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the Psycho-Social Resilience of People With Physical Disabilities in the Context of Conflict in Bahir Dar City, Ethiopia

Gizachew, Meseret

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BAHIR DAR UNIVERSITY

**INSTITUTE OF DISASTER RISK MANAGEMENT AND
FOOD SECURITY STUDIES**

**POST GRADUATE PROGRAM IN DISASTER RISK MANAGEMENT
AND FOOD SYSTEM RESILIENCE**

**The Psycho-social Resilience of People with Physical Disabilities
in the Context of Conflict in Bahir Dar City, Ethiopia**

MSc. Thesis Research

By

Meseret Gizachew Tadesse

**November, 2024
Bahir Dar, Ethiopia**



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Meseret Gizachew Tadesse

A Thesis Submitted in Partial Fulfilment of the Requirements for the
Award of Master of Science Degree in Disaster Risk Management
and Food System Resilience

Major Advisor: Tesfahun Asmamaw (PhD).

Co-Advisor: Yilebes Addisu (PhD).

Co-Advisor: Mossa Endris (PhD).

November, 2024
Bahir Dar, Ethiopia

THESIS APPROVAL SHEET

Submitted by:

Meseret Gizachew Tadesse

Name of the Student

Signature

Date

Approved by:

1. Tesefahun Asemamaw (Assistance profe.)



Name of Major Advisor

Signature

Date

2. Arega Bazezew (professor)

Name of External Examiner

Signature

Date

3. Kumilachew Siferaw (PhD)

Name of Internal Examiner

Signature

Date

4. Birhanu Gedif (PhD Candidate)

Name of Chairman

Signature

Date

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ABBREVIATION AND ACRONYMS

AO	Avoidance Oriented
BRS	Brief Resilience Scale
BWSAD	Bahir Dar Women Social Affairs Department
CISS	Coping Inventory Stress Situation
COVID-19	Corona Virus Disease 2019
CRPD	Convention on the Rights of Persons with Disabilities
CSA	Central Statistical Agency
EO	Emotion Oriented
ETB	Ethiopian Birr
FGD	Focused Group Discussion
ICRC	International Committee of Red Cross
IDPs	Internal Displaced Peoples
KII	Key Informant Interview
NGO	Non Governmental Organization
PANAS	Positive and Negative Affect Schedule
PSR	Psychosocial Resilience
PSS	Psychosocial Support
PWDs	Peoples With Disabilities
RRS	Resilient Resources Scale
SEL	Social and Emotional Learning
SEM	Social Ecological Model
TO	Task Oriented
UN	United Nation
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UNICEF	United Nations International Children's Emergency Fund
VIF	Variance Inflation Factor
WHO	World Health Organization

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Abstract

Ethiopia, especially the Amhara Region and Bahir Dar City, contends with substantial socio-economic challenges that disproportionately impact individuals with physical disabilities, increasing their vulnerability. This research aims to explore the psychosocial resilience of people with physical disabilities in Bahir Dar City. A mixed-methods design was employed, utilizing both quantitative and qualitative approaches. Quantitative data were collected through structured questionnaires, while qualitative data were obtained from participants through key informant interviews, focus group discussions, and observations using a checklist. A systematic sampling method was used to select 134 participants. Qualitative data were analyzed through thematic analysis, and quantitative data were analyzed using descriptive statistics. Sociodemographic variables were presented using frequencies and percentages, and the Brief Resilience Scale (BRS) was utilized to measure psychosocial resilience. The Coping Inventory for Stressful Situations (CISS) was employed to assess coping mechanisms, categorized into task-oriented, emotion-oriented, and avoidance-oriented strategies. A binary logit regression model was employed to identify determinant factors influencing resilience. The findings revealed that 64.18% of participants exhibited low resilience, while 35.82% showed normal resilience. Task-oriented coping mechanisms were moderately utilized (mean = 2.9), emotion-oriented strategies were more prevalent (mean = 3.9), and avoidance-oriented coping was the least common (mean = 2.4). Individuals with low resilience used a broader range of coping strategies (mean total score = 22.1) compared to those with normal resilience (mean = 21.5). Key determinants of psychosocial resilience included sex (-2.93, $p < 0.001$), type of physical impairment (2.40, $p < 0.001$), duration of impairment (0.19, $p < 0.001$), employment status (0.51, $p = 0.052$), annual income (0.0000593, $p = 0.008$), and marital status (-0.89, $p < 0.001$). The study concludes that psychosocial resilience is influenced by various demographic and socioeconomic factors, emphasizing the need for targeted interventions to improve resilience. Recommendations include enhancing infrastructure accessibility, providing socioeconomic support, strengthening community networks, and implementing gender-sensitive interventions. Finally, further research is encouraged to investigate the experiences of individuals with diverse disabilities in conflict-affected contexts.

Keywords: Brief Resilience Scale, Coping Mechanisms, Conflict, Lived Experience, Physical Impairment, Psychosocial Resilience

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Globally, individuals with physical disabilities are among the most vulnerable groups in conflict zones. Over 1 billion people, or approximately 15% of the world's population, live with some form of disability, with 80% of these individuals residing in low- and middle-income countries where conflict, poverty, and limited access to healthcare exacerbate their vulnerabilities. Conflict-related stressors such as displacement, limited access to healthcare, safety concerns, and social isolation significantly impact the psychosocial well-being of individuals with physical disabilities ([Mardini, 2023](#)).

The prevalence of disability is even more stark in conflict-affected areas. Over 1.3 billion people, or 16% of the global population, experience significant disabilities, with many living in areas where rehabilitation services are scarce or non-existent. In such contexts, individuals with disabilities face heightened risks of violence, exclusion from social services, and further physical impairments, all of which challenge their psycho-social resilience ([Bragin, Taaka, Adolphs, Gray, & Eibs, 2015](#)). Psycho-social resilience defined as the ability of individuals or communities to adapt to and recover from stressors like armed conflict is crucial for populations affected by both disability and conflict. For people with physical disabilities, psycho-social resilience becomes especially critical, as they face barriers such as mobility challenges, exclusion from community support networks, and heightened exposure to violence. International organizations, including the United Nations (UN) and the International Committee of the Red Cross (ICRC), have increasingly advocated for inclusive humanitarian responses that address the unique needs of disabled individuals in conflict settings ([ICRC, 2021](#)).

In Africa, approximately 80 million people live with disabilities, constituting about 10% of the total population. Conflict exacerbates the challenges faced by these individuals, particularly in terms of access to healthcare, education, and employment. People with disabilities in conflict-affected regions are often left out of humanitarian aid, further isolating them from critical services ([Ganle, Baatiema, Quansah, & Danso-Appiah, 2020](#)). In conflict zones like Sierra Leone, Uganda, and Rwanda, research has shown that disabled individuals face unique barriers to resilience, including exclusion from social networks, limited mobility, and psychological trauma intensified by social isolation. For example, in Uganda, it is estimated that 12% of the

population lives with disabilities, many of whom are affected by the country's long-standing internal conflicts. The need for inclusive psycho-social support systems that cater to the specific needs of disabled individuals in Africa is clear, but challenges remain in terms of policy implementation and resource allocation ([Betancourt et al., 2014](#)).

Ethiopia has experienced numerous internal conflicts in recent decades, with ethnic tensions, political unrest, and territorial disputes contributing to ongoing instability. The recent civil conflict, including the ongoing conflict in the northern Tigray region since 2020, has had devastating humanitarian impacts, including widespread displacement, loss of life, and destruction of infrastructure ([Betancourt et al., 2014](#)). Using survey data from 2015/16, nearly 7.8 million people (9.3%) of the total population in Ethiopia are estimated to live with some form of disability, out of these, up to 2.2 million people (2.4 %) have very profound difficulties. The prevalence rate of disabilities is around 15% of the total population of the country ([UNICEF, 2016](#)).

The Amhara Region, located in northern Ethiopia, has been severely affected by the ongoing conflict, particularly since August 2023. This conflict has resulted in widespread violence, casualties, property damage, and displacement, further exacerbating the challenges faced by people with disabilities, especially those with physical impairments ([Tenaw, Gari, & Gebretsadik, 2023](#)). In Amhara, it is estimated that over 1.5 million people live with disabilities, with many of them residing in rural areas where access to healthcare and social services is limited. The region has experienced a surge in internally displaced persons (IDPs), and the destruction of infrastructure has disproportionately affected individuals with physical disabilities. Disabled individuals are often excluded from evacuation processes and face significant challenges in accessing humanitarian aid, further undermining their psycho-social resilience ([BELAYNEH, 2020](#)). Social attitudes towards disability in the Amhara Region are often shaped by traditional beliefs and cultural norms, leading to the marginalization of disabled individuals from community life. During times of conflict, these individuals are frequently abandoned during evacuations, left without access to essential services, and suffer from heightened risks of exploitation and violence. The challenges faced by disabled individuals in the Amhara Region are compounded by a lack of access to adequate healthcare, rehabilitation services, and mental health support ([Ylönen, 2021](#)).

Bahir Dar City, the capital of the Amhara Region, has been affected by the broader conflict dynamics in the region and serves as a critical hub for humanitarian responses. Bahir Dar has

experienced periodic violence and an influx of IDPs, further straining the city's social services and infrastructure. For people with physical disabilities living in Bahir Dar, the conflict has posed significant challenges to their psycho-social resilience ([Tsegaye, 2021](#)). The city has a disability prevalence rate of about 7%, with the majority of disabled individuals residing in impoverished neighborhoods where access to healthcare and rehabilitation services is limited. Social support networks, which are crucial for fostering resilience, have been strained by the ongoing conflict, leaving disabled individuals vulnerable to isolation and psychological distress. Additionally, the stigma and discrimination faced by people with disabilities in Bahir Dar undermine their ability to navigate the challenges posed by conflict ([Lijalem Jemberu & 2, 2023](#)).

People with disabilities, particularly those with physical impairments, face unique challenges in conflict-affected areas. The intersection of disability and conflict impacts their psychosocial well-being ([Tenaw et al., 2023](#)). According to [WHO \(2022\)](#), an estimated 1.3 billion people, or 16% of the global population experience a significant disability with 80% living in developing countries with limited or no access to rehabilitation services.

Understanding the resilience of disabled individuals in such contexts is crucial for developing effective interventions and support systems. Hence, this research aims to explore the psychosocial resilience of disabled individuals with physical impairments in the context of conflict as it has a profound impact on individuals' lives of peoples with disabilities ([Zhu, Song, Zhang, Wang, & Shen, 2023](#)). Conflict-related stressors encompass a range of factors that can significantly affect the psychosocial well-being of disabled individuals with physical impairments. These stressors may include displacement, limited access to healthcare, safety concerns, communication barriers, social stigma, and restricted educational and employment opportunities ([Bragin et al., 2015](#)).

Despite these challenges, there are emerging efforts in Bahir Dar to address the needs of individuals with physical disabilities. Local non-governmental organizations (NGOs) and community groups have begun advocating for more inclusive social services and support systems. However, the psycho-social resilience of people with physical disabilities in Bahir Dar remains under-researched, particularly in the context of conflict. A better understanding of the lived experiences, coping mechanisms, and resilience strategies employed by disabled individuals in Bahir Dar is crucial for developing effective interventions and support systems. By examining their lived experiences, and coping mechanisms, and level of resilience, the findings of this research was have practical implications for policymakers, humanitarian

organizations, and local communities in developing targeted interventions and support mechanisms.

1.2 Statement of the Problem

Ethiopia, particularly Amhara Region and Bahir Dar city, faces multiple challenges including COVID-19, conflict, inflation, and other crises. The recent civil conflict in the north has resulted in violence, casualties, property damage, and displacement ([Demissie, 2023](#)). The ongoing conflict since August 2023 has particularly affected Amhara Region and Bahir Dar city. The Amhara region in Ethiopia has experienced significant socio-political changes, characterized by intricate and multifaceted dynamics. These dynamics include various stressors, notably conflicts within the region. Within conflict-affected areas, individuals with physical disabilities encounter a wide range of challenges that profoundly impact their psychological and social well-being. These challenges encompass both physical and psychological aspects, such as limited accessibility, restricted educational and employment opportunities, reduced social engagement, and heightened vulnerability to discrimination and stigma ([McDonald, 2010](#)). The presence of these obstacles makes disabled individuals more susceptible to experiencing multiple difficulties ([Tran & Collaborators, 2019](#)). Consequently, their overall psychosocial well-being is significantly compromised as they navigate through a hostile environment shaped by conflict and its associated stressors ([Kifle & Olonisakin, 2023](#)). The psychosocial resilience of disabled individuals with physical impairments in the context of conflict in Bahir Dar City, Ethiopia remains an area of utmost concern. These challenges further amplify their vulnerability and create substantial barriers that impede their ability to maintain resilience in the face of adversity. The convergence of disability and conflict intensifies these stressors, resulting in a complex environment where individuals must surmount multiple hurdles to uphold their resilience ([Harris et al., 2021](#)).

In Ethiopia, there remains a specific gap in the literature regarding disabled individuals with physical impairments in conflict-affected Bahir Dar City, Ethiopia. For instance, psychosocial resilience and coping mechanisms among individuals with disabilities in Ethiopia were studied and the findings of the study indicate that the most frequently used coping mechanism among participants with physical disabilities was emotional-focused coping, with spirituality being the most commonly used approach ([Desalegn et al., 2023](#)). According to [Addis and Mesele \(2020\)](#), conducted a qualitative study exploring psychosocial challenges faced by individuals with physical disabilities in Ethiopia. According to the author [Necho et al. \(2020\)](#), investigated

the psychosocial well-being and coping mechanisms of individuals with physical disabilities in the northern part of Ethiopia.

The existing literature fails to address the specific psychosocial experiences of disabled individuals with physical impairments in conflict-affected areas, particularly in Bahir Dar City, Ethiopia. Even previous research conducted in Bahirdar such as the study titled "Assessing Hotel Experiences of People with Disability: In the Case of Bahir Dar City, Ethiopia ([Lijalem Jemberu & 2, 2023](#))" also highlights the need for further investigation as it lacks insights into various aspects of their experiences and coping mechanisms.

The problem is twofold, limited knowledge about the psychosocial resilience and coping mechanisms of disabled individuals with physical impairments in conflict-affected areas, and a lack of research in the specific context of Bahir Dar City. This research aims to fill gaps in the literature by exploring the psychosocial resilience, coping mechanisms, and lived experience of disabled individuals with physical impairments in conflict-affected Bahir Dar City, Ethiopia. The study's findings will inform the development of targeted interventions, policies, and support services to enhance the psychosocial well-being of disabled individuals in Bahir Dar City.

1.3 Objective of the study

1.3.1 General Objective

The general objective of the research was to explore the Psycho-social Resilience of People with Physical Disabilities in the Context of Conflict in Bahir Dar City, Ethiopia

1.3.2 Specific Objectives

The specific objectives of the research were:

1. To explore the lived experiences of peoples with physical disabilities concerning conflict-induced stressors.
2. To examine the levels of psychosocial resilience among peoples with physical disabilities.
3. To assess coping mechanisms used by peoples with physical disabilities facing conflict-related stressors.
4. To identify the determinant factors influencing the psychosocial resilience of peoples with physical disabilities.

1.4 Research Questions

The research question for this research were :

1. What are the specific lived experiences faced by peoples with physical disabilities in the context of conflict-induced stressors?
2. What are the levels of psychosocial resilience among peoples with physical disabilities in Bahir Dar City, Ethiopia?
3. What are the primary coping mechanisms employed by peoples with physical disabilities to navigate and manage conflict-related stressors?
4. What is the individual-level factors that significantly influence the psychosocial resilience of peoples with physical disabilities?

1.5 Scope and Limitations of the Study.

1.5.1 Scope of the Study

This research aims to investigate the psychosocial resilience of peoples with physical disabilities in the face of stressors related to conflicts, with a specific focus on Bahir Dar City. The study seeks to explore how these individuals cope with and overcome the challenges posed by conflict-related stressors, and to identify the factors that contribute to their resilience. By examining the experiences, coping mechanisms, and support systems available to disabled individuals in Bahir Dar City, the research aims to provide insights into the psychosocial resilience of this population. The findings can contribute to the development of targeted interventions and support systems that enhance the psychosocial well-being and resilience of disabled individuals with physical impairments in conflict-affected contexts.

Disabled individuals with physical impairments were selected as the primary focus of this study due to their larger population size and the diverse range of conditions they encompass, including mobility limitations, amputations, and chronic pain. These physical impairments have a significant impact on their daily lives and resilience in the face of stressors. Moreover, physical impairments are more visibly apparent and present distinct challenges in conflict situations, such as difficulties in accessing resources and navigating physical environments. Thus, by examining this specific population, the study aims to gain valuable insights into their experiences, coping mechanisms, and the levels and factors of resilience they rely on.

The strategic choice of Bahir Dar City as the case study location takes into consideration several important factors especially with regards to its urban context that introduces additional complexities, such as heightened competition for resources, rapid socio-economic changes, and increased environmental stressors, which may further strain the resilience capacities of people with disabilities.

1.5.2 Limitations of the Study

Firstly, the research is constrained by time and cost, which may have restricted the study to specific areas within Bahir Dar city, potentially limiting the robustness of the results. Additionally, the study focuses exclusively on participants with physical impairments, which may not fully capture the experiences and resilience factors relevant to individuals with other types of disabilities, such as cognitive or mental health impairments. This narrow focus may limit the generalizability of the findings to a broader population of individuals with varying disabilities. Furthermore, considering the dominant types of disabilities in Ethiopia, such as those resulting from infectious diseases, malnutrition, and trauma, the study's findings may not reflect the unique challenges faced by these populations.

1.6 Organization of the thesis

This thesis is organized into four main sections, each contributing to the study's overall structure and purpose. Section one introduces the research foundation by presenting the statement of the problem, research objectives, guiding research questions, significance of the study, and the limitations and scope. Section two provides a review of related literature, exploring relevant theories, frameworks, and prior research to offer context and position the study within the existing body of knowledge. Section three details the research methodology, describing the design, data collection methods, and analytical techniques employed, ensuring the study's transparency and replicability. Section four presents the results and discussion, analyzing findings in light of the research questions and objectives, and interpreting their implications and relevance to the field. The thesis concludes with a conclusion of the main findings and offers recommendations for policy or future research, emphasizing the study's contributions and identifying potential areas for further investigation.

1.7 Operational Definition

Psycho-social Resilience: The capacity of individuals with physical disabilities to adapt, recover, and maintain psychological and social wellbeing despite the challenges posed by conflict. This includes the mental, emotional, and social resources that enable them to cope with stressors, preserve their quality of life, and engage positively with their environment and community.

People with Physical Disabilities: Individuals residing in Bahir Dar City who experience long-term physical impairments, which may limit their mobility, physical function, or sensory perception. These impairments significantly impact their daily activities and social interactions.

Conflict Context: Situations of social, political, or armed tension within Bahir Dar City that create instability, insecurity, or both direct and indirect harm to individuals and communities. This context includes experiences of violence, displacement, or threat, all of which may impact the psychological and social resilience of individuals.

Lived Experience: The firsthand, personal perceptions and reflections of individuals with physical disabilities as they navigate daily life in the context of conflict in Bahir Dar City, Ethiopia. In this study, "lived experience" refers to the subjective accounts of challenges, resilience, coping strategies, and social interactions shaped by each individual's unique circumstances. It captures both tangible experiences, such as access to resources and physical environments, and intangible aspects, including emotions, mental responses, and social dynamics.

Adaptation and Coping Mechanisms: Strategies, behaviors, and mental adjustments employed by individuals with physical disabilities to manage stress and overcome adversities associated with conflict. These mechanisms include both internal resources (e.g., self-reliance, optimism) and external resources (e.g., social networks, community support).

Brief Resilience Scale (BRS): The BRS is a six-item self-report scale used to measure an individual's ability to recover or "bounce back" from stress and adversity. In this study, the BRS will assess the psycho-social resilience of people with physical disabilities in Bahir Dar City by quantifying their perceived capacity to recover from conflict-related stressors. Scores on the BRS will indicate varying levels of resilience; higher scores reflect a stronger ability to handle and adapt to challenging situations, while lower scores suggest greater difficulty in recovering from stress.

Coping Inventory for Stressful Situations (CISS): The CISS is a 48-item questionnaire designed to evaluate three primary coping styles that individuals use when encountering stressful situations:

- **Task-Oriented Coping:** Strategies aimed at directly addressing and managing the source of stress through problem-solving, planning, and actionable steps. This coping style reflects a practical, goal-directed approach to dealing with conflict stressors.
- **Emotion-Oriented Coping:** Techniques that focus on managing emotional reactions to stress, such as seeking social support, expressing emotions, or using positive reframing. This approach reflects efforts to reduce emotional distress associated with the conflict context.
- **Avoidance Coping:** Strategies that involve distancing oneself from the stressor, either by physically avoiding it or engaging in distraction activities. This can include behaviors such as social withdrawal, denial, or seeking alternative activities to divert attention from the stressor.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Concepts and Definitions

Psychosocial: Psychosocial refers to the interplay between an individual's psychological and social dimensions, where each influences the other. Psychological aspects encompass thoughts, emotions, behaviours, memories, perceptions, and understanding, while social aspects involve interactions and relationships with family, peers, and the community. Psychosocial support (PSS) encompasses processes and actions that foster the overall well-being of individuals within their social environment, often provided by family and friends. PSS focuses on facilitating resilience in individuals, families, and communities, helping them recover and regain a sense of normalcy following crises and adverse events ([McNatt, 2018](#)).

Physical impairment: it refers to a condition or limitation that affects a person's physical functioning, mobility, or dexterity. It can result from various causes, such as congenital disabilities, injuries, diseases, or age-related degeneration. Physical impairments can manifest as difficulties in movement, coordination, strength, or sensory perception. These impairments may impact an individual's ability to perform daily activities, participate in social interactions, or access physical environments ([WHO, 2007](#)).

Resilience: is the ability to adapt positively in the face of disturbance, stress, or adversity. It involves individuals' capacity to adjust when confronted with internal and external challenges. Resilience is a coping process that helps individuals respond to stressors, changes, difficulties, and challenges, supported by various protective factors. It enables individuals to respond to adversity or trauma healthily and productively. Resilience becomes evident when individuals face obstacles and respond positively. It is a dynamic process that involves personal, social, and environmental factors in recovering from negative emotional experiences. Resilient individuals exhibit effective personal functioning, releasing positive emotions in difficult situations. Moreover, resilience encompasses coping strategies employed during times of stress, promoting positive adaptations ([Grygorenko & Naydonova, 2023](#)).

Psychosocial resilience is a process of adapting positively, of continuing to develop personally in response to adversity and change, rather than a stable goal to be reached. It involves dynamic interactions between a person and their wider social, physical, and cultural environments, as well as a range of individual characteristics and individual reactions to acute or chronic stressors ([Szabó, 2020](#)).

Wellbeing: Wellbeing encompasses holistic health and the journey towards achieving it. It encompasses physical, emotional, social, and cognitive aspects of health. Wellbeing includes factors such as having a meaningful social role, experiencing happiness and hopefulness, adhering to locally defined values, fostering ([Szabó, 2020](#)) positive social relationships, having supportive environments, developing positive life skills to cope with challenges, and accessing quality services. The Alliance and Church of Sweden identify seven key dimensions of well-being: biological, material, social, spiritual, cultural, emotional, and mental. Social and emotional learning (SEL) refers to the process of acquiring core competencies to recognize and manage emotions, set and achieve goals, empathize with others, foster positive relationships, make responsible decisions, and handle interpersonal situations constructively. SEL aims to cultivate qualities like self-awareness, emotional literacy, cognitive flexibility, improved memory, resilience, persistence, motivation, empathy, social and relationship skills, effective communication, listening skills, self-esteem, self-confidence, respect, and self-regulation ([Ruggeri, 2020](#)).

Psychosocial well-being refers to the combination of psychological and social factors that contribute to an individual's overall sense of happiness and satisfaction with life. It includes aspects such as emotional regulation, social support, self-esteem, and a sense of purpose. The concept of psychosocial well-being is important because it has been linked to better physical health outcomes, increased resilience, and improved quality of life ([Dhanabhakym & Sarath, 2023](#)).

Psychological Resilience has been characterized by the ability to bounce back from negative emotional experiences and by flexible adaptation to the changing demands of stressful experiences. Resilience is a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma. This term does not represent a personality trait or an attribute of the individual. Rather, it is a two-dimensional construct that implies exposure to adversity and the manifestation of positive adjustment outcomes. Resilience embodies the personal qualities that enable one to thrive in the face of adversity. Resilience is a multidimensional characteristic that varies with context, time, age, gender, and cultural origin, as well as within an individual subjected to different life circumstances ([Tugade & Fredrickson, 2004](#)).

Disability: The CRPD is a global framework that defines disability as long-term impairments hindering full societal participation due to various barriers. It adopts the social model, which shifts focus from individual impairments to societal factors contributing to disability. This

model recognizes the psycho-emotional impact of impairments and emphasizes the need to reduce environmental obstacles. However, local perspectives on disability may still be influenced by previous models, and cultural stigmas contribute to discrimination and marginalization of individuals with disabilities. Misconceptions and beliefs associating disability with misfortune or witchcraft lead to social isolation and further hinder the development and self-esteem of people with disabilities ([Kabuta, 2014](#)).

According to [Blattman and Miguel \(2010\)](#), conduct a comprehensive literature review on the theoretical aspects of civil war, outlining three main theories that form the basis of much theoretical literature. These theories include viewing rebellion as a means to compete for economic opportunity (resources), a bargaining model involving negotiations between the elite and the poor, with the potential for revolt leading to violent conflict, and the formation of rebel groups through incentives, coercive recruitment, or leaders tapping into 'ethnic nationalism. like rational decision-makers, assess the costs and benefits of joining a rebellion, including the opportunity cost of foregone wage-earning hours. Theoretical literature highlights factors such as low income, poverty, state failure, weak institutions, social divisions, and economic underdevelopment as contributors to the onset of civil war ([Fearon & Laitin, 2003](#)). Stewart (2002) argues that civil war can result from increasing inequality among groups, administrative system failure weakening state authority, and a decline in the powerful groups' capability to accrue additional economic benefits, leading to insecurity and breakdown of central authority. According to [Blattman and Miguel \(2010\)](#), conclude that low income and slow growth can lead to the outbreak of civil war and emphasize that non-inclusive development may also contribute to conflict.

The author, [Murdoch and Sandler \(2004\)](#), examine the impact of conflict on both the affected country and its neighboring nations. They find that conflict has a negative effect on the short-term growth of the involved country, and this impact extends to neighboring countries, albeit less prominently in the long run. The spillover effects from a conflict-ridden country can significantly harm living standards in neighboring nations, particularly those sharing longer adjoining borders. According to [Abadie and Gardeazabal \(2003\)](#), study on the conflict in the Basque region supports these findings, revealing that other regions experienced adverse effects on their economy as overall foreign investment declined in all Spanish regions. However, the Basque region, in comparison to others, observed relatively low growth during the studied period.

Disability and poverty are intricately connected, with poverty serving both as a contributing factor to disability and an outcome of it. Poverty conditions elevate the likelihood of disability. Investigation into poverty and disability. The study indicates that impoverished households lack adequate access to food, basic sanitation, and preventive healthcare. Lactating mothers who are undernourished are more likely to give birth to low-birth-weight babies, increasing the risk of these infants contracting severe diseases compared to healthier babies. Additionally, the lack of accessible and effective healthcare further exacerbates the impact of diseases, potentially transforming a treatable condition into a permanent disability. Consequently, individuals in poverty often reside in substandard housing and engage in riskier occupations. Malnutrition resulting from economic hardship can not only lead to disability but also heighten vulnerability to other debilitating illnesses ([Elwan, 1999](#)).

Category of Disability

The dominant types of disability can vary depending on factors such as the population and context. However, globally recognized dominant types of disability include visual impairments, hearing impairments, mobility impairments, intellectual disabilities, and psychiatric or mental health disabilities. Visual impairments encompass blindness and low vision, while hearing impairments include deafness and hearing loss. Mobility impairments refer to physical disabilities that affect mobility, such as paralysis and limb amputations. Intellectual disabilities involve significant limitations in cognitive functioning and adaptive behaviour. Psychiatric or mental health disabilities include conditions like depression, anxiety disorders, and schizophrenia. It's important to note that these categories are not exhaustive, and there are other types of disabilities that exist. The prevalence and prominence of specific types of disabilities can also vary across populations and regions ([Endale & Tolossa, 2017](#)).

Physical Disability: Physical disability involves restrictions or difficulties in a person's functioning, often caused by impairments or physical conditions. According to the [WHO \(1980\)](#), Physical disability refers to limitations in a person's functioning resulting from the interaction between an individual's impairment and the barriers present in their environment. Disability is also defined as "a limitation in the ability to perform tasks or activities due to a physical condition, injury, or impairment."

Impairment and Handicap

Global perspectives on disability prompted collaborative efforts by international agencies, including the WHO, to establish comprehensive definitions according to [WHO \(1980\)](#), which

defined impairment, disability, and handicap. However, criticism arose due to the implication that impairment automatically led to restricted activities, potentially absolving governments of their responsibility to ensure equal opportunities. Disparities in disability rates between developed and developing countries further complicate measurement and definition. Scholars and activist groups proposed alternative models, with the social model gaining prominence as a response to the medical model ([Hinton, 2017](#)).

Coping mechanisms Coping refers to methods or strategies used to deal with stress, trauma, pain, and life changes. Some coping mechanisms are unconscious, while others are consciously learned skills to reduce stress. People may have different levels of effectiveness in coping with their problems. Coping can be positive or negative, with some mechanisms increasing stress due to a failure to address its underlying causes. Coping serves two purposes: problem-focused coping aims to solve the problem, while emotion-focused coping aims to reduce emotional reactions or tension. People's coping reactions can vary between different stressful events, and they often face multiple stressors simultaneously. Coping involves managing behaviours and thoughts, influencing person-environment interactions ([Desalegn et al., 2023](#)).

2.2 Theoretical Literature Review

The psychosocial resilience of disabled individuals with physical impairments in conflict-affected contexts is a critical area of research that necessitates a comprehensive examination of existing theoretical frameworks and empirical studies. This literature review aims to explore key theoretical perspectives and empirical evidence on psychosocial resilience among disabled individuals with physical impairments in the context of conflict. By synthesizing relevant literature, this review seeks to establish a theoretical foundation for the proposed research and identify gaps that can guide further investigation. Some famous theories and theoretical frameworks that can be relevant to this topic include:

2.2.1 Social Ecological Model

This model emphasizes the interaction between individuals and their social environments, exploring how personal, interpersonal, community and societal factors influence resilience. The Social Ecological Model (SEM) is a theoretical framework that examines the complex interplay between individuals and their surrounding social environments. It recognizes that human behavior and well-being are influenced by multiple levels of interaction, ranging from personal factors to broader societal factors. The SEM provides a comprehensive perspective

for understanding the resilience of disabled individuals with physical impairments in the context of conflict ([Espelage & Swearer, 2009](#)).

According to the Social-Ecological Model (SEM), an individual's experiences and outcomes are influenced by interconnected levels. At the individual level, personal characteristics like age, gender, disability type, and coping strategies shape resilience and adaptation. The interpersonal level considers the impact of relationships and social support systems, with family, friends, caregivers, and support networks playing a role in providing emotional, instrumental, and informational support. The community level examines community characteristics, including cultural norms, social networks, and available resources, and how they contribute to resilience through support, inclusive policies, and accessible services. Finally, the societal level encompasses broader social and cultural factors, such as government policies, laws, and societal attitudes, recognizing that societal barriers and discrimination can affect the psychosocial well-being and resilience of disabled individuals ([Espelage & Swearer, 2009](#)).

2.2.2 Stress and Coping Theories

These theories examine how individuals perceive and respond to stressors, including the strategies and resources they use to cope with adversity. Stress and Coping Theories provide a framework for understanding how individuals perceive and respond to stressors, including the strategies and resources they use to cope with adversity. These theories are relevant to examining the psychosocial resilience of disabled individuals with physical impairments in the context of conflict. Some key stress and coping theories that can be applied under Stress and Coping Theories includes ([Krohne, 2002](#)).

Lazarus and Folkman's Transactional Model of Stress and Coping: This theory posits that stress is a result of the transaction between individuals and their environment. It emphasizes the importance of cognitive appraisal, where individuals assess the meaning and significance of a stressful event. Coping strategies are then employed to manage the perceived stress. Lazarus and Folkman identified two main coping strategies: problem-focused coping (addressing the stressor directly) and emotion-focused coping (managing emotional responses to the stressor) ([Lazarus & Folkman, 1984](#)).

The Conservation of Resources Theory: This theory suggests that individuals strive to obtain, retain, and protect their resources. Stress occurs when there is a loss or threat to these

resources. Coping efforts focus on resource acquisition or preservation, as well as managing stressors that deplete resources. For disabled individuals with physical impairments in conflict settings, this theory can help understand how they cope with the loss of physical functioning or access to support systems ([Hobfoll, 1989](#)).

The Psychological Capital Theory: this theory focuses on the positive psychological resources that individuals possess, including self-efficacy, optimism, hope, and resilience. These resources can shape an individual's response to stressors, influence their coping strategies, and contribute to their ability to bounce back from adversity. Applying this theory can shed light on the strengths and positive attributes of disabled individuals with physical impairments in conflict contexts ([Luthans, 2006](#)).

2.2.3 Disability Studies Theory

Disability Studies is an interdisciplinary field of study that examines disability as a social, cultural, and political phenomenon. It seeks to challenge societal perceptions and norms surrounding disability, promote inclusivity, and empower disabled individuals. Disability Studies explores the experiences, identities, rights, and social constructions of disability ([Connor, 2008](#)).

Social Construction of Disability: Disability Studies emphasizes that disability is not solely an individual medical condition but is shaped by social and cultural factors. It recognizes that disability is a result of the interaction between impairments and the physical, attitudinal, and environmental barriers that society imposes. This perspective highlights the importance of creating inclusive and accessible environments ([Michael, 1990](#)).

Disability Rights and Advocacy: Disability Studies examines disability from a human rights perspective, emphasizing the rights and dignity of disabled individuals. It explores the social and legal frameworks that protect and promote the rights of disabled people, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) ([Lawson & Gooding, 2005](#)).

Intersectionality and Disability: Disability Studies recognizes that disability intersects with other social categories such as gender, race, class, and sexuality. It explores how these intersecting identities influence the experiences and discrimination faced by disabled individuals, highlighting the importance of an intersectional approach to understanding disability ([Davis, 1999](#)).

2.2.4 The Resilience Theory

The Resilience Theory is a prominent theory that seeks to understand why some individuals are able to adapt and thrive in the face of adversity, while others struggle to do so. It emphasizes the dynamic nature of resilience and the factors that contribute to positive adaptation ([Carlson et al., 2012](#)). The following are some key aspects of the Resilience Theory:

Protective Factors: The Resilience Theory highlights the importance of protective factors that buffer individuals from the negative effects of stress and adversity. These factors can include personal attributes (e.g., self-esteem, problem-solving skills), social support networks (e.g., family, friends), and external resources (e.g., access to education, healthcare). Protective factors help individuals navigate challenges and enhance their capacity to cope effectively ([Masten & Obradovic, 2008](#)). **Adaptive Systems:** Resilience is viewed as a dynamic process that involves interactions among multiple systems, including individuals, families, communities, and societies. These systems are interconnected and influence each other's resilience. Adaptive systems theory recognizes that resilience is not solely an individual trait but a product of complex interactions between individuals and their environments ([Luthar, 2000](#)).

Positive Developmental Outcomes: Resilience theory focuses not only on bouncing back from adversity but also on positive developmental outcomes. It recognizes that resilient individuals have the potential to grow, learn, and thrive despite challenging circumstances. Resilience is associated with positive psychological well-being, academic and occupational success, and healthy relationships ([Masten & Cicchetti, 2016](#)). **Contextual Influence:** The Resilience Theory acknowledges that resilience is shaped by the sociocultural and environmental contexts in which individuals live. Factors such as socioeconomic status, cultural norms, and access to resources can influence an individual's ability to cope with adversity and adapt successfully ([Ungar, 2011](#)).

2.3. Empirical Literature Review

In the context of conflict situations, the psychosocial resilience of disabled individuals with physical impairments has been explored in the academic literature. Additional workplace stressors and social stressors, such as bullying, stereotype treatments, toxic environments, social adequacy, self-image presentation, consumer stress, prejudice, and mistreatment, have been identified as factors that impact their well-being. Research has shown a negative

relationship between stress and well-being, emphasizing the significance of health equity. Discrimination and lack of power are recognized as contributing factors to health inequity ([Wolbring & Escobedo, 2023](#))

The author by ([White, 2008](#)), by the result shows that resilience is a concept within the field of positive psychology that focuses on identifying an individual's strengths when confronted with adversity, rather than focusing on weaknesses such as depression or anxiety. While there is no universal definition, resilience is generally understood as a multidimensional construct encompassing behaviors, thoughts, and actions that can be developed over time. Research on resilience has largely examined various populations, including children and older adults. However, there is a lack of literature specifically exploring resilience in individuals who have experienced traumatic injuries. The intersection of resilience and rehabilitation presents a promising area of research, as individuals face significant adversity after injury, dealing with both the trauma of the injury and resulting impairments.

According to the author by [Tesfaw et al. \(2022\)](#), the result shows that emotional-focused coping strategies are most frequently used when dealing with psychological distress among physically disabled participants. The most frequently used coping strategy was spirituality coping from emotional-focused subscales.

According to the author [Wariyo \(2016\)](#), the results show that the children tended to hold a relational view about the disability situation in which they live. They viewed their disability situation as a 'difference' from able-bodied children basically in terms of physicality/body, in terms of mobility and everyday activity performance. The children also made a point that growing up with disability has rendered them powerlessness, marginalization and lower social status among their able-bodied peers, in family and community. They reported negative societal attitudes and environmental challenges/poor infrastructure as the major barriers to their everyday lives. There was a widespread negative societal attitude about disability, which the children themselves also tend to reproduce, although their perspectives of the disability situation in which they live were changing and varied based on various factors. Disability was viewed by most people as God's punishment or as caused by elders' curses or evil spirits. The study titled "Psychosocial Resilience and Coping Strategies of People with Disabilities in Ethiopia" by [Bete et al. \(2024\)](#), aims to investigate and shed light on several important aspects related to psychosocial resilience and coping strategies among individuals with disabilities in Ethiopia. The study likely identified factors that contribute to psychosocial resilience, such as personal strengths and social support systems. It may have also examined the utilization of

adaptive coping mechanisms by individuals with disabilities to navigate challenges and promote their psychological well-being. The findings of the study have important implications for the development of disability-related policies, interventions, and support services in Ethiopia.

The study titled "Psychosocial Challenges and Coping Strategies of People with Physical Disabilities in Ethiopia: A Qualitative Study" conducted by ([Xiong, 2022](#)), aims to investigate and provide insights into the psychosocial challenges faced by individuals with physical disabilities in Ethiopia, as well as the coping strategies employed to address these challenges. The author highlights the psychosocial challenges faced by individuals with physical disabilities in Ethiopia. It delves into various aspects, including stigma, discrimination, limited social participation, and emotional well-being. Moreover, the coping strategies employed by individuals with physical disabilities to address these challenges are examined. The author explores adaptive coping mechanisms, resilience factors, and support systems that participants utilize to enhance their well-being and navigate their daily lives effectively. Additionally, it may address the practical implications for policy development, interventions, and support services aimed at improving the psychosocial well-being of individuals with physical disabilities in Ethiopia.

According to the author by ([Silván-Ferrero, 2020](#)), the result of the paper shows that the tested model adequately fit for the data and found that the relationship between internalized stigma and the psychological quality of life of people with physical disability was mediated by resilience. However, neither social identification nor collective action mediated the association between internalized stigma and quality of life among our participants.

The study conducted by [Jones et al. \(2019\)](#), explores the psychosocial well-being and coping strategies of individuals with physical disabilities in the northern part of Ethiopia. The research aims to understand the factors that influence the psychosocial well-being of this population and to identify the coping strategies they employ to navigate their daily lives. The findings of the study reveal several important aspects. Firstly, the psychosocial well-being of individuals with physical disabilities is influenced by various factors, including their social support networks, access to healthcare and rehabilitation services, and their perception of disability. Secondly, the coping strategies employed by participants include acceptance of disability, seeking social support, engaging in activities that promote positive self-identity, and utilizing assistive devices. These coping strategies contribute to their overall well-being and ability to navigate daily challenges. In addition, the author provides valuable insights into the psychosocial well-

being and coping strategies of individuals with physical disabilities in the northern part of Ethiopia. These findings can contribute to a deeper understanding of the experiences of this population and inform interventions and support services aimed at promoting their well-being. In the study conducted ([Yohannes Andragachew, 2022](#)), the prevalence of adequate physical activity among persons with selected disabilities was 34.9%. Being deaf, acquiring a disability, having high physical environment motivators, motivation for physical activity, attitude, and commitment to physical activity were found to be significantly associated with adequate physical activity.

2. 4 Conceptual Framework

The proposed conceptual framework aims to understand the psychosocial resilience of disabled individuals with physical impairments in the context of conflict in Bahir Dar City, Ethiopia. It integrates several key theoretical perspectives and concepts to guide the study. By integrating these frameworks, the research can gain a comprehensive understanding of the psychosocial resilience of disabled individuals with physical impairments in the context of conflict in Bahir Dar City. It will provide insights into challenges, support systems, and interventions to enhance their psychosocial well-being and resilience.

The conceptual framework for this research identifies psychosocial resilience as the dependent variable, reflecting individuals' ability to adapt positively to adversity related to their disability. Several independent variables influence this resilience, including disability-specific factors such as the type and duration of the disability, which can affect coping mechanisms. Socio-economic factors, including employment status and annual income, play a crucial role by providing financial stability and access to resources that enhance resilience. Demographic factors like age, sex, education, marital status, and household size also contribute, as they can influence life experiences, social support systems, and coping strategies. Additionally, the coping mechanisms employed by individuals to manage stress directly impact their psychosocial resilience. This framework serves to clarify how these various factors interact and contribute to resilience in individuals with disabilities, guiding the research effectively.

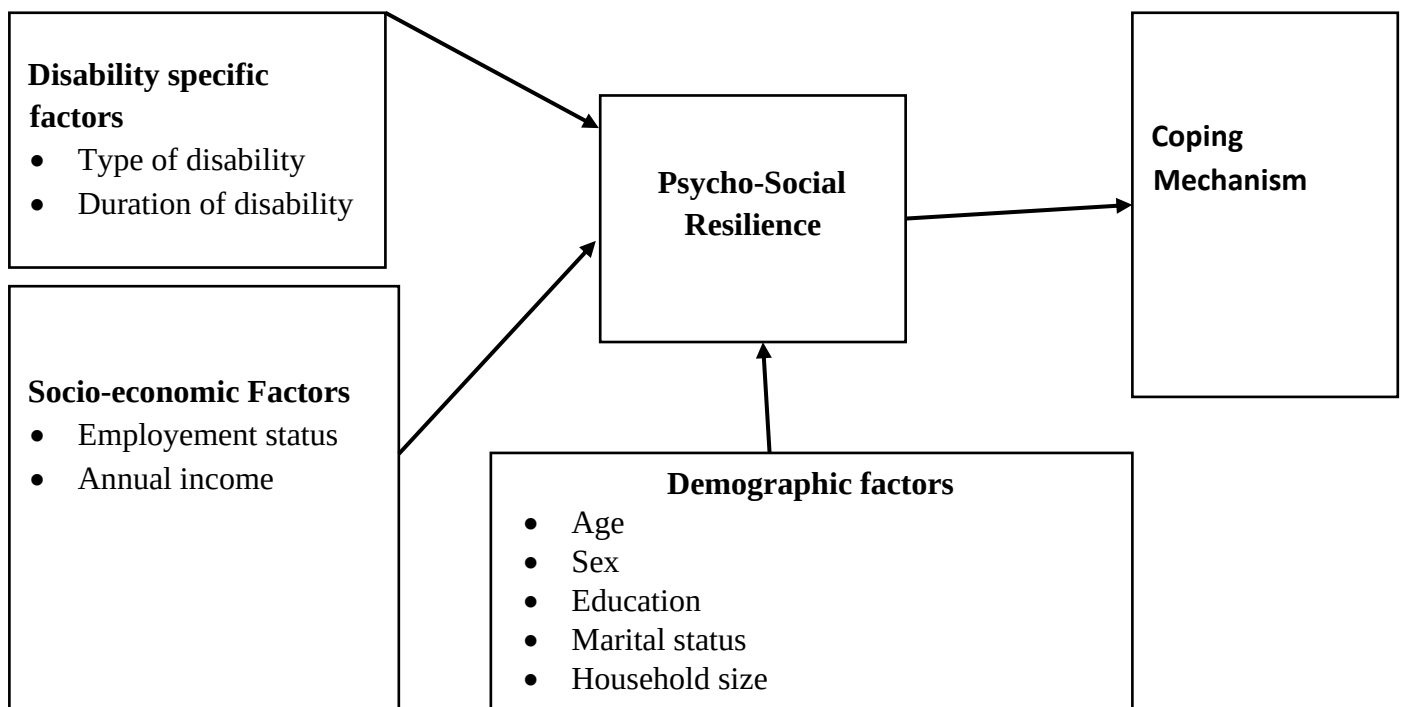


Figure 2. 1 Conceptual Framework of the Study, modified from ([Hundah, Sibiya, & Khoza, 2024](#))

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Description of the Study Area

The study area is Bahir Dar city which is positioned at latitude of 11°36'00" North and longitude of 37°23'24" East. Bahir Dar city is divided into 40 kebeles (3 satellite, 11 rural, and 26 urban) and six sub-cities (Belay-zeleke, Atse-Tewodrose, Dagmawi-Minilik, Fasilo, Hagreselam, and Shume-abo). The average elevation of Bahir Dar city is 1830 m.a.s.l, and the city is far from 565 km from Addis Ababa, Ethiopia ([Abeba, Nega, & Dessalegn, 2020](#)). The town has been the capital of Amhara National Regional State since 1991. Currently, the town covers a total area of 256.4 km². According to the 2023 Population Prediction conducted by the Central Statistical Agency (CSA) of Ethiopia, Bahir Dar city has a total population of 365,957 individuals (183,558 females) lived within the City (CSA, Population Prediction, 2023).

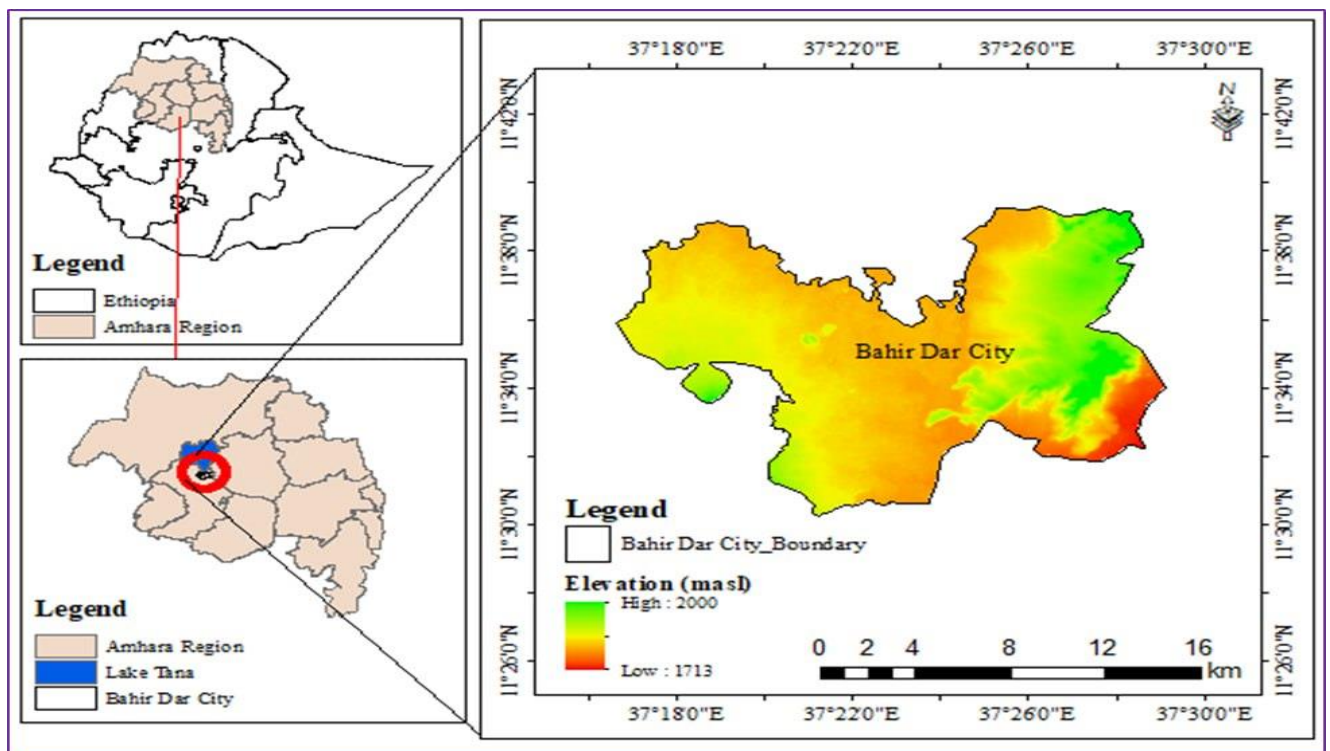


Figure 3. 1 Map of the Study Area:

Source: Google map

3.2 Research Methods

3.2.1 Research Design and Approach

A mixed-methods research design was involve both quantitative and qualitative approaches. The quantitative component was use standardized measures or surveys to gather statistical data on the psychosocial resilience among disabled individuals with physical impairments. It was also explore protective factors and coping mechanisms employed by individuals. The qualitative component was involve in-depth interviews, focus groups, or case studies to delve into the lived experiences, perceptions, and narratives of disabled individuals. This qualitative data was uncover unique psycho-social resilience and the lived experiences faced by individuals, as well as their coping mechanisms ([Schoonenboom & Johnson, 2017](#)). By integrating these quantitative and qualitative approaches, the researcher would gain a deeper and more comprehensive understanding of the multifaceted aspects of psychosocial resilience in the specific context of conflict in Bahir Dar City, Ethiopia.

3.3 Sampling Techniques and Sample Size Determination

3.3.1 Sample Unit and Sampling Frame

For this study, individuals were the units of analysis from whom different data were collected. The sampling frame for this study is the list of physically disabled individuals in the sample sub-cities. Those individuals are disabled and living in the sample sub-cities for at least one year.

3.3.2 Sampling Techniques

The study utilized multi-stage sampling techniques to select the sample individuals. Firstly, Bahir Dar city were purposively selected due to the high number of disabled groups residing in the city (BWSAD, 2024). Secondly, all six sub-cities within Bahir Dar was included in the sample to ensure proper representation during the sampling process. Finally, the systematic random sampling technique was employed to select sample individuals from the total population within all sub-cities of Bahir Dar city. The total sample size of individuals is determined based on the following equation given by Yamane (1967).

$$n = \frac{N}{1+N(e^2)} \quad n = \frac{393}{1+393(0.07^2)} = 134$$

Where = n is sample size; N, is the total number of individuals.

e is the level of precision (in this case 0.07). Sample households was systematically chosen by selecting every k^{th} element of the population, where k is the sampling interval. The first number of the sample is selected randomly from within the first k elements. The lists of individuals in each of the intervals was obtained from the respective kebele administrative office.

3.3.3 Sample Size Determination

Table 3. 1 Sample Size Determination

Bahie Dar city	Total population	Sample Size
Number of People with physical impairments	393	134
Total	393	134

Source: Own Calculation from (2024).

3.4 Sources and Method of Data Collection

Primary data was collected from sample individuals through key informant interviews, focus group discussions, and observations. To examine the psychosocial resilience of individuals with physical impairments in the face of conflict situations, a survey was conducted with 134 samples selected using systematic sampling methods, targeting those who had lived in the city for at least one year. In addition, focus group discussions were held with adult males and females with physical impairments, who were purposively selected from specific sub-cities to generate detailed and comprehensive information. Key informant interviews were also conducted with experts and officials working with disabled individuals, as well as with representatives from government and non-government organizations. Furthermore, direct observations were carried out to cross-check the data obtained from the other data collection sources.

3.4.1 Source of Primary Data

Questionnaire: To generate information at the individual level, a survey questionnaire was employed using structured questionnaires. Before conducting the survey, a questionnaire revision was finalized, and then the trained enumerators was employed to collect the data. The semi-structured questionnaire survey was used to collect information from the sample respondents.

Focus Group Discussion: The recommended size for focus group discussions (FGDs) is 8 to 12 members. In this research, we conducted six FGDs, each comprising eight members selected

from each sample kebele, including respondents from peoples with disabilities. Through these FGDs, the researchers aimed to gather in-depth qualitative information about the perspectives, coping mechanisms, and support systems of the disabled participants concerning their psychosocial resilience. FGDs allow participants to share their stories, challenges, and strategies in their own words, providing rich contextual data that complements and enriches quantitative surveys.

Key Informants' Interviews: Key informants' interviews are a qualitative research method used to gather in-depth insights and perspectives from experts who possess specialized knowledge or expertise relevant to this research topic. The interviews are typically using check list, allowing flexibility for experts to provide detailed explanations and share the unique insights from the disabilities.

Field observation is a valuable research technique that involves directly observing and documenting behaviors, interactions, and contextual factors in a natural setting. It provides firsthand, real-time, and context-specific information, capturing subtle aspects that may not be easily obtained through interviews or surveys. Field observation is particularly useful for understanding the psychosocial resilience of disabled individuals with physical impairment in Bahir Dar city under conflict situations. It allows the researcher to gain a deeper understanding of the social dynamics and cultural influences on resilience. By taking notes during observation, researcher can strengthen the information obtained through other methods and minimize contradictions in the data. Overall, field observation enhances the validity of research data and contributes to a more comprehensive understanding of the topic.

3.4.2 Source of Secondary Data

Secondary data was collected from secondary sources such as published proceedings, journal articles and unpublished documents were used as a reference.

3.5 Method of Data Analysis

3.5.1. Qualitative Data Analysis Techniques

In this research, a combination of thematic analysis was employed to analyze the qualitative data collected on the psychosocial resilience of disabled individuals with physical impairments in the context of conflict. These techniques provide a comprehensive exploration of the experiences, coping strategies, and underlying themes that emerge from the data. By utilizing

these data analysis techniques, this study aims to contribute to the understanding of the psychosocial dynamics and resilience processes of disabled individuals in conflict settings.

Measuring the Lived Experience of Individuals with Physical Impairment

Thematic Analysis: In this research, thematic analysis was employed as a widely used technique to identify and analyze patterns, themes, and concepts within the qualitative data. The researcher was systematically code, categorize, and group the data into themes or patterns, allowing for the identification of recurring ideas, viewpoints, and experiences across the data set. Through thematic analysis, a deeper exploration of the psychosocial resilience of disabled individuals in the context of conflict was facilitated, providing valuable insights into their experiences and coping strategies ([Jnanathapaswi, 2021](#)).

3.5.2 Quantitative Data Analysis

In quantitative data analysis, several commonly used models could be suitable for analysing the data related to the psychosocial resilience of disabled individuals with physical impairments in the context of conflict.

Descriptive Statistics: Descriptive statistics refers to the statistical techniques used to summarize and describe the main characteristics of a dataset. Descriptive statistics were used to display the sociodemographic variables of individuals with disabilities using frequency and percentage, with explanations provided in tables for categorical variables. The mean and standard deviation were used to present self-reported resilience and coping strategy scores by the sociodemographic variables. For continuous variables, the t-test was employed, while the chi-squared test was used for categorical variables to test the differences in psychosocial resilience between the two groups.

Measuring Psycho-Social Resilience of Individuals with Physical Impairment

For measuring the psycho-social resilience of individuals with physical impairment, the Brief Resilience Scale (BRS) model was used. The BRS is a short, 6-item self-report measure that assesses an individual's ability to bounce back or recover from stress. The Brief Resilience Scale is a concise, reliable, and valid tool for assessing the psycho-social resilience of individuals with physical impairments. Its brevity and sound psychometric properties make it a practical and useful choice for researcher and clinicians working in this field.

The Brief Resilience Scale (BRS) is a reliable, valid, and widely used measure of resilience that is particularly well-suited for assessing psycho-social resilience in individuals with physical impairments.

Table 3. 2 Brief Resilience Scale (BRS)

Respond to each statement below by circling one answer per row.		Strongly disagree	disagree	Neutral	Agree	Strongly agree
BRS1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS2	I have a hard time making it through stressful events. (Reverse-scored)	5	4	3	2	1
BRS3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS4	It is hard for me to snap back when something bad happens. (Reverse-scored)	5	4	3	2	1
BRS5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS6	I tend to take a long time to get over set-backs in my life. (Reverse-scored)	5	4	3	2	1

Source: ([Smith et al., 2008](#))

Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30.

Divide the sum by the total number of questions answered (6) for your final score.

Total score: _____ / 6

score: _____ (average)

Table 3. 3 BRS score interpretation

BRS score	Interpretation
1.00 - 2.99	Low resilience
3.00 - 4.30	Normal resilience
4.31 - 5.00	High resilience

Source: [Smith et al. \(2008\)](#)

Based on the categorization of psychosocial resilience (PSR) levels by [Smith et al. \(2008\)](#), where a Brief resilience scale (BRS) score of 1.00 - 2.99 is considered low resilience, 3.00 - 4.30 is normal resilience, and 4.31 - 5.00 is high resilience.

The BRS has demonstrated strong psychometric properties, including good internal consistency, test-retest reliability, and convergent/discriminant validity, across diverse populations. It has been specifically validated for use with individuals experiencing physical disabilities, and its scores have been shown to correlate with relevant psychological outcomes, such as life satisfaction, depression, and anxiety. Furthermore, the BRS's straightforward Likert-type scale makes it easy for participants to understand and complete, enhancing its

feasibility in both research and clinical settings. The widespread use of the BRS also allows for meaningful comparisons of resilience levels across various studies and populations, further strengthening its utility as a tool for assessing psycho-social resilience.

Measuring coping mechanism of Individuals with Physical Impairment

The Coping Inventory for Stressful Situations (CISS) would be the most appropriate measure for assessing the psycho-social coping mechanisms of individuals with physical impairments in conflict situations. The CISS evaluates key coping styles (task-oriented, emotion-oriented, and avoidance-oriented) that are particularly relevant for understanding how this population manages stress and conflict. The measure has been validated for use with physically impaired populations, demonstrating good psychometric properties, and its concise item format makes it a practical and efficient tool for research settings. The CISS is widely used in the literature on coping mechanisms of individuals with physical impairments, allowing for meaningful comparisons of findings across studies. Overall, the CISS appears to be the most suitable and well-validated tool for the specific research question, with responses measured on a 5-point Likert scale where scores above the mean indicate more positive coping strategies ([Feyisa, Merdassa, & Biru, 2022](#)).

To construct an index using the Coping Inventory for Stressful Situations (CISS), the following steps were taken:

Step one: identify the CISS domains, the CISS measures three main coping styles: task-oriented coping, emotion-oriented coping, and avoidance-oriented coping. Each of these styles is represented by a subscale in the CISS instrument. In the second Step: the researcher were used CISS model which consists 9 items, with each item scored on a 5-point Likert scale (strongly disagree to strongly agree). Then for each respondent, calculate the scores for the three CISS subscales by summing the item scores within each subscale. The task-oriented coping subscale has 3 items, the emotion-oriented coping subscale has 3 items, and the avoidance-oriented coping subscale has 3 items. Finally, the researcher create a common scale for the three subscales, standardize each subscale score to construct the CISS index by combining the standardized subscale scores. Therefore, The CISS index with higher values indicating a greater overall use of coping strategies, as measured by the CISS. The index can be used to compare coping profiles across different groups of physically impaired individuals and to examine the relationship between coping and psycho-social resilience.

Measuring Determinant Factors Influencing Psychosocial Resilience of peoples with Physical Impairments.

Binary regression analysis is a statistical model used to examine the relationship between dependent and independent variables. It helps assess the influence of various factors on psychosocial resilience among disabled individuals with physical impairments. The Researcher were used binary regression analysis to identify significant predictors or determinants of resilience in the context of conflict. To analyze the data and examine the individual-level determinants of psychosocial resilience among disabled individuals with physical impairments in Bahir Dar City, Ethiopia, during conflict, binary logit regression model is a suitable regression.

The binary logit regression model is a powerful statistical technique that can be used to investigate the relationship between a binary (two-category) dependent variable and a set of independent variables. In the context of this research objective, the binary dependent variable would be the psychosocial resilience of disabled individuals with physical impairments, where the two categories could be "resilient" and "not resilient."

The model can be expressed mathematically as:

$$\text{logit}(p) = \log(p/(1-p)) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_n X_n$$

Where:

- p is the probability of the dependent variable being in the "resilient" category
- β_0 is the intercept
- $\beta_1, \beta_2, \dots, \beta_n$ are the regression coefficients for the independent variables $X_1, X_2, \dots, X_n$

The independent variables (X 's) in this analysis were represent various determinant factors that might influence the psychosocial resilience of disabled individuals. This information can be valuable for understanding the complex interplay of factors that contribute to the psychosocial resilience of disabled individuals with physical impairments, and for informing the development of targeted interventions and support services to enhance their well-being and quality of life.

Summary of variables and their measurement

Dependent Variable:

The dependent variable is **Psychosocial Resilience**, which is a binary outcome variable. It takes the value of 0 for not resilient and 1 for resilient based on the defined threshold level.

Table 3. 4 Summary of Independent Variables.

No	Variables	Operational definition	Variable type	Measurement
1	age	The age of the individual	Continuous	Year
2	Sex	The sex of the participant	Dummy	0 =female and 1 =male
3	Typesofimpairment	The types of impairment for the participant	Category	1= Paralysis 2=leg impairment 3= hand
4	Durationofimpairment	The duration of the person living with impairment	Continuous	Year
5	Educ	The education status of the participant	Category	0=Not educated 1=informal 2= Primary 3=Secondary School 4= Degree and above 5=Other (Please specify)
6	Employementstatus	The employment status of the participant	Categorical	1=Employed 2= Unemployed 3=Self-employed 4= Retired 5=Other
7	Annualincome	The annual income of the participant	Continuous	Ethiopian Birr (ETB)
8	Maritalstatus	The marital status of the participants	Categorical	1=Married 2=Single 3=Widowed 4=Divorced
9	Household size	The number of family members living with the participant	Continuous	Number

Source:own computation (2024)

Reliability of the Instruments

To use Cronbach's alpha as a data checker, a set of items or questions that measure psychosocial resilience in the context of conflict was collected and scored. By calculating Cronbach's alpha coefficient used to determine the internal consistency of the scale or questionnaire. A high Cronbach's alpha coefficient suggests that the items within the scale or questionnaire are measuring the same construct consistently. according to [Christmann and Van Aelst \(2006\)](#), “the widely accepted minimum standard for internal consistency is .70.” The reliability test (Cronbach’s Alpha) for this study was 0.7738 (see Table 3.5)

Table 3. 5 Result of alpha

Variable	No. of Items	Cronbach's Alpha coefficients
Task oriented	3	0.7491
Emotion oriented	3	0.5114
Avoidance oriented	3	0.5712415
Brief resilience scale	6	0.5590
Total	15	0.7738

Source: own computation (2024)

3.6 Diagnostic Tests of Assumptions of Binary logit regression model

The linearity assumption states that the relationship between the independent variables and the log odds of the dependent variable (psychosocial resilience) should be linear. The multicollinearity assumption requires that the independent variables in the model should not be highly correlated with each other, which can be evaluated using variance inflation factors (VIF). The homoscedasticity assumption states that the variance of the errors (residuals) should be constant across all levels of the independent variables, and this can be assessed using the Breusch-Pagan test. Finally, the absence of influential observations assumption requires that the model should not be overly influenced by a few outliers or influential observations. Verifying these assumptions is crucial for ensuring the validity and reliability of the binary regression model in measuring the determinant factors influencing psychosocial resilience of disabled individuals with physical impairments.

3.7 Multicollinearity Test

In the context of an binary logit regression model analyzing the psychological resilience of disabled persons, testing for multicollinearity is an important diagnostic step. Multicollinearity occurs when two or more independent variables in the model are highly correlated with each other, which can lead to unstable and unreliable parameter estimates.

When independent variables have a high level of correlation with one another, this is referred to as multicollinearity. There is "overlap" or a sharing of predictive power when independent variables are connected. This might have the counterintuitive consequence of making the regression model fit despite itself. Although all of the predictor factors fit the data nicely, none of them significantly affect the prediction of the dependent variable. This is due to the fact that strongly connected predictor variables basically share the same data. Because of this, they

could explain a large portion of the dependent variable when taken as a whole but might not each add much to the model individually. Utilizing the "Tolerance" and "VIF" values for each predictor variable, multicollinearity can be verified. VIF (variance inflation factor) values more than 10 and tolerance values less than 0.10 were recommended. Using the VIF as a gauge of the opposite of the complement of the predictors' inter correlation. A variable with a VIF value greater than 10 that serves as the decision rule denotes the potential presence of a difficulty with multicollinearity. Many studies also employ tolerance, which is defined as $1/VIF$, to assess the degree of collinearity.

A variable's tolerance value of less than 0.1 indicates the potential existence of a multicollinearity problem, according to the decision rule for tolerance (Gujarati, Bernier et al. 2004). Based on the test result below all the variance inflation factor (VIF) values are less than 10 and also all the tolerance value greater than 0.1 therefore, in this model there is no high multicollinearity problem. Multicollinearity problem it is not a matter of existence rather it is a matter of degree.

Table 3. 6 Test of Multicollinearity

Variable	Collinearity statistics	
	VIF	1/VIF
Age	2.99	0.334974
Sex	1.78	0.563287
Duration of impairment	2.26	0.442730
Type of impairment	1.22	0.819716
Education	2.40	0.417317
Annual income	2.19	0.456116
Marital status	1.88	0.531087
Employment status	1.68	0.593938
Household size	2.71	0.368935
Mean of VIF	2.12	

Source: own computation (2024)

The Table 4.6 presents the Variance Inflation Factor (VIF) and its reciprocal ($1/VIF$) for each independent variable in the binary logit regression model. The Mean VIF is also provided, which gives an overall indication of the degree of multicollinearity in the model. The VIF values are all below the commonly used threshold of 5 or 10, suggesting that multicollinearity is not a major concern in this model.

3.8 Ethical consideration

In conducting this study on the psycho-social resilience of people with physical disabilities in the context of conflict in Bahir Dar City, Ethiopia, several ethical issues were addressed to ensure research integrity and adherence to Bahir Dar University's ethical standards.

Participants were fully informed about the study's purpose, objectives, and procedures, with an emphasis on transparency. Written informed consent was obtained to ensure voluntary participation, and participants retained the right to withdraw at any time without negative consequences. Strict confidentiality and anonymity were maintained, with personal identifiers removed and data securely stored to protect participants' privacy. The thesis aimed to minimize any potential harm or discomfort, particularly when discussing sensitive topics related to disability and conflict experiences, and respected the cultural norms, values, and unique experiences of individuals with disabilities. The researcher disclosed any potential conflicts of interest, ensuring impartiality throughout the study. The thesis was reviewed and approved by Bahir Dar University's Ethical Review Board to ensure compliance with all ethical guidelines. The data collected was used solely for this study, and any future use would require additional ethical approval and participants' informed consent. Through these measures, the study aimed to uphold high standards of ethical responsibility, ensuring participant safety, respect, and dignity.

CHAPTER FOUR: RESULT AND DISCUSSION

4.1 INTRODUCTION

This study examines the demographic and socioeconomic characteristics of a sample of respondents and analyzes the econometric results of this data. Section one provides an overview of the key demographic and socioeconomic factors of the sample, such as age, sex, income, and education level. section two presents the econometric analysis and results, using binary logit regression models for determinant and brief resilience scale for level of resilience. Together, these two sections offer a comprehensive look at the sample population and the statistical inferences that can be drawn from the data collected.

4.2 Demographic and socioeconomic characteristics of the sample participants

Sex: The results (Table 4.1) show that 58.6% of females were categorized as not resilient, while 41.3% were categorized as resilient. In comparison, 68.4% of males were categorized not resilient, while 31.5% were categorized resilient. The chi-square test indicates that the difference in psychosocial resilience (PSR) levels between males and females is not statistically significant, which is considered not significant (NS).

Marital status: The results in (Table 4.1) show that marital status is significantly associated with psychosocial resilience levels. Among the participants, 52.9% of married individuals were not resilient, while 47% were resilient. In contrast, 79.3% of single individuals were not resilient, and only 20.6% were resilient. Similarly, 76.4% of divorced individuals were not resilient, with 23.5% being resilient. Interestingly, all widowed individuals (100%) were found to be resilient. The chi-square test indicates that the difference in psychosocial resilience (PSR) levels across marital status is statistically significant difference at 1% level.

Education status: The results in (Table 4.1) indicate that education status is significantly associated with psychosocial resilience levels. Among the participants, 52% of individuals with no formal education were not resilient, while 48% were resilient. On the other hand, all individuals with informal education (100%) were found to be resilient. Looking at the different education levels, 70% of those with primary education were not resilient, with 30% being resilient. Similarly, 60% of individuals with secondary education were not resilient, while 40% were resilient. Interestingly, a higher percentage of individuals with a degree or above (75%) were not resilient, with only 25% being resilient. Furthermore, all individuals with "other" education (100%) were found to be not resilient. The chi-square test indicates that the

difference in psychosocial resilience (PSR) levels across education level were statistically significant difference at 5% level.

Physical impairment: The results in (Table 4.1) indicate that the type of physical impairment is significantly associated with psychosocial resilience levels. Among the participants, a majority of individuals with paralysis (80.9%) were not resilient, while only 19% were resilient. In contrast, 57.1% of individuals with leg impairment were not resilient, and 42.8% were resilient. Individuals with hand impairment showed a more balanced distribution, with 50% being not resilient and 50% being resilient. The chi-square test indicates that the difference in psychosocial resilience (PSR) levels across physical impairment were statistically significant difference at 5% level. A participant shared that,

Since the war began, I have been confined to my home because of my disability. I feel helpless because I cannot even access the basic resources I need. Such response insights explain the higher non-resilience rates among individuals with paralysis.

Employment status: The results in (Table 4.1) reveal that employment status is significantly associated with psychosocial resilience levels. Among the participants, 50% of employed individuals were not resilient, while the other 50% were resilient. In contrast, all unemployed individuals (100%) were found to be not resilient. For self-employed individuals, 57.8% were not resilient, and 42.1% were resilient. A higher percentage of students (82.6%) were not resilient, with only 17.3% being resilient. Interestingly, all retired individuals (100%) were found to be resilient. Regarding individuals with "other" employment status, 75% were not resilient, while 25% were resilient. The chi-square test indicates that the difference in psychosocial resilience (PSR) levels across employment status were statistically significant difference at 1% level. One participant from the FGDs mentioned as

Having a job helped me stay focused on something other than the war. It gave me a routine and a reason to keep going.

Table 4. 1 Descriptive results of the categorical variables with dependent variable (psychosocial resilience)

Variable		psychosocial resilience level (PSR)						
		Not resilience		Resilience		Total		Chi2 -value (probability)
		Obser.	Percent	Obser.	Percent			
Sex	Female	34	58.6	24	41.3	58	100	0.241NS
	Male	52	68.4	24	31.5	76	100	
	Total	86	64.1	48	35.8	134	100	
Marital status	Married	27	52.9	24	47.0	51	100	0.000***
	Single	46	79.3	12	20.6	58	100	
	Divorced	13	76.4	4	23.5	8	100	
	Widowed	0	0	8	100.0	17	100	
	Total	86	64.1	48	35.8	134	100	
Education status	Not educated	13	52.0	12	48.00	25	100	0.024**
	informal education	0	0.0	4	100.0	4	100	
	Primary	28	70.0	12	30.0	40	100	
	Secondary	18	60.0	12	40.0	30	100	
	Degree and above	24	75.0	8	25.0	32	100	
	Other	3	100.0	0	0.0	3	100	
	Total	86	64.1	48	35.8	134	100	
Type of physical impairment	Paralysis	34	80.9	8	19.0	42	100	0.022**
	Leg impairment	48	57.1	36	42.8	84	100	
	Handi impairment	4	50.0	4	50.0	8	100	
	Total	86	64.1	48	35.8	134	100	
Employment status	employed	4	50.0	4	50.0	8	100	0.004***
	unemployed	7	100.0	0	0.0	7	100	
	Self-employed	44	57.8	32	42.1	76	100	
	Student	19	82.6	4	17.3	23	100	
	Retired	0	0.0	4	100.0	4	100	
	Other	12	75.0	4	25.0	16	100	
	Total	86	64.1	48	35.8	134	100	

Source: own computation (2024)

Age: The results in (Table 4.2) show that age is significantly associated with psychosocial resilience (PSR) levels. Individuals who were not resilient had a mean age of 34.9 years with standard deviation of 10.6, while those who were resilient had a mean age of 40 years with standard deviation of 12.8. The difference in age between the two groups is statistically significant at 5% level of significance. This suggests that older individuals are more likely to be resilient compared to their younger counterparts.

Annual income: The results in (Table 4.2) indicate that annual income is significantly associated with psychosocial resilience levels. The mean annual income for individuals who were not resilient was 26,813.9 ETB with a standard deviation of 25,668.2 ETB), while for those who were resilient, it was 39,000 ETB with a standard deviation of 18,385.9 ETB. The difference in annual income between the two groups is statistically significant at 1% level of significance. This suggests that higher annual income is associated with greater psychosocial resilience. Individuals with higher incomes may have more resources and support systems, which could contribute to their ability to cope with challenges and maintain resilience.

Duration of the impairment: The results in (Table 4.2) show that the duration of the impairment is significantly associated with psychosocial resilience levels. The mean duration, in years, for individuals who were not resilient was 10.093 with a standard deviation of 5.820, while for those who were resilient, it was 13.8333 with a standard deviation of 8.249. The difference in duration between the two groups is statistically significant at 1% level of significance. This suggests that individuals who have experienced their condition or situation for longer durations are more likely to be resilient. Longer exposure to the challenges they face may have enabled them to develop coping strategies and adaptability, contributing to their higher levels of psychosocial resilience.

Household size: The results in (Table 4.2) indicate a trend towards a relationship between the number of dependents and psychosocial resilience levels. The mean number of dependents for individuals who were not resilient was 1.848 with a standard deviation of 1.655, while for those who were resilient, it was 2.5 with a standard deviation of 2.1. The difference in the number of dependents between the two groups is marginally significant at 10% level of significance. This suggests that individuals with a greater number of dependents may be more likely to exhibit higher levels of psychosocial resilience. Having a larger support system or a greater sense of responsibility for others could contribute to the development of coping mechanisms and adaptability, which are key aspects of resilience. While the statistical significance is only marginal, the trend observed warrants further investigation into the potential relationship between the number of dependents and an individual's ability to maintain resilience in the face of challenges.

Table 4. 2 Descriptive statistics of continuous variables of sample respondents

Variable	psychosocial resilience level (PSR)										
	not resilience			Resilience			Total				
	Mean	Std	Ob ser .	Mea n	Std	Ob ser	Mean	Std	Obser .	t- value	p-value
Age	34.9	10.6	86	40	12.8	48	36.7	11.7	134	-2.4331	0.0163* *
Annual income	26813.9	25668.2	86	39000	18385.9	48	31179.1	23977.7	134	-3.0594	0.0027* **
Duration	10.093	5.820	86	13.8	8.2	48	11.4	6.9	134	-2.8982	0.0044* **
Household size	1.848	1.655	86	2.5	2.1	48	2.0	1.8	134	-1.9509	0.0532*

Source: own computation (2024)

4.3 Lived Experience of peoples with physical impairment of sample respondents

4.3.1 Introduction

Individuals with physical disabilities often face significant challenges in conflict zones, where existing barriers and vulnerabilities are exacerbated. Insights from participants, key informant interviews, and focus group discussions revealed the following qualitative research findings regarding the impact of the conflict, lived experiences, levels of residence, coping strategies, as well as future outlooks and recommendations expressed by people with physical disabilities in Bahir Dar town during conflict situations using thematic analysis of qualitative data analysis methods.

4.3.2 Impact of Conflict on Daily Life and Psychosocial Well-being Theme

According to the FGD participants, the conflict has had a significant impact on their daily lives and psychosocial well-being. An adult male participant in the FGD explained, "The imposed restrictions on road movement have significantly disrupted my life in Bahir Dar." This sentiment was echoed by an adult female FGD participant, who stated, "The war has created obstacles, such as the lack of humanitarian aid, limited internet access, and security concerns." Basha (the real name is changed for this research), who works in Bahir Dar city Women, Children, and Social Affairs Department social affairs desk, stated:

"People living with disabilities have been seriously affected by the conflict. Before the war, they were at least able to obtain their daily necessities relatively

stable by requesting support from the local community, friends, and other social support systems like churches and mosques. However, now it is difficult for them to get this support in the current insecure situations, which has led them to become very destitute and challenging for them to meet their daily subsistence needs."

The psychosocial toll of the conflict was also emphasized by the participants. As an adult male participant expressed,

The psychosocial toll of the conflict has been immense, leading to heightened stress and emotional challenges.

This was further elaborated by an adult female FGD participant, who shared,

The war has deeply affected us on a psychosocial level, permeating through various aspects of our lives, including social interactions, economic stability, and cultural well-being.

The participants have grappled with the psychological and emotional toll of the conflict. One participant whose name is changed for this research Alemu, (Bahir Dar city Gish Abay Sub city Physically Impaired People's Association), acknowledged the challenges faced, noting,

Wealth is not a guarantee for life during this time of war.

This sense of vulnerability and uncertainty has been a consistent theme. Another participant, Abebe (the name is changed for this research) (from Bahir Dar city Physically Impaired People's Association), also discussed the emotional impact, stating,

The loss of a friend during the conflict has been deeply stressful and psychologically affecting.

4.3.3 Coping Mechanisms and Resilience Strategies Theme

In response to the adversities brought about by the war, the participants have employed various coping mechanisms and resilience strategies. As an adult female FGD participant explained,

In response to the adversities brought about by the war, I have been implementing prudent approaches to manage my limited income and ensure survival.

Another adult female FGD participant highlighted the importance of continuous learning, fostering supportive relationships, and creating a nurturing environment as key to resilience, stating,

Continuous learning, fostering a supportive relationship with my wife, and creating a nurturing environment" are key to resilience.

According to Alemu, the KII participant, shared his strategies for coping with the challenges,

To cope with the challenges, I have relied on various strategies, such as reading books, praying, visiting supportive friends, and utilizing my skills in handicrafts and electronics repair.

He also mentioned,

I have also tried to manage my resources wisely, such as cooking at home instead of hiring a worker, and adjusting my daily activities to maintain a sense of independence and resilience.

According to Ato Bekele (the name is changed for this research) from Bahir Dar city Physically Impaired People's Association also expressed a strong sense of resilience, stating,

The best way to cope is through social cohesion. We must stand together as a community.

He highlighted the crucial role of the community and the church in supporting him and his physically impaired friends during the war. This emphasis on social connectedness and collective resilience has been a key factor in their ability to navigate the challenges.

4.3.4 Role of Community Support and Humanitarian Organizations Interventions

The participants also emphasized the crucial role of community support and NGO interventions in their resilience. Adane, the participant, stated,

The NGOs have been instrumental in providing various forms of support, including training, assistance for persons with disabilities, and capacity building.

He further elaborated,

The government of Amhara has also collaborated with the Red Cross to provide assistive devices such as wheelchairs and crutches to persons with disabilities.

4.3.5 Future Aspirations and Recommendations

Looking ahead, the participants have provided valuable recommendations for improving the lives of individuals with physical impairments in conflict situations. According to the response from the participant Abebe, emphasized the need for

Further improvements in the design and technology of assistive devices, such as electric wheelchairs and advanced crutches, to better meet the needs of persons with disabilities.

They also highlighted the importance of addressing the housing situation, as the

Current accommodations are not fully compatible with the needs of persons with disabilities.

Generally, this qualitative study has shed light on the lived experiences and psychosocial resilience of the KII participants individuals with physical impairments navigating the ongoing conflict in their region. Their narratives have highlighted the profound impact of the conflict on their daily lives, the psychological and emotional challenges they face, and the coping mechanisms they have developed. Importantly, the study has also revealed the critical role of community support, humanitarian aid, and the participants' resilience in their ability to navigate these unprecedented circumstances. The insights gained from this research can inform policymakers, humanitarian organizations, and local communities to better support and empower individuals with physical impairments during times of conflict.

The participants in this discussion provided several key recommendations that could meaningfully improve the lives of individuals with physical impairments living in conflict zones. These include:

Improving accessibility of infrastructure and services:

Ensure that shelters, hospitals, water/sanitation facilities, and other critical infrastructure are designed and constructed to be accessible for those with physical disabilities.

This includes features like ramps, wide doorways, and accessible bathrooms.

Provide assistive devices like wheelchairs, crutches, and prosthetics to those in need, and ensure these are available and maintained. Train humanitarian aid workers on providing inclusive, accessible services to those with physical impairments. 32-year-old male responden.

Enhancing protection and security measures:

“Implement robust evacuation plans that account for the needs of those with physical disabilities during emergencies and attacks. Increase security and monitoring around facilities serving those with impairments to prevent attacks and abuse. Ensure people with disabilities have safe, accessible routes to reach protection and receive medical care.” 37-year-old female responden.

Expanding economic and educational opportunities:

“Provide vocational training, job placement assistance, and income-generating programs tailored to the needs and abilities of those with physical disabilities. Ensure inclusive access to schools, universities, and remote learning options for students with physical impairments. Offer rehabilitation services, physical therapy, and assistive technology to help maximize independence and economic self-sufficiency.” 24-year-old male responden.

Strengthening community support and inclusion:

“Engage local disabled persons' organizations to better understand community needs and priorities. Conduct public awareness campaigns to reduce stigma and promote the rights and inclusion of persons with physical disabilities. Establish support networks and peer mentorship programs to provide social, emotional, and practical assistance. Implementing these recommendations would require a multi-pronged approach involving coordination between humanitarian organizations, government agencies, civil society groups, and the affected communities themselves.” 41-year-old male responden.

According to the response from the participants in general the following Key steps could include:

Allocating dedicated funding and resources to improve accessibility and disability inclusion in crisis response plans and reconstruction efforts. Developing clear accessibility standards and guidelines for infrastructure, services, and emergency protocols. Training humanitarian staff on disability-inclusive practices and ensuring they have the knowledge and tools to support those with physical impairments. Partnering with disabled persons' organizations to ensure programs and initiatives are community-driven and responsive to local needs. Collecting comprehensive data on the demographics, needs, and experiences of persons with physical disabilities in conflict zones to inform evidence-based policymaking.

4.4. Measuring the level of psychosocial resilience of peoples with physical impairment

Based on this categorization the result in Table 4.3 shows that the Low resilience 64.18% (86 person) of the total sample, were categorized as having low resilience. This indicates that the majority of the sample more than 64% has a low¹ level of psychosocial resilience, with a BRS score between 1.00 and 2.9. the table result also shows that normal² resilience 35.82% (48 person) of the total sample, were categorized as having normal resilience. This suggests that a

smaller proportion of the sample (around 36%) has a normal level of psychosocial resilience, with a BRS score between 3.00 and 4.30. These findings were corroborated by the responses from the FGDs:

The war has made it really difficult to recover from anything. Every time I think things might get better, something else happens. These response insights explain why the majority of the sample fell into the low resilience category.

In general, the results show that the majority of the sample (64.18%) has not psychosocial resilience, while a smaller proportion (35.82%) has resilience of psychosocial resilience. The absence of individuals in the high resilience category suggests that none of the participants in the sample were characterized as having a high level of psychosocial resilience. One key factor may be the significant challenges and adversities faced by physically impaired individuals in the local context. Bahir Dar, like many developing urban centers, likely presents numerous socioeconomic, environmental, and accessibility barriers that can hinder the development and maintenance of high levels of psychosocial resilience. Factors such as limited access to specialized healthcare, rehabilitation services, education and employment opportunities, and inclusive social support networks could all contribute to the absence of high resilience in this physical impairment. Additionally, the stigma and discrimination often experienced by those with physical disabilities in the community may further erode their ability to bounce back from stressful events, leading to a predominance of low and normal resilience profiles.

Table 4. 3 level of psychosocial resilience of peoples with physical impairment

Psychosocial resilience level	Frequency	Percent	Cum.
Low resilience	86	64.18	64.18
Normal level resilience	48	35.82	100
Total	134	100	

Source: own computation (2024)

As Table 4.4 result shows the brief resilience scale item one (*I tend to bounce back quickly after hard times*): The majority of respondents (53%) strongly disagreed with this statement, indicating that they do not tend to bounce back quickly after experiencing difficult situations.

In this research low¹ resilience is considered as not resilience and normal² resilience is considered as resilience

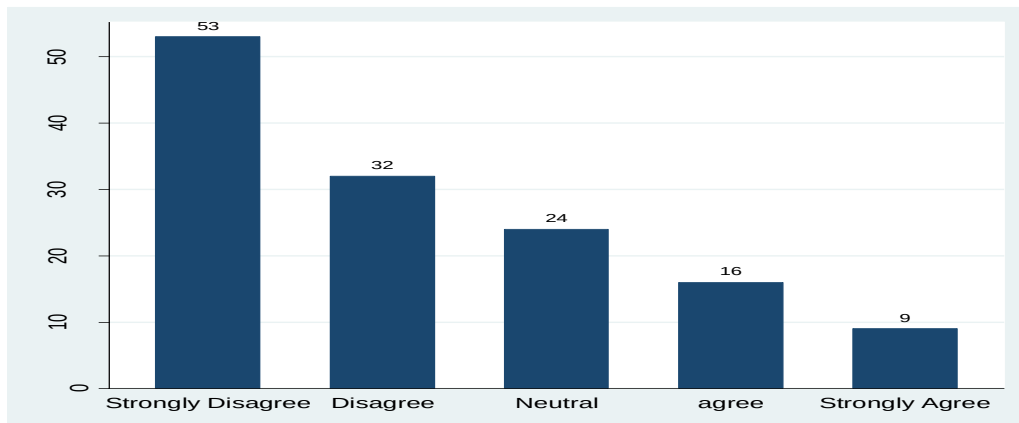


Figure 4. 1 Brief resilience scale item one

As Table 4.4 result shows the brief resilience scale item two (*I have a hard time making it through stressful events*): Almost half of the respondents (46.2%) disagreed with this statement, suggesting that they do not have a hard time making it through stressful events.

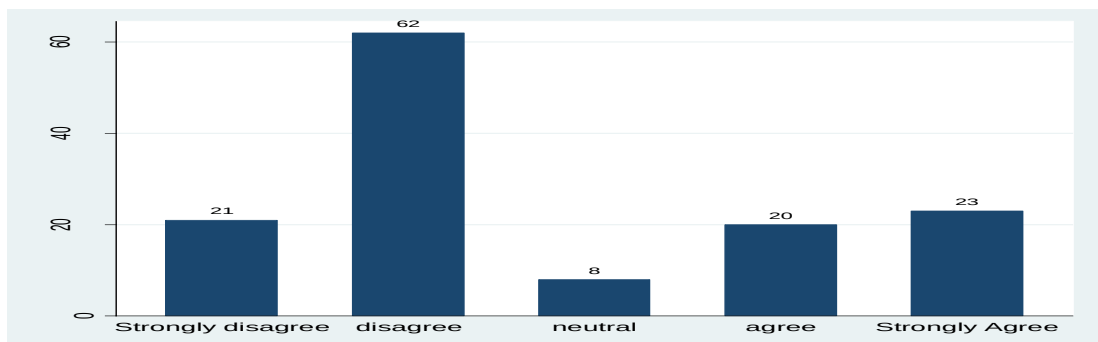


Figure 4. 2 Brief resilience scale item two

As Table 4.4 result shows the brief resilience scale item three (*It does not take me long to recover from a stressful event*): A large majority of respondents (64.9%) strongly disagreed with this statement, implying that it does take them a long time to recover from stressful events.

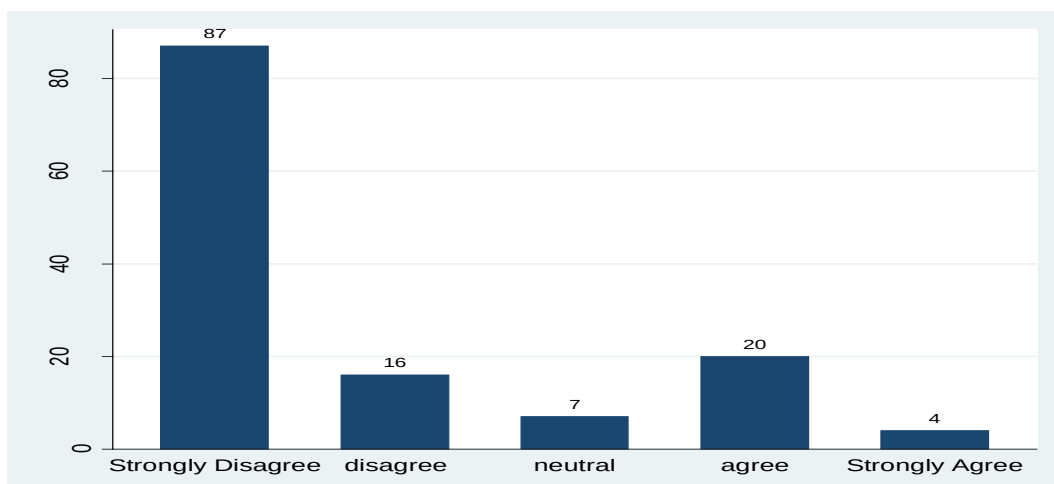


Figure 4. 3 Brief resilience scale item three

As Table 4.4 result shows the brief resilience scale item four (*It is hard for me to snap back when something bad happens*): The responses were more evenly distributed, with 36.5% disagreeing and 20.1% agreeing with this statement, indicating mixed perceptions about the difficulty of snapping back after experiencing something negative.

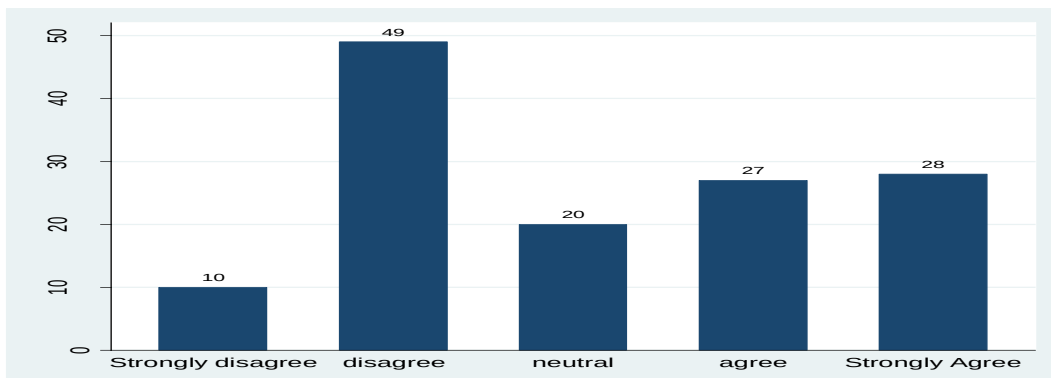


Figure 4. 4 Brief resilience scale item four

As Table 4.4 result shows the brief resilience scale item five (*I usually come through difficult times with little trouble*): More than half of the respondents (52.2%) strongly agreed with this statement, suggesting that they are able to get through difficult times with relative ease.

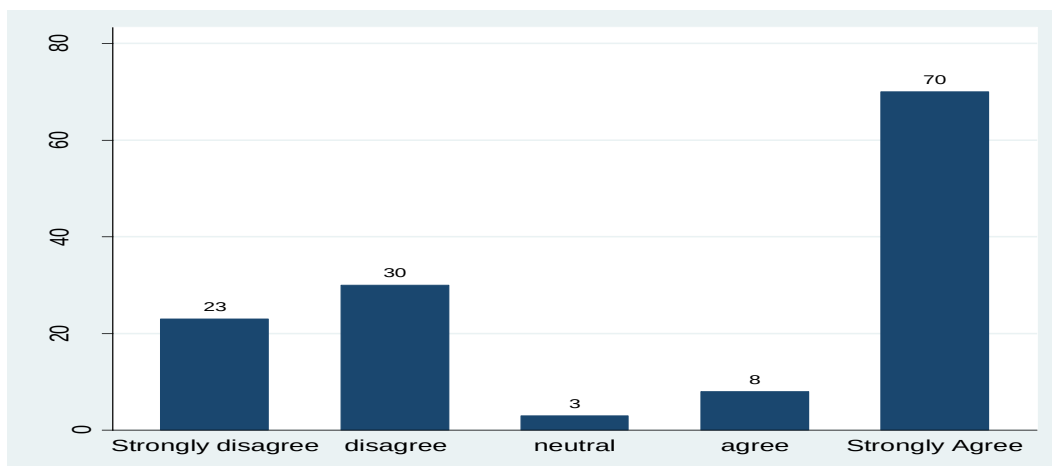


Figure 4. 5 Brief resilience scale item five

As Table 4.4 result shows the brief resilience scale item six (*I tend to take a long time to get over set-backs in my life*): About one-third of the respondents (34.3%) strongly agreed with this statement, indicating that they tend to take a long time to recover from setbacks in their lives.

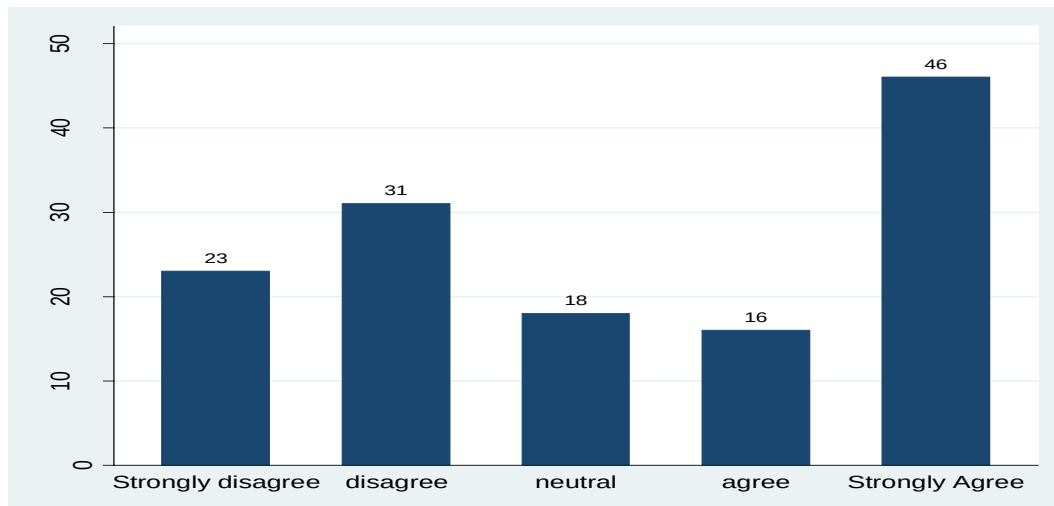


Figure 4. 6 Brief resilience scale item six

Table 4. 4 Brief Resilience Scale items

Items	obser	BRS response with a 5 likert scale									
		Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
		Freq	Percent	Freq	Percent	Freq	percent	Freq	percent	Freq	Percent
BRS1	134	53	39.55	32	23.8	24	17.9	16	11.9	9	6.7
BRS2	134	21	15.6	62	46.2	8	5.9	20	14.9	23	17.1
BRS3	134	87	64.9	16	11.9	7	5.2	20	14.9	4	2.9
BRS4	134	10	7.5	49	36.5	20	14.9	27	20.1	28	20.9
BRS5	134	23	17.1	30	22.3	3	2.2	8	5.9	70	52.2
BRS6	134	23	17.1	31	23.1	18	13.4	16	11.9	46	34.3

Source: own computation (2024)

4.5 Coping mechanisms of peoples with physical impairment of sample respondents

According to the result from Table 4.5 shows that, task-oriented (TO) coping mechanisms, the mean value for TO item one was 2.9, indicating that on average, respondents reported using this task-oriented coping strategy to a moderate degree. In other words, a substantial portion of the sample employed this type of approach to cope with difficulties, but there was also a significant proportion that utilized it less frequently.

According to the Table 4.5, the mean value for TO item two was 2.6, which indicated that a relatively lower usage of this particular task-oriented coping mechanism. This implies that

while respondents did employ task-oriented strategies to some extent, they tended to rely on “*I analyze the problem before reacting*”.

According to the result on Table 4.5, the mean value for TO item three was 2.5, indicating that this task-oriented coping strategy was the least utilized among the three examined. This suggests that, on average, respondents were less inclined to employ this “*I determine a course of action and follow it*”. when faced with challenges and difficulties. The minimum and maximum values of 1 and 5 for all three task-oriented variables indicate that the sample included individuals who reported using these coping strategies at both the lowest and highest levels. This wide range of responses underscores the heterogeneity within the sample, with some respondents relying heavily on task-oriented approaches while others utilized them to a much lesser extent. In addition to this the qualitative response from the participants provided deeper insights into how respondents employed these strategies. One participant described:

I try to focus on small daily tasks to take my mind off the bigger problems. It helps me stay grounded.

According to the Table 4.5, the emotion-oriented (EO) coping mechanisms revealed results provide valuable insights into how respondents managed their emotional experiences when faced with challenges. The mean value for emotional oriented item one was the highest among the coping mechanism variables at 3.9, suggesting that respondents tended to use this emotion-oriented strategy more frequently than the others. This finding indicates that a significant portion of the sample relied on emotion-focused approaches to cope with difficulties, such as expressing their feelings, seeking emotional support, or engaging in activities to regulate their emotional states. The high mean value for emotion-oriented coping mechanism highlights the importance of emotional processing and management as a predominant coping mechanism within the sample.

According to the result in Table 4.5, the mean value for EO item two was 3.2, indicating a more moderate usage of this particular emotion-oriented coping mechanism. This suggests that while respondents did employ emotion-focused strategies, they may have utilized this specific approach to a lesser degree compared to the one captured by the EO item two variable.

The mean value for EO item three was 3.8, also suggesting a relatively high usage of this emotion-oriented strategy. This further reinforces the finding that respondents tended to rely heavily on emotion-focused coping mechanisms to manage the challenges they faced.

The minimum and maximum values of 1 and 5 for all three EO variables indicate that the sample included individuals who reported using these coping strategies at both the lowest and highest levels. This wide range of responses underscores the heterogeneity within the sample,

with some respondents relying heavily on emotion-oriented approaches while others utilized them to a much lesser extent. The qualitative response provided deeper insights into how respondents employed these strategies. One participant described:

I try to focus on small daily tasks to take my mind off the bigger problems. It helps me stay grounded.

The avoidance-oriented (AO) coping mechanisms results provide insights into how respondents managed challenging situations by trying to avoid or disengage from them. The mean value for AO item one was 2.4, the lowest among the coping mechanism variables, suggesting that respondents tended to use this avoidance-oriented strategy the least. This finding indicates that, on average, the sample did not heavily rely on avoidance-focused approaches as a primary means of coping with difficulties. Instead, respondents may have been more inclined to employ other strategies, such as task-oriented or emotion-oriented methods, to manage their challenges. Qualitative data suggested that although avoidance was not a dominant coping mechanism, some participants did isolate themselves to temporarily escape the pressures of daily life:

Sometimes, I just need to be alone to clear my head. It's a way to protect myself from the constant stress.

In contrast, the mean value for AO item two was 3.1, indicating a more moderate usage of this avoidance-oriented coping mechanism. This suggests that while respondents did not heavily favor avoidance-focused approaches, they did employ this specific strategy to a greater extent compared to the one captured by the AO item one variable. The mean value for AO item three was 2.5, also suggesting a relatively low usage of this avoidance-oriented strategy. This further reinforces the finding that respondents were less inclined to rely on avoidance-focused coping mechanisms and may have preferred more active or engagement-oriented approaches to managing their challenges.

The standard deviations for the AO variables ranged from 0.9 to 1.3, indicating a moderate amount of variability in the responses. This variability suggests that while there were overall patterns in the usage of avoidance-oriented coping mechanisms, individual respondents exhibited a range of preferences and tendencies in how they employed these strategies. The minimum and maximum values of 1 and 5 for all three AO variables indicate that the sample included individuals who reported using these coping strategies at both the lowest and highest levels.

Table 4. 5 Coping mechanism

Variable	Observation	Mean	Std.Dev.	Min	Max
Task oriented					
<i>I focus on the problem and see how I can solve it.</i>	134	2.9	1.2	1	5
<i>I analyze the problem before reacting.</i>	134	2.6	1.1	1	5
<i>I determine a course of action and follow it.</i>	134	2.5	1.2	1	5
Emotion-Oriented					
<i>I become preoccupied with aches and pains.</i>	134	3.9	1.3	1	5
<i>I blame myself for having gotten into this situation.</i>	134	3.2	1.6	1	5
<i>I feel anxious about not being able to cope.</i>	134	3.8	1.4	1	5
Avoidance-Oriented					
<i>I try to spend time alone.</i>	134	2.4	1.3	1	5
<i>I visit a friend.</i>	134	3.1	0.9	1	5
<i>I watch TV.</i>	134	2.5	0.9	1	5

Source: own computation (2024)

The Table 4.6 result provides on the relationship between psychosocial resilience (PSR) and coping mechanism of avoidance-oriented coping mechanism among the respondents. According to the result in table above shows that, the individuals with low resilience had a higher mean of AO coping mechanism score of 8.4, with a standard deviation of 1.4. This suggests that respondents with lower levels of psychosocial resilience tended to rely more heavily on avoidance-oriented coping mechanisms to deal with challenges and difficulties. In contrast, the group with normal resilience had a lower mean AO coping mechanism score of 7.7, with a standard deviation of 1.7. This indicates that respondents with relatively higher levels of psychosocial resilience were less inclined to utilize avoidance-oriented coping strategies compared to their low-resilience counterparts.

The difference in the mean AO coping mechanism scores between the non-resilience and resilience groups highlights an inverse relationship between psychosocial resilience and the tendency to employ avoidance-oriented coping mechanisms. Individuals with lower levels of resilience appear to be more likely to engage in avoidance-focused coping, potentially as a means of managing stress or discomfort, rather than confronting and addressing the underlying challenges. The overall sample size of 134 respondents, with 86 in the low level of resilience group and 48 in the normal level of resilience group, provides a sufficient basis for the observed patterns. The data highlights the importance of considering psychosocial resilience as a factor

that may influence an individual's coping mechanisms, particularly in terms of the tendency to engage in avoidance-oriented coping mechanism. In addition this, findings could have important implications for understanding how individuals with varying levels of resilience navigate and cope with challenges in their lives.

Table 4. 6 Avoidance coping mechanism and psychosocial resilience

Psychosocial resilience	Mean	Std.Dev.	Observation
not resilience	8.4	1.4	86
resilience	7.7	1.7	48
Total	8.1	1.5	134

Source: own computation (2024)

The Table 4.7 data shows that individuals with low resilience had a mean TO coping mechanism score of 2.7, with a standard deviation of 0.9. This suggests that respondents with lower levels of psychosocial resilience tended to rely on task-oriented coping mechanisms to a moderate degree to manage challenges and difficulties in their lives.

The normal resilience had a slightly lower mean of score of 2.6, with a standard deviation of 1.1. This indicates that respondents with relatively higher levels of psychosocial resilience utilized task-oriented coping strategies to a slightly lesser extent compared to the low-resilience group. The relatively small difference in the mean TO coping mechanism scores between the low-resilience and normal-resilience groups suggests that both groups tended to rely on task-oriented coping mechanisms to a similar degree as part of their overall coping strategies.

The overall sample size of 134 respondents, with 86 (64.18 %) in the group and 48 (35.82%) in the normal resilience group, provides a sufficient basis for the observed patterns. The data highlights the importance of considering psychosocial resilience as a factor that may influence an individual's coping mechanisms, including the use of task-oriented strategies.

These findings suggest that both low-resilience and normal-resilience individuals may employ task-oriented approaches as part of their overall coping mechanism, though the reliance on this strategy may be slightly more pronounced among those with lower levels of psychosocial resilience.

Table 4. 7 Task oriented coping mechanism and psychosocial resilience

Psychosocial resilience	Mean	Std.Dev.	Observation
Low resilience	2.7	0.9	86
Normal resilience	2.6	1.1	48
Total	2.7	1.0	134

Source: own computation (2024)

The Table 4.8 shows that individuals with low resilience had a mean EO coping mechanism score of 10.9, with a standard deviation of 3.4. This suggests that respondents with lower levels of psychosocial resilience tended to rely more heavily on emotion-oriented coping mechanisms to manage challenges and difficulties in their lives. the group with normal resilience had a slightly higher mean EO coping mechanism score of 11.0, with a standard deviation of 2.5. This indicates that respondents with relatively higher levels of psychosocial resilience also utilized emotion-oriented coping strategies to a significant degree, and in fact, their reliance on these strategies was even slightly higher than the low-resilience group.

The relatively small difference in the mean EO coping mechanism scores between the low-resilience and normal-resilience groups suggests that both groups tended to rely on emotion-oriented coping mechanisms as a primary strategy for managing challenges. This finding contrasts with the inverse relationship observed between psychosocial resilience and avoidance-oriented coping mechanisms in the previous analysis. These findings suggest that both low-resilience and normal-resilience individuals may turn to emotion-focused approaches as a primary means of managing challenges and adversity in their lives. This could have implications for understanding the role of emotional processing and regulation in the context of resilience, and may inform the development of interventions and support strategies that address both psychosocial resilience and emotion-oriented coping mechanisms.

Table 4. 8 Emotion oriented coping mechanism

Psychosocial resilience	Mean	Std.Dev.	Observation
Low resilience	10.9	3.4	86
Normal resilience	11.0	2.5	48
Total	11.0	3.1	134

Source: own computation (2024)

Dependent variable and overall coping mechanisms

The Table 4.9 shows that individuals with low resilience had a mean of all coping mechanism (i.e task oriented, emotion oriented and avoidance-oriented coping mechanism) with score of 22.1, with a standard deviation of 3.1. This suggests that respondents with lower levels of psychosocial resilience tended to utilize a broader range of coping mechanisms, both adaptive and maladaptive, to manage challenges and difficulties in their lives.

In contrast, the group with normal resilience had a slightly lower mean all coping mechanisms score of 21.5, with a standard deviation of 2.5. This indicates that respondents with relatively higher levels of psychosocial resilience had a slightly narrower coping mechanisms, though they still utilized a wide range of strategies to manage stress and adversity.

The difference in the mean all coping mechanisms scores between the low-resilience and normal-resilience groups is relatively small, suggesting that both groups tended to employ a similar breadth of coping mechanisms, albeit with some variations in the specific strategies utilized. These findings suggest that both low-resilience and normal-resilience individuals may employ a wide range of coping strategies, including adaptive and maladaptive mechanisms, to navigate challenges and adversity in their lives. This information could be valuable in understanding the complex and multifaceted nature of coping processes, and could inform the development of interventions and support strategies that address the nuances of coping mechanism utilization in the context of psychosocial resilience

Table 4. 8 Over all coping mechanism (Task oriented, Emotion oriented and Avoidance oriented)

Psychosocial resilience	Mean	Std.Dev.	Observation
Low resilience	22.1	3.1	86
Normal resilience	21.5	2.5	48
Total	21.9	2.9	134

Source: own computation (2024)

4.6 Determinant factor of the psychosocial resilience of peoples with physical impairment

Sex: the result in Table 4.10 shows that gender has a negative coefficient of -2.92698. This indicates that being male is associated with a lower level of psycho-social resilience compared to females, keeping all other variables constant. In other words, the results suggest that female

participants in the study tend to exhibit higher levels of psycho-social resilience than their male counterparts. The result were statistically significant, with a p-value less than 0.001.

Type of physical impairment: the result in Table 4.10 shows that the type of physical impairment has a positive and statistically significant coefficient of 2.40173. This suggests that the type of physical impairment is a significant determinant of psycho-social resilience among the study participants. The result were statistically significant, with a p-value less than 0.001. The positive coefficient indicates that individuals with certain types of physical impairments may exhibit higher levels of psycho-social resilience compared to others, holding all other variables constant. This finding implies that the specific nature or characteristics of a person's physical impairment can play a crucial role in shaping their ability to adapt, cope, and maintain psychological and social well-being in the face of challenges.

Duration of impairment: the result in Table 4.11 shows that the duration of the physical impairment has a positive and statistically significant coefficient of 0.1858101. This finding suggests that the longer an individual has lived with their physical impairment, the more likely they are to exhibit higher levels of psycho-social resilience. The positive coefficient implies that as the duration of the impairment increases, the likelihood of the individual developing greater psychological and social resilience also increases, holding all other variables constant. The result were statistically significant, with a p-value less than 0.001. This relationship can be interpreted as individuals who have experienced their physical impairment for a longer period potentially having more time to adapt, learn coping mechanisms, and build support systems, all of which may contribute to their ability to better withstand and overcome challenges.

Employment Status: the result in Table 4.10 shows that employment status has a positive coefficient of 0.5079854. This suggests that individuals who are employed tend to exhibit higher levels of psycho-social resilience compared to those who are not employed, holding all other variables constant. The positive coefficient indicates a favorable relationship between having employment and the development of psychological and social coping mechanisms in the face of challenges. This finding aligns with the notion that employment can provide individuals with a sense of purpose, financial stability, social connections, and opportunities for personal growth - all of which may contribute to their overall resilience.

While the p-value associated with this coefficient is 0.052, which is only marginally significant at the 5% level, it still provides some evidence that employment status is a determinant of psycho-social resilience.

Annual income: The results of the binary logit regression analysis indicate that an individual's annual income is a significant determinant of their psychosocial resilience. The coefficient for annual income (0.0000593) is statistically significant, with a p-value of 0.008. This finding suggests that higher annual income is associated with a higher likelihood of positive psychosocial resilience outcomes. This highlights the potential role of socioeconomic factors in influencing an individual's ability to develop resilience in the face of physical impairments. Individuals with higher incomes may have better access to resources, such as healthcare, rehabilitation services, and support systems, which can contribute to the development of effective coping strategies and adaptations.

Marital status: the result in Table 4.10 shows that marital status has a negative and statistically significant coefficient of -0.8891243. This finding suggests that being married is associated with lower levels of psycho-social resilience compared to individuals who are single, divorced, or widowed, holding all other variables constant. The result indicate that the responsibilities and demands associated with marriage could potentially strain an individual's coping resources and psychological well-being, making it more challenging to maintain resilience in the face of physical impairment. The significant negative coefficient highlights the need to further investigate the complex relationship between marital status and psycho-social resilience among individuals with physical disabilities.

Table 4. 9 Binary logit regression result

Variables	Coef.	Std. Err.	Z	P> z
Age	0.0216064	0.0390124	0.55	0.580
Gender (Male)	-2.92698	0.8204765	-3.57	0.000***
Typesofimpairment	2.40173	0.7022826	3.42	0.001***
durationofimpairment	0.1858101	0.055239	3.36	0.001***
Educ	0.1629406	0.2775917	0.59	0.557
Employementstatus	0.5079854	0.2615096	1.94	0.052*
Annualincome	0.0000593	0.0000222	2.67	0.008***
Maritalstatus	-0.8891243	0.3862106	-2.30	0.021**
Household size	0.2707498	0.2312243	1.17	0.242
_cons	-9.438476	2.433029	-3.88	0.000

Source: own computation survey (2024)

4.7 Discussion

This chapter provides an in-depth analysis of the findings based on the research objectives and compares them with previous studies in the field. The study aimed to explore the psychosocial resilience of people with physical disabilities in the context of conflict in Bahir Dar City, Ethiopia. The lived experiences of physically disabled individuals, their levels of psychosocial resilience, the coping mechanisms they use, and the determinant factors influencing their resilience were discussed detail in the following.

4.7.1 Lived Experiences of People with Physical Disabilities in Conflict-Affected Areas

The results reveal that individuals with physical impairments in Bahir Dar City face significant challenges due to the ongoing conflict. These challenges include limited access to essential services, heightened social stigma, and increased economic hardships. The results mirror the findings of [Tenaw et al. \(2023\)](#), who also found that conflict exacerbates the vulnerabilities of disabled individuals, particularly in low-income, conflict-affected areas.

The ongoing conflict has had a significant and wide-ranging impact on the daily lives and psychosocial well-being of the affected populations. One of the primary issues has been the severe restrictions on movement and limited access to humanitarian aid. The security concerns and military checkpoints have made it extremely difficult for people to go about their normal daily routines and access essential services and resources. the conflict has disrupted the basic rhythms and structures of daily life, creating immense hardships and severely undermining the psychosocial well-being of the affected populations, The result of this research is in line with the research finding ([Namkung & Carr, 2020](#)). Restoring a sense of normalcy, security, and community support will be crucial for healing the deep wounds inflicted by this prolonged state of upheaval and crisis.

Participants in this study highlighted that the conflict dramatically disrupted their access to healthcare, rehabilitation services, and employment opportunities, which are crucial for their well-being. This finding is consistent with [Bragin et al. \(2015\)](#), who noted that disabled individuals often face greater barriers in accessing services during conflict, including healthcare and support systems. Furthermore, social isolation and stigma were commonly reported by participants, reflecting the conclusions of [McDonald \(2010\)](#), who emphasized that conflict heightens the social exclusion of disabled individuals.

4.7.2 Levels of Psychosocial Resilience among People with Physical Disabilities

The study result found that the level of psychosocial resilience among people with physical disabilities in Bahir Dar City is low. A significant portion of the participants scored low on the Brief Resilience Scale (BRS), indicating a limited ability to bounce back from adversity. This aligns with the findings of [Desalegn et al. \(2023\)](#), who also reported low levels of resilience among disabled individuals in Ethiopia, particularly in conflict-affected areas.

Several factors contribute to the low resilience observed. These include the severity of physical impairments, lack of social support, and limited access to rehabilitation services. The Social Ecological Model (SEM) applied in this study helps explain these results by highlighting the multi-layered nature of resilience. At the individual level, the severity of impairments plays a critical role, while at the interpersonal and community levels, the lack of adequate support systems further undermines resilience. This supports the findings by [Espelage and Swearer \(2009\)](#), who emphasized the importance of a supportive social environment in fostering resilience.

4.7.3 Coping Mechanisms Employed by People with Physical Disabilities

The study found that individuals employed a mix of positive and negative coping mechanisms. On the positive side, task-oriented and emotion-oriented coping strategies were commonly used. Task-oriented coping, which involves actively seeking solutions to problems, was particularly prevalent among participants with higher resilience scores. This finding is consistent with [Lazarus and Folkman \(1984\)](#), which identifies problem-focused coping as an effective strategy for managing stress.

The coping mechanisms and resilience strategies employed by the participants demonstrate their remarkable adaptability, resourcefulness, and determination to persevere in the face of immense adversity. The result is similar with ([McGrath, Matthews, Heard, & Hancock, 2024](#)). These multifaceted approaches to managing limited resources, fostering supportive relationships, and maintaining a sense of purpose and identity have been crucial for weathering the profound disruptions caused by the conflict.

However, avoidance-oriented coping, a negative coping mechanism, was also frequently reported. Participants who relied on avoidance coping mechanisms exhibited lower levels of resilience. This aligns with the findings of [Krohne \(2002\)](#), who noted that avoidance strategies tend to exacerbate psychological distress over time, particularly in conflict-affected environments. The study also found that spirituality played a significant role in coping, as noted in previous studies, such as [Addis and Mesele \(2020\)](#). This suggests that religious and spiritual

beliefs serve as important psychological resources for individuals in conflict-affected areas, helping them maintain hope and emotional stability.

4.7.4 Determinant Factors Influencing Psychosocial Resilience

Several critical factors influencing psychosocial resilience were identified in the study. Age, income, social support, and access to rehabilitation services were found to significantly affect the participants' levels of resilience. Older individuals and those with lower incomes were more likely to exhibit lower resilience, corroborating the results of [Hobfoll \(1989\)](#), who highlighted the importance of resource availability in coping with stress.

Social support emerged as one of the most significant determinants of resilience. Participants with strong family and community support networks demonstrated higher levels of resilience, in line with the findings of [McNatt \(2018\)](#), who emphasized the crucial role of social networks in enhancing psychosocial well-being. The study also supports the conclusions of [Zhu et al. \(2023\)](#), who found that access to rehabilitation services plays a pivotal role in improving the psychosocial resilience of disabled individuals in conflict-affected areas.

In addition to this, the study confirmed that conflict-related stressors, such as displacement and loss of property, further diminish the resilience of disabled individuals. As noted by [Kifle and Olonisakin \(2023\)](#), the intersection of disability and conflict magnifies the challenges faced by individuals, making it harder for them to maintain resilience.

The role of community support and humanitarian organizations has been instrumental in helping the participants cope with the challenges posed by the ongoing conflict. These groups have stepped up to provide critical aid, resources, and capacity-building assistance to the affected populations. The role of community support and humanitarian organizations has been multifaceted and invaluable. By offering tailored assistance, building local capacities, and fostering collaborative partnerships, these groups have demonstrated their commitment to supporting the participants and empowering them to navigate the challenges posed by the ongoing conflict. The result is inline with [\(Fitaw & Boersma, 2006\)](#). The Red Cross, in particular, has played a pivotal role in providing emergency relief, medical services, and psychosocial support to those affected by the conflict. Their presence and the trust they have earned within the communities have been instrumental in bridging the gap between the participants and the broader humanitarian response.

4.7.5 Implications for Policy and Practice

The findings of this study have important implications for policy and practice. First, there is a need for targeted psychosocial support programs that address the specific challenges faced by disabled individuals in conflict-affected areas. Humanitarian organizations and government

bodies should prioritize the inclusion of disabled individuals in their interventions, ensuring that they have access to essential services, including healthcare, rehabilitation, and employment opportunities.

Moreover, strengthening social support systems is critical for enhancing the resilience of disabled individuals. Community-based programs that foster social inclusion and reduce stigma can play a vital role in improving their psychosocial well-being. This aligns with the recommendations of [Ruggeri \(2020\)](#), who emphasized the importance of social and emotional learning in building resilience.

In summary, the study highlights the significant challenges faced by physically disabled individuals in conflict-affected Bahir Dar City. The low levels of psychosocial resilience observed in this population are a result of multiple, interrelated factors, including the severity of impairments, lack of access to essential services, and limited social support. While some individuals employ positive coping mechanisms, many rely on avoidance strategies that further hinder their resilience. The findings underscore the need for comprehensive, inclusive interventions that address the unique needs of disabled individuals in conflict settings, ultimately improving their quality of life and psychosocial well-being.

By addressing these gaps, policymakers and humanitarian organizations can help foster a more inclusive, resilient society, where individuals with physical disabilities are better equipped to cope with the challenges posed by conflict.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The study highlights the lived experiences of individuals with physical impairments in Bahir Dar amid conflict, revealing significant daily and psychosocial challenges. Participants expressed that restricted mobility, lack of aid, and social stigma have deeply affected their well-being. Despite these hardships, they have developed various coping strategies, relying on social connections, self-reliance, and community support. Community and humanitarian aid, including interventions from NGOs, have also been instrumental in aiding resilience.

The analysis of psychosocial resilience levels among individuals with physical impairments reveals that the majority (64.18%) exhibit low resilience, with a BRS score ranging from 1.00 to 2.9, while 35.82% demonstrate a normal resilience level (BRS score of 3.00 to 4.30). Notably, no participants scored in the high resilience category. This predominance of low resilience suggests that individuals with physical impairments in Bahir Dar face substantial challenges, likely influenced by local socioeconomic and environmental barriers, including limited access to healthcare, employment, and inclusive social support. Additionally, societal stigma and discrimination may further undermine resilience, making it challenging for these individuals to develop higher levels of psychosocial resilience.

The findings on coping mechanisms among individuals with physical impairments indicate varied preferences for managing challenges. Task-oriented (TO) coping strategies showed moderate usage overall, with respondents less frequently adopting specific actions like determining a course of action, as indicated by lower mean values (2.5-2.9). Emotion-oriented (EO) strategies were more prominent, with higher mean values (3.2-3.9), suggesting that many respondents relied on emotional support and processing as primary coping mechanisms. Avoidance-oriented (AO) strategies were the least utilized, with generally low mean values (2.4-3.1), indicating a preference for more proactive coping methods.

The analysis revealed several key determinants shaping psychosocial resilience among individuals with physical impairments. Female participants demonstrated higher resilience than males, pointing to gender-related differences in coping abilities ($p < 0.001$). The type of physical impairment also emerged as a significant factor, with some impairments associated with stronger resilience ($p < 0.001$). Additionally, a longer duration of impairment positively correlated with resilience, suggesting that individuals develop greater coping mechanisms over

time ($p < 0.001$). Employment status, while marginally significant ($p = 0.052$), indicated that having a job may provide stability and social support that bolster resilience. Furthermore, higher annual income was linked to greater resilience, underscoring the role of socioeconomic support ($p = 0.008$). Conversely, being married was associated with lower resilience, possibly due to the added responsibilities that may strain coping resources ($p < 0.001$).

5.2 Recommendation

Based on the result, the following recommendations were forwarded:

Increase Accessible Support Services

- Improve access to healthcare, employment, and social support specifically for individuals with physical impairments to help build resilience, prioritize inclusive services and accessibility in conflict-affected areas.
- Provide targeted job opportunities and financial support to increase economic stability for individuals with physical impairments.

Enhance Gender-Sensitive Resilience Programs

- Design and implement resilience-building programs that recognize gender differences in coping strategies, offering tailored support for both men and women with physical impairments.

Promote Adaptive Coping Mechanisms

- Offering training in problem-solving, stress management, and emotional regulation, tailored to the specific needs of disabled individuals.
- Expanding access to mental health services, including counseling and therapy, to help individuals process trauma and develop healthier coping strategies.

Foster Community-Based Social Support Networks

- Strengthen local organizations and involve community members in creating inclusive support systems that enhance resilience through collective aid and solidarity.

Further research should investigate the scope to include a comprehensive understanding of various disabilities, encompassing physical, sensory, cognitive, and mental health impairments, particularly in conflict-affected areas.

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Appendix one: Participant Questionnaires and Instructions



BAHIR DAR UNIVERSITY

INSTITUTE OF DISASTER, RISK MANAGEMENT AND FOOD SECURITY STUDIES

GRADUATE PROGRAM

Participant Questionnaires and Instructions

Dear participants,

My name is _____ The main objective of this questionnaire is to collect primary data to assess the psycho-social resilience of disabled individuals with physical impairment in the context of conflict in bahir dar city. Your responses to the questions are valuable and will be held in utmost confidentiality to be used only for the analysis of this research. If you accept to participate in this research, you will be doing so voluntarily and there will not be any monetary returns. This interview will take about 30 minutes of your time to respond to the questions.

Are you willing to participate in the interview? Yes_____ (continue the interview).

No_____ (Thank and stop)

General Instruction

- ✓ Name of the respondent_____
- ✓ Make tick mark, or circle while responding the questions with choice
- ✓ All responses are required to be answered by an eligible individual respondent
- ✓ Please clearly justify the questions that need your suggestions

Identification particulars

Name of enumerator: _____ Date of interview: ____/____/2024

Started time of interviewing: _____ Ended time: _____

Part 1: Demographic Information

1. Age: _____
2. Gender: _____
3. Type of physical impairment: _____
4. Duration of physical impairment: _____
5. Socioeconomic status: _____
6. Educational level: _____
 - Primary School
 - Secondary School
 - Bachelor's Degree
 - Master's Degree
 - Doctorate Degree
 - Other (Please specify): _____
7. Employment status: _____
 - Employed
 - Unemployed
 - Self-employed
 - Student
 - Retired
 - Other (Please specify): _____
8. Marital status: _____
 - Married
 - single
9. Number of dependents: _____

Part 2: objective two: Measuring coping mechanisms of individuals with physical impairment using the Coping Inventory for Stressful Situations (CISS-21) model with a 5-point Likert scale:

Please indicate the extent to which you engage in the following coping strategies when faced with a stressful situation related to your physical impairment. Use the 5-point scale provided.

2.1.Task-Oriented Coping Subscale:

2.1.1-I focus on the problem and see how I can solve it.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.1.2-I analyses the problem before reacting.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.1.3-I determine a course of action and follow it.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.1.4. others-----mention and rate

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.2-Emotion-Oriented Coping Subscale:

2.2.1. I become preoccupied with aches and pains.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.2.2. I blame myself for having gotten into this situation.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.2.3. I feel anxious about not being able to cope.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.2.4. others-----mention and rate

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.3. Avoidance-Oriented Coping Subscale:

2.3.1. I try to spend time alone.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.3.2. I visit a friend.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.3.3. I watch TV.

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.3.4. others-----mention and rate

1 2 3 4 5

(Never) (Rarely) (Sometimes) (Often) (Always)

2.3 Open-ended Questions for coping mechanisms

2.3.1. What are the main challenges you face in your daily life due to your physical impairment?

2.3.2. How do you cope with these challenges, and what strategies do you find most effective?

2.3.3. In what ways has your physical impairment affected your psychosocial well-being and relationships?

2.3.4. What support systems or resources have you found helpful in building your resilience and coping with stress?

Part three: objective three Measuring Psycho-Social Resilience of Individuals with Physical Impairment using Brief Resilience Scale (BRS)

Please indicate the extent to which you agree or disagree with the following statements when faced with a conflict situation related to your physical impairment. Use the 5-point scale provided.

3.1. I tend to bounce back quickly after hard times.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.2. I have a hard time making it through stressful events.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.3. It does not take me long to recover from a stressful event.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.4. It is hard for me to snap back when something bad happens.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.5. I usually come through difficult times with little trouble.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.6. I tend to take a long time to get over setbacks in my life.

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

3.7. Others if any, mention and rate-----

1 2 3 4 5

(Strongly Disagree) (Disagree) (Neutral) (Agree) (Strongly Agree)

Open-ended Questions measuring level of resilience for physical impairment disabilities

1. How do you typically respond to conflict situations related to your physical impairment?
2. What strategies or resources have you found most effective in building your resilience during these conflicts?
3. In what ways has your physical impairment influenced your approach to resolving conflicts?
4. What support systems or coping mechanisms have you developed to maintain your psycho-social well-being during conflict situations?

Part four: objective four Measure the determinant factors influencing the psychosocial resilience of disabled individuals with physical impairments in conflict situations, aligning with multiple regression models

1. On a scale of 1 to 3, with 1 being mild and 3 being severe, please rate the severity of your physical impairment.
 - Mild
 - High severe
 - Very high severe
2. How often do you receive emotional support from your family members or friends?
 - Rarely or never
 - Occasionally
 - Often
 - Always
2. In times of need, how likely are you to seek help or support from people in your social network?
 - Very unlikely
 - Somewhat unlikely
 - Neutral
 - Somewhat likely

- Very likely
3. When faced with challenges related to your physical impairment in conflict situations, how do you typically cope?
- Seeking information or advice
 - Problem-solving
 - Seeking emotional support from others
 - Engaging in physical activity or hobbies
 - Avoidance or denial
4. On a scale of 1 to 5, please rate the effectiveness of each coping strategy you use in managing stress related to your physical impairment in conflict situations.
5. Do you have access to adequate healthcare services for managing your physical impairment in conflict situations?
- Yes
 - No
6. If yes, please rate the quality of healthcare services you receive on a scale of 1 to 5.
7. Have you ever experienced discrimination or stigma due to your physical impairment in conflict situations?
- Yes
 - No
8. If yes, please describe the types of discrimination or stigma you have encountered.
9. How often do you participate in social activities or events with others in conflict situations?
- Rarely or never
 - Occasionally
 - Often
 - Always

Part 4.1: Open-ended Questions for determinant factors

- 4.1.1** How do your personal and environmental factors (e.g., socioeconomic status, social support, coping strategies) influence your psychosocial resilience in conflict situations?
- 4.1.2** What specific strategies or resources have you found most effective in building your resilience during conflicts related to your physical impairment?
- 4.1.3** In what ways has your physical impairment shaped your approach to navigating and resolving conflicts?
- 4.1.4** What support systems or interventions do you believe could further enhance the psychosocial resilience of individuals with physical impairments in conflict situations?

Part five: objective one Measuring the Lived experiences of the psychosocial resilience of individuals with physical impairments in conflict situations, using a thematic analysis approach:

Introduction

- Can you tell me a bit about yourself and your physical impairment?
- How long have you been living with this physical impairment?
- Have you experienced any conflict situations, such as war, civil unrest, or political violence, while living with your physical impairment? If so, can you describe the context?

Impact of Conflict on Daily Life

- How did the conflict situation affect your ability to carry out your daily activities and routines with your physical impairment?
- What were some of the main challenges you faced in meeting your basic needs and accessing essential services during the conflict?
- In what ways did the conflict exacerbate the difficulties you already experienced due to your physical impairment?

Psychosocial Experiences

- How did the conflict impact your emotional well-being and mental health as an individual with a physical impairment?
- What were your experiences of social isolation, stigma, or discrimination during the conflict due to your physical impairment?

- Can you describe any instances of violence, abuse, or exploitation you faced as a person with a physical impairment in the conflict situation?

Coping and Resilience Strategies

- What personal strengths, resources, or support systems helped you cope with the challenges posed by the conflict and your physical impairment?
- Can you share any specific strategies or techniques you used to maintain your resilience and well-being during the conflict?
- In what ways did you adapt, grow, or become more resilient as a result of navigating the conflict with your physical impairment?

Experiences with Humanitarian Aid and Support Services

- How would you describe your experiences accessing and receiving humanitarian aid or support services during the conflict as a person with a physical impairment?
- What types of rehabilitation, assistive technologies, or specialized services did you require, and were they available and accessible?
- In what ways could humanitarian responses and support services be improved to better meet the needs of individuals with physical impairments in conflict situations?

Future Outlook and Recommendations

- How do you envision your future and long-term goals as a person with a physical impairment who has experienced conflict?
- What advice or recommendations would you give to others with physical impairments who are facing or have faced similar conflict situations?
- In your opinion, what are the most important steps that can be taken to enhance the psychosocial resilience and overall well-being of individuals with physical impairments in conflict contexts?