



MEKELLE UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING

DEPARTMENT OF PSYCHIATRY

PREVALENCE AND FACTORS ASSOCIATED WITH POST  
TRUAMATIC STRESS DISORDER AMONG MILITARY  
PERSONNEL ADMITTED TO MELES CAMPUS MILITARY  
HOSPITAL, MEKELLE, TIGRAY, ETHIOPIA 2024

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**Examiner’s approval Sheet**

We, the undersigned, members of the Board of Examiners of the final open thesis defense by “Awet Menasbo Kelelew” have read and evaluated his/her thesis “Prevalence and factors associated with post-traumatic stress disorder among military personnel admitted to meles campus military hospital, Mekelle, Tigray, Ethiopia, 2024” and evaluated the candidate. This is therefore to certify that the thesis has been accepted in partial fulfillment of the requirements for the Master’s Degree in Integrated Clinical and Community Mental Health.

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Final approval and acceptance of the thesis is contingent upon the submission of the final copy of the thesis to the candidate’s Department through the office of the Department Graduate Program Coordinator.

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**Certification of the Final Thesis**

I hereby certify that all the corrections and recommendations suggested by the Board of Examiners are incorporated into the final thesis entitled “ prevalence and factors associated with post-traumatic stress disorder among military personnel admitted to meles campus military hospital, Mekelle, and Tigray, Ethiopia, 2024 ” by

Departmenthead \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **ABBREVIATION AND ACRONYMS**

ACSH	Ayder Comprehensive Specialized Hospital
CIDI	International Diagnostic Interview
DALYS	Disable Adjusted Life Years
DMSS	Diversity Maladaptive Stress Symptoms
DSM	Diagnostic and Statistical Manual of Mental Disorder
EBTS	Evidence Based Treatment
ETB	Ethiopian Birr
LMICS	low and middle-income countries
MUCHS	Mekelle University College of Health Science
OIF	operational Iraq freedom
OSS	Oslo Social Support Scale
PHQ-9	Patient Health Questionnaire -9
PLCM	PTSD Checklist of Military Version
PTSD	Post-Traumatic Stress Disorder
SPSS	Statistics Packages for Social Science
US	United States
VIF	Variance Inflation Factor
WHO	World Health Organization

## **ABSTRACT**

**Background:** Posttraumatic stress disorder is one of the major mental health problems that affect people with military experience. It could be life-long and affect every aspect of military personnel, including their mental and physical health, family and social interactions, and their work. There are few researches conducted in Ethiopia and paucity of data in Tigray.

**Objective:** This study aimed to assess prevalence and associated factors of post-traumatic disorder among military personnel admitted to Meles campus military hospital, Mekelle, Tigray, Ethiopia 2024.

**Methods:** Institutional based cross-sectional study was employed from August to September, 2024 at Meles campus military hospital. Across 4250 respondents 305 were selected by Systematic random sampling, and data was collected by face to face interview using the Tigrigna version of post-traumatic stress checklist-military version. Data was coded and feed into EPI data version 4.7.0 and analyzed by SPSS version 26 .Bivariate and multivariate logistic regression analysis were used to test association. Variables with P-value <0.25 was fitted into multivariate logistic regression and the variables with P-value < 0.05 at 95% confidence interval in multivariate logistic regression was considered as statistically significant.

**Result:** A total of 305 respondents were participated with a response rate of 100%.The prevalence of Post-traumatic stress disorder was 27.5% [95% CI (22.5, 32.5)]. Non-officers [AOR=6.352; 95% CI (1.375, 29.335)], family history of mental illness [AOR=7.65; 95% CI (1.428, 40.983)], poor social support [AOR=3.848; 95% CI (1.220, 12.134)]. Depression[AOR=10.348;95% CI (3.983,26.886)], handling dead body [AOR=8.229;95% CI(3.314,20.434)],high perceived threat [AOR=4.560 ;95% CI(1.052,19.767)],low Resilient coping [AOR=5.016 ; 95% CI (1.722,14.608)] were significantly associated with PTSD among military personnel.

**Conclusion and recommendation:** The prevalence of PTSD was found to be higher, and non-officers ,family history of mental illness ,depression ,poor social support, handling dead body ,high perceived threat and low resilience coping were significantly associated with PTSD. Therefore, the concerned bodies should focus on prevention, early detection and intervention of individuals with PTSD.

**Keywords:** Prevalence, PTSD, Military, Ethiopia

# **1. Introduction**

## **1.1 Background**

Posttraumatic stress disorder (PTSD) is increased stress and anxiety due to traumatic event such as threatened death, serious injury, or sexual assault and military combat traumatic reminder. The symptoms of PTSD include persistently re-experiencing the traumatic event, intrusive thoughts, nightmares, flashbacks, dissociations and intense negative emotional and physiological reaction on being exposed to the traumatic reminder (1).

Posttraumatic stress disorder can occur by either of the following; directly experiencing the traumatic events, Witnessing, in person, the event as it occurred to others, Learning that the traumatic event occurred to a close family member or close friend or experiencing repeated or extreme exposure to aversive details of the traumatic event(2).

The psychiatric impact observed in Vietnam War veterans played a crucial role in shaping the modern understanding of PTSD, which was officially recognized as a psychiatric diagnosis in the late 1980s. In various traumatic scenarios, the onset of the disorder generally corresponded to the intensity of the stressor, with extreme stress—such as that experienced in concentration camps—leading to PTSD in over 75% of affected individuals (3).

Globally, post-traumatic stress disorder (PTSD) has been widely recognized as a major mental health concern affecting individuals who have experienced various forms of trauma, including rape, accidents, community violence, and natural disasters. However, PTSD is notably more prevalent among war victims, particularly military personnel exposed to combat situations(4), Public safety personnel include firefighters and members of the armed forces (5). Due to the demands and challenges of their profession, military personnel face a heightened risk of developing various mental health conditions, including depression and anxiety, alongside PTSD (6).

## 1.2 Statement of the problem

Post-traumatic stress disorder (PTSD) is a chronic and debilitating condition with characteristic symptoms, including re-experience of fear memory and severe anxiety as long-term responses to life-threatening traumatic exposure (7).

In people who have experienced trauma, the prevalence rate is higher at 5.6% (8). Globally, approximately 316 million adults who have survived war are affected by PTSD and/or depression (9). US military personnel's who served Iraq or Afghanistan were estimated to experience 11% to 20% of diagnosed or underdiagnosed PTSD. Africa accounts for approximately 88% of the world's conflict-related morbidity and mortality, highlighting the significant impact of war and violence on public health across the continent (5). Studies on the National and regional prevalence of posttraumatic stress disorder in Sub-Saharan Africa ranges from 0–74% and pooled prevalence of war-exposed regions was accounted for 30% (10). The prevalence of PTSD in Ethiopian ranges from 16% to 23.6% (11,12)

Majority of war survivors affected by PTSD are living in low- and middle-income countries (LMICs). These regions bear an estimated global burden of 3 million disability-adjusted life years (DALYs) related to PTSD (13). Comparatively, LMICs often face ongoing or recent conflicts, coupled with limited resources, which contribute to the persistent burden of PTSD. Additionally, about 8 million new PTSD cases emerge every year (9).

The impact of untreated PTSD is substantial, as it leads to prolonged illness, disruption of daily functioning, and a decline in overall quality of life across various aspects, including health, work productivity, and social relationships (1,14,15). According to a World Health Organization (WHO) survey estimating the global disease burden, stress-related disorders, including PTSD, were projected to become the second leading cause of disability by 2020 (16). PTSD is estimated to contribute approximately 0.4% to the total years lived with disability (YLDs), with projections indicating a potential increase to 0.6% worldwide. (17).

Post-traumatic stress disorder (PTSD) frequently causes significant difficulties in both personal relationships and work environments, with estimates suggesting it leads to an average loss of 3.6 workdays per month (18). It is often referred to as a "life sentence" because of its link to a

heightened risk of chronic illnesses, faster biological aging, and an increased likelihood of early death(19).

Post-traumatic stress disorder (PTSD) carries substantial interpersonal, psychological, physical health, and societal impacts. Individuals affected by the disorder are more likely to experience marital breakdown, face challenges in parenting, report lower life satisfaction, and suffer from various physical health issues. Moreover, they are at increased risk of displaying aggression toward partners and loved ones, becoming involved in legal matters, earning lower incomes, and frequently changing jobs. These individuals are also more prone to depression and other mental health conditions. PTSD represents a significant public health concern both nationally and globally, underscoring the need for effective prevention and intervention strategies (20).

Post-traumatic stress disorder (PTSD) is associated with increased healthcare utilization for physical health issues. Individuals with PTSD and those who have experienced trauma exhibit a higher prevalence of cardiovascular, gastrointestinal, musculoskeletal, neurological, and endocrine disorders, among other physical conditions. Research indicates that these individuals often display abnormalities in the hypothalamic-pituitary axis and the sympathetic-adrenal-medullary system. Additionally, they tend to have elevated T-cell counts and increased immunoglobulin-M levels, along with reduced cortisol levels. These biological changes strongly suggest that PTSD triggers a harmful physiological response to stress (21).

It is obvious that PTSD commonly co-occurs with other mental disorders ; It's co-occurrence accounts 83.3% (22) . Active military service members with comorbid psychological conditions have more severe symptomatology, greater occupational and functional impairment, worse health, lower rates of recovery, higher attrition from service, and higher rates of suicidal attempt and mortality compared to those who are with single psychological condition(22).

In the previous study the prevalence of PTSD among Ethiopian military personnel was approximately 23.6% (5). To the best of my knowledge there is little studies conducted in Ethiopian and there is Paucity of data in Tigray. In response to this, the study aims to assess the prevalence and associated factors of PTSD among military personnel admitted to meles campus military hospital Mekelle, Tigray, Ethiopia, 2024.

### **1.3 Significance of the study**

This study will address the prevalence of PTSD and risk factors .Therefore; it will contribute to early detection and identify effective interventions and treatments, helping alleviate symptoms and improve outcomes.

It also helps to prevent long term suffering and disability .Besides; it reduces military attrition and improves military readiness.it also helps to have better scientific understanding of trauma (war) and post-traumatic stress disorder. Addressing PTSD can also potentially break the cycle of trauma transmission within families and communities, leading to long-term public health benefits.

The study will also serve as baseline for upcoming scientific research for researchers in field of psychiatry. Furthermore, the finding of the study will be useful as scientific evidence for local decision-makers, mental health policy makers and other stake holders to make an informed decision that would address the best need of military persons and others with post-traumatic stress disorder leading to better health and quality of life.

## **2. Literature review**

### **2.1 Magnitude of PTSD among military personnel.**

A retrospective cohort study conducted in 2018 among active-duty U.S. military personnel, using data from the Defense Medical Surveillance System, reported an overall incidence rate of 3.84 PTSD cases per 1,000 person-years over a 10-year period. Notably, following the launch of Operation Iraqi Freedom (OIF), the annual incidence of PTSD increased by an average of 43.03% (23). Further evidence from the Millennium Cohort Study, which tracked U.S. military service members and veterans from 2001 to 2013 using the PTSD Checklist–Civilian Version, revealed that 47% of individuals who screened positive for PTSD at baseline continued to meet PTSD criteria approximately three years later. Of those, over 70% still screened positive at a second follow-up about six years later (24). Additionally, studies conducted among specific occupational groups reported varying PTSD prevalence rates. For instance, PTSD prevalence was estimated at 10.8% among U.S. male Marines and 3.9% among UK police officers (25) and (26) respectively .

A cross-sectional study conducted in New Zealand in 2019 found that 30% of participants had probable PTSD, while 10% were identified as having clinically significant PTSD based on the Post-Traumatic Stress Disorder Checklist-Military Version (PCL-M)(27). Similarly, a cross-sectional study conducted among Nepalese combatants during the period of armed insurgency reported a PTSD prevalence of 21.9%(28). In China, a study carried out in the Xinjiang region among Uyghur veterans revealed a PTSD prevalence rate of 29%.(29) Likewise, research conducted in Nigeria among hospitalized Nigerian army veterans indicated that 22% of the participants were affected by PTSD.(30).

A community-based cross-sectional study conducted in Canada in 2018 among deployed Canadian Armed Forces personnel at risk for moral injury, using the fully structured module from the World Health Organization's International Diagnostic Interview (CIDI, Version 3.0), reported a PTSD prevalence of 7.6% in the year prior to the study(31). In contrast, a study conducted in South Africa among veterans of the South African Border War found a significantly higher PTSD prevalence rate of 32% (4).

According to meta-analysis study used to assess prevalence of Posttraumatic Stress Disorder Post Iraq and Afghanistan across subgroups. There was large variability in PTSD prevalence between studies, but, regardless of heterogeneity, prevalence rates of PTSD were higher among studies of Iraq deployed personnel 12.9% compared with personnel deployed to Afghanistan 7.1% (32).

In Ethiopia, a cross-sectional study conducted in 2019 at the Armed Forces Referral and Teaching Hospital in Addis Ababa found a PTSD prevalence of 16% (33) . In contrast, a 2022 study at the North West Command Level Three Military Hospital in Bahir Dar reported a higher prevalence of 21.9% (34). Additionally, a 2023 cross-sectional study conducted at the Eastern Command Referral Hospital in Dire Dawa revealed a PTSD prevalence of 23.6%(12).

## **2.2 Factors associated with Post traumatic disorder**

### **2.2.1 Socio-demographic characteristics**

The lifetime prevalence of PTSD is 10% in women and 4% in men(2). A Millennium Cohort Study conducted in the U.S. identified a significant association between lower educational attainment, being married, and a history of deployment with the development of moderate to severe combat-related PTSD (24). Another meta-analysis highlighted several pre-trauma risk factors, such as being female, having a lower educational level, being a non-officer, serving in the army, belonging to an ethnic minority, and having a combat specialization.(35). Study in Kosovo military elucidated low income and a moderately low degree of education were both linked to the severity of PTSD, a cross sectional study conducted in Bahir Dar showed an association between female sex and PTSD(34). additional study conducted in Dire Dawa also revealed an connection of family history of mental illness with PTSD(12).

### **2.2.2 Clinical related factors**

A study in US identified comorbid health conditions as important and independent risk factors of persistent PTSD. The study revealed that for each unit increase in depression, the likelihood of PTSD increased by 1.3 times. Similarly (36). In Nigeria, a cross-sectional study found that individuals diagnosed with medical illnesses had a higher likelihood of developing subsyndromal PTSD(37). Furthermore, a study conducted in Addis Ababa, Ethiopia, established an association between a family history of mental illness and the development of PTSD(38).

### **2.2.3 Trauma Related factors**

Combat exposure, including discharging a weapon, witnessing others being injured or killed, and experiencing severe trauma, are strongly linked to PTSD experience (35). Exposure to trauma was found to be predictor with PTSD (27,39). In addition, a cohort study conducted in US also revealed that deployment with combat exposure, disabling injury and history of physical assault are associated with PTSD(24).

### **2.2.4 Psychosocial related factors**

A study conducted in Bahir Dar, Ethiopia found that the odds of developing PTSD were 2.46 times higher among individuals with low social support compared to those with strong social support (24,34). This finding aligns with research conducted in the U.S., which also identified social support as a significant factor associated with PTSD (24,34). In addition, other studies have highlighted that unmet social support needs are strongly linked to PTSD(40). According to study conducted in Bahir dar low resilience coping was linked to PTSD(34). A study in Syria further indicated that distress caused by war-related noises was a major factor contributing to more severe PTSD(41).

### **2.2.5 Substance related factors**

Research has shown that being a current smoker is significantly linked to PTSD, as indicated in a study on factors contributing to persistent PTSD among U.S. military service members and veterans(24). In Uganda, a strong association was also found between PTSD and substance use, with substance users being five times more likely to experience PTSD(42). Similarly, studies in Ethiopia highlighted significant relationships between PTSD and the use of khat and alcohol(12,33). Furthermore, individuals with PTSD often increase their substance use as a way to manage symptoms. One study found that 85.3% of participants reported heightened substance consumption as their PTSD symptoms intensified. This pattern is also observed in individuals with depression, where substance use tends to rise along with depressive symptoms. (43,44).

## 2.3 Conceptual framework

Multiple factors contribute for military members to develop PTSD; particularly factors associated with PTSD are socio- demographic factors, Traumatic factors, clinical factors, psycho-social factors and substance use factors.

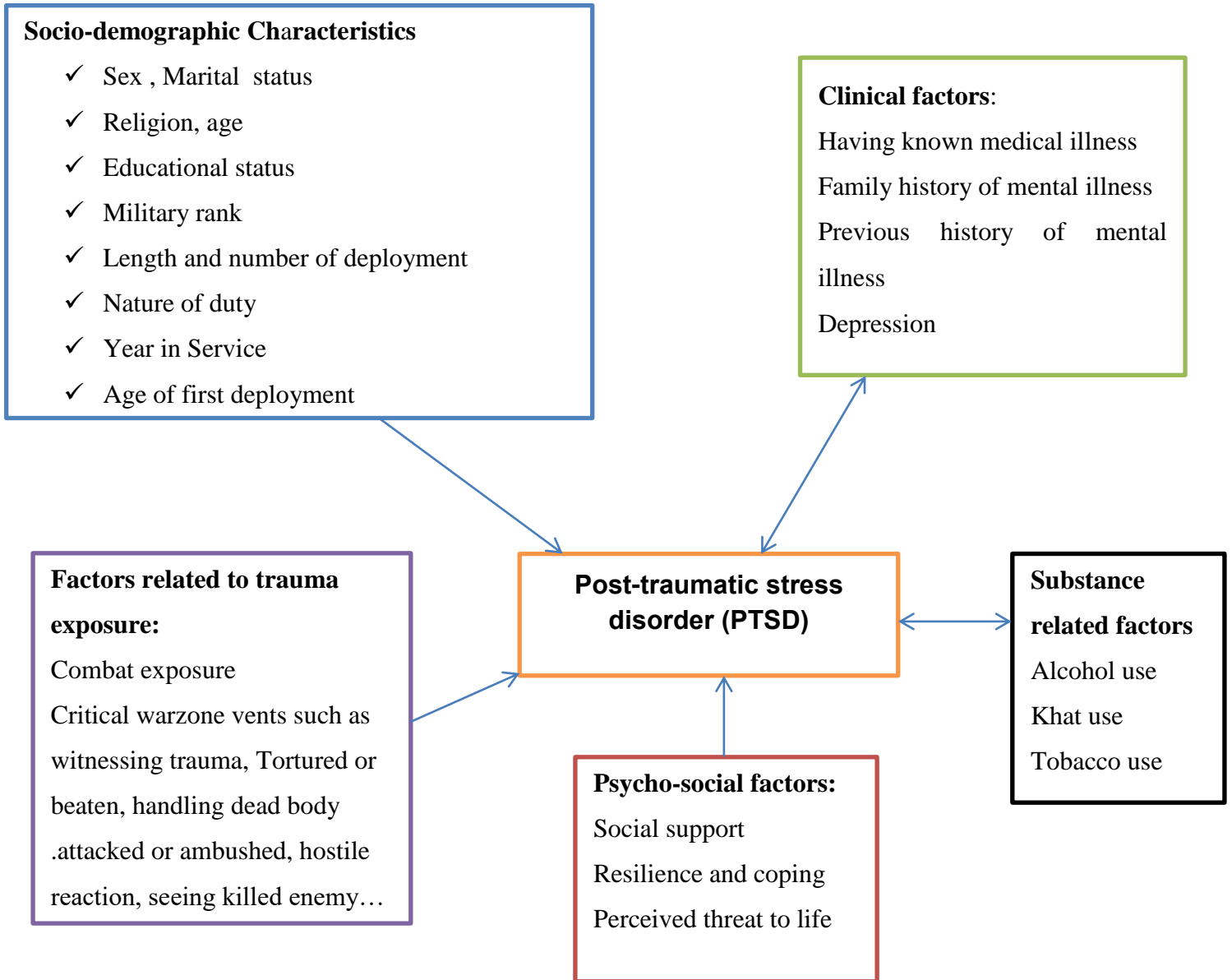


Figure 1. Conceptual framework of prevalence and associated factors of PTSD among admitted military personnel at meles campus military hospital Mekelle, Tigray, Ethiopia, 2024. (11,12,23,43,44)

### **3. Objectives**

#### **3.1. General Objectives**

- ✓ To assess prevalence and factors associated with post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia, in 2024.

#### **3.2. Specific Objectives**

- ✓ To determine the prevalence of post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia, in 2024.
- ✓ To identify factors associated with post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia in 2024.

## **4. Methods**

### **4.1 Study area**

The study was conducted at Meles campus military hospital which is found in Quiha, Mekelle city, Tigray region, Northern Ethiopia, at a distance of 783 kilometers far from Addis Ababa, the capital city of Ethiopia.

Mekelle is the capital city of the Tigray region which was founded in 1876(45). According to the United Nations Urbanization Prospects review Mekelle's 2024 population is estimated at 611,574(46) with an area of around 259.9 square kilometers and an elevation of 2084 meters above sea level. Mekelle is a special zone of the Tigray region with 7 sub cities. The health coverage of the city was reached 90% before the internal conflict between Tigray regional government and federal government started.

Meles campus hospital was established in 2022 almost a year after the joint forces (Ethiopian national defense force, Alongside with Eritrean national defense force, Amhara militia and other subordinates ) declare a war in Tigray in October 2021 .Since then it had been serving as referral hospital and currently providing health care for about 4250 clients (Tigray defense forces ) who were wounded against the joint forces (Ethiopian defense force, Eritrean defense force , Amhara militia and other allies ) who had been gang raping little sisters , old ages and Nuns ,massacring people ,looting properties and deliberately destroying infrastructures. Generally ethnic cleansing the people of Tigray.

### **4.2 Study period**

The study was conducted from August to September, 2024.

### **4.3 Study design**

Institutional based cross-sectional study was employed.

## **4.4 Population:**

### **4.4.1 Source population**

All admitted militaries who were at Meles campus military hospital.

### **4.4.2 Study population**

All admitted militaries and who were eligible during data collections period and studied.

## **4.5 Eligibility criteria**

### **4.5.1 Inclusion criteria**

All admitted militaries who were above the age of 18 years.

### **4.5.2 Exclusion criteria**

- ✓ Individuals who were unable to communicate and seriously ill.

## **4.6 Sample size determination and sampling procedure**

### **4.6.1 Sample size determination**

The minimum numbers of sample required for this study were determined by using a single population proportion formula considering the following assumptions, and 23.6% was used for PTSD among military personnel from the previous study conducted in Dire Dawa , Ethiopia (12) .

$$n = [(z\alpha/2)^2 p (1-p)]/d^2 \text{ Where}$$

n= minimum sample size required for the study

z= standard normal distribution (z=1.96) with a confidence interval of 95% and  $\alpha=0.05$

p= the prevalence of Post-traumatic stress disorder among military personnel from previous study is 23.6% from a previous study conducted in Dire dawa, Eastern Ethiopia.

d= absolute precision or tolerable margin of error (d) =5%=0.05

$$n = [(z\alpha/2)^2 p (1-p)]/ d^2 = \frac{(1.96)^2 \times 0.236(1-0.236)}{(0.05)^2} = 277$$

- Considering 10% (28) non-respondent rate the minimum of required sample size is 305.

#### **4.6.2 Sampling procedure**

The list of the admitted militaries was documented .Therefore; systematic random sampling technique was used to determine the study participants. Firstly sampling interval was determined from the fraction of source of population and sampled population  $K=N/n$ ,  $4250/305=14$ .Then the first participant (7<sup>th</sup>) were selected randomly among the first 14 consecutive lists. Ultimately, every 14<sup>th</sup> participant was taken from list.

### **4.7 Data collection Instruments and Procedures**

#### **4.7.1 Data collection Tools**

**Socio-demographic:** were collected by structured socio-demographic questions.

**Clinical factors:** were collected by structured yes/no questions.

**Social support:** was assessed with Oslo-3 item social support scale.

**Depression:** was assessed using the PHQ-9 a nine-item self-report questionnaire.

**Post-traumatic stress disorder:** PTSD Checklist-Military version (PCL-M) a self-report rating scale was used to assess PTSD.

**Substance use:** was assessed by yes/no questions.

**Brief resilience coping scale:** was assessed by Brief Resilience Coping Scale measures.

**Perceived threat:** was measured using the perceived stress scale.

**Combat exposure:** Combat exposure was measured on the Critical War Zone Experience scale.

**Other traumatic factors:** were assessed using structured yes or no question.

#### **4.7.2 Data collection procedure**

The Structured questionnaires were adapted from different literatures and then data was collected by 3 junior psychiatric professionals through face-to-face interview method.

## **4.8 Study area**

### **4.8.1 Dependent Variable**

Post-traumatic stress disorder

### **4.8.2 Independent variable**

**Socio-demographic characteristics:** Age, gender, marital status, rank, duration of deployment, number of deployments, nature of duty, Religion, Educational status, and service in a year.

**Clinical Factors:** Family history of mental illness, previous history of mental illness, and history of chronic medical illness.

**Factors related to the traumatic exposure include:** Combat exposure, perceived life threat, and type of Combat exposure trauma.

**Substance - related factors:** Alcohol consumption, Cigarette smoking, and Khat chewing,

**Psychosocial factors:** Social support and brief resilience coping scale.

## 4.9 Operational definitions

**Post-traumatic stress disorder:** Posttraumatic stress disorder (PTSD) is defined by the Diagnostic and Statistical Manual of threatened death, serious injury, or sexual assault and military combat traumatic reminder. It was measured using PCL-M and Total score of >50 were considered positive for PTSD(47).

**Ever substance use:** Those who had ever used substance in their life time (khat, cigarettes, and Alcohol).

**Current substance use:** Those who used substances within the last 3 months (khat, cigarettes, and alcohol).

**Social support:** was measured with Oslo-3 Social Support score of "3-8," "9-11," and "12-14" indicate poor social support, intermediate social support, and strong social support, respectively(48)

**Brief resilience coping scale:** Measured by sum score, Scores of 4-13 indicate low resilient coping, 14-16 medium resilient coping and 17-20 high resilient coping (49).

**Perceived life threat:** measured using the perceived stress scale. Low perceived stress Scores range from 0-13 on PSS, moderate perceived stress Scores range from 14-26 and high perceived stress scores range from 27-40 on PSS (50).

**Combat exposure:** Combat exposure was measured by critical warzone experience scale and created by summing across all scale items (51). In a similar study done previously, the level of combat exposure was classified into four groups based on the quartile distribution (52). Low combat exposure scores range from 0 to 4, medium combat exposure scores range from 5-7, high combat exposure scores range from 8 to 13, and very high combat exposure scores range from 14 to 28.

#### **4.10 Data quality Control:**

The Structured questionnaires were checked thoroughly for its completeness before it was distributed to the participants. Structured questionnaires were translated by bilingual translator into Tigrigna where almost all participants could understand. To check its consistency with its English version, it was also re-translated to the original version. All structured questionnaires were pretested 5% of the study participants at Meles academy 5 days before data collection to check whether it fits or not and three days Training was given to data collectors.

The principal investigator and data collectors made close follow up and frequent checks on the data collection process to ensure the completeness and consistency of the gathered information. Also incomplete data could have excluded from analysis.

#### **4.11 Data analysis Procedure:**

The data was coded, entered and cleaned using Epi data 4.7.0 and analyzed by using SPSS 26 version to generate descriptive statistics: means, frequency, percentages and standard deviations. The degree of association between independent and dependent variables were assessed using adjusted odds ratio with 95% confidence interval. Variables <0.25 P-value in binary logistic regression were fitted into multivariable logistic regression model to control the potential confounding variables and variables p value less than 0.05 were considered as significantly associated. Besides, Hosmer-Lemeshow model of goodness fit was tested ( $p=0.860$ ) and multicollinearity was checked, as a result Tolerance was greater than 0.7 and VIF was less than 1.3.

#### **4.12 Ethical Considerations:**

Ethical clearance to conduct the study was obtained from Institutional Review Board of Mekelle University College of Health Science. Then the Obtained official supportive letter was submitted to Tigray military central medical office and meles campus military hospital. Study participants were informed about procedures, significance and risks of the study and the right to refuse any time. Ultimately written informed consent was taken. Confidentiality were also assured for all the information provided and no personal identifiers were used on the questionnaire.

#### **4.13 Dissemination of findings**

The study result will be submitted and presented to Mekelle University, college of health sciences, School of Nursing Department of Psychiatry and Meles campus military hospital and result documents will be disseminated to all responsible bodies in the study area. Finally the findings will be disseminated through different meetings, workshops and publishing in the local or an international journal.

## 5. Result

### 5.1 Socio-demographic and military characteristics of respondents

A total of 305 participants took part in this study, making a response rate of 100%. The median age of the respondents was 27 years (IQR:23-36). Among them 67.5% were males and 54.8% were unmarried. Besides, 84.6 % were orthodox Christian followers and 38% the participants attended secondary school.

Among the military respondents 83.6% were Non officers and 68.5% were combat. Furthermore, 54.1 % respondents are deployed when they were less than 25 years old and 42% of them were deployed ten and more than ten times and 61% of them stayed six months long and beyond(table 1).

Table 1. Socio-demographic and military characteristics among admitted military personnel at Meles Campus military hospital Mekelle, Tigray .Ethiopia, 2024 (n=305)

Characteristics	Category	Frequency	Percentage
Sex	Male	205	67.2
	Female	100	32.8
Age	18-24	101	33.1
	25-29	84	27.5
	30-39	61	20
	40-49	28	9.2
	50-65	31	10.2
Religion	Orthodox	258	84.6
	Muslim	22	7.2
	Catholic	25	8.2
Marital status	Married	104	34.1
	Unmarried	167	54.8
	Divorced	13	4.3
	Widowed	21	6.9
Educational	No formal	23	7.5

level	education		
	Primary school	56	18.4
	Secondary school	116	38
	College and above	110	36.1
Years of military service	≤3 Years	163	53.4
	≥4 Years	142	46.6
Military rank	Officer	50	16.4
	Non officer	255	83.6
Nature of duty	Combat	209	68.5
	Combat supporter	96	31.5
Number of deployment	1-5 times	79	25.9
	6-9 times	98	32.1
	≥10 times	128	42
Age of first deployment	<25 years	165	54.1
	≥25years	140	45.9
Length of deployment	≤5 months	119	39
	≥6 months	186	61

## 5.2 Substance related factors

Out of 305 respondents 56.4% of them had ever used of alcohol and 29.2% currently use alcohol. On the top of that, 6.9% and 4.3% of the respondents currently smokes cigarette and chews khat respectively (figure 2).

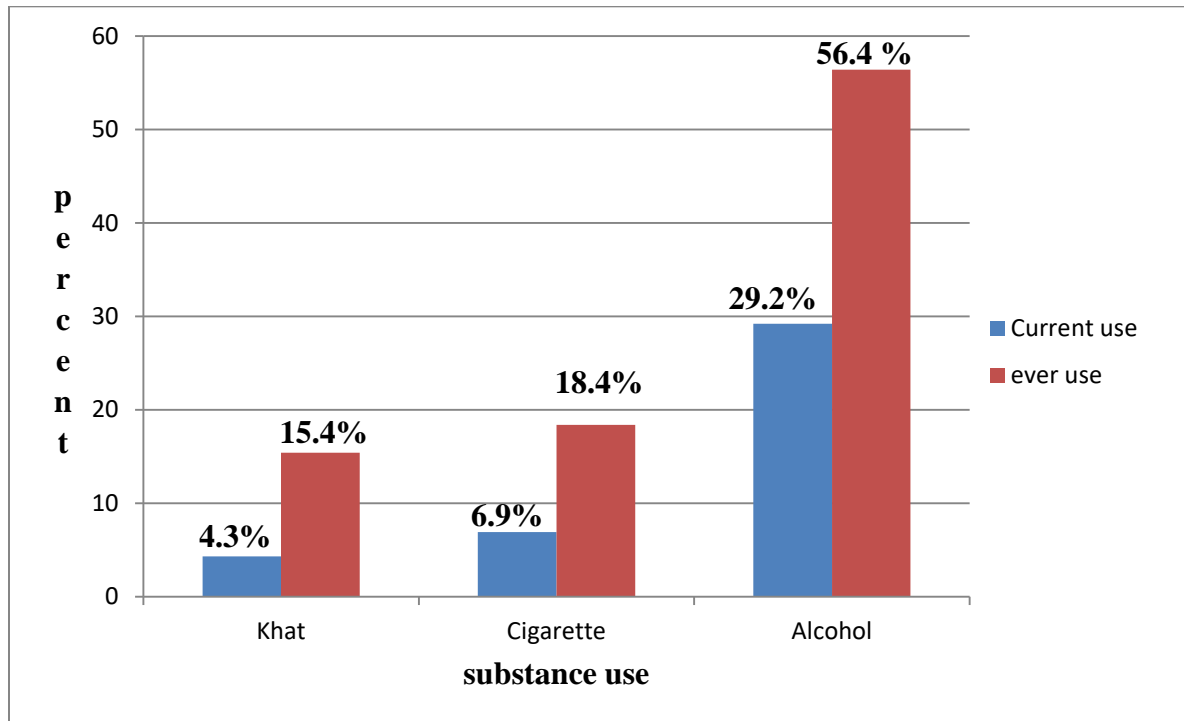


Figure 2 .Substance use among admitted military personnel at meles campus military hospital, Mekelle, Tigray, Ethiopia 2024 (n=305)

### 5.3. Clinical related factors

About 29.2% of respondents had depression and 7.5% of respondents had family history of mental illness .In addition to this, 4.6 % of them had past history of mental illness and 15.4% of the respondents had known chronic medical illness, among them 7.2% of them were known to be epileptic secondary to Traumatic brain injury.

Table 2. Clinical related factors among admitted military personnel at Meles Campus Mekelle, Tigray, Ethiopia 2024 (n=305)

Clinical factors	Category	Frequency	Percent
Depression	Present	89	29.2
	Absent	216	70.8
Family history of mental illness	Present	23	7.5
	Absent	282	92.5
Past history of mental illness	Present	14	4.6
	Absent	291	95.4
Chronic medical illness	Present	47	15.4
	Absent	258	8.6
	Diabetes	12	3.9
	Hypertension	13	4.3
	Epilepsy	22	7.2

## 5.4 psychosocial factors

### 5.4.1 social support

From the total of 305 respondents 44.9 % participants perceived having more than 5 people close to them and 34.8% are concerned about their activities and 28.9% had a possibility of getting practical help from the people around(table 3).

Table 3 .Social support status among admitted military personnel at Meles Campus military hospital Mekelle, Tigray, Ethiopia 2024 (n=305).

Characteristics	Category	Frequency	Percentage
Participant perception number of peoples close to him/her during serious personal problem	None	22	7.2
	1 or 2	63	20.7
	3–5	83	27.2
	More than 5	137	44.9
Participant perception about people’s concern in what she/he is doing	No concern and interest	9	3
	Little	46	15.1
	Uncertain	79	25.9
	Some	106	34.8
	a lot	65	21.3
Participant perception the ease to get practical help	Very difficult	19	6.2
	Difficult	57	18.7
	Possible	88	28.9
	Easy	88	28.9
	Very easy	53	17.4

Out of 305 participants 39.67% revealed having strong social support .where as, 30.16% participants had poor social support and the remained part indicated intermediate social support as well.

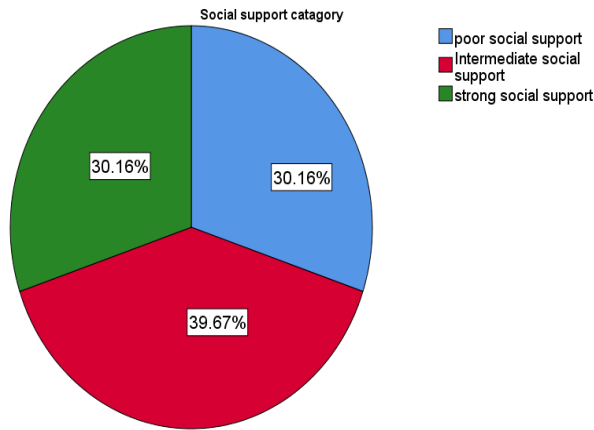


Figure 3 .Social support among Admitted military personnel at Meles Campus military hospital Mekelle, Tigray, Ethiopia 2024 (n=305).

#### 5.4.2 Perceived threat to life

Twelve point one percent of respondents perceived high threat to life and 69.8 % of them also experienced moderate perception to life (table4).

Table 4. Perceived threat to life admitted among military personnel at Meles campus Military hospital Mekelle, Tigray, Ethiopia 2024 (n=305)

Variable	Category	Frequency	Percent
Perceived threat to life	Low	55	18%
	Moderate	213	69.8%
	High	37	12.1%

### 5.4.3 Resilient coping scale

Across all respondents 36.4% had low resilience coping to difficult situations they had been exposed. Thirty three percent of the respondents were also experiencing high resilient coping during the difficult situations they had been facing.

Table 5 .Resilient coping scale among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia 2024 (n=305).

Variable	Category	Frequency	Percent
Resilient coping scale	Low	111	36.4
	Moderate	92	30.2
	High	102	33.4

## 5.5 Trauma related exposures

### 5.5.1 Combat exposures

The majority of the respondents 97% received incoming artillery, rocket and mortar fire and 91.5% saw killed or dead enemy .Besides, 88.2% witnessed an injury or death of co-worker or a friend and 47.2% of the participants handled a dead body (table 6).

Table 6. Combat exposure of admitted military personnel at Meles campus military hospital at Mekelle, Tigray, Ethiopia 2024 (n=305)

Variables	Category	Frequency	Percent
Attacked or ambushed	Yes	16	5.2
	No	289	94.8
Receiving incoming artillery ,rocket or mortar fire	Yes	296	97
	No	9	3
Being shot or receiving small arms fire	Yes	284	93.1
	No	21	6.9
Improvised explosive device or boot trap exploding near you	Yes	167	54.8
	No	138	45.2
Aid wounded/shouted	Yes	230	75.4
	No	75	24.6
Handling dead body	Yes	144	47.2
	No	161	52.8
Witnessing /hearing a co-worker or friend injured or killed	Yes	269	88.2
	No	36	11.8
Hostile reaction from civilians	Yes	218	66,6
	No	87	28.5
Serious car or other accident at work or elsewhere	Yes	203	66.6
	No	102	33.4
Seeing enemy wounded, killed or dead	Yes	279	91.5
	No	26	8.5

### 5.5.2 Critical warzone experience

Across the respondents 51.1% of them had very high combat exposure and 40.7% of the respondents also had high combat exposure (figure 4).

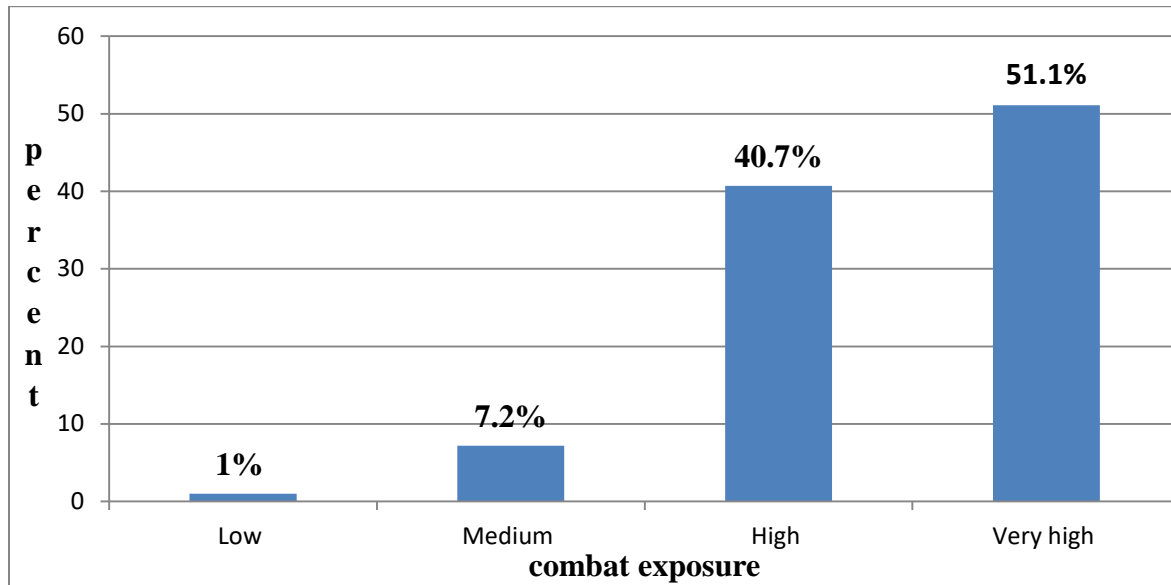


Figure 4 .Combat exposure category among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia 2024 (n=305).

## 6. Prevalence of post-traumatic stress disorder among military personnel

The prevalence of post-traumatic stress disorder (PTSD) in this study was 27.5% (95 % CI: 22.5, 32.5).

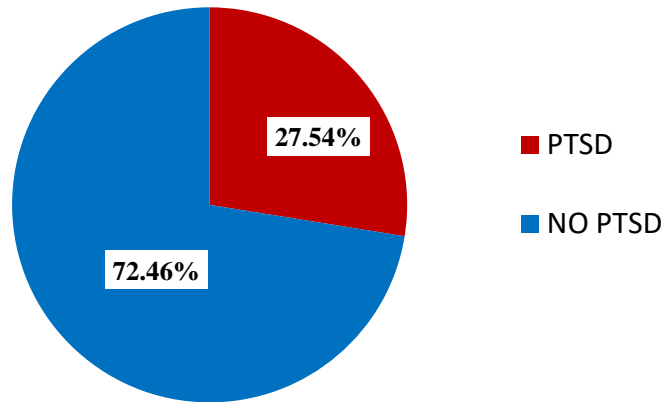


Figure 5: The prevalence of post-traumatic stress disorder among military personnel admitted to Meles campus military hospital Mekelle, Tigray, Ethiopia 2024

### 6.1 Factors associated with posttraumatic stress disorder

To determine the association of independent variables with dependent variable (PTSD), bivariate and multivariate binary logistic regression analysis were undertaken. Based On the bivariate analysis sex, educational level, rank, year of military service , number of deployment ,length of deployment ,social support, ever use of khat ,family history of mental illness ,past history of mental illness ,depression ,handling dead body , resilient coping and perceived threat to life were found to be significant at a P value less than 0.25.

These variables were fitted into multivariable binary logistic regression for further analysis in order to control confounding effects. In multivariable binary logistic regression the factors which had P value <0.05 were considered to be significant.

According to multivariable binary logistic regression rank, depression, family history of mental illness, social support, handling dead body, perceived threat and resilient coping were found to be statistically significant.

Being Non officers were 6.35 times more likely to have PTSD than those who were officers [AOR=6.352; 95% CI(1.375,29.335)]. Those who had family history of mental illness were 7.65 times more likely to experience PTSD than those who hadn't family history of mental illness [AOR=7.65; 95% CI(1.428, 40.983)] and the odds of having PTSD among those who had poor social support were 3.8 times higher than those who had strong social support [AOR=3.848; 95% CI(1.220,12.134)]. In addition to the aforementioned factors, those who had depression were 10.3 times more likely to have PTSD than those who were not diagnosed with depression [AOR=10.348; 95% CI(3.983, 26.886)].

Being handling dead body were 8.2 times higher to experience PTSD than those hadn't handle dead body [AOR=8.229; 95% (CI:3.314, 20.434)] and the odds of PTSD among respondents with low resilient coping were five times more than those who had high resilient coping [AOR=5.016; 95% CI(1.722,14.608)]. Besides, the odds of PTSD among respondents who had high perceived threat to life were 4.6 times more likely to have PTSD than those who had low perceived threat to life [AOR=4.560; 95% CI(1.052,19.767)] (Table 8).

Table 7. Factors associated with post traumatic disorder bivariate and multivariable logistic regression among admitted military personnel at meles campus military hospital (n=305)

Variables	Categories	PTSD		COR(95% CI)	AOR(95% CI)	P-value
		Yes	No			
Sex	Male	156	49	1	1	
	Female	65	35	1.714( 1.018- 2.888)	1.942(0.787-4.792)	0.15
Educational level	No formal education	15	8	2.133(0.803-5.667)	3.256(0.526-20.162)	0.2
	Primary school	38	18	1.895(0.913-3.931)	0.918(0.256-3.290)	0.89
	Secondary school	80	36	1.8(0.977-3.315)	1.201(0.447-3.223)	0.71
	Diploma and above	88	22	1	1	
Rank	Officer	46	4	1	1	
	Non officer	175	80	5.257(1.830-15.104)	6.352(1.375-29.335)*	0.01
Military service	≤ 3 years	131	32	1	1	
	≥ 4 years	90	52	2.365(1.412-3.961)	1.516(0.569-4.041)	0.4
Length of deployment	≤ 5 months	80	39	1.57(0.918-2.547)	2.245(0.953-5.284)	0.06
	≥ 6 months	141	45	1	1	
Number of deployment	1-5 times	61	18	1	1	
	6-9 times	75	23	1.039(0.514-2.1)	1.790(0.540-5.927)	0.34
	≥10 times	85	43	1.714(0.903-3.255)	1.944(0.658-5.749)	0.22

Depression	Present	185	31	8.786(4.973-15.522)	10.348(3.983-26.886)*	0.0001
	Absent	36	53	1	1	
Social support	Poor	42	50	7.234(3.536-14.801)	3.848(1.220-12.134)*	0.02
	Moderate	100	21	1.276(0.602-2.707)	0.617(0.191-1.1990)	0.41
	Strong	79	13	1	1	
Family history of mental illness	Present	9	14	4.711(1.954-11.357)	7.65(1.052-40.983)*	0.01
	Absent	212	70	1	1	
Past history of mental illness	Present	6	8	4.842(1.701-13.783)	2.595(0.381-17.665)	0.33
	Absent	215	76	1	1	
Ever use of khat	Yes	24	23	2.644(1.347-5.191)	1.196(0.4-3.575)	0.74
	No	197	61	1	1	
Handling dead body	Yes	78	66	6.722(3.727-12.123)	8.229(3.314-20.434)*	0.0001
	No	143	18	1	1	
Perceived threat	Low	41	14	1	1	
	Moderate	172	41	0.543(0.283-1.040)	0.737(0.241-2.256)	0.59
	High	8	29	8.667(3.186-23.575)	4.560(1.052-19.767)*	0.04
Resilience	Low	50	60	9(4.426-18.30)	5.016(1.722-14.608)*	0.03

coping	Moderate	80	12	1.125(0.478-2.645)	1.227(0.359-4.196)	0.74
	High	90	12	1	1	

\*statistically significant at p-value <0.05, 1-reference, Model goodness of fit (Hosmer and Lemeshow) =0.860, No multicollinearity (tolerance>0.7 and VIF<1.3).

## 7. Discussion

Post-traumatic stress disorder appears to be more common and highly prevalent among war victims, especially among military personnel (4). This study also looked into the prevalence and associated factors among admitted military personnel. As a result, the prevalence of PTSD in these participants was 27.5% (95 % CI: 22.5, 32.5) and non-officers, depression, poor social support, family history of mental illness, handling dead body, high perceived threat and low resilient coping were found to be significantly associated with post-traumatic stress disorder.

The prevalence of PTSD among participants was found to be 27.5% (95 % CI: 22.5, 32.5). This result aligns with studies conducted in New Zealand military personnel 30%(27), Uyghur veterans in Xinjiang region of China 29%(29), South African 32%(4) and study conducted at Eastern Commands Referral Hospital in Dire Dawa Administration, Eastern Ethiopia 23.6%(12).

Conversely, the prevalence reported in this study is lower than that found in previous research conducted among active-duty military personnel in the US 43%(23), and the study conducted in Sri Lanka rehabilitation center among soldiers with amputation of a limb or spinal injury 41.7%(53). These discrepancies may be due to methodological differences, such as the sampling techniques used (convenience and snowball sampling), data collection methods (web-based questionnaires), the inclusion of participants with amputations and spinal injuries who are more prone to PTSD(53) and the use of the Diversity Maladaptive Stress Symptoms (DMSS) tool for assessment(23).

This study also indicated a higher prevalence of PTSD compared to findings from earlier research conducted among deployed US male marines 10.8%(25), UK police officers 3.9%(26), Nepalese combatant during insurgency 21.9%(28), Nigeria hospitalized veterans 22%(30), among Iraq deployed personnel 12.9% (32), and a studies conducted at Armed Forces Referral and Teaching Hospital in Addis Ababa Ethiopia 15.5%(11) and in Admitted at North West Command Level three Military Hospital in Bahir Dar Northwest Ethiopia 21.9%(34). The variations observed across these studies could be explained by factors such as smaller sample sizes, differences in study design (e.g., cohort studies), variations in socio-demographic and military characteristics, as well as exposure to civilian casualties, atrocities, and disruptions in

loss of family connections after deployment, which were more prevalent among respondents in the present study

Non-officers were found to be 6.35 times more likely to have PTSD than those who were officers aligning with studies conducted in US military personnel(23) ,Uk army personnel(54),Iraq and Afghanistan(55) and Addis Ababa, Ethiopia (11). This increased risk of frontlines could be explained by direct exposure to handling dead body, life threatening situations and death of comrades.

Poor social support were observed to be 3.8 times more likely to have PTSD compared to those who had strong social support which was parallel to studies conducted in US military (24) , in Addis Ababa Ethiopia (11) and a study conducted in Bahir dar Ethiopia (34).The heightened susceptibility of those had poor social support could be due to an increasing likelihood of isolation ,rumination and avoidance then struggle to process the traumatic event incase social support serves as buffer against stress(56).

Participants with a family history of mental illness were found to be 7.65 times more likely to have PTSD compared to those without such a history. This finding aligns with prior research conducted in Dire Dawa, Ethiopia (12). A potential explanation is that a genetic predisposition to mental health issues may increase vulnerability to other psychiatric disorders. Additionally, individuals from families with a history of mental illness might experience prolonged stress or neglect, which can undermine their resilience and heighten their sensitivity to traumatic experiences(57).

Those who had depression were 10.3 times more likely to have PTSD compared to those who had not, this could be due to sharing common symptoms with PTSD, heightened stress and negative thought patterns and social isolation which makes it harder to cope and process trauma .And this was higher than the studies conducted in US and Dire Dawa Ethiopia (12,24,36) possibly due to variations in study design and sample size .

Dead body handlers were 8.2 times more likely to have PTSD than those didn't handle dead body. This study supports the previous studies conducted in UK ,Addis Ababa and Bahir Dar Ethiopia (11,34,54).Repeated exposure ,sensory overload and constantly working with handling

dead body leads to emotional distress ,intrusive memories and overwhelming sensory experiences(58) .

High perceived threat to life was 4.6 times more likely to have PTSD compared to low perceived threat. This study was a line with previous studies in UK army personnel(54), US marine(25) and in Addis Ababa Ethiopia(11) .The possible explanation could be because when individuals perceive high to threat the brain activates fear network that contributes to overproduction of stress hormone(59).

Those who had low resilient coping were also five times more likely to have PTSD than those were resilient .This study supports the study conducted in US soldiers returning from Operations Enduring Freedom and Iraqi Freedom(60) and in Bahir Dar, Ethiopia (34).This could be because low resilience leads to negative appraisals ,where individuals perceive the trauma as life shattering and uncontrollable and struggle trauma to process(61)

## **7. Limitation of the study**

The Nature of cross sectional study design may not show temporal relationships between post-traumatic stress disorder and its predictors. Therefore, it needs further longitudinal studies to spell out or show temporal relationship. On the top of that, there was Recalling bias for some variables such as number of deployment and length of deployment..

## **8. Conclusion**

The purpose of the study was to determine prevalence and associated factors of post-traumatic stress disorder among admitted military personnel at meles campus military hospital Mekelle ,Tigray ,Ethiopia .According to this study prevalence of Post-traumatic stress disorder was found to be 27.5%.Low rank ,depression , family history of mental illness , poor social support , handling dead body , high perceived threat and low resilience coping were important factors which significantly associates with PTSD .Therefore, the aforementioned factors should be considered during screening and intervention.

## 9. Recommendations

According to the findings the following recommendations are forwarded.

### To Meles Campus Military Hospital

- ✓ There should be routine screening, early detection and intervention for admitted military personnel, especially to those has history of mental illness, depression and high perceived threat.
- ✓ Immediate and ongoing psychological support should be given to those who were handling dead body.
- ✓ Referral system should be established to get specialized mental health service.
- ✓ Social support should be facilitated to provide emotion and psychological assistance.
- ✓ Resilience training should be given on stress management and emotional regulation, particularly non officers.
- ✓ Provide psycho education on mental health awareness to reduce stigma, and safe and supportive environment with minimal triggers should be ensured.

### To Tigray military central medical office

- ✚ Should allocate resources to military hospitals hospital for mental health service.
- ✚ Should train health care professionals in primary health care setting on identifying and managing post-traumatic stress disorder.
- ✚ Public health campaigns should be facilitated to reduce stigma and encourage help seeking behavior among military personnel.
- ✚ Coordinate Non-governmental organization that provides mental health support.

### To health policy makers

- The policy makers should integrate PTSD care into national military and general mental health policies.
- Should establish guidelines for assessment of PTSD among active duty personnel.

## **To researchers**

- PTSD is frequently chronic and debilitating condition that occurs often after long time exposed to traumatic events .Longitudinal research should be conducted to yield conclusive data on the prevalence and contributing variables of post-traumatic stress disorder.

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## 9. ANNEXES

### Annex-I: Participant's information sheet

**Title of the research:** prevalence and associated factors of post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia, 2024.

**Principal Investigator:** Awet Menasbo (Bsc)

**Primary advisor:** Tesfalem Araya (MSc, Asst. proff)

**Co-advisor:** Hagos Tsegabirhan (MSc, Asst. proff)

**Department:** Department of Psychiatry, School of Nursing, College of Health Sciences, Mekelle University.

**Introduction:** Good morning/afternoon! My name is \_\_\_\_\_. I am here today to collect data on the above-mentioned topic. The study is will be conducted by Awet Menasbo who is studying in the field of Integrated Clinical and Community Mental Health from Mekelle University, College of Health Science, School of Nursing, Department of Psychiatric Nursing, and postgraduate program.

**Purpose:** prevalence and associated factors of post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia, 2024.

**Procedure and Participation:** I request you to take part in this study and to respond genuinely. Your cooperation and willingness are greatly helpful in identifying determinants of post-traumatic stress disorder among military personnel at Meles campus military hospital. The study will be conducted through interviews and you are being asked for a little of your time, about 30 minutes, to help us in this study.

**Confidentiality:** All information given by you will be kept strictly confidential.

**Benefit:** I will be benefited from your cooperation in this study through your response but you might not directly benefit.

**Risk:** you may feel discomfort with some questions and you may spend your time on responding to the questionnaire. Otherwise, no possible additional risk associated with participating in this study.

**Inducement, incentive, and Compensation:** There is no payment for your genuine response but it is helpful to assess magnitude and associated factors of post-traumatic stress disorder.

**Results Dissemination:** The finding of the study will be submitted to Mekelle University College of Health Sciences, School of Nursing, and Department of Psychiatric Nursing and responsible bodies in the study area. An effort will be made to present in seminars and workshops.

**Freedom to withdraw:** Your participation is voluntary and you are not obligated to answer any question you do not want to answer. If you feel discomfort with the question, it is your right to drop it any time you want.

**Person to contact:** If you have questions regarding this study or will like to be informed of the results after its completion, please feel free to contact the principal investigator. If you want more information and check about this research you can contact the following people. Mekelle University, College of Health Sciences Institutional Review Board Office. Tel. +251 3444416682

**Principal investigator Name and Address:** Awet Menasbo Tel: +251 940268819

E-mail: [awetmenasbo2015@gmail.com](mailto:awetmenasbo2015@gmail.com)

**Advisors** 1. Mr.Tesfalem Araya (MSc,Asst.prof.) Email:tesfayearaya8@gmail.com

2. Mr.Hagos Tsegabrhan (Asst.prof.) Email: hagostsegabrhan196@gmail.com

Are you willing to participate in this study?

1. Yes\_\_\_\_\_ Continue to the next page.
2. No\_\_\_\_\_ Skip to the next participant.

**Annex II: Informed consent form**

**Title of the project:** “prevalence and associated factors of post-traumatic stress disorder among admitted military personnel at Meles campus military hospital Mekelle, Tigray, Ethiopia, 2024.”

I have been well aware of that this research undertaking is for a partial fulfillment of Master’s degree which is fully supported and coordinated by the College of Health Science, School of Nursing Department of Psychiatry and the designate principal investigator is Awet Menasbo. I have been fully informed in the language I understand about the research project objectives that are to understand the prevalence and associated factors post-traumatic stress disorder among admitted military personnel.

I have been informed that all the information I shall provide to the interviewer will be kept confidential. I understood that the research has no any risk and no composition. I also knew that I have the right to withhold information, skip questions to answer or to withdraw from the study any time I have acquainted nobody will impose me to explain the reason of withdrawal.

I have read this form, or it has been read to me in the language I comprehend and understood the condition stated above, therefore, I am willing and confirm my participation by signing the consent.

Do you agree to participate in the study?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of data collector \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Annex III: English version Questionnaire

**Instructions;** the questionnaire has 9 parts. It will take about 30 minutes to complete. Please try to respond all questions. Thank you very much for your patience.

#### Part-I: Socio- demographic characteristics

No	Questions	Alternative response
101	Sex	1.Male  2.Female
102	How old are you?	_____ years
103	Where are you come from?	1.Rural  2.Urban
104	What is your marital status?	1. Single      3. Divorced  2. Married      4. Widowed
105	What is your religion?	1.Orthodox    3.Catholic 2.Muslim      5.Others----- 4.Protestant
106	What is your educational level?	1. Can't write and read    4. 9-10 grade 2.1-4 grade                      5. College and above 3.5-8 grade
107	Years of military service	-----years
108	What is your rank	1.commissioner officer 2.non commissioner officer
109	Nature of duty	1. Combat 2. Combat supporter 3. Other specify.....
110	Number of deployment	_____times
111	Age at first deployment	_____ years

112	Length of Deployment	_____ month/days
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**PART II .Questions to Assess depression by using the patient health questionnaire (PHQ-9)**

<u>NO</u>	Over the last 2 weeks, how often have you been Bothered by any of the following problems?	Not at all	Several days	More than half days	Nearly every day
201	Little interest or pleasure in doing things	0	1	2	3
202	Feeling down, depressed, or hopeless	0	1	2	3
203	Trouble falling or staying asleep, or sleeping too Much	0	1	2	3
204	Feeling tired or having little energy	0	1	2	3
205	Poor appetite or overeating	0	1	2	3
206	Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
207	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
208	Moving or speaking so slowly that other people Could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
209	Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

**PART III: PTSD CHECKLIST – MILITARY VERSION (PCL-M)**

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

NO	Response	Not at all (1)	A little bit(2)	Moderately (3)	Quite a bit (4)	Extremely (5)
301	Repeated, disturbing memories, thoughts, or Images of a stressful military experience from the past?					
302	Repeated, disturbing dreams of a stressful Military experience from the past					
303	Suddenly acting or feeling as if a stressful Military experiences were happening again (as if you were reliving it)?					
304	Feeling very upset when something reminded you of a stressful military experience from the Past?					
305	Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something Reminded you of a stressful military experience From the past?					
306	Avoid thinking about or talking about a stressful military experience from the past or avoid Having feelings related to it?					
307	Avoid activities or					

	situations because they remind you of a stressful military experience from the past					
308	Trouble remembering important parts of a Stressful military experience from the past?					
309	Loss of interest in things that you used to enjoy?					
310	Feeling distant or cut off from other people?					
311	Feeling emotionally numb or being unable to have loving feelings for those close to you?					
312	Feeling as if your future will somehow be cut short?					
313	Trouble falling or staying asleep?					
314	Feeling irritable or having angry outbursts?					
315	Having difficulty concentrating?					
316	Being “super alert” or watchful on guard?					
317	Feeling jumpy or easily startled?					

**Part-IV: Questionnaires to assess social support (SSQ-Oslo-3)**

The following 3 questions ask about how you experience your social relationships. The inquiry is about your immediate personal experience.

S .no	Social Support Questionnaire	Response
401	How many people are so close to you that you can Count on them if you have serious personal	1. None 3. Three-five 2. One or two 4. More than 5

	problems	
402	How much concern do people show in what you are doing	1. No concern and interest 2. Little concern and interest 3. Uncertain 4. some 5. a lot
403	How easy is it to get practical help from friends or dorm-mates' if you should need it	5. Very easy 4. Easy 3. Possible 2. Difficult 1. Very difficult

**Part -V: Question of substance use**

501	Have you used any kind of alcohol drinks in last 3 months?	1. Yes	
		2. No	
502	Have you ever used alcohol drinks in your life?	1. Yes	
		2. No	
503	Have you used any kind of tobacco products in the last 3 months?	1. Yes	
		2. No	
504	Have you ever used tobacco products?	1. Yes	
		2. No	
505	Have you used any other substance in the last 3 months? If yes, specify it.....	1. Yes	
		2. No	
506	Have you ever used any other substance in your life? If yes, specify it.....	1. Yes	
		2. No	

**PART VI: CLINICAL FACTORS**

<b>NO</b>	<b>Questionnaire</b>	<b>Response</b>	
601	Do you have family history of mental illness?	1.Yes	2.No
602	Do you have previous history of mental illness?	1.Yes	2.No
603	Do you have known chronic medical illness?	1.Yes	2.No
604	Have you been experience trauma in childhood physical abuse and neglect	1.Yes	2.No

**PART VII CRITICAL WARZONE EXPERIENCES (CWE) SCALE**

<b>NO</b>	<b>How often did you experience the following during Combat?</b>	<b>Never</b>	<b>1 time</b>	<b>2-4 Times</b>	<b>5-9 times</b>	<b>10+ times</b>
701	Seeing ill/injured women/children who you were unable to help					
702	Had a buddy shot or hit who was near you.....					
703	Being in threatening situations where you were unable to respond because of rules of engagement					
704	Witnessing violence within local population or between ethnic groups					
705	Being directly responsible for the death of an enemy Combatant....					
706	Being wounded/injured... ..					
707	Saved the life of a soldier or civilian					

**PART VIII: OTHER TRAUMATIC FACTOR**

NO	How often did you experience the following during combat	Response	
		1.yes	2.No
801	Have you ever been attacked or ambushed	1.yes	2.No
802	Receiving incoming artillery, rocket, or mortar fire	1.yes	2.No
803	Being shot at or receiving small arms fire	1.yes	2.No
804	IED/ improvised explosive device /booby trap exploding near you	1.yes	2.No
805	Aid wounded/shouted	1.yes	2.No
806	Handling dead body	1.yes	2.No
807	Did you witnessed hearing of a friend or co-worker being injured or killed	1.yes	2.No
808	Having hostile reactions from civilians	1.yes	2.No
809	Have you ever been involved in a serious car accident or serious accident at work or elsewhere?	1.yes	2.No
810	Seeing enemy forces wounded, killed or dead	1.yes	2.No

**PART IX:-lists of threatening experiences questionnaires-showing subjective perception of life threat in the last month.**

No	Questions	0.never	1.almost never	2.sometimes	3.fairly often	4.very often
90 1	In the last month, how often have you been upset because of something that Happened unexpectedly?					
90 2	In the last month, how often have you felt that you were unable to control the Important things in your life?					
90 3	In the last month, how often have you Felt nervous and stressed?					
90 4	In the last month, how often have you felt confident about your ability to Handle your personal problems?					

90 5	In the last month, how often have you Felt that things were going your way?					
90 6	In the last month, how often have you found that you could not cope with all The things that you had to do?					
90 7	In the last month, how often have you been able to control irritations in your Life?					
90 8	In the last month, how often have you Felt that you were on top of things?					
90 9	In the last month, how often have you been angered because of things that happened that were outside of your Control?					
91 0	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

**PART X BRIEF RESILIENT COPING SCALE**

<b>BRCS Instructions: Consider how well the following statements describe your behavior And actions.</b>	1) Does not describe me at all	2)Does not describe me	3) Neutral	(4) Describes me	(5) Describes me very well
I look for creative ways to alter difficult Situations.					
Regardless of what happens to me, I believe I can control my reaction					

to it.					
I believe I can grow in positive ways by dealing With difficult situations.					
I actively look for ways to replace the losses I Encounter in life.					

**Annex – III**

**3.1 Tigrigna version information sheet and consent form**

ልጋብ-1: ናይ ተሰተፍቲ ዝርዝር ሓበሬታ

**ናይ ፕሮጀክት ስም**

ኣብ መለስ ከምፓስ ደቂሶም ኣብ ምሕካም ዝርከቡ ተጋደልቲ ድሕሪ ማህሰይቲ ዝህሉ ናይ ኣጳምሮ ጭንቀት ተዛመድቲ ምኽንያታትን ምንፃር ፣ 2024 ።

**ዋና ተመራማሪ:** ኣቶ ዓወት መናሰቦ

**ቀዳማይ ኣማኻሪ:ዶ/ር** አሸናፊ ዳምጤ (ፒ.ኤች.ዲ)

**ካልኣይ ኣማኻሪ:** ኣቶ ሓጎስ ፀጋብርሃን (ተ/ፕሮፈሰር)

**ክፍሊ ትምህርቲ:** ስነ-ኣጳምሮ ፤ ቤት-ትምህርቲ ነርሲንግ ፤ ኮሌጅ ጥዕና ሳይንስ ፤ ዩኒቨርሲቲ መቐለ

**መጻተዊ:** ደሓን ዶ ሓዲርኩም/ደሓን ዶ ውዲልኩም ስመይ \_\_\_\_\_ ኣብ ርእሱ ንምግለፅ ከም ዝተሞክረ ኣብዙይ ዝተረኸብኩሉ ናይዚ መፅናዕቲ ዝርዝር መረዳታ ንምእካብ እዩ። እዚ መፅናዕቲ ዘካይድዎ ኣብ ዩኒቨርሲቲ መቐለ፤ኮሌጅ ጥዕና ሳይንስ፤ቤት-ትምህርቲ ነርሲንግ፣ ክፍሊ-ትምህርቲ ስነ-ኣጳምሮ ብዝተዋደደ ሕክምናዉ ን ማህበረሰባዉን ጥዕና ኣጳምሮ ናይ 2ይ ዲግሪ (ማስተር ዲግሪ) ተመራቂ ተምሃራይ ዝኾኑ ኣቶ ዓወት መናሰቦ ዝተብሃሉ እዮም።

**ዓላማ:** መጠን ድሕሪ ማህሰይቲ ዝህሉ ናይ ኣጳምሮ ጭንቀት ተዛመድቲ ምኽንያታትን ንምንፃር እዩ።

**ኣካይዳን ተሳትፎን:** ኣብዚ ፅንዓት ክሳተፉን ትኽክለኛ መልሲ ንክህቡንን ብትሕተና ይሓትት።ናቶም/ተን ምትሕብባርን ፍቓድን መጠን ድሕሪ ማህሰይቲ ዝህሉ ናይ ኣጳምሮ ጭንቀት ተዛመድቲ ምኽንያታትን ንምንፃር ኣዝዩ ጠቓሚ እዩ። ነዚ ቃለ-መሕትት ዝወስደሎም/ለን ግዜ ከዓ 30 ደቂቓ እዩ።

**ሚሰጥራዊነት:** ነዚ ፅንዓት ዝእከብ ሓበሬታ ናይ ዉልቀኩም ጉዳያት ዝሓወስ ሰለዘይኮነ ምሽጥፍ ዝትሓለወ እዩ።ነዚ ተባሂሉ እውን ኣብዚ ወርቀት ሽምኩም ይኩን ናይ ታሴራ ቁፅርኩም ምፅሓፍ ኣየድልን።

**ጥቅሚ:** አብዚ ፅንዓት እንተሰጥኩም ቀጥታዊ ጥቅሚ ዘይክትረኽቡ ትኽእሉኢኹም፤ኮይኑግና ተሳትፎኹም ነዚ ፅንዓት ዕላማ ንክማለእ ሓጋዚ እዩ።

**ጉድኣት (ሳዕቤን):** አብዚ ቃለ-መሕትት ብምስታፎም ዝተወሰነ መጠን ምቛት ዘይክስምዖምን ግዚኣም ክወስደሎምን ይክእል እዩ። ካብዚ ሓሊፉ ግን ዝበፀሖም ምንም ዓይነት ሳዕቤን የለን።

**ዘይምሳታፍ ወይ ከዓ ናይ መቁራፅ መሰል:**አብዚ ፅንዓት ናይ ዘይምስታፍ መሰልኩም ሙሉእ ብሙሉእ ዝተሓለወ እዩ።ነዘም ሕቶታት ብሙሉኣም ወይ ከዓ አብ ማእከል መልሲ ዘይምሃብ ይክእሉ እዮም።

**ሕቶ ክቅበሉዎም ዝክእሉ ስባት:**እዚ መፅናዕቲ ብመቐለ ዩኒቨርሲቲ ናይ ምርምርን ስነምግባርን ቦርድን ስፔሻላይዝድ ሆስፒታል ናይ ስነ-ምግባር ኮሚቴን ተራእዩ ዝፅድቅ ስለዝኮነ ዝኮነ ሕቶ ክሓቱ ይክእሉ እዮም። ዝበለፀ ሓበሬታ ንምርካብ እንተደልዎ በዘም አብ ታሕቲ ዝተዘርዘሩ እድራሻታት ምጥያቅ ትክእሉ።

ዩኒቨርሲቲ መቐለ፣ ኮሌጅ ጥዕና ሳይንስ ቦርድ ትካል ግምገማ ኣፈስ

ስልኪ ቁፅሪ: \_\_\_\_\_

**ዋና ተመራማሪ:ሽምን ኣድራሻን:** ዓወት መናስቦ

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**ኣማኸርቲ ሽምን ኣድራሻን:** **ቀዳማይ ኣማኸሪ:** ኣቶ ተሰፋለም ኣርኣዶ (ተ/ፕሮፈሰር)

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**ካልኣይ ኣማኸሪ:**ኣቶ ሓጎስ ፀጋብርሃን (ተ/ፕሮፈሰር)

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እሞ ንምስታፍ ፍቓደኛ ድዮም?

1. እዉ \_\_\_\_\_ ናብ ዝቕፅል ገፅ ቀፅል/ሊ
2. ኣይፋልን \_\_\_\_\_ ናብ ዝቕፅል ተሳታፊይ ቀፅል/ሊ

ብጣዕሚ የመስግን !!!

**ልጋብ-2: ቅጥዒ ናይ ስምምዕነት ፍቓድ**

**ናይ ፕሮጀክት ስም**

ኣብ መለስ ካምፓስ ደቂሶም ኣብ ምሕካም ዝርከቡ ተጋደልቲ ድሕሪ ማህሰይቲ ዝህሉ ናይ ኣእምሮ ጭንቀት ተዛመድቲ ምኽንያታትን ምንፃር ፣ 2024 ።

እዚ መፅናዕቲ ዝግበር ንጊዜ ዲግሪ (ማስተር) ትምህርቲ መመረቕ ብዩኒቨርሲቲ መቐለ፣ኮሌጅ ጥዕና ሳይንስ፣ ክፍሊ ቤት ትምህርቲነርሲንግ፣ ስነ-ኣእምሮ ክፍሊ ዝምራሕን ዝሕገዝን ኮይኑ በዓል ዋና ናይቲ ትምህርቲ ተመራማሪ እቲ መፅናዕቲ ከዓ ኣቶ ዓወት መናስቦ ከም ዝበሃሉ ፈሊጦ ኣለኹ። ንዓይ ብዝርድኣኒ ቋንቋ ብዛዕባ እቲ መፅናዕትን ናይቲ ፅንዓት ዓላማ ከዓ ኣብ መለስ ካምፓስ ደቂሶም ኣብ ምሕካም ዝርከቡ ተጋደልቲ ድሕሪ ማህሰይቲ ዝህሉ ናይ ኣእምሮ ጭንቀት ተዛመድቲ ምኽንያታትን ምንፃር ከም ዝኾነ ታሓቢረን ተረዲኣን።

ኩሉ እቲ ሓበሬታ ነቲ ቃለ-መሕትት ዝግበረሉ ሚስጥሩ ዝትሓለወ ከም ዝኾነ ታሓቢረ። ኣብቲ መፅናዕቲ ዘለዉ ገለ ሕቶታት ዝተወሰነ ምቕት ዘይክፍጥረላይ ከምዝክእልን ግዘይ እውን ክሻመየኒ ይክእል እዩ።ይኩን እምበር ምንም ዓይነት ተወሳኪ ጉድኣትን ኮነ ምስ መዋቅራዊ ወይ ሕጊ ዝተተሓሓዘ ነገር ዘይብሉ ምኽኑ ተረዲኣ። ከምኡ እውን ነቲ ሓበሬታ ንዘይምምላስ መሰል ዘለኒ ምኽንያይ፣ ሕቶ ኣብ ምምላስ ክዘሎ ወይ ካብቲ መፅናዕቲ ኣብ ዝኾነ ሰዓት ክገድፎ ዝኾነ ይኹን ኣካል ፅልዋ ክፈጥረላይ ከም ዘይክእልን ንምንታይ ከም ዘቋረፅክዎ ምኽንያት ንክቕርቡሉ ከም ዘይሓተንን ፈሊጦ። ብተወሳኺ እቲ መፅናቲ ኣብ ጥዕናይ ቀጥታዊ ለውጢ ዘይክህልዎ ከምዝክእልን ታሓቢረ።

ዘይተረደኡኒ ሕቶ ምሕታት መሰል ከምዘለንን ብዛዕባ እቲ ፅንዓት ቅድሚኡ ይኹን ኣብቲ ፅንዓት ግዜ ዝምልከቶ ሰብ ክረክብ ከም ዝኽእልን ኣረጋገጸ።

**ዋና ተመራማሪ: ሸምን ኣድራሻን: ኣቶ ዓወት መናስቦ**

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**ኣማኸርቲ ሸምን ኣድራሻን: ቀዳማይ ኣማኸሪ: ኣቶ ተሰፋለም ኣርኣያ (ተ/ፕሮፈሰር)**

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እዚ ኣብ ላዕሊ ዝተገለፀ ቅጥዒ ኣንቢቦኖ እለኩ ወይ ከዓ ንዓይ ከምዝርደኡኒ መልክዑ ተነቢብሎይ ኣሎ። ስለዚ ፍቓደኛ እየ፤ ኣድላዪ ተኾይኑ ከዓ ተሳትፎይ ብፌርማይ ከረጋግፀልካ ይኽእል እየ። ኣብቲ ዝግበር መፅናዕቲ ንምስታፍ ተስማዕምዒኻ/ኺ/ኹም/ኸን ዶ?

- 1. እወ
- 2. ኣይተስማዕምዕኹን

መልስካ እወ እንተኮይኑ

ናይ ተሳታፊ መለለዪ ቁፅሪ \_\_\_\_\_ ፊርማ \_\_\_\_\_

ሸም ናይቲ ሓበሬታ ሰብሳቢ (ኣካቢ) \_\_\_\_\_ ፊርማ \_\_\_\_\_ ዕለት \_\_\_\_\_

ሸም ናይ ተቐፃፃሪ \_\_\_\_\_ ፊርማ \_\_\_\_\_ ዕለት \_\_\_\_\_

**ክፍሉ-1 – ስለ ማሕበራዊ መነባብሮአዎ ዝምልከት ሓበሬታ**

ተቋ	ሕዳታት	መልሲ	ረኢቶ
101	ፆታ	1 . ወዳ 2 . አንእስተይቲ	
102	ዕድመኦም ክንደይ እዩ		
103	ሃዩማኖቶም እንታይ እዩ	1. ኦርቶተዶክስ 2. ሙስልም 3. ፕሮተስታንት 4. ካልእ ይግለፁ.....	
104	ኩነታት ሓዳር	1. ዝተመርዐዎ 2. ዘይተመርዐዎ 3. ዝፈተሐ 4. ዝሞታ/ተቶ 5. ካልእ.....	
105	ደረጃ ትምርቲ	1.1-8 ክፍሊ \ 2. 9 -12 ክፍሊ 3. ድፕሎማ 4. ድግሪ ልዕልኡን	
106	ክንደይ ዓመት ኣገልጊሎም	-----ወርሒ	
107	ሰራዊት ዘለዎም ደረጃ	1. ሓላፊ 2. ተራ ተጋዳላይ	
	ኣብ ሰራዊት ዝነበሮም ሓላፍነት	1. ተዋጋኣይ 2. ሓጋዚ ተዋጋኣይ (ብዓል ሞያ ተክኒክ ) 3. ሓጋዚ ተዋጋኣይ (ብዓል ሞያ ጥዕና)	
108	ጠቅላላ ክንደይ ጊዜ ተዋጊኦም	.....ጊዜ	
109	ብክደይ ዕድሜኦም ናብ ገድሊ ተፀምቢሮም	.....ዓመት	
110	ኣብ ውግእ ክንዴይ ጊዜ ፀኒሕካ/ኪ	.....ወርሒ	

**ክፍለ -2 : ስለ ድብርቲ ዝምልከት ሓበሬታ**

ተቁ	ኣብ ዝሓለፈ 2 ሰሙን ካብዘም ዝስዕቡ ፀገማት ክንደይ ጊዜ ገጢሙዎም?	0.ብፅፁሙ	1.ንእሽተይ መዕልቲታት	2.መብዛሕቲኡ ግዜ	3.መዓልታዊ
201	ኣብ ዝሰርሑዎ ስራሕ ደለዮቶም ዊሕዱ ወይ ቀኒሱ ዶ?				
202	ሰሚዒተ ምቅናስ : ድበርቲ ወይ ተስፋ ምቁራፅ ነይሩዎም ዶ?				
203	ንምድቃስ ምፅጋም :ካብ ድቃስ ምብሪባር ወይ ብዙሕ ምድቃስ?				
204	ናይ ድካም ሰሚዕት ወይ ዓቀሚ ምስኣን				
205	ድልዮት ምግቢ ምቅናስ ወይ ብዙሕ ምብላዕ				
206	ሰለ ባዕሎም ሕማቀ ሰሚዒት ምስማዕ : ናይ ሽለልትነት ስሚዒት ወይ ዓረሶም ምድረባይ በተሰበሙ ምገዳፈን				
207	ንነገራተ ኣትኩረት ዘይምሃብ ንባዕሎም በተሰበም ኣትኩረት ዘየምሃበ ፀገም				
208	እንቅስቃሴ ምቅናስ ዕራፍቲ ምስኣን ናበዝን ናብትን ምባል				
209	ኣነስ ተዘይፍጠር ነይረ እንተ ዝመዉት ይሕሽኒ እልካ ምሕሳብ				

**ክፍለ-3: ድሕረ ማህሰይቲ ዝህሉ ናይ ኣጻምሮ ጭንቀት ዝምልከት ሓበሬታ (PLC\_M)**

ተቁ	ሕቶታት	ምንም የለን	ንእሽተይ አሎ	ብመጠኑ	ብጣዕሚ ብተሕ	አዝዩ ብጣዕሚ ብተሕ
301	ቅድሚ ሓዚ ምስ ገድልን ካልአተ ሓደጋታትን ኣብ ከቢድ ጭንቀተ አትካ/ኪ ዘሕለፍኩሞ ግዜ ወይ ብሓሳብካ ምርባሽ አሎዶ?					
302	ምስ ገድልን ካልአተ ሓደጋታትን ተታሕተ ብተጋጋሚ ዝርብሽ ሕልሚ አሎዶ?					
303	ቅድሚ ሓዚ ምስ ገድልን ካልአተ ሓደጋታትን ዘጋጠመካ/ኪ መጨነቂ ግዜ ዝተፈጠረ እናመሰለካኪ ብድንጋፀ እንቅስቃሴ ምርአይ?					
304	ቅድሚ ሓዚ ምስ ዘጋጠመ ሓደጋ ተታሕተ ዘጋጠመ ክፋእ ኣጋጣሚ ዘሰታዉሱ ኩነታት እንተጋጥም ምርባሽ?					
305	ዝኮነ ነገር ምስ ገድልን ካልአተ ሓደጋታትን ዘጋጠመ ክፋእ ኣጋጣሚ ዘሰታዉሱ ኩነታት እንተጋጥም ኣካላዊ ለዉጢ ምርአይ ንኣብነት ዉቅዒት ልቢ ምዉሳክ: ምርሃፀ :ምሪባሽ ስርዓተ ምስትንፋስ?					
306	ኣብ ዝኮነ ግዜ ኣብ ገድሊ ይኩን ካልእ ዘጋጠመ ሓደጋ ንዘይምሕሳብ ንዘይምዉጋዕ ወይ ነሱ እናሓሰበካ ስሚዒት ንዘይምእታዉ ምሙካር?					
307	ቅድሚ ሓዚ ምስ ገድልን ካልአተ ሓደጋታትን ተታሕተ					

	ዘጋጠመ ከብደ ጭንቀት ዘስታዉሱ ነገራት ምርጫ?					
308	ቅድሚ ሐዚ ምስ ገድልን ካልአተ ሓደጋታትን ተታሕዙ አብ ዘጋጠመ ከብደ ጭንቀት ዝነበሩ ሓደሓደ ነገራት ንምዘካር ምፅጋም?					
309	ቅድሚ ሐዚ ደሰታ አብ ዝህቡካ ዝነበሩ ነገራት ድልዎት ምቅናስ?					
310	ካብ ሰብ ምርጫቅ በይንካ ምኽን ምድላይ?					
311	ምፍዛዝ ንካልእ ሰብ ፅቡቅ ስሚዒት ንምርካይ ምፅጋም?					
312	መፃኢ ሂወትካኪ ተስፋ ከምዘይብሉ ገይርካ ምሕሳብ?					
313	ድቃስ ምስኡን ወይ ካብ ድቃስ ምብርባርን መልስካ ዘይምድቃሰን?					
314	ብቀሊሉ ምቁጣዕ ?					
315	አብ ነገራት ኣትኩረት ምቅናስ ?					
316	ነገራት ብንቅሓት ምክትታል ድልው ምካን ?					
317	ደንግፅካ ምልዓል ወይ ድንጉፅ ምኽን ?					

**ክፍሊ-4 : ብዛዕባ ማሕበረ- ሰባዊ ድጋፍ ዝምልከቱ ሕቶታት**

ተ ቁ	ሕቶታት	መልስኩም
401	ከቢድ ናይ ውልቀ ሽግር አብዘጋጥሞም ግዜ ብእኡም ዝተኣማመንሎም ንዕኡም ብጣዕሚ ቀረባ ዝኮኑ ክንደይ ሰባት ክረክቡ ይክእሉ (ሓንቲ መማረዪ ይምረፁ)?	1. ምንም 2.1 ወይ 2 3. 3-5 4. ካብ 5 ንላዕሊ
402	ብት ሰርሕዎ ነገር ካልኣት ሰባት ክንደይ ናይ ዝኣክል ትኩረት	1. ምንም

	ይገብሩ (ሓንቲ መማረፂ ይምረጡ)?	2. ብጣዕሚ ዉሑድ 3. አይፍለጥን 4. ዝተውሰነ 5. ብጣዕሚ ብተሕ
403	አብ ዝደለይዎ ግዜ ካብ ጎረቤቶም ወይከዓ ካብ ዓርኮም ሓገዝ ንምርካብ ክንደይ ዝአክል ቀሊል እዩ (ሓንቲ መማረፂ ይምረጡ)?	5. ብጣዕሚ ቀሊል 4. ቀሊል እዩ 3. ምርካብ ይካኣል እዩ 2. አፀጋሚ እዩ 1. ብጣዕሚ አፀጋሚ እዩ

**ክፍሊ- 5 :ብዛዕባ ኣልኮላዊ መስተን መዐወኒ ሓሽሻትን ዝምልከት ሓበሬታ**

ተቁ	ሕቶታት	1. እወ	2. አይፈለጥን
501	አብ ኒወቶም ጫት ተጠቂሞም ይፈለጡ ዶ ?		
502	አብ ዘሓለፈ 3 ወርሒ ጫት ተጠቂሞም ይፈለጡ ዶ?		
503	አብ ኒወቶም ኣልኮል ተጠቂሞም ይፈለጡ ዶ?		
504	አብ ዘሓለፈ 3 ወርሒ ኣልኮል ተጠቂሞም ይፈለጡ ?		
505	አብ ኒወቶም ስጋራ ተጠቂሞም ይፈለጡ ዶ?		
506	አብ ዘሓለፈ 3 ወርሒ ስጋራ ተጠቂሞም ይፈለጡ ዶ?		

**ክፍለ- 6 : አካላዊን አእምሮአዊን ሕመማት ንምፍላይ ዝጠቅሙ ሕቶታት**

ተቁ	ሕቶታት	ምረፅ	
601	ኣብ በተሰበም ናይ ኣእምሮ ሕመም ዘለዎ ሰብ ኣሎዶ ?	1. እወ	2.የለን
602	ቅድሚ ሐዚ ናይ ኣእምሮ ሕመም ኣጋጥሙካኪ ይፈሊጥ ዶ?	1.እወ	2.የለን
603	ዝተፈለጠ ሕዳር ሕዳር ሕመም ኣለዎም ዶ?	1. እወ	2.የለን
604	መልሶም እወ እንተኮይኑ?	1.ስካር 2.ፀቅጢ ደም 3. ሕመም ኤድስ 4ካልእ.....	
605	ኣብ ህፃኒነት ግዜኣም ጉደኣት ኣካል ወይ ምግላል ኣጋጥሙዎም ነይሩ ዶ ?	1. እወ	2.የለን

**ክፍለ- 7 CRITICAL WARZONE EXPERIENCES (CWE) SCALE**

ተቁ	ኣብ እዋን ዉግእ ክንደይ ግዜ ኣጋጥሙዎም	ብፉፁም	1 ጊዜ	2 - 4ጊዜ	5 - 9 ጊዜ	ልዕሊ 10 ጊዜ
701	ንሶምሰን ክሕግዘዎም ዘይከኣሉ ዝተጎድኡ ቆልዑ ወይ ደቂ ኣንእስትዮ ኣጋጥሙዎም ዶ ?					
702	ምስኣም ዝነበረ ረት መሓዛ ብጥይት ተወቂዑዓ ዶ?					
703	ኣበ እዋን ዉግእ ናይ ኣዛዚ ትእዛዝ ብዘይምክባር ኣብ ሰገኣት ኮየኖመ ይፈልጡ ዶ ?					
704	ኣብ መንጎ 2 ህዝቢ ወይ ቡድን ረብሻ ወይ ዓመፅ ሪእዮም ይፈልጡ ዶ ?					
705	ንሞት ፀላኢ ቀጥታ ሓላፊነት ወሲዶም ይፈልጡ ዶ ?					
706	ቆሲሎም ወይ ተጎዲኣም ዶ ይፈልጡ?					
706	ሂወት ስብልዮን ወይ ሂወት ተጋዳላይ ዶ ኣድሕኖም ይፈልጡ ?					

**ክፍለ- 8 : ፅልዎ ሓደጋታት (traumatic Factor) ዝምልከት ሓበሬታ**

ተቁ	ኣብ እዋን ዉግእ ኣጋጥሙዎመ ይፈሊጥ ዶ	መልሲ
801	ተወቂዖም ወይ ተደብዲቦም ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
802	ሞረታር መድፊዕ ወይ ሮኬት ተተኩሱዎም ይፈሊጥ ዶ?	1. እዉ 2. ኣይፈሊጥን
803	ብጥይት ወይ ካልኣት ኣናእሸቱ መሳሪሒታት ኩናት ተተኩሱዎም ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
804	ዝተፀመደ ፈንጂ ኣብ ጎኖም ፈንዲኡ ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
805	ንዝቆሰለ ወይ ዝተጎደኣ ሓገዝ ገይሮም ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
806	ዝሞተ ሰብ ገንዘም ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
807	መሓዘኡም ወይ መሳሪሕቶም ተጎድኡ ወይ ዓረፉ ተባሂሎም ይፈሊጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
808	ካብ ስብሰባን ናይ ፅልኢ ወረ ወይ ግብረ መልሲ ኣጋጥሙዎም ይፈልጥ ዶ ?	1. እዉ 2. ኣይፈሊጥን
809	ከቢድ ናይ መኪና ሓደጋ ወይ ካልእ ሓደጋ ኣጋጥሙዎም ይፈልጡ ዶ?	1. እዉ 2. ኣይፈሊጥን
810	ፀላእቲ ክቆስሉ ከቅተሉ ወይ ክሞቱ ሪእዮም ይፈልጡዶ ?	1. እዉ 2. ኣይፈሊጥን

**ክፍለ- 9 : ምልክታን ኣቀባባላን ፀገም ዝምልከት ሓበሬታ**

ተቁ	ሕቶታት	0 .ብፋፁም	1.ብጣዕሚ ዉሒድ	2. ሓደሓደ ጊዜ	3.ብመጠኑ	4. ብተሕግዜ
901	ኣብ ዝሓለፈ ወርሒ ብዘይ ተፀበዩዎ ኩኖታት ክንደይ ጊዜ ተበሳጭዮም ?					
902	ኣብ ዝሓለፈ ወርሒ ኣብ ሂወቶም ኣድለይቲ ዝኮኑ ነገራት ንምቁፅፅር ክንደይ ጊዜ ተፀጊሞም ?					
903	ኣብ ዝሓለፈ ወርሒ ክንደይ ጊዜ ናይ ምርባሽ ወይ ዉጥረት ስሚዒት ተሰሚዑዎም ?					
904	ኣብ ዝሓለፈ ወርሒ ዉሽጣዊ ፀገምም ንምፍታሕ ብባዕሎም ክንደይ ጊዜ ይተኣማመኑ ነይሮም ?					
905	ኣብ ዝሓለፈ ወርሒ ነገራት ብዝደለዎ መንገዲ ከም ዝከዱ ዘለዉ ክንደይ ጊዜ ይስመዖም					

	ነይሩ?					
906	አብ ዝተለፈ ወርሒ ክገብሩዎም ዝግብኡም ዝነበሩ ነገራት ምፅዋር ከምዘይክእሉ ክንደይ ግዜ ተሰሚዑዎም ?					
907	አብ ዝተለፈ ወርሒ ቁጠዕኦም ክንደይ ጊዜ ምቁዳፀር ስኢኖም ?					
908	አብ ዝተለፈ ወርሒ ነገራት ምቁፅፅር ከምዝክእል ክንደይ ጊዜ ተሰሚዑዎም ?					
909	አብ ዝተለፈ ወርሒ ካብ ቁዳፅኦም ወፃኢ በዝኮኑ ነገራት ክንደይ ጊዜ ተሰሚዑዎም ?					
910	አብ ዝተለፈ ወርሒ ተደራራቢ ፀገማት ምፍታሕ ከምዘይክእሉ ክንደይ ጊዜ ተሰሚዑዎም ??					

**ክፍለ- 10 :ዉጥረት ናይ ምፅዋር ዓቕሚ ዝምልከት ሓበሬታ**

ተቁ	ሕቶታት	0. በፊፁም ኣይገልፅን	1.ኣይገልፅን	2.ሞንገኛ	3.ይገለፅ	4.ብደነቢ ይገለፅ
	ኣፀገም ቲ ኩነታት ንምቅያር ናይ ፈጠራ መነገዲታት ይእለሽ እዩ					
	ኣባይ ዝተፈጠረ ይፈጠር ንፃኡ ዘለኒ ገብረ መለሲ ምቁፅፅር ከምዝክእል ይኣምን እዩ					
	ኣፀገምቲ ኩነታት ብምፍታሕ ብፅቡቕ መንገዲ ከምዝዓቢ ይኣምን					
	አብ ሂወተይ ዝስኣንኩዎ ነገር ንምትካእ መፍቲሒታትዎላ ይእለሽ እዩ					

