avoidant coping behaviors. Based on the findings, it is recommended that local disaster management structures and humanitarian partners transition from transactional aid to structured livelihood programs and gender-tailored psychosocial support to facilitate sustainable integration.

Keywords: *Self-efficacy, perceived social support, coping styles, internally displaced persons, host community.*

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CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

Internally Displaced Persons (IDPs) are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (United Nations, 1998). Unlike refugees, IDPs remain citizens of their own country and retain the full range of human rights and international humanitarian law guarantees applicable to all citizens. However, due to their displacement, they have special needs that require specific legal protection, a need that is not explicitly addressed in one specific international convention (Kälin, 2005).

This displacement, driven by conflict, political instability, and environmental shocks, imposes a long-lasting and continuous spectrum of traumatic stressors, leading to systematic resource loss (Miller & Rasmussen, 2017; Betancourt & Khan, 2008). The cumulative effect of these losses is meaningfully hypothesized by Hobfoll's Conservation of Resources (COR) theory. While initially proposed in 1989, COR remains a foundation of recent stress research and continues to be advanced and applied to the context of traumatic stress (Hobfoll & Hou, 2025). This theory highlights that the core injury of displacement is the systematic loss of an individual's psychological, social, and material resources.

The resource depletion and resulting powerlessness emphasize the necessity for research focused on the essential protective factors that define an individual's psychological resilience. This research is anchored by the triad of self-efficacy, perceived social support, and coping styles. Self-efficacy, a basis of psychological theory, is defined as the belief in one's capacity to organize and execute the courses of action required to manage prospective situations (Bandura, 1997). This internal resource acts as a fundamental motivator during the displacement journey, influencing how consistently an individual seeks solutions (Mamed et al, 2025) and playing a basic role in post-traumatic recovery and coping success (Benight & Bandura, 2004).

Complementing this internal agency is perceived social support, an established global resource that functions through a stress-buffering mechanism; studies confirm that the subjective perception of available support, rather than the actual receipt of aid, is the primary driver in alleviating psychological distress across diverse populations (Acoba, 2024; Yeo et al, 2025). Together, these resources are critical determinants of the individual's coping style, while avoidant coping strategies often exacerbate PTSD symptoms; problem-focused styles are associated with better psychological outcomes (Figueiredo & Petravičiūtė, 2025). In high-stress environments, high self-efficacy paired with resilient traits helps mitigate the negative effects of avoidant coping, which is otherwise prevalent among displaced populations facing prolonged uncertainty (Khailenko & Bacon, 2024).

Globally, the impact of displacement on mental health is profound, often manifesting as Post-Traumatic Stress Disorder (PTSD) and depression. Recent systematic reviews highlight that the choice of coping style is a critical determinant of long-term recovery; while avoidant coping strategies often exacerbate PTSD symptoms, approach-oriented or problem-focused styles are associated with better psychological outcomes (Figueiredo & Petravičiūtė, 2025). For instance, research among displaced Ukrainians found that complex PTSD symptoms are significantly influenced by the interaction between trauma exposure and the specific coping mechanisms employed by the individual (McGinty et al, 2023), in this study males with either diagnosis exhibit higher avoidant coping than those without, females with complex PTSD demonstrate significantly higher levels of avoidance than those with standard PTSD, suggesting that maladaptive coping is a primary driver of the psychological burden in prolonged displacement contexts.

In the African context, communal resources often take the form of social capital, providing IDPs with the relational assets necessary to adapt to new environments (Azane, 2021). In Cameroon, studies demonstrate that perceived support operates through broad cognitive and communal mechanisms, though an individual’s internal belief system, specifically their sense of meaning-making, is often more critical for managing PTSD symptoms (Emilie, 2022).

Recent research in Nigeria further clarifies these dynamics, revealing significant differences in the coping strategies employed by IDPs compared to their host communities in regions of armed conflict (Salihu et al, 2024). This study underscores that while both groups face trauma, their reliance on specific coping mechanisms is shaped by their unique positions

within the social structure, emphasizing that the effectiveness of these strategies is tied to the level of social integration and the availability of communal resources (Salihu et al, 2024).

In the Ethiopian context, previous studies demonstrate a staggering mental health burden among IDPs. Research in the Metekel Zone indicates a high prevalence of psychological distress, reporting PTSD at 76.9%, depression at 79.53%, and anxiety at 74.56%, identifying poor social support as a primary risk factor for this morbidity (Bekako et al, 2025).

Beyond these pathologies, the interaction between internal and external resources is vital for recovery. Self-efficacy serves as a core element of psychological capital, acting as a fundamental motivator that influences how consistently IDPs seek solutions during the coping process (Mamed et al., 2025). Complementing this internal drive, perceived social support and problem-focused coping strategies are essential external resources; individuals with higher levels of both report significantly lower mental distress and a higher quality of life (Araya, 2007).

These resources are not only psychological but also practical for those integrating into host communities. Effective/adaptive coping strategies are identified as the basic component for addressing secondary stressors in resettlement, such as housing problems, unemployment and food insecurity (Birhanu, 2022; Getahun, 2020). However, the transition into host environments often presents unique challenges to human security and social cohesion, requiring high levels of resilience to maintain civilian protection and stability (Ali et al, 2023; Endris et al, 2022).

Within the Amhara region, the ongoing conflict has created a severe humanitarian crisis. Research in Debre Berhan and the Northwest camps (Debark and Dabat) indicates PTSD rates ranging from 60.98% to 67.5% (Makango et al, 2023; Tadesse et al, 2024). In these settings, psychological capital, specifically self-efficacy, acts as a mediator that weakens the impact of trauma on depressive symptoms (Melese, 2025). Furthermore, in the context of Gender-Based Violence (GBV), which affects 31% of displaced women in some Amhara camps, self-efficacy serves as a crucial individual-level enabler for survivors to seek care, while inadequate social support remains a major barrier (Mitiku et al, 2025).

A critical but often overlooked dimension of displacement is the integration of IDPs into host communities. Unlike camp-based settings, IDPs living within host communities must

navigate complex behavioral and social determinants to achieve integration (Voznyak et al, 2024). This study highlights the existential barriers to the integration of IDPs into host communities, such as lack of housing, lack of permanent employment, language contradictions, and forced limited contact with relatives who remain in the combat zone. In some Ethiopian regions, such as the Somali region, social cohesion between IDPs and host communities is sustained by shared cultural and religious ties, yet remains vulnerable to factors like aid dependency and educational gaps, requiring deliberate efforts to maintain mutual support systems (Abdulahi, 2025)

The transition into a host community presents unique human security challenges, including competition for resources and the potential for social friction (Jafer et al, 2022). For IDPs in these settings, social integration is not a passive process but occurs at various levels economic, social, and psychological (Chuiko & Fedorenko, 2020). The effectiveness of this integration is often dictated by the coping ability of the displaced; for example, problem-focused coping is essential for IDP students in urban host municipalities to navigate the challenges of their new educational and social environments (Tuanjonji et al, 2024).

The duration of displacement further complicates the interplay between internal and external resources, as the initial communal solidarity often diminishes over time. Research by Hartman et al, (2021) suggests that while shared trauma can initially foster social cohesion, prolonged displacement frequently leads to donor fatigue and increased resource competition within host communities, eroding the perceived social support available to IDPs. This decline is often exacerbated by structural violence and systemic neglect in settlement contexts, which Mugambi and Michotte (2021) identify as a primary driver for IDPs to pivot from dwindling external social capital toward a heavier reliance on internal self-efficacy.

While extensive literature exists regarding the psychosocial conditions of Internally Displaced Persons (IDPs) within formal camp settings in Ethiopia, a significant research gap was identified concerning those residing within host communities, particularly in urban centers like Finote Selam. Most existing studies have historically focused on the pathology and deficit-based models of camp-based populations. This study, however, departed from that trend by examining the strengths-based triad of general self-efficacy, perceived social support and coping styles within a non-camp host-community context.

1.2. Statement of the Problem

Ethiopia faces frequent and complex humanitarian problems, particularly substantial internally displaced persons (IDPs) driven primarily by prolonged ethnic conflict (IDMC, 2025) this protracted displacement creates a massive and sustained burden on the country and also in Amhara region.

The prevalence of internally displaced persons (IDPs) in the Amhara region is a complex crisis characterized by ongoing regional conflict. As of the UNHCR (2025) report, the number of IDPs hosted in the region is estimated at 174,608 while IDP returnees are significantly higher, estimated at 951,931. Although many have returned to their places of origin, they continue to require humanitarian aid and lack full access to their former livelihoods. Earlier assessments by UN OCHA and DTM (2023/2024) indicated varying figures, but the high number of returnees in the region remains a primary focus for recovery efforts.

According to the UN OCHA (2024) report, at least half of the IDPs in the region are not receiving humanitarian assistance for lack of government and partners' resource capacities and insecurity. There is a delay and shortage of general food distribution in IDP sites in North Gondar, North Wello, Wag Hamra, South Wello, Central Gondar and North Shewa zones, where nutrition support is being provided through mobile health and nutrition teams (MHNTs). The shelter situation of IDPs is precarious, considering some 8,000 households in Abergele district (Wag Hamra) are living amongst host communities or in public buildings (mostly in damaged homes, rented houses, host family homes and in open compounds of host families with no shelter).

Specifically, the town of Finote Selam currently hosts vulnerable population of approximately 4,000 internally displaced persons (IDPs), registered at the household level. According to the Jabi Tehinan Woreda Disaster Management Office, these individuals were initially displaced from the East Wellega, West Wellega, and Horo Guduru Wellega Zones of Oromia Region, and the Benishangul-Gumuz Region due to conflict that began around 2019 and 2020. While initially registered by the Jabi Tehinan Woreda Disaster Management and Early Warning Office and housed in temporary city shelters until July 2023. Starting from July 2023, they also experienced a secondary displacement following the current renewed regional conflict.

Due to this conflict these individuals were also forced to be displaced from their temporary shelter in Finote-Selam town to different parts of the city and surrounding Kebeles like (Hodash, Arsema, Jiga), because they were unable to cope with renewed insecurity and lack financial resources to live in the city. According to their report to the Jabi-Tehinan Woreda Disaster Management office, they are currently struggling to reside in precarious rental squatter settlements and relying solely on unstable, casual day labor.

Based on the registered data from the Jabi Tehinan Woreda Disaster Management and Early Warning Office and the researcher's pre analysis or initial observation in the study site, the central challenges of the IDPs in Finote-Selam is their acute economic dependency and the resulting inability to meet basic human needs, which feeds a parallel psychological and social crisis. The families currently have no sustainable source of self-generated income, relying almost entirely on insufficient and irregular financial and food assistance provided by the Jabi Tehinan Woreda.

This situation, the constant struggle for survival and reliance on squatter housing leads to social marginalization and increased vulnerability to exploitation and severe mental health outcomes (Tadesse, et al, 2024; UN OCHA, 2024), demanding immediate and sustained intervention focused on both livelihood restoration and psychosocial support to break the cycle of acute vulnerability.

Previous studies have extensively explored the psychological dimensions of IDPs in Ethiopia, consistently establishing a high prevalence of mental health morbidity across displacement contexts. Quantitative evidence from Debre Berhan, Sekota, and the Metekel Zone identifies Self-Efficacy (often conceptualized within Psychological Capital) as a significant internal buffer against PTSD, Depression, and Anxiety (Melese, 2025; Mamed et al, 2025; Bekeko et al, 2025). Specifically, Melkam et al. (2025) and Bekeko et al. (2025) found that while trauma is a universal predictor of distress, individuals with higher internal resources report significantly lowers levels of psychological impairment.

However, a notable point of divergence emerges in help-seeking behavior. Gelaye et al. (2024) found that despite high levels of distress, socio-cultural factors and stigma often prevent IDPs from translating their perceived needs into actual support-seeking. This highlights a critical gap between the presence of distress and the utilization of formal

services, contrasting with the 'active resilience' models observed in settings where internal resources are high.

Qualitative evidence further enriches these findings. Mamed et al. (2025) explore the lived experiences of IDPs in Wag-Hemra, emphasizing how survivors rely on internal resilience and community-based coping to navigate trauma. In the Oromia Special Zone, Endris (2022) identifies that resettlement resilience is heavily dependent on social capital and indigenous support structures. This is echoed by Gudeta and Seyeneh (2025) and Getahun (2020) in Sebeta, who find that in the absence of formal aid, IDPs rely on shared-hardship and informal psychosocial support as critical coping mechanisms. However the following basic gaps were remains,

First, a geographic and contextual gap exists regarding the settlement type of IDPs. Previous research has primarily focused on populations in formalized camps or temporary mass shelters (e.g, Taddesse et al, 2024; Mekango et al, 2025; Bekeko et al, 2025). While these studies provide essential insights into camp-based psychological crises, they overlook the dispersed IDP cohort residing in urban host communities like Finote Selam. Dispersed IDPs face unique vulnerabilities and social dynamics such as integration challenges and limited access to structured aid that differ significantly from camp settings, necessitating a localized investigation into how they navigate their environment.

Second, there is a conceptual gap characterized by a deficit-focused approach. Most existing studies prioritize measuring pathology, such as the prevalence of PTSD or psychosocial distress (e.g, Melese, 2025; Gelaye et al, 2024). While establishing the mental health burden is vital, there is a critical lack of research on strengths-based mechanisms specifically how internal resources like general self-efficacy and external resources like perceived social support influence the adoption of specific coping styles. By shifting the focus from documenting symptoms to modeling predictors of adaptive behavior, this study systematically examined the mechanisms that enable IDPs to actively manage their environment.

Third, a significant methodological gap exists. Existing empirical studies are largely fragmented, utilizing either purely quantitative surveys to address the prevalence of problems (Mamed et al, 2025; Bekeko et al, 2025) or purely qualitative explorations of lived experiences (Gudeta & Seyeneh, 2025). Neither approach alone can capture the full

complexity of the IDP experience. By employing a convergent parallel mixed-method design, this study bridges this gap, providing a holistic understanding that quantitatively measures the relationships between variables while qualitatively exploring the nuances of how these coping strategies are practiced in daily life.

Due to this gap, the researcher was interested in examining the relationships between self-efficacy, perceived social support and coping styles among internally displaced persons in Finote-Selam. Accordingly, on the basis of the above points the researcher prepared the following basic research questions;

1. What are the current levels of General Self-Efficacy, Perceived Social Support, and the predominant Coping Styles (Problem-focused, Emotion-focused, and Avoidant) among Internally Displaced Persons in Finote Selam?
2. To what extent do General Self-Efficacy and Perceived Social Support correlate with the use of Problem-focused, Emotion-focused, and Avoidant coping styles among IDPs in Finote Selam?
3. Are there significant differences in Self-Efficacy and Coping Styles based on the gender and duration of displacement of the IDPs?
4. To what extent does the combination of General Self-Efficacy and Perceived Social Support uniquely predicts the variance in adaptive coping strategies among IDPs?
5. How do IDPs describe the lived experiences and integration obstacles that shape their coping choices?

1.3. Objectives of the study

This study has both general and specific objectives

1.3.1. General objective of the study

The general objective of this study was to investigate the relationship between general self-efficacy, perceived social support, and the predominant coping styles among Internally Displaced Persons (IDPs) residing in the host community of Finoteselam, Amhara, Ethiopia.

1.3.2. Specific objectives

The specific objectives of this study were;

- To assess the current levels of general self-efficacy, perceived social support and identify the predominant coping styles (problem-focused, emotion-focused, and avoidant) among IDPs in Finote Selam.

- To examine the extent to which general self-efficacy and perceived social support correlate with the use of problem-focused, emotion-focused and avoidant coping styles among the study participants.
- To determine if there are significant differences in self-efficacy and coping styles based on the gender and duration of displacement of the IDPs.
- To evaluate the extent to which the combination of general self-efficacy and perceived social support uniquely predicts the variance in adaptive coping strategies among IDPs.
- To explore the lived experiences and integration obstacles that shapes the support mechanisms and coping choices of IDPs in the host community.

1.4. Significance of the study

This study holds substantial importance as it addresses a critical geographic and contextual gaps by shifting the focus from formalized camp settings to the often-overlooked dispersed IDPs living within host communities like Finote Selam. By investigating this specific cohort, the research provides localized evidence on how urban integration, limited structured aid, and unique social dynamics influence psychological outcomes. Consequently, the findings will offer policymakers and humanitarian organizations a tailored framework for designing community-based interventions that move beyond the one-size-fits-all camp model, ensuring that support systems are inclusive of IDPs navigating the complexities of host-community life.

Furthermore, this research is significant for its shift from a deficit-focused diagnostic approach to a strengths-based, predictive model. By examining how internal resources like general self-efficacy and external assets like perceived social support drive specific coping styles, the study moves the academic discourse from merely documenting pathology to understanding the mechanisms of resilience. Methodologically, the use of a convergent parallel mixed-method design ensures a holistic perspective that neither purely quantitative nor qualitative studies can achieve alone. Ultimately, the results will provide a robust evidence base for mental health practitioners to develop active-management strategies, empowering IDPs to utilize their own psychological and social resources to foster adaptive behaviors in the face of displacement.

1.5. Delimitation of the study

This study was geographically delimited to Finote Selam, the administrative center of the West Gojjam Zone in Amhara, Ethiopia. Conceptually, it focuses on the levels and relationships between general self-efficacy, perceived social support and coping styles (Problem-focused, Emotion-focused, and Avoidant) among Internally Displaced Persons (IDPs). Methodologically, this study employed a convergent parallel mixed-methods design. It integrated quantitative data from standardized psychometric tools specifically the General Self-Efficacy Scale (GSE), the Multidimensional Scale of Perceived Social Support (MSPSS) and the 28-item Brief-COPE alongside qualitative data obtained through semi-structured interviews. The study population was delimited to internally displaced persons (IDPs) aged 18 and above who had resided within the Finote Selam host community for at least six months.

1.6. Operational Definitions

- **Internally Displaced Persons (IDPs):** For this study, IDPs are defined as individuals or groups of persons who have been forced to flee their homes primarily due to conflict and are currently residing within the urban host community of Finote Selam.
- **General Self-Efficacy:** In this study, self-efficacy refers to the internal belief of IDPs in their personal competence to manage and handle the diverse challenges of displacement.
- **Perceived Social Support:** This refers to the IDP's subjective perception and evaluation of the availability and adequacy of support from their social networks (such as family, friends, or the host community).
- **Coping Styles** are defined as a multidimensional construct representing the specific cognitive and behavioral efforts Internally Displaced Persons (IDPs) employ to manage the psychological stress and practical demands of displacement. This encompasses:
    - **Problem-Focused Coping:** proactive strategies directed at managing or altering the source of the stressor;
    - **Emotion-Focused Coping:** strategies aimed at regulating the emotional distress associated with the displacement; and
    - **Avoidant Coping:** patterns characterized by efforts to deny, minimize, or psychologically distance oneself from the stressful environment/displacement.

- **Host Community:** refers to the local residents, social networks, and institutional frameworks within Finote Selam town where the sampled IDPs are currently sheltered, dispersed and seeking psychological and livelihood adaptation

CHAPTER TWO

2. LITERATURE REVIEW

This chapter contains a review of literatures related on Internally Displaced Persons (IDPs); the basic concept of Internally Displaced Persons (IDPs), the humanitarian crisis from the global context to the local context, the study variables (self-efficacy, perceived social support, the interdependence of self-efficacy and perceived social support, and coping success and finally it address the basic theoretical frameworks that will guide the overall study they are Conservation Resource Theory and Social Cognitive Theory.

2.1. Conceptualization of Internally Displaced Persons (IDPs)

The concept of Internally Displaced Persons (IDPs) refers to a category of people who have been forced to flee their homes but have not crossed an internationally recognized state border, a crucial distinction that separates them from refugees. The crisis of internally displaced persons (IDPs) was first confronted in the 1980s, but Recognition of internal displacement emerged gradually through the late 1980s and became prominent on the international agenda in the 1990s. The chief reasons for this attention were the growing number of conflicts causing internal displacement after the end of the Cold War and an increasingly strict international migration regime (Brun, 2005).

Historically, a significant conceptual challenge existed regarding the legal status of IDPs compared to refugees. Early legal scholars, most notably Hathaway (1991), argued that internally displaced person was a descriptive category rather than a formal legal status. This perspective held that because IDPs have not crossed an international border, they remain under the sole jurisdiction of their own government and cannot claim rights additional to those shared by their compatriots. However, this traditional view has been effectively countered by the evolution of international and regional law. In the African context, the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) establishes a binding legal framework. As Adeola (2020) notes, this convention grants IDPs specific enforceable rights and imposes clear obligations on states to provide protection and assistance thereby moving the definition away from a legal vacuum toward a recognized status.

There has been some debate surrounding whether IDPs and refugees should be grouped as a single category, and consequently whether the challenges caused by them should be handled by the same institution(s) across different scholars (Brun, 2005).

The debate regarding how to categorize IDPs continues in humanitarian practice. On one side, the UN and the Brookings-Bern Project, supported by experts like Walter Kälin and Erin Mooney, advocate for a separate humanitarian category to ensure specialized psychosocial and material responses (Mooney, 2005). Conversely, the International Committee of the Red Cross (ICRC) maintains a needs-based approach, prioritizing all civilians affected by conflict based on urgency rather than displacement status alone (Contat Hickel, 2001).

For instance, Barutciski (1998) argued that the attempts by some human rights advocates to extend the protection of refugees to the internally displaced may be counter-productive, as it would be detrimental to the traditional asylum option and could possibly increase containment. However, the distinction was criticized, when the US Ambassador to the UN, Richard Holbrooke, following a visit to Angola, argued that the bureaucratic distinction between refugees and IDPs was negatively affecting the lives of millions of IDPs (Newland, et al, 2003).

As (Brun, 2005) stated in his research guide on internal displacement, a fundamental conceptual debate persists regarding the application of the IDP category in humanitarian practice. On one side of the debate were the UN and the Brookings-Bern Project on Internal Displacement (formerly the Brookings-SAIS project) including such commentators as Erin Mooney and Professor Walter Kälin (since September 2004 the UN Secretary-General's Representative on the Human Rights of Internally Displaced Persons). They have been advocates for a separate humanitarian category of IDPs an argument that continues to dominate the tone of most research into IDPs.

Based on (Brun, 2005), International Committee of the Red Cross is critical of working with internal displacement as a separate humanitarian category, and on the ground the International Committee of the Red Cross does not separate between IDPs and other civilians affected by conflict; In situations of armed conflict and internal disturbances the International Committee of the Red Cross will in fact always try to give priority to those with the most

urgent needs, Because of their precarious situation, displaced persons are frequently, although not exclusively, among the main beneficiaries of its work (Contat Hickel, 2001).

The definition contained in the Guiding Principles on Internal Displacement, which were presented to the UN in 1998, is the most commonly applied definition today and is often credited to Francis Deng, the former UN Secretary-General's Representative. It defines IDPs as: "Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border" (United Nations Office for the Coordination of Humanitarian Affairs, 1998).

2.2. Global Context and Psychosocial Determinants of Internal Displacement

The global scale of internal displacement reaching 83.4 million individuals by late 2024 represents a complex psychosocial emergency that fundamentally tests individual and community resources (IDMC, 2025). In conflict-affected regions such as Iraq and Yemen, decades of war have created protracted crises that disproportionately impact women and children, reinforcing gender-based vulnerabilities and socioeconomic disadvantages that hinder their ability to access necessary support (Ait Youssef & Wangle, 2022).

Empirical evidence from broader conflict zones like Ukraine and Syria further confirms that perceived social support serves as a critical mediator; the quality of support received within host communities significantly determines the severity of post-traumatic stress symptoms and overall psychological well-being (Rizzi et al, 2022; Hartman et al, 2021). Within urban squatter settlements, these informal social networks act as essential behavioral determinants, providing a psychological buffer against the chronic instabilities of housing and economic loss (Ramirez & Franco, 2016; Voznyak et al, 2024; Chuiko & Fedorenko, 2020).

Current research highlights a significant correlation between internal psychological resources and the selection of specific coping styles. High levels of general self-efficacy are strongly linked to the adoption of adaptive, problem-focused strategies, whereas lower self-belief consistently correlates with avoidant coping and heightened psychological distress (Khailenko & Bacon, 2024; Figueiredo & Petravičiūtė, 2025). While emotion-focused coping

such as spiritual or religious practices is often prevalent in the early acute stages of displacement, the long-term transition toward active problem-solving is heavily dependent on the interplay between an individual's perceived capability and the availability of strong social support within the host environment (Seguin & Roberts, 2017; Voznyak et al, 2023).

2.3. Internal Displacement and Psychosocial Determinants in African Context

In Africa's approximately 35 million people were internally displaced at the end of 2023, with 32.5 million were displaced by conflict and violence, (IDM, 2025). Unlike camp-based populations, a significant portion of African IDPs resides within urban host communities, where the psychosocial well-being of both displaced individuals and their hosts is heavily mediated by shared resources and social integration (Salihu et a, 2024). Empirical evidence from Darfur, Sudan, indicates that perceived social support, particularly through family networks, is positively associated with the adoption of problem-focused (task-focused) coping and serves as a primary buffer against physical stress symptoms (Musa & Hamid, 2025). In the Nigerian host community context, research confirms that while trauma levels are high, IDPs maintain greater psychosocial stability when social provision from the community remains intact, highlighting that the host environment's supportiveness is a key predictor of adaptive outcomes (Sheikh et al, 2014; Ayinoko & Babatunde, 2025).

The selection of coping mechanisms is also deeply influenced by the specific structural and environmental conditions of the host community setting. In cities like Mogadishu, Somalia, the threat of forced evictions from host settlements disrupts social networks and livelihoods, forcing a shift toward avoidant coping and increased psychological distress (Jelle et al., 2021; Mugambi & Michotte, 2021). Conversely, studies among displaced women in the DRC and learners in Cameroon demonstrate that general self-efficacy remains the most vital internal resource for navigating host community challenges; high self-efficacy is the primary predictor of problem-focused coping ability, even when formal aid is absent (Nemiro, 2015; Tuanjonji et al, 2024). Furthermore, in urban settings the lack of host community integration and low internal resources can lead to maladaptive responses, such as substance abuse, which erodes emotional intelligence and adaptive coping (Emmanuel, 2021). These findings underscore that for IDPs in host communities, the interaction between an individual's self-efficacy and the quality of perceived social support from their new neighbors is the definitive determinant of their utilized coping styles.

2.4. Internal Displacement and Psychosocial Determinants in Ethiopian context

The humanitarian crisis in Ethiopia, primarily driven by widespread conflict, has created a severe psychosocial burden characterized by high levels of mental distress and structural instability. In Northwest Ethiopia, research identifies that poor Perceived Social Support is a primary risk factor for psychological disorders; individuals lacking supportive networks are 3.61 times more likely to experience severe distress (Tadesse et al, 2024). This trend is mirrored in the Metekel Zone, where the lack of support from friends or local structures remains a primary predictor of anxiety and depression (Bekeko et al, 2025). These findings suggest that for IDPs, the presence of social networks is a critical determinant of psychological stability during protracted displacement.

The interaction between internal resources and the host environment is central to the adoption of specific Coping Styles. Research among IDPs in urban resettlement sites, such as the Oromia Special Zone and Sebeta, confirms that while individuals face extreme financial and adjustment difficulties, their ability to utilize adaptive strategies is heavily dependent on both formal and informal psychosocial support networks (Endris et al, 2022; Gudeta & Seyeneh, 2025). Furthermore, empirical data emphasize significant gender differences in these outcomes; women often report higher traumatic life events and different levels of Perceived Social Support compared to men, which directly influences their choice between Problem-focused and Emotion-focused coping strategies (Araya et al, 2007). In these urban settings, the lack of social cohesion acts as a barrier that forces a reliance on specific coping mechanisms, often shifting from active problem-solving to more Avoidant or emotional responses when social capital is low (Getahun, 2020; Abdulahi, 2025).

Recent empirical evidence further highlights that individual General Self-Efficacy serves as a vital internal resource for navigating the human security challenges of displacement in Ethiopia. In conflict-displaced communities, the interplay between an individual's internal belief in their capability and their access to community-based support determines their capacity for adaptive behavior (Ali et al, 2023; Jafer et al, 2022). Contemporary studies suggest that moving beyond isolated responses to leverage social capital is essential for improving psychosocial outcomes (Im et al, 2025; Greene et al, 2025). These regional findings underscore the necessity of investigating how the combination of General Self-Efficacy and Perceived Social Support uniquely predicts the variance in adaptive coping behaviors among IDPs in the specific host community of Finote Selam.

2.5. The Humanitarian Crisis in Amhara Region and the Study Site

Conflict-induced displacement in the Amhara region is characterized by a significant mental health and psychosocial burden. Recent studies in the region consistently indicate critical levels of psychopathology and a high need for psychological resources. Recent evidence from the Amhara region further underscores the relationship between psychological resources and displacement outcomes. In a study of IDPs in Sekota (Mamed et al, 2025), psychological capital was found to be a significant negative predictor of mental distress, with Self-Efficacy emerging as the strongest predicting component. Furthermore, research emphasizes that resilience in these populations often depends on leveraging Social Support and communal capital to buffer the effects of traumatic events (Mamed et al., 2025; Melese, 2025). These findings directly validate the focus of the current study on how individual self-beliefs and external social networks influence the adoption of specific coping styles among displaced persons.

In Northwest Ethiopia, the magnitude of the crisis remains severe. Tadesse et al. (2024) identified that war-affected IDPs face high levels of PTSD linked to the duration and frequency of displacement, while Yigzaw et al. (2023) highlighted the urgent need for comprehensive psychosocial support in North Gondar. This regional context is reflected in the current study site, Finote Selam, which is currently hosting a vulnerable population of approximately 4,000 internally displaced persons registered at the household level.

As the Jabi Tehinan Woreda report the IDP cohort in Finote Selam has faced a complex, multi-stage displacement history. Initially displaced in 2019 from the Oromia and Benishangul-Gumuz regions, these individuals experienced secondary displacement in July 2023 due to heightened local conflict. This protracted crisis has forced IDPs into precarious living conditions within the urban host community, where they reside in rental squatter settlements or remote surrounding Kebeles. Surviving primarily on unstable casual day labor and irregular aid from the Jabi Tehinan Woreda, this population faces chronic resource scarcity and shelter insecurity. This environment of persistent stress makes it critical to evaluate the current levels of general self-efficacy, the adequacy of perceived social support, and the predominant coping styles (Problem-focused, Emotion-focused, and Avoidant) used by IDPs to navigate their displacement.

2.6. General self-efficacy among internal displaced persons

The concept of self-efficacy in the context of forced relocation is rooted in its role as a primary driver of human agency and post-traumatic recovery. According to Social Cognitive Theory, an individual's belief in their personal competence to manage recovery demands—known as coping self-efficacy serves as a critical mediator between negative cognitions and post-traumatic distress (Benight & Bandura, 2004). This theoretical link is reinforced by recent findings from Quaglio et al. (2025), who demonstrate that high self-efficacy beliefs are empirically linked to better life satisfaction and reduced acculturative stress when coupled with social support. By shifting the focus from a state of victimhood to one of proactive resource acquisition, self-efficacy becomes a functional determinant of how displaced persons navigate the daily stressors of a host community, effectively channeling positive thought patterns into concrete adaptive behaviors (Cieslak et al, 2008).

Empirical evidence from both global and local displacement contexts highlights self-efficacy as a robust predictor of psychological and functional outcomes. A longitudinal study by Tip et al. (2020) confirmed that higher levels of general self-efficacy are consistently associated with increased positive affect over time, suggesting that these beliefs facilitate long-term thriving during resettlement. This is particularly significant in the local context of the Amhara region, where Mamed et al. (2025) identified self-efficacy as the strongest predicting component of psychological capital, accounting for significant variance in mental health outcomes among war-affected IDPs. However, these internal beliefs are often under threat by loss spirals described in the Conservation of Resources (COR) theory, where the systemic loss of homes and livelihoods erodes the psychological resources necessary for adaptation (Hobfoll & Hou, 2025).

2.7. Perceived Social Support and Psychological Well-being in Host Communities

Perceived social support remains a consistently validated protective resource, serving a vital stress-buffering function by mitigating the psychological effects of trauma and displacement within host environments. According to the theoretical framework by Norris and Kaniasty (1996), the perception that support is available within these communities often outweighs the actual receipt of formal aid in facilitating long-term adaptation. In the sub-Saharan context, the displacement experience is increasingly defined by a shift from camp-based assistance to informal social networks shared with local residents (Salihu et al, 2024). Voznyak et al.

(2024) emphasize that the integration of IDPs is heavily influenced by these behavioral determinants, where the quality of host-guest interactions dictates the safety net that prevents the deterioration of vital psychological assets like hope and morale (Miller & Rasmussen, 2017; Schwarzer & Knoll, 2007).

Empirical evidence from Northern Ethiopia underscores the critical link between these community-based social resources and mental health outcomes. Recent data from the Amhara region by Mamed et al. (2025) demonstrate that limited social support within host settings significantly exacerbates mental distress and PTSD among those displaced by conflict. In the Somali region of Ethiopia, Abdulahi (2025) found that social cohesion between IDPs and host communities is a primary driver of stability and adaptation. This is reinforced by Kassaye et al. (2023) in Woldia, where individuals with poor social support were more than three times as likely to develop PTSD. Locally, Araya (2007) established that for post-conflict IDPs in Ethiopia, social support is not merely a comfort but a functional requirement for maintaining quality of life and facilitating the transition into host community environments.

The interaction between social support and demographic factors is a critical determinant of how displacement is navigated. Araya et al. (2007) identified significant gender differences in the Ethiopian context, noting that women and men often access and perceive social support from the host community differently, which in turn dictates their choice of coping strategies. Furthermore, Melese (2025) provides a direct empirical link showing that perceived social support interacts with internal psychological resources to uniquely predict adaptive coping behaviors among IDPs living outside of formal camps. By promoting resilience and self-reliance, high-quality social support shifts the IDP experience from one of passive victimhood to active resource acquisition within the host economy (Ahmed et al, 2021; Sambu, 2015). This support ultimately serves as a statistically significant predictor of whether an individual adopts problem-focused strategies or retreats into avoidant coping styles.

2.8. Coping Styles among IDPs in the Host Community

Within the context of displacement, coping is defined as the process of managing the systemic loss of resources and the psychological demands of a new environment. Conservation of Resources (COR) theory suggests that coping represents the behavioral and

cognitive efforts used to prevent further resource loss and to gain new social or material assets within host community settings (Mamed et al, 2025). Problem-focused coping involves direct, instrumental efforts to manage these demands through active, task-oriented activities (Tuanjonji et al, 2024). In host environments, this is characterized by livelihood diversification, such as seeking casual day labor in urban centers or engaging in petty trade to secure income (Salihu et al, 2024). Furthermore, IDPs engage in information gathering regarding aid distribution and legal rights as well as educational and skill engagement including vocational training or learning local market systems to improve their integration and long-term self-reliance (Voznyak et al, 2024; Tuanjonji et al, 2024). These adaptive strategies are critical for functional integration, shifting individuals from aid-dependence toward active resource acquisition and buffering the physical symptoms of chronic stress (Musa & Hamid, 2025; Abdu, 2021).

In the Ethiopian context, emotion-focused coping serves as a primary regulatory mechanism for managing the psychological consequences of resource depletion. This frequently manifests through spiritual practices including prayer, attending religious services, and participating in fasting to find meaning in suffering (Araya, 2007; Mamed et al, 2025). Current regional data from Northern Ethiopia indicates that while these strategies are essential for immediate emotional stabilization, they are also used to maintain psychological stamina during protracted crises when external resources are scarce. This often involves social comfort-seeking and participating in communal narratives, where IDPs discuss traumatic experiences with neighbors or engage in group storytelling to process collective trauma (Zeleke et al, 2025). For vulnerable groups like women and children, positive reappraisal focusing on the psychological strength gained from survival remains a vital tool for navigating daily psychosocial burdens when structural resources, such as shelter security, are compromised (Emilie, 2022; Bitew & Tizazu, 2025).

Conversely, avoidant coping is characterized by maladaptive responses involving behavioral and cognitive disengagement. Social Cognitive Theory posits that this style typically emerges when individuals perceive their environment as uncontrollable or when their internal psychological resources specifically self-efficacy, are severely depleted (Khailenko & Bacon, 2024). Common avoidant activities include behavioral withdrawal such as refusing to seek work or interact with the host community and substance misuse (e.g., using alcohol or local stimulants) to temporarily numb psychological pain (Emmanuel, 2021). In host community

settings, reliance on cognitive denial regarding the reality of displacement often triggers a loss spiral where individuals become increasingly isolated from potential support networks (Hobfoll, 1989; Figueiredo & Petravičiūtė, 2025). Crucial evidence from Northwest Ethiopia underscores that social disengagement and a lack of perceived capability are primary drivers of these behaviors which ultimately hinder successful transition and exacerbate long-term psychological distress (Tadesse et al, 2024).

2.9. Relationship between Perceived Social Support and Coping Styles

Perceived social support serves as a fundamental psychological buffer that dictates how internally displaced persons (IDPs) navigate the chronic stressors of resettlement. According to Norris and Kaniasty (1996), the internal perception that support is available often exerts a more significant influence on coping selection than the actual receipt of tangible aid. In host community settings, this perceived safety net facilitates a shift toward adaptive behaviors; for instance, Salihu et al. (2024) emphasize that positive guest-host interactions in conflict regions are primary drivers of successful integration. This is further supported by Musa and Hamid (2025), who demonstrate that robust social networks act as facilitators for problem-focused coping allowing individuals to move beyond immediate emotional distress toward active resource acquisition. Conversely, when this support is perceived as inadequate, individuals are significantly more likely to experience a deterioration of psychological assets, leading to a higher prevalence of avoidant strategies and severe mental distress (Kassaye et al, 2023).

Empirical evidence from the Ethiopian context highlights that the relationship between social support and coping is highly nuanced and influenced by demographic and internal psychological factors. Araya et al. (2007) established that gender differences significantly impact how social support is accessed and utilized in Ethiopia, with women often relying on distinct communal and religious social structures to inform their choice of coping mechanisms. Furthermore, recent regional studies underscore that social support does not function in isolation; Melese (2025) suggests a mediation-moderation model where perceived support interacts with psychological capital specifically components like self-efficacy to uniquely predict adaptive outcomes.

2.10. Demographic and Contextual Variations in Psychosocial Resources among IDPs

The distribution and utilization of psychosocial resources among IDPs are significantly dictated by demographic intersectionality, with gender and developmental stage serving as primary determinants. In the Ethiopian context, Araya et al. (2007) established that gender differences profoundly influence both the type of traumatic events experienced and the subsequent selection of coping strategies, noting that women often rely more heavily on communal and religious social structures for emotional stabilization. This is further nuanced by Bitew and Tizazu (2025), who emphasize that women and children represent a unique demographic subset whose psychosocial resources are often the first to deplete but can be strengthened through targeted case-study interventions.

Contextual variations, particularly the cause and environment of displacement further redefine the availability of social capital and internal efficacy. Research by Ahmed et al. (2021) indicates that the origin of displacement whether conflict-induced or development-induced fundamentally alters the predictive weight of social support on well-being. For those settled in host communitie, the quality of guest-host interactions becomes a critical contextual variable; Voznyak et al. (2024) argue that successful integration is not merely a matter of time but is driven by behavioral determinants and the host community's capacity to absorb new populations.

Finally, the duration of displacement acts as a transformative temporal context that shifts the IDP experience from acute crisis management to protracted survival. In the initial "acute phase," coping is frequently dominated by emotion-focused and spiritual practices intended for immediate meaning-making (Araya, 2007). However, as displacement persists into a protracted phase, there is a documented shift toward problem-focused strategies, such as livelihood diversification and petty trade, as a means of asset replacement (Salihu et al, 2024). This long-term displacement can lead to two distinct trajectories: a Loss Spiral where prolonged lack of support erodes self-efficacy and triggers avoidant behaviors (Tadesse et al, 2024), or an adaptation pathway where new social capital is slowly built through host-community integration. Ultimately, the interaction between these external support systems and internal psychological resources remains a dynamic process that evolves across the displacement timeline (Melese, 2025; Ait Youssef & Wangle, 2022).

2.11. Theoretical Framework

This study is guided by the lens of two preferable theories: Conservation of Resources (COR) Theory and Social Cognitive Theory (SCT). These frameworks provide a behavioral engine those others, such as Lazarus and Folkman's Stress and Coping Theory, lack. Conservation of Resources Theory conceptualizes the core injury of displacement as a systematic loss of psychological, social, and material resources. This theory allows the study to move beyond only addressing pathology among IDPs; instead, it focuses on the essential protective factors that empower individuals (Hobfoll, 1989). As Mattock (2005) stated, establishing the stabilization of IDPs requires moving beyond pathological interventions toward the facilitation of resource gains, specifically social support and restoring a sense of self-efficacy which act as basic protective factors for recovery.

Social Cognitive Theory is also essential because it identifies general self-efficacy as the core determinant of goal-directed behavior. It explains how external social support is converted into internal strength, directly influencing the functional adoption of various Coping Styles. By considering these two theories, this study provides a holistic view of how internal beliefs and external resources (like Perceived Social Support) interact to foster resilience. In contrast, theories like Lazarus and Folkman's Stress and Coping Theory are often pathology or deficit-focused. The stress and coping theory tends to overlook chronic resource depletion in displacement by assuming that controllability appraisals drive outcomes; this is often unrealistic for IDPs facing uncontrollable losses like shelter and livelihoods, and it ignores specific resource gains like self-efficacy or social support (Lazarus & Folkman, 1984).

2.11.1. The conservation of resources (COR) Theory

The Conservation of Resources (COR) Theory is based on the principle that individuals are motivated to protect their current resources (conservation) and acquire new resources (acquisition). Resources are defined as objects, states, conditions, and other things that people value (Hobfoll, 1989). The theory hypothesizes that individuals are fundamentally motivated to acquire, retain, and protect these valued resources which include objects, conditions, personal traits and energies. Displacement, by its nature, causes a sudden and systemic erosion of all four resource types (Hobfoll & Hou, 2025). The core injury of displacement is the systematic loss of resources, which initiates a destructive Resource Loss Spiral (RLS). Secondary stressors such as loss of property, financial disputes and social isolation often have

a stronger association with ongoing psychological distress than the initial primary trauma exposure itself (Miller & Rasmussen, 2017).

This theory serves as a fundamental framework for the current study by defining the macro-level context of displacement as a basic stressor that initiates a Resource Loss Spiral characterized by the systematic erosion of valued resources. This framework establishes the central problem of intense stress and powerlessness among Internally Displaced Persons (IDPs) and offers the imperative for resource acquisition and retention. Consequently, this theory guides the study to view General Self-Efficacy as a basic personal resource and Perceived Social Support as a basic social resource. The theory supports the hypothesis that the conservation or acquisition of these resources acts as a buffer against the stress of displacement, providing the foundation for testing the direct predictive relationship between self-efficacy, perceived social support, and Coping Styles.

Furthermore, the Caravan Principle in COR theory specifically informs the study that the interaction between perceived social support and self-efficacy will be a more powerful predictor of adaptive coping than their individual effects.

2.11.2. Social cognitive theory

Social Cognitive Theory, primarily centered on the construct of General Self-Efficacy, provides the essential micro-level mechanism of competence required to counteract the powerlessness inherent in the Resource Loss Spiral. It theorizes that self-efficacy (the belief in one's capacity to execute necessary courses of action) is the core determinant of persistent and goal-directed behavior (Bandura, 1997). This reflects a framework where individuals are proactively engaged in their own success and development (Pajares & Schunk, 2005). Within this context, self-efficacy is hypothesized to influence behaviors and environments and, in turn, be affected by them (Bandura, 1997).

Therefore, social cognitive theory explains how the external resource of perceived social support strengthens the internal resource of self-efficacy. It guides the study to address the hypothesis that Perceived Social Support is a significant positive predictor of adaptive coping and that their combined interaction significantly predicts coping styles. As Bandura (1997) states, the perception of strong support provides the verbal persuasion and vicarious experiences (role models) that serve as two of the four principal sources of self-efficacy.

Finally, this study is guided by these two theories to shift the concentration from the pathology of displacement to the active utilization of resources. The COR theory acts as the macro-level framework to understand displacement as a resource loss spiral, identifying Perceived Social Support (a condition resource) and General Self-Efficacy (a personal resource) as the primary tools for recovery. Conversely, social cognitive theory provides the micro-level psychological mechanism, explaining how external social resources are converted into internal strength. Together, these theories suggest that when these resources cluster a phenomenon known as the Caravan Principle they create an interdependence or interaction effect that significantly predicts the selection of coping styles, allowing internally displaced Persons (IDPs) to move beyond powerlessness and achieve successful adaptation in the host community.

2.12. Conceptual framework of the study

The conceptual framework for the present study examines the relationship between personal and social resources in relation to the coping mechanisms of Internally Displaced Persons (IDPs). The primary independent variables are General Self-Efficacy and Perceived Social Support. In addition, socio-demographic factors specifically, gender and duration of displacement, are incorporated as independent variables to determine if they cause significant differences in the participants' psychological responses. The dependent variable of the study is Coping Styles, encompassing problem-focused, emotion-focused, and avoidant strategies. The framework posits that the interplay between self-efficacy and social support influences the selection of specific coping mechanisms among the participants. Furthermore, the model demonstrates how these combined resources, along with demographic characteristics, uniquely predict the variance in how IDPs in Finote Selam navigate integration obstacles and shape their coping responses.

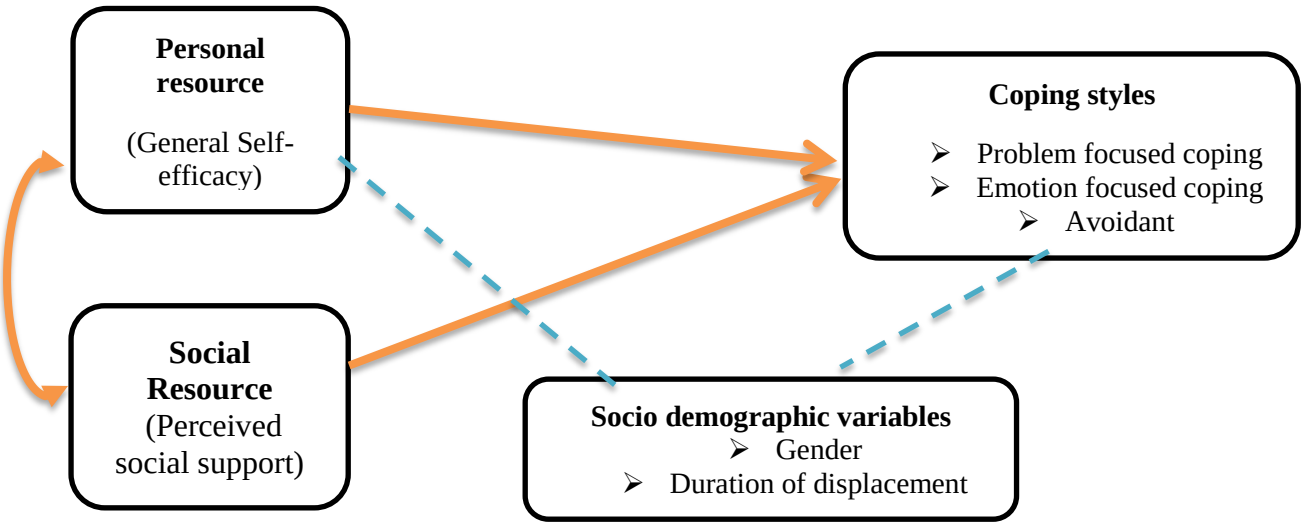

Figure1. Conceptual framework of the study

2.13. Summary

The reviewed literature establishes that internal displacement is a complex psychosocial emergency that transcends simple physical relocation. Globally and within the Ethiopian context, IDPs face a resource loss spiral that necessitates a variety of Coping Styles to manage chronic environmental and psychological demands. Research indicates that these styles are not static; rather they are behavioral and cognitive efforts influenced by the availability of internal and external assets. Problem-focused coping characterized by active task-orientation and livelihood diversification is often identified as the most adaptive strategy for long-term integration into host communities. In contrast, emotion-focused coping particularly through spiritual practices and communal narratives provides essential immediate stabilization, while avoidant coping such as social withdrawal or substance misuse typically emerges as a maladaptive response when psychosocial resources are severely depleted.

This summary identifies general self-efficacy as the internal enabler of adaptive behavior and Perceived Social Support as the primary external buffer. The literature suggests a significant correlation between these resources and the selection of coping strategies. Specifically, high self-efficacy is a strong predictor of problem-focused engagement, whereas robust social support facilitates the transition from emotional distress to active resource acquisition. Within the Ethiopian landscape, these relationships are further shaped by demographic variables such as gender and the duration of displacement. While initial responses to conflict often lean toward emotional and religious processing, protracted displacement in host environments like the Amhara region necessitates a shift toward instrumental strategies to replace lost material and social assets.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This chapter addressed the research paradigm, the research approach, the research design, study setting and population, sample and sampling size, instrument and procedure of data collection, pilot study, method of data analysis, ethical considerations.

3.1. Description of Study Area

The study was conducted in Finote Selam, the administrative capital of the West Gojjam Zone in the Amhara Region, Ethiopia. It is situated approximately 381 kilometers northwest of Addis Ababa and 176 kilometers south of Bahir Dar. Finote Selam was specifically selected as the study site due to the high concentration of Internally Displaced Persons (IDPs) within its host communities. According to recent reports from the Jabi Tehinan Woreda Disaster Management Office (2025), the town hosts approximately 4,000 IDPs who have sought refuge primarily due to regional instabilities

3.2. Research Paradigm

In this study pragmatism research paradigm was employed. A pragmatist view would provide the opportunity to gather both subjective qualitative data and objective quantitative data, it supports the mixing of research methods to get an in-depth understanding of the research problem and its solution and it values individuals' views and life experiences (Kaushik and Walsh 2019). This study was guided to systematically gather and integrate two distinct types of data. The researcher used quantitative methods to measure variables through standardized scales, allowing for statistical analysis of relationships between key variables. Simultaneously, the researcher employed qualitative methods (like in-depth interviews) to gather rich, contextual data.

3.3. Research approach

For the present study mixed research approach was used. This approach was chosen to provide a more comprehensive understanding of a research problem. While quantitative research often focuses on measuring and analyzing numerical data to identify patterns, qualitative research offers a deeper exploration of people's experiences, attitudes and perceptions (Oranga & Matere, 2023). By combining these two approaches, the researcher

was able to capture the full range of data relevant to the study, which ultimately helped in understanding the complex social and behavioral phenomena of IDPs in the host community of Finote-Selam. This integration allowed for the exploration of the depth and nuances of the topic through qualitative data while also providing statistical generalizability through quantitative findings (Halcomb & Hickman, 2015).

3.4. Research Design

This study employed a convergent parallel mixed-methods design (Creswell & Plano Clark, 2017) to comprehensively examine the functional interplay and predictive relationship between general self-efficacy, perceived social support and the predominant coping styles (Problem-focused, Emotion-focused, and Avoidant) among Internally Displaced Persons (IDPs) in the host community of Finote Selam, Amhara, Ethiopia. This methodological approach was selected for its capacity to provide a holistic understanding of the research problem by integrating complementary quantitative and qualitative data. By adopting this design, the study moved beyond a deficit-focused model to systematically map how internal and external resources influenced the adoption of specific adaptive or maladaptive behaviors.

In this study, the researcher conducted the quantitative and qualitative data collection concurrently assigned them equal priority and merged the results during the final interpretation phase (Fetters et al, 2013). This design was particularly relevant because it allowed for the triangulation of findings: the statistical correlations between psychosocial resources and the adoption of specific coping styles were validated and enriched through qualitative insights into the lived experiences of IDPs.

3.5. Study Setting and Population

3.5.1. Study population

The target populations of this study consisted of approximately 4,000 internally displaced persons (IDPs) who are registered at the household level and residing within the host community of Finote-Selam, for at least six months.

3.5.2. Inclusion and Exclusion Criteria

To ensure the validity, reliability and contextual relevance of both the quantitative psychometric data and the qualitative narrative insights, the study population was selected based on a strict set of inclusion criteria. Eligible participants were required to be adults aged

18 years and older at the time of the study that voluntarily agreed to participate and provided explicit informed consent. Additionally, they had to be explicitly registered as internally displaced persons (IDPs) at the household level by the Jabi Tehinan Woreda Disaster Management and Early Warning Office in Finote Selam, Amhara, Ethiopia. To guarantee adequate exposure to urban integration obstacles, a specific temporal threshold was enforced, requiring individuals to have continuously resided within the Finote Selam host community for a minimum duration of six months prior to the data collection process.

Conversely, specific exclusion criteria were systematically applied to filter out individuals whose participation could compromise the study's focus or statistical integrity. IDPs that had been in the host community for less than six months were excluded. To avoid data contamination and testing bias, any IDP individual who had participated in the initial pilot testing phase (n = 35) was strictly excluded from the main-study sample (N = 359). Finally, individuals unable to provide coherent responses or complete the psychometric instruments due to acute medical conditions or severe cognitive impairments at the time of data collection were also excluded from participation.

3.6. Sampling technique

In this study the researcher implemented two distinct sampling strands simultaneously: a probability sampling strand for quantitative breadth and a purposive sampling strand for qualitative depth. This ensured that both datasets were collected from the same population of IDPs in Finote Selam during the same timeframe to address the research questions holistically (Creswell & Plano Clark, 2017).

For the quantitative strand, systematic random sampling was used to select 364 participants from the sampling frame of 4,000 IDPs registered in Finote Selam. A sampling interval of **11** was applied, selecting every 11th individual from the list. In instances where an individual failed to meet the inclusion criteria or declined to participate, the next immediate individual on the list was selected to maintain the sampling interval. This technique is preferred over simple random sampling as it ensures an even, recurring distribution across the registry, providing a more consistent representation of the dispersed IDP population. Unlike multistage Sampling, which is used when the population is unknown or geographically inaccessible, systematic sampling allows for a direct, individual-level analysis. This is critical for this study because the study measured individual psychological traits (self-efficacy) rather

than community-level clusters. This rigorous probability method is essential for establishing the levels and predictive relationships between general self-efficacy, social support and coping styles (Creswell & Creswell, 2018).

Simultaneously, the qualitative strand was utilized purposive maximum variation sampling to select information-rich participants for semi-structured interviews. This strategy was intentionally designed to capture the widest range of experiences within the host community by focusing on the intersections of gender and duration of displacement. By deliberately seeking polar cases, the researcher could uncover the diverse reasons behind the choice of specific coping styles that standardized psychometric instruments might overlook. This provides the thick description necessary to explain the statistical trends and differences identified in the quantitative analysis, specifically regarding how variations in self-efficacy and social support drive the adoption of different coping patterns (Thomas, 2022).

3.7. Sample size

The sample size for the quantitative phase of this study was determined by using Yamane's (1967) formula. It is the most appropriate method for determining the sample size for this study due to the known and finite nature of the target population. The target populations of this study is approximately 4,000 internally displaced persons (IDPs).

The formula is mathematically expressed as;

$$n = \frac{N}{1+N\,(e)^2}$$

Where; n =size; N=total population' and e=desired level of precision (margin of error) set at 0.05

By applying this formula, the required sample size was 364. The participants included individuals aged 18 and above who have been displaced for at least six months and are currently living in host-community arrangements. This sample size of 364 is specifically for the quantitative phase, where data was collected using a structured questionnaire, providing a 95% confidence level that the data is representative of the entire IDP community in Finote Selam.

For the qualitative component, a total of 10 participants (6 Male and 4 Female) were selected using purposive sampling. Data collection continued until data saturation was reached the point at which no new themes or information emerged from additional participants.

3.8. Data Collection Instruments

In this study the researcher employed a mixed method approach using questionnaire and interview as a data collection instrument. The overall data collection process was conducted by a team of three data collectors under the close supervision of the principal researcher. The team was composed of professionals holding bachelor's degrees: one from a Psychology background and two from Health Sciences, following a comprehensive three-day training and pilot simulation to ensure ethical and technical consistency. In general, the data collection instrument treated as follow;

3.8.1. Questionnaire

This study utilized structured questionnaires as a primary data quantitative collection instrument to gather standardized data across the IDP in the host community of Finote-Selam. This instrument was allowed the researcher to identify statistical patterns and relationships between the study variables specifically self-efficacy, perceived social support, and predominant coping styles (Problem-focused, Emotion-focused, or Avoidant). According to Creswell and Creswell (2018), the use of questionnaires in survey research is essential for providing a numeric description of trends, attitudes or opinions of a population by studying a sample of that population. This method is particularly advantageous as it allows for the rapid collection of data, ensures respondent anonymity which is critical in sensitive displacement contexts and facilitates the objective measurement of psychological constructs through standardized scales.

To ensure inclusivity and capture comprehensive data from a diverse demographic within the IDP community, the administration of the questionnaire was tailored to the literacy levels and preferences of the participants. For participants who were literate (able to read and write) and willing to complete the survey independently, the hard-copy questionnaires were distributed for self-administration. Conversely, for participants who were illiterate (unable to read and write) or those who preferred verbal assistance, the data collectors read the questions and recorded their responses in a KoboToolbox mobile data collection tool, which ensured data accuracy, minimized transcription errors and streamlined the data aggregation process.

The quantitative instrument for this study consisted of four distinct sections designed to capture the psychosocial profile of the participants. Section One comprises a socio-demographic profile to record essential participant characteristics, including age, gender, marital status, and duration of displacement. Section Two utilized the 10-item General Self-Efficacy Scale (GSE) to measure the participants' internal belief in their ability to handle adversity using a 4-point Likert scale ranging from 1 (Not at all true) to 4 (Exactly true). Section Three employed the 12-item Multidimensional Scale of Perceived Social Support (MSPSS) to assess perceived support from family, friends, and significant others via a 7-point Likert scale. Finally, Section Four incorporates the 28-item Brief-COPE assessment tool to identify the frequency of specific coping styles, utilizing a 4-point Likert scale to categorize responses into Problem-focused, Emotion-focused, and Avoidant coping strategies.

3.8.2. Interview

Simultaneously, the researcher employed semi-structured interviews as a qualitative data collection instrument. According to Adhabi and Anozie (2017), interviews allow researchers to explore the complexities of human experience through a structured yet flexible dialogue, facilitating a deeper probe into the participants' lived realities. In this study, the qualitative strand employed these interviews to explore and explain the specific psychological and social processes that influence how Internally Displaced Persons (IDPs) in the host community of Finote Selam navigated their displacement.

This method facilitated a comprehensive and holistic understanding by focusing on how IDPs utilize general self-efficacy and perceived social support to adopt specific coping styles. By using an open-ended interview guide, the researcher was able to move beyond the numerical scores of the Likert scales to uncover the internal narratives and social contexts that drove the preference for Problem-focused, Emotion-focused, or avoidant coping strategies. Ultimately, these interviews served to triangulate the quantitative findings, providing the necessary context to explain why certain psychosocial resources led to different patterns of adaptive behavior in a non-camp environment.

3.9. Pilot study

A pilot study was conducted to check the clarity, appropriateness and reliability of the instruments. Before collecting the data, the reliability of the General Self-Efficacy Scale, the Multidimensional Scale of Perceived Social Support and Brief-COPE were checked for internal consistency. The instruments that were prepared in English were translated into Amharic by one language expert who is working at Injibara University and one Psychology PhD candidate from Bahir Dar University to decrease language errors that can impede the outcomes of the study. For the pilot study, 35 participants were selected randomly from one selected Kebele. However, those respondents who participated in the pilot study were excluded from the main study.

Gliem (2003) proposed the following rule of thumb for the interpretation of Cronbach's alpha coefficient: .9 is excellent, .8 is good, .7 is acceptable, .6 is questionable, .5 is poor, and <.5 is unacceptable. The data gathered from the pilot research participants were entered into the SPSS 27.00 package to calculate the Cronbach alpha reliability index. Then, the Cronbach's Alpha coefficient was calculated for each questionnaire subscale.

Table 1: Cronbach Alpha reliability report Pilot (n=35) and Main study (n=359)

No.	Variables	Pilot study		Main study	
		No. of	Alpha	No. of	Alpha
1.	General self-efficacy scale	10	.934	10	.911
2.	Multidimensional scale of perceived social support	12	.931	12	.935
3.	Problem-Focused coping	6	.868	6	.817
4.	Emotion-Focused coping	10	.785	10	.803
5.	Avoidant Coping	12	.859	12	.902

3.10. Data Collection Procedures

To answer the research questions, the study passed through a series of data-gathering procedures. First, relevant literature was reviewed and used to obtain adequate and updated information on the topic. Second, data collection instruments were prepared based on the basic questions and a review of related literature. Third, pilot testing was conducted and improvements were made in the data collection instruments. Fourth, the researcher contacted

the Jabi Tehinan Woreda Disaster Management and Early Warning Office about the purpose of the study based on the letter of cooperation received from Bahir Dar University.

Fifth, the researcher directly contacts the IDPs and provides a brief explanation concerning the purpose of the study. Finally, the researcher distributed the questionnaires to the participants, while the qualitative data were collected concurrently.

3.11. Data Analysis Techniques

For this study, a dual-strand analytical approach was employed to process quantitative and qualitative data concurrently. The quantitative data from 364 participants were cleaned, coded and analyzed using SPSS (Version 27), utilized both descriptive and inferential statistics.

To address the first research question concerning the demographic and psychological characteristics of the study variables, descriptive statistics, including mean and standard deviation, were utilized to analyze the levels of general self-efficacy, perceived social support, and predominant coping styles (problem-focused, emotion-focused and avoidant) among internally displaced persons (IDPs).

Building upon this, the second research question, which sought to identify the direction and strength of the relationship between these constructs, was addressed using the Pearson product-moment correlation. The researcher verified the data for linearity, normal distribution and the absence of significant outliers to ensure the robustness of the findings. This technique allowed for the identification of how shifts in self-efficacy and social support relate to the coping mechanisms adopted by IDPs.

To examine whether significant differences existed across the duration of displacement and gender (the third research question), a One-Way ANOVA was employed for the duration of displacement, followed by Tukey HSD (Post-hoc) tests to pinpoint specific group differences. Furthermore, to address gender differences in self-efficacy and coping styles an Independent Sample T-test was conducted after ensuring that the assumptions of independence, normality and homogeneity of variance were met.

The fourth research question, which hypothesized that general self-efficacy and perceived social support significantly predict adaptive coping strategies, was tested through multiple

linear regression analysis. This method enabled the evaluation of both the independent and joint contributions of the predictor variables to the criterion variable (Darlington & Hayes, 2016). Before this analysis, fundamental assumptions, including linearity, normality of distribution and the interval scale nature of the dependent variable, were rigorously verified to ensure the accuracy of the predictive model.

Finally, to address the fifth research question regarding the lived experiences and integration obstacles that shape the coping choices of IDPs, the study incorporated qualitative data collected through semi-structured Key Informant Interviews (KII) with ten participants (six male and four female). To maintain confidentiality, each participant was assigned a code (P1 through P10) instead of their name. The interview data were analyzed using thematic analysis, as described by Lochmiller (2021). The study concluded by merging the quantitative and qualitative strands using a Joint Display to cross-validate statistical predictors with lived experiences (Creswell & Plano Clark, 2017).

3.12. Ethical Considerations

The researcher conducted the study with a high level of professionalism and strictly adhered to established ethical guidelines. Formal cooperation letters were obtained from Bahir Dar University and the Jabitehnan Woreda Disaster Management Office to authorize the study. With these permissions, the researcher approached each participant and informed them that the study was conducted purely for academic purposes. As outlined in the introduction of the research instruments, the purpose of the study was clearly communicated, and participants were assured that their privacy and confidentiality would be strictly protected. Participation was entirely voluntary and based on explicit informed consent. To guarantee anonymity and prevent any personal identification during data presentation, analysis, and interpretation, all qualitative participants were assigned unique alphanumeric codes instead of using their actual names. Accordingly, the ten key informants (6 males and 4 female) were designated as P1 through P10 consecutively. Finally, all external materials, ideas, and procedures utilized in this research were duly acknowledged through proper academic citation.

CHAPTER FOUR

4. RESULTS AND DISCUSSIONS

In this chapter, the findings of the study are systematically organized, presented, and interpreted in direct alignment with the central research questions. Adhering to the convergent parallel mixed-methods design, the quantitative and qualitative data analyses were conducted independently to preserve methodological objectivity and analytical rigor. To provide a coherent and comprehensive understanding of the research problem, the chapter is structured into two primary, closely integrated phases:

The results phase establishes the empirical baseline of the study by detailing the quantitative statistical outputs, which encompass the descriptive levels of each variable, Pearson correlation matrices, multiple linear regression models, and inferential group differences (Independent Samples t-test and One-Way ANOVA). Concurrently, the qualitative thematic findings and verbatim narratives from key informant interviews are integrated alongside the statistical trends. This concurrent presentation allows the qualitative data to directly contextualize, enrich, and complement the numerical data through the lived experiences and structural integration barriers of the participants.

In the discussions section, both empirical strands are synthesized and cross-evaluated against foundational theoretical frameworks and contemporary empirical literature. This critical integration serves to delineate where the findings converge or diverge from existing research, ultimately offering a multi-dimensional and contextualized interpretation of general self-efficacy, perceived social support, and coping styles among internally displaced persons (IDPs) in the host community of Finote Selam.

4.1. Results

In this section, the empirical findings of the study are structured and presented in direct alignment with the research questions. The data presentation is systematically organized for each research question first the quantitative data followed by the qualitative. This structural approach allows the qualitative experiences, such as the lived realities and integration barriers of the participants, to directly contextualize, enrich, and complement the statistical results. The presentation begins with an overview of the respondents' socio-demographic characteristics, followed by a sequential, integrated analysis of general self-efficacy,

perceived social support, and coping styles among the internally displaced persons (IDPs) in the host community of Finote Selam.

4.1.1. Demographic characteristics of respondents

For quantitative data, total of 364 questionnaires were distributed to the selected IDP participants. Out of these, 359 questionnaires were correctly filled in and returned, resulting in a response rate of 98.6%. However, 5 individuals (1.4%) did not return the questionnaires or provide complete responses. According to Babbie (2020), a response rate above 70% is considered appropriate for statistical analysis. Therefore, the 98.6% response rate achieved in this study is excellent and provides a robust basis for statistical generalization.

Table 2: Socio-demographic characteristics of respondents (N= 359)

Variable	Category	Frequency	Percentage
Gender	Male	196	54.6
	Female	163	45.4
	Total	359	100
Duration of displacement	6 month- 1 year	100	27.9
	1 year-2 year	158	44
	Above 2 year	101	28.1
	Total	359	100

As presented in Table 4, the quantitative study consisted of 359 internally displaced persons. Regarding gender distribution 196 (54.6%) of the respondents were male, while 163 (45.4%) were female, showing a relatively balanced representation. In terms of the duration of displacement, the largest proportion of participants had been displaced for 1 to 2 years (44%). The remaining participants were almost equally distributed between those displaced for shorter duration of 6 months to 1 year (27.9%) and those displaced for longer periods for above 2 years (28.1%). This diversity in displacement duration allows for a comprehensive analysis of how the length of stay in host communities might influence coping mechanisms.

4.1.2. Levels of self-efficacy, perceived social support and the predominant coping styles

The first research question of this study has examined the level of general self-efficacy, perceived social support, and the predominant coping styles (Problem-focused, Emotion-focused, and Avoidant) among internally displaced persons. The mean distribution of respondent's rate on level of general self-Efficacy, perceived social support, and the predominant coping styles were presented as the following table.

Table 3: Mean levels of general self-efficacy, perceived social support and the predominant coping styles

Variables	N	Minimum	Maximum	Mean	Std. Deviation
GSE	359	13.00	36.00	24.02	5.50
MSPSS	359	20.00	84.00	52.05	14.18
PFC	359	7.00	23.00	15.26	3.56
EFC	359	11.00	36.00	23.74	4.83
AC	359	12.00	45.00	29.20	7.80

NB: GSE= General Self efficacy Scale, MSPSS= Multidimensional Scale of Perceived Social Support, PFC= Problem Focused Coping, EFC= Emotion Focused Coping, AC= Avoidant Coping

As indicated in Table 5, the average level of general self-efficacy was 24.02. According to General Self Efficacy (GSE) scale, Ralf Schwarzer & Matthias Jerusalem (1995), individual's scores are categorized into three: High: 31 to 40. Moderate: 21 to 30 and low: 10 to 20. As the average score in the present study was 24.02 the participants demonstrated moderate level of general self-efficacy.

Further, the average level of perceived social support among the respondents was 52.05. According to the Multidimensional Scale of Perceived Social Support (Zimet, 1988), scores between 12 and 35 indicate a low level of support, scores from 36 to 60 represent a moderate level, and scores between 61 and 84 reflect a high level of perceived social support. Consequently, these findings reveal that IDPs in the Finote Selam host community experience a moderate level of perceived social support. This suggests that while essential communal and familial assistance is present, a significant gap remains in achieving a highly secure social network for the displaced population.

Consequently, coping styles were analyzed by comparing their mean scores. The results showed that Avoidant Coping had the highest mean score (M = 29.20), followed by Emotion-Focused (M = 23.74) and Problem-Focused (M = 15.26). This indicates that participants rely more heavily on avoidance strategies than on adaptive coping copings.

As indicated in Table 5, the average level of general self-efficacy among the respondents was (M = 24.02, SD = 5.50). The quantitative findings regarding moderate psychological baselines and a high reliance on avoidance are supported by the qualitative experiences of the

participants. The qualitative findings revealed that for many IDPs, the transition was not merely a physical relocation but a fundamental disruption of their social and psychological identity. Reports from the interviewees indicated that the journey was a period of absolute uncertainty and trauma. Most informants characterized their arrival in the host community as a state of total dependency.

Regarding their daily routines, the informants highlighted a drastic shift from productivity to idleness. Before displacement, participants were active farmers, traders, or heads of households. Conversely, within the host community of Finote Selam, their daily existence has been redefined by a passive waiting cycle for external humanitarian aid or highly competitive, scarce daily labor opportunities. The following quote was taken from the interview records of a participant who was previously a farmer. Participant (P1) said that:

> Back then, my day started at 11:00 local time (5:00 AM) in the early morning in the fields. I knew exactly what I was doing and why I was doing it. Here in Finote Selam, I wake up and realize I have nowhere to go. My daily life is now a struggle to find meaning in sitting idle (P1).

This testimony underscores how the loss of structured daily routines fundamentally threatens individuals' sense of purpose. The transition from autonomous agricultural production to situational paralysis causes severe psychological distress, as the lack of meaningful engagement strips away the objective markers of adulthood and responsibility. Identical feelings of situational paralysis and existential boredom due to structural idleness were explicitly echoed during individual interviews with informants (P4 and P10).

Furthermore, the interview results indicated that this idle lifestyle led to a significant identity crisis, especially for those who were previously self-sufficient. This transition implies a loss of privacy and power within the family structure. This sense of powerlessness was particularly evident among female informants who lost their domestic autonomy. The following quote from P2 serves as additional evidence:

> The biggest change is the loss of privacy and power. In my old life, I decided what my children ate. Now, my daily life is dictated by what others can spare for us. I feel like a guest in my own life (P2).

This systemic dependency reshapes the domestic domain, shifting the female informant's role from an active caretaker to a passive recipient. This experience of losing domestic agency and experiencing role confusion was strongly reinforced by the individual accounts of female

informants P3, P7, and P9 who emphasized that being dependent on external handouts fundamentally destabilizes their traditional parental authority.

Additionally, reports from informants suggested that the inability to provide for their families has deeply wounded their self-worth, explaining the moderate level of general self-efficacy (M = 24.02) found in the quantitative data. For many, the lack of a clear path to employment in the host community has made them doubt their previous professional skills. The following quote illustrates the efficacy crisis faced by those in the middle phase of displacement:

> Back home, I knew my place and my power. Here, I feel like a guest who has stayed too long. My daily life has changed from being a decision-maker to someone who just waits for others to decide my fate. It is hard to feel capable when you have nothing to work with (P4).

This narrative highlights a severe depletion of contextual self-efficacy. When skills that were highly functional in an agricultural setting cannot be translated into the urban host environment, individuals experience an acute confidence crisis. Informants P1 and P6 independently validated this perspective, noting that prolonged exclusion from meaningful work causes them to systematically doubt their capacity to regain economic independence.

4.1.3. Correlation among general self-efficacy, perceived social support and coping styles

The current study's second research question, has examined by Pearson product moment correlation among self-efficacy, perceived social support and coping styles.

Table 4: Pearson Correlation among self-efficacy, social support and coping styles (N=359)

	1	2	3	4	5
1. Total GSE	1				
2. Total MSPSS	.343***	1			
3. Problem-Focused	.686***	.427***	1		
4. Emotion-Focused	.530***	.542***	.789***	1	
5. Avoidant Coping	-.745***	-.476***	-.782***	-.719***	1

The association between general self-efficacy, perceived social and coping styles was examined using a Pearson product-moment correlation. The results revealed that general self-efficacy had a strong positive correlation with problem-focused coping ($r = .686$, $p < .001$), a moderate positive correlation with emotion-focused coping ($r = .530$, $p < .001$) and a strong negative correlation with avoidant coping ($r = -.745$, $p < .001$). Similarly, perceived social support showed a significant moderate positive relationship with problem-focused coping (r =

.427, $p < .001$), a moderate positive relationship with emotion-focused coping ($r = .542$, $p < .001$) and a significant moderate negative association with avoidant coping ($r = -.476$, $p < .001$). Overall, these findings indicate that higher levels of self-efficacy and social support are associated with more adaptive coping strategies (problem and emotion-focused) and a significant reduction in maladaptive behaviors (avoidant coping) among the participants.

The strong quantitative correlations between high self-efficacy and adaptive strategies ($r = .686$), as well as low self-efficacy and avoidant coping ($r = -.745$), are vividly demonstrated in the strategic choices of the participants. The qualitative insights indicated that the clear majority of participants (6 out of 10) struggle intensely to locate the internal confidence required to initiate direct, proactive problem-solving. Forced displacement has altered their cognitive approach from proactive problem-solving to highly passive, reactive coping, primarily because their situational confidence has been shattered by a total absence of financial, material, and social capital. Participant P3 pieces together this chronic lack of direction and tactical paralysis:

> I don't have a specific strategy anymore because I don't have the tools to solve anything. Back home, I knew how to solve a farm problem; I was domestic care taker. But here, I don't even know where to start. This lack of direction has taken away my heart to try new things (P3).

This reflection reveals a direct link between resource depletion and cognitive paralysis. The participant's historical identity as a person of action cannot be sustained without the corresponding environmental machinery, leading to a state where the lack of clear direction actively suppresses the motivation to explore novel solutions. The remaining informants within this cluster (P2, P7, P9 and P10) verified in their respective interviews that this absolute deficit of material resources renders active, proactive problem-solving feel completely futile and irrational.

In exploring alternative, unconventional sources of internal confidence, the participants explained that their remaining coping energy is driven almost exclusively by the raw imperative of familial survival. P1 explained how immediate family responsibility actively overrides psychological paralysis and emotional numbness:

> When a problem comes, my mind goes blank. What gives me the confidence to move is not a belief in my skills, but the thought of my children's hunger. It's not that I feel capable, but I am forced to be. My strategy is simply to do whatever is available at that moment just to get through the day (P1).

This analysis shows that under extreme stress, altruistic and survival-driven motivations substitute for traditional self-efficacy. The cognitive appraisal shifts from, *"Am I capable of doing this?"* to *"I must do this for my family's survival,"* transforming sheer necessity into a powerful behavioral catalyst. Identical behavioral trends and survival-driven motivations were independently noted in the profiles of informants P4 and P8.

The moderate quantitative links between social support, emotional regulation (r = .542), and reduced avoidance (r = -.476) are deeply contextualized by the qualitative findings regarding the nature of the social environment in Finote Selam. The findings reveal that formal institutional support whether from the government or NGOs is perceived as minimal and inconsistent. Participants explained that while they appreciate occasional institutional aid, it is their personal networks that provide the daily functional and emotional support necessary to keep their strategies afloat:

> We hear about aid from the government or big organizations, but it rarely reaches our hands in a way that changes our lives. If it weren't for my brother and the other families here who share their bread with me, I wouldn't have survived. We are the ones supporting each other; the formal help is just a drop in the ocean. To build real competence, we need more than a one-time gift; we need a system we can rely on. (P1 and P2).

This response highlights a critical structural disconnect between institutional planning and the lived reality of IDPs. The metaphor of formal aid being just a drop in the ocean emphasizes its inadequacy in fostering long-term psychological rehabilitation or economic competence. Instead, informal social capital, specifically kinship ties and horizontal IDP solidarity, acts as the primary safety net keeping individuals alive. This analytical view was strongly supported by the interview results of P4, and P5.

Despite the lack of consistent formal aid, the qualitative data showed that the warm reception from the local host population acts as a critical external psychological buffer, facilitating better emotional coping (r = .542). Informants generally perceive the host community of Finote Selam as highly peaceful, empathetic, and tolerant, which significantly mitigates their daily acculturative stress. Participant P2 shared an illuminating account of this social harmony:

> The local neighbors in Finote Selam are kind; they share their coffee with us and try to take the time to listen to our pain without judging us. This reception makes the

> burden of displacement feel much lighter. It gives us a sense of peace that we didn't expect to find in a strange place (P2, P3, P7 and P9).

While informants P3, P7, and P9 explicitly agreed with this welcoming sentiment in their interviews, the deeper analysis highlighted a persistent, hidden structural barrier to genuine, deep social integration: the acute lack of financial resources. This economic deficit effectively prevents IDPs from joining critical, traditional communal institutions such as *Iddir* (mutual funeral associations), *Equb* (informal savings groups), and *Maheber* (religious social associations).

Consequently, participating in basic informal hospitality, like the host community's coffee ceremonies, triggers a severe reciprocity crisis, inducing intense shame and forced self-isolation, which threatens to undermine the benefits of social capital. Participant P9 voiced this psychological dilemma:

> The neighbors are kind and often invite us for coffee... But how can I buy coffee or sugar to invite them back? Even when they tell us ‘don’t worry,’ our dignity doesn't allow us to just keep receiving without ever giving. It makes us feel like perpetual beggars, so we choose to stay in our small circle where everyone understands what it means to have nothing. (P9)

This reveals the complex psychological interplay between economic poverty and social dignity. True social integration requires balanced reciprocity; when IDPs are perpetually unable to reciprocate gestures of kindness, it damages their self-esteem and creates a profound sense of social debt. To protect their remaining dignity from the perceived stigma of being perpetual beggars, they engage in defensive self-isolation. This exact pattern of forced insularity and reciprocity anxiety was found to be identical within the transcripts of P2, P3, and P7.

Due to these structural barriers and the unreliability of formal systems, the majority of the families rely primarily on fellow IDPs for deep emotional and functional support, optimizing horizontal networks to lower avoidance ($r = -.476$). The shared trauma and shared poverty create a unique bond of honesty and mutual understanding that outsiders cannot replicate. Within this peer group, the pressure of formal reciprocity is removed. Participant P4 described the mechanics of this internal solidarity network:

> We are honest with each other in our group. When one family has nothing to eat, we share the little we have. The host community gives us peace, but our fellow IDPs give

> us the heart to keep going. This honesty and cooperation are what keep us sane in this difficult life (P4).

This underscores the psychological survival value of horizontal social capital. The shared experience of displacement creates a unique collective safety net where resource scarcity is minimized through mutual aid, removing the emotional stress of reciprocity. Informants P1, P2, P3, P5, P6, P8, and P9 strongly echoed this sentiment, confirming that peer-to-peer solidarity is their most functional social asset.

However, social support is not a universal experience. Certain participants expressed a profound sense of isolation, unable to connect with either the host community or their peers, explaining why lack of support worsens avoidant outcomes. Participant P10 articulated this deep loneliness:

> I don't talk to many people here, even the other displaced people. I feel like an outsider who doesn't belong anywhere, and that makes every small problem feel like a mountain I have to climb alone. When you don't have someone to share the weight with, the stress starts to eat you from the inside (P10).

This individual narrative illustrates the psychological vulnerability associated with a total lack of social capital. When an individual is socially isolated, their cognitive appraisal of stressors becomes amplified, turning every small problem into an insurmountable obstacle. Participant P7 independently mirrored this sense of acute isolation, highlighting that without a social anchor, displacement stress significantly undermines long-term mental health,

4.1.4. Differences in self-efficacy and coping styles across gender and duration of displacement

The third research question has examined the statistically significant differences in self-efficacy and coping styles based on the gender and duration of displacement. The independent sample t-test was used to see whether there exists statistical significance difference in self-efficacy and coping styles based on the gender (see Table 5).

Table 5: Independent samples t-test result

Variables	Gender	Mean	SD	T	Df	p-value
Self-efficacy	Male	24.92	5.64	3.43	357	<.001
	Female	22.95	5.15			
Problem-focused	Male	15.97	3.78	4.20	357	<.001
	Female	14.42	3.10			
Emotion-focused	Male	23.67	5.18	-0.35	357	.729
	Female	23.85	4.41			
Avoidant coping	Male	28.17	8.35	-2.77	357	.006
	Female	30.45	6.93			

As can be seen in table 5 above, significant gender differences were found in three out of the four variables: self-efficacy, problem-focused coping, and avoidant coping. No statistically significant difference was found for emotion-focused coping. In self-efficacy, males reported significantly higher self-efficacy scores (M=24.92, SD=5.64) compared to females (M=22.95, SD=5.15), t (357) =3.43, p<.001. In problem-focused coping, males scored significantly higher on problem-focused coping (M=15.97, SD=3.78) than females (M=14.42, SD=3.10), t (357) =4.20, p<.001. Emotion-Focused Coping: There was no statistically significant difference in emotion-focused coping scores between males (M=23.67, SD=5.18) and females (M=23.85, SD=4.41), t (357) =−0.35, p=.729. In the avoidant coping, females reported significantly higher avoidant coping scores (M=30.45, SD=6.93) compared to males (M=28.17, SD=8.35), t (357) =−2.77, p=.006

The higher quantitative avoidant scores for females (M = 30.45) and lower self-efficacy are deeply illuminated by qualitative findings regarding traditional domestic role confusion. The structural displacement led to a significant identity crisis, creating a loss of privacy and power within the family structure, which was particularly evident among female informants who lost their domestic autonomy. The following quote from P2 serves as evidence:

> The biggest change is the loss of privacy and power. In my old life, I decided what my children ate. Now, my daily life is dictated by what others can spare for us. I feel like a guest in my own life (P2).

This systemic dependency reshapes the domestic domain, shifting the female informant's role from an active caretaker to a passive recipient. This experience of losing domestic agency and experiencing role confusion was strongly reinforced by the individual accounts of female informants P3, P7, and P9 who emphasized that being dependent on external handouts fundamentally destabilizes their traditional parental authority, driving them toward avoidant coping behaviors to protect their remaining dignity.

The lower self-efficacy and higher quantitative avoidant scores for females (M = 30.45) are deeply illuminated by qualitative findings regarding traditional domestic role confusion, which drives them toward avoidant coping behaviors to protect their remaining dignity. Conversely, although male IDPs scored statistically lower on avoidant coping (M = 28.17) and higher on problem-focused coping within the psychometric scale, the qualitative data uncovers a distinctive, gender-specific behavioral manifestation of avoidance among men driven by situational paralysis. In the absolute absence of constructive daily engagement and

the structural loss of their traditional productive roles, some male informants utilized substances as an immediate chemical shield to temporarily numb existential distress and escape the reality of a shattered provider identity. Participant (P6) detailed this painful reality:

> When the stress of sitting idle becomes too heavy and I realize I have nowhere to go and nothing to give my family, my mind starts to burn. To look away from this reality, I sometimes go to the local spots to drink Areke, Tela and sometimes Khat. And for a moment, the weight of being a dependent man disappears.

This indicates that while men report a lower overall frequency of avoidance on the quantitative scale compared to women, their qualitative avoidant behavior often manifests through localized substance use as a refuge for processing shattered masculinity and self-worth when macro-structural barriers render direct problem-solving completely futile.

To see whether there exists statistical significance difference in self-efficacy and coping styles due to duration of displacement, One Way ANOVA was used. This test was employed to determine whether there are statistically significant differences in self-efficacy, problem-focused, emotion-focused and avoidant coping styles across three distinct groups categorized by their duration of displacement (6 months–1 year, 1–2 years and above 2 years).

Table 6: *One-Way ANOVA result*

Variables	Duration	Mean	SD	F	p-value
Self-Efficacy	6m - 1yr	20.39	5.18	55.62	<.001
	1yr - 2yr	24.08	3.93		
	Above 2yr	27.55	5.65		
Problem-Focused	6m - 1yr	14.04	3.30	28.53	<.001
	1yr - 2yr	14.71	3.25		
	Above 2yr	17.35	3.43		
Emotion-Focused	6m - 1yr	22.33	4.53	18.67	<.001
	1yr - 2yr	23.16	4.65		
	Above 2yr	26.07	4.64		
Avoidant Coping	6m - 1yr	33.46	6.18	48.33	<.001
	1yr - 2yr	29.86	6.61		
	Above 2yr	23.97	8.09		

Regarding the duration of displacement, the one-way ANOVA results indicated a highly significant impact on self-efficacy, $F(2, 356) = 55.54$, $p < .001$; avoidant coping, $F(2, 356) = 48.13$, $p < .001$; emotion-focused coping, $F(2, 356) = 18.77$, $p < .001$; and problem-focused coping, $F(2, 356) = 28.95$, $p < .001$. To locate these differences, post hoc pairwise

comparisons were examined using Tukey's HSD for equal variances (adaptive coping scales) and Games-Howell where homogeneity was violated (Total GSE and Avoidant Coping).

Games-Howell comparisons revealed that self-efficacy (Total GSE) increased significantly across all progressive intervals, with those displaced above 2 years ($M = 27.55$) scoring higher than the 1–2 year ($M = 24.08$) and 6 month–1 year ($M = 20.39$) groups (all $p < .001$). Conversely, early-stage IDPs (6 months–1 year) reported the highest reliance on avoidant coping ($M = 33.46$), which was significantly greater than those displaced for 1–2 years ($M = 29.86$, $p < .001$) and above 2 years ($M = 23.97$, $p < .001$). For adaptive mechanisms, Tukey's HSD showed that both emotion-focused ($M = 26.07$) and problem-focused coping ($M = 17.35$) were significantly higher in the long-term displacement group (>2 years) compared to all shorter durations ($p < .001$). No statistically significant differences were found between the 6-month–1-year and 1–2-year groups for either emotion-focused ($p = .334$) or problem-focused coping ($p = .256$).

These post hoc findings explicitly map a psychological transition over time, wherein prolonged displacement aligns with diminished avoidant coping and a concurrent escalation in self-efficacy and constructive coping strategies.

The progressive timeline shift highlighted in the ANOVA results moving from high early avoidance ($M = 33.46$) toward adaptive styles over a two-year horizon finds direct verification in the lived narratives of the informants. For recent IDPs, avoidant strategies represent a defensive, total emotional shutdown due to lower baseline self-efficacy and intense trauma.

Conversely, for longer-term informants such as P5 and P6 (displaced for over 2 years), avoidance is no longer a dominant, dysfunctional defense mechanism; instead, it has reduced in frequency and evolved into a highly selective, situational distancing tool. These long-term participants deliberately look away only from insoluble macro-structural challenges to preserve the psychological energy and self-efficacy required to execute active, daily adaptations in their immediate environment. This present-focused coping pattern under resource constraints was illustrated by Participant P2:

> I strictly avoid thinking about my home, my past life, or even my future. If I allow myself to think, I start to cry and I cannot stop. So, I just stay in the present and try to keep my mind blank. This style works for me because it is the only thing that keeps me sane and allows me to wake up the next morning (P2).

When the memories of the past and the uncertainties of the future are too painful to process, forcing the mind into a state of absolute focus on the immediate present prevents emotional collapse. This psychological pattern of structural avoidance and emotional suppression was similarly shared during individual interviews with informants P3 and P7.

The transition toward efficacy over time is explicitly reflected in the narrative of P5, who illustrates the progressive adaptation experienced by long-term IDPs:

> In the beginning, I was empty and felt like a dead man walking. I didn't think I could survive another day in a strange land. The journey was long and I arrived here with nothing in my hands. It was the hardest moment of my life. But now, after two years, I have started to breathe again. I found small ways to work and help my family. Although I lost everything, I realized I haven't lost my ability to try (P5).

This qualitative pattern of progressive adaptation over a two-year horizon was similarly corroborated during interviews with participants P6 and P8, who explicitly shared similar experiences of gradual emotional recovery and an increased belief in their personal capabilities.

Furthermore, the choice of coping style across the displacement timeline is shown to be a logical, resource-dependent adjustment to environmental constraints. For most in the earlier, resource-depleted phases, taking direct action often feels like *"fighting a giant with empty hands"* (P2), making avoidant and emotion-focused strategies an appropriate psychological defense mechanism when facing structural barriers that make direct action impossible. In the absolute absence of tangible problem-solving resources, IDPs naturally transition away from objective behavioral changes and move toward internal emotional regulation and peer support to maintain basic mental stability. As Participant P9 noted:

> Direct action and solving problems requires money and connections. Since I have none of those here, I take my stress to God and share it with my close friends. We talk and pray until the weight on my heart feels a little less. Distancing me from the reality of my poverty is my only way to survive the day. (P9)

Sharing stories and collective resilience allow the burden of displacement to be shared rather than carried alone. Informants P1, P3, and P4 independently reinforced this point, confirming

that peer-to-peer emotional validation is their most functional social asset for surviving the day until a stronger belief in their capabilities can be restored over time.

4.1.5. Contribution of general self-efficacy and perceived social support to adaptive coping strategies

The fourth research question of the current study examined the extent to which the combination of General Self-Efficacy and Perceived Social Support uniquely predicts the variance in adaptive coping strategies among IDPs. While the previous section identified how gender and duration of displacement influence these variables, this section utilizes Multiple Linear Regression analysis to determine the predictive power of the independent variables. Prior to interpreting the regression model, the fundamental statistical assumptions were rigorously evaluated to ensure the validity of the findings.

The basic assumptions of regression (normality, linearity and homoscedasticity) were verified through standardized residual plots, (see appendix E). The model summary ANOVA and regression coefficients for this prediction are presented in Table 9.

Table 7: *Predictors of adaptive coping strategies among IDPs (N=359)*

Variables	**B**	**SE**	**B**	**T**	**P**
Constant	11.179	1.500		7.450	<.001
General Self-Efficacy	.739	.058	.511	12.826	<.001
Perceived Social Support	.194	.022	.345	8.669	<.001

NB. R = .708, R^2 = .502, Adjusted R^2 = .499, F (2, 356) = 179.114, p < .001.

As presented in Table 9, the multiple regression analysis revealed that the model significantly predicts adaptive coping strategies, F (2, 356) = 179.11, p < .001. Together, general self-efficacy and perceived social support account for 50.2% of the variance in adaptive coping (R^2 = .502). Individually, General Self-Efficacy was the strongest significant predictor (β= .511, p < .001), followed by perceived social support (β= .345, p < .001). This indicates that higher levels of self-efficacy and strong perceived social support are robust and unique assets that significantly enhance adaptive coping capabilities among internally displaced persons.

The substantial predictive power of self-efficacy (β=.511) and social support (β=.345) within the statistical model is enriched by qualitative insights into how IDPs evaluate the effectiveness of external aid structures in rebuilding their personal competence. Informants

indicated that the institutional support delivered by the Jabi-Tehinan Woreda Disaster Management Office is structurally minimal, poorly coordinated, and largely ineffective for rebuilding sustainable economic agency or professional confidence. Participant P6 detailed the functional limitations of this governmental intervention:

> The small support we occasionally get from the Jabi-Tehinan Woreda Disaster Management Office doesn't change anything; it doesn't even help us stay alive in a real sense. It is so little that it feels like it's for nothing. I only feel like a real man a competent human being when I earn my own money through my own sweat. The current support is like a bandage on a deep wound; it covers the pain for a second but doesn't heal my ability to walk or stand on my own feet (P6).

This powerful metaphor illuminates the inadequacy of purely transactional, short-term relief measures. From a psychological development perspective, true human competence cannot be restored through passive dependency on erratic food rations. It is intimately tied to self-determination and economic productivity (*earning through my own sweat*). Transactional aid from the Jabi-Tehinan office merely delays immediate starvation without addressing the underlying psychological need for efficacy and structural independence. Informants P1, P4, and P8 strongly shared this perspective in their individual interviews.

Consequently, for the majority of the participants, personal competence is strictly tied to achieving economic independence. Coping strategies that do not directly result in employment or income generation are viewed by the participants as ultimately ineffective for long-term recovery, leaving them feeling that they are merely patching the symptoms of their broken lives together. Participant P7 articulated this sense of fragmentation:

> We try different things to cope, but they are not very effective. We are just patching our lives together. To develop real competence, we need a permanent place to work and a community that treats us as partners, not just as victims receiving aid (P7 & P8).

In contrast, spiritual strategies were viewed by a significant portion of the informants as highly effective in maintaining the emotional stability necessary for any other type of competence, bridging the gap when material social support systems feel inadequate. For these individuals, faith provides a sense of internal strength and partnership that material support cannot offer. Participant P5 detailed this internal cognitive framework:

> Prayer is the only strategy that feels effective for me. It is the only thing that calms my mind so I can think clearly about what to do next. When I pray, I feel I have a partner in my struggle. Other supports are temporary, but my faith gives me the heart to keep trying even when I fail (P5)

From a psychological perspective, religious coping acts as a powerful cognitive reframing mechanism. By perceiving a higher power as a partner in the struggle, the individual reduces their immediate emotional distress and prevents cognitive overload, which in turn preserves the cognitive clarity needed for problem-solving. This strategic reliance on faith was independently confirmed across the separate transcripts of informants P2, P3, P7, and P9.

4.1.6. Lived experiences and integration obstacles shaping coping choices

To comprehensively address the fifth research question, which investigates how internally displaced persons (IDPs) describe their lived experiences and the integration obstacles that shape their coping choices, qualitative data was collected through Key Informant Interviews **(**KII**)** with 10 purposively selected IDP informants. These in-depth interviews captured the detailed personal narratives of individuals navigating environmental changes, socioeconomic barriers, and psychological shifts within the host community of Finote Selam.

The thematic analysis of these key informant interviews sessions demonstrates that the selection of specific coping mechanisms is heavily dictated by concrete integration barriers, including material asset depletion, role reversals within the family structure, structural idleness, and a persistent psychological reciprocity crisis. The narratives reveal that forced displacement is far more than a physical relocation; it represents a profound disruption of adult social and psychological identity. When macro-structural integration barriers make direct action impossible, IDPs choose their coping mechanisms based on the immediate resources or constraints they encounter in their daily lives.

For many key informants, the most immediate barrier to integration is the forced transition from autonomous agricultural or commercial productivity to structural idleness within the urban host community. This structural exclusion shifts their daily existence into a passive waiting cycle, severely damaging their baseline self-efficacy. This transition from active livelihood to situational paralysis is explicitly echoed during individual interviews with other informants, such as Participant 3 (P3), who emphasized how losing a structured daily routine fundamentally threatens an individual's sense of purpose. P3 shared this painful shift in their daily reality:

> I don't have a specific strategy anymore because I don't have the tools to solve anything. Back home, I knew how to solve a farm problem; I was a domestic caretaker. But here, I don't even know where to start. This lack of direction has taken away my heart to try new things.

The lack of meaningful engagement strips away the objective markers of adulthood and responsibility, driving them toward situational avoidance and emotional regulation simply as a logical means to manage daily stress.

Furthermore, female key informants highlighted a critical integration barrier rooted in the domestic domain: the total loss of domestic autonomy and privacy due to material dependency. Shifting from an active caretaker to a passive recipient of external humanitarian aid destabilizes traditional family hierarchies and parental authority. Participant 7 (P7) strongly reinforced this experience of losing domestic agency and experiencing role confusion. She explained how being dependent on external handouts fundamentally destabilizes traditional parental authority and deeply wounds their self-worth, leading many to isolate themselves within small, similarly-situated social circles to avoid the shame of public dependency.

Because these female informants lack objective control over the material reality of their households, they rely heavily on defensive, cognitive avoidance and forced insularity to protect their remaining dignity from the perceived stigma of dependency.

The key informant interviews revealed that the lack of a clear path to employment, combined with the absolute depletion of financial, material, and social capital, acts as an insurmountable barrier to proactive problem-solving. When individuals lack the environmental machinery to execute solutions, they experience severe tactical paralysis and an acute confidence crisis. Participant P4 detailed this perspective:

> Back home, I knew my place and my power. Here, I feel like a guest who has stayed too long. My daily life has changed from being a decision-maker to someone who just waits for others to decide my fate. It is hard to feel capable when you have nothing to work with (P4).

This narrative highlights a severe depletion of contextual self-efficacy. When skills that were highly functional in an agricultural setting cannot be translated into the urban host environment, individuals systematically doubt their capacity to regain economic independence. P4's account confirms that problem-focused coping requires baseline capital

to be rational; in the absence of connections or money, taking direct action feels like an unequal struggle. To protect himself from the intense frustration of facing insoluble structural barriers, P4 logically resorts to defensive avoidance and withdrawal into insular circles.

While the early phase of displacement is universally characterized by lower self-efficacy and a total emotional shutdown, the key informant interview records demonstrate that the length of stay in the host community serves as an important contextual catalyst for coping adaptation. Over a two-year horizon, some informants experience a gradual cognitive restructuring. Participant P5 shared this progressive journey of resilience:

> In the beginning, I was empty and felt like a dead man walking. I didn't think I could survive another day in a strange land. The journey was long and I arrived here with nothing in my hands. It was the hardest moment of my life. But now, after two years, I have started to breathe again. I found small ways to work and help my family. Although I lost everything, I realized I haven't lost my ability to try (P5).

A highly sophisticated integration barrier uncovered during the key informant interview sessions is the painful psychological tension between host community kindness and IDP economic poverty. Although the neighbors in Finote Selam are generally described as warm and welcoming, the inability of IDPs to reciprocate simple hospitality triggers a profound reciprocity crisis that damages their self-esteem. Participant P9 exposed this hidden social obstacle:

> The neighbors are kind and often invite us for coffee... But how can I buy coffee or sugar to invite them back? Even when they tell us ‘don’t worry,’ our dignity doesn't allow us to just keep receiving without ever giving. It makes us feel like perpetual beggars, so we choose to stay in our small circle where everyone understands what it means to have nothing (P9).

This reveals the complex psychological interplay between economic poverty and social dignity. True social integration requires balanced reciprocity; when IDPs are perpetually unable to reciprocate gestures of kindness, it induces intense shame and anxiety. To shield their remaining self-esteem and dignity from the perceived stigma of being perpetual beggars, they engage in defensive, forced self-isolation, choosing to interact exclusively within an insular peer group where the social pressure of formal reciprocity is entirely removed.

4.2. Discussions

The key findings of the current study were interpreted in this chapter in relation to the research questions and the body of prior literature. This chapter's major goal was to review the present research self-efficacy, perceived social support, and coping styles among Internally Displaced Persons (IDPs) in Finote Selam with respect to another study. The most important study findings were discussed under each of the research questions. Findings derived from both quantitative and qualitative data were the main issues for the discussion.

4.2.1. Levels of self-efficacy, perceived social support and coping styles among IDPs

The descriptive findings of this study revealed that IDPs in Finote Selam exhibit a moderate level of general self-efficacy (M = 24.02, SD = 5.50) and a moderate level of perceived social support (M = 52.05, SD = 14.18). Crucially, regarding problem coping participants demonstrated a predominant reliance on avoidant coping (M = 29.20), followed by emotion-focused coping (M = 23.74) and problem-focused coping (M = 15.26).

Qualitatively, the moderate level of perceived social support is characterized by a profound sense of communal empathy from host community neighbors who share coffee and share their emotion without judgment, providing a crucial external psychological buffer. This pattern of informal horizontal buffering strongly aligns with the empirical findings of Abdulahi (2025) in the Somali region (Qolaji camp), which demonstrated that shared cultural components, reciprocal assistance and resource sharing generate high levels of social cohesion and trust between IDPs and host communities.

However, the baseline levels observed in this study also contrast meaningfully with specific demographic variations found in wider Ethiopian displacement contexts. For instance, Araya et al. (2007) discovered significant gender differences in their study of post-conflict displaced persons in Ethiopia, noting that men reported significantly higher perceived social support and a greater reliance on task-oriented, problem-focused coping, whereas women reported higher emotion-oriented coping. This regional divergence suggests that while the overall population baseline in Finote Selam reflects moderate support and heavy avoidance, the internal experience of these coping mechanisms may be highly stratified by gendered vulnerabilities within the host community ecosystem.

Furthermore, the qualitative data exposes a massive gap in formal systems, as informants labeled institutional aid from the Jabi-Tehinan Woreda Disaster Management Office as a mere drop in the ocean that fails to foster long-term structural competence or self-determination. This institutional failure directly mirrors the challenges documented by Birhanu (2022) among IDPs resettled in Adama and Sebeta towns, where severe food insecurity, lack of healthcare, housing deficits and unemployment persisted due to the absence of a dependable legal and institutional framework.

The high reliance on avoidant coping and moderate self-efficacy observed in Finote Selam strongly aligns with the empirical work of Mamed et al. (2025), who examined the psychological capital and mental distress of IDPs in the Amhara region. Mamed et al. (2025) argued that the overlooked war in Northern Ethiopia has inflicted profound psychological trauma, forcing displaced populations to exhaust their internal resources and rely on avoidance due to severe situational paralysis.

This pattern is further supported by the qualitative findings of this study, where former farmers and traders detailed a drastic transition from autonomous productivity to absolute structural idleness and situational paralysis within the host community. Such structural exclusion and the qualitative criticism against transactional, minimal aid models mirror the findings of Salihu et al. (2024). In their cross-sectional study of IDPs and host communities in armed conflict regions, Salihu et al. (2024) established that while informal safety nets keep individuals alive, the lack of structured, long-term livelihood support forces IDPs to utilize maladaptive or avoidant coping strategies rather than sustainable, problem-focused ones.

4.2.2. Relationship among general self-efficacy, perceived social support and coping styles

The Pearson product-moment correlation matrix (Table 4) demonstrated highly significant interrelationships among the psychological variables. General self-efficacy exhibited a strong positive correlation with Problem-Focused Coping ($r = .686$, $p < .001$), a strong positive correlation with emotion-focused coping ($r = .530$, $p < .001$) and a strong negative correlation with avoidant coping ($r = -.745$, $p < .001$). Concurrently, perceived social support showed a significant moderate positive relationship with problem-focused coping ($r = .427$, $p < .001$), strong positive relationship with Emotion-Focused Coping ($r = .542$, $p < .001$) and a significant negative association with avoidant coping ($r = -.476$, $p < .001$).

The qualitative findings mirror and validate these statistical directions, revealing that when financial, material, and social capital are completely absent, contextual self-efficacy drops severely, directly triggering chronic cognitive paralysis and tactical withdrawal. This negative correlation between self-efficacy and avoidant coping is explicitly supported by Khailenko and Bacon (2024), who proved that a heavy reliance on avoidant coping mechanisms directly undermines psychological resilience and increases trauma symptoms among displaced populations.

This dynamic is further validated by regional research in Ethiopia, which strongly aligns with the empirical directions discovered in the current study. Specifically, Mitiku et al. (2025) in Debre Berhan found that while resource deprivation and poor social support force displaced individuals into avoidant isolation, high individual self-efficacy operates as the primary engine to break this situational paralysis and actively seek help. This local finding directly support mirrors the current study's strong positive correlation between self-efficacy and problem-focused coping, while explaining the qualitative realities of Finote Selam's IDPs.

Conversely, the quantitative positive link between social support and emotion-focused coping is vividly illustrated by the horizontal peer networks operating among the displaced families in Finote Selam. Informants explained that sharing their chronic stress with fellow displaced persons removes the structural pressure of material reciprocity, which is otherwise compromised by their economic poverty. This dynamic directly aligns with the structural equation modeling of Bekeko et al. (2025) in the Metekel Zone, which proved that poor social support from friends or the government is a critical predictor that exacerbates severe mental health outcomes like anxiety and depression.

However, this strong informal horizontal buffering operating within Finote Selam stands in sharp contrast to the findings of Mugambi and Michotte (2021) in Mogadishu. In that context, institutional camp constraints and structural violence severely fractured natural social networks, leading to systemic isolation rather than shared resilience. The protective nature of these combined internal and external resources in the current study area mirrors the findings of Melese (2025), whose mediation-moderation analysis demonstrated that psychological capital (including self-efficacy) and perceived social support act as powerful instruments that cushion individuals against mental health deterioration by promoting adaptive behavioral pathways.

Furthermore, the central role of social support in promoting mental health is empirically reinforced by the meta-analysis of Yeo, et al. (2025), which established that perceived social support is a robust predictor of human thriving, particularly in mental health domains. Their findings underscore that even in challenging environments, social support serves as a buffer against negative outcomes, a process clearly evidenced by the peer-support networks in Finote Selam. Similarly, the study by Zeleke et al. (2025) provides a qualitative cornerstone for these findings; their community-based participatory research highlights that for Ethiopian IDPs, collective healing through shared cultural traditions and relational connection is not merely supplemental, but a fundamental mechanism for transforming wounds to the soul into collective resilience.

Collectively, these structural relationships emphasize that an IDP's capacity to transition from avoidant mechanisms to adaptive problem-solving relies heavily on the presence of interactive, reliable environmental support structures within their host community ecosystem.

4.2.3. Differences among self-efficacy and coping styles in respect to gender and duration of displacement

The independent samples t-test (Table 5) revealed significant gender variations across variables: male IDPs reported significantly higher self-efficacy (M = 24.92) and more frequent use of problem-focused coping (M = 15.97) than females. Conversely, female IDPs scored significantly higher on avoidant coping (M = 30.45, p = .006).

To understand why female IDPs in Finote Selam rely so heavily on avoidance (M = 30.45), the qualitative data uncovers an acute domestic identity crisis. Female informants described a painful shift from being autonomous household caretakers and decision-makers to becoming passive recipients of irregular external aid. This systemic dependency and forced loss of domestic privacy fundamentally destabilizes their traditional parental authority and fractures their internal locus of control, inducing intense reciprocity anxiety, shame, and defensive self-isolation. This profound domestic paralysis directly contextualizes why women face distinct structural barriers that limit adaptive coping, a phenomenon previously documented by Araya et al. (2007) among post-conflict displaced persons in Ethiopia.

Furthermore, this pronounced psychological distress and heightened avoidant score among Finote Selam's female IDPs reflects the socio-ecological vulnerabilities highlighted by Mitiku et al. (2025) in Debre Berhan, who demonstrated how displacement inherently exacerbates

gender-based structural exclusion. By disrupting familial and protective roles, displacement forces a gender-driven reliance on avoidant strategies; this is empirically mirrored in the quantitative findings of Khailenko and Bacon (2024), where displaced women systematically reported higher levels of avoidance and post-traumatic symptoms due to the collapse of their traditional domestic safety nets. The intense defensive isolation captured in the current qualitative narratives finds strong statistical backing in Makango et al.'s (2023) cross-sectional study in Debre Berhan camps, which established a direct link between female gender and heightened psychological vulnerability.

However, this uniform characterization of female coping styles within macro-displaced populations can be further nuanced when contrasted with specific subgroups in existing literature. While the overall female baseline in Finote Selam demonstrates a highly pronounced reliance on cognitive avoidance, Musa and Hamid (2025) discovered that conflict-displaced older women frequently mobilized communal and religious emotion-focused coping strategies to mitigate institutional stress, rather than turning inward to defensive isolation. This divergence implies that while displacement generically drives a heavy reliance on avoidant strategies among women as captured by the quantitative average in the current study the specific deployment of coping mechanisms can still shift toward externalized spiritual and communal networks depending on the unique demographic traits of a studied cohort.

While the quantitative analysis demonstrates a statistically significant gender disparity wherein female IDPs exhibit higher overall mean scores on the avoidant coping scale ($M_{Female} = 30.45$, $M_{Male} = 28.17$; $p = .006$) the convergent parallel mixed-methods framework uncovers a deeper interpretive nuance. This statistical gap may reflect a measurement limitation regarding behavioral frequency versus clinical severity rather than a true absence of avoidant behavior among males. Standardized linear scales merely aggregate the frequency of common, a low-intensity avoidant behavior which inherently inflates female cumulative scores.

Conversely, the qualitative data reveals that male avoidance is characterized by severity rather than frequency, driven by intense situational paralysis. In the absolute absence of constructive daily engagement, male informants heavily utilized local substances as an immediate chemical shield to temporarily numb existential distress and process a fractured provider identity. This reveals a critical nuance: men's lower quantitative avoidance score

does not indicate psychological resilience; rather, it highlights how standard scales underreport male avoidance because it manifests through a single, highly destructive behavioral channel of externalized chemical numbing when macro-structural barriers render direct problem-solving completely futile.

This specific behavioral pattern aligns with and extends the empirical insights of Emmanuel (2021), whose investigation into substance abuse and coping responses among IDPs revealed that substance use fails as a positive predictor of adaptive mechanisms like religious coping or emotional social support. This baseline directly mirrors the current qualitative reality in Finote Selam, where male IDPs do not engage in localized substance use to facilitate constructive or socially supportive coping; rather they deploy it strictly as a dysfunctional, chemical shield to escape existential weight.

Furthermore, this gendered coping trajectory reflects the foundational context established by Araya et al. (2007) in Ethiopia, who noted that while displaced men generally report higher task-oriented coping compared to women, they simultaneously bear a disproportionate burden of severe displacement-related trauma. When applied to the current cohort, this intersection explains why male informants who initially report a higher quantitative frequency of problem-focused coping ($M = 15.97$) resort to substance-linked avoidance when structural containment and a shattered provider identity render their preferred task-oriented pathways completely ineffective. Consequently, their lower overall score on the quantitative avoidance scale is not indicative of psychological resilience, but rather highlights how male avoidance uniquely manifests through externalized chemical numbing to survive severe, gender-specific displacement trauma.

Regarding temporal dynamics, the One-Way ANOVA yielded a highly significant positive longitudinal trend ($p < .001$), showing that IDPs in the early stages of displacement (6 months to 1 year) suffered from the lowest self-efficacy ($M = 20.39$) and the highest reliance on avoidant coping ($M = 33.46$). Remarkably, as the duration extended past 2 years, self-efficacy increased dramatically ($M = 27.55$) and avoidant coping dropped sharply ($M = 23.97$).

This striking quantitative arc perfectly matches the qualitative adaptation narratives. Early-stage displacement represents a total emotional shutdown and acute avoidant shock ($M = 33.46$). However, surviving past the two-year mark enables an internal cognitive

reconstruction, allowing self-efficacy to rise to M = 27.55. Over time, avoidance transforms from a global, dysfunctional defense mechanism into a highly selective, situational distancing tool used deliberately to look away from insoluble macro-structural challenges to preserve the psychological energy required for immediate daily adaptations.

While Mamed et al. (2025) establish a high baseline of mental distress (63%) and PTSD (48%) among displaced populations in Northern Ethiopia, the present study extends this understanding by examining the temporal dimension of this recovery process. Where Mamed et al. emphasize that enhancing self-efficacy is the primary pathway to resilience, the current longitudinal findings provide the empirical evidence for *how* this occurs over time: by demonstrating that as IDPs remain in the host environment, their self-efficacy scores climb, thereby reducing their reliance on avoidant coping.

Furthermore, this finding is strongly supported by the work of Quaglio et al. (2025), who, in their study of migrants, demonstrated that increased duration of residence is a significant predictor of psychological adjustment. Specifically, their results reveal that 'time spent' in a new environment positively correlates with both coping self-efficacy and life satisfaction, while simultaneously reducing acculturative stress. By analogy, the current study suggests that the two-year mark in Finote Selam acts as a critical threshold; just as Quaglio et al. (2025), identified time as a protective factor that fosters self-efficacy in migrants, the IDPs in this study demonstrate that prolonged exposure to the host environment facilitates a structural shift in coping moving from dysfunctional avoidance toward the active mastery of one's circumstances.

Furthermore, this longitudinal recovery in Finote Selam mirrors the findings of Bitew and Tizazu (2025), who observed that for displaced individuals, the initial phase of displacement is characterized by acute psychosocial disruption, yet prolonged residency often facilitates the development of localized coping mechanisms that restore individual agency. While the current study validates this shift toward active adjustment, Salihu et al. (2024) provide an essential comparative nuance; they demonstrate that the transition from avoidant to problem-focused coping is not solely an individual journey but is deeply influenced by the quality of integration with the host community.

Ultimately, the significant shift from passive avoidance to active adjustment over a two-year period in this study serves as a direct empirical validation of Tip et al.'s (2020) longitudinal

framework. This framework posits that self-efficacy operates as a dynamic, rolling asset; as the displaced individuals in Finote Selam progressively gain mastery over their immediate physical environment over time, their appraisal of personal capability rises, directly pulling them out of acute avoidant shock and steering them toward purposeful, active adaptation.

4.2.4. Contribution of general self-efficacy and perceived social support to adaptive coping strategies

The multiple linear regression model (Table 7) demonstrated that the combination of general self-efficacy and perceived social support significantly predicts adaptive coping strategies, $F(2, 356) = 179.11$, $p < .001$. Together, these two independent variables account for a substantial 50.2% of the variance in adaptive coping strategies ($R^2 = .502$). Individually, General Self-Efficacy was established as the strongest predictor ($\beta = .511$, $p < .001$) followed closely by Perceived Social Support ($\beta = .345$, $p < .001$).

The findings of this study provide empirical substantiation for the integrative application of Conservation of resources theory and Social cognitive theory. By demonstrating that General Self-Efficacy and Perceived Social Support collectively account for over half of the variance in adaptive coping, this study confirms the COR framework's assertion that resource acquisition serves as a critical buffer against the 'Resource Loss Spiral' inherent in displacement.

The current study's highly significant joint predictive model strongly aligns with the empirical findings of Melese (2025), whose structural analysis of psychological capital among displaced individuals in conflict-affected zones demonstrated that internal psychological assets and environmental social buffers do not operate in isolation. Instead, they function as an integrated behavioral engine where perceived social support directly fuels an individual's self-efficacy, collectively accounting for over half of the variance in adaptive behavioral pathways.

Furthermore, the statistical supremacy of self-efficacy as a primary predictor of adaptive behavior strongly confirms Bandura's (1997) foundational Self-Efficacy Theory, proving that internal mastery beliefs are the primary drivers of behavioral persistence during severe environmental crises. The contemporary relevance of this framework is empirically reinforced by Khailenko and Bacon (2024), who observed that the ability to prioritize adaptive over avoidant coping strategies remains a critical determinant of psychological

stability in displaced populations, thereby confirming the enduring cross-cultural validity of these socio-cognitive mechanisms.

This statistical dominance is further supported by the empirical work of Jafer et al. (2022) regarding IDPs in perimeter displacement zones, which proved that while external aid is a baseline necessity, an individual's internal locus of control and self-directed efficacy are the ultimate proximate determinants that dictate whether a displaced person transitions into active livelihood restoration or remains trapped in situational helplessness. Similarly, the joint predictive power of self-efficacy and social support found in this regression model mirrors the findings of Bekeko et al. (2025) in the Metekel Zone, and Tadesse et al. (2024) in Northwest Ethiopia. Both studies utilized structural equation modeling to prove that psychological resources and social buffers are the absolute core predictors of mental health outcomes and trauma recovery among war-affected IDPs.

Importantly, the structural context undergirding the predictive dynamics in this model is strongly reinforced by the phenomenological insights of Gudeta and Seyeneh (2025) in their exploration of IDPs in the Sebeta temporary shelter. Their narrative summaries vividly document that while temporary formal and informal psychosocial networks offer initial relief, the ultimate cessation of institutional aid triggers severe financial, emotional, and psychological complications among displaced individuals. This closely echoes the current study's framework, indicating that internal mastery beliefs and localized peer networks require continuous, macro-level structural support and permanent livelihood restoration to maintain long-term adaptation.

In the acute absence of such formal macro-level support, qualitative narratives from Finote Selam indicate that spiritual coping strategies (such as prayer) function as vital cognitive reframing mechanisms, providing a sense of internal partnership with a higher power to prevent cognitive overload and preserve the clarity needed for problem-solving. This finding that horizontal peer support and spiritual coping fill the massive void left by macro-level resource gaps is heavily supported by the community-based participatory action research of Zeleke et al. (2025) and the resilience frameworks of Endris (2022). These researchers emphasized that the collective narrative of trauma healing among Ethiopian IDPs relies heavily on horizontal, peer-to-peer solidarity and internal cultural or spiritual assets to navigate systemic environmental hardships.

Furthermore, the heavy reliance on spiritual coping and localized horizontal networks discovered among crisis survivors as a response to severe structural gaps is explicitly mirrored by Yigzaw et al. (2023) during their evaluation of internally displaced communities in North Gondar. They observed that when formal mental health and psychosocial support (MHPSS) frameworks completely collapse or fail to reach the population, displaced communities instinctively fallback on indigenous spiritual practices and informal peer-to-peer healing circles as a primary cognitive shield against psychological decomposition.

Similarly, the prominent role of spiritual coping as an adaptive reframing mechanism observed in this study is strongly supported by Ali et al. (2023) in their socio-behavioral assessment of conflict-induced IDPs. Their findings revealed that in environments characterized by acute resource scarcity and systemic institutional challenges, spiritual endurance and religious coping function as highly active, functional cognitive tools that prevent severe identity fragmentation and foster collective resilience.

Ultimately, the entire predictive structure matches the empirical conclusions of Mamed et al. (2025) in their latest inquiry into conflict, trauma, and coping in Northern Ethiopia. Their work asserts that rebuilding internal self-efficacy and stabilizing informal support networks are the two most critical prerequisites for converting passive, avoidant trauma responses into active, adaptive coping mechanisms.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusions, and recommendations of the study. The points presented in the summary, conclusion and recommendations were based on the research questions.

5.1. Summary

The primary objective of this study was to examine the interrelationships among general self-efficacy, perceived social support, and coping styles among Internally Displaced Persons (IDPs) residing within the urban host community of Finote Selam, Amhara Region, Ethiopia. Addressed by the integrated lenses of two complementary frameworks the Conservation of Resources (COR) Theory, which conceptualizes displacement as a systematic resource loss spiral, and Social Cognitive Theory (SCT), which explains the micro-level conversion of external social support into internal psychological capability the study was organized these basic research questions.

- What are the current levels of general self-efficacy, perceived social support, and the predominant coping styles (problem-focused, emotion-focused, and avoidant) among internally displaced persons in Finote Selam?
- To what extent do general self-efficacy and perceived social support correlate with the use of problem-focused, emotion-focused, and avoidant coping styles among IDPs in Finote Selam?
- Are there significant differences in self-efficacy and coping styles based on the gender and duration of displacement of the IDPs?
- To what extent does the combination of general self-efficacy and perceived social support uniquely predicts the variance in adaptive coping strategies among IDPs?
- How do IDPs describe the lived experiences and integration obstacles that shape their coping choices?

Methodologically, the study implemented a convergent parallel mixed-methods design. Quantitative data were gathered from a systematic random sample of 359 properly completed questionnaires, representing a 98.6% response rate. The sample encompassed 196 males (54.6%) and 163 females (45.4%) across varying temporal displacement cohorts.

Concurrently, qualitative depth was achieved via semi-structured key informant interviews with 10 purposively selected IDPs (6 males, 4 females) analyzed through thematic analysis.

The psychometric measurements established that IDPs exhibit moderate baseline levels of general self-efficacy (M = 24.02, SD = 5.50) on the Schwarzer and Jerusalem scale, alongside moderate levels of perceived social support (M = 52.05, SD = 14.18) on the Multidimensional Scale of Perceived Social Support. Comparative mean analysis of the Brief-COPE instrument revealed that avoidant coping was the predominantly utilized style (M = 29.20), outstripping emotion-focused coping (M = 23.74) and problem-focused coping (M = 15.26).

In terms of correlational interdependencies, Pearson product-moment correlations demonstrated that general self-efficacy maintains a strong positive correlation with problem-focused coping ($r = .686$, $p < .001$\$) and a strong negative correlation with avoidant coping ($r = -.745$, $p < .001$). Concurrently, perceived social support exhibited a significant moderate positive relationship with emotion-focused coping ($r = .542$, $p < .001$) and a significant negative association with avoidant coping ($r = -.476$, $p < .001$).

Demographic and temporal divergences were clearly supported by comparative inferential tests. Independent samples *t*-tests confirmed that male IDPs reported significantly higher self-efficacy (M = 24.92) and more frequent use of problem-focused coping (M = 15.97), while female IDPs scored significantly higher on avoidant coping (M = 30.45). A one-way analysis of variance (ANOVA) across displacement durations yielded highly significant effects ($p < .001$), proving that IDPs in the acute phase of 6 months to 1 year relied most heavily on avoidant coping (M = 33.46), whereas protracted IDPs displaced for above 2 years demonstrated higher self-efficacy (M = 27.55) and more adaptive coping tendencies.

Robust predictive modeling via multiple linear regression confirmed that the combination of general self-efficacy and perceived social support uniquely and significantly predicts adaptive coping strategies, $F (2, 356) = 179.11$, $p < .001$. This model explained a substantial 50.2% of the variance ($R^2 = .502$). Individually, general self-efficacy emerged as the dominant predictor ($\beta = .511$, $p < .001$), followed closely by perceived social support ($\beta = .345$, $p < .001$), validating the Caravan Principle of resource clustering.

The qualitative findings beautifully converged with and expanded upon these statistical metrics. Thematic analysis revealed that persistent material asset depletion drops contextual self-efficacy, triggering cognitive paralysis and severe reciprocity anxiety. This psychological dilemma effectively prevents IDPs from participating in traditional communal institutions such as *Iddir*, *Equb*, and *Maheber*. To safeguard their remaining dignity from the perceived stigma of being perpetual beggars, IDPs retreat into horizontal peer-solidarity networks and utilize defensive self-isolation.

Furthermore, the qualitative integration unpacked the high early avoidance scores by showing that role reversals, structural idleness, and a shattered provider identity drive certain male informants to utilize local substances as a chemical shield to temporarily numb existential distress. Conversely, spiritual strategies such as prayer function as active cognitive reframing tools that prevent cognitive overload and maintain emotional stamina.

5.2. Conclusions

Based on the integrated quantitative and qualitative findings of this study, several critical conclusions are drawn:

The findings of this study indicate that humanitarian aid strategies must shift beyond the provision of food and clothing toward holistic economic empowerment. Facilitating access to income-generating activities that enable IDPs to participate in community institutions such as *Iddir*, *Equb*, and *Maheber* is critical for sustainable integration. This transition from purely transactional aid acts as a substitute for temporary bandages, allowing IDPs to build the permanent internal capacity required for self-sufficiency.

From a theoretical perspective, this study provides a new scientific understanding by reinterpreting avoidance not as an individual deficit, but as a functional armor. Psychologists and emergency practitioners should recognize this behavior not as pathology, but as a rational cognitive defense mechanism used to survive overwhelming displacement stressors. This shift in the theoretical framework enables a more empathetic understanding of IDPs and supports the development of more effective, agency-focused psychosocial support programs.

Furthermore, these findings emphasize the necessity for future researchers to treat time as a primary variable. The longitudinal shift in coping mechanisms from the early months to the two-year mark (from M = 33.46 to M = 27.55) demonstrates that adaptation should be studied

as a continuous process rather than a static, one-time event. Consequently, future social and psychological research must incorporate the temporal trajectory of the displacement experience to accurately measure the evolution of IDP adaptation.

Finally, this study highlights the urgent need for gender-tailored interventions. Given that displacement impacts female IDPs through the loss of domestic autonomy and male IDPs through the erosion of their provider identity, support mechanisms must be differentiated. By designing programs that specifically help women reconstruct their domestic efficacy while simultaneously guiding men toward productive re-engagement and the abandonment of maladaptive substance use, humanitarian efforts can significantly enhance the effectiveness of overall community integration.

5.3. Recommendations

According to the results of the present study, the following multi-sectoral recommendations are proposed to facilitate sustainable integration and enhance psychological well-being:

- The Jabi Tehinan Woreda Disaster Management and Early Warning Office shall establish localized asset-replacement schemes such as providing livestock, basic trade toolkits, or micro-business seed inputs and forge formal agreements with local urban market associations to guarantee IDPs secure spaces to sell their goods. This is structurally required because the current unpredictable food handouts leave IDPs in a state of dependency and acute present-focused anxiety rather than building adaptive, problem-focused strategies. Implementation should be achieved by setting up an asset distribution registry at the Woreda level and issuing official market-vendor permits specifically designated for displaced households.
- Local humanitarian partners and non-governmental organizations (NGOs) shall establish a dedicated Communal Integration Fund that directly pays for or heavily subsidizes the initial entry and monthly membership fees of IDPs into existing host-community networks. This targeted economic bridge is necessary because absolute economic paralysis creates intense reciprocity anxiety, forcing IDPs into defensive self-isolation away from local *Iddirs*, *Equbs*, and *Mahebers*. Operationally, NGOs should assign field officers to audit local community associations and disburse direct integration stipends to fully cover IDP membership costs.

- Local humanitarian partners and non-governmental organizations (NGOs) shall conduct a comprehensive urban market-needs assessment in Finote Selam (identifying high-demand sectors such as construction, urban agriculture, weaving, or small-scale retail) and enroll IDPs in short-term, practical certification courses paired with soft-skills mentoring. This program bridges the complete functional skills mismatch that displaced agrarian farmers experience in an urban economy, directly boosting their self-efficacy, which is heavily bound to adaptive, problem-focused coping ($r = .686$). This will be executed by partnering with local technical and vocational training (TVET) institutions to deliver accelerated training tracks.
- Mental health practitioners and counseling psychologists shall deploy separate, structured therapeutic tracks: private group counseling for female IDPs focusing on processing role confusion and rebuilding personal safety, and community-based behavioral rehabilitation for male IDPs that embeds substance-use counseling. This gender-differentiated approach directly addresses the reality that female IDPs turn inward due to lost domestic autonomy and shelter overcrowding ($M = 30.45$ avoidant baseline), while male IDPs experience a shattered provider identity driving behavioral avoidance through local substances. Practitioners should implement this by hosting weekly, safe-space group therapy sessions at community centers and setting up substance rehabilitation support circles.
- Mental health practitioners and counseling psychologists shall actively partner with local religious leaders and pre-existing IDPs peer network coordinators to conduct community-circle therapy sessions that utilize familiar spiritual coping narratives and peer-led validation. This leverages active localized strengths rather than Western deficit models, as perceived social support strongly buffers avoidant coping ($r = -.476$), and spiritual strategies (like prayer) already function as vital cognitive reframing tools to prevent emotional collapse. This will be implemented by training religious elders in basic psychological first aid and integrating counseling circles into existing spiritual gatherings.
- University research grant offices and academic psychologists shall launch prospective cohort studies following a panel of newly displaced IDPs in the Amhara region, utilizing sequential quantitative tracking alongside repeated qualitative interviews at 6-month intervals over a three-to-five-year period This longitudinal tracking is scientifically necessary because avoidant coping peaks in the acute phase (6 months to

1 year, M = 33.46) but gives way to restored self-efficacy in protracted phases above 2 years (M = 27.55), leaving the exact psychological tipping points unexamined. This will be executed by securing institutional research funding and deploying mixed-methods research teams to track the real-time conversion of systemic resource loss into adaptive resource gains.

5.4. Limitations of the Study

The major objective of this study was to examine the relationships among self-efficacy, perceived social support, and coping styles among Internally Displaced Persons (IDPs) in the host community of Finote Selam, Amhara Region, Ethiopia. To achieve this objective, the study faced some limitations. The study has limitations and shortcomings. The major factors that contributed to the limitations of the study were presented as follows:

First, the study was conducted only in Finote Selam town, Amhara Region. Because it focused on a specific host community setting, the findings may not be fully generalizable to IDPs living in formal camp settings or those displaced in other regional states of Ethiopia with different socio-economic dynamics.

Second, because the complex interplay of self-efficacy, perceived social support and coping styles, specifically among dispersed IDPs within non-camp host communities in Ethiopia, is a relatively unique area of focus, there is a lack of related literature or comparable local empirical studies in the field.

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APPENDIXES

Appendix A: Questionnaire (English Version)

Bahir Dar University

College of Education

School of Educational Science

Department of Psychology

Questionnaire for Internal Displaced Persons

Dear Respondents:

This research examines Self-Efficacy, Perceived Social Support, and Coping Styles among Internally Displaced Persons in the Host Community of Finoteselam, Amhara, Ethiopia**.** The purpose of this questionnaire is to gather data for research purposes only. You are kindly requested to provide the necessary information carefully. I confirm that the information collected from you will be used only for research purposes and that your response will be kept confidential. Therefore, this study can be successfully accomplished only when you complete all the items honestly. This questionnaire consists of four different parts: the first is about socio-demographic information, the second is about your general self-efficacy; the third is about Perceived social support and the last is about your coping styles.

Thank you for your cooperation!

Part I: Consent Statement

Instruction: By providing a tick mark (✓) in the box below, you indicate that you have been informed about the nature of this study, you understand your rights as a participant and you voluntarily agree to participate.

I agree to participate in this study ☐ **Disagree** ☐

Sex: Male ☐ Female ☐

Age: _____ years

Marital Status: Single ☐ Widowed ☐
Married ☐ Separated ☐
Divorced ☐

Educational Level:

No formal education ☐ Certificate/Diploma ☐
Primary school (1–8) ☐ Degree and above ☐
Secondary school (9–12) ☐

Duration of Displacement:

6–12 months ☐ More than 2 years ☐
1–2 years ☐

Part II: General Self-Efficacy Scale (GSE)

Instructions: Please read each statement carefully and circle the number that best describes how true that statement is for you.

1 = Not at all true 2 = Hardly true 3 = moderately true **4** = exactly true

No.	Statement	1	2	3	4
1	I can always manage to solve difficult problems if I try hard enough.				
2	If someone opposes me, I can find the means and ways to get what I want.				
3	It is easy for me to stick to my aims and accomplish my goals.				
4	I am confident that I could deal efficiently with unexpected events.				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6	I can solve most problems if I invest the necessary effort.				
7	I can remain calm when facing difficulties because I can rely on my coping abilities.				
8	When I am confronted with a problem, I can usually find several solutions.				
9	If I am in trouble, I can usually think of a solution.				
10	I can usually handle whatever comes my way.				

Part III: Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions: Read each statement carefully and circle the number that best describes your feelings.

1 = Very Strongly Disagree 2 = Strongly Disagree **3** = Mildly Disagree **4** = Neutral

5 = Mildly Agree 6 = Strongly Agree 7 = Very Strongly Agree

No.	**Statement**	1	2	3	4	5	6	7
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	I have friends with whom I can share my joys and sorrows.							
10	There is a special person in my life who cares about my feelings.							
11	My family is willing to help me make decisions.							
12	I can talk about my problems with my friends.							

Part IV: Brief-COPE Assessment Tool

Instructions: Please circle the number that best describes how much you have been using each of these ways of coping with the stress of your current situation.

1 = Not at all **3 =** Medium amount

2 = A little bit **4 =** A lot

No.	**Statement**	1	2	3	4
1	I've been turning to work or other activities to take my mind off things.	1	2	3	4
2	I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3	I've been saying to myself "this is not real".	1	2	3	4
4	I've been using alcohol or other drugs to make myself feel better.	1	2	3	4
5	I've been getting emotional support from others.	1	2	3	4
6	I've been giving up trying to deal with it.	1	2	3	4
7	I've been taking action to try to make the situation better.	1	2	3	4
8	I've been refusing to believe that it has happened.	1	2	3	4
9	I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10	I've been getting help and advice from other people.	1	2	3	4
11	I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12	I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13	I've been criticizing myself.	1	2	3	4
14	I've been trying to come up with a strategy about what to do.	1	2	3	4
15	I've been getting comfort and understanding from someone.	1	2	3	4
16	I've been giving up the attempt to cope.	1	2	3	4
17	I've been looking for something good in what is happening.	1	2	3	4
18	I've been making jokes about it.	1	2	3	4
19	I've been doing something to think about it less (TV, reading, etc).	1	2	3	4
20	I've been accepting the reality of the fact that it has happened.	1	2	3	4
21	I've been expressing my negative feelings.	1	2	3	4
22	I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23	I've been trying to get advice or help from other people about what to do.	1	2	3	4
24	I've been learning to live with it.	1	2	3	4
25	I've been thinking hard about what steps to take.	1	2	3	4
26	I've been blaming myself for things that happened.	1	2	3	4
27	I've been praying or meditating.	1	2	3	4
28	I've been making fun of the situation.	1	2	3	4

Appendix B: የአማርኛ መጠይቅ

ባህር ዳር ዩኒቨርሲቲ

የሁለተኛ ዲግሪ (ማስተርስ) የምርምር ፕሮግራም

የትምህርት ኮሌጅ

የሳይኮሎጂ ትምህርት ክፍል

በአስተናጋጁ ማህበረሰብ ውስጥ ለሚገኙ ተፈናቃዮች የተዘጋጀ መጠይቅ

ውድ ምላሽ ሰጪዎች፡-

ይህ ጥናት በአማራ ክልል ፍኖተ ሰላም ከተማ በሚገኙ ተፈናቃዮች ዘንድ ያለውን የራስ-ብቃት (Self-Efficacy)፣ የማህበራዊ ድጋፍ ግንዛቤ (Perceived Social Support) እና የችግር መቋቋሚያ ስልቶችን (Coping Styles) ለማጥናት የተዘጋጀ ነው። የዚህ መጠይቅ ዋና ዓላማ ለምርምር ስራ የሚሆን መረጃ ለመሰብሰብ ብቻ ነው። በመሆኑም አስፈላጊውን መረጃ በጥንቃቄ እንድትሰጡኝ በአክብሮት እጠይቃለሁ። ከእርስዎ የሚሰበሰበው መረጃ ለምርምር ዓላማ ብቻ የሚውል እና ሚስጥራዊነቱ ሙሉ በሙሉ የተጠበቀ መሆኑን አረጋግጣለሁ።

ይህ ጥናት በስኬት ሊጠናቀቅ የሚችለው ሁሉንም ጥያቄዎች በታማኝነት እና በእውነተኛነት ሲመልሱ ብቻ ነው። ይህ የጥያቄ ወረቀት አራት የተለያዩ ክፍሎችን ያቀፈ ነው፡- ክፍል አንድ፡- የግል እና ማህበራዊ መረጃዎችን (Socio-demographic information) ይመለከታል። ክፍል ሁለት፡- ጠቅላላ የራስ-ብቃትን (General self-efficacy) የተመለከተ ነው። ክፍል ሶስት፡- የማህበራዊ ድጋፍ ግንዛቤን (Perceived social support) የሚለካ ነው። ክፍል አራት፡- ችግሮችን የመቋቋሚያ ስልቶችዎን (Coping styles) የሚመለከት ነው።

ስለ ትብብርዎ አስቀድሜ አመሰግናለሁ!

ክፍል አንድ: የስምምነት መግለጫ

መመሪያ: ከዚህ በታች ባለው ሳጥን ውስጥ የ(✓) ምልክት በማድረግ፤ ስለ ጥናቱ ባህሪ መረጃ እንደተሰጠዎት፣ እንደ ተሳታፊ ያለዎትን መብት እንደተረዱ እና በጥናቱ ላይ ለመሳተፍ በፈቃደኝነት መስማማትዎን ያረጋግጣሉ።

በጥናቱ ላይ ለመሳተፍ እስማማለሁ? አዎ ☐ አይ ☐

ጾታ፡- ወንድ ☐ ሴት ☐

2. ዕድሜ፡- _____ ዓመት

3. የጋብቻ ሁኔታ፡-

ያላገባ/ች ☐ የተለያየ/ች ☐

ያገባ/ች ☐ የፈታ/ች ☐

የሞተበት/ባት ☐

4. የትምህርት ደረጃ፡-

መደበኛ ትምህርት ያልተከታተለ ☐ ሰርቲፊኬት/ዲፕሎማ ☐

የአንደኛ ደረጃ (1-8) ☐ የመጀመሪያ ዲግሪና ከዚያ በላይ ☐

የሁለተኛ ደረጃ (9-12) ☐

5. ከተፈናቀሉ የቆዩበት ጊዜ፡-

ከ6-12 ወር ☐ ከ2 ዓመት በላይ ☐

ከ1-2 ዓመት ☐

ክፍል ሁለት፡- አጠቃላይ የግል ብቃት እምነት መለኪያ (GSE)

መመሪያ፡- እባክዎ እያንዳንዱን ዓረፍተ ነገር በጥንቃቄ ካነበቡ በኋላ፣ ለእርስዎ ያለውን እውነታ በትክክል የሚገልጸውን ቁጥር ያክብቡ።

1 = በጭራሽ እውነት አይደለም (Not at all true) **3 = በከፊል እውነት ነው (Moderately true)**

2 = ብዙም እውነት አይደለም (Hardly true) **4 = *ሙሉ በሙሉ* እውነት ነው (Exactly true)**

ተ.ቁ	***ዝርዝር መግለጫዎች***	1	2	3	4
1	በቂ ጥረት ካደረግሁ አስቸጋሪ ችግሮችን ሁልጊዜ መፍታት እችላለሁ።				
2	የሚቃወመኝ ሰው ቢኖር እንኳ፣ የፈለግሁትን ለማግኘት የሚያስችሉኝን አማራጭ መንገዶችና ዘዴዎች ማግኘት እችላለሁ።				
3	ዓላማዎቼን አጽንቼ መያዝ እና ግቦቼን ማሳካት ለእኔ ቀላል ነው።				
4	ያልተጠበቁ ክስተቶችን በብቃት መወጣት እንደምችል እተማመናለሁ።				
5	ባለኝ ብልሃት (ችሎታ) ያልታሰቡ ሁኔታዎችን እንዴት መወጣት እንደምችል አውቃለሁ።				
6	አስፈላጊውን ጥረት ካደረግሁ አብዛኞቹን ችግሮች መፍታት እችላለሁ።				
7	በራሴ የመቋቋም ችሎታ ስለምተማመን፣ ችግሮች ሲያጋጥሙኝ በተረጋጋ መንፈስ መጋፈጥ እችላለሁ።				
8	ከአንድ ችግር ጋር ስጋፈጥ፣ አብዛኛውን ጊዜ የተለያዩ የመፍትሄ አማራጮችን ማግኘት እችላለሁ።				
9	ችግር ውስጥ በሚሆንበት ጊዜ፣ አብዛኛውን ጊዜ መፍትሄ ማመንጨት እችላለሁ።				
10	ምንም ዓይነት ነገር ቢገጥመኝ አብዛኛውን ጊዜ መወጣት እችላለሁ።				

ክፍል ሦስት፡- ሁለገብ የማህበራዊ ድጋፍ መለኪያ (MSPSS)

መመሪያ፡- እባክዎ እያንዳንዱን ዓረፍተ ነገር በጥንቃቄ ካነበቡ በኋላ፣ የሚሰማዎትን ስሜት በትክክል የሚገልጸውን ቁጥር ያክብቡ።

የቁጥሮቹ ትርጉም፡-

1 = በጭራሽ አልስማማም (Very Strongly Disagree) **5 = በመጠኑ እስማማለሁ** (Mildly Agree)

2 = አልስማማም (Strongly Disagree) **6 = እስማማለሁ** (Strongly Agree)

3 = በመጠኑ አልስማማም (Mildly Disagree) **7 = በጣም እስማማለሁ** (Very Strongly Agree)

4 = ገለልተኛ/አስተያየት የለኝም (Neutral)

ተ.ቁ	ዝርዝር መግለጫዎች	1	2	3	4	5	6	7
1	ችግር በሚገጥመኝ ጊዜ ከጎኔ የሚሆን ልዩ ሰው አለ።							
2	ደስታዬንና ሃዘኔን የማጋራው (የማካፍለው) አንድ ልዩ ሰው አለኝ።							
3	ቤተሰቦቼ እኔን ለመርዳት በእውነት ይጥራሉ።							
4	ከቤተሰቦቼ የሚገባኝን ስሜታዊ ድጋፍ እና እገዛ አገኛለሁ።							
5	ለእኔ እውነተኛ የመጽናኛ ምንጭ የሚሆነኝ ልዩ ሰው አለኝ።							
6	ጓደኞቼ እኔን ለመርዳት በእውነት ይጥራሉ።							
7	ነገሮች ሲበላሹ በጓደኞቼ መመካት (መተማመን) እችላለሁ።							
8	ስለ ችግሮቼ ከቤተሰቦቼ ጋር መነጋገር እችላለሁ።							
9	ደስታዬንም ሆነ ሃዘኔን የማጋራቸው ጓደኞች አሉኝ።							
10	ለስሜቴ (ለደህንነቴ) የሚጨነቅልኝ/የሚጠነቀቅልኝ ልዩ ሰው በሕይወቴ ውስጥ አለ።							
11	ቤተሰቦቼ ውሳኔዎችን ስወስን ሊረዱኝ ፈቃደኞች ናቸው።							
12	ስለ ችግሮቼ ከጓደኞቼ ጋር መነጋገር እችላለሁ።							

ክፍል አራት፡- የችግር መቋቋሚያ መንገዶች መመዘኛ (Brief-COPE)

መመሪያ፡- በአሁኑ ወቅት ያለብዎትን አስቸጋሪ ሁኔታ ለመቋቋም ከዚህ በታች የተዘረዘሩትን አማራጮች ምን ያህል እንደሚጠቀሙባቸው የሚገልጸውን ቁጥር ያክብቡ።

የቁጥሮቹ ትርጉም፡-

1 = በጭራሽ አልጠቀምም (Not at all) **3 = በመጠኑ እጠቀማለሁ** (Medium amount)

2 = በጥቂቱ እጠቀማለሁ (A little bit) **4 = በጣም እጠቀማለሁ** (A lot)

ተ.ቁ	ዝርዝር መግለጫዎች	1	2	3	4
1	ሃሳቤን ከነገሮች ላይ ለማንሳት ወደ ሥራ ወይም ወደ ሌሎች ተግባራት እመለሳለሁ።				
2	ባለሁበት ሁኔታ ላይ አንድ ነገር ለማድረግ ጥረቴን አተኩራለሁ።				
3	ለራሴ ይህ እየሆነ ያለው ነገር እውነት አይደለም' እላለሁ።				
4	የሚሰማኝን መጥፎ ስሜት ለመርሳት/ጥሩ ስሜት እንዲሰማኝ አልኮል ወይም ሌሎች እጾችን እጠቀማለሁ።				
5	ስለ ሁኔታው ከሌሎች ሰዎች ስሜታዊ ድጋፍ (አይዞህ ባይነት) አገኛለሁ።				
6	ሁኔታውን ለመፍታት(ለመወጣት) የማደርገውን ሙከራ እየተውኩት ነው።				
7	ሁኔታውን ለማሻሻል (ለመቀየር) ተግባራዊ እርምጃዎችን እወስዳለሁ።				
8	የተፈጠረው ነገር መከሰቱን ለማመን እምቢተኛ እሆናለሁ/ላለማመን እሞክራለሁ።				
9	የማይመቹ ስሜቶቼ እንዲወጡልኝ (እንዲተነፍሱልኝ) የተለያዩ ነገሮችን እናገራለሁ።				

10	ከሌሎች ሰዎች እርዳታ እና ምክር አገኛለሁ።				
11	ያለሁበትን አስቸጋሪ ሁኔታ ለመግፋት (ለማለፍ) አልኮል ወይም ሌሎች እጾችን እጠቀማለሁ።				
12	ነገሩ ይበልጥ በበጎ ጎኑ እንዲታየኝ በተለየ መንገድ ለማየት እሞክራለሁ።				
13	በሁኔታው ራሴን እወቅሳለሁ (እተቻለሁ)።				
14	ስለ ሁኔታው ምን ማድረግ እንዳለብኝ ስልት (ስትራቴጂ) ለመቀየስ እሞክራለሁ።				
15	ከሆነ ሰው መጽናናትን እና እርዳትን አገኛለሁ።				
16	ሁኔታውን ለመቋቋም የማደርገውን ሙከራ እየተውኩት ነው።				
17	በሚፈጠሩ ነገሮች ውስጥ መልካም ነገርን እፈልጋለሁ።				
18	ስለ ሁኔታው ቀልዶችን እቀልዳለሁ።				
19	ስለ ሁኔታው ብዙ ላለማሰብ ነገሮችን አደርጋለሁ (ለምሳሌ፦ ቴሌቪዥን ማየት፣ ማንበብ፣ ወዘተ)።				
20	የተፈጠረው ነገር እውነት መሆኑን አምኜ እቀበላለሁ።				
21	የሚሰሙኝን መጥፎ (አሉታዊ) ስሜቶች አውጥቼ እገልጻለሁ።				
22	በሃይማኖታዊ ወይም በመንፈሳዊ እምነቶቼ መጽናኛ ለማግኘት እሞክራለሁ።				
23	ምን ማድረግ እንዳለብኝ ከሌሎች ሰዎች ምክር ወይም እርዳታ ለማግኘት እሞክራለሁ።				
24	ከሁኔታው ጋር ተላምዶ ለመኖር እማራለሁ።				
25	ምን ዓይነት እርምጃዎችን መውሰድ እንዳለብኝ በጥብቅ አስባለሁ።				
26	ለተፈጠሩ ነገሮች ራሴን ተጠያቂ አደርጋለሁ።				
27	ጸሎት ወይም መንፈሳዊ ትኩረት (meditation) አደርጋለሁ።				
28	በሆነው ነገር እደሰትቢታለሁ።				

Appendix C: Semi Structured Interview Guide

The purpose of this interview will be to *explore* about *individual* general self-efficacy, perceived social support and coping styles of internally displaced persons for research purposes only. This semi structured interview consists of open-ended questions for a better understanding of the problem.

1. Can you briefly describe your journey to Finote Selam and how your daily life has changed since arriving?
2. When faced with a new problem here, what strategies do you uses nd what gives you the confidence to take action?
3. Who do you rely on when overwhelmed, and how has the reception from the host community affected your ability to manage stress?
4. How effective are the strategies you applied and the supports you received to cope the problems and develop you sense of competence?
5. How do you typically handle or manage stress when it arises? Why do you find this particular approach effective for you?

Is there any other aspect of your personal confidence, coping experiences, or the support you receive that we haven't discussed?

Appendix D፡ የቃለ-መጠይቅ መመሪያ (Semi-Structured Interview Guide)

የቃለ-መጠይቁ ዓላማ፡- የዚህ ቃለ-መጠይቅ ዋና ዓላማ በአገር ውስጥ የተፈናቀሉ ወገኖችን የግል የራስ-ብቃት (General self-efficacy)፣ የማህበራዊ ድጋፍ ግንዛቤ (Perceived social support) እና የችግሮችን የመቋቋሚያ ስልቶች (Coping styles) በጥልቀት ለመመርመር ሲሆን፣ የሚሰበሰበው መረጃ ለምርምር ሥራ ብቻ የሚውል ነው። ይህ በከፊል የተዋቀረ ቃለ-መጠይቅ ችግሩን በተሻለ ሁኔታ ለመረዳት የሚያስችሉ አወያይ የሆኑ (Open-ended) ጥያቄዎችን አካቷል።

የቃለ-መጠይቅ ጥያቄዎች:-

1. ወደ ፍኖተ ሰላም ያደረጉትን ጉዞ በአጭሩ ሊገልጹልኝ ይችላሉ? እዚህ ከመጡ በኋላስ የዕለት ተዕለት ሕይወትዎ እንዴት ተቀየረ?
2. እዚህ እያሉ አዲስ ችግር ሲያጋጥምዎት ለመፍታት ምን ዓይነት ስልቶችን/መንገዶችን ይጠቀማሉ? እርምጃ ለመውሰድስ በራስ የመተማመን ስሜት (ድፍረት) የሚሰጥዎት ምንድን ነው?
3. የጭንቀት ወይም የችግር ስሜት ሲበረታብዎት በማን ላይ ይደገፋሉ (ማንን ያምናሉ)? ከአስተናጋጁ ማህበረሰብ የተደረገላችሁ አቀባበልስ ውጥረትን/ጭንቀትን የመቋቋም አቅምዎ ላይ ምን ዓይነት ተጽዕኖ አሳድሯል?
4. ያጋጠሙዎትን ችግሮች ለመቋቋም የተጠቀሙባቸው ስልቶች እና ያገኙዋቸው ድጋፎች፣ ችግሩን ለመወጣትና የራስዎን ብቃት የመገንባት ስሜትዎን ለማሳደግ ምን ያህል ውጤታማ ነበሩ?
5. ብዙውን ጊዜ የጭንቀት ስሜት ሲፈጠርብዎት እንዴት ነው የሚያስተናግዱት ወይም የሚቋቋሙት? ይህ የመረጡት መንገድ ለእርስዎ ውጤታማ የሆነበት ምክንያት ምንድን ነው ይላሉ?

እስካሁን ከተወያየንባቸው ውጪ፣ ስለ እርስዎ የግል ጥንካሬ (በራስ መተማመን)፣ ስለ ችግሮች መቋቋም ልምድዎ ወይም ስላገኙት ድጋፍ ያላነሳነው እና ሊጨምሩት የሚፈልጉት ሌላ ጉዳይ አለ?

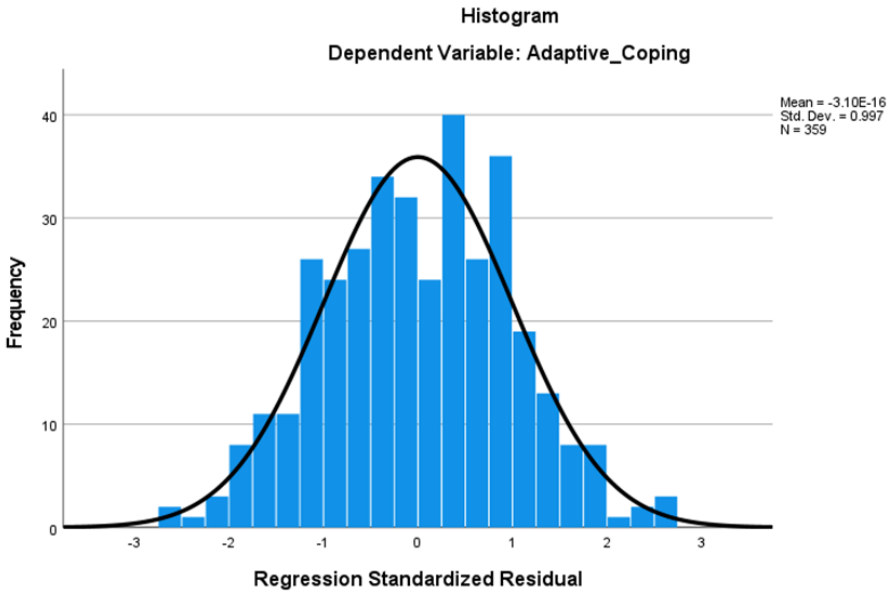

Figure 2: Normality assumption of variables

Note. As figure 2 indicates, the regression standardized residuals were approximately normally distributed with a symmetrical bell-shaped curve, demonstrating that the dataset is free from violation of the normality assumption.

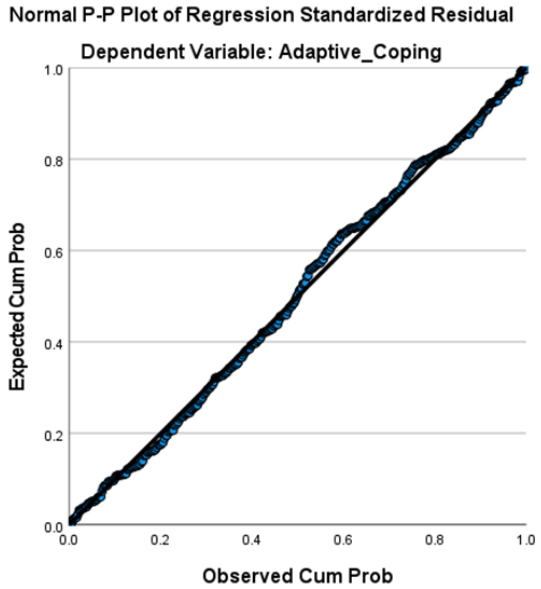

Figure 3: Linearity assumption of Variables

Note. As figure 3 indicates, the observed cumulative probabilities strictly adhered to and closely followed the diagonal reference line, confirming that the assumption of linearity has been successfully met.

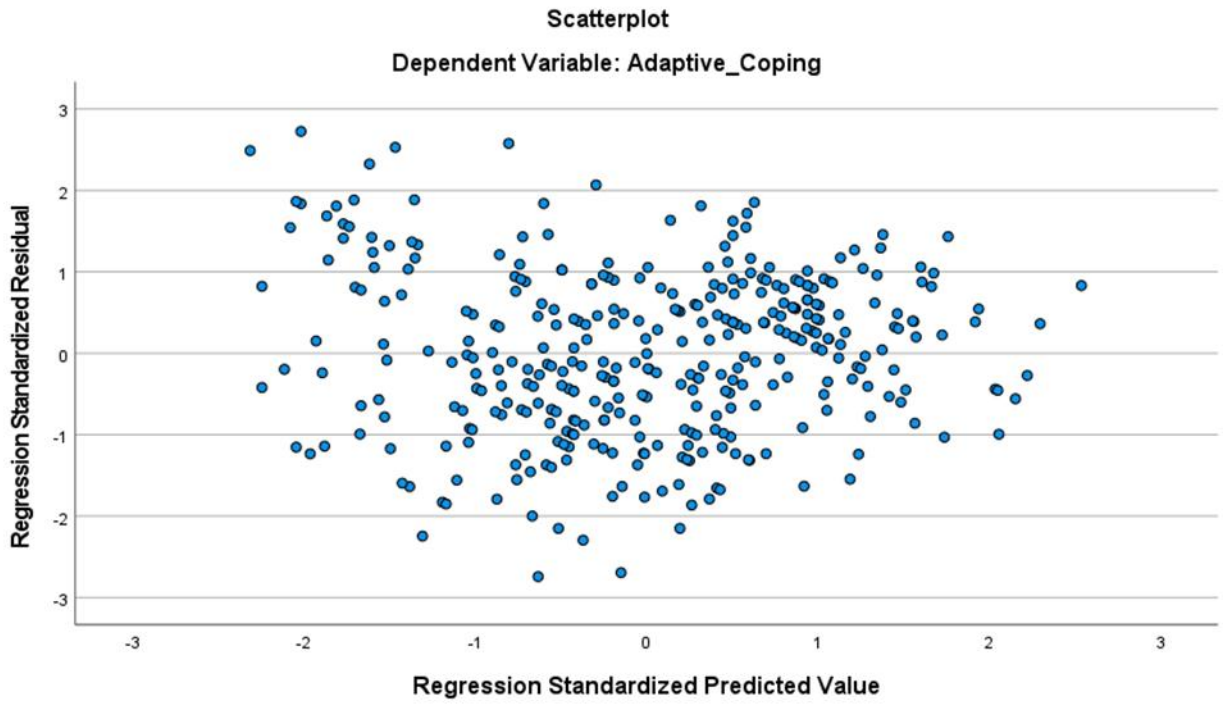

Figure 4: Homoscedasticity assumption of variables

Note. As figure 4 indicates, the residuals are randomly and evenly distributed across the plot without forming any distinct shape or systematic pattern, verifying that the assumption of homoscedasticity is fully satisfied.