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Research Article

Mental Health Status of Returnee Ethiopian Women from the Middle East Vis -A- Vis Women in the Process of Migration: Implication for Intervention

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Abstract

This study examined the mental health status of women returnees from domestic work in the Middle Eastern countries, in comparison with those in the process of migration. The prevalence of mental distress, the contribution of socio-demographic variables on the experiences of mental distress, and the differences between the returnees and those in the process of migration in their experiences of mental distress were assessed in this study. The study was conducted in Amhara Region, South Wollo Zone, Ethiopia. There were two groups of population out of which two sets of samples were drawn and included the returnees and those in the process of migration. Using availability sampling method, two hundred participants were selected with one hundred returnees and one hundred in the process of migration. The 24-item Self Reporting Questionnaire (SRQ-24) was used for data gathering and descriptive statistics, one way ANOVA, and independent sample t-test were used for data analysis. The findings indicate the prevalence of mental distress was elevated among returnees, with variables such as age and religion had significant impact on mental distress. Whereas other variables such as; marital status and educational level did not have a significant impact. Independent sample t-test indicated that there was significant difference between the two groups in the experiences of neurosis and psychosis. This implies that a special attention needs to be given by policy makers, researchers, and therapists so as to handle this issue.

Keywords: *Women; Migration; Returnee; Mental Health*

Abbreviations

ANOVA: Analysis of Variance; CSA: Central Statistical Agency of Ethiopia; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; ICD- 10: The l0th edition of the International Classification of Diseases; ILO: International Labour Organization; IOM: International Organization for Migration; MOFA: Ministry of Foreign Affairs; MOLSA: Ministry of Labour and Social Affairs; NGO: Non-Governmental Organization; SD: Standard Deviation; SRQ: Self Report Questionnaire; UAE: United Arab Emirate; UNDP: United Nations Development Programme; UNW: United Nations Women; WHO: World Health Organization

Introduction

Mental health is an area which until recently has been given less attention, and continues to be seen as secondary to the promotion of physical health goals [1]. Mental health is the chief predictor of both physical health and quality of life, and good mental health provides individuals with an underpinning for well-being and effective functioning (WHO, 2005).

Cowan J., Raja S., Naik A., and Armstrong, G [2] also indicates that mental and physical health are inter-related, and thus it is indis-

pensable to deal with individuals' mental health needs so as to improve overall health outcomes. Little by little it is being recognized that mental illnesses are public health problems throughout the world both in developing as well as developed countries [3].

Mental health promotion is a significant health issue that needs increased and direct attention. Rates of mental ill-health are increasing worldwide, and by 2020 mental disorders are expected to account for 15% of the global disease burden [1]. Mental health disorders can result in significant costs, not only for the individuals, who experience them, but also for families, societies, and in general for the government, because of loss of efficiency and decreased levels of functioning among people with mental illnesses [1].

Migrants may have exceptional and increased mental health needs resulting from different shameful, painful or traumatic experiences that they might face during the process of migration and/or in the country of destination.

The acculturative stressors and the nature of the work, and all other predictable and unpredictable factors that the migrants face may significantly impact mental and physical health functioning, and quality of life among these individuals. A current meta-analysis of the incidence of Schizophrenia in migrants of various ethnicities provided strong evidence of exaggerated rates in migrants, particularly if they were migrating from developing countries [4].

Domestic workers are mainly employed to carry out activities such as: cleaning, child minding, servicing, gar-dening or care-taking of elderly people in all sectors of private households [5]. In addition to being employed in such challenging activities, women domestic workers in the Middle East also experienced overwork, denial of food and salary, lack of medication, imprisonment, sexual attacks, and emotional and physical abuse [6].

In spite of the difficulties that domestic workers face and the consequences of these challenges, the number of migrants is increasing rapidly in the world particularly coming from developing countries [5].

Although research is conducted on migration [6-9], a few of them were demonstrating the impacts of migration on the mental health of migrants [10,11]. Most of the researches done in Ethiopia on migration issues have conducted using qualitative approach; therefore, these researches are less likely to demonstrate the prevalence of mental distress as only some individuals are taken as participants and the researchers were interested in explaining the unique experiences of these participants.

Thus, this research is conducted to examine the mental health status of women returnees from domestic work in the Middle East countries in comparison with those on the process of migrating to the Middle East countries.

This will assist to understand whether returnees experienced more psychological distress than those on the process of migrating.

Specifically this study intends to:

- Assess the prevalence of mental distresses of the returnees' and those on the process of migration.
- Examine the relationship between socio-demographic variables and the returnees' experiences of mental distress.
- Scrutinize the difference between the returnees and those on the process of migration in their experience of neurosis; and
- Inspect the difference between the returnees and those on the process of migration in their experience of psychosis.

Methods

The study approach was principally quantitative and is a case control study that uses survey methods to answer the research questions.

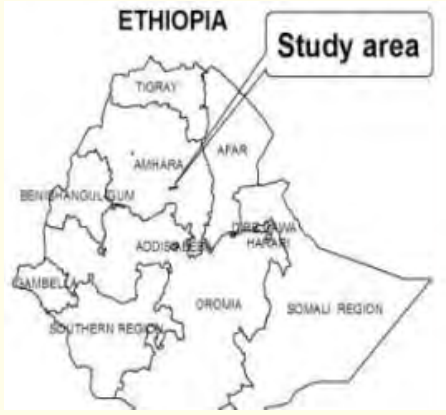

Figure 1: *Map of the study area.*

This study was conducted in Amhara region, South Wollo zone, Ethiopia. Participants were taken from two different but comparable sites.

One of the sites is Mekaneselam city (administrative seat of Borena woreda). Borena is one of the 23 Woredas in South Wollo zone, having consisted of 36 kebeles. This place has been selected for the returnees due to the availability of a lot of women who have been in the Middle East countries with diverse success history. This area is a place where many young women have been migrating to the Middle East countries with increasing number of migrants from time to time [6].

Though the majority of the migrants in this area came from different kebeles of Borena woreda, after they came back from the Arab states many of them would not live with their families rather they would start living in Mekaneselam.

The other site was Dessie which is the administrative site of South Wollo zone, this place is found being potential area for women who are on the process of migration as they are available at the immigration office of Dessie district for the process of passport.

South Wollo is one of the ten Zones in the Amhara Region of Ethiopia. It acquired its name from the former province of Wollo. South Wollo is bordered on the south by Semien Shewa and the Oromia Region, on the west by Mirab Gojjam, on the northwest by Debub Gondar, on the north by Semien Wollo, on the northeast by Afar Region, and on the east by the Oromia Zone and Argobba special Woreda.

Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), this Zone has a total population of 2,518,862, of whom 1,248,698 are men and 1,270,164 women; with an area of 17,067.45 square kilometers.

South Wollo has a population density of 147.58 per square kilometer; While 301,638 or 11.98% are urban inhabitants. A total of 598,447 households were counted in this Zone, which results in an average of 4.21 persons to a household, and 574,378 housing units. The largest ethnic group reported in Debub Wollo was Amhara (99.33%); all other ethnic groups made up 0.67% of the popula-tion. Amharic is spoken as a first language by 98.65%; the remaining 1.35% spoke all other primary languages reported. 70.89% were Muslim, and 28.8% of the population said they practiced Ethiopian Orthodox Christianity.

The study populations of this research are two groups as a result the researcher drew two sets of samples from each population. One of the populations, to which this research is mainly designed for, were women who have been in the Middle East countries for domestic work, and have stayed there at least for six months. The second participants were women who are on the process of migrating and are

currently living in South Wollo zone. For both study groups the age of the participants was greater than or equal to eighteen years old.

Two sets of samples were taken from the two groups of populations mentioned in the study population above. One of the samples was taken from women who have been in the Middle East countries for domestic work. Here, since it is impossible to use any of the probability sampling methods for various reasons, the researcher has used availability sampling technique.

Four areas where the migrant returnees were found in mass was selected as a hot spot and using availability method 50 participants (returnees) were drawn around the bus station while they were looking for a bus ticket, 15 participants (returnees) were found in the market of this city having started small business, 15 participants (returnees) were found working in their own shop, and the rest 20 participants (returnees) were found working in different hotels in this city largely in Borena Sayint Hotel. Therefore a total of hundred participants were drawn out of all women who have been in the Middle Eastern countries in this woreda.

The other one hundred participants were selected from the immigration office of Dessie district, here any women who were in queue for passport process to leave to Middle East countries for domestic work were selected as participants of the study. Thus, the overall numbers of participants involved in this study were two hundred.

In order to gather data, a 24-item Self Report Questionnaire (SRQ-24) was used. SRQ-24 was originally designed by the WHO expert group in 1980, to screen mental distress. The SRQ consists of 24 questions, twenty for measuring neurotic symptoms and four to measure psychotic symptoms. Questions on the SRQ-24 are answered by yes or no.

The SRQ-24 is a simple and reliable instrument for researchers so that they can improve their diagnostic skills of psychological distress (WHO, 1994). First of all, it is a simple and objective scale, easy to evaluate, and covers many important areas of psychopathology. Secondly, the questions of the instrument are written in simple language, which is easy to understand. Thirdly, due to highly selected items and their specificity, the instrument does not allow major doubts about each of the symptoms (WHO, 1994).

The instrument has been validated and used for studies in several developing countries including Ethiopia. In Ethiopia, Solomon, Fekadu, and Larson [12] translated the instrument into Amharic language and evaluated its construct validity.

They ran a factor analysis on the response of 2000 subjects in rural South Central Ethiopia (987 Ha-diyas and 1013 Kembatas) to see whether there was any empirical basis to the composite scores of the neurotic and psychotic symptoms. The main finding was that there was a clear discrimination between the neurotic and the psychotic subscales.

Cut-off points of 10 for the 20 neurotic items (positive response to 10 out of 20 items) and 2 for the 4 psychotic items were taken to be indicative of psychological distress in previous studies in Ethiopia, with the reliability value of 0.87 [12,13].

The procedure of data collection was done in the following ways. In the case of the returnees the following procedures were used: first of all, the researcher handed over cooperation letter to the Mekaneselam city women, youth and children office. Then with the help of one person in this office, the researcher has recruited five data collectors with minimum qualification of grade twelve completion and those who have stayed in that city at least for two years. In the case of those participants who are on the process of migration data was collected at Dessie immigration office, here participants were interviewed while they were on queue for the process of getting their passport. All of the data collectors were given one day adequate orientation on how they are going to collect data.

Questions on the SRQ-24 are answered by Yes or No. Each of the 24 items is scored 0 or 1. A score of 1 indicates that the symptom was present during the preceding 1 month; a score of 0 indicates that the symptom was absent.

The maximum score is therefore 24. Items used for examining the intensity of the occurrences of the psychological disorders are scored in rank form.

The analysis and interpretation of data has been done as follows: After data had been collected statistical packages for social science (SPSS, Version-20) was used for encoding and analysis. Data analysis techniques were presented in line with the research objectives. The first research objective was analyzed using descriptive statistics, the second research objective was analyzed using one way ANOVA and the third and fourth research objectives were analyzed using independent sample T- test. Significant level was determined by p-value 0.05.

Ethical clearance, permission, and informed consent were obtained from the Institutional Review Board of Addis Ababa University and the study participants, respectively. Before starting the interview, the data collector informed each participant that they had the right to withdraw from the study at any time if they feel discomfort to participate. Confidentiality of data was maintained throughout this study.

Result

Prevalence of psychological distress was assessed both on the returnee as well as on those in the process of migration. The survey was conducted until 100 of each group completed.

The result revealed that the majority 81% of the returnees are manifesting neurotic symptoms when 10 is taken as a cut-off point from the twenty neurotic items and 63% of these participants have experienced psychotic symptoms when 2 is taken as cut-off point for those four psychotic items. With regard to those in the process of migration, 39% of the participants are manifesting neurotic symptoms when 10 is taken as a cut-off point from the twenty neurotic items and only 21% of these participants have experienced psychotic symptoms when 2 is taken as cut-off point for those four psychotic items.

Characteristics		Frequency	Percent
Age	19 - 22	9	9.0
	23 - 26	45	45.0
	27 - 30	41	41.0
	31 and above	5	5.0
Religion	Orthodox	43	43.0
	Muslim	57	57.0
	Total	100	100.0
Educational level	No formal education	15	15.0
	1 - 8	36	36.0
	9 - 12	36	36.0
	College and above	13	13.0
	Total	100	100.0
Marital status	Married	20	20.0
	Unmarried	52	52.0
	Windowed	1	1.0
	Divorced	27	27.0
	Total	100	100.0
With whom do you live now?	alone	50	50.0
	with both parents	13	13.0
	only with mother	4	4.0
	only with father	1	1.0
	with siblings	2	2.0
	with my husband	16	16.0
	with friends	13	13.0
	others	1	1.0
	total	100	100.0
Your supporter (if any)	Father	11	11.0
	Mother	11	11.0
	Brother	2	2.0
	Other	14	14.0
	None	62	62.0
	Total	100	100.0
For how long have you been in the country of destination?	less than a year	9	9.0
	1 year - 2years	23	23.0
	from 2 - 4 years	30	30.0
	more than 4 years	38	38.0
	Total	100	100.0

Table1: *Socio-demographic characteristics of the participants (returnee).*

Characteristics		Frequency	Percent
Age	19 - 22	48	48.0
	23 - 26	34	34.0
	27 - 30	12	12.0
	31 and above	6	6.0
		Frequency	Percent
Religion	Orthodox	56	56.0
	Muslim	44	44.0
	Total	100	100.0
Educational level	No formal education	12	12.0
	1 - 8	37	37.0
	9 - 12	38	38.0
	College and above	13	13.0
	Total	100	100,0
Marital status	Married	17	17.0
	Unmarried	56	56.0
	Windowed	1	1.0
	Divorced	26	26.0
	Total	100	100.0
With whom do you live	Alone	11	11.0
	With both parents	38	38.0
	Only with my father	14	14.0
	With siblings	9	9.0
	With my husband	5	5.0
	With friends	11	11.0
	Others	11	11.0
	Total	1	1.0
		100	100.0
Your supporter (if you have any)	Father	23	23.0
	Mother	35	35.0
	Brother	3	3.0
	Other	5	5.0
	None	34	34.0
	Total	100	100.0

Table 2: *Socio-demographic characteristics of the participants (on the process to migrate).*

The impact of socio-demographic variables on the experiences of psychological distress among the returnees was assessed. An analysis of variance showed that the effect of age was statistically significant, $F(3, 96) = 3.121$, $P = 0.030$ (table 3).

Though age was found being significant for the experiences of mental distress, Tukey post hoc test indicated that there was only marginally significant difference ($p = 0.062$) with in each age category. This might be due to the resemblance of the age of the participants.

A one-way ANOVA was used to test for the effects of educational level on mental distress: An analysis of variance showed that the effect of educational level was not statistically significant, $F(3, 96) = 0.210$, $p = 0.889$ (Table 3).

Variable	DF	Mean Square	F	sig
Age	3	45.653	3.121	.030
	96	14.625		
Educational Level	3	3.353	.210	.889
	96	15.947		
Marital status	3	39.602	2.673	.052
	96	14.815		
A person you live with	7	9.436	.589	.764
	92	16.032		
Supporter	4	4.678	.292	.883
	95	16.024		
Time spent	3	18.584	1.201	.313
	96	15.471		

Table 3: *The impact of socio-demographic variables on the experiences of psychological distress among the returnees.*

The difference between the returnees and those who are on the process of migration in the experience of neurosis was examined using a 2-tailed significance t-test for the equality of means. It is indicated that there was statistically significant difference between the returnees and those who are on the process of migration. At 0.05 level of significance t (198) = 14.744, P < 0.05 (Table 4).

Subject	Neurosis score			
	Mean	Standard deviation	T	Sig
Returnees	15.10	3.945	14.744	.000
On process to migrate	8.24	2.466		

Table 4: *Independent sample t-test result of neurosis experience.*

The different between the returnees and those on the process of migration in their experience of psychosis was also computed using t-test for equality of means. It is indicated that participants in the returnee group have shown more experiences of psychosis than those on the process to migrate. At 0.05 level of significance: t (198) = 7.540, P < 0.05 (Table 5).

Subject	Psychosis score			
	Mean	SD	T	Sig
Returnees	2.12	1.140	7.540	.000
On process to migrate	1.09	.753		

Table 5: *Independent sample t-test result of psychosis experience.*

Discussion

The prevalence of mental distress of both the returnees and those who are on the process were examined. The finding indicates that the rates of mental distress among the returnee group were elevated. The finding shows that in the case of the returnees, the majority (81%) of the returnees have been manifesting neurosis, where as in the case of those who are on process to migrate only 39% of the participants are manifesting neurosis when 10 is taken as cut-off point for the 20 neurotic items. This study finding is different from

Kebede D, Alem A, Rashid E [3] finding which indicated that only 17% of the respondents with cut-off point 10/11 out of the 20 neurotic items have manifested neurosis. This difference might be due to the socio-demographic difference of the participants. The same is true for psychosis, its rate is high among the returnees 63% of the returnees and 21% of those who are on the process are showing psychosis.

This finding is supported by [1] which stated that although psychological disorder is a problem of many people in the world, migrants are especially highly susceptible to it. The same sources also reveals that migrants are more susceptible to psychological disorders due to the different traumatic event that they might have experienced and also due to the acculturation problem in the country of the destination.

This study finding is similar with the findings of Abebaw [6] that indicates as: Ethiopian domestic workers in the Middle East countries are vulnerable to different kinds of abuse and exploitation including sexual abuse, overwork, detention, physical abuse, insult, unfair criticism, and withholding of salary which probably results in mental distress. This finding also supports Meskerem's [9] finding which indicated that most of the domestic workers have experienced culture shock, maladjustment, frustration, and as a result the returnees became depressed.

The mean differences of mental distress across socio-demographic variables of the returnees were examined using one way ANOVA. The finding indicates that age was associated with the prevalence of mental distress. Although the Tukey post hoc tests indicated that there was only marginally significant ($p = .062$) with in each age category from the homogenous sub test the researcher has understood that the age category of 19 - 22 and 31 and above are found being more vulnerable group, and thus in this study age has a curve relationship with the rate of mental distress.

It might be due to the fact that the teenagers are more of idealist and as the result face a difficulty to adjust to the new environment when things are not going to their expectation, and those whose age is above thirty also might be more vulnerable since it is time to presuppose to have one's own family, and their hope to cope up might be less compared with those whose age is in the twentieth.

This finding is slightly different from Kebede D, Alem A, Rashid E [3] finding which indicates that age and mental distress were having direct relationship with a statistically significant trend of increasing risk with increasing age. This might be due to the fact that the age group taken in this study is different from their participants' age since only late adolescent and early adult hood is included in this study.

All other socio-demographic variables used in this study namely: marital status, the person they live with, their supporter and the time that the returnees spent in the country of destination were not having significant impact on the experiences of mental distress. This finding is similar with Kebede D, Alem A, Rashid E [3] finding that indicates as marital status; ethnicity and religion were not significantly associated with risk of mental distress.

The difference between the returnees and those who are on the process of migration in their experience of neurotic symptoms were assessed using SRQ-24. Independent sample t-test indicated that there was statistically significant difference between the returnees and those who are on the process of migration.

This study finding is similar with what [14] reported as most domestic workers are employed in "back-breaking" jobs for up to 18 hours a day and as the result many domestic workers commit suicide and many more return home mentally ill. This finding also proves what WHO [1] states about domestic workers exposure to traumatic conditions, coupled with difficulties in acculturation, can potentially lead to severe and long-lasting psychological and behavioral problems, including depression, anxiety, posttraumatic stress disorder, and a high risk for suicide. And this study is supported by Rafael, Inna, Nelly [15] finding which indicates that immigrants were significantly differed from the indigenous; they had higher rates of hospitalization, but less severe diagnoses.

This finding also asserts Birkie's [10] study which showed that women working as a domestic worker in Middle East countries were experiencing frequent descriptions of inhumane treatment, enforced cultural isolation, undermining of cultural identity and disappointed expectations which probably resulted in mental distress among the returnees [16-27].

Limitation of the study

The first limitation of this research is the comparability of the participants i.e. the returnees and those who are on the process to migrate are not taken from the same area though the two places are close and have similar context (Mekaneselam and Dessie) this was because of lack of potential participants who could be taken as comparison group in Mekaneselam that the researcher took participants from immigration office of Dessie district. Second, the participants of the returnee group could not be representative of all the returnees since it did not include returnees from various success histories in spite of attempting to do so. Thus due to the above mentioned points and other reasons this study's finding should not be generalized.

Conclusion and recommendation

The returnees group is highly vulnerable to psychological distress than those who are on the process to migrate. The returnees significantly differed from those who were on the process in their experiences of both neurosis and psychosis.

Since the primary goal of the government is to safe guard the rights of the citizen; any discrimination, exploitation and abuse against Ethiopian domestic workers in the country of destination needs to be the concern of the Ethiopian government. Therefore, the Ethiopian government is advised to have representative officials in the country of destination. These officers need to be strengthened so that they can support migrant workers in different aspects. These officers also have to be able to provide legal representation for migrants; in court or organizational procedures as well as negotiations with employers.

It is recommended that different issues related with migration including any abuse or inhuman action done on domestic workers in the country of destination shall be announced by the Ethiopian media so that other domestic workers and their families, those who do have a plan to leave the country for domestic work, and the society as a whole will be aware about the overall circumstance of migration.

Ethiopian migrant to domestic work leave for employment to the Middle East countries with inadequate skills which potentially subjects them to conflict with their employers and exposed them to different abuses. Thus, it is recommended that governmental organizations like MOLSA, MOFA, NGO like IOM, UNW, ILO, Agar Ethiopia, Association of Overseas Employment Agencies and other international and local NGOs working on issues of migration need to provide pre-departure training so that the migrants would be informed the overall situation that they would face and would have the necessary capability on how to deal with it.

It is recommended that the returnees need economical, psychological, and social reintegration. Though it has been started by some NGOs like IOM and Agar Ethiopia, this is not as such well organized and mainly emphasis is given to economical reintegration until recently. Thus these and other governmental and NOGs are advised to provide all aspects of assistance including family counseling so as to reintegrate the returnees and make them fully functioning in the society.

This research finding tells us nothing except reporting as the returnees are more predisposed to mental distresses compared with those who are on the process. Thus the researcher recommends that further research needs to be undertaken especially on the situation of returnees: who migrated legally and illegally, those who returned psychologically well and developed severe mental distress, and those who returned with good history of success and bad history of success.

Finally where and by whom the returnees exposed to these painful and disgraceful experiences that potentially make them distress is not exactly known. Thus it is recommended that in order to examine these issue research further needs to be conducted in the country of destination.

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Competing Interests

We the authors declare that there is no any competing of interest.

Authors' contribution

Meseret Ayalew is the primary investigator of this research. Abebaw Minaye advised the researcher with the whole process. Both authors read and approved the final manuscript.

Bibliography

1. WHO. "Mental health, poverty and development: Addressing noncommunicable diseases and mental health: Major challenges to sustainable development in the 21st century" (2009).

2. Cowan J., *et al*. "Knowledge and attitudes of doctors regarding the provision of mental health care in Doddaballapur Taluk, Bangalore Rural district, Karnataka". *International Journal of Mental Health Systems* 6.1 (2012): 21.

3. Kebede D., *et al*. "The prevalence and socio-demographic correlates of mental distress in Addis Ababa, Ethiopia". *Acta Psychiatrica Scandinavica* 397 (1999): 5-10.

4. de Barros M M., *et al*. "[Knowledge and practices of the community health agent in the universe of mental disorder]". *Ciencia and Saude Coletiva* 14.1 (2009): 227-232.

5. International Labour Office (ILO). "Decent work for domestic workers". International Labour Conference 99th Session, (Geneva, ILO) (2010).

6. Abebaw Minaye. "Trafficked to the Gulf States: The experiences of Ethiopian returnee women". *Journal of Community Practice* 20.1-2 (2012): 112-133.

7. Assefach Haileselassie. "An Investigation in to the Experiences of Female Victims of Trafficking in Ethiopia" (unpublished, M.A thesis) (2012).

8. Emebet Kebede. "Ethiopia: An assessment of the international labour migration situa-tion: The case of female labour migrants". Gender Promotion Programme, International Labour Office (GENPROM). Working paper number 3, series on home migration, Geneva (2002).

9. Mesekerem M. "Psychosocial and Economic Experiences of Gulf States Returnee Ethiopian" (2011).

10. Anbesse Birkie., *et al*. "Migration and Mental health: A study of low-income Ethiopian women working in the Middle Eastern countries". *International Journal of Social Psychiatry* 55.6 (2009): 557-568.

11. Fenta Haile., *et al*. "Determinants of depression among Ethiopian immigrants and refugees in Toronto". The *Journal of Nervous and Mental Disease* 192.5 (2004): 363-372.

12. Solomon Teferi., *et al*. "Determinants of mental illness in a rural Ethiopian adult population". Social Science and Medicine 32.2 (1991): 197-201.

13. Atalay A., *et al*. "The prevalence and socio-demographic correlates of mental distress in Butajira, Ethiopia". *Acta Psychiatrica Scandinavica* 397 (1999): 48-55.

14. ILO. "Domestic Workers Convention 189" (2011).

15. Rafael Y., *et al*. "Patterns of Psychiatric Hospitalization among Ethiopian and Former Soviet Union Immigrants and Persons Born in Israel". *Psychiatric Services* 60.12 (2009): 1656-1663.

16. American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders". 4th ed., Washington D.C (1994).

17. IOM. "Counter Trafficking Programme. Asessment of the Magnitude of Women and Children Trafficked within and outside Ethiopia" (2004).

18. International Organization for Migration (IOM). "Assessment of the magnitude of women and children trafficking within and outside of Ethiopia". IOM Special Liaison Mission in Ethiopia, Addis Ababa (2004).

19. IOM. "Migration and development: Ethiopia" (2008).

20. IOM. "Migration, Environment and Climate Change: Assessing the Evidence" (2009).

21. MOLSA and MOFA. "Human Trafficking and Human Smuggling". Kilby P., *et al*. (2006). AGG Panel on Gender and Migration Paper No. 3. Geneva 12 (2010).

22. Ministry of Labor and Social Affairs. "The Labour Market Information Bulletin (2010)". Addis Ababa: Bole Printing Enterprise (2010).

23. Regt Marina de. "Ethiopian Women in the Middle East: The case of Migrant Domestic Workers in Yemen". *Amsterdam: Amsterdam School for Social Science Research* (2007).

24. World Health Organization. "Social dimensions of mental health (5)". Geneva (1981).

25. WHO. "Classification of Mental and Behavioral Disorders: Clinical Description and Diagnostic guidelines, Geneva 5 (1992).

26. World Health Organization. "Violence against women: A priority health issue". Geneva (1997).

27. World Health Organization (WHO). "A user's guide to the Self-Reporting Questionnaire (SRQ)". Geneva: World Health Organisation (1999).

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