

**PSYCHOSOCIAL WELLBEING OF INTERNALLY DISPLACED
PERSONS IN DEDER AND GORO GUTU WOREDAS OF EAST
HARARGE ZONE; OROMIYA REGIONAL STATE, ETHIOPIA**

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**Psychosocial Wellbeing of Internally Displaced Individuals in Deder and
Goro Gutu Woredas of East Hararge Zone; Oromiya Regional State,
Ethiopia**

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DEDICATION

This Thesis is dedicated to my beloved wife Roza Jemal Sani, whose unwavering support and encouragement, have been the cornerstone of my academic journey. Her constant belief in me gave me the strength to persevere through challenges and see this work to completion.

STATEMENT OF THE AUTHOR

By my signature below, I declare and affirm that this Thesis is my own work. I have adhered to all ethical principles of scholarship throughout the preparation, data collection, data analysis, and completion of this Thesis. Every scholarly contribution included in the document has been duly recognized through proper citation. I affirm that I have cited and referenced all sources utilized, and I have made every serious effort to avoid plagiarism in the preparation of this Thesis. This work is submitted in partial fulfillment of the requirements for a Master of Art degree from Haramaya University.

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BIOGRAPHICAL SKETCH

Abdu Birratu Wayu was born in Gute Rago, a rural village in West Wollega, Oromia Region, Ethiopia. Raised in a farming community, he developed early values of resilience and curiosity, which later shaped his academic and professional path.

He completed his primary education at Babo Gambel and secondary education at Gimbi Comprehensive High School, before earning a Bachelor of Arts degree in Psychology from Jimma University. Over the past 15 years, Abdu has worked with governmental, educational, and humanitarian organizations across Ethiopia, focusing on community development, psychosocial support, peacebuilding, and emergency response.

His current research examines the psychosocial well-being of internally displaced persons (IDPs), informed by firsthand engagement with communities affected by protracted displacement. These experiences have deepened his understanding of the emotional toll of displacement and strengthened his commitment to advocating for dignity, inclusion, and mental health support.

This thesis marks a significant milestone in his academic journey. Looking ahead, Abdu aspires to pursue advanced studies on the lived experiences of IDPs and contribute to evidence-based interventions and policy reforms. He believes education is a powerful tool for transformation and equity; an ideal reflected throughout his life and work.

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ACRONYMS AND ABBREVIATIONS

APA- American Psychological Association

CCs: Collective Centers

CSs: Collective Sites

DRC: Democratic Republic of Congo

DTM- Data Tracking Matrix

DRMB: Disaster Risk Management Bureau

DRMO:- DRMB: Disaster Risk Management Office

EDDC: Ethiopian Domestic Distribution Center

EHRC: Ethiopian Human Rights Commission

IDP- Internally Displaced Persons

NRC:- Norwegian Refugee Council

HHs- households

IDMC- Internal Displacement Monitoring Center

UNHCR-United Nations High Commissioner for Refugees

UNDO- United Nation Development Programme

WHO- World Health Organization

PTSD: Post Traumatic Stress Disorders

WFP: World Food Program

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Psychosocial Wellbeing of Internally Displaced Individuals in Deder and Goro Gutu Woredas of East Hararge Zone; Oromiya Regional State, Ethiopia.

ABSTRACT

The objective of this study was to examine the psychosocial well-being of protracted internally displaced people (IDPs) residing in collective centers in Deder and Goro Gutu woredas of East Hararge Zone, Oromia, Ethiopia. A descriptive research design was employed with 279 randomly selected IDPs displaced from the Somali Regional State and currently living in 10 collective shelters. Data were collected using standardized questionnaires and analyzed through descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics, specifically independent sample t-tests. Results revealed poor psychological well-being, particularly in environmental mastery ($M = 1.73$, $SD = 0.90$) and personal growth ($M = 1.81$, $SD = 0.97$), alongside generally low social well-being ($M = 1.90$, $SD = 0.65$), with social acceptance ($M = 1.75$, $SD = 0.97$) and social contribution ($M = 1.81$, $SD = 0.90$) scoring lowest. Purpose in life scored highest ($M = 4.08$, $SD = 1.08$), indicating that respondents retained a sense of meaning despite adverse conditions. Comparisons across gender and marital status showed slight differences, but none were statistically significant, suggesting that demographic variables exert minimal influence on psychosocial outcomes. In conclusion, the findings demonstrate that psychosocial well-being among protracted IDPs is shaped far more by common displacement-related stressors such as confinement in collective shelters, disrupted livelihoods and social networks, loss of property, and inadequate services than by demographic characteristics. This aligns with previous studies emphasizing that trauma exposure, coping strategies, and the quality of community integration are stronger determinants of well-being than socio-demographic factors. The study recommends that government institutions, NGOs, and other stakeholders prioritize interventions that strengthen social support networks, promote psychological empowerment, facilitate reintegration and rehabilitation, and expand access to mental health services to enhance resilience and community integration among displaced populations.

Key Words: internally displaced, psychological well-being, social well being

1. INTRODUCTION

In this section of the study contains the background of the study, statement of the problem, research questions, objectives, significance of the study, delimitation of the study, and operational definitions of key terms.

1.1. Background of Study

People become internally displaced when they are forced to leave their home due to armed conflict, violence, ethnic tensions, human rights violations, and disasters. “Unlike refugees, who cross international borders, internally displaced persons remain within their home country but are unable to return to their original homes due to safety concerns or other barriers” (UNHCR, 2024). Internal displacement is often a protracted situation where many people remain in uncertainty or unresolved situations in IDP camps, camplike settings or collective centers and other areas of refuge without knowing their future such as returning home, resettling, or integrating into local community, or integrating into the local community.

Globally, internal displacement has reached alarming levels, with over 75.9 million individuals forcibly displaced as of the end of 2023. Armed Conflict and violence remain the primary driver, accounting for approximately 68.3 million of these displacements (NRC, IDMC 2024). This trend indicates a growing crisis, with significant increases in displacement due to ongoing conflicts in regions such as the Middle East, Africa, and parts of Asia.

In Africa, the situation is particularly severe, with over 16.4 million new displacements recorded in 2022 alone, representing 27% of the global total (IDMC, 2023). Countries such as Sudan, the Democratic Republic of Congo, and Ethiopia have seen significant internal displacement due to ongoing conflicts, ethnic tensions, and environmental challenges. The African continent faces unique challenges, including political instability, economic hardship, and the impacts of climate change, which exacerbate the situation for displaced individuals.

Ethiopia has been significantly affected by internal displacement, particularly in recent years. As of mid-2023, approximately 4.5 million people were internally displaced, primarily due to conflict in regions such as Tigray, Oromia, and Somali (OCHA, 2024). The conflict in Ethiopia

has led to over 2 million new displacements in the year 2022 alone, highlighting the urgent need for humanitarian assistance and durable solutions for displaced persons.

The current protracted displacement situation in Ethiopia can be understood through the lens of Maslow's Hierarchy of Needs (Maslow, 1943). According to Maslow, human beings have different levels of needs, ranging from basic physiological needs to self-actualization needs. In the context of internal displacement, IDPs may experience a shift in their priorities, with basic needs such as safety and security taking precedence over other needs. However, prolonged displacement can lead to a sense of hopelessness, despair, and helplessness, making it challenging for individuals to fulfill even their basic needs. Furthermore, the lack of durable solutions, social support, and access to essential services can exacerbate the situation, leading to a sense of disorientation and dislocation.

Prolonged emergency displacement situations have led to severe trauma, adversely affecting the quality of life and psychosocial well-being of those affected. While some emergency support has been provided by the government and a few humanitarian agencies, there are minimal durable solutions in place, which may heighten the risk of ongoing psychosocial challenges (field report, OCHA, 2023).

The present study is worth studied mainly due to the following reasons: First, there is a notable lack of existing research focused on the psychosocial well-being of internally displaced persons, especially within protracted contexts. While some studies have explored the experiences of IDPs in resettlement areas, there remains a critical gap in understanding those living in collective centers, where uncertainty and unresolved displacement persist. This study aims to bridge that gap by providing empirical data that can inform targeted interventions, policies, and practices to better support this vulnerable population.

Second, the researcher's personal experiences profoundly shape this study's relevance. Having visited areas where IDPs reside, the researcher have witnessed firsthand the challenging conditions they endure. This direct engagement has deepened his understanding of their struggles, particularly those who have lived in temporary collective shelters for prolonged time. The prolonged nature of their displacement, coupled with ongoing uncertainty, exacerbates

feelings of hopelessness and anxiety among internally displaced persons key aspects this study seeks to address. His observations indicate a significant gap in support from both humanitarian organizations and government entities, leading many IDPs to feel abandoned, with basic needs unmet and minimal assistance for long-term recovery. This neglect adversely impacts their physical well-being, social integration, and overall quality of life.

Furthermore, focusing on protracted IDPs is essential, as the extended duration of their displacement severely affects their mental health. The unsafe living conditions in collective centers, sustained over prolonged periods, further exacerbate their psychosocial vulnerabilities, increasing the risk of severe traumatic experiences and disrupting their social networks.

Finally, this study is crucial not only for filling a significant research gap but also for advocating for the needs and rights of protracted individuals. By highlighting their experiences, the research aims to inform targeted interventions that address their unique psychosocial challenges. Expected outcomes include the development of evidence-based policies and programs that enhance social support systems, improve living conditions, and foster community integration. Ultimately, this study seeks to elevate the voices of protracted internally displaced people, ensuring their experiences are prioritized in both academic discourse and practical solutions that promote their well-being and dignity.

1.2.Statement of the Problem

The researcher personally observed and experienced the plight of IDPs in Ethiopia and He have had an opportunity to engage directly with internally displaced persons (IDPs) in various settings particularly the study area, where displaced individuals are confined to collective centers with uncertainty and unresolved displacement situations. My observations reveal that many IDPs have been living in temporary collective shelters for over seven years, enduring prolonged uncertainty and instability. This firsthand experience has deepened my understanding of the psychosocial challenges they face, including feelings of hopelessness, anxiety, and social isolation. The lack of adequate support from both humanitarian organizations and government entities exacerbates these issues, leaving many IDPs feeling abandoned and without access to essential services. The current study aims to contribute to

the understanding of the psychosocial well-being of IDPs in this context, with a focus on the influence of internal displacement on their mental health and quality of life.

In 2022, the country reported over two million new displaced individuals, with many remaining in precarious conditions for extended periods (IDMC, 2023). While existing studies, such as those by Tesfaye and Kussa (2019), have explored the psychosocial challenges and coping mechanisms of IDPs, they have focused specifically on resettlement camps rather than on those who remain in temporary collective centers for extended period without any initiative of durable solutions. For instance, Tesfaye (2019) examined the psychosocial challenges of individuals displaced from the Somali region who are sheltered in Burayu Town, but did not address the psychosocial wellbeing experiences of Internally displaced individuals still living in temporary collective centers for prolonged period. Similarly, Kussa (2019) assessed the psycho-socio-economic problems of IDPs in the Burayu Settlement Camp, leaving a gap in understanding the unique challenges faced by protracted IDPs who continue to live in unstable conditions.

Moreover, studies conducted in other African regions, such as those by Mastrorillo et al. (2016) in South Sudan and by Mastrorillo et al. (2018) in Uganda, have highlighted the psychosocial impacts of displacement but have not specifically addressed the experiences of protracted IDPs residing in collective shelters and partially allocated government facilities. These studies emphasize the need for targeted interventions that consider the unique circumstances of IDPs who remain in temporary living situations. Despite the valuable contributions of existing research, there is a critical lack of studies specifically addressing the psychosocial well-being of IDPs who remain in temporary collective centers, particularly in Deder and Goro Gutu Woredas of Eastern Hararge Zone.

It is also evident that prolonged living in unstable conditions without access to livelihoods or support networks negatively impacts well-being over time. To inform appropriate interventions and policies, an in-depth understanding of the current psychosocial well-being experiences of IDPs is highly important. This study aims to fill the gap through a targeted assessment of protracted IDPs residing in selected collective shelters in Deder and Goro Gutu Woredas in Oromia, Ethiopia. In view of the above problems, the study was addressed the

following research questions:

1.3. Research Questions

1. What is the level of psychosocial wellbeing among internally displaced persons (IDPs) in the study area?
2. Are there significant gender differences in the psychosocial well-being experiences of IDPs across collective centers?
3. Are there statistically significant differences in psychosocial well-being related to the marital status experiences of internally displaced people (IDPs) living in collective centers?

1.4. Objectives of the study

The study had both general and specific objectives.

1.4.1. General Objective

The general objective of this study was examined about psychosocial wellbeing of internally displaced individuals in selected collective centers found in two woredas of East Hararge Zone.

1.4.2. Specific Objectives

The specific objectives of this study were intended to:

- Assess the level of psychosocial well-being among internally displaced persons (IDPs) in the study area.
- Examine if there was a statistically significant gender difference in the psychosocial well-being experiences of IDPs residing in collective centers.
- Found out whether there was statistically significant differences in psychosocial well-being related to the marital status experiences of internally displaced people (IDPs) across collective centers.

1.5. Significance of the study

The finding of the study is believed to inform the government, humanitarian organizations, the donors, and host communities to oversee the psychosocial wellbeing experiences of vulnerable groups in a protracted internal displacement in general and those, in the study setting in particular which will serve them as an input to design intervention strategies to practically solve the problem.

In addition to this, the finding of the current study is believed to add knowledge about the psychosocial wellbeing of IDPs in Ethiopia, which serves as a reference for further studies. In the country, issues of new displacements are widely getting media coverage, while displaced people like in the study area are forgotten even if they are forced to live in an insecure emergency and this can increase their vulnerability to different psychosocial problems and worsens their well-being.

Therefore, this study up on its completion, will bring psycho-social wellbeing issues of IDPs living in unsafe emergency displacement situation to attention of government bodies, aid providers, donors, further research, law and policy makers and other concerned political parties and media agencies who will be expected to play their role to bring about practical solution to their problem and promote their psychosocial wellbeing.

1.6. Delimitation of the study

Geographically, the study was confined to selected collective centers found in Deder and Goro Gutu Woredas in East Hararge zone and will not include IDPs in the host community. The study was limited to those woredas due to their hosting capacity as compared to other woredas such as Kersa and Meta woredas which were IDP hosting centers. Conceptually, the study was confined to the psychosocial wellbeing of IDPs who were displaced from Somali region due to conflict and currently living in selected collective centers mentioned above. It was only emphasizing psychological wellbeing and social wellbeing experiences of IDPs under study and did not include others such as economic variables. Methodologically, this study was specifically limited to descriptive survey design. This design was chosen as it allows researchers to gather

quantitative data that can illustrate trends, patterns, and relationships within the variables of interests.

1.7. Operational Definition of Key Terms

Internally Displaced Persons (IDPs): In this study, internally displaced persons (IDPs) are defined as individuals who have been forcibly uprooted from their habitual residence due to conflict. These individuals typically reside in temporary collective centers or makeshift shelters.

Forced Displacement is the involuntary movement of individuals or households due to events that pose immediate threats to their safety and well-being, such as armed conflict. This definition encompasses those who remain within their country (IDPs) and emphasizes the urgent need for humanitarian assistance and protection in temporary collective shelters.

Protracted IDPs: can be understood in this context as Internally Displaced Persons who remain in displacement for an extended period (beyond 8 years), without access to durable solutions such as voluntary return, local integration, and or resettlement. IDPs in the study area continue to live in conditions of displacement, often confined to collective centers or government facilities, facing sustained vulnerability and exclusion from long-term recovery and development opportunities.

Psychosocial wellbeing: is defined as a holistic construct that includes the psychological and social factors impacting the health and functioning of IDPs.

2. LITERATURE REVIEW

This chapter dealt with theoretical and empirical studies in the areas of psychosocial wellbeing. It mainly focused on the conceptualization of key concepts, the empirical reviews of major findings, and theoretical perspectives. The chapter also contained the summary of the reviewed literature and concluded with developing a conceptual framework derived from the review.

2.1.Theoretical and Conceptual Review

This sub-section includes major causes of internal displacement, conflict-induced displacement, disaster and environmental hazards induced displacement and development induced displacement.

2.1.1. Definition of internally displaced persons (IDPs)

According to the UN Guiding Principles (1998), IDPs are individuals or groups who have been forced to flee their homes due to armed conflict, generalized violence, human rights violations, or disasters, without crossing an internationally recognized state border. This definition emphasizes the involuntary nature of their displacement and the fact that they remain within their country's borders. Recent literature highlights the distinction between refugees and IDPs. For instance, the Brookings Institution (2021) notes that IDPs do not require the same international protection as refugees, who have lost the protection of their home country. Instead, IDPs are entitled to the same human rights and protections under national and international law, although the enforcement of these rights can vary significantly by country (Kälin & Schrepfer, 2012).

The Guiding Principles on Internal Displacement further reinforce that IDPs retain their rights and protections, yet the implementation of these rights often remains inconsistent (UNHCR, 2020). This discrepancy underscores the need for targeted interventions to address the unique challenges faced by IDPs, particularly those in protracted situations. The definition of IDPs has evolved, with scholars like Lwabukuna (2011) arguing that it reflects a restatement of existing human rights and humanitarian law. The most widely accepted definition, attributed to Francis

Deng, describes IDPs as individuals who have been forced to flee their homes due to various crises without crossing international borders.

In 1951, the United Nations Convention Relating to the Status of Refugees defined a refugee as “a person who has left his or her country of origin due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion” (UNHCR, 1951). This distinction is crucial for understanding the legal frameworks and protections available to IDPs compared to refugees.

2.1.2. Major causes of internal displacement

There are different root causes of for internal displacement in different countries. Generally, we can divide into three major categories. These are; conflict-induced, environmental disaster-induced and development-induced causes.

2.1.3. Conflict-induced displacement

Conflict-induced displacement is a significant global issue, affecting millions worldwide. According to the United Nations High Commissioner for Refugees (UNHCR, 2021), over 26 million people were forcibly displaced due to conflict and violence in 2021 alone, highlighting the urgent need for comprehensive humanitarian responses. Armed conflicts often lead to mass displacements, creating vulnerable populations that face multiple challenges, including psychological distress, loss of livelihood, and social fragmentation (Kälin & Schrepfer, 2012).

In Africa, conflict-induced displacement is particularly pronounced. The African Union (2018) reports that countries like South Sudan, the Democratic Republic of the Congo, and Somalia have high numbers of IDPs due to ongoing conflicts. These conflicts not only displace individuals but also disrupt social cohesion and economic stability, exacerbating existing vulnerabilities and creating new challenges for humanitarian aid agencies (Rigaud et al., 2018).

Ethiopia has experienced significant internal displacement due to ethnic conflicts and political unrest, especially in regions like Oromia. Recent reports indicate that the Oromia region has been heavily affected by intercommunal violence and clashes between government forces and

armed groups, leading to the displacement of hundreds of thousands (IDMC, 2021). The humanitarian situation is compounded by food insecurity and lack of access to basic services, making it critical to understand the psychosocial impacts of such displacements on affected populations.

2.1.4. Disaster and environmental hazards induced displacement

According to the United Nations definition, a disaster is a severe disruption of the normal functioning of a society. It can cause extensive human and material or environmental losses which exceed beyond the capability of the affected society to handle using its own resources. There are two major types of disaster natural and man-made. Natural disasters caused by natural factors and reasons that affect human life and resources damage in different ways in general. Man-made disasters has its own categories which causes long term effects and short term effect which can causes for natural disasters also a reason for huge IDPs in the world (UNDRR, 2019).

Disaster-induced displacement is increasingly recognized as a major humanitarian challenge, with millions displaced annually due to natural disasters such as floods, earthquakes, and droughts. The Internal Displacement Monitoring Centre (IDMC) reported that 30.7 million people were newly displaced by disasters in 2020, emphasizing the need for effective disaster risk reduction strategies (IDMC, 2021). Displacement caused by natural disasters often leads to long-term social and economic consequences, as communities struggle to rebuild and recover.

In Africa, climate change and environmental degradation are significant contributors to disaster-induced displacement. For instance, recurrent droughts in the Horn of Africa have displaced thousands, particularly in pastoral and agro-pastoral communities (Schwerdtle et al., 2018). The interplay between conflict and climate-related disasters further complicates the displacement landscape, as communities already vulnerable to conflict face additional pressures from environmental changes.

Ethiopia is particularly susceptible to disaster-induced displacement due to its geographical diversity and climate variability. The Oromia region frequently experiences droughts and flooding, resulting in the displacement of communities reliant on agriculture and livestock. Studies have shown that disaster-induced displacement exacerbates existing vulnerabilities,

leading to increased food insecurity and health risks among affected populations (World Bank, 2018). Understanding these dynamics is crucial for developing targeted interventions that address both immediate needs and long-term resilience.

2.1.5. Development induced displacement

Development-induced displacements have huge negative costs of psycho-social impacts on resettled people. It also a main factor and causes of economic insecurity problems, it breakdowns of social capitals of neighbors and relatives which affects and deteriorated the social bonds of the community of the original residences. Yigzaw and Abitew, in their study of “the causis and impact of internal displacement in Ethiopia (PP 2)”, identified that, apart from Political instability and insecurity (due to conflict, ethnic based violence, and localized grievances) that have caused massive internal displacement, the environment related factors such as natural disasters (i.e., drought, famine, landslides and floods); and planned resettlement and relocation programs due to development projects and excessive urbanization were among the major factors causing internal displacement in the Ethiopia (Yigzaw & Abitew, 2019).

Another “Research studied by Mehari (2017) on the topic entitled as “causes, dynamics, and consequences of internal displacement in Ethiopia” revealed that conflict induced displacement happened due to these main conflicts triggering factors (PP 2)”. According to him, the first factor is related to ethnic identity and federalism and federalism, and it includes conflicts of boundaries like between Oromia and Ethiopian Somali regional states. He has also highlighted in his study that religion-based tension; “narrating religious conflicts” as the second factor for internal displacement,

2.2. Empirical Review

The psychosocial well-being of internally displaced people (IDPs) has been a significant area of research globally, regionally, and locally, particularly in the context of protracted displacement due to armed conflict, natural disasters, and other crises. Research on the psychosocial well-being of internally displaced people (IDPs) has been conducted in various

contexts. However, there is a notable scarcity of studies specifically addressing this issue in Ethiopia, despite the significant number of IDPs in the country due to ongoing conflicts. This literature review highlights key studies that illustrate the impact of prolonged displacement on the mental health and psychosocial well-being of IDPs. Globally, the psychosocial well-being of IDPs has been a growing area of concern, particularly in regions affected by armed conflict and natural disasters. Studies indicate that IDPs often experience high levels of psychological distress, including depression and post-traumatic stress disorder (PTSD). For instance, a systematic review highlighted that the prevalence of PTSD among IDPs can be as high as 67.5% in certain contexts, with various factors such as trauma exposure and loss of social support contributing to this distress (Khan et al., 2023).

In the Middle East, particularly in Syria, studies have shown that prolonged displacement significantly affects the mental health of IDPs. A study conducted by Alabed et al. (2020) found that Syrian IDPs exhibited high levels of anxiety and depression, with 60% reporting symptoms consistent with PTSD. The ongoing conflict and instability have led to a breakdown of social networks, exacerbating feelings of isolation and hopelessness among displaced individuals. In South Sudan, a study by Miller et al. (2018) revealed that IDPs living in camps experienced elevated rates of psychological distress, with 70% reporting symptoms of depression and anxiety. The study emphasized that the lack of access to basic services, combined with the trauma of displacement, significantly impacts the psychosocial well-being of these individuals. The findings highlight the need for targeted mental health interventions in protracted displacement situations.

Research in Myanmar has shown similar trends among IDPs. A study by Kham et al. (2019) found that prolonged displacement due to ethnic conflict resulted in high levels of psychological distress, with many IDPs reporting feelings of fear, anxiety, and depression. The study noted that the disruption of community ties and the loss of livelihoods contributed to the deterioration of mental health among displaced populations.

The situation is similarly dire in Africa. The United Nations reports that a significant percentage of IDPs in Africa suffer from mental health issues due to the compounded effects of conflict, displacement, and lack of access to basic services. For example, in countries like

South Sudan and the Democratic Republic of the Congo, studies have documented high rates of depression and anxiety among IDPs, emphasizing the need for targeted mental health interventions (UNHCR, 2022).

In the East African context, particularly in Ethiopia, the ongoing conflicts have led to significant internal displacement. A study by Kebede et al. (2022) in Debre Berhan found that IDPs exhibited high rates of PTSD and depression, with factors such as trauma exposure and loss of social support being significant contributors. This study underscores the urgent need for mental health support tailored to the unique experiences of IDPs in protracted displacement.

In Nigeria, the impact of protracted displacement on psychosocial well-being has been documented among IDPs affected by the Boko Haram insurgency. A study by Owoaje et al. (2021) found that IDPs in camps reported high levels of psychological distress, with many experiencing anxiety and depression. The study highlighted the importance of addressing the mental health needs of IDPs through community-based interventions that foster social support and resilience.

In Zimbabwe, a study by Chikoko et al. (2020) examined the psychosocial well-being of IDPs following political violence. The findings indicated that prolonged displacement led to significant mental health challenges, including PTSD and depression. The study emphasized the need for comprehensive mental health services that address the long-term effects of displacement on individuals and communities.

In Ethiopia, the situation IDPs is particularly alarming. As of 2024, there are approximately 3.1 million IDPs in the country, primarily due to ethnic conflicts and the recent war in Tigray. Despite the high number of displaced individuals, empirical research focusing on their psychosocial well-being is limited. A study conducted in Tigray found that 81.2% of internally displaced individuals reported symptoms of depression, indicating a critical need for mental health support (Alemayehu et al., 2021). However, comprehensive studies that explore the broader psychosocial impacts particularly on protracted IDPs across different regions in Ethiopia remain scarce. The lack of empirical research on the psychosocial well-being of IDPs in Ethiopia highlights a significant gap in understanding and addressing the mental health needs of this vulnerable population. As the number of IDPs continues to rise, it is imperative for

researchers and policymakers to prioritize studies that can inform effective interventions and support systems.

In the East Hararge zone of Ethiopia, the situation for internally displaced persons (IDPs) is particularly dire, with approximately 149,200 individuals living in temporary collective centers and dispersed within host communities in more than ten (10) woredas including Deder and Goro Gutu woredas the focus areas for the current study. These protracted IDPs have faced uncertainty and unresolved displacement for over seven years, enduring significant psychological and social challenges because of their prolonged status. The ongoing ethnic conflicts and instability in the region contribute to their precarious living conditions, limiting access to essential services and support. Despite the alarming number of IDPs nationwide, empirical research examining their psychosocial well-being remains limited. The lack of comprehensive studies on the psychosocial impacts of displacement in East Hararge and woredas under study reveals a critical gap in understanding the mental health needs of this vulnerable population, making it imperative for researchers and policymakers to prioritize this area to develop effective support systems.

2.2.1. Trends of Internal Displacement

2.2.2. Global Trends

Globally, internal displacement has reached at its unprecedented level, forcing 75.9 Million individuals to live in displacement As of the end of the year 2023 mainly due to disaster, conflict and violence (NRC, IDMC, 2024). Notably, 68.3 million of those displaced are victims of conflict and violence, marking the highest figure recorded since this data made available by IDMC in the global report on internal displacement.

Countries such as Sudan, Syria, the Democratic Republic of the Congo (DRC), Colombia, and Yemen account for nearly half of the global internally displaced population (IDMC, 2024). Over the past five years, this figure has surged by 49%, driven by escalating and protracted conflicts in regions like Ethiopia, DRC, Sudan, and Ukraine (IDMC, 2024, PP. 6). In 2023 alone, “conflict and violence triggered 20.5 million new instances of internal

displacement across 45 countries and territories, with Sudan, DRC, and Palestine responsible for nearly two-thirds of these movements.

The psychosocial challenges faced by internally displaced people (IDPs) living in temporary collective centers are profound and multifaceted. Empirical reviews reveal a consistent correlation between displacement and deteriorating mental health outcomes, including heightened levels of anxiety, depression, and post-traumatic stress disorder (PTSD) . These reviews also highlight the impact of environmental stressors such as overcrowding, inadequate facilities, and a lack of privacy—on the overall wellbeing of IDPs. Furthermore, the empirical evidence underscores the importance of community and social support systems in mitigating these negative effects; collective centers that facilitate connections among residents tend to foster resilience and improve psychological outcomes (Kenneth E Miller et al., 2004-05-20). Ultimately, understanding these dynamics is essential for informing intervention strategies aimed at enhancing the psychosocial wellbeing of IDPs, which must be grounded in comprehensive empirical research that addresses both individual and collective needs.

2.2.3. Regional Trends

As of the year 2022, the total number of internally displaced persons in Sub-Saharan Africa reached 31.7 million. In that year alone, approximately 16.5 million new internal displacements were documented in the region, marking a 17 percent rise compared to the previous year. This increase is largely attributed to a nearly three-fold rise in disaster-related displacements, which amounted to 7.4 million – the highest number ever recorded for the region (IDMC, 2023)

Conflict and violence also triggered nine million displacements as new waves of insecurity struck some countries. The Democratic Republic of the Congo (DRC) accounted for almost half of the total. There were 28 million people living in internal displacement because of conflict and violence across the region at the end of the year, its highest ever figure and more than 40 per cent of the global total. Despite IDPs' growing needs, access constraints increasingly impeded the delivery of aid and aggravated the humanitarian situation (IDMC, 2023). A few numbers of West African countries were also hosting large numbers of IDPs as of the end of 2022. Nigeria hosted 3.6 million, of whom 1.9 million were living in protracted displacement

in the north-eastern state of Borno. In the Central Sahel region, Burkina Faso was home to 1.9 million IDPs at the end of 2022, its highest figure on record (IDMC, 2023).

2.2.4. National Trends

Ethiopia has faced significant internal displacement, largely due to conflict, violence and ethnic tensions. According to the information available in IOM, DTM Ethiopia - national displacement report of 16 November 2022 – June 2023, “Ethiopia has experienced significant internal displacement mainly due to conflict, violence, and ethnic tensions” (IOM, DTM 2023. PP 4-5). In 2021, Ethiopia recorded “ the highest annual displacement figure recorded for a single country peaking the record of 5.38 million displaced because of conflict, violence and ethnic tensions, this figure is increased from 3.19 million in 2018.

In 2021, Ethiopia recorded 5.1 million "the highest annual displacement figure ever recorded for a single country, with a substantial portion stemming from ethnic and border-based disputes (IDMC, 2022a). Long-standing tensions, such as the contestation of the Oromia-Somali regional border that first flared in 2017, continue to persist alongside new conflicts.

In 2016, a conflict arose regarding the administrative classification of Konso woreda in the Southern Nations, Nationalities, and Peoples (SNNP) region. In April and June 2018, clashes over land and resources erupted between the Gedeo and Guji Oromo tribes in West Guji, resulting in the displacement of around 748,499 people by August 2018 (IDMC, 2022b). Furthermore, ongoing assaults by unidentified armed groups in the Benishangul Gumz region in September 2020 led to additional displacements, which reached a peak of 76,000 individuals in January 2021. The situation intensified in November 2020 with the onset of the Tigray War, resulting in substantial displacement across northern Ethiopia.

As of June 2023, Tigray hosted the highest number of internally displaced people (IDPs) in the country, totaling 1,011,636 (IDMC, 2022a). Additionally, in April 2021, conflict in Axaye town administration within the Amhara region led to an estimated peak of 310,000 IDPs, further worsening the displacement crisis in Ethiopia (IDMC, 2022b). The government announced a humanitarian truce in March and, despite a resumption of fighting in August, the parties signed

a peace agreement in November, raising hopes for those displaced to find durable solutions. “Even if the peace agreement holds, however, it will take years to fully stabilize northern areas of the country”.

The harmful impact of displacement on individuals, families and communities are extensive, leading to issues such as “impoverishment, social isolation, exclusion from health, welfare and education provision, the breakdown of social relationships and support structures, and the undermining of authority structures and social roles”. Mothers and their children face heightened vulnerability, as displacement disrupts children's education and normal development, often resulting in family separations during flight. This situation has significant psychological effects on both children and women, placing them at increased risk of abuse. Victims are exposed to violence and human rights violations, including roundups, forced conscription, and sexual assault (Mooney, 2005).

Ethiopia experiences prolonged conflict fueled by ethnic tension, competition for limited resources, land disputes, inadequate social services, and weak governance. It is a fact that internal displacement affects multiple aspects of persons making them more vulnerable to man made and natural disasters. It is a phenomenon that is affecting IDPs as its direct victim, and local and host community, the state, neighboring regions, and the natural environment. It also forces the people from their homes, putting them at risk, depriving them of shelter and the basic protection it can provide. Internal displacement also forces individuals to leave their land, traditional livelihoods, and means of income generating and compelled to leave all but a few possessions behind. Moreover, IDPs unexpectedly find themselves stripped of their means of survival. As a result, displacement breaks up families and community support networks (UNCHR, 2006).

2.3. The impact of Internal Displacement on Psycho-social Wellbeing of IDPs

Forced internal displacement significantly affects the psychological and social well-being of IDPs, particularly those living in collective or camp-like settings. The living conditions in these environments often exacerbate existing vulnerabilities and create new challenges.

Understanding the factors influencing psychosocial wellbeing among internally displaced persons in temporary collective centers is essential for effective intervention strategies. One critical element is the disruption of social networks, which often exacerbates feelings of isolation and helplessness. Displacement frequently sever ties with family and community, leading to an increased risk of mental health issues such as anxiety and depression . Additionally, the lack of stability in living conditions ; characterized by overcrowded facilities and inadequate access to basic needs further compounds this distress, as individuals struggle to find a sense of normalcy and security (Kenneth E Miller et al., 2004).

Moreover, cultural differences and linguistic barriers can hinder effective communication and integration within the host communities, making it difficult for displaced individuals to forge new supportive relationships. Addressing these multifaceted challenges is vital for enhancing the psychosocial wellbeing of those affected, highlighting the necessity for targeted support systems and community-based interventions.

2.3.1. Internal Displacement and Psychological Wellbeing

The psychological consequences of forced displacement can be profound and long-lasting. Research indicates that IDPs frequently experience high rates of mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD) (Khan et al., 2018). The traumatic experiences associated with displacement such as violence, loss of loved ones, and the stress of sudden upheaval contribute to these mental health issues. For instance, De Jong et al. (2003) highlight that traumatic events related to war and displacement are linked to serious psychological distress, which can manifest as emotional instability, fear, and a sense of hopelessness.

In Ethiopia, a study indicated that IDPs exhibited high levels of PTSD and depression, with factors such as trauma exposure and loss of social support being significant contributors to their mental health challenges (Kebede et al., 2022). Similarly, research in South Sudan found that IDPs in camps reported elevated rates of psychological distress, with many experiencing anxiety and depression due to the lack of basic services and ongoing instability (Miller et al., 2018).

The current protracted displacement situation in Ethiopia can be understood through the lens of Maslow's Hierarchy of Needs (Maslow, 1943). According to Maslow, human beings have different levels of needs, ranging from basic physiological needs to self-actualization needs. In the context of internal displacement, IDPs may experience a shift in their priorities, with basic needs such as safety and security taking precedence over other needs. However, prolonged displacement can lead to a sense of hopelessness, despair, and helplessness, making it challenging for individuals to fulfill even their basic needs. Furthermore, the lack of durable solutions, social support, and access to essential services can exacerbate the situation, leading to a sense of disorientation and dislocation.

The psychosocial theory of conflict (Tajfel & Turner, 1979) can also be applied to understand the dynamics of internal displacement. According to this theory, group membership and social identity play a crucial role in shaping an individual's perception of self and others. In the context of internal displacement, IDPs may experience a loss of social identity and group membership, leading to a sense of disorientation and disconnection from their community. This can have a profound impact on their mental health and well-being.

The concept of social dislocation (Goffman, 1961) can also be applied to understand the experiences of IDPs. According to this concept, individuals who experience a significant change in their social environment, such as internal displacement, may experience a sense of disorientation and dislocation. This can lead to a range of negative emotions, including anxiety, depression, and post-traumatic stress disorder (PTSD).

The concept of trauma-informed care (Herman, 1992) can also be applied to understand the experiences of IDPs. According to this concept, individuals who have experienced trauma, such as internal displacement, may require specialized care and support to address their trauma-related needs. This can include counseling, therapy, and other forms of support to promote healing and recovery.

A significant body of research focuses on the mental health of children affected by conflict. For instance, a study on Syrian refugee children revealed high rates of PTSD, anxiety, and

depression, with many children experiencing severe emotional distress due to the trauma of war and the challenges of displacement (Alabed et al., 2020).

In a review of the mental health of civilians displaced by armed conflict, it was found that ongoing stressors related to displacement, such as social isolation and economic hardship, significantly contribute to mental health issues, often exacerbating the effects of prior trauma from conflict (Kebede et al., 2022). This ecological model highlights the importance of considering both pre-migration and post-migration stressors in understanding the mental health of refugees and IDPs.

Studies have also highlighted the gendered dimensions of displacement. Women often face unique challenges, including increased vulnerability to gender-based violence and the burden of caregiving in disrupted family structures. Research indicates that women in conflict-affected areas experience higher rates of PTSD and depression compared to men (Owoaje et al., 2021), necessitating gender-sensitive approaches to mental health interventions.

The long-term psychological effects of displacement are evident in various studies. For example, a meta-analysis of refugee populations indicated that prolonged displacement is associated with persistent mental health issues, including chronic anxiety and depression, which can last for years after resettlement. This underscores the need for ongoing mental health support for displaced individuals (Kham et al., 2019).

Studies showed that IDPs frequently experience a range of mental health disorders, including PTSD, depression, and anxiety, significantly affecting their quality of life (Silove et al., 2017). The stressors associated with displacement, such as loss of home, community, and social networks, contribute to these psychological challenges. A systematic review found that the prevalence of PTSD among IDPs can be as high as 34%, indicating the urgent need for mental health interventions (Schwerdtle et al., 2018). Living in crowded and inadequate conditions further compounds these psychological challenges. Overcrowding in camps often leads to a lack of privacy and personal space, which can heighten feelings of anxiety and stress (Fazel et al., 2018). A study by Yigzaw and Abitew (2019) emphasizes that the lack of necessities such as

adequate shelter, food, and health care lead to a deterioration in mental health, making IDPs more susceptible to psychological disorders.

2.3.2. Social Impacts of Internal Displacement

Socially, displacement disrupts community structures and networks, leading to feelings of isolation and disconnection among IDPs. The loss of familiar social environments can hinder access to support systems, exacerbating mental health issues (Mastrorillo et al., 2016). Furthermore, the stigma associated with displacement can lead to discrimination and marginalization, further isolating individuals from their communities (Pereira et al., 2018). These social impacts highlight the necessity for community-based interventions that facilitate social reintegration and support for IDPs.

Displacement can lead to the breakdown of family structures and community networks, which are crucial for social support (Lemessa, 2005). IDPs frequently lose their social connections, which can result in isolation and marginalization within the host community. “This loss of social capital can hinder access to resources and support systems, further exacerbating feelings of vulnerability and helplessness” (Negussie, 2020). Moreover, the stigma associated with displacement can lead to social exclusion. IDPs may face discrimination from host communities, which can exacerbate their sense of alienation and hinder their integration (Kahsay, 2020). This social disarticulation not only affects individual well-being but also undermines community cohesion, leading to broader social instability.

IDPs in the study area have lived in a temporary collective shelter for more than eight years since their displacement from Somali regional state following the inter-ethnic and border conflict between Somali and Oromia regions in 2017. Food insecurity, disruption of social cohesion and inadequate access to basic services can increase IDP’s vulnerability to different social and psychological problems. The cumulative effects of those social impacts can severely undermine the overall social wellbeing IDPs in Deder and Goro Gutu Woreda, in Ethiopia, thereby hindering their ability to rebuild their lives and reintegrate into society.

Studies conducted by (Fufa, 2020), indicate that internal displacement of local community has high impacts on the socioeconomic status of the households, degradation in the livelihood, housing conditions”. “It has been studied that socio-cultural confusion, loss of identity and family disintegration (Lemessa, 2005), limited access to adequate food, water, better housing, health care and basic education, and access to employment and livelihoods” (Negussie, 2020), loss of access to farmland, pastures, forest lands, grasslands, water bodies and burial grounds (Abegaz, 2020), impoverishment risks, joblessness, social disarticulation, marginalization (Kahsay, 2020).

Displacement often leads to the fragmentation of communities, disrupting established social structures and relationships. When individuals are forced to flee their homes, they leave behind not only their physical environment but also their social networks, which are crucial for emotional support and community identity (Mastorillo et al., 2016). This disintegration can result in feelings of isolation and loss, as displaced individuals struggle to rebuild their social ties in new and often unfamiliar environments.

The loss of social networks due to displacement has significant implications for mental health and well-being. Displaced individuals may experience heightened stress and anxiety as they navigate their new circumstances without the support systems that previously provided stability (Schwerdtle et al., 2018). Furthermore, the breakdown of social cohesion can lead to increased tensions among different displaced groups, as competition for resources and services intensifies in host communities (Rigaud et al., 2018). This competition can exacerbate existing social divides and contribute to conflicts, further undermining community resilience.

The social impacts of displacement can extend beyond individual experiences to affect broader community dynamics. Research indicates that displacement can lead to decreased social cohesion, as trust and mutual support among community members diminish (Pereira et al., 2018). This decline in social cohesion can hinder efforts for collective recovery and reintegration, making it difficult for displaced populations to rebuild their lives. Programs aimed at fostering social connections and community engagement are essential to restoring social cohesion and promoting resilience among displaced populations.

Displacement also impacts cultural identity and a sense of belonging. Many displaced individuals struggle to maintain their cultural practices and traditions in new environments, leading to feelings of alienation (Schwerdtle et al., 2018). The loss of cultural identity can have profound effects on mental health, as individuals grapple with the dual challenge of adapting to new social contexts while longing for their previous lives and communities.

The social impact of displacement is particularly pronounced among youth. Young people may face disruptions in their education and social development, leading to increased vulnerability to risky behaviors and mental health issues (Mastrorillo et al., 2016). The lack of structured activities and supportive environments can hinder their ability to form meaningful relationships, further exacerbating feelings of isolation and disconnection.

2.3.3. Resilience and Coping Mechanisms

Displacement has a significant psychological impact on IDPs including on their mental health issues. Traumatic life events related to displacement are significantly associated with higher mental distress and lower quality of life, high incidence of depression, anxiety, and distress (Eliyas, 2019; Gameda, 2020). Communicable and non-communicable diseases as well as other health-related problems such as sexual abuse and sexual and reproductive health (SRH) barriers were among the most health-related problems reported by the studies (Yadete & Pincock, 2019).

Despite these challenges, many IDPs exhibit remarkable resilience. Factors such as community support, strong family ties, and cultural practices can foster social cohesion and provide emotional support (Perez-Sales et al., 2005). Encouragingly, studies indicate that IDPs who maintain social connections and engage in community activities tend to demonstrate better psychological resilience (Khan et al., 2018). However, the capacity for resilience is often contingent upon the availability of resources and support systems within the camp environment.

Internal displacement in Ethiopia leads to loss of human life and commodities, brings food insecurity and malnutrition (vulnerability of IDPs to poverty and famine), leads to family breakdown, brings psychological and physical violence on the IDPs, economic crisis, leads to

price inflation in the hosting communities, communicable diseases and the decline of social infrastructures (Yigzaw and Abitew, 2019).

Research further demonstrates that the availability of social support and coping mechanisms plays a decisive role in determining psychosocial wellbeing among displaced populations. Oginyi, Mbam, and James (2017) identified social support and coping strategies as significant predictors of psychological wellbeing among IDPs in Nigeria, underscoring that resilience is fostered through community networks and adaptive strategies rather than demographic distinctions. Similarly, Dickson et al. (2024) highlighted that psychosocial support programs in low- and middle-income countries are most effective when they address structural and situational challenges, such as access to healthcare and livelihood opportunities, rather than focusing narrowly on demographic.

The resilience of people who have suffered severe trauma or disasters is influenced by the nature of the pre migration trauma experienced by them, but it is also influenced by the post migration psychosocial circumstances and living conditions. Several psychosocial factors have been shown in the literature to speed up the recovery or resilience of post trauma victims, including sense of belongingness, social recognition, perception of control over one's own life, sense of predictability and safety in daily life, respect to personal dignity, and optimism regarding the future (Perez-Sales et al, 2005). Forced displacement could negatively impact the psychological wellbeing of the person, and put the individual at risk of mental disorders (Axsom& Grills-Taquechel, 2011).

2.3.4. Living conditions and psychosocial wellbeing

The living conditions in collective settings are a critical factor influencing the psychosocial wellbeing of IDPs. Research indicates that inadequate access to clean water, sanitation, and healthcare services in camps can lead to significant health crises and increased mortality rates (IDMC, 2023). For instance, a study by Baker et al. (2018) found that poor sanitation facilities in displacement camps are directly linked to the outbreak of waterborne diseases, which exacerbate existing health concerns among IDPs, particularly among vulnerable populations such as children and the elderly.

Moreover, the psychological impact of these inadequate living conditions cannot be overstated. Poor living conditions correlate with heightened stress levels, which can precipitate or exacerbate mental health disorders (Axsom & Grills-Taquechel, 2011). The lack of privacy, overcrowding, and exposure to violence in these settings can lead to feelings of insecurity and helplessness, contributing to anxiety and depression among IDPs (Kälin, 2016). Additionally, the lack of opportunities for meaningful engagement or employment can lead to feelings of purposelessness and despair. Economic insecurity significantly impacts the psychosocial well-being of IDPs, as the inability to provide for oneself or one's family can lead to increased stress and mental health challenges (Fufa, 2020). Research by Zetter et al. (2017) emphasizes that access to livelihoods not only improves economic stability but also enhances self-esteem and social cohesion, which are vital for mental health recovery among displaced populations.

Furthermore, the effects of prolonged displacement can result in intergenerational trauma, where the adverse conditions faced by IDPs affect not only their well-being but also that of their children (Mastorillo et al., 2016). Children raised in temporary collective shelters may experience disruptions in education and social development, which can have long-lasting effects on their mental health and future opportunities.

In summary, living conditions in temporary collective shelters play a vital role in shaping the psychosocial well-being of IDPs. Addressing these conditions through improved access to basic services, economic opportunities, and psychosocial support is essential for enhancing the overall well-being of displaced populations.

2.3.5. Gender and psychological wellbeing

Gender plays a crucial role in shaping the psychological well-being of internally displaced persons (IDPs). Research indicates that displaced women are at a significantly higher risk of experiencing mental health issues, including depression and anxiety, primarily due to exposure to gender-based violence (GBV) and the added burden of caregiving responsibilities in unstable environments (UN Women, 2015). Conversely, men may experience stress related to the loss of their traditional roles as providers, leading to feelings of inadequacy and frustration (Pereira et

al., 2018). These gendered experiences of displacement highlight the need for tailored mental health interventions that address the distinct challenges faced by each sex.

2.3.6. Age and Psychological Well-Being

Age is another critical factor influencing psychological well-being among IDPs. Older adults often face increased vulnerability due to physical health issues and social isolation, leading to higher rates of depression and anxiety (Schwerdtle et al., 2018). Youth, on the other hand, frequently encounter disruptions in education and social networks, which can lead to feelings of hopelessness and increased mental health issues (Mastrorillo et al., 2016). Children in displacement situations are particularly at risk of trauma, which can manifest as behavioral problems and emotional distress (Silove et al., 2017). Understanding these age-related differences is essential for developing effective mental health support.

2.3.7. Marital Status and Psychological Well-Being

Marital status significantly affects the psychological well-being of IDPs. Studies indicate that married individuals often have better mental health outcomes due to the emotional support provided by their partners (Schwerdtle et al., 2018). However, those who are single or widowed may experience heightened stress and anxiety, as they often lack a support system to cope with the challenges of displacement (Mastrorillo et al., 2016). The impact of marital status on psychological well-being underscores the importance of fostering social connections among displaced populations.

2.4. Summary of the reviewed literature

This section synthesizes the literature and empirical studies pertinent to the psychosocial well-being of internally displaced persons (IDPs), particularly in the context of conflict-induced displacement. While research focused specifically on IDPs in Ethiopia remains limited, a broader examination of related literature reveals critical insights into the emotional, social, and physical dimensions of quality of life for displaced populations.

Internal displacement profoundly impacts on the lives of affected individuals, their host communities, and the broader societal fabric. The consequences extend beyond immediate

physical health concerns to include significant psychological and emotional challenges, thereby hindering access to essential services such as security, education, housing, and social integration. Evidence indicates that the psychological repercussions of conflict-induced displacement are pervasive, affecting individuals across various demographics, including age and gender. This necessitates comprehensive, culturally sensitive interventions tailored to the unique needs of displaced populations.

Empirical studies underscore the compounded risks faced by IDPs, particularly in resource-poor settings characterized by limited infrastructure and social vulnerability. The cumulative effects of traumatic events; ranging from war and violence to deprivation of basic needs—have been linked to serious mental health disorders. Research by De Jong et al. (2003) and Mollica et al. (1998) highlights the dose-effect relationships between cumulative trauma and psychiatric outcomes, illustrating how the severity and frequency of traumatic experiences correlate with increased mental health challenges. Moreover, recent findings by Tesfaye (2019) emphasize the systemic neglect of internally displaced individuals, particularly in urban contexts where institutional support is minimal. This oversight contributes to the exacerbation of mental health issues among IDPs, further complicating their already precarious living conditions.

Overall, the literature reveals that the psychosocial impacts of forced internal displacement are intricate and multifaceted. Factors such as inadequate living conditions, social isolation, and the resulting psychological distress create a challenging environment for IDPs, particularly those residing in collective or camp-like settings. A thorough understanding of these dynamics is essential for developing effective interventions aimed at enhancing the well-being of internally displaced populations. The insights drawn from this literature will inform the formulation of research questions, justify methodological approaches, and guide the interpretation of findings in this study.

3. RESEARCH DESIGN AND METHODS

This chapter of the study covered the description of the study area, the research design, participants of the study, sample size and sampling techniques, instruments for data collection, methods and procedures for data collection as well as analysis.

3.1. Description of Study Area

The study area is located in the Eastern Hararge Zone of the Oromia Regional State in Ethiopia, encompassing the woredas of Deder and Goro Gutu. This region is characterized by a diverse population, a history of conflict, and limited access to essential services. Both woredas have been significantly impacted by inter-ethnic and border conflicts, resulting in a large number of internally displaced persons (IDPs) seeking refuge there since September 2027. Approximately 2,194 households and 8,725 individuals currently reside in various settings, including collective

centers, planned camps, and among host communities (IOM DTM, 2024). Both woredas are situated within the hilly and rugged terrain of the East Hararge Zone, fostering a mixed crop-livestock farming system essential for local livelihoods. The region has faced ethnic tensions and conflict, triggering humanitarian responses and administrative changes that affect everyday life for residents. The socio-cultural dynamics in the region are shaped by a rich tradition of community-based organizations and social norms, playing a crucial role in the resilience of the local population amidst ongoing challenges.

Overall, the geographical and socio-political contexts of Deder and Goro Gutu, along with the establishment of temporary shelters for IDPs, highlight the complexities faced by displaced individuals and the community as a whole, underscoring the need for focused interventions to address their multifaceted needs.

3.2. Research Design

This study employed a quantitative research method utilizing a descriptive survey research design to achieve its objectives. The descriptive design is particularly effective for assessing the psychosocial well-being of internally displaced persons (IDPs) because it offers a comprehensive overview of their current state of well-being (Creswell, 2014). By focusing on the immediate conditions and experiences of this vulnerable population, the research captures critical data necessary for understanding their psychosocial landscape.

The choice of a descriptive research design is justified as it not only articulates the existing psychosocial conditions of IDPs but also establishes a foundation for future inquiries. This design validates sampling methods and facilitates comparisons across various demographic groups, such as gender, age, and marital status. Such comparative capabilities are essential for identifying disparities in psychosocial well-being among IDPs, which can inform the development of targeted interventions aimed at addressing their unique needs.

Additionally, using a quantitative approach allows for the systematic collection of numerical data, providing insightful analysis on the immediate needs and challenges faced by IDPs. This structured data collection is crucial for revealing disparities in well-being and guiding

stakeholders in implementing effective support mechanisms. Overall, the choice of descriptive survey research design aligns with the study's goals, ensuring that the findings are both relevant and actionable for improving the conditions of IDPs.

3.3.Target Population, Sample Size and Sampling Techniques

3.3.1. Sources of Data

The researcher utilized primary data source primary data sources, which included a structured questionnaire (demographic questionnaire and two validated scales): the Short Form of the Psychological Well-Being Scale, developed by Ryff (1989), and the Short Form Social Well-Being Scale, created by Keyes (1998). The demographic questionnaire was designed to capture essential background information about the participants, while the psychological well-being scale assessed various dimensions of psychological health, based on Ryff's theoretical model. Additionally, Keyes' social well-being scale measured aspects of social integration and contribution to the community, providing a comprehensive overview of the participants' overall well-being.

The researcher relied on the primary source, as it provided direct, firsthand data specific to the study context, allowing for greater accuracy and relevance in assessing psychological and social well-being. This direct approach enhances the validity of findings and ensures that insights are tailored to the specific population being studied.

3.3.2. Target Population

The research targeted all internally displaced persons (IDPs) who have been forcibly displaced from the Somali Regional State and are currently residing in ten selected collective shelters within Deder and Goro Gutu woredas. According to the East Hararge Zone Busa Gonofa (DRMB), these shelters accommodate approximately 990 households, representing around 4,354 individuals. In Deder Woreda, six collective centers namely EDDC, Water Office, New Golmasa, Old Golmasa, Youth Center, and Fediso host IDPs. In Goro Gutu Woreda, the Karamile/Ligide, Agriculture Office, Alisheko, and Genda Wegayo collective centers are located in Karamile town, providing shelter for IDPs under study.

The researcher selected these temporary collective sites due to various reasons; the chosen woredas and collective sites have been identified for their IDP hosting capacity within collective shelters. These centers provide a concentrated population of IDPs, allowing for a focused study on their psychosocial well-being and the IDPs residing in these collective centers have been living in uncertain and unresolved prolonged displacement conditions. Their prolonged stay in these centers highlights the need for a comprehensive examination of their mental health and social well-being amidst ongoing challenges.

Many of the IDPs are housed in partially allocated government facilities, such as youth centers, water offices, and agricultural offices. These environments often lack adequate support from governmental and humanitarian organizations, resulting in overcrowding and poor living conditions. Studying these sites allows for an exploration of the impact of such conditions on the psychosocial well-being of the IDPs. The researcher deliberately limited the study to these ten collective sites due to resource constraints. This focused approach ensures that the research is manageable while still providing valuable insights into the experiences of IDPs in these specific contexts.

By concentrating on these ten sites, the research can effectively gather quantitative data and the proximity of these centers facilitates interaction with the IDP population, enhancing the reliability of the data to be collected. Therefore, internally displaced persons who have been displaced from Somali region and residing in those ten collective centers were target population for this study.

3.4.Sample Size

The sample size was determined using **Yamane's (1967) formula** for finite populations at a 95% confidence level and 5% margin of error:

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

Where:

$$N = 990 \text{ households}$$

$$e = 0.05$$

$$n = \frac{990}{1 + 990(0.05^2)} = \frac{990}{1 + 990(0.0025)} = \frac{990}{1 + 2.475} = \frac{990}{3.475} \approx 285$$

After adjustment and rounding, the final sample size was set at 279 households.

To ensure representativeness, proportional allocation was applied across the ten collective sites. Each site's sample size was calculated based on its share of the total households. Each site has a different number of households (HHs), leading to variations in demographic characteristics and psychosocial needs. For effective sampling, it is essential to recognize these variations to ensure that the sample reflects the population accurately. Given the diversity in household sizes across sites, the Yale method allows for proportional allocation of the sample size, ensuring that each site is adequately represented based on its HHs.

In this study context, there were 10 collective sites, each with a distinct total number of households. To allocate the sample size appropriately, we calculate the proportion of households for each site relative to the total population of 990 HHs.

$$\text{Proportion} = \frac{\text{Total HHs for site}}{\text{Total HHs in all sites}} \times 100$$

Table 1: Sample Size of Participants by Collective Site

S/N	Name of Collective Site	Total HHs	Proportion (%)	Sample Size
1	Fediso	140	14.14	39
2	Woreda Youth Association Hall	85	8.59	24
3	Woreda Water Office	88	8.89	25
4	DDC (Domestic Distribution Center)	128	12.92	36

5	New Golmasa	145	14.65	41
6	Old Golmasa	78	7.88	22
7	Karamile/Ligide	140	14.14	39
8	Ali Sheko Camp	39	3.94	11
9	Agricultural Office	114	11.52	32
10	Ganda Wagayehu	33	3.33	9
Total		990	100%	279

3.4.1. Sampling Technique

A stratified random sampling technique was employed to ensure representativeness across the ten collective sites. Each site was treated as a stratum, and households were proportionally allocated based on their share of the total population. Within each stratum, households were selected randomly using a random number generator. Stratification by gender was also applied to ensure balanced representation of male and female participants. This approach avoided bias and ensured that the sample reflected the diversity of IDPs across sites and demographic categories.

The researcher had purposefully selected the Deder and Goro Gutu woredas for this study due to their greater capacity to host internally displaced persons (IDPs) compared to other locations in East Hararge zone, such as Kersa; hosting one collective site and Chelenko; two collective centers. In these two woredas, the researcher focused on specific IDP hosting facilities, including the EDDC, Youth Center, New Golmasa, Old Golmasa, and Water Office in Deder, as well as the Agriculture Office, Ligide, Alisheko, and Genda Wegayo in Goro Gutu. These facilities were categorized for stratified sampling, where “random sampling involved some process or criteria of stratification before randomly selecting people from each stratum.

3.5. Instruments of Data Collection

3.5.1. Questionnaire

In this study, the researcher used a questionnaire to collect data from respondents. A questionnaire is a research tool featuring a series of questions used to collect useful information from respondents to measure their psychosocial well-beings. It is better to obtain a large amount of data from a large number of respondents in a relatively short time with minimal costs (Creswell, 2014). This questionnaire has only close-ended questions including a socio-demographic questionnaire, the Psychological Wellbeing Scale developed by Ryff (1989), and the Social Wellbeing Scale developed by Keyes (1998). These tools were selected and adapted because they provide both background information and standardized measures of psychosocial

wellbeing, ensuring that the study captures individual characteristics alongside validated dimensions of psychological and social functioning.

3.5.2. Socio-Demographic Questionnaire

The socio-demographic questionnaire was designed to collect background information about the participants. It included items on age, sex, marital status, Gender, educational level, and occupation. These variables were essential in describing the sample and for examining whether demographic characteristics had any influence on psychosocial wellbeing. The questionnaire provided a structured overview of the participants' profiles, enabling the researcher to contextualize the findings within the broader social and demographic realities of internally displaced people.

3.5.3. Psychological Wellbeing Scale (Ryff, 1989)

Psychological wellbeing was measured using 18 items adapted from Ryff's Psychological Wellbeing Scale (1989). This instrument assesses six key dimensions of wellbeing: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Each item was rated on a seven-point Likert scale ranging from 1 'strongly disagree' to 7 'strongly agree'. The scale is widely recognized for its ability to capture both the cognitive and affective aspects of psychological wellbeing, making it suitable for evaluating the experiences of individuals living under displacement conditions.

3.5.4. Social Wellbeing Scale (Keyes, 1998)

Social wellbeing was assessed using 15 items adapted from Keyes' Social Wellbeing Scale (1998). This instrument measures five dimensions: Social Integration, Social Acceptance, Social Contribution, Social Actualization, and Social Coherence. Responses were rated on a five-point Likert scale ranging from 1 'strongly disagree' to 5 'strongly agree'. The scale provides insight into how individuals perceive their relationships with society, their sense of belonging, and their contributions to the community. It is particularly relevant in displacement contexts, where social networks and community ties are often disrupted, thereby influencing overall wellbeing.

3.6. Instrument Validation

It is necessary to validate the measures in the context of research before using them for the intended purpose such that valid and ecologically tenable results are obtained. Validating the measure is crucial for a variety of reasons. For example, evidence of validity and reliability is required to assure the integrity and quality of a measurement instrument, Kimberlin and Winterstein (2008). Besides validating the tools of data collections, conducting a pilot study has a number of benefits. These advantages include assisting the researcher learn the feasibility of the chosen research design, the understandability of the measures to the participants, learning whether there are any questions that make the respondents uncomfortable, and estimating the amount of time it takes the participants to fill out the survey questionnaires, to mention a few are some of the lessons obtained during pilot study such that final study can be conducted with a more solid foundation.

Scale can be validated in terms of its face and content validity, and internal consistency (Creswell, 2009). Both face and content validity can be achieved through experts' judgment in terms of the scale's appearance, relevance, and representativeness of its contents Turocy (2002). Consequently, experts in the field will be consulted in order to establish face and content validity of the data collection tools in the present study. As regards reliability or internal consistency of the scale, the most frequently used statistic is Cronbach alpha coefficient (Rattray & Jones, 2007). Accordingly, to establish internal consistency of the tools Cronbach alpha coefficient analysis will be made.

Table 1: reliability test result

No	Items	Score	Items	No of respondents
1.	Psychological well being	0.72	18	35
2.	Social well being	0.79	15	

3. Overall reliability	0.75	33
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As table 1 show that, the reliability result of psychological well- being and social well-being were 0.72 and 0.79 respectively. These results are indicated an acceptable and good level of internal consistency for 33 items. This result suggests that the items are sufficiently related to each other and measure the same construct. The overall Cronbach's Alpha of 0.75 for all 33 items suggests the questionnaire has good overall reliability. The decision criterion (cut-off) was set to be greater than 0.70. This standard was taken from Drost (2011) who suggests that in the early stages of research on predictor tests or hypothesized measures of a construct, reliabilities of 0.70 or higher was sufficient. Accordingly, the calculated Cronbach Alpha for this study was 0.70 for second the parts of questionnaire.

Similarly, both content and face validity were checked to ensure the appropriateness of instruments. Content validity was used to check the extent to which the components of the assessment tool are important and relevant in terms of contents, item length, and clarity of items and layout of the questionnaire by using experienced instructors. The face validity was used to check whether the instrument tends to measure the desired quality in the face of it (Cohen *et al.*, 2007). As a result of the pilot study, a minor modification in terms of language, terms, format or style and content were modified.

3.7.Data Gathering Procedures

Before using the questionnaires for the final data collection, the questionnaire was translated into Afan Oromo language by language experts. This was due to the fact that, the participants commonly speak Afan Oromo language. By briefing the purpose of the study letter of cooperation for the study was obtained from the Department of Psychology, Haramaya University, to the Deder and Goro Gutu Busa Gonofa (DRM) offices and selected study sites. Then, to get the participants' permission to participate in the study the purpose of the study was clearly communicated to them. Then, after obtaining participants' permission to participate in the study, a convenient time for the participants to fill in the survey questionnaire was set in agreement with the participants.

Afterwards, conducive physical and psychological environments were created. For the purpose of avoiding confusion during data collection, participants were given appropriate instructions regarding how to complete the questionnaires. To avoid any inconveniences during data collection, the entire process was performed in the presence of the researcher.

3.8. Methods of data analysis

After the data were collected, coded, and encoded into (SPSS) window, version 24, data cleaning was performed such that missing and incomplete responses were discarded and made ready for further analysis. For testing the proposed research questions: statistical methods including descriptive statistics such as Mean, SD, and percentage and inferential statistics like one sample mean t-test, were used for data analysis. Descriptive statistics were used to summarize the data. The levels of participants' psychosocial wellbeing were examined using independent sample t-test. Employed to examine the significant gender and marital status difference in psycho-social wellbeing of internally displaced persons.

3.9. Ethical Considerations

After discussing the purpose and significance of the study with the East Hararge Zone DRMB/ Busa Gonofa East Hararge branch, supportive letter was offered to the woreda Busa Gonofa/ DRM and peace and security offices after which, community leaders of internally displaced communities who have been displaced from Somali region and living in collective sites were notified that the researcher was gathering the information for intervening the psychosocial wellbeing among the IDPs. Ethics in research deals with how the researcher treats those who participate in the study and how to handle the data after collection (Vanderstoep & Johnston, 2009:12). In the process of the study, different ethical considerations were taken. In the first place, to get informed consent from the study participants, the purpose of the study was briefly described, participants were informed that the data taken from them would be used only for academic purpose, and the researcher described who was he, as well as, from where was he, which enabled him to establish good relationship with participants.

4. RESULTS AND DISCUSSIONS

This chapter included socio-demographic background of respondents, mean and standard deviation of psychological well-being and social well-being, and independent T test result and their discussion.

4.1. Demographic characteristics of Participants

The sample consisted of 279 randomly selected participants; however, 278 successfully completed the questionnaire. The slight reduction in the number of respondents can be attributed to participants exiting the study before completion. The frequency and percentage of demographic variables were summarized in Table-3 below.

Table 2: Socio-demographic Background of Participants

		Frequency	Percent
Gender	Male	112	40.1
	Female	166	59.5
	Total	278	100.0
Age	21-35	80	28.8
	35-60	198	71.2
	Total	278	100.0
Marital status	Unmarried	65	23.4
	Married	213	76.6
	Total	278	100.0
Educational Status	No formal education	165	59.4
	primary education	96	34.5
	secondary education	15	5.4
	vocational training	2	0.7
	Total	278	100.0
	Jobless	24	8.6

Site	Daily labour	112	40.3
	Carpentar	12	4.3
	Masonry	26	9.4
	petty trade	35	12.6
	house wife	59	21.2
	house maid	3	1.1
	Guard	2	.7
	Waitress	5	1.8
	Total	278	100.0
	Fedio	39	14.0
	Woreda youth association hall	24	8.6
	woreda water office	25	9.0
	DDC	36	12.9
	new golmasa	41	14.7
	old golmasa	21	7.6
	Karmile	39	14.0
	Ali sheko camp	11	4.0
	Agriculture Office	33	11.9
	Ganda Wogayo	9	3.2
	Total	278	100.0

According to table 3, total of 278 participants were included in the study. Out of the total participants, 112 (40.1%) were male and 166 (59.5%) were female, showing that females constituted the majority of the sample. The results indicate that the majority of participants (71.2%) belonged to the second age group, while 28.8% were in the first (younger) age group. Depending on the result, this age distribution could imply that mature or adult individuals were more represented, which may influence overall levels of psychological and social well-being. For example, older participants might report higher purpose in life or self-acceptance but lower

social integration due to reduced social engagement, consistent with lifespan psychology theories (Ryff, 1989; Keyes, 1998). In terms of marital status findings indicate that the majority of participants were married (76.6%), while 23.4% were unmarried. This distribution shows that most respondents are in marital relationships, which may have implications for their psychological and social well-being. According to research in previous study, married individuals often report higher levels of social support, emotional stability, and life satisfaction when compared to unmarried individuals (Ryff, 1989; Keyes, 1998). However, the quality of the marital relationship rather than marital status alone can be a more critical determinant of well-being.

The occupational profile revealed that 112 (40.3%) were daily labourers, and 59 (21.2%) were housewives. Other categories included 24 (8.6%) jobless, 26 (9.4%) masonry workers, 35 (12.6%) petty traders, 12 (4.3%) carpenters, 5 (1.8%) waitresses, 3 (1.1%) housemaids, and 2 (0.7%) guards. This indicates that daily labour was the predominant occupation among participants. With regard to location, the highest proportion of participants came from New Golmasa (41, 14.7%), followed by Fedio (39, 14.0%) and Karmile (39, 14.0%). Other representations included 36 (12.9%) from DDC, 33 (11.9%) from the Agriculture Office, 25 (9.0%) from the Woreda Water Office, 24 (8.6%) from the Woreda Youth Association Hall, 21 (7.6%) from Old Golmasa, 11 (4.0%) from Ali Sheko Camp, and 9 (3.2%) from Ganda Wogayo.

4.2. Levels of Psychological Well-being

The first objective of the study was to measure the level of psychological and social wellbeing of participants. One sample t-test was conducted and the average value of 3.5 (out of a seven-scale format) considered attaching meaning.

Table 3: Psychological Wellbeing (N=278)

Items	N	M	SD
Autonomy	278	3.18	0.66
Environmental Mastery	278	1.73	0.90
Personal Growth	278	1.81	0.97
Positive Relationship	278	3.55	0.99
Purpose In Life	278	4.08	1.078
Self-Acceptance	278	3.22	0.68
Overall score		2.93	0.46

According to table 4, the highest mean score was obtained for Purpose in Life ($M = 4.08$, $SD = 1.08$), suggesting that most respondents possess a clear sense of direction, meaning, and life goals. This aligns with Ryff's (1989) assertion that individuals with high purpose in life view their existence as meaningful and guided by personal values. Environmental Mastery ($M = 1.73$, $SD = 0.90$) and Personal Growth ($M = 1.81$, $SD = 0.97$) had the lowest mean scores, indicating that participants may face challenges in effectively managing their surrounding environment and pursuing continuous self-improvement. Lower scores in these domains may reflect limited access to resources or opportunities for personal development.

Moderate levels of Autonomy ($M = 3.18$, $SD = 0.66$) and Self-Acceptance ($M = 3.22$, $SD = 0.68$) suggest that participants possess a fair level of self-regard and independence, though external influences may still affect their decision-making. Furthermore, Positive Relationships ($M = 3.55$, $SD = 1.00$) indicate relatively strong interpersonal connections and social support among participants. The overall psychological well-being score ($M = 2.93$, $SD = 0.46$) reflects a moderate level of well-being, suggesting that while participants maintain positive relationships and a sense of purpose, they may struggle with environmental control and personal growth. Consistent with Asres (2024) and Earle et al. (2025), displacement-related conditions such as confinement in collective shelters, disrupted livelihoods, and inadequate services appear to overshadow demographic factors, limiting opportunities for self-improvement and environmental control.

4.3. Levels of Social Well-being

One sample t-test was also conducted to examine the social wellbeing of participants. In this five item Likert scale format, 2.5 was taken as the average social wellbeing. The result is indicated in Table 5 below.

Table 4: Social wellbeing of participants (N=278)

Items	N	M	SD
Social Integration	278	1.84	0.90
Social Acceptance	278	1.75	0.96
Social Contribution	278	1.81	0.89
Social Actualization	278	2.11	1.07
Social Coherence	278	2.07	1.96
Overall score	278	1.90	1.65

According to table 5, the findings show that generally low levels of social well-being among participants. The highest mean was found in Social Actualization ($M = 2.11$, $SD = 1.07$), suggesting some good idea about societal potential and collective progress. Social Coherence ($M = 2.07$, $SD = 0.96$) also showed moderate levels, indicating a basic understanding of and connection with the social world. However, Social Acceptance ($M = 1.75$, $SD = 0.97$) and Social Contribution ($M = 1.81$, $SD = 0.90$) recorded the lowest scores, implying that participants may experience limited belongingness and perceive themselves as making minimal contributions to society. The overall mean score ($M = 1.90$, $SD = 0.65$) points to low perceived social well-being.

According to Keyes' (1998) view that social well-being reflects an individual's appraisal of their quality of relationships with society. Lower scores in social acceptance and integration could indicate social isolation or erosion of community ties, lack of community engagement, or limited opportunities for IDPs to feel integrated or valued. As Leeson et al. (2025) note, protracted displacement undermines social trust and belonging, while Conflict and Health (2020) emphasize that disrupted networks and dependency on aid diminish individuals' sense of contribution to society.

The findings of the current study reveals that internally displaced people in this study display moderately strong psychological well-being but low social well-being, reflecting the personal resilience of individuals despite strained community relationships and limited social trust.

Research further demonstrates that the availability of social support and coping mechanisms plays a decisive role in determining psychosocial wellbeing among displaced populations. Oginyi, Mbam, and James (2017) identified social support and coping strategies as significant predictors of psychological wellbeing among IDPs in Nigeria, underscoring that resilience is fostered through community networks and adaptive strategies rather than demographic distinctions. Similarly, Dickson et al. (2024) highlighted that psychosocial support programs in low- and middle-income countries are most effective when they address structural and situational challenges, such as access to healthcare and livelihood opportunities, rather than focusing narrowly on demographic categories.

4.4. Gender Difference in Psychosocial Wellbeing

An independent t-test was used to understand if there was a statically significant mean difference in the psychosocial wellbeing of participants.

Table 5: Differences between male versus female Displaced Individuals on Psychological and social Wellbeing test

	Gender	N	M	SD	df	t	p	Cohen's d
Psychological Wellbeing	Male	112	2.90	.477	276	-.971	.332	-.119
	Female	166	2.95	.441				
Social Wellbeing	Male	112	1.88	.707	276	-.675	.500	-.083
	Female	166	1.93	.615				

The independent sample t-test was performed to compare the psychological wellbeing in male and female internally displaced individuals. The result indicated that there was slit mean score difference in psychological wellbeing between male (M =2.90, SD = 0.477) and female (M = 2.95, SD = 0.441). However, the difference was not statistically significant; $t(276) = -0.971$, $P = 0.332$, $|d| = -.119$. It is also possible to say that gender had small effect on psychological

welling of internally displaced individuals in the study area ($|d| = -.119$ which was ≤ 0.20). The other performed independent sample t-test to compare the social wellbeing of male and female internally displaced individuals also indicates that there was slit mean score difference in social wellbeing between male ($M = 1.88$, $SD = 0.707$) and female ($M = 1.93$, $SD = 0.615$). However, the difference was not statistically significant; $t(276) = -0.675$, $P = 0.500$, $|d| = -0.083$. It is also possible to say that gender had small effect on social welling of internally displaced individuals in the study area ($|d| = -0.083$ which was ≤ 0.20).

The absence of significant gender differences in psychosocial wellbeing in this study supports the argument that displacement-related stressors exert a leveling effect. Both men and women endure similar burdens of confinement, disrupted livelihoods, and inadequate services, consistent with findings by Asres (2024) and Leeson et al. (2025).

Table 6: Differences between Unmarried versus Married Displaced Individuals on Psychological Wellbeing test

	marital status	N	Mean	SD	<i>Df</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
psychological wellbeing	Unmarried	65	2.87	.36071	140	-1.485	.140	-.181
	Married	213	2.95	.48043				

An independent sample t-test was performed to compare the psychological wellbeing in unmarried and married internally displaced individuals. The result indicated that there was slit mean score difference in psychological wellbeing between unmarried ($M = 2.87$, $SD = 0.361$) and married ($M = 2.95$, $SD = 0.480$). However, the difference was not statistically significant; $t(140) = -1.485$, $P = 0.140$, $|d| = 0.181$. It is also possible to say that marital status had small effect on psychological well-being of internally displaced individuals in the study area ($|d| = 0.181$ which was ≤ 0.20).

The lack of a significant difference could be attributed to the shared experiences and challenges faced by both married and unmarried internally displaced individuals. Displacement often brings severe stressors, including loss of home, livelihood, and social networks, which may affect psychological well-being across all demographic groups similarly. Hence, marital status alone may not serve as a strong protective factor under such adverse conditions.

Although married individuals often report higher social support in stable contexts (Ryff, 1989; Keyes, 1998), this study found no significant differences in wellbeing by marital status. Displacement erodes the protective effects of marriage, as collective stressors such as loss of livelihood and confinement overshadow marital distinctions, consistent with Conflict and Health (2020)

Table 7: Differences between Unmarried versus Married Displaced Individuals on Social Wellbeing test

	marital status	N	Mean	SD	Df	T	p	Cohen's d
Social wellbeing	Unmarried	65	1.86	.45727	164	-.876	.382	-.100
	Married	213	1.92	.70191				

An independent sample t-test was performed to compare the social wellbeing in unmarried and married internally displaced individuals. The result indicated that there was slight mean score difference in social wellbeing between unmarried ($M = 1.86$, $SD = 0.457$) and married ($M = 1.92$, $SD = .702$). However, the difference was not statistically significant; $t(164) = -0.876$, $P = 0.382$, $|d| = 0.100$. It is also possible to say that marital status had small effect on psychological wellbeing of internally displaced individuals in the study area ($|d| = 0.100$ which was ≤ 0.20).

Recent studies on internally displaced persons (IDPs) in Ethiopia and other contexts consistently highlights that psychosocial wellbeing is primarily influenced by situational and contextual factors rather than demographic variables such as marital status or gender. For example, Zeleke et al. (2025, BMC Psychiatry, Article 705) found that collective trauma and healing among IDPs in Gondar was shaped by shared displacement conditions, limited services, and disrupted livelihoods, with little variation across gender or marital categories. Similarly, Zeleke et al. (2024, Trauma Care, Article 4) emphasized that cultural and contextual factors including coping mechanisms, social support systems, and service availability were more decisive in shaping psychosocial outcomes than individual demographic characteristics.

The protracted nature of displacement in Ethiopia, where many IDPs have remained in collective shelters since 2017, exacerbates psychosocial distress. Earle, Dajani, Barratt, and McAteer (2025) argue that wellbeing in contexts of protracted displacement is primarily determined by living conditions, service provision, and opportunities for self-reliance. Their

framework demonstrates that prolonged confinement and uncertainty undermine psychosocial wellbeing regardless of marital or gender status. Zeleke et al. (2024) similarly emphasize that trauma-informed interventions must consider cultural and contextual factors, as the shared environment of displacement often dictates psychosocial outcomes more than individual demographic variables

The current research finding also highlighted the need for policy and intervention strategies that prioritize situational determinants of wellbeing. Consistent to this, Tesfaw (2022) notes that internal displacement in Ethiopia has profound socio-economic and psychological consequences, with inadequate government attention to protracted cases worsening the plight of IDPs. Addressing psychosocial wellbeing therefore requires strengthening support systems, improving living conditions, and fostering coping mechanisms, rather than assuming that marital status and gender differences are the primary determinants of psychosocial outcomes. This perspective reinforces the validity of the current study's findings and situates them within a broader body of evidence.

5. SUMMARY, CONCLUSION AND RECOMMENDATION

This section including summary, conclusion and recommendation of this study.

5.1. SUMMARY

The general objective of this study was to examine the influence of internal displacement on psychosocial wellbeing experience among internally displaced people at selected collective centers found in two woredas of East Hararge Zone. The specific objectives of this study were to:

- Assess the level of psychosocial well-being among internally displaced persons (IDPs) in the study area.
- Examine the significant gender differences in the psychosocial well-being experiences of IDPs residing in collective centers.
- Found out whether there is statistical significant differences on psychosocial well-being in refers to marital status experiences of IDPs across collective centers.

The descriptive research design is well-suited for this study as it not only articulates the current psychosocial conditions of IDPs but also lays the groundwork for future research by validating sampling methods and enabling comparisons across different demographic groups, such as gender, age, and marital status. The data was analyzed by inferential and descriptive statistics, descriptive statistics includes the frequency, percent, mean and standard deviation, whereas inferential statistics includes T-test analysis.

The lack of a significant difference could be attributed to the shared experiences and challenges faced by both married and unmarried and male and female internally displaced individuals. Displacement often brings severe stressors, including loss of home, livelihood, and social networks, which may affect psychological well-being across all demographic groups similarly. Hence, marital status alone may not serve as a strong predictive factor under such adverse conditions.

Overall, the results indicate that psychological well-being among internally displaced individuals is likely influenced by a complex interaction of factors beyond marital status and Gender differences. Future studies should consider exploring other predictors such as social support networks, coping mechanisms, trauma exposure, and access to psychosocial services to provide a more comprehensive understanding of the determinants of well-being in displaced populations.

5.2. CONCLUSION

The findings of this study align with previous research underscoring the limited influence of socio-demographic variables on psychosocial outcomes in humanitarian contexts. Evidence from displaced populations consistently demonstrates that contextual stressors such as exposure to conflict, displacement conditions, loss of property and livelihood, and access to social support systems are far more decisive in shaping well-being than background characteristics like age marital status or Gender dimensions. While demographic factors may account for some variation, psychosocial well-being is more directly determined by trauma exposure, coping strategies, and the quality of community integration. The analysis indicates that participants exhibit moderately strong psychological well-being, primarily sustained through a sense of purpose and supportive interpersonal relationships. Nonetheless, significant challenges remain in the domains of environmental mastery and personal growth, reflecting barriers to resource access and opportunities for development. These findings highlight the resilience of internally displaced people (IDPs), who maintain a sense of direction in life despite the considerable hardships of displacement. At the same time, low levels of social well-being complicate this picture, pointing to the urgent need for stronger community integration and cohesion. Indicators of social acceptance and contribution reveal feelings of isolation, suggesting that the disruption of community networks intensifies psychological distress. Recognizing the interplay between psychological resilience and social connectivity is therefore essential, particularly considering the detrimental effects of prolonged displacement on community trust and support systems.

5.3 RECOMMENDATION

The findings of this study recommended the following points for government institutions, NGO and other stakeholders, these are strengthening social support networks, psychological empowerment, re-integration, rehabilitation create awareness about job opportunity and entrepreneur skills, marriage, about providing mental health services for youth, women and adult people, and ensuring access to basic needs rather than relying on demographic profiles to identify those at risk. This underscores the need for humanitarian and policy responses that prioritize psychosocial care and resilience-building programs in internally displaced communities.

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APPENDIX I

HARAMAYA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

College of Education and Behavioral Sciences

Department of Psychology

Dear Participant,

My name is _____, a graduate student at Haramaya University, School of Postgraduate Studies, in the Department of Psychology. I am conducting a research study titled “Assessing the Psychosocial Wellbeing of Internally Displaced Persons Residing in Collective Facilities” in Deder and Goro Gutu Woredas of East Harargea Zone, Oromiya Regional State, Ethiopia. Your responses will be used solely for the academic purpose of fulfilling the requirements for my master’s degree in social psychology. Your participation is entirely voluntary, and you can choose not to participate or withdraw at any time without any impact on your rights or access to services. I assure you that your responses will be kept confidential; data will be anonymized and stored securely, accessible only to the research team. Completing the questionnaire will take approximately 20 minutes. Your insights are invaluable, as they will significantly contribute to my academic research and enhance the understanding of IDPs' wellbeing, helping to inform future interventions. By participating, you consent to this study.

☐ ***Yes, I agree to participate.*** Thank you in advance for your cooperation!

S/N	Items	Strongly agree.	Somewhat agree	A little agree	Neutral	A little disagree	Somewhat disagree	Strongly disagree.
		1	2	3	0	5	6	7
1.	I like most parts of my personality.							
2.	When I look at the story of my life, I am pleased with how things have turned out so far.							
3.	Some people wander aimlessly through life, but I am not one of them							
4.	The demands of everyday life often get me down							
5.	In many ways I feel disappointed about my achievements in life							
6.	Maintaining close relationships has been difficult and frustrating for me.							
7.	I live life one day at a time and don't really think about the future							
8.	In general, I feel I am in charge of the situation in which I live.							
9.	I am good at managing the responsibilities of daily life							
10	I sometimes feel as if I've done all there is to do in life							
11	For me, life has been a continuous process of learning, changing, and growth.							
12	I think it is important to have new experiences that challenge how I think about the world and I							
13	People would describe me as a giving person, willing to share my time with others							
14	I gave up trying to make big improvements or changes in my life a long time ago.							

15	I tend to be influenced by people with strong opinions							
16	I have not experienced many warm and trusting relationships with others.							
17	I have confidence in my own opinions, even if they are different from the way most other people think							
18	I judge myself by what I think is important, not by the values of what others think is Important							

Social Wellbeing Questions

S/N	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
		1	2	3	4	5
	Social Integration: Quality of Relations with Society					
1.	I feel that I belong to my community					
2.	I have meaningful relationships with others in my community.					
3.	I feel accepted by the people in my community.					
	Social Acceptance: Trust in Others and Positive View of Human Nature					
4.	I trust the people I interact with in my community					
5.	I believe that most people are good at heart.					
6.	I feel comfortable asking for help from others.					
	Social Contribution: Feeling Vital and Influential in Society					
7.	I believe I have something valuable to contribute to my community.					
8.	I feel that my contributions are recognized by others					
9.	I feel that I make a difference in my community.					
	Social Actualization: Belief in Society's Potential for Improvement					
10.	I am optimistic about the future of my community.					

11.	I believe that society can improve over time.					
12.	I see potential for positive change in my community.					
	Social Coherence: Perception of Social Organization					
13.	I understand how different parts of my community work together.					
14.	I feel that my community is well-organized.					
15.	I believe that events in my community are predictable and make sense.					

Gaaffilee Nageenya Xiin-sammuu fi Hawaasummaa (PSWB Questions)

S/N	Items	Cimseen Walii gala.	Hamma tokkon Walifgala	Hanga xiqqoo waliigala	G/ Galees sa	Hamma Xiqqoo Walii hingalu	Hamma ta'e walii hingalu	Cimsee Waliihing alu.
1.	Haalli dhuunfaa koo irr caalaan isaa natti tola.							
2.	Seenaa jireenya koo yeroon ilaalu akkaataan haalotni tasa ittii jijjiraman na gammachiisa.							
3.	Namoonni tokko tokko jireenya isaanii keessatti kaayyoo malee jooru, an garuu isaan keessaa tokko miti							
4.	Fedhiin jireenya guyyaa guyyaa yeroo baayyee gadi na buusa							
5.	Karaalee hedduudhaan jireenya koo keessatti bu'aan buusetti mufannaatu nattidhagahama							
6.	Hariiroo cimaa qabaachuun natti ulfaataa fi abdii kutachiisaa ta'eera							
7.	An jireenya guyyaama tokkon jiraadha. dhugaa dha waa'ee egeree hin yaadu							
8.	Walumaagalatti haala ani keessa jiraadhu kana akkan itti gaafatamu natti dhagahama.							
9.	An jireenya guyyaa guyyaa keessatti, itti gaafatamummaa koo haala gaariidhaanin bahadha.							
10	Al tokko tokko jireenya keessatti waan narraa eegamu hunda akkan raawwadhe tu natti dhagahama							
11	Anaaf, jireenyi adeemsa itti fufiinsaan barachuu, jijjiiramuu fi guddachuu ti.							
12	Akkan yaadutti, Muuxannoo haaraa akkaataa ani itti waa'ee ofii koo fi addunyaa yaadu mormu qabaachuun barbaachisaa natti fakkaata.							

13	Namoonni akka nama kennuu, yeroo koo namoota biroof gooduuf fedhii qabutti na ibsu turan							
14	Jireenya koo irratti fooyya'iinsa ykn jijjiirama guddaa fiduuf carraaquu ehgan dhiisee bubbuleera.							
15	Namoota yaada cimaa qabaniin dhiibbaan narra ga'a							
16	Namoota kaan wajjin walitti dhufeenya gaarii fi wal amantaa hedduu hin arganne							
17	Karaa namoonni baay'een itti yaadan irraa adda ta'us, Yaada mataa kootii irratti ofitti amanamummaa qaba,							
18	An kan murteessu, waanan barbaachisaa dha jedhee yaadeen malee, waan namoonni biroon barbachisaa dha jedhanii yaadanini miti.							

Gaaffilee Nageenya Hawaasummaa/ Social Wellbeing Questions:

S/N	Items	Cimsee Walii hingalu	Walii Hin galu	Giddu- galeessa	Walii gala	Cimseen walii gala
		1	2	3	4	5
	Ida'amuu Hawaasummaa: Qulqullina Hariiroo Hawaasas					
1.	Kan Hawaasa kanaa akkan ta'e natti dhagahama					
2.	Namoota hawaasa koo keessa jiran waliin Hariiroo hiika-qabeessan qaba					
3.	Namoota naannoo waliin fudhatama akkan qabutu natti dhagahama.					
	Fudhatama Hawaasummaa: Warra kaanii fi ilaalcha gaarii uumama irraa amantaa qabaachuu					
4.	Hawaasa keessattii namootan walqunnamu/ argu nan amana					
5.	Akkan yaadutti, Irra hedduun namaa garaa irraa gaariidha					
6.	Namoota biroo gargaarsa gaafachuun natti tola/mijaa'a.					
	Gumaacha Hawaasumma: Barbaachisaa fi dhiibbaa uumuun danda'uun namatti dhagahamuu					
7.	Waan gatii qabu tokko kanin hawaasa koof gumaachu qaba jedheen amana.					
8.	Gumaachi koo namoota biratti beekkamtii akka arkatetu natti dhagahama					
9.	Hawaasa koo keessatti garaagarummaa uumuu akkan danda'u tu natti dhagahama.					
	Gahoomina/ hojiirra-oolmaa Hawaasummaa: Dandeettii fooyya'iinsa Hawaasaatti amanuu					
10.	Egere Hawaasa kootiif abdii guddan qaba.					
11.	Hawaasni dhawataan/ yeroon fooyya'uu akka danda'u nan amana.					
12.	Hawaasa koo keessatti dandeettii jijjiirama gaarii nan arga.					
	Qindoomina/ wal-simuu Hawaasummaa: Perception of Social Organization					
13.	Hawaasa koo keessatti, Qaamoleen garaa garaa akkamitti akka waliin hojjetan nan hubadha.					
14.	Hawaasni koo Qindoomina/ ijaarsaa gaarii akka qabutu natti dhagahama.					
15.	Taateewwan Hawaasa koo keessatti mul'atan tilmaamamuu kan danda'anii fi hiika kan qaban ta'uu nan amana.					

