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MIGRATION AND HEALTH: THE CASE OF ETHIOPIAN IMMIGRANTS IN THE UNITED STATES

by

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ABSTRACT

MIGRATION AND HEALTH: THE CASE OF ETHIOPIAN IMMIGRANTS IN THE UNITED STATES

It has become widely acknowledged that adjustment experiences of immigrants impact on their physical and mental health. While differences in local pathogens and changes in diet directly affect their physical health, the traumatic experience of immigration adversely impacts on their mental health. Also, immigrants usually experience difficulties in adjusting to life in the host countries. Such problems are compounded by the fact that they must face the challenges at a time when they are without their traditional support systems.

The purpose of this study is to investigate the impact of adjustment experiences of Ethiopian immigrants in the United States on their physical and mental health. In view of the fact that Ethiopian immigrants began to migrate as recently as 1974 and that Ethiopian rural-agrarian culture is different from the urban-industrial environment of the United States, the notion that migration would perhaps affect their health does seem appropriate.

Because of the lack of a comprehensive theory that deals specifically with the Ethiopian immigrants' adaptation in the

United States, this study draws its theoretical framework from two theoretical perspectives--marginality and family conflict. The sample consisted of 110 Ethiopian immigrants and data was collected using demographic data and Cornell Medical Index questionnaires and in-depth interviews. The quantitative data were analyzed using multiple regression methods. The qualitative responses were taped, transcribed and summarized to obtain the gist of each individual's experience and to facilitate a comparative qualitative analysis.

Study findings suggest that most Ethiopian immigrants are satisfied with their lives in the United States. This was partly due to their own characteristics--their high level of education, their fluency in the English language, their hard work and inner strength as well as the social support they provide to one another. Also, the availability of facilities for education and growth in the United States, the political freedom in the country and the belief that honest and diligent work pays off here, constituted the basis of satisfaction for many.

By contrast, some experienced adjustment difficulties because of downward occupational mobility, insufficiency of income, loneliness and limited career advancement due to prejudice and discrimination. The elderly experienced relatively more severe difficulties because of language problems and lack of familiarity with the American culture. Furthermore, as wives entered outside employment to supplement family income and as the children became acculturated, the tradition-

al patriarchal Ethiopian family structure began to break down, requiring adjustments in family roles. However, at times such role adjustments take place after family conflicts.

Dedication

This dissertation is dedicated to my husband Dr, Admassu Bezabeh, who is a continuing source of great strength and inspiration to me.

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CHAPTER I

Introduction

History is full of examples of war, political oppression and natural disasters that have forced people to be uprooted and to flee their native environments. Such an exodus is understandably a traumatic experience. It often involves a decision made within a few hours that irrevocably changes a person's life. It may occur under completely panicked conditions; even when longer-range planning occurs, refugee exodus is usually clandestine, dangerous and with family members left behind or lost en route. Moreover, immigrants experience a number of difficulties in adjusting to life in the host countries. Their problems are compounded by the fact that they must face the challenges at a time when their traditional support systems have been destroyed. The traumatic escape and adjustment experiences of immigrants impact on their mental health. Also, differences in local pathogens and changes in diet directly affect their physical health.

Since the 1975 revolution and subsequent political instability in Ethiopia, about 1.5 million Ethiopians have left their country. Although most of them are in refugee camps in neighboring African countries--Djibouti, Somalia and Sudan--some have resettled in North America, Western

Europe, the Middle East and the rest of Africa. The number of Ethiopians who have resettled in the United States was estimated to be 55,000 to 65,000 at the time of this study. However, their experiences in building productive self-sufficient futures in their new countries have not previously been examined.

Purpose of the Study

The purpose of this study is to investigate the impact of adjustment experiences of Ethiopian immigrants on their physical and mental health. In view of the fact that Ethiopian immigrants have only recently migrated to the United States and that the Ethiopian rural-agrarian culture is diametrically opposed to the urban-industrial environment of the United States, the suggestion that migration would perhaps negatively affect their health does not appear appropriate. In addition to the personal loss when immigrants experience mental health problems, they may contribute to the burden of society in general, and the Ethiopian community in particular. Moreover, if these difficulties persist, the loss of the knowledge and skills they would contribute to their new homeland would be costly. In contrast, those who are relatively better adjusted and integrated are productive members of the American society.

The study incorporates two views in examining the adjustment experiences of Ethiopian immigrants in the United States. First, it is concerned with the social psychology

of immigrants and deals accordingly with their adjustment largely as problems of cultural conflict and the search for ethnic identity. Second, adjustment experiences are viewed in terms of the immigrants' relationship to environmental aspects, such as economic, political and social factors, both in the old and the new countries. While the political conditions in Ethiopia contributed to their decision to migrate, socioeconomic conditions in the United States determine their place in their new society. Because of certain social conditions and structural obstacles, such as racism, Ethiopian immigrants have limited control over their adaptation process in the United States.

Significance of the Study

Since a study of Ethiopian immigrants in the United States has not been conducted, research on this topic will contribute insights on the impact of migration on physical and mental health in this population. Although different immigrant populations may share general problems in recovering from the trauma of exodus and in adjusting to life in the United States, Ethiopians have distinctive cultural patterns and thus distinctive coping strategies. Also, since their cultural phrasing of health and mental health problems differ from the rest of the American population, the resolution of their health and mental health problems is an area subject to misunderstanding. Such a study, therefore, will hopefully contribute to the effectiveness of health and

mental health care provided by health professionals to the Ethiopian population by offering an insight into Ethiopian culture. Also, the study will provide additional material for cross-cultural nursing literature.

Organization of the Study

The study begins with a discussion of the problems of Ethiopian immigrants and the significance of the study (Chapter I). Chapter II deals with the theoretical framework and literature review. It starts by delineating the different theoretical positions regarding the linkages between migration and health. It then moves on to describe the concepts of marginality and family conflict and their relationship to the study of the Ethiopian immigrants in the United States. This is followed by a review of the literature and a critical examination of the methodological issues that characterize studies of migration and health.

A short ethnography of the Ethiopian community in the United States is included to provide the context of the problem. The state of the Ethiopian community prior to the revolution, the reasons for and nature of the Ethiopian exodus since 1974, and the settlement and occupation patterns of immigrants are detailed. Finally, the chapter ends by stating the assumptions made and the research questions to be investigated. Chapter III outlines the methodology used in the study and techniques for data gathering and analysis. The Cornell Medical Index (CMI) questionnaire was utilized.

with a sample size of 110 subjects to assess Ethiopian immigrants' health status. Additional data was also obtained by interviewing in greater detail a few more than half of the subjects in the sample regarding their adjustment experiences.

In Chapter IV the research questions are used to organize some of the findings. Factors that explain variations in the CMI scores are identified using multiple regression analysis. Qualitative analysis of interviews eliciting immigrants' perceptions of the adjustment difficulties are included. Because interviewing yielded an enormous amount of qualitative data that cannot be included here, the focus is limited to themes - downward occupational mobility, insufficient income, limited career advancement, cultural conflict, language difficulties, conflict of expectations and values, the problem of the elderly, prejudice and discrimination, loneliness, desire to return to Ethiopia, role conflict, lack of a well-functioning community organization and marginality. This is followed by a final summary chapter (Chapter V), in which the major conclusions drawn from the study are summarized. In addition, the implications for nursing, limitations of the study and suggestions for further research are detailed.

CHAPTER II

Theoretical Framework and Literature Review

Conceptual Approach: Theoretical Linkages Between Migration, Adjustment and Health

Four focuses are described in this section: The connection between (1) migration and health, (2) migration and mental health, (3) marginality and mental health, and (4) family conflict and adjustment.

Migration and Health

Authors who investigated the health effects of migration--Hull (1979), Hornick and Hanna (1982), Bach (1981), Hiday (1978), Kasl and Berkman (1983) and Lipson and Meleis (1986)--maintain that the strains and stresses of migration usually contribute to health problems. According to Hull (1979), migration can affect life and health at every level:

> [C]hanges following migration can affect life and health on every level from the physical to the affective environment. Migration affects health directly at the biological level via dietary changes, differences in local pathogens, lack of appropriate immunity and through the risk of accidents in new situations. The social-psychological effects may influence health indirectly via the postulated physiological effects of stress and change in immunity to endogenous and exogenous infection, and by hastening systems failure in chronic disease via a less well understood chain of events.

However, Hull (1979) was quick to caution that there is a

great uncertainty regarding how much of the risk to illness can be attributed to the change factor of migration if the following factors were considered: socioeconomic status, type of migration, similarity or dissimilarity of immigrant populations to the host population, and other predispositions to illness.

Migration and Mental Health

Migration can be a time of human disaster and desolation, or a time of adjustment and growth into new capacities. As Kantor (1969) pointed out:

> Migration, in and of itself, does not precipitate the development of mental illness. Migration, however, does involve changes in environment which imply adjustments on the part of the migrant. These adjustments may be reflected in improved or worsened mental health. There are conditions, nevertheless, under which there is an increased risk of the development of emotional disturbances among migrant groups. These conditions can be specified in terms of characteristics of migrants, and circumstances under which the migration occurs.

Also, Danna (1980) states that "rapid and dislocating cultural change which often accompanies migration and industrialization is associated with higher rates of psychopathology." Particularly, immigrants from rural-agrarian communities are faced with difficulty in maintaining the traditional world view, work skills, and patterns of social interaction in post-industrial urban communities. Moreover, should migration involve involuntary separation from traditional support systems, the post-migration period can be a time of vulnerability as immigrants begin to replace social

relationships left behind. In the process of coping with a great number of changes and unfamiliar conditions, their primary milieu, routine relationships and lifestyles are affected. As a consequence, some may exceed their level of stress tolerance. In view of this, how immigrants adjust to their new life and how their adjustment experiences impact on their state of mental health has been widely discussed in the social science literature (Brody, 1970; Cohon, 1981).

Furthermore, as a consequence of the basic disharmony that exists between family patterns in modern Western democratic societies and traditional extended family structure based on the patriarchal system prevalent in developing countries, immigrants from such countries are faced with new problems, but without the old methods of solving them. Problems also arise from difficulty in synchronizing traditional interdependent behavior with a culture that places great emphasis on independence. The indigenous support systems, family integration and family cohesiveness that help serve as a deterrent to such problems, however, are undermined by the new culture. Adjustment difficulties arising from immigration stresses and cultural conflicts contribute to family conflicts, and poor adjustment may result in symptoms of emotional or mental health problems.

Because of the lack of a comprehensive theory that deals specifically with the Ethiopian immigrants' adaptation in the United States, this study draws its theoretical framework from several studies on the general subject of adjust-

ment of immigrants in their new societies. Also, since the factors that shape the immigration experience are many and varied, the difficulty of capturing the different aspects of that experience in a single theoretical framework is obvious. As a consequence, several theoretical perspectives can be used to explain the adjustment difficulties and subsequent mental health problems some immigrants experience in the host countries. The broadest perspective is the connection between degree of cultural change experienced through immigration and health outcome. Kuo (1976) identified "four theoretical notions--social isolation, cultural shock, goal-striving stress, and cultural change," which were used as frameworks to identify the most stress-producing life changes experienced by the migrant and their potential impact on his mental health.

The notion of social isolation postulates that migration involves not only physical separation from the homeland but also severance of personal and social ties from networks of social interaction. The immigrant enters a new social network whose tiny size becomes a barrier to social betterment. Handlin (1951) stated that migrants often experience strong feelings of loneliness and alienation. According to Kantor (1969) they undergo desocialization. Also, Weinberg (1966) pointed out that they experience low self-esteem, and an inability to cultivate or sustain social relationships. In short, according to the theory of social isolation, limitation of contact and communication with the larger society

produces stress.

According to the concept of cultural shock, the immigrant's adjustment problem is caused by value and cultural differences. In the words of Enrique Vargas (1965), "cultural shock is precipitated by the distressing feelings of uncertainty and anxiety that result from not finding all the familiar symbols, signs and cues that guide a person through his own culture. He finds himself having to use a different design for living." The design for living or mode of adjustment is characterized by Vargas (1965) as occurring in three phases: the spectator in the new society; personal involvement in the new situation; and mastery of the new environment or withdrawal and reliance upon the old culture.

According to Oberg (1960), since value conflicts cause an immigrant to misinterpret cues of social interaction, daily life cannot be taken for granted, and it becomes instead a host of insurmountable problems. The theory suggests that the greater the differences between the culture of the immigrant's home and that of the host country, the greater the adjustment difficulty. Also, the shorter the time of the immigrant's length of stay in the host country, the greater the psychological stress.

The idea of goal-striving stress attributes adjustment difficulties to the gap between the immigrant's aspiration and achievement. Immigrants generally believe that the host society provides them equal opportunity for success and aspire to reach the top in their pursuits. However, when

their progress is held back, sometimes because of prejudice and discrimination, the gap between aspiration and achievement widens and generates goal-striving stress. Finally, cultural change leads to disruption of earlier learned patterns of behavior. As a consequence, psychological insecurity sets in and produces stress. Each of the four concepts focuses on a particular aspect of the immigrant's adjustments to life changes and contends that the aspect of the life changes so identified exerts the greatest influence on the immigrant's mental health.

The literature on migration and mental health reveals four different theoretical positions. The first position is that immigrants are disturbed before they start to move. According to proponents of this position--Stocks (1968), Crocetti (1971)--individuals whose psychological adjustment has been marginal to begin with are more apt to immigrate.

The second position, elaborated upon by Pflanz (1971) and Murphy (1955), asserts that the process of migration itself generates sufficient stress, causing mental illness among mentally healthy individuals. The third position, as empirically evidenced by Reizian (1984) and Lin, Masuda and Tazuma (1979), seeks to explain higher rates of mental illness in migrants in terms of demographic characteristics which make them dissimilar to the base population to which they are compared. Finally, the fourth position, as discussed by Murphy (1972) and Krupinski, et al. (1973), empha-

sizes the interaction between the immigrant and the receiving society. Proponents of this position consider factors such as cultural shock which appear at the interface of the two groups as they confront each other. This study is based on the third and fourth propositions.

The study utilizes the concept of marginality to investigate the migration experiences of a sample of Ethiopian immigrants. In addition, the study utilizes the family conflict approach (a la Skolnick and Skolnick, 1986) to specify the most stress-producing life changes that promote family disorganization. Although the focus of the study remains on the individual, family conflict offers an insight into the patterns of adjustment and modes of coping among the married Ethiopians, estimated to be 40 percent of the sample, whose individual adjustment is affected by the actions of their spouses. However, when one includes persons who are unmarried, but who live with relatives, the percentage of individuals whose migration experience is impacted by their extended families rises to 54 percent.

Marginality and Adjustment

Marginality is based on the assumption that the Ethiopian immigrants inevitably experience a sense of dislocation subsequent to their migration. The concept of marginality was first introduced by Robert E. Park (1928) and later developed by Everett Stonequist (1937). According to Park, the marginal man is a cultural hybrid who lives and shares

intimately in the cultural life of two distinct peoples, unwilling to break with his past and yet not fully accepted by the inhabitants of the host country. Although recent Ethiopian immigrants are acquiring a measure of familiarity with American culture, they are unlikely to become full-fledged carriers of it in the near future. As they continue to adjust to the new culture, they tend to question values inculcated by the old, thus losing their effectiveness in the old. As a consequence, they straddle the two cultures simultaneously, without a definite feeling of belonging to either of the two groups. According to Robert E. Park (1928), "one of the consequences of migration is to create a situation in which the same individual . . . finds himself striving to live in two diverse cultural groups. The effect is to produce an unstable character--a personality type with a characteristic form of behavior. This is the marginal man."

In the words of E. Stonequist (1937), a marginal man is an "individual who through migration, education, marriage, or some other influence leaves one social group or culture without making a satisfactory adjustment to another finds himself on the margin of each but a member of neither." Stonequist (1935) segments the life of a marginal or bicultural man into three phases. First, the period of preparation, when the individual is initially introduced to the diverse culture. During the second phase, the individual becomes aware of the cultural conflict. This awareness may

well arise from a crisis experience and express itself as a response to a given situation. The third stage involves the adjustment process an individual goes through to an enduring situation. These three phases of marginality are synonymous with the three stages of adjustment outlined by Vargas (1965). Stonequist also emphasizes the psychological impact of the marginal situation on individual personality. According to him, the marginal man is likely to display a dual personality.

Paul C.P. Siu (1952) introduced the term "sojourner" to characterize a person who clings to the culture of his own ethnic group in contrast to the bicultural complex of the marginal man. Siu points out that the sojourner is psychologically "unwilling to organize himself as a permanent resident of the country of his sojourn. When he does he becomes a marginal man." The sojourner views his sojourn as a "job" or as a "mission" and organizes his life around accomplishing that task.

While some Ethiopian immigrants have sojourner attitudes, some others exhibit the characteristics of the marginal man. Ethiopians, as a result of their historical isolation and independence, were well integrated in Ethiopia prior to the revolution. With their subsequent migration they found themselves caught between the two cultures of Ethiopia and the United States. As a by-product of their migration, Ethiopian immigrants in the United States experience a sense of dislocation. As a consequence, some

amongst them fit the paradigm case of the "marginal man." Also, in view of the fact that most Ethiopians had moved very little from their place of birth the concept of native marginality does not seem to be applicable. They were not marginal in their own country.

Family Conflict and Adjustment

The family conflict approach is applicable in explaining the adjustment difficulties of individual Ethiopian immigrants in the context of family interactions. This analytical framework provides a method of viewing the family as a collection of competing groups, each contending for dominance.

According to Skolnick and Skolnick (1986), the rigid division of family roles will no longer hold during migration when a discrepancy in the social and psychological status of members occurs. Some members who are outward-oriented develop autonomous adaptive traits and establish a satisfactory social network and others who are inward-oriented remain isolated. Clashes in family relationships occur when the inward-oriented members are perceived by others as ignorant of the norms and customs of the new culture. As the acculturated offspring differs with his parents in terms of values and norms, intergenerational conflict worsens and adversely impacts on family stability.

In the case of Ethiopian immigrants, conflict might arise as the traditional authoritarian family structure gives way to a democratic structure which allows participatory

decision-making in the family. Ethiopian immigrants come from a traditional society where a husband-dominated, authoritarian structure governs the family system. The Ethiopian father is often pictured as an overbearing figure in the family, supported by a conforming wife and obedient and conforming children. While such patterns of authority are clearly in favor of men, women and children did not effectively resist in their old country because they were neither fully aware nor sufficiently organized to change the authority structure. In fact, since cultural ideology provides a rationalization of the belief that challenge to existing rigid roles is dangerous, they were forced to live as subordinates.

Once families migrate to the United States, however, they come into contact with a democratic environment and become aware of the unequal exchange in the traditional Ethiopian family structure. Gradually, they advocate for more equitable power distribution in the family. Men, on the other hand, feel threatened as they see that their age-old privileged position is endangered. While men become overprotective of the authoritarian power structure, women start to fight in one form or another for more egalitarian decision-making, threatening the old model of harmony and stable equilibrium. Families then enter into a conflict situation and the state of consensus is challenged and distributed until a new democratic family structure is negotiated and renegotiated.

Furthermore, the age-old role stratification based on sexes, as was the case in Ethiopia, begins to lose meaning as women get outside employment and husbands are required to share duties in the home. Migration throws the traditional family structure of interlocking roles into jeopardy. The ascribed foundations of male dominance gradually erode in the United States and power struggles become a source of conflict.

Literature Review

Migration and Health

A growing body of literature has examined the impact of migration on a number of health issues such as fertility. Macisco and Myers (1975) have pointed out that there is often a marked difference in reproduction rates between the home and host countries. Rindfuss (1976) postulates that migration generally results in a lowering of fertility.

In addition, there are a number of health-related studies of migration that focus on epidemiological topics. Many of these are concerned with health problems that might be traced to dietary changes. Gerber and Madhaven (1980), after examining comparative mortality rates among Chinese migrants in Hawaii and New York, concluded that coronary heart disease mortality increases after migration. Ward and Prior (1980) have studied high blood pressure among the Tokelau population and concluded that both genetic and so-

ciological factors have contributed to an increase. Nasca et al. (1981), after investigating the prevalence of cancer among the foreign-born in New York state, concluded that male Polish migrants' cancer rates for esophagus and larynx exceeded those prevailing in both countries. The writers attributed this in part to the migration effect.

Migration and Mental Health

Numerous studies of various refugee groups since World War II provide research evidence linking migration and mental illness. Odegaard (1932) demonstrated that the rate of first admissions among Norwegians in Minnesota was higher for individuals born in Norway than for those born in the United States. Faris and Dunham (1939) noted a higher rate of first admissions for those sections in Chicago with a large percentage of foreign-born whites, than for areas with a sizeable proportion of native-born whites. Malzberg (1940) investigated the same question and reported that the higher rate of admissions for the foreign-born in his sample was not reduced by controlling for national origin.

Dayton's study (1940) of first admissions to Massachusetts mental hospitals revealed a higher rate for foreign-born whites than for native-born whites whose parents had been born in the United States; age and urban-rural residence were controlled. Lemert (1948) included in his mentally ill population (which was defined by rate of first admissions) not only patients admitted to all Michigan state hos-

pitals, but also admissions to three private mental hospitals. Higher rates of admission for foreign-born and second generation immigrants, than for native-born individuals, held for both urban and rural areas. A study by Clark (1948), using age-standardized rates of schizophrenia, also showed a higher rate of admissions for foreign-born than for native-born whites.

Malzberg (1955) used crude rates of first admissions and found more illness among foreign-born than native-born whites. However, when these rates were adjusted for sex, age, and urban-rural residence, any difference between the two populations disappeared. The rate of admissions for schizophrenia, considered alone, was adjusted for sex, age and urban-rural residence, but the foreign-born still showed a greater incidence of this illness than the native-born.

Faris (1955) found that isolation and loneliness constitute a causal factor for a large increase in schizophrenia. According to Hollingshead and Redlich (1953, 1954, and 1958), exogenic psychosis was more frequent among immigrants than among the native population. Empirical findings of their study also provided support for the relation between class position and mental illness since an increase was found for all psychosis among the lower class compared to that of the higher.

Murphy (1965), in his study on the incidence of psychosis among refugees in Great Britain on the basis of first admissions to mental hospitals, concluded that social or

cultural isolation is the main factor in producing excess mental disorders in refugees. Libuse Tyhurst (1955) conducted a psychiatric study of 48 immigrants in Montreal, Canada, utilizing individual and group interviews. The subjects suffered from mental illness (10 psychosis and 38 psychoneurosis). The main findings among the examined patients were suspiciousness and paranoid trends, anxiety and depression.

Meszaros (1961) studied a group of Hungarian immigrants in Canada in regard to their psychological reactions to displacement and in regard to their social adaptation in their new environment. He differentiated the group into five reaction types: "over-accepting," "the actively critical," "the inhibited," "the hypo-reactive," and the "hyper-reactive." His analysis of displacement reactions indicated that "the effects of any hostile aggressive attitudes are not always destructive." Such attitudes appear "to function in the solution of the conflict of adaptation." On the other hand, "the apparent absence or inhibition of hostility, and in hypo-reactive and inhibited types, isolated the immigrant and prevented or delayed the process of adaptation." Meszaros concluded his study with a hypothesis that "the solution of adaptation conflict and the integration of the immigrant with his new environment depends upon the degree of hostility which emerges after social displacement and upon the way in which it is channeled and controlled.

Weinburg (1961), in his book Migration and Belonging, points out that "recent experience, especially in the Second

World War and thereafter, showed the impact of severe mental trauma on the outbreak of acute, very often temporary, schizophreniform psychosis." Hashami (1966) cautioned psychiatrists that a fuller understanding of the emotional or social breakdown of an immigrant calls for an understanding of his social and cultural background in addition to the medical, psychiatric, hereditary, and financial stresses he may be undergoing.

According to Bagley (1968), Barnouw (1973), Fried (1968), and Kovacs and Cropley (1975), rapid and dislocating cultural change which often accompanies migration and industrialization is associated with higher rates of psychopathology. The forms of psychopathology discussed in these studies include, in addition to major psychosis, alcoholism, delinquency, depressive states, personality disorders, psychosomatic disturbances, and suicide.

Rumbaut and Rumbaut (1976) examined the experience of Cuban immigrants in the United States. They identified a number of social determinants that eased their problem of adjustment. These include: relatively high educational and occupational levels, formation of vigorous communities that permit the maintenance of a positive ethnic consciousness and the creation of strong social ties and effectively organized reception of the United States. In describing the psychological elements of the exile experience, they used a metaphor. Janus, the Roman god of beginnings, was always depicted at the gate of the cities and had two faces, which

enabled him to see in opposite directions simultaneously. They used this image to illustrate the plight of the refugee and point out that:

> [T]he face that looks back sees displacement, separation, uprooting, loss, nostalgia, and, in a certain sense, even death, because some things die inside us when we are forced to abandon our homeland without the possibility of returning at all.
>
> . . .
>
> The face that looks forward sees new horizons, unknown environments, strangers with unfamiliar customs and languages, real and imagined perils, a rigorous challenge to survive, adapt, and grow, and even the opportunity of constructing a new identity in sudden anonymity.

Rumbaut and Rumbaut (1976) pointed out that "the refugee's experience combines elements of premature death and rebirth, a peculiar process in which he is both conscious protagonist and conscious spectator." According to them, the "mild paranoid attitudes" that are common among refugees during the first weeks of expatriation will be followed by a situation where "anxiety mounts and depression deepens."

Harding and Looney (1977) described the efforts made to meet the mental health needs of the Vietnamese children and their families in a refugee camp. They concluded that many children who received strong emotional support from multigenerational Vietnamese families adjusted well to the new environment. However, children separated from their families demonstrated increased emotional vulnerability.

Jean-Claude Lasry (1977), in his cross-cultural study of North African immigrants in Montreal, Canada, concluded that "the high level of anxiety expressed by the immigrants seems mainly due to the stress of immigration." A cross-

cultural comparison indicated that "French Canadians, North Africans, and Mexicans complain much more of psychosomatic troubles than English-speaking Canadians or Americans."

Murphy (1965), however, questioned the validity of the conclusion that "the immigrant always suffered from an excess of mental disorder." He argues that "the mental health of a migrant group is determined by factors relating to the society of origin, factors relating to the migration itself, and factors operating in the society of resettlement." An effort to reduce, or merely to understand, the level of mental disorder in any immigrant group, according to Murphy, calls for a consideration of all three sets of factors.

According to Rubin (1981), "the process of uprooting from the home country and adjusting to a strange environment often causes strains that result in serious psychological and interpersonal problems." Westermeyer, Neider and Vang (1983) investigated the problem of migration and mental health among the Hmong refugees. In the study, self-reported symptoms were compared with pre-immigration and post-immigration factors to assess the characteristics associated with increased symptom reporting. The study concludes that "whereas several postmigration factors were significantly correlated with symptoms," relatively few pre-migration factors influenced the symptoms.

Research Findings

From the research done so far on migration and mental

health, a number of conclusions can be made. First, evidence exists that migration critically affects the mental health of migrants. Second, involuntary migrants are more prone to suffer from mental disturbances than persons migrating of their own free will. In the case of most Ethiopians, migration was abrupt, involving a rapid, unplanned departure from the country. According to Murphy (1965), the planned and calculated immigration of Jews to Israel, despite the large population of immigrants to the total population, is associated with relatively lower rates of hospitalization of immigrants.

Third, there seems to be mounting evidence attesting to the notion that the development of mental illness in migrant groups is not so much due to qualities inherent in the migrants, but rather to the interaction between migrants and their new countries. Stress seems to be more intense for those migrants whose original culture differs radically from the new, and where there are no available familiar groups to join and thus modify the intensity of the cultural change. Women, in particular, appear to be susceptible to psychocultural stress. Numerous studies such as those by El Seudiony (1975), Harper and Langmore (1976), Ko (1975) and Schalcter (1962), lend support to this conclusion. Children, too, are found to be vulnerable to stress due to the incompatibility of traditional socialization practices and demands of the new community. Research done by Bottoms (1967), Danna (1980), Eisenstadt (1956), and Kovacs and Cropley (1975),

provide evidence for such assertion.

Methodological Issues

Researching the area of migration and mental health has been based on three types of methodologies for data gathering--hospital admission rates, case studies, and those that utilized standardized questionnaires.

Studies based on hospital admission rates:

The first group investigated the intake of immigrant patients into mental hospitals in comparison with that of native-born patients. Studies of this type include Bagley (1968), Gordon (1965), Maltzberg (1962 and 1964), Maltzberg and Lee (1956) and Thomas and Locke (1963). In all of these studies the observed high admission rates of immigrants to mental hospitals is explained by psychological stresses induced by the change of environment and the subsequent problems of social and cultural adaptation.

Hospital admission rate studies based on the analysis of admission rates suffer from a number of shortcomings. First, statistics include only "treated mental illness" while the "untreated mental illness" is not included in hospital admission records. Also, immigrants are usually reluctant to go to hospitals because of a greater concern for stigma. Thus, conclusions are drawn from incomplete data.

Second, indiscriminate groupings of all immigrants together in one classification--foreign-born--tends to confound

the results. Differences in cultural background have an impact on the process of adjustment in the new country. For instance, according to Sanua (1970), Italians in the United States, despite language and cultural differences, have a lower rate of mental illness than native-born Americans as measured by researchers. Italians in Canada and Australia, too, were found to have a lower rate of mental illness than the native-born Canadians and Australians. The explanation for the relatively better adaptation of the Italian immigrant is perhaps due to the cohesiveness of the family unit.

The third limitation of the group of studies based on hospital intakes is that it fails to distinguish whether the nature of immigration is voluntary or involuntary. While in voluntary migration, the migrant person has planned the change of location and his/her choice is based on the sufficient attractiveness of the new country given all cost factors of the move, in contrast, involuntary migration involves a rapid, unplanned departure from the migrant's home country, often as a result of natural disaster or political persecution.

Fourth, differences in psychiatric diagnosis prevents a uniformity in assessing the need for hospitalization. Furthermore, as Sanua (1970) pointed out, "biases of psychiatrists may be reflected in their reluctance to label upper-class patients psychotic" and may increase the tendency to label non-English speakers or limited English speakers as psychotic.

Fifth, factors such as the relationship existing between the family and the patient, housing and personnel facilities and economic conditions necessary for home treatment are important. Very often immigrant families are not in a position to care properly for their mentally ill patients. Single and isolated immigrant patients more often become public charges than those living with their families.

Finally, differences in the types of facilities from which data are drawn raise questions about the comparability of their results. For example, some studies consider only admissions to public mental hospitals; others include data from public and private mental hospitals; still others base their conclusions on data gathered from outpatient clinics.

Case studies:

The second group of studies consists of case studies based on in-depth interviews and/or questionnaires and personal observations. Case studies also differed in terms of their analytical rigor. While some documented their observations, others collected responses and analyzed it using analytical techniques.

Meezy (1960) and Chu (1972) studied the case of Hungarians and Taiwanese respectively. A number of other studies in the group seemed to be based on personal insights of the health profession concerned. For instance, Mattson and Ky's (1978) study is full of the authors' perceptions, including the "low incidence of alcoholism, drug abuse, and psychotic

disorders" made while caring for about 7,500 Vietnamese refugees in the United States. The usefulness of such studies lies in resulting materials which lend themselves to proposing ways and means of overcoming adjustment difficulties, tailored to individual cases. Although insights can be drawn from such studies, they are less helpful in formulating generalized conclusions. Consequently, their usefulness to theory development remains limited.

Studies using standardized instruments:

While studies based on intakes of hospitals suffer from serious methodological problems that render their conclusions questionable, others based on case studies are found to shed limited light on the general problem. Three studies--Meszaros (1961), Lin, Masuda and Tazuma (1979 and 1980), and Westermeyer, Neider and Vang (1983)--however, offer useful insights into the general problem of adjustment of immigrants and propose constructive methodological questions. Meszaros (1961) classified immigrants in terms of their psychiatric responses and insights as to what kind of attitude they held toward the host country. Meszaros thus offered a useful typology for studying adaptation difficulties of immigrants. Lin, Masuda and Tazuma (1979 and 1980) undertook a longitudinal study of the Vietnamese refugees based on the use of the Cornell Medical Index, thereby demonstrating the use of one type of scientific method. Westermeyer, Neider and Vang (1983) also employed two self-rating scales,

the Zung scale for depression and the SCL-90, and compared the reported symptoms with pre-migration and post-migration factors to assess those characteristics associated with increased symptom reporting.

In regard to data analysis, the procedure employed varied from study to study. In some cases, crude rates were computed and in some others rates were adjusted for sex, age, urban-rural residence, etc. Still other studies, instead of using rates, compared the significance of differences in the distribution of an ill and a "normal" population with respect to a given factor. The lack of comparability of these various procedures poses problems and requires careful consideration and evaluation.

The variation of the data used to determine rates of mental illness, either prevalence or incidence, also poses problems. Incidence and prevalence studies are designed to answer different questions. The term prevalence may refer to those individuals in treatment, or in need of treatment, in a given ethnic group during a specified period of time. Similarly, incidence may be defined as the number of first admissions and readmissions to selected facilities during a given period of time. It is, therefore, unlikely that these different ways of viewing mental illness data will yield comparable results.

Ethiopians in the United States

Historical Overview

In order to provide the context of the problem, a brief historical review of Ethiopia's independence and isolation is in order. Ethiopia has had continuous existence as a nation for 3,000 years. For most of this period contacts with the rest of the world were limited and intermittent. Edward Gibbon (1778), in his book The Decline and Fall of the Roman Empire, wrote, "Ethiopians slept near a thousand years, forgetful of the world by whom they were forgotten." Walter Plowden (1868), in his account Travels in Abyssinia, wrote, "they have great contempt for other nations and scarcely know, or do not care, if they exist at all." According to E.W. Luther (1958), "Ethiopians are still profoundly ignorant of the world around them. Most are born, live, and die in the same small country."

Despite the European scramble for Africa, Ethiopia remained unconquered. Italy's first attempt in 1896 to colonize Ethiopia was met with defeat. In the words of Nelson and Kaplan (1980), "In 1895 Italian forces invaded Tigray but were completely routed as they approached its capital, Adwa. This victory brought Ethiopia new prestige as well as general recognition of its sovereign status from the European powers." Italy, however, was more successful in her second attempt in 1936 and occupied urban areas for about four and a half years. Struggle against the illegal and

forceful occupation was intense throughout the country, and with the help of the British Army, the occupying forces were defeated in 1941. Italy thus failed twice to materialize her dream of colonizing Ethiopia. During the four and a half years Ethiopia was occupied, the Italian Army was busily engaged in military occupations and had little effect on Ethiopian customs and values.

Although Ethiopia emerged from its long isolation after the Second World War, it remained largely unaffected by alien values. Modernization was a new thing in Ethiopia, and the purpose of education through contact with foreigners was largely limited to the acquisition of technical skills and know-how without the imitation of foreign values. The need to develop economically without compromising the Ethiopian traditional values and customs was deeply ingrained in the mind of every Ethiopian person.

Pre- and Post-Revolution

According to the estimates of the Ethiopian Embassy in Washington, D.C., the 30,000 to 40,000 Ethiopians residing in the United States before the 1974 revolution were mainly temporary residents. Except for diplomatic personnel and a handful of employees of international organizations in New York and Washington, D.C., and their families, they were students in American schools, colleges and universities. The close ties that existed between the United States government and the regime of Emperor Haile Selassie made the

United States the first choice for well-to-do families in Ethiopia to send their children for schooling. Also, because of the Emperor's extraordinary dependence upon the United States government for economic and military assistance, scholarship funds were available to qualified Ethiopians from the United States Agency for International Development (USAID), and its precedessor, the Point Four Program. As a consequence, many Ethiopians were pursuing their studies at various educational institutions in the United States.

Unlike some foreign students from various other countries who chose to stay in the United States after graduation, before the revolution nearly all Ethiopians returned home immediately following the completion of their programs. Despite the relatively easy formality of establishing residence in the United States through the Immigration and Naturalization Service (INS), even the very small number of Ethiopians who were married to United States citizens returned to Ethiopia with their spouses. The factors for this are many and varied. First, because of the acute shortage of trained manpower in Ethiopia, returnees with college degrees have many opportunities for employment.

Second, Ethiopia's historical past of independence and isolation has inculcated a strong feeling of nationalism among Ethiopian youth. As a consequence, returning home to serve the people of Ethiopia is generally considered a call to duty. Third, the desire to live with one's relatives and friends remains strong among Ethiopians. This stems from

the extended family structure in which Ethiopians are brought up and the traditional practice of subordination of one's life to the dictum that "family comes first." Finally, graduation is a positively awaited event for Ethiopians, since it marks the end of students' problems of loneliness, cultural conflict and adjustment to life in the United States.

Ethiopians who were studying in the United States prior to the revolution came from two different social classes. The majority--more than ninety percent--were sons and daughters of the nobility and the landed class as well as civilian and military leaders. The second group were from middle and lower class backgrounds, and were recipients of scholarships that allowed them to study in the United States. These groups differed in educational motivation and occupational and residential patterns.

Upper class students largely depended on family support to finance their schooling. In view of their ascribed status, many in this group paid relatively little attention to education as a means to social success. Even so, most of them successfully completed requirements for bachelor and graduate degrees. But some continued to view their stay in the United States as simply a broadening experience preparing them for positions of leadership on their return to Ethiopia.

The outcome of the revolutionary struggle has brought an end to the status and power of families in this group of students, as well as their involvement in post-revolutionary

activity. Generally, the landlords in the pre-revolutionary era thought of themselves as wielders of power and bearers of status rather than as agricultural entrepreneurs. Few were engaged in commercial agriculture, relying instead on income-producing contributions of their tenants. Accumulated capital beyond that considered necessary for a desired life-style was usually invested in urban real estate and hotels and restaurants. As a consequence of their passive role, they lacked the expertise and skills to transfer to a new regime what would guarantee them status and influence. Also, with the nationalization of land, urban rental property and a substantial segment of private business, these families lost their sources of income.

Similarly out of the picture were those who had served in the upper reaches of the previous government and its military establishment. All had owed their positions to the Emperor. If they had expertise of any kind it was as administrators, but most were considered incompetent at these tasks by their subordinates. Economically, they had been dependent on their salaries and to a lesser extent on land grants and investments in urban real estate and foreign companies. In addition to their loss of political power, the nationalization of business enterprises and urban residential property deprived them of their economic base.

Students whose families lost political power and their wealth decided to remain here. The prospect of returning to Ethiopia as common people and accepting the new reality of

a revolutionary order under military control was not attractive to them. Moreover, the possibility that they might be viewed as enemies of the revolution because of their class background became a deterrent for their return. After their decision to remain in the United States, those who in the past had neglected their education developed interest in enrolling in professional schools while others took whatever full-time work they could get. However, many of those who preferred to enroll in school were unable to study full-time because of lack of financial support. Their attempt to pursue graduate studies through part-time enrollment while working full-time in menial jobs became difficult. As a consequence, some in this group have yet to achieve their educational objectives.

The smaller second group of students consists of those who were recipients of scholarships, either from the United States government or colleges and universities, based on their own merit. These, in general, came from the middle and lower classes. They were highly motivated to advance in their studies since they viewed education as a means for a better future. Many in this group decided to remain in the United States because of the difficulty for persons with a university education to lead an apolitical life in Ethiopia, as well as the inevitability of political involvement and risk. From the early years of the revolution until the military consolidated political control, there was an intense power struggle in Ethiopia between different political

groups. Returnees with university degrees were usually courted for support by one or the other of the competing forces. Siding with one inevitably created enmity with the opposing camp and subsequently led to personal danger. The unfortunate lot of some returnees from this group who were caught in the crossfire increased the risk and deterred others from returning.

Although practically all completed their educational programs at reputable institutions of higher learning, some have yet to find gainful employment in their professions. In contrast to Ethiopia, where each and every type of skill is in great demand, labor market conditions in the United States are favorable only for some professions. For instance, except for the medical, engineering and business professions, other fields experience a glut in the labor market. As a consequence, competition in such fields remains strong, which forces many qualified Ethiopians to seek employment outside their professions.

Ethiopian Exodus Since 1974

The 1974 revolution and subsequent political instability forced many Ethiopians to seek refuge in neighboring countries. Moreover, the military government's intensified efforts to quell the wars waged by various nationalistic movements in different parts of the country, notably in Eritrea, Tigre and Ogaden, increased the departure of Ethiopians to neighboring countries. According to Nelson and Kaplan (1980), the

Sudanese government estimated that approximately 400,000 Ethiopian refugees were struggling for existence in camps in its territory in 1980. According to the United Nations High Commissioner for Refugees and other relief agencies, Ethiopian refugees in Somalia in late May 1980 were estimated at 700,000 (Nelson and Kaplan, 1980).

According to the Ethnic Reporter (1983), the number of Ethiopian refugees in Djibouti was 40,000. Similarly, according to the Kenyan government, those in Kenya were estimated to exceed 5,000, bringing the total number of the Ethiopian refugee population to 1.2 million by 1980. Continued political crisis and the worsening famine situation in Ethiopia during 1983-85 exacerbated the refugee problem, increasing the number of Ethiopian immigrants to the current level of 1.5 million. Such exodus from Ethiopia is without historical precedent. Ethiopia, with less than one percent of the world's population, now represents about 15 percent of the world's refugees. Life in refugee camps in Sudan, Somalia, Djibouti and Kenya is hard and full of uncertainties. The shortage of food is complicated by unsanitary conditions and inadequate medical assistance. Moreover, the burning heat, the search for permanent resettlement, and linguistic and communication gaps between camp authorities and refugees led to additional problems.

In addition to political and famine-related exodus to neighboring countries, an increasing number of Ethiopians left the country for such reasons as business, pleasure,

school or medical needs and sought political asylum in the United States, Italy, West Germany, the capital-surplus Gulf countries and Israel. While the move to the United States and Italy was primarily because of the presence of a relatively large number of Ethiopians, the decision to go to West Germany was largely due to the ease of entering the country. Persons with Ethiopian passports were, until recently, not required to have entry permits. Entry to Israel was made easy after the consensus of the religious authorities on the Jewishness of the Falashas (Ethiopian Jews). Ethiopians also resettled in the Gulf countries because of the high demand for labor during the period of rising oil prices.

Ethiopians who came to the United States after the revolution can be classified under four broad categories as follows: refugees, asylum seekers, employees of international organizations and their dependents, and students. Refugees constitute 64 percent of the total. Asylum seekers and students equal 21 percent and 13 percent of the total respectively.

The first group consists of the refugees. Members of of the old aristocracy and former government officials have had to flee Ethiopia to escape turmoil and political persecution and were admitted as refugees by the United States government. Also in this group are the intellectuals, junior military officers and students who supported the revolution initially but were forced to seek refuge in neighbor-

ing countries when they lost in the ensuing struggle for power. Later, some of this group resettled in the United States. According to the Office of Refugee Resettlement of the Department of Health and Human Services, Ethiopian refugees constitute more than 75 percent of the 3,000 African refugees resettled each year in the country. Since the United States government began the resettlement program in 1980, the number of Ethiopians admitted to date as refugees is estimated to exceed 14,000 by the same office.

The second group are the asylum applicants. These have left Ethiopia with exit visas either for education, business or pleasure and are seeking political asylum in the United States. Individuals in this category were automatically covered under the blanket voluntary departure status given to Ethiopians by the Carter Administration. In 1977, following the recommendation of the State Department, the Immigration and Naturalization Service (INS) granted extended voluntary departure status for all Ethiopians, allowing them to study in the United States indefinitely (New York Times, July 7, 1982). However, in August 1981, the Reagan Administration concluded that Ethiopia had stabilized to a considerable degree and recommended the cancellation of the program. Following the State Department letter to this effect, the INS started deportation hearings against Ethiopians, a move that stirred numerous members of Congress. On June 24, 1982, a strongly worded resolution was introduced in both the House and the Senate (Senate Con. Res. 110 and

House Con. Res. 368) expressing the consensus of Congress that extended voluntary departure for Ethiopians be restored. The resolutions were backed by an unusual coalition of blacks, conservatives, and liberals. According to the New York Times (July 7, 1982), the State Department, reacting to the Congressional plea, reversed its policy and proposed that those asylum applicants who have continuously resided in the country since July 1, 1980, remain in the United States and not face deportation hearings.

According to the above resolution, "at least 15,000 Ethiopians were in such status in 1982." The 15,000 estimate includes about 5,000 who came to the United States during 1974-1980 and an estimated 10,000 who were already here prior to the revolution but who do not have permanent resident status. Those who came after July 1, 1980, currently estimated at about 3,000 to 4,000 by the Immigration and Naturalization Service, are to be judged individually. This distribution is based on the rationale that most of those who came since July 1, 1980 did so with the sanction of the military government.

The third group of Ethiopians consists of those who work for international organizations such as the World Bank and the International Monetary Fund in Washington, D.C., and the various branches of the United Nations in New York. Prior to the revolution only a handful of Ethiopians were employed by these institutions. However, the number has increased sharply since the 1974 revolution and is now estimated to

have reached 100 according to officers in the Ethiopian Embassy in Washington, D.C.. With an average family size of five to six, Ethiopians in this category are estimated at 500 to 600.

The fourth group consists of students in colleges and universities, estimated at about 2,500 to 3,000 according to officials of the Ethiopian Embassy in Washington, D.C.. Although the number of new students has declined sharply because of the termination of the USAID program in Ethiopia since the revolution, the number of Ethiopians in the United States keeps growing because of the continuing influx of immigrants. Thus, the estimate of the total number of Ethiopians in the United States was between 55,000 and 65,000 in 1986.

Settlement

Most of the Ethiopian population in the United States has settled in urban areas, with greater concentrations in Washington, D.C., New York, Boston, Chicago, the San Francisco Bay Area, Los Angeles, Seattle and Houston. The reasons for this are varied but clustered mainly around the availability of social support. One reason is the strong cultural importance of the family. Ethiopians grew up protected by their families, and are very family oriented. They also seek out relatives, friends and even acquaintances in the United States, and settle near them in an effort to develop a sense of security in the new environment. Greater contact with

fellow countrymen and women helps to alleviate the problem of loneliness. Moreover, other problems of new immigrants--finding a job, obtaining housing and generally adjusting to life in the United States--are likely to be resolved more quickly with the support of fellow Ethiopians.

In recent months, Ethiopian immigrants have formed community organizations in various parts of the country in order to foster solidarity amongst themselves. Those who are members of the Ethiopian Orthodox Church worship at the Egyptian (Coptic) and Greek churches and further strengthen their unity. Even those who are nonreligious go to these churches for officiating their weddings and christening their children, in order not to displease their Christian parents in Ethiopia.

A second reason for urban settlement patterns is that a majority of Ethiopians view education as a means to a better future; thus, they reside in areas with a greater concentration of educational institutions.

Occupation and Modes of Subsistence

Except for members of international organizations and a small number of professionals, the majority of Ethiopians are engaged in low-level, "dead-end" occupations. Unlike the earlier European immigrants who took entry jobs in the coal mines and steel mills, with the opportunity of moving up in the ogranization as one masters the skills of the trade, a large number of Ethiopians are absorbed in the growing ser-

vices sector of the economy. Some drive taxi-cabs in urban areas, notably in Washington, D.C., San Francisco, Los Angeles, Chicago, Boston, and Seattle. Other work as assemblers in electronics factories, particularly in California and Texas, and as security guards and parking attendants. A good number, particularly women, wait on tables in restaurants and hotels. Those with graduate degrees and whose fields of specialization are currently in demand earn their livelihood in their profession. Of these, the most visible are university professors, medical doctors, nurses, engineers, economists, financial experts and system analysts. The share of Ethiopians in such professions are estimated to be about 12 percent of the total population.

Some others earn their livelihood by owning and managing their own businesses. In areas where a large number of Ethiopians concentrate, ethnic restaurants have mushroomed. For instance, there are close to eighteen such establishments in Washington, D.C., about five each in Los Angeles and the San Francisco Bay Area and one or two in several other cities. In addition to ethnic restaurants, Ethiopians also own retail businesses such as hardware and grocery stores, import and export firms and gas stations as well as consulting services in accounting, economics, finance and engineering.

Estimates of Marital Status, Gender, Education and Age

According to the Ethiopian Embassy in Washington, D.C.,

the demographic data of the Ethiopian population in the United States is estimated as follows:

a) About 25 percent of the population is female. The reasons for the low estimate is the previous exclusion of Ethiopian women from modern education, and the fact that they are less likely to migrate because of the risks and hardship of refugee life.

b) About 20 percent of the population is married. Ethiopians in general and Ethiopian men in particular prefer to delay marriage until they have met their educational objectives. The fact that most Ethiopian students pursue their education while working full-time delays the completion of their education and subsequently postpones their marriages. Also, the fact that an increasing number of Ethiopians in the United States have accepted living together before marriage has substantially reduced the need to get married early in life.

c) Only about 25 percent of the Ethiopian population in the United States has education below or up to high school level. While those with college education constitute 50 percent, the rest, about 25 percent, are estimated to have graduate education.

d) In terms of age, the breakdown is estimated as shown in the following:

	Percent
Less than 20 years	5
Over 20 but less than 30	30
Over 30 but less than 40	35
Over 40 but less than 50	10
Above 50 years	20

In summary, as a consequence of the 1974 revolution and the subsequent political uncertainty, Ethiopian students chose to stay in the United States rather than return to Ethiopia as initially planned. Also, some in Ethiopia sought refuge in the neighboring countries, part of whom later immigrated to the United States. Almost all of the Ethiopians in the United States settled in urban areas near other Ethiopians. About 75 percent are men, 80 percent unmarried and 65 percent between 20-40 years of age. Ethiopians, like other immigrants before them, have come to the United States to escape intolerable political conditions in their country and to seek a better life. Despite the common social and cultural heritage, there is variation in their adjustment to life in the United States because of varying background characteristics.

Assumptions For the Study

The study assumes the following:

1) There is a relationship between difficulties associated with being an immigrant and health status.

2) Immigration is a process that begins with the decision to leave the home country and continues until one's death and difficulties associated with immigration get better or worse at different times.
3) The social and economic situation in the host country is a very important variable in the immigrant's adjustment.
4) The situation in the home country affects the daily routine and stress level of the immigrant.
5) It is a number of different stressors and the combination of them that relate to how healthy the immigrant is.
6) Individuals actively interpret and construct their social and pyschological lives. Since the subjects were willing participants in the study, they would be willing to honestly complete the questionnaires and report their adjustment experiences during the interview.
7) Since the study is also based on participant observation over a period of five years, concurrent validity was established by using interviews in conjunction with observations. Moreover, on the assumption that members of a culture are carriers of that culture, the writer, who belongs to the group under study, has in-depth personal knowledge of the culture

which is brought to bear in this study.

Research Questions

The study explores how Ethiopian immigrants, in their attempts to lead productive lives in the United States, forge a compromise between the two different cultures they are exposed to and the values inculcated by those two cultures. In other words, the study describes the efforts of a sample of Ethiopian immigrants to find a way of maintaining their cultural heritage, yet make the necessary adjustment to succeed in the United States. It also focuses on the difficulties inherent in being an immigrant as well as the day-to-day problems of American life and how Ethiopian immigrants deal with them.

The major research question in the study is whether or not the health, particularly the mental health, of Ethiopian immigrants, has been adversely affected by their adjustment experiences in the United States. In order to offer insight into the problem, the study attempts to answer the following questions:

1) What is the migration experience like for a sample of Ethiopian immigrants?
2) What is the state of their health in general and mental health in particular?
3) How do demographic characteristics of age, gender, marital status, educational level, rural/urban background, and length of stay in the United States

correlate with the individual immigrant's health and mental health status?

4) What are the perceived stressors that these immigrants experience? What do the Ethiopian immigrants do about their difficulties?

5) Does the magnitude of the stressors perceived by immigrants correlate with health and mental health status?

6) Are there discernable patterns of adjustment and modes of coping in the immigrant samples?

CHAPTER III

Methodology

This chapter describes the research design, setting, the characteristics and nature of the sample selected, and the methods utilized for data collection and data analysis. Also, a discussion of the issues of validity and reliability is included.

Research Design

Although the survey of the literature in Chapter II indicates that much is known about migration and health in general, no one has yet examined the case of the Ethiopian immigrants. Thus, the study cannot be built on the work of others. The research design is therefore descriptive, correlational and combines the use of quantitative and qualitative analysis of findings.

The purpose of the study is to explore and describe how the Ethiopian immigrants adjust in the United States - and how their adjustment experiences impact on their health in general and mental health in particular. This requires, among other things, interviewing not only the immigrants themselves but also Ethiopian professionals who assist them in the resettlement process by finding employment and provid-

ing health care. The two questionnaires utilized for the quantitative analysis were structured. By contrast, the design for the interview for the qualitative observation and analysis was flexible.

Setting

The research was conducted on several university and college campuses in classrooms and lounges, and in the subjects' homes so as to minimize inconveniences to them. While the familiar setting offered a conducive environment for them, it also provided ample opportunity for the investigator to observe the subjects in their homes as they interacted with family members, friends and colleagues.

The writer administered all of the questionnaires in person in order to answer questions and explain procedures. Interviews were conducted on a one-to-one basis. Although the questionnaires, on a few occasions, were administered for groups of subjects, most of the time they were administered on a one-to-one basis.

Sample

Sample Selection

Ethiopian immigrants in the United States, currently estimated between 55,000 and 65,000, constitute the population of the study. The participants in this study were selected from the large concentration of Ethiopians that reside in the San Francisco Bay Area and in Los Angeles.

Ethiopians in Los Angeles and the Bay Area counties reflect the cognitive and demographic characteristics of Ethiopians in the United States. A sample size of 110 was obtained from these two locations. A little over one quarter of the subjects were immigrants who came to the United States before the 1974 revolution while the remaining subjects consisted of those who migrated since the revolution.

Each subject was approached individually in person and invited to participate in the study. The writer relied on acquaintances, friends and community leaders to obtain the sample. An effort was made to sample from both sexes and all levels of educational background. In effect, the writer had no choice except to employ a "convenience sample." It was virtually impossible to obtain a random sample of the existing scattered Ethiopian population in the United States. Despite the fact that the sample is a "convenience sample" and was not chosen by a randomized procedure, there are reasons to believe that the members of this sample do reasonably represent the broader population. Most of the sample live independently and would be considered healthy, while 5 percent live in a transitional setting and have identified health problems.

Each subject met the following criteria: entered the country on an immigrant visa; applied for asylum or already have established permanent residence in the United States. Since the writer was interested mainly in examining how Ethiopian immigrants have made new arrangements and reached

new understanding of their lives, the sample included only those with one year or more stay in the United States. Since it takes approximately that long to regain some kind of equilibrium, it was decided to exclude recent arrivals to avoid the complications of studying those who were still caught up in the direct emotional effects of migration. And since children do not participate in the decision to leave Ethiopia or to come to the United States, and because the focus was on the adults, those who were under eighteen years of age at the time of the study were excluded from the sample.

Sample Characteristics

The sample was compromised of 65 males and 45 females. While all of them completed the two questionnaires only 60 of them--36 males and 24 females--were interviewed. About 53 percent of the respondents lived in the Bay Area counties, while the remaining 47 percent resided in Los Angeles County. Table I shows a detailed breakdown of the demographic characteristics of the respondents.

In terms of marital status, about half were never married and two out of five were married. About 5 percent were either widowed or divorced, and 6 percent had a spouse who was still in Ethiopia, through forced separation. Among those who were married, 36 percent had no children, 28 percent had only one, 32 percent had two, and 4 percent had three. The average number of children among the married

Table I: Sample Characteristics (N = 110)
(in percentages)

Characteristic	Male	Female	Total
Marital Status:			
Married	24.5	15.5	40.0
Widowed, Divorced	3.6	1.8	5.4
Forced separation	4.5	1.8	6.3
Never married	41.9	6,4	48.3
Age:			
20 - 29	16.4	11.8	28.2
30 - 39	19.1	18.2	37.3
40 - 49	6.4	6.4	12.8
50 - 59	10.0	4.5	14.5
60 and above	7.3	0.0	7.3
Formal Education:			
None	3.6	1.8	5.4
Elementary school	6.4	5.5	11,9
Secondary school	9.1	4,5	13.6
College	25.5	19.1	44.6
Graduate school	14.5	10.0	24.5
Employment:			
Employed	66.6	22.6	89.2
Unemployed	3.6	1.8	5.4
Full-time student	3.6	1.8	5.4
Arrival in the United States:			
Before the revolution	13.6	14.5	28.1
After the revolution	45.5	26.4	71.9

respondents was 1.1.

Ages of respondents ranged from 10 to 67 years, with a mean of 38 years. About two-thirds are between 20 and 29 years and those above the retirement age of 65 constituted a mere 1.8 percent of the sample.

As for formal education, a little over two-thirds of the respondents reported that they have a college education and about one in four have furthered their studies beyond a Bachelors degree. While a mere 5 percent of the respondents reportedly had no schooling at all, about 12 percent were at different levels of elementary education. Almost all of those who had not completed elementary education, as expected, were more than 50 years old.

About 28 percent of the individuals in the sample came to the United States before the 1974 Ethiopian revolution. All but one in this group came for a short stay to attend various universities. The remaining 72 percent migrated to the United States since the revolution. Of the latter, about 57 percent came through a third country such as Germany, Greece, Italy, Sudan, Kenya and Djibouti. Forty-three percent came directly, either on government business or for school, and chose to remain here. The average length of stay in the United States for the sample is about 7.6 years.

In terms of employment, about 90 percent were gainfully employed, mostly in the service sector. Of the remaining 10 percent, half were full-time students, and the rest were

involuntarily out of work. Of those who were working, about one out of five had two jobs and about three out of five attend college part-time.

About 54 percent of the subjects had at least one family member in California at the time of the study. But when one includes those individuals who have family members in other states, the percentage of those with family members in the country rises to 78 percent. This is important because according to Ethiopian culture, individuals depend all the time on family members, so about four out of five have someone to turn to in time of need.

Comparison of Sample and Population Characteristics

The characteristics of the sample were compared with the population estimates made by the Ethiopian Embassy in Washington, D.C.. The sample was found to be representative with respect to education, age and employment. However, the sample was more representative of those who are married and those who are female and less representative of those who arrived before the revolution as shown in Table II.

Data Collection

Sources of Data

Data was collected through the use of questionnaires and in-depth interviews. Information obtained was corroborated with the knowledge gained through the author's partici-

Table II:

Differences in Characteristics Between Sample and Population (in percentages)

Characteristic	Sample	Population
Marital Status:		
Married	40.0	20.0
Unmarried	60.0	80.0
Sex:		
Female	40.9	25.0
Male	59.1	75.0
Age:		
Less than 20 years	—	5.0
20 - 29	28.2	30.0
30 - 39	37.3	35.0
40 - 49	12.8	10.0
Above 50 years	21.7	20.0
Education:		
0 - 12th grade	30.9	25.0
College	44.9	50.0
Graduate school	24.5	25.0
Employment:		
Employed	89.2	85.0
Unemployed	5.4	5.0
Full-time student	5.4	10.0
Arrival in the United States:		
Before the revolution	28.1	55.0
After the revolution	71.9	45.0

pant observation among Ethiopian immigrants for more than a decade.

Participant observation:

Before formally beginning interviewing, a large amount of data was obtained through participant observation in the Ethiopian community. The writer has been socially involved in the Bay Area Ethiopian community for the last five years as a community organizer and board member for the United Ethiopian Community Organization in the Bay Area. Since May, 1985, the writer has volunteered at a Health Center in Oakland that serves the population and works with Ethiopian individuals and families with severe adjustment problems and provides individual and group counseling. A third source of data arises from the writer's professional involvement with an Alameda County task force on Health and Mental Health. The purpose of the task force is to investigate the problems relating to physical and mental health care in Alameda County for the purpose of providing linguistically appropriate and culturally sensitive access to health and mental health care services. Finally, the writer has lived in Southern and Northern California for fifteen years. She established close contacts with many Ethiopians in the Los Angeles and Bay Area counties and friendships were developed with some of them. The Ethiopian community is close socially, and traditional holidays, weddings and funerals draw large attendance. Participating in these activities

and situations provided the opportunity to observe the relationships and the community life of Ethiopian immigrants. The writer was able, as Arthur Vidich (1955) suggests, "to secure data within the medium, symbols, and experiential worlds which have meaning to the respondents."

Questionnaires:

Two questionnaires were used in the study. The first questionnaire is used to gather demographic data on the respondents (Appendix III and IV). The demographic data questionnaire asked each subject information about age, sex, marital status, level of education of themselves, as well as of their parents, length of stay in the United States, place of birth, employment, and family members in the United States. Since a sizeable number of Ethiopian immigrants are not conversant in English, the questionnaires were translated into Amharic. Since all of the subjects are literate in Amharic, translation to other Ethiopian languages was not necessary. Two versions of the questionnaires--Amharic and English--were distributed to subjects by the writer. Cultural and linguistic sensitivities have been carefully looked at and considered in the wording or in the statements which have potential deviation from the meaning and essence of the questions. In general the translation followed the original as closely as possible. The translation was done by an Ethiopian linguist and double-checked by an Ethiopian medical doctor.

The second was the Cornell Medical Index (CMI). The CMI (Appendix V and VI), according to Brodman, Erdman, Lorge and Wolff (1949), is a well-known health questionnaire of established value as an aid to clinical diagnosis and as a screening procedure. Moreover, Brodman, Erdman, Lorge, Deutschberger and Wolff (1954), Lawton (1959), Culpan, Davies and Oppenheim (1960) have found the CMI to be a valid indicator of the presence of emotional disorders. Similarly, Kalimo, Bice and Novosel (1970) stated that "the CMI can be used for both clinical and research purposes to give fairly comprehensive information about the medical problems of the respondent as perceived by himself." The CMI contains a 195-item self-report symptom questionnaire. The symptoms are distributed among 18 categories: A through L, featuring physiological systems and M through R, mainly dealing with moods and feelings. The questionnaire has two forms, one for men and another for women. The same questions appear on each form except for section H, which has six questions on genito-urinary symptoms.

The questions are phrased in simple informal language, and to each the subject is asked to circle "Yes" or "No" answers. Each "Yes" response indicates that the subject claims the presence, currently or in some previous instance, of a stated symptom or disorder. The subject's score is determined by the "Yes" responses. According to Brodman et al. (1949), Abramson, Terespolsky, Brook and Kark (1965) and Abramson (1966), a cutting off point of 30 positive respon-

ses to the CMI questionnaire is commonly used to indicate dysfunction. Similarly, Culpan, Davies and Oppenheim (1960) and Brown and Fry (1962), stated that ten or more "Yes" answers in the Psychological (M-R) section are indicative of emotional disorder.

Since the appearance of the CMI in 1949, it has been used in a number of cross-cultural comparison studies. It has been found to be, in the words of Lin, Masuda, and Tazuma (1980), "a sensitive and valid screening tool for diverse peoples." Some of the studies that utilized the CMI included Brodman et al. (1952) on the Americans; Brown and Fry (1962) and Geoherd (1966) on the British; Scotch and Geiger (1964) on the South African Zulus; Rahe et al. (1978) and Lin, Masuda, and Tazuma (1979) on the Vietnamese; Chu and Riu (1970) on the Taiwan Chinese and Reizian (1984) on the Arab-Americans. Despite the extensive use of the CMI, its cross-cultural applicability is not without question. According to Kalimo and Bice (1970), since mental disorders in a given society depend on its culture, the universal application of mental health questionnaires is restricted. Also, Wittkower and Fried (1968), Zola (1966) and Opler (1959) discussed the impact of cultural factors on the definition of measurement of mental illness, thereby casting doubt on the usefulness of the CMI for cross-cultural comparisons. Since the CMI was first designed with the culture of the United States in mind, the dissimilarity between the cultures of Ethiopia and the United States may potentially

compromise the findings of the study pertaining to mental health. Nonetheless, because there is little else that is so comprehensive and used cross-culturally for so long, the CMI was chosen as an indicator of physical, physiological and psychological problems of the sample of Ethiopian immigrants in the United States.

Interviews:

Because the methodological task of this study was to gain access to the personal experiences of Ethiopian immigrants, one of the research tools was the in-depth, open-ended interview. Data were obtained through direct and systematic discussion with sixty Ethiopian immigrants. Both the choice of the interview method and the use of the data it yielded reflect a basic assumption: that individuals actively interpret and construct their social and pyscholo-gical lives. As Herbert Blumer (1969) stated:

> The human being is not a mere responding organism, only responding to the play of factors from his world or from himself; he is an acting organism who has to cope with and handle such factors and who, in so doing, has to forge and direct his line of action.

In-depth interviewing, which yielded partially structured personal conversations, allowed the Ethiopian immigrants to explain in their own words how they responded to changed circumstances and unexpected events and how they adjusted to life in the new country. Interviews were conducted in either Amharic or English to allow full expression of their experiences. Some even shifted back and forth between the

two languages in the same interview.

Before beginning the formal interview, an interview schedule was developed. It was later reviewed and refined. It was then pretested by interviewing six subjects and revised further. The schedule (Appendix VII) listed all of the basic questions pertaining to adjustment difficulties immigrants face in various situations--e.g., at work, school and in the family--and how they go about overcoming them. However, the researcher found that strict adherence to the structure of the interview schedule tended to interfere with the interviewee's train of thought. As Norman Denzin (1978) stated, "As a social process, the interview relationship assures emergent and not wholly predictable dimensions." As a consequence, the interviews were largely open-ended but followed a general pattern of questioning. As interviewees volunteered information and reported behaviors that were not included in the interview guide, or as the themes seemed to emerge from the data, these were incorporated into the guide for use for subsequent interviews by checking to see that each of the particular areas covered by the instrument were discussed at some point in each interview.

Procedures

Human subject's protection (No. 938709-01):

Each participant in the study received an explanation about the purpose and nature of the study and about the ques-

tionnaires. They were given the opportunity to ask questions. They were also assured about anonymity, the voluntary nature of their participation and that they could withdraw from the study. A consent form (Appendix I and II) was given to each subject to sign before starting to complete the questionnaires. All of them signed the consent form and their overall reaction to it was very favorable. No one questioned it or objected to it.

Distribution and administration of questionnaires:

Names and addresses of potential subjects were obtained through friends and from membership lists of various Ethiopian community organizations during the initial stages of sample selection. Each potential subject was contacted by phone. A brief introduction and a description of the study were provided and they were asked if they were willing to participate in the study. Sixty-five persons were reluctant to participate in the study and refused.

Questionnaires were distributed to only those who volunteered to complete them. Along with the questionnaires, a letter from the University of California, San Francisco, explaining the purpose of the study, assuring the confidentiality of their responses and requesting their full cooperation was also handed out. The questionnaires were distributed in person by the writer to the first 110 volunteers. Approximately one to one and one-half hours were spent for each questionnaire to be completed.

Selection of interviewees:

All of the 110 subjects who completed the questionnaires were asked if they were willing to be interviewed. The researcher formally began interviewing those who volunteered and stopped interviewing after the sixtieth subject, because by then the general and the particular aspects of the immigrants' accounts could be "more or less predicted," a strategy summed up by Jacqueline Wiseman (1979). The sixty volunteers interviewed lived in the San Francisco Bay Area and Los Angeles County. Since the questionnaires were administered and interviews were conducted with willing subjects, the writer traveled extensively in California to interview the volunteers. The interviews were long; most took more than three hours, and several lasted more than four hours. Responses were tape-recorded (with the permission of the interviewees). The researcher asked questions and sought clarification when the response was not clearly understood. The premise stated by Schwartz and Jacobs (1979) that the interviewee was the "only possible expert" regarding his/her own experiences was adopted by the researcher. Accordingly, the objective of the interview was to gain access to each immigrant's perspective and understanding--to each immigrant's picture of his/her own social reality.

Difficulties in Data Collection

The process of collecting data was not without obstacles. First was the difficulty of getting subjects for

the study. Some were willing to be interviewed and to complete the questionnaires. They were in general reluctant to discuss their adjustment experiences. Even some friends of the writer avoided the issues by stating that the writer, because of their close contact, already knows the adjustment experiences they went through in the United States.

Second was the problem of getting candid responses to questions. Ethiopians in general are sensitive, as shown in the Cornell Medical Index (CMI) findings reported in the quantitative analysis. Moreover, their sensitivity seems to have been heightened since the revolution took place. As a consequence they have become more suspicious and less than forthcoming with direct answers to questions. However, since it is common and easy for an Ethiopian to talk of oneself in collective terms, the writer was able to gain much information relevant to the study by asking subjects in terms of what other Ethiopians might think or do instead of eliciting one's own thinking and practice.

Data Analysis

Quantitative Analysis

This aspect of analysis was made at two levels. First, using simple statistical analysis, an effort was made to gain understanding of the general picture of the health profile of the sample of 110 Ethiopian immigrants in the United States. The mean CMI scores of the sample of Ethiopians were compared with the cut-off points established by

researchers in the field that indicate dysfunction. Also, these mean scores were compared with data for other nationalities and the relative standing of the sample of Ethiopians was established. Second, using multiple regression analysis, the variation in the CMI scores was explained with variations of several demographic variables. The objective of this analysis was to ascertain if hypothesized explanation variables--age, level of education, length of stay in the United States, sex, marital status, rural and urban background--are correlated with the CMI score. Finally, using a simple regression, the variation in the CMI scores of the 60 subjects who participated in the interview was explained with variation of their quantified qualitative responses. The purpose of this was to ascertain if interview findings correlated with the CMI scores.

Qualitative Analysis

Interviews were subjected to content analysis. The writer listened to each tape three times to analyze the data. The first was to summarize the verbatim recording of conversations. The second time was to abstractly perceive adjustment problems mentioned and to categorize the responses in terms of perceived stressors. The third time was to do data reduction by quantifying the adjustment problems in each interview to determine frequency.

The tape-recorded interviews were later transcribed and the transcribed interviews were summarized to obtain

the gist of each individual's experience and to facilitate a comparative qualitative analysis. As core variables were discerned, the researcher recorded and organized data by the emergent categories. The major categories of these Ethiopian immigrants' adjustment experiences were as follows: downward occupational mobility; insufficient income; limited career advancement; cultural conflict; language difficulties; conflict of expectations and values; the problem of the elderly; prejudice and discrimination; loneliness; desire to return to Ethiopia; family role conflict; lack of a well-functioning community organization; and marginality. These categories were finally formulated following several revisions as coding of the data proceeded. Each response was then coded, i.e., put into various categories that have numerical symbols, so as to determine the frequencies within the categories to be counted. Clear definitions of various categories and adequate recording of the raw data ensures the reliability of the coding process.

In short, data were analyzed according to the procedures delineated by Barney Glaser and Anselm Strauss (1967) and further described by Howard Schwartz and Jerry Jacobs (1979) in their works on grounded theory. As Schwartz and Jacobs (1979) stated, "In grounded theory, data collection, observation, coding and categorizing the data, and developing theories all tend to go on simultaneously and to mutually support one another."

Validity and Reliability

The CMI is established as a valid instrument by many researchers--Lin, Masuda and Tazuma (1979 and 1980), Johns (1972), Abramson, Terespolsky, Brook and Kark (1965), Brodman, Erdman, Lorge and Wolff (1953) and Chu and Riu (1970)--who utilized it in their work to investigate health status and also by some to study the link between migration and health. Since a valid instrument supposedly measures accurately, its reliability is also supposedly assured. Despite its wide use and reliability, no instrument is perfect. People may not answer truthfully, nor may they fully understand the questions. Moreover, since the CMI was not used on this population in Ethiopia, there is no knowledge as to how they would have scored at home. This makes the validity of the CMI questionable. However, the CMI was used carefully in this study and it is the belief of the researcher that for the most part, it measured what it intended to measure. The data in this study was analyzed utilizing multiple regression analysis and the result obtained met the tests of statistical significance, suggesting its reliability.

During the interview, some questions were repeated, reworded and asked at different times to assess whether the responses of a subject were reliable. But as far as validity is concerned, as Lofland et al. (1984) pointed out in qualitative research, "Measurement is not the goal; rather knowing and understanding the phenomenon is the goal." The validity of this study is indicated by the fact that data gathered

utilizing three methods--participant observation, questionnaires and interviews--were, for the most part, consistent with each other.

However, complete objectivity cannot be obtained in any study. There are no assurances that bias is completely eliminated despite the researcher's efforts to be aware of her own presuppositions and to avoid asking leading questions. As will be discussed later, it is possible that a few interviewees were reluctant to share information that might be seen as reflecting poorly on them. Also, since the study was based on a convenience sample, the results may diverge from that which would have been obtained from studying the whole population or if another investigator did the interviewing. It was not possible to ask for another reader to validate the content analysis because many of the interviews were conducted in Amharic.

When the researcher is a member of the group being studied, a potential limitation usually arises due to the influence of the researcher in the elicitation and interpretation of data. Although this was a problem to the writer to some extent, the following steps were taken to minimize potential bias. First, much of the data for the study consisted of self-reported symptoms collected utilizing standardized questionnaires. Second, responses of interviewees were obtained using an open-ended questionnaire so as not to interfere with the interviewee's train of thought. Finally, the responses were tape-recorded to enable the re-

searcher to listen to the tapes and determine if a particular subject seemed to be pursued because of personal involvement. As Lipson (1984) pointed out, "It was less troublesome to determine researcher effects on tape-recorded interviews."

CHAPTER IV

Findings

This chapter presents answers to the research questions stated in Chapter II based on the findings of the quantitative and qualitative analysis.

Research Question One: What is the Migration Experience Like For a Sample of Ethiopian Immigrants?

Pre-immigration characteristics and situational variables in the United States are generally accepted as the two major sets of variables important in their relationships to adjustment. As a result of immigrants' personal characteristics, most Ethiopians in the United States appear to have been able to cope with their experiences and become relatively integrated into the mainstream of the American culture. The following quotes illustrate some factors that contribute to their perspectives of success.

One interviewee (subject number 66) said:

> I came to the United States 18 years ago as a student. Since there were only a handful of Ethiopians in the Bay Area, I had no choice but to establish friendships with American students. My interaction with them helped me learn the culture and develop my language skills. Since I came at a young age, I was more imitative and less critical. Upon completion of my graduate studies in Electrical Engineering, I began working. I moved from job to job as new opportunities came along and in the process managed to substantially improve my income. I am now married to an

American and live a comfortable life. I believe my willingness to adopt the American culture, along with my expertise in my specialization and language abilities, are the major factors for my adjustment in the United States.

Another interviewee (subject number 22) stated:

I came to the United States as a diplomat. As was the case with many of my colleagues, I decided not to return when I was called back by the Ministry of Foreign Affairs. Although my immigration status was quickly adjusted, my adjustment to life in the United States was not easy. I then discussed it with my brother who was settled in Northern California. Through his help and the help of his friends and associates, I was able to get a job and settle down. The job was clerical and the downward mobility I experienced was a source of frustration. Without my brother's support and advice, my adjustment to life in the United States would not have been possible.

The third interviewee (subject number 98) stated:

I came to the United States after completing my undergraduate studies. I was planning to return to Ethiopia as soon as my educational objectives were met. However, when the political situation changed in Ethiopia and the country became engulfed in civil wars and political stability, I decided to wait it out. I stayed as long as I could on my student status. I had to leave campus and start work while the instability in Ethiopia dragged on. I got married and gradually found myself in the process of settling here. The key to my adjustment here is my effort in continuously evaluating the changing situation and taking pragmatic steps. Once I decided to settle here, I began to put every effort into it so that it would work. So far I am happy. I have faith that the future will also turn out to be even better.

The fourth interviewee (subject number 71) stated:

I came to the United States when I was 14. I completed my high school, undergraduate and graduate studies here in the United States. As soon as I received my doctorate in Engineering in 1972, I joined the company for whom I have been working ever since. I attribute my relatively smooth adjustment to life in the United States to three factors. First, since I came at a young age, I was more open to accepting the American way of life. Second, is my ability to communicate in English. Third, is my specialization in a field of study which continues to enjoy a relatively high demand in the labor market.

Another interviewee (subject number 69) explained:

> While going to graduate school I met an American family and over the years developed friendship ties with every member. When they learned about Ethiopia's changing political order they asked me what I felt and how I would be affected if I were to return. I shared my concerns with them and before I knew it, I began having job offers from their acquaintances. Since they are now my family I chose to stay near them and decided to accept employment with my present employer with that in mind. Without their support I do not know where I would be. I am grateful to them. The key to my success in adjusting to life here is the family support I got. Although my educational background was important, it is the network of friends I established through my family here that was critical to my well-being.

Several factors facilitated the adaptation and coping behavior of many Ethiopians. First, these Ethiopian immigrants were highly educated--about one-half have graduated from American universities. Second, they are relatively well versed in English. Third, since many of them have specialized in fields that were in demand in the American labor market, a good number of them have professional and managerial positions. Fourth, Ethiopian immigrants established friendships with one another and provided social support for each other. Fifth, some of the Ethiopian immigrants are determined to settle permanently in the United States. Such determination positively impacts on their achievement and facilitates their adaptive and coping behavior. Finally, about 35 percent are below 30 years of age. Another 35 percent are estimated to be between 30 and 40 years old. Their relative youth helps to mitigate the negative impact of cultural shock. Moreover, since more than half of the population have come to the United States before the revolution in 1974, most are now fairly accustomed to the American culture.

By contrast, the remaining group of Ethiopian immigrants continue to face adjustment problems that are usually difficult and complex. The reasons are many and varied. First, adjustment problems of Ethiopian immigrants emanate from the differences between the cultures of Ethiopia and the United States. An interviewee (subject number 14) who has lived in the country for fifteen years stated that:

> The Ethiopian culture inculcates values of modesty. Yet job interviewers looking for assertive candidates are unlikely to be impressed with Ethiopian applicants who do not fully articulate their educational achievements and professional experiences.

The traditional culture of Ethiopia did not prepare the Ethiopian immigrant to cope with the problems that they encounter in the United States. They lack the technological and social skills to cope with the demands of a dynamic urban-industrial society. The substitution of one set of attitudes, habits, values, and customs for another is neither easy nor quickly accomplished, nor is it desirable. To give up familiar ways of thinking and behaving, which one has assumed since childhood to be positive, if not superior, is not an easy adjustment. Further, Ethiopians' commitment to their culture remains strong. The women and the older individuals, in particular, are less willing to learn aspects of the new culture. As one interviewee (subject number 103), who was in his late fifties, put it:

> My responses to different situations conform to the cultural norms and expectations I was brought up with. Although I am now aware of other ways, I am reluctant to change. I value my customs and traditions.

When Ethiopians migrate to the United States, they often become personally disorganized. Brown (1933) stated that, "Widely varying languages, different customs and traditions, dissimilar habits and manners, all tend to operate against a ready social adjustment." According to Brown (1933), "in any immigrant group the individuals have built up habit systems and attitudes which make for a complete adjustment in the cultural complex in which these factors developed, but make for the disorganization in any other social situation." Ablon (1971) also pointed out that traditional values are frequently at odds with the prevailing norms in American culture. As a consequence of cultural differences between Ethiopia and the United States, Ethiopian immigrants continue to face adjustment difficulties.

Moreover, the trasition from a predominantly rural-agrarian way of life to an urban and industrial way of life is difficult for some Ethiopians. One interviewee (subject number 11) stated:

> I was born and raised in a rural area in Ethiopia. Although the first two years of my life were spent in Djibouti, I was not affected by the urban environment since I spent most of my time in a refugee camp with other Ethiopians. But when I arrived in Los Angeles, I was totally lost. I could not comprehend the city, its freeways and the traffic. Initially, I was concerned that would get lost, and there weren't people I could even ask very simple things.

The abruptness of change, some argue, is a central source of individual stress (Kiev, 1972; Marris, 1984), leading in some cases to health problems. Other argue that the sudden change produced by the coming together of different cultural

traditions produces "accumulative stress" (Berry, 1974), leading to the use and abuse of destructive coping mechanisms, such as alcohol and drugs, at the individual level; and massive disruption of cultural values and norms at the group level.

Second, economic problems because of unemployment lead to erosion of self-esteem and the feeling of uselessness. Some cannot get gainful employment because of their lack of education, professional experience and fluency in the English language. Former members of the diplomatic corps are unable to transfer their skills because diplomatic and political careers involve matters of national security and require citizenship for entry. A significant number of Ethiopians who have been in the United States for as many as ten to fifteen years hold graduate degrees. However, because their intention was to return home, the fields they chose to study, such as education, sociology, and political science, which are considered useful in Ethiopia, are not currently in demand in the United States. As a result, despite their expertise, they are underemployed at best and unemployed at worst. Uncertainty of employment prospects therefore aggravates adjustment difficulties.

Third, the loss of status for Ethiopian men, associated with the family role reversal taking place in the United States, contributes to their adjustment difficulties. One of the interviewees who was in his early sixties (subject number 73) stated:

> My family has been there to cushion many problems I would have faced otherwise. But I also have lost my status as the head of my family. As an older person, I used to be a resource for many people when they have problems. My experience was knowledge. But here I lost all of this and many others.

Because of the generally low family income of Ethiopian immigrants, a typical family cannot manage to live on one person's earnings and women are forced to work outside the home to supplement the family budget. In some cases, women are the sole breadwinners, altering the traditional role system. Men in such circumstances experience loss of income and prestige. For instance, former ministers, ambassadors, and higher level government officials could no longer enjoy their status and economic life after being reduced to low-level menial jobs. While work in general is seen as noble in the United States, menial jobs are not highly regarded in Ethiopia. Despite the problem of earning a living in traditionally low-regarded work, the inability to maintain the formerly accustomed lifestyle contributes to role stress and strain.

Fourth, differences in family structure--patriarchal and authoritarian in Ethiopia versus the more democratic in the United States--create family problems and exacerbate adjustment difficulties. The traditional Ethiopian family structure is generally on the wane in the United States. Since rigid adherence to sex and age roles is basically in conflict with the new culture, traditional customs and values gradually begin to be displaced by the modern system.

But the process of change brought into the traditional family structure generates conflict among members--between parent and child and between husband and wife. Conflict between parent and child results from differences in degrees of adjustment to the new environment. Parents lack familiarity with English and with American customs and may find adapting to new ways particularly difficult. This is more so for women who carry on with their traditional responsibilities as wives and mothers and remain confined within their homes and thus cut off from experiences that would help them acculturate to the American society. Children, on the other hand, adjust faster to new customs, often at the expense of their relations with parents. According to my observation, Ethiopian parents have not yet fully accpeted the norms of the nuclear family and the individual-orientation in the new culture. However, they have begun encouraging their children to develop independence and to seek their own way of life and opportunities that entail a certain amount of risk taking.

As one of the Ethiopian mental health specialists pointed out, conflict between husband and wife emanates from the experience of political and social conditions that encourage greater personal freedom and self-expression in the United States. In view of this, women tend to depart from their traditional role. As a result, family conflict arises when culturally derived experiences are not met. Men tend to overprotect their privileged position as women attempt to

gain equality. Perhaps in attempting to maintain their traditional role, some men tend to employ power arbitrarily. As discussed earlier, the participation of women in the labor force exacerbates the problems between husband and wife and heightens the level of conflict. Consequently, the values that held the family together in Ethiopia are not sustained in the new culture. Despite help from individual and government agencies, adjustment to the new culture and the associated new roles is not usually easy and difficulties in this regard have, in some cases, led to breakdowns in conjugal relations.

Recently, however, some positive developments appear to be taking place, indicating meaningful progress in the process of adjustment. For example, when the authority of the father in the family breaks down, acceptance of an alternative power-sharing arrangement is beginning to take place to resolve the conflict, in contrast to the previous pattern of breaking up of the family. Similarly, the parent-child relationship is being redefined in light of the new reality. As a result of such changes in the traditional authoritarian structure of family relationships, parents are making fewer unilateral decisions and demanding compliance from their children. A similar change in the methods of child rearing is also discernable. The tactics which parents now use to effect desired behavior in their children and to discipline their daily routines largely consist of positive sanctions, the use of rewards and praise.

The Ethiopian immigrants are also accepting changes in more pragmatic values but resisting alterations in their core values. This situation seems to have involved several conflicts between the values held by children, whose sources reside in the United States, and the values their parents brought from Ethiopia. While in most cases the parents have obtained their children's cooperation in reconciling differences through adjustment to a middle course, there are, nevertheless, numerous instances of disagreement and lack of compromise.

Fifth, the traditional ambivalence of Americans in general about immigration contributes to the adjustment problems of Ethiopian immigrants. During periods of economic and labor growth, immigration is tolerated by the public and encouraged by the federal government, but during periods of economic recession and its consequent unemployment, means are sought to make immigrants return home. For instance, the United States government sponsored the importation of some 4 million Mexican workers under the "temporary" auspices of the Bracero Program; and until 1968 the legal entry of Mexican immigrants was virtually unrestricted (Galarza, 1964; Keely, 1970). With the economic reversals of the 1970s, however, public opinion turned sharply against immigration, Restrictive laws were passed to limit the entry of new migrants and growing attention was focused on border enforcement between the United States and Mexico. Similarly, several countries in Western Europe which had originally to-

lerated the immigration of 5 to 6 million people from the poorer countries of Southern Europe and North Africa during economic prosperity, have since tried to encourage these resident aliens to return home by offering them financial incentives to do so.

The resettlement of Ethiopian refugees from Sudan began in 1980. Soon thereafter, the performance of the United States' economy began to deteriorate and during the 1980-82 recession the unemployment rate rose from 7.5 percent to 12.2 percent. Many Americans attributed this unemployment problem to the influx of immigrants. The adjustment difficulties of Ethiopian immigrants can be adversely affected by such negative reactions. Moreover, racism and discriminatory treatment in the United States in general can further complicate the adjustment process impacting on self-esteem and self-perception.

Finally, the fragmented nature of family life in the United States further complicates the adjustment problem. The extended family was socially self-sufficient in Ethiopia. The family as a whole was involved in activities. Work was done on a cooperative basis, with each doing a share suited to his age and/or gender. In contrast to the inclusive family life in Ethiopia, life in the United States appears to be composed of segments of experiences that are different for each member and often unintegrated with the experiences of the other members. The work situation forces each member to meet different social groups: typically the father at

his place of employment, the children at school, and the mother in her work, or if she is a housewife, in her neighborhood. Unaccustomed to these diverse social contacts, and, since some have not developed the communication skills to share these new experiences with each other, the Ethiopian family tends toward disintegration. Also, the typical Ethiopian immigrant who grew up in an interdependent system experiences social isolation in a culture that places high values on independence, competition, and self-reliance. The recognition of the fact that individuals are on their own creates a sense of fear and insecurity in many Ethiopian immigrants.

In summary, the shifting gender roles, the declining status of parents, especially the father, and increasing status of children, the inadequacy of the old family organization, and the need to change personal conceptions and standards of conduct, all tend toward family disorganization and personal demoralization. With increased time and familiarity with the American culture in the future, further adjustment is bound to result. Weinberg (1961) has observed a remarkable similarity between the needs of the new immigrant and those of the newborn human being: the need to be loved, understood, and supported, but not to be dominated, pampered, or spoiled. These needs are similar to those that enable the child to develop into a sound, mature person, satisfactorily integrated with his family, community, and society.

Research Question Two: What is the State of Their Health in General and Mental Health in Particular?

Mean Scores

The Cornell Medical Index (CMI) was used to measure health status. The health profile of a sample of Ethiopians is indicated by the total (A-R) and psychological (M-R) mean CMI scores of 24.6 and 8.7 respectively. Table III compares these numbers with similar available data for samples of different cultural groups. The comparison indicates that Ethiopians have fared well in relation to the Arab-Americans, Vietnamese and the Zulus. The Arab-Americans were residents of San Francisco and were clients of outpatient clinics. The Vietnamese in Lin et al.'s study were refugees to the United States and the Zulus were rural to urban migrants in South Africa. However, in reference to presumably healthy American industrial workers in North Carolina, and Armenians, Egyptians and Iranians, their scores were high.

Brown and Fry (1962) had suggested cut-off points of 30 for total CMI scores (A-R) and 10 points for Sections M-R to be indicative of dysfunction. Therefore, based on this criteria, the mean scores for Ethiopians of 24.58 for Sections A-R and 8.72 for Sections M-R indicates that on the whole Ethiopians as a group are not dysfunctional. However, the scores for the sample of the Ethiopian population showed that about 31 percent (all sections) and 36 percent (in Sections M-R) displayed scores of dysfunction. Even so,

Table III:

Cross-Cultural Comparison of Mean CMI Scores

	Physiological	Psychological	Total
American Industrial Workers[1]	NA	NA	13.50
Arab-Americans (outpatients)[2]	22.81	8.52	31.31
Ethiopian Immigrants[3]	15.86	8.72	24.58
Middle Eastern Immigrants[4]	NA	NA	20.81
of which Arabs	20.14	10.81	30.96
Armenians	11.65	8.14	19.80
Egyptians	12.62	6.29	18.91
Iranians	7.63	4.41	12.04
Vietnamese Refugees[5]	22.50	12.00	34.50
Zulus (Urban)[6]	NA	NA	48.33

1. Cassel and Tyroler, 1961.
2. Reizian, 1984.
3. Present study (Sendeku, 1987).
4. Lipson and Meleis, 1986.
5. Lin, Masuda and Tazuma, 1979.
6. Scotch and Geiger, 1963.

the Ethiopians fare better than both the Arab-American and the Vietnamese patients, as shown in Table IV. While in the Ethiopian sample six persons out of twenty displayed scores of dysfunction, in both the Arab-American and Vietnamese samples those who displayed scores of dysfunction number ten out of twenty.

Also, a comparative analysis of the top five ranked categories reported in three studies--Arab-Americans, Ethiopians, and Vietnames--reveals similar findings (Table V).

As shown in Table V, all three studies pointed to feelings of inadequacy as a common problem. While Ethiopians and Arab-Americans are in agreement in regard to sensitivity, Ethiopians and the Vietnamese recognize tension to be an area of concern. Both the Arab-Americans and the Vietnamese ranked digestive tract symptoms as the number one problem. Also, both include the respiratory system in the top five categories.

The Somatic/Psychological (S/P) Ratio

The number of symptom items in Sections A-L and Sections M-R are 144 and 51 respectively. Assuming that each item on the CMI has an equal chance of a "yes" response, S/P ratio equals 144/41, i.e., 2.82. Therefore S/P of 2.82 will indicate an equal balance of somatic and psychological responses. Since the S/P ratio for the sample is 1.82, it indicates that there was a relative preponderance of psycholo-

Table IV

Cross-Cultural Comparison of CMJ Scores: Percentages of Sample with High Scores

	Sections A-R	Sections M-R
	% 30	% 10
Arab-Americans (outpatients)[1]	49.9	NA
Ethiopian Immigrants[2]	30.9	36.4
Vietnamese Refugees[3]	48.0	53.0

1. Reizian, 1984.
2. Present study (Sendeku, 1987).
3. Lin, Masuda and Tazuma, 1979.

Table V:

Top Five Ranking Categories Reported in Several Studies in the Order of Their Importance

Categories	Arab-Americans[1] (outpatients)	Ethiopian[2] Immigrants	Vietnamese[3] Refugees
Anger	-	4	-
Cardiovascular System	2	-	-
Digestive Tract	1	-	1
Habits	-	2	-
Inadequacy	3	3	3
Nervous System	-	-	5
Respiratory	5	-	2
Sensitivity	4	1	-
Tension	-	5	4

1. Reizian, 1984.
2. Present study (Sendeku, 1987).
3. Lin, Masuda and Tazuma, 1979.

gical complaints. All three studies are in agreement in that women reported larger psychological complaints compared to physical complaints.

Percentage of Actual to Potential Responses

Each of the 18 sections in the CMI questionnaire have unequal numbers of questions. As a consequence, the absolute total number of "yes" answers in each section cannot be indicative of the relative importance of the various health problem areas that made up the 18 sections. Thus, to gain more insight into the health status of the respondents the percentage of the total number of reported CMI scores out of the potential was calculated. The total number of reported CMI scores is the sum of total actual "yes" answers in each section reported by the sample. The potential is determined by multiplying the size of the sample by the number of questions in each section. For example, the 110 subjects as a whole reported a total of 69 "yes" answers in the eyes and ears section out of the total 990 potential "yes" answers, i.e., the number of questions in the section (9) multiplied by the sample size (110). Thus, 69 divided by 990 and multiplied by 100 gives 7 percent. Following this procedure, ratios in Table VII were reported.

As Table VII and Figure I show, the most predominant expressions for all respondents were in Sections L, M and P, representing areas of habits, inadequacy and sensitivity respectively. Men reported relatively higher percentages in

Table VI:

Cross-Cultural Comparison of Somatic/Psychological Ratios

	Male	Female
British Store Employees[1]	2.93	2.01
Ethiopian Immigrants[2]	2.01	1.62
Vietnamese Refugees[3]	1.92	1.50

1. Brown and Fry, 1962.
2. Present study (Sendeku, 1987).
3. Lin, Masuda and Tazuma, 1979.

Table VII:

Percentage of Actual to Potential Response For Each Section of the CMI as Identified by Sample of Ethiopian Immigrants

	Male	Female	All
A - Eyes and ears	7.3	6.3	7.0
B - Respiratory system	5.2	2.4	4.5
C - Cardiovascular system	5.5	4.3	5.2
D - Digestive tract	5.7	5.7	6.5
E - Musculoskeletal system	5.4	3.9	5.0
F - Skin	5.3	8.0	6.9
G - Nervous system	4.7	5.9	5.0
H - Genito-urinary system	4.0	11.4	5.9
I - Fatigability	8.7	1.8	6.9
J - Frequency of illness	4.6	1.4	3.8
K - Miscellaneous diseases	5.9	4.2	5.5
L - Habits	13.0	9.4	12.1
M - Inadequacy	8.2	12.8	9.1
N - Depression	6.5	9.4	7.3
O - Anxiety	4.6	6.9	5.2
P - Sensitivity	13.0	13.5	13.2
Q - Anger	10.6	2.1	8.4
R - Tension	7.0	8.3	7.4
Z - All sections of CMI	6.6	6.2	6.5

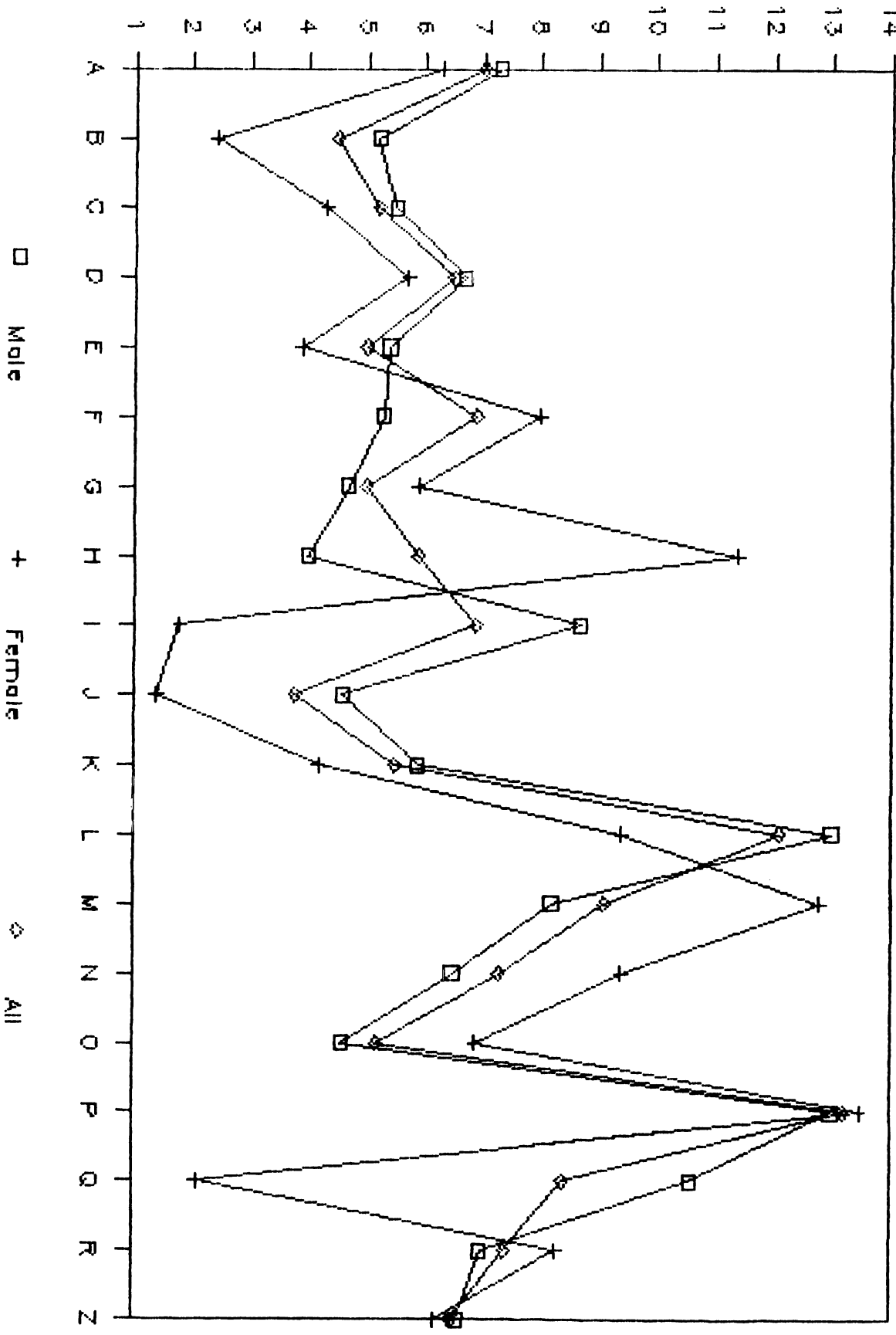

FIGURE I : Actual to Potential Response

For CMI Section Identified by Sample

Sections L, P and Q--habits, sensitivity and anger. By contrast, women scored relatively higher percentages in sensitivity, inadequacy and genito-urinary system sections (P, M and H). Also, men more often than women reported symptoms in sections of fatigability and anger. By contrast, women more often than men reported genito-urinary and inadequacy symptoms.

Smoking and drinking are looked down on in the Ethiopian culture, particularly with regard to women. However, such habits are developed by some immigrants as modes of expression of frustrations they undergo and as coping mechanisms in the new environment. Sensitivity becomes a problem with this population since their feelings are easily hurt. Moreover, issues are taken personally rather than being viewed as objective realities encountered in the new culture. As a consequence, sensitivity transforms objective realities into social impediments, further complicating the adjustment process.

Sensitivity leads to personal insecurity and inadequacy in job situations. Also, feelings of inadequacy arise from culture differences and the immigration and adjustment processes. Ethiopian immigrants generally feel inadequate when old tools that have been used to solve problems stand in question in the face of crisis and problems in the new culture. Parents who were in charge of the well-being and upbringing of their children feel inadequate when they in turn get direction from their newly acculturated children.

Also, the male who was once the head and the sole breadwinner of the family loses status and influence as the wife works and the husband stays home. Finally, persons who once occupied positions of high status in Ethiopia, economically and politically, feel inadequate as the new environment leads to downward occupational mobility and the situation forces them to accept employment as guards, taxi-cab drivers, baby sitters, etc.

Question Three: How Do Demographic Characteristics of Age, Gender, Marital Status, Educational Level, the Individual's Rural/Urban Background, and Length of Stay in the United States Correlate With the Individual Immigrant's Health and Mental Health Status?

Using multiple regression analysis the variation of the CMI score is explained with variations of several demographic variables such as age, education, length of stay in the United States and marital status. The regression analysis (Appendix VIII) indicates that variables in age, level of education, length of stay in the United States and marital status explain 67 percent of the variation in the total CMI scores. Also, as expected, CMI scores varied directly with age and varied inversely with education, length of stay in the United States and marital status.

Age

The direct relation between age and CMI scores could be due to the following two factors. First, as individuals get older, they inevitably develop more disabilities and under-

standably complain more about their bodies. Second, most of the respondents had been well established in Ethiopia, but in the United States they had become the most disadvantaged in learning a new language, acquiring new skills and getting meaningful jobs relative to their status and expectations. Thus, they experienced more social stressors that would result in more symptoms. The positive correlation between age and CMI scores reported here is consistent with findings reported by Reizian (1984) and Brodman et al. (1953).

Educational Level

The negative relationship between the CMI scores and the level of education could be for many reasons. First, prior to the 1974 revolution, the educational system in Ethiopia was patterned after that of the United States, therefore providing orientation to life in the United States. Ethiopia relied heavily on financial and technical support from the U.S. to carry out its educational programs. As a consequence, books and other teaching materials such as films were obtained from the United States Agency for International Development (USAID) and its predecessor, the Point Four Program. Moreover, during 1961-1974, a large number of Peace Corps volunteers taught in most of the country's rural elementary and secondary schools. Also, in view of the paucity of Ethiopian professors, the teaching staff members at the Addis Ababa University were recruited from abroad, with the majority coming from the United States. Thus, those

Ethiopian immigrants with higher education experienced fewer symptoms.

Second, education was a necessary, but not a sufficient condition, for professional employment. Despite the unemployment problem of some educated Ethiopian immigrants because of unfavorable market conditions and licensing requirements, many were gainfully employed in their professions, and were able to earn comfortable incomes. Finally, since most educated Ethiopians were dedicated to their professions, they viewed the relatively minor governmental interference in the United States as a positive factor in realizing their full potentials. This helped to mitigate the impact of their adjustment problems in other aspects of their lives.

Although the inverse relation between education and CMI scores established in this study compared with the conclusions reached by Chu and Riu (1970) and Reizian (1984), it contrasted with the conclusions of Brodman et al. (1953), who studied a sample of adult outpatients consisting of white and black patients and concluded that there was no significant correlation between the level of education and CMI scores. Others, such as Croog (1961), reported conflicting results; while analysis of data from British, German and Irish subjects confirmed the conclusion reached by Brodman et al. (1953), data from Italian subjects provided evidence to the inverse relationship thesis corroborated by this study.

Length of Stay in the United States

Also, length of stay in the United States and the CMI scores were negatively related. As the Ethiopian immigrants stay longer in the United States, they become increasingly more accustomed to "the American way of life" and such familiarity may lessen their stress and thus the number of symptoms reported.

Marital Status

Finally, regression results indicate that marital status was a significant rationale explaining the variation in the CMI scores. This could be due to the family and social support that married immigrants receive from their spouses. The qualitative responses point out that newly arriving couples benefit from each other in many ways in their adjustment to the new environment. They do not face the loneliness of a single person and help each other financially in time of crisis. As one interviewee (subject number 18) put it:

> I am glad that I did not face the difficult adjustment problems alone. When we needed money, she took employment and her earnings helped to augment our family income. Talking things over with her was very helpful. It felt that I had part of my family that I left behind in Ethiopia.

Berkman and Syme (1979), in their longitudinal study of social support and mortality rates among Americans, concluded that people who lacked social and community ties were more likely to die than those with more extensive contacts. The

data generated in this study offers a contrasting case to the findings of Lin, Masuda and Tazuma (1979), which states that married subjects reported higher CMI scores compared to those who were unmarried. Also, the conclusion reached here is in contrast to Reizian's (1984) claim that there are no significant differences in the CMI scores of married and unmarried subjects. My findings suggest additional research to determine the importance of specific variables in each case.

Other demographic variables such as gender, rural and urban background, and employment were not found to be significant in explaining variations in the CMI scores. Although Ethiopian women who underwent a too rapid change through migration were expected to report higher CMI scores, the difference between educated Ethiopians in terms of gender was found to be insignificant. This is in contrast to the findings of Nalkason (1975), Abramson (1966), Culpan et al. (1960), and Brodman et al. (1953), but is similar to the conclusion reached by Reizian (1984) who found that there were no significant differences between male and female scores. Also, since most Ethiopians, although born in rural areas, lived for a good number of their adult years in either Addis Ababa or Asmara, where educational and employment opportunities were concentrated, the respondent's rural/urban backgrounds became insignificant. The possible effects of the employment/unemployment dichotomy was also of insignificant statistical consequence on the CMI responses of respondents, possibly for two reasons. First, almost all of the Ethio-

pian immigrants--about 89 percent--were gainfully employed. Second, about half of those who were not working were full-time students. The unemployed, who constituted a mere 5 percent, perhaps viewed their predicament as temporary in view of the dynamic nature of the American labor market.

Research Question Four: What are the Perceived Stressors That These Immigrants Experience? What Do the Ethiopian Immigrants Do About Their Difficulties?

Responses of interviewees were categorized in terms of the adjustment problems encountered in the United States. Also, the responses were coded so as to determine whether each of these problems had been a major problem, minor problem, or no problem for each interviewee. The results are shown in Table VIII.

The problem most interviewees labeled "major" were both individual and collective. The lack of well developed Ethiopian community organizations in the country was considered a major problem by the highest percentage of people. In addition, a number of personal issues dominated the list of major problems: finding a good job, earning enough money for family, making new non-Ethiopian friends, feeling like an outsider and being separated from family members who are still in Ethiopia. Though married couples seem to have fewer complaints pertaining to their adjustment experiences in the United States, a large number of them identified adjusting to new family roles as a major problem.

For most interviewees, finding a good place to live was

Table VIII:

Adjustment Problems Identified by Interviewees

(in percentages) [1]

Problem	Major	Minor	None	Not Applicable
Lack of well developed Ethiopian communities	97	3	0	0
Being separated from family	93	7	0	0
Feeling like an outsider	80	13	7	0
Finding a good job [2]	73	10	13	3
Earning enough money	67	27	7	0
Adjusting to new family roles in the United States [3]	48	18	2	32
Understanding English	43	18	38	0
Making new American friends	42	33	25	0
Finding a good place to live	20	27	53	0
Being discriminated against	20	57	23	0
Providing good education for children [4]	12	8	45	35

1. Percentages do not always add up to 100 because of rounding to whole numbers.
2. Full-time students reported not applicable.
3. Only those married expressed views. Singles reported not applicable.
4. Only parents expressed opinions. Others reported not applicable.

not considered a problem at all. Furthermore, of those who were parents, most did not find providing a good education for children as a cause for concern. However, a majority of interviewees reported that being discriminated against was a minor problem.

The following themes emerged from further analysis of the interview findings.

Downward Occupational Mobility

Since Ethiopia is one of the least developed countries in the world, most of the interviewees were not wealthy and did not come to the United States with wealth. Therefore, finding employment was crucial for them in order to support themselves and their families. However, despite the relatively high level of their education and competence in the English language, many experienced difficulties in getting jobs within their fields of specialization commensurate with their skills and abilities. As a consequence, about half of the interviewees with college degrees in various professional fields are forced to work in other fields, usually involving downward occupational mobility. Some pointed out that even menial jobs are hard to come by when the economy is in recession as was the case in the early 1980's. While nearly one-fourth of the interviewees claimed professional or managerial occupations in Ethiopia, only one in twenty had an equivalent position in the United States. The comparative employment pattern of Ethiopians in Ethiopia and the United

States reveals that there was a shift away from professional and managerial occupations toward low-level clerical and non-clerical jobs in the service sector. The reasons for the downward occupational mobility are many and varied.

First is the nontransferability of skills. For instance, former high-level defense personnel and ex-members of the diplomatic corps were unable to utilize their skills to their advantage in the United States. Since such jobs involve matters of national security, they understandably require citizenship for entry. A former Ethiopian Ambassador (subject number 11) stated that:

> My experience in diplomatic service which accumulated over twenty years cannot be put to my benefit in the United States. As a noncitizen I cannot even qualify to apply for a position in the foreign service much less gain employment. Employers appreciate my expertise in international relations but are reluctant to offer me other positions. Most say I am overqualified for clerical jobs. I considered teaching but I am not successful in that too. I do not have a Ph.D. for university teaching and it is difficult to be a teacher in a school system without a teacher's certificate. I now earn my living working as a night guard, being denied the opportunity to use my skills as a diplomat.

A former high ranking military official (subject number 33) also stated that:

> I had a long and successful career in the Ethiopian army. After twenty years of experience I was promoted to the rank of Major General. Soon after that the revolution took place. Luckily I was sent to Eastern Europe on a government mission. On the way back I departed from the rest of the delegation and came directly to the United States where I sought and obtained political asylum. Although I felt good at the beginning because of success in resettling here, I am now very disappointed because I am reduced to a nobody here. After a long search for employment, all I got in the end was the opportunity to be a lowly ranking warehouse clerk. I felt miserable when I began work at the warehouse. But, I am still working there because the

> alternative is worse. As long as I remain healthy, I intend to earn my livelihood through work rather than benefit from welfare.

Second, most employers in the United States do not recognize the professional experience obtained in Ethiopia. As a consequence, despite direct and relevant experience, jobs that are available for Ethiopian immigrants are limited only to entry-level positions. The case of an Ethiopian accountant (subject number 92) illustrates the point. As he put it:

> Despite my eleven years of experience in accounting at the National Bank of Ethiopia, after receiving a BA degree in the field, I was not able to get credit for my employment in Ethiopia and ended up in an entry-level position all over again.

Also, a woman who was Director of Nursing Services in a hospital in Ethiopia works as a nursing assistant here. She said, "Despite my extensive knowledge in the field, I am in a situation where I have to enter the profession as a beginner. I do not like it but I have no choice." Moreover, Ethiopians in some fields face licensing requirements to practice their professions in the United States. For instance, medical doctors and lawyers who received their degrees outside the United States in general, and in Eastern Europe in particular, spend two to four years in obtaining the license to utilize their training to their advantage.

A recently licensed medical doctor (subject number 75) stated that:

> Thank God I am finally permitted to earn a living as a medical doctor. The time I spent preparing for the various exams required for the license in the United States

was almost half the time needed to earn my M.D. The more time I spent reviewing the test material the less time I had for employment. As a consequence, the money I earned was not sufficient to meet the essential expenses of my family. If it were not for family and friends who let me use their money I would not have been able to meet my objective. Now I have to work hard to pay my debt. Although the long hours I devote to work keep me away from my wife and children, the prospect of becoming financially independent more than offsets it. What is more, my family understands that this is necessary to secure its future financial independence.

Another, who reluctantly gave up pursuing a career in the legal profession (subject number 66) stated that:

I studied law in Ethiopia and I had many years of professional experience, including six years on the High Court. I cannot practice law in the United States without passing the bar exam given by the states. Preparing for the exam takes time. In the meantime, I have to support my family. In view of the relatively low cost of raising children in Ethiopia in terms of time and money, and since I did not, even for a minute, anticipate the turn of events in Ethiopia, the concept of family planning was always remote to me. As a consequence, I now have five children, ranging from 14 to 6 years of age. Also, I am discouraged from taking the bar exam by the oversupply of lawyers in this country. I am told there are about 670,000 lawyers in the United States. Even after passing the bar, I doubt if I can have a successful career because of the glut in the profession. Moreover, my racial background and national origin may work against me. So after carefully examining my options I have decided to go to New York to look for jobs in the international field that will, hopefully, utilize my legal training and experience. It is not a good feeling when circumstances drive a person from a profession in which one has a comparative advantage. I am now in search of a 'second-best' solution to my predicament.

Third, a significant number of Ethiopian immigrants who have been in the United States for as many as twelve to fifteen years hold graduate degrees from universities in America. However, because their original plan was to return home, the fields they chose to study--such as sociology, education, political science and history--considered useful in Ethiopia, were not in demand in the United States. As a

consequence of the oversupply of educated manpower in their fields of specialization, they were forced to earn a living doing low-level clerical and technical jobs. One interviewee (subject number 18) illustrated this point:

> My decision not to return to Ethiopia is more costly to me than to other fellow Ethiopians. Despite my Ph.D. in Education from a first-rate university in this country, I earn my living working as a junior budget analyst. My decision no doubt has provided me security here and saved me from danger I would otherwise face in Ethiopia. But the opportunity missed in pursuing a career in education is nevertheless very, very costly.

One other problem complicating the employment situation of Ethiopian immigrants is the pattern of education in Ethiopia. The cultural bias against handiwork has led to emphasis on nonvocational training. An Ethiopian immigrant (subject number 39) attributes his relative success in getting high paying jobs to his expertise as a handyman. He said:

> Almost all Ethiopians have no technical skills since they look down on handiwork. But in the United States that is the area in great demand. The unemployment problem of Ethiopian immigrants as I see it is the wrong attitude, limiting their employment choices to clerical positions which are short in supply and low paying at the same time.

As a consequence of nontransferability of skills, licensing requirements, glut in the American labor market for some professions and the preponderance of clerical skills, Ethiopian immigrants end up working in low-level and low-paying jobs. According to one Ethiopian immigrant with a Ph.D. in Political Science, and with more than ten years experience in government in Ethiopia, and who is now employed as a systems analyst, "I feel that I definitely have been

filling a position of lower status, much lower than I am qualified for. It makes me feel frustrated and angry."

The downward occupational mobility negatively impacts on adjustment by contributing to a loss of self-esteem. According to one interviewee who was a mental health professional, "the higher the previous occupational status the more difficult the adjustment of Ethiopian immigrants." According to Starr et al. (1970), "both educational and social status in a country of origin have negative effects on one's mental health." Such persons also experience occupational dissatisfaction which negatively impacts on their mental health.

Moreover, as some American corporations continue their massive employee layoffs, Ethiopian employees lose even those jobs for which they were overqualified, but nevertheless held because of need. Sometimes the staff reductions are due to cost cutting. In other instances, they result from mergers or acquisitions. Whatever the cause, the layoffs generate stress which is detrimental to one's personal and professional life.

Insufficient Income

For most Ethiopians, obtaining employment is a relatively rapid process. Most have the facility of the English language which allows easy entry into the service sector of the economy. According to the demographic characteristics of the sample, the labor force participation of Ethiopians is very high--about 89 percent. Since about half of the un-

employed were attending school full-time, the unemployment rate is about 5 percent. However, this impressive level of employment is dampened by the preponderance of low-paying jobs.

Few of the immigrants had anticipated the economic realities they would face after migrating to the United States: they had taken it for granted that they would be able to maintain a higher standard of living. Those who were relatively well educated and who have gained professional experience, thought they would have lots of opportunities to command a higher standard of living. Even those who were not educated felt that as long as they were willing to work they could always get ahead, working in jobs that would provide an adequate income for themselves and their families. The reality, however, was far different than their expectations and many Ethiopian immigrants face serious financial problems.

Except for those who were enrolled in colleges and universities and who relied on grants and student loans, earned income was the primary source of money for other Ethiopians. Their pressing need for immediate employment limited their options. Despite their competence in the English language, they took whatever work they could find, resulting in relatively low wages and few advancement opportunities.

As a consequence, taking a second job was the most common method for generating additional income. Many Ethiopians interviewed had tried "moonlighting" to supplement

their earnings. Some have 8 a.m. to 5 p.m. jobs during the week and work part-time in other jobs such as driving taxis during the weekends and on holidays. Others complement their earnings by working overtime. Those who held more than one job said that in addition to being exhausted, moonlighting reduced the time they had left for family life.

A person (subject number 64) in such a predicament stated:

> The problem of low wages is two-fold. First, one is forced to work weekdays and weekends. Keeping such hours is tantamount to losing ties with the few members of my family and friends. Immigration has already cut us from most of our family, friends and country. But the employment situation in the United States is exacerbating the problem of keeping us apart. Would you believe it that I rarely see my brother with whom I share our apartment. He comes in when I am asleep and I leave the apartment when he is asleep. Just like with the rest of our family members in Ethiopia, me and my brother communicate in letters and by phone. This definitely hurts.

As a consequence of insufficient income, many Ethiopian immigrants are forced to live with roommates. Most room with other Ethiopians, but a few have roommates from other African and Middle Eastern countries, particularly Iran. One person (subject number 56) who was forced to have a roommate stated that:

> Having a roommate helps me out financially. However, it is a great sacrifice to live sharing an apartment with roommates. The landlords in many areas keep raising their rents for fear of rent control legislation. In the end, we renters get expensive yet unkept apartments. Imagine what kind of accommodation I would have afforded if I were on my own.

However, having a roommate is not without its own cost. At times, differences arise between and among roommates in regard to the management of the household and in sharing and

coordinating activities. Also, mediating differences between roommates adds to emotional strain.

The insufficiency of one pay check to support a family has led to Ethiopian women abandoning their traditional role in the family and becoming breadwinners. In some cases, the concept of extended family, where relatives live and pool their resources together, has helped them to achieve economic self-sufficiency in a relatively short time.

However, when married women take outside employment, not entirely out of individual choice but as a result of economic pressure, conflicts arise between work and family responsibilities. For most Ethiopian women, the passage from home to work is very taxing. Children must be taken care of, there is less time in the house, less time with one's husband. As one person (subject number 77) put it, "daily life became an exacting logistical test and coordinating the home and work responsibilities satisfactorily was seldom possible." As another woman (subject number 69) put it:

> When I got employment for the first time, I had no choice about when I worked. I took what was available and began working the afternoon shift. Since I was paid some more for a shift differential, I was not totally displeased with the arrangement. But that did not last long. As a wife, mother and full-time employee, how can I handle the tremendous load of responsibility placed on me. To begin with, my husband is at work and my children at school when I wake up from my sleep around 9 a.m. in the morning. I am already at work when they come home. I may spend only two days in a week with my family. Moreover, since social and community obligations take some of that, I do not get the chance to be with my family regularly even on the weekends.

As one interviewee (subject number 74) said, "Since, by repute, women workers are likely to report sick, miss

work, or call in to say they must stay home to mind their children, I am particularly anxious that my job must be seen to come first, my house and its duties second."

Limited Career Advancement

Of those Ethiopian professionals who are employed, some expressed that their opportunity for career advancement is limited. The view is widely held by Ethiopian professionals that no matter how well one does in one's position, there is a limit to how far one will go and how much one will earn. They are disenchanted with what they consider to be racial barriers blocking their success. One person (subject number 22) pointed out that "it has become difficult for me to succeed in my corporation because of my race." Frustration levels have grown so high that a few in this group have begun leaving mainstream white-dominated firms to pursue self-employment. According to one interviewee (subject number 31), after twelve years, life in a big company "is wearing thin." He said, "I had gone as far as I could go in the corporation." He has resigned since the interview and opened his own business.

Ethiopians lack capital, expertise and contracts to establish enterprises in the United States. Many came from the low-income group and even those who were once prosperous lost their wealth when the Ethiopian government nationalized income and property. Moreover, commerce was not looked up to in Ethiopian culture. As a consequence, the entrepreneurial

route to realize the American dream is new to Ethiopian immigrants. Even so, Ethiopian-owned and managed firms are beginning to surface. Most of these businesses consist of ethnic restaurants, gas stations, and retail stores such as groceries, hardware and liquor.

Cultural Conflict

Adjustment involves much more in the way of accommodation to a new culture than achievement of economic self-sufficiency. Ethiopian immigrants came from a cultural setting that differs from American society in a host of ways that are both conspicuous and subtle. Ethiopian immigrants "encounter differences in beliefs and values," and styles of communication that present problems of adjustment for them, as well as their being misunderstood by people in the United States. Ethiopians in general avoid face-to-face confrontations and thus open conflict between individuals is usually avoided. One immigrant stated that "anger is expressed only to third parties." Aggressive and competitive behavior is shunned and Ethiopians are accustomed to docile acceptance of orders from above and deference to those of superior status. Such differences in styles of interpersonal interaction and in modes of communication complicate the adjustment difficulties of Ethiopian immigrants.

Compounding the problem of cultural differences is the fact that many Ethiopian immigrants have not made a conscious effort to integrate into the American society. They join pro-

fessional organizations only when they have to. Their social friends are predominantly Ethiopian. According to an Ethiopian mental health professional, "they lead a dual life - one in the office among their co-workers and another at home and during off-hours among their Ethiopian friends."

The process of integration is in part hindered by the negative experiences encountered in the United States. For instance, after five years of working and socializing together, an Ethiopian banker referred to one of his American co-workers as a friend. The Ethiopian was shocked when the American responded that "there are no friends here, all of us are corporate animals." Ethiopian immigrants initially settled in poor neighborhoods--because of availability of low-cost housing--where, in a few instances, they have "become vulnerable targets of robberies and assaults." Such unfavorable occurrences create distance between the Ethiopian immigrants and those outside their own culture and exacerbate the difficulty of integration.

Language Difficulties

In view of the sample's high level of education and use of English as a medium of instruction in Ethiopia, about 38 percent of the interviewees did not think that language contributes to their adjustment difficulties. Even so, language remains a problem for two groups of interviewees: first, the older Ethiopians who may have no formal education; second, those refugees who are not totally conversant with

the language and who have difficulty comprehending idioms and slang. For those two groups of Ethiopians, language difficulties create barriers to communication with Americans and exacerbate adjustment problems.

According to interviews conducted with Ethiopians who direct job development centers in San Francisco, San Jose and Los Angeles, language difficulties adversely affect the ability of Ethiopians to find work. One of the job developers at a center pointed out that "knowledge of English is obviously critical to socioeconomic adjustment in general and employment in particular." Another stated that "competence in English is a major characteristic influencing successful involvement in the labor force."

Conflict of Expectations and Values

Some Ethiopian interviewees stated that they came to the United States with high expectations about the quality of life in general and employment in particular. However, soon after their arrival they were unpleasantly surprised to find a big gap between what they desired, based on the information they were given in Ethiopia or the refugee camps in the neighboring countries, and what was actually possible. Upon arrival in the United States, they suffered from conflict of expectations.

Conflict of expectations also arises because of the minority status of Ethiopian immigrants. As an Ethiopian economist and professor pointed out:

> At every level of education, minorities hold less prestigious jobs than nonminorities; at every level of job prestige they are paid less. Ethiopians, because of their national origin and race, belong to a lower social class than nonminorities. Such experience of downward social pressure, contrary to a widely held view of relatively more upward mobility in the United States, leads to a frustrating gap between expectations and achievement.

However, as some pointed out, they have learned to make compromises between the two to alleviate their problems of conflicting expectations. Others mentioned the conflict of values, such as the dual expectations of success in the United States and the desire to maintain Ethiopian traditions and values. According to Ethiopian values, extending hospitality to visiting friends and relatives is expected. However, even for those who work on one job, extending hospitality has become very difficult. Despite the availability of modern devices in the United States, running a house is still time-consuming. Moreover, since most Ethiopian men are reluctant to share housework with their spouses, Ethiopian women bear a double burden of overwork. Thus, a working Ethiopian woman lacks the time and the energy to cook Ethiopian food and entertain at home. A woman interviewee (subject number 49) pointed out that:

> Without the services of domestic help it is difficult to meet traditional expectations for hospitality in America. Cooking takes time, house cleaning before and after the event puts on additional pressure. As is, the commute and the work take a lot of time. My husband and I bring work home to be competitive. As a minority you have to do extra to keep your job here. On top of that, maintaining an Ethiopian lifestyle becomes hard to maintain.

Here again, in time, compromises are being struck between success and cultural maintenance.

The Problem of the Elderly

In addition to language and job skills constraints, age remains an important factor in adjustment in the United States. The elderly Ethiopian immigrants have their special problems. They are too old to compete effectively in the labor market. Their traditional outlook and their lack of English proficiency do not equip them to function effectively in the mainstream society. An interviewee (subject number 3) who is 64 years old stated "that my life in the United States is complicated by my inability to express myself in English and by lack of familiarity with American customs." She expressed her unwillingness to adapt to new ways by saying, "I am near my grave. I do not have much time in this world. The effort would be futile. Let the children and the youth become Americans, I prefer to hold on to my values and beliefs as long as I live."

Although the elderly are becoming more dependent on their children, the latter are having less and less time for them. They can hardly find comfort in the company of their grandchildren, who tend to speak English more fluently than Amharic and have a much more American outlook. As one sixty-two year old woman (subject number 7) stated, "Life for you young is okay. But for us it is like being suspended in the air." For the older immigrants who feel isolated in a changing family environment and in a strange world beyond the family, the need for peer support is obvious. Places of worship--Ethiopian Orthodox Church in Los Angeles--and Ethio-

pian Community Centers in Los Angeles, San Jose and Berkeley, have begun to provide them with friendship and assistance. Participation in social and cultural activities of these organizations gives them a sense of self-worth and permits them to play a constructive role as bearers of Ethiopian culture and tradition.

Prejudice and Discrimination

Although many pointed out that they were not subjected to blatant ethnic and racial discrimination, they nevertheless acknowledged that they had encountered discrimination in subtle ways. As one interviewee, who was a university professor, put it, "Since Ethiopians are a very sensitive and proud people, discrimination understandably leads to anger and resentment, contributing to adjustment difficulties." In some instances the unemployment and underemployment problems were exacerbated by employer prejudice against hiring black people. According to one interviewee (subject number 19) who holds a masters degree in his field and more than seven years experience, and who was out of work, "The fact that I am black and a foreigner work against me. Maybe that is a cop-out but I do not think so." Those who are unemployed suffer from the erosion of self-esteem and feel a sense of uselessness. Moreover, since the Ethiopians are a racially distinctive group, their ability to join mainstream America is very limited. As one Ethiopian sociologist put it, "They can change their mode of dress, speak without an

accent but cannot change the color of their skin. Whether one likes it or not, anatomy is destiny in America."

Loneliness

Ethiopians are by culture gregarious and according to Ethiopian traditional values, the individual is viewed as an integral part of a social system such as the family. Persons brought up based on such values understandably, as one (interviewee number 21) stated, "feel a sense of loneliness and emptiness" in the United States where individualism is highly valued. According to one interviewee (subject number 82), the feeling that "I am on my own is very troublesome and awful." Some Ethiopians expressed difficulties in making American friends. Ethiopians, in general, are slow to make friends. But once friendship is established with them it will be a lasting one. With a high labor mobility in the United States such friendships are difficult to establish. As one interviewee (subject number 21) put it, "Americans seem friendly, yet in my ten years of stay here, I have not succeeded in making good friends and it is not because I did not make the effort to do so."

Desire to Return to Ethiopia

Most pointed out their ongoing concern that "the thought about Ethiopia is a recurring process" and expressed their desire to return if and when political conditions change. The desire to return seems to be partly based on

a sense of guilt. An Ethiopian who was educated at government expense and who feels that his return will make a marginal difference says that he "feels guilty about his decision to remain here."

Another (subject number 17), in the same situation, rationalizes his decision to stay here, as follows:

> Return to Ethiopia inevitably entails danger. The danger I am talking about is not imaginary, but it is real. Some returnees from U.S. colleges and universities were caught in the crossfire as different groups competed for political power. Moreover, those that are alive do not in general feel free to utilize their training to the country's advantage. They end up rationalizing and articulating the decisions of the government and even in this role they run the risk of being scapegoats when things do not work, as they do often, and suffer the consequences. Instead of returning now, it would be more beneficial to Ethiopia for its educated labor to acquire experience in the United States and return later when the situation improves for the better. Of course, there is a risk that the longer people stay here, the less the probability of their return.

Role Conflict

Adjustment to life in the United States is as much a function of social groups as it is of individuals. Families ease many of the problems of adjustment to the new life, and create others. The preponderance of low-paying jobs among Ethiopian immigrants has forced the women to abandon their traditional role in the family and to become breadwinners. One former Assistant Minister (subject number 21) who was working as a night watchman stated that he finds it hard to adjust simultaneously to his loss of status, and the changing role and behavior of his working wife. According to an Ethiopian mental health professional, "Such a

situation can cause serious tension in the family. In a few cases it has led to breakups." Broken families adversely impact on the welfare of children. Moreover, the relatively quick acculturation of children complicates parent-child relationships, and negatively impacts family harmony. Tension between generations is created as youth acquire new modes of thought and behavior that conflict with those of the parents. As one interviewee (subject number 73) put it,

> Back in Ethiopia, every member of the family knew what to do and each member's expectations were predictable. The father was the head of the family and his word was followed by other members without any questions asked. But here, the situation is different. My children are less obedient than they should be and at times my wife is less respectful. I can see my authority in the family gradually waning. Since my wife began to earn income her attitude seems to have changed. Also, as my children stay here longer they become less and less respectful of me and my wife.

An Ethiopian student in a community college (subject number 74) stated that the values and mannerisms she imitated from her classmates continues to cause her problems in the family:

> My parents, brothers and sisters do not want to change. They prefer to retain their Ethiopian values. But I have difficulty in doing that because I do not want to be the odd person out with my friends at school. When I began dating a non-Ethiopian, my family was very unhappy. I can understand my parents' position because for them it is hard to see other ways except those they were brought up with. What bothers me is the situation with my brothers and sisters. Like me, they came to the United States when they were young. Yet they are reluctant to adopt American values. I am trying to make my life easy. I live in America and I see the need to do things the American way.

While the role reversals between husband and wife and the greater acculturation of children is, for some, a cause of disharmony in the family, many interviewees confirmed the

benefits of the extra income earned by the wife, especially in view of job insecurity in the United States. Also, as one interviewee (subject number 36) put it, "Once individuals have children they become more responsible and have a positive impact on family life." However, another (subject number 52) commented that "having children is not only stressful but also expensive." Although marriage seems to be advantageous in coping with adjustment difficulties, the few who were married to non-Ethiopians suffer from problems of cultural conflict, particularly in matters involving child rearing.

An interviewee (subject number 102) faced with this situation commented that:

> My wife, who is American, and I do have disagreements due to cultural differences. While I value the need to raise our children with discipline, my wife prefers to let them have their way. She thinks their mental abilities will develop better if they are not interfered with. I believe children should learn from the experiences of their parents. Thus, they have to be taught. They need not burn their hands to understand fire. Parents are there to provide guidance.

Lack of a Well-Functioning Community Organization

Many interviewees stated that the presence of a well-functioning community organization would go a long way to ease adjustment problems for Ethiopian immigrants by orienting newcomers, and by assisting others in housing, education, employment and health areas. Unfortunately, as one interviewee pointed out, "The conflict based on ethnicity and the wide disagreement of views between those that have come to

the United States before and those after the revolution continue to hinder the effectiveness of community organizations." Moreover, ethnic differences and different political affiliations hinder the functioning of effective community organizations.

Marginality

Both economic and sociocultural adjustment may also be affected by the widely experienced "feeling like an outsider." Many Ethiopians have, using the language of Paul C.P. Siu (1952), a "sojourner" mentality, with thoughts of possible return to Ethiopia. Such an attitude understandably inhibits the immigrants from applying concernted efforts to adapt to a new setting. However, most who desire to return to Ethiopia predicate their return by favorable changes in the political climate.

Ethiopians migrated to the United States during the last ten years. The relatively short period makes it difficult to make firm conclusions as to the success of their adjustment or their prospects. The overall prognosis of economic adjustment is favorable. Interview findings confirm that increased length of residence in the United States correlates with increase in employment, amount of income and English language competence. Also, since Ethiopia's political landscape is unlikely to change in the short run, most of those who expressed willingness to return will remain in the United States for some time. In time, as various accul-

turative processes occur and the family status changes, a good number will accept the fact that they are here to stay. Such a resolution will ease the adjustment difficulties. However, the problem of marginality will remain. An interviewee (subject number 94) who had the opportunity to visit Ethiopia in 1978 stated that "I do not belong here, I do not belong there," thereby exhibiting marginality. The marginality of Ethiopians in the United States stems from the disparity of cultural items and is mainly sociological in nature, rather than psychological.

Research Question Five: Does the Magnitude of the Stressors Perceived by Immigrants Correlate with Health and Mental Health Status?

The major adjustment problems identified by the 60 interviewees, contained in Table VIII, were quantified using the following procedure. A perceived problem was given three points every time an interviewee designated it as a major problem. Similarly, those labeled minor received one point each, while the remaining in the "none" and "not applicable" categories were assigned a zero value each. For instance, one of the interviewees (subject number 96) designated five problem areas as major, three as minor and the remaining three as none. Thus, this subject receives a total of 18 points, i.e., (5 x 3) + (3 x 1) + (3 x 0). Following this procedure, numerical values for each interviewee were computed.

Potentially, total points for each interviewee could

range from 0 to 33. Points could add up to zero if an interviewee does not experience the adjustment problems enumerated in Table VIII and he/she labels each one of them as either "none" or "not applicable." On the other hand, points could sum up to 33 if an interviewee labels each problem "major." The actual values so obtained range from 27 to 2 and the mean amounted to 12.75.

Each of these values is then divided by 33, which is the maximum potential points, to generate the numerical equivalent of the qualitative responses (QUAL). The QUAL variable ranges from 0 to 1. The higher the QUAL variable, the more the number and extent of the adjustment problems experienced. As a result of this procedure, the QUAL variable is scale invariant, i.e., if different numbers were assigned to each category of responses, the statistical results would not be affected.

The CMI scores for the 60 interviewees were regressed against the variables that were previously established to be significant, i.e., age, education, length of stay in the United States and marital status. Except for the length of stay in the United States variable, all the rest were again found to be significant.

Then the CMI scores for the 60 interviewees were again regressed against age, level of education, marital status and QUAL. As the regression results (Appendix VIII) show, the QUAL variable is found to be significant. Also, the addition of the QUAL variable improved the explanatory var-

iables of the regression equations as indicated by the relatively higher values of R^2.

Finally, the CMI scores were regressed against the QUAL variable. Again, as the regression results (Appendix VIII) show, variations in the qualitative responses explain variations in the CMI scores. As expected, CMIM, CMIP and CMIT varied directly with QUAL, thus providing empirical evidence for the link between migration experiences and health. Moreover, the regression result indicates there is a direct correlation between the psychological and physiological CMI scores. This, in part, may be due to the general reluctance of the interviewees to openly discuss mental health with people outside their own families. Instead, they tend to express their mental problems in terms of physical symptoms.

Research Question Six: Are There Discernable Patterns of Adjustment or Modes of Coping in the Immigrant Sample?

Adjustment is a process. It begins at the time of the Ethiopian immigrant's arrival in the United States and continues as long as he or she is alive. Although immigrants experience adjustment problems in their daily routines, their difficulties become more severe when such incidents as illness, death, marriage, birth, divorce or separation occur. Even so, adjustment problems are less severe for those who are young, more educated, those who have stayed in the United States longer and those who are married, as the quantitative findings indicated.

In general, Ethiopian immigrants who experience adjustment difficulties receive social support from the few family members who are here as well as from friends. Those who have family in the urban areas of Ethiopia discuss their problems by telephone and receive guidance and support. In times of marriage, illness and birth, close relatives come to the United States to provide the necessary support. But this is limited only to those families who have the financial resources to afford the transportation expenses, and who have relatives or friends with contacts in the Ethiopian government to help obtain permission to travel. Others rely on the support they get from friends and relatives in the United States. In addition, the Ethiopian Community Centers mobilize such support for Ethiopians who need help.

Almost all of the interviewees utilize social support in the process of coping with the challenges of adjustment in the United States. As one interviewee (subject number 1) put it:

> I do not know what I would do without my friends. I discuss my problems with them and develop appropriate responses. I also help when any one of them needs assistance. We mobilize our resources and help one another. Without such mutual support, life in the United States would have become more problematical than it is already.

Those who have medical problems seek medical help. However, such help is not utilized for mental health problems, unless the problem becomes acute, because of the stigma associated with it. Unemployment problems are often resolved through the community job development centers in San Francisco, San Jose and Los Angeles, established for this purpose.

Despite the common approach of utilizing social support to alleviate adjustment difficulties, judging from collected data, the Ethiopian immigrants demonstrate three distinct patterns of adjustment, utilizing different methods of coping. These three patterns of adjustment are associated with the three phases of the adjustment process which in real life are continuous. Using the terminology of Paul C.P. Siu (1952), the first part of the process is the "sojourner" phase. Ethiopians migrate to the United States seeking to maximize personal safety and security. At this stage they view themselves as involuntary immigrants and consider their stay in the United States as temporary. As a consequence, they do not intend to permanently reside in the United States. Instead, they use their time and resources to prepare for their lives in Ethiopia. In view of this, their attachment to Ethiopia and their retention of its languages and general cultural items remain strong. They usually cluster together and provide a strong source of support for each other, thus minimizing the negative consequences of their life experiences in the United States. Most highly value education since they consider it vital for their success in Ethiopia upon their return there. As a consequence, many immigrants in the "sojourner" phase attend school. However, since almost all of them, by necessity, have to combine their education with employment, often unstable, progress has inevitably been slowed. One of the interviewees (subject number 13) explained:

> I know I am in the United States for a while. I will return to Ethiopia when the political condition changes. What I do not know is when that would be. Meanwhile, I appraise the news I get from home to see if it means the time has come to return. Also, I take courses at a university to develop my expertise in Agriculture. I know I can use it in Ethiopia when I return.

As the Ethiopian immigrants build up time in the United States, they enter the transition phase, during which the sojourner-settler distinction becomes problematic. An interviewee (subject number 49) who is in the transition phase stated:

> I am not sure of what to do. Sometimes I feel homesick and wish I could pack up and go. At other times, I am thankful to God that I am here. Because of my adjustment difficulties here, particularly when I am discriminated against, I long to return home. Also, when the news from home is negative I am glad I have decided to stay over in the United States.

As Ethiopians become progressively enmeshed in a web of social connections, they form friendship ties with other non-Ethiopian immigrants, particularly Arabs, Iranians, and Armenians. As a consequence, the sojourner's exclusively Ethiopian social life becomes increasingly difficult to maintain. Also, as they graduate from colleges and universities they get more stable, better-paying jobs. As stays lengthen, loneliness becomes more difficult and the pressures to get married and settle down build. Moreover, as incomes rise, the pressure to bring other family members from Ethiopia mounts. Over time these changes give rise to a steady increase in the probability of long-term settlement.

In the final settlement phase, Ethiopian immigrants come to see themselves as residents in the United States.

Persons in this group have finally come to terms with their situations and have decided that their futures depend on what the United States may offer them. Since they have resolved in their minds that they are in the United States for good, they make practical accommodations to ease their adjustment burden--they learn English, acquire appreciation of American food, music and culture and become citizens. One interviewee (subject number 51) who has decided to establish his home in the United States puts it this way:

> The relationship of a state and the citizen are contractual. While the state provides protection to the citizens, the citizens in turn pay taxes and fulfill other obligations, including joining the armed forces. The relationship can last only when the two parties meet their obligations. To me a country is not only where I was born but that state which provides me adequate protection. This is the main reason why I have decided to establish residence here.

Another (subject number 51) stated:

> Upon completion of my education here 18 years ago, I returned home. I started work with the Government, got married, bought a home and began to settle down. Then the situation changed and I was forced to flee. I finally managed to come here. My wife and my children joined me here and we began to rebuild. I am not willing to return to Ethiopia because I am not interested in being uprooted again. Moreover, there is no guarantee that the situation will not repeat itself. The risk is too much and I am unwilling to take it.

While about one-fifth of the sample are sojourners, those that are in the transitional stage equal one-half. The remaining thirty percent consist of those that are in the settlement phase. Ethiopian immigrants in the transition and settlement phases exhibit characteristics of marginality. According to Raphael Patai (1983), an individual becomes "marginal" if, after having been born into a culture

and enculturated into it in a more or less normal fashion, he becomes exposed to another culture, is attracted to it, acquires a measure of familiarity with it (including its language), and strives to become a full-fledged carrier of it. The marginal person, because he has been partially socialized--an endeavor which, in most cases, never completely succeeds--into each of the two cultures, does not fit very well in either culture. The extent and seriousness of his idiosyncracies depend, in part, on the particular cultures involved. If the two cultures are very dissimilar, or in direct conflict with each other, his problems of adjustment would tend to be more severe. If, on the other hand, the cultures in question differ only more superficially, marginality may present no serious problems of adjustment.

The case of Ethiopian immigrants is a good example of the former. Their adjustment difficulties in the host country emanate, in part, from the dissimilarity of the culture in Ethiopia and the United States. Ethiopian immigrants in the transition phase are torn between two powerful emotions: a nostalgic love of what they have left behind, accompanied by strong guilt feelings, and a growing attachment toward what they have ahead of their present situation. As a consequence, they experience two kinds of difficulties. One group of problems is subjective. They find it difficult to reconcile the opposing ideas and contradictory ways of the two cultures. The condition of those Ethiopians in the settlement phase is further complicated by the objective

problems of social rejection. As one interviewee (subject number 68) stated:

> I am a graduate from one of the top ten universities in the country. I speak English almost without an accent. I understand the American culture and have no difficulty whatsoever in interacting and socializing with Americans. Yet I am not accepted by them. Because of my physical characteristics I am easily identifiable. At work most of the time I am referred to as the 'Ethiopian Engineer.'

Neither group feels that such marginal persons quite "belong" to it. The result is that such individuals lose their security in the original group from which they have grown away, while not yet securing acceptance in the new group. Case examples A, B, and C illustrate these three distinct phases of adjustment.

Case Examples

Mr. A belongs to the first group--the sojourners. Ethiopian immigrants in this category amount to about 30 percent of the total sample. Since almost all of them believe that they will be returning to Ethiopia they spend their time either in trying to bring about that eventuality, through active participation in political activity, or to prepare themselves for the responsibilities that await them upon their return by going to school. Thus, their belief that their stay in the United States is temporary has benefited them in their adjustment, because they do not take personally the negative experiences they sometimes encounter. Even so, few amongst them are faced with adjustment problems. Mr. A. (subject number 101) is an example of this group and

illustrates the problem of the elderly.

He is 52 years old and has only been in the United States for four years. He cannot express himself very well in English. He lives by himself, but in the same neighborhood with other Ethiopians. All of his family members, including his wife, are in Ethiopia. His job as a night watchman pays him only enough money to meet the basic necessities. Since he entertains the idea of going home when the political environment is more coducive and since he anticipates that such eventuality is around the corner, he did not take steps to live his life in the United States.

As a consequence, he has decided to remain here with his values and traditions intact. Although he is eager to associate with Ethiopians, none of his friends and acquaintances can afford the time to be with him as much as he wants except during the holidays. Almost all of them work long hours to make ends meet and carry full loads at school. He keeps in touch with people residing in other cities through telephone conversations. However, his inability to associate with many Ethiopians regularly and to thereby replicate the gregarious lifestyle of home, remains a source of great disappointment to him. Because persons of his age are considered a "fountain of wisdom" and are looked upon to offer guidance and counseling in Ethiopia, he considers himself neglected and even abandoned by his fellow countrymen here.

He regularly goes to the Ethiopian Orthodox Church on Sundays and associates with other Ethiopians from the adja-

cent areas. Also, he makes regular contacts with parents who come to visit their children and establishes friendship ties with them. However, since such visiting parents come for a short time and their arrivals are few and far between, Mr. A is unable to establish a lasting friendship with them. Nevertheless, he looks forward to the opportunity to meet such persons since it enables him to keep abreast of developments at home. Over time he has moderated his expectations of a quick return to Ethiopia and has plans to enroll in an adult school to learn English.

By contrast, Mr. B, who is gainfully employed as an engineer, is in a transitional stage. He came to the United States for graduate studies and has acquired a good working knowledge of English. In fact, because of his long stay in the country he and his wife are habituated, to a degree, to American manners, the American style of life and the American way of thinking. However, both of them are yet unwilling and unable to identify themselves with the American culture. While living in the United States, their hearts were in Ethiopia. As a consequence their entire orientation was geared to demonstrating their affinity with Ethiopia.

Mr. B and his wife, by the very circumstances of their transitional stage, oscillate several times a day between the two worlds--Ethiopia and the United States--on whose margins they live. At home they speak the Amharic language with their children, listen to Ethiopian music and eat Ethiopian food. Home decorations consist mostly of Ethio-

pian items. They celebrate Ethiopian holidays, following the Ethiopian calendar and on occasion dress in the Ethiopian costume for parties. Mr. B exhibits the authoritarian attitude that is considered normal in all sectors of traditional Ethiopian society to ensure adherence to Ethiopian customs and traditions. Most of their friends are Ethiopians and conversations and discussions usually pertain to Ethiopia. By contrast, Mr. B and his family have a different life outside the home. They speak English at work or at school, socialize with Americans and eat American food. About half of this sample of Ethiopian immigrants are in the transitional phase.

Mr. C, who is 40 years old, came to the United States to complete his senior year in high school. He is a good example of a relatively more settled immigrant. He was very good in his studies and managed to complete his undergraduate and graduate studies in an American university. He partially financed his way through family support and partly through scholarships from the universities he attended. At the time of his graduation, he was offered a faculty position at a university, which he accepted. During one summer he returned home to visit and came back totally resolved to stay in the United States. Ethiopia had undergone a radical transformation during his thirteen year stay in the United States and in the process he has lost many friends and relatives. In short, Ethiopia was not the same to him anymore. As soon as he returned to the United States he rejoined his univer-

sity as an associate professor. He obtained permanent residence and five years later he became a U.S. citizen. He was married to an Ethiopian by whom he had a boy and a girl. Because he came to the United States for the first time at the age of seventeen he is able to speak English without an accent, so that some students and faculty in his university assume that he was born and raised in America. He and his wife use English at home most of the time and neither of their children can speak Amharic at all. Their parents have concluded that learning Amharic takes time that their children need to learn other things they consider essential for their future in the United States. The children attend a private school and speak English and French very well. The boy is active in sports and the girl pursues dancing and music lessions regularly.

Most of their friends and associates are Americans. On occasion, they meet with two or three Ethiopian families who have more or less identical interests. They celebrate American holidays--Halloween, Thanksgiving, and exchange gifts during Christmas, Father's Day, Mother's Day, etc. Except for the infrequent cooking of one or two Ethiopian dishes, there are no other reminders of Ethiopia in their home. Their music and dress are all non-Ethiopian. The number of Ethiopians in this category is very small--estimated at about 20 percent of the total sample. It mostly consists of successful professionals and entrepreneurs who consider themselves relatively more affluent. Almost all in this

category have developed personal ties in the United States and involved themselves in community and/or professional organizations. Such participation helps to mitigate the adverse effects of the adjustment process. Some in this group consider themselves "committed professionals" with wide international sophistication. Their settlement in the United States was further facilitated by the relatively less straining political environment for research and the availability of financial support. Moreover, the presence of numerous scholars in many fields makes discussion of new ideas possible for further research and scholarship.

CHAPTER V

Summary

The purpose of this chapter is to bring together the major conclusions drawn in the study. In addition, it presents a discussion of the limitations and implications that the findings suggest. Finally, it provides suggestions for future research.

Summary of Findings

Despite the differences in the cultural and social systems between Ethiopia and the United States, interviewees generally expressed being satisfied with their lives in the United States. This was partly due to their own characteristics--their high level of education, their determined work ethics, their fluency in the English language, their inner strength as well as the social support they provide to one another. Ethiopian values on education and work are highly comparable with mainstream American values, a significant factor in their acceptance and adaptation with American society. Also, the availability of facilities for education and growth in the United States, the political freedom in the country and the belief that honest and diligent work pays off here, constituted the basis of satisfaction for many.

However, some experienced adjustment difficulties because of downward occupational mobility, insufficiency of income, loneliness and limited career advancement due to prejudice and discrimination. The elderly experienced relatively more severe difficulties because of language difficulties and lack of familiarity with the American culture. Furthermore, as the wives entered outside employment to supplement family income and as the children became acculturated, the traditional pattern of family structure began to break down. As a result of these changes, adjustments are made in the family roles. However, at times such role adjustments take place after family conflicts. Despite their outside employment, a great majority of these women continue to carry the major burden of performing household tasks. As a consequence, most Ethiopian women are overworked.

The problems that most interviewees labeled "major" are the lack of a well-developed community organization, separation from family, feeling like an outsider, finding a good job and earning enough money. The perceived stressors reported by the interviewees were generally consistent with Maslow's hierarchy of needs. According to Abraham H. Maslow (1970), the most basic needs are physiological deficiencies which must be overcome at least to a minimal degree before other needs can operate. Then, in order of prepotency, there are safety needs, belongingness and love needs, esteem needs and self-actualizing needs.

Most immigrants were less concerned with the need to

satisfy physiological deficiencies--food, clothing and shelter. However, they were interested in a better quality of life when they migrated for economic reasons. By contrast, when the motivation to migrate was political, it emanated from the desire for security, stability and freedom from fear. Once the Ethiopian immigrants establish their residence in the United States the basic physiological and safety needs are generally met. However, as the responses of interviewees demonstrated, the unfulfilled needs for belonging and love, self-esteem and self-actualization are associated with adjustment problems.

The needs for belonging and love emerged after the Ethiopian immigrant established daily routines in the United States. Interviewees labeled the following adjustment problems as "major": being separated from family, feeling like an outsider, difficulty making new non-Ethiopian friends, lack of well-developed communities and facing racial discrimination. People that expressed these needs demonstrated problems of loneliness, of rejection, of friendlessness and of rootlessness. Other designated problems--earning enough money, finding a good place to live and providing a good education for their children--indicated the interviewees' desire to meet their self-esteem needs. Most of the interviewees usually have a high evaluation of themselves and a desire for prestige, status and recognition. Residing in a good neighborhood and enrolling children in good schools was thought to go a long way toward meeting these needs.

Finally, the problems of finding a satisfying job illustrates the need for self-actualization. People would like to find employment in areas for which they fit. The glut in the labor market for some professions and conditions for entry into others have thwarted the self-actualizing need of many Ethiopian immigrants.

In terms of adjustment and coping styles, the responses from the interviewees indicated that the Ethiopian immigrants fall into three categories. The first group consists of the "sojourners" who view their stay in the United States as temporary and do not have a desire to adjust here at all. Their social participation and interpersonal relations were largely confined to their own ethnic group. On the whole, the elderly belong in this category. Their limited adaptive capacities, i.e., cultural unfamiliarity in general and the English language in particular, tend to enhance their etnic attachment as a defense. Persons in this adjustment category gradually move to the settlement phase as they stay in the United States longer and become more fluent in the English language. Also, important life events such as marriage or having children moves such persons to the settlement phase.

By contrast, the second group consists of the "settlers" who view their stay in the United States as permanent. As a consequence, they make an effort to adjust to life here. They usually take steps to educate themselves and their family members to enhance their chances of getting better jobs. Persons in this category place emphasis on subjects

and languages they consider essential to ease their adjustment, rather than strengthening ties with Ethiopia. Also, they develop friendships outside the Ethiopian community and actively participate in neighborhood, church and professional organizations.

The third group are those for whom the "sojourner-settler" dichotomy is problematic. In short, they are undecided and exhibit elements of marginality. Despite their familiarity with and acceptance of the American culture, they are unable to feel completely at ease or at home in the United States. Some in this category who were able to do so visited Ethiopia to help them make up their minds. Invariably, all of those personally known to the researcher decided to settle here for good based on their newly acquired information. However, the rest continue to move on the sojourner-settler continuum, depending on the occurrence of favorable or unfavorable events here.

Health Status

Analysis of the CMI data revealed that the sample of Ethiopians with mean CMI scores of 24.6 and 8.7 in the A-R Sections and M-R Sections, respectively, indicate that the state of their physical and mental health as a whole is good. However, 31 percent of the sample in the A-R Sections and 16 percent of the sample in the M-R Sections scored more than the cut-off points that indicate dysfunction. Some of these were part of the sample interviewed and their scores reflect-

ed problems stated in the interview.

Results of the CMI analysis for the Ethiopian sample indicated that there was a relative preponderance of psychological over somatic complaints. The predominant expressions for all respondents were in three areas--habits, inadequacies and sensitivity. While sensitivity is rooted in the Ethiopian culture, reporting of symptoms in habits and inadequacy is influenced by the adjustment experiences in the United States.

Regression analysis of the CMI scores revealed that the higher the educational level of the participant and the longer the length of stay in the United States, the fewer the number of "yes" responses to symptoms. Also, marital status was found to have an impact--those who were married reported fewer "yes" responses than those who were unmarried because of the family and social support provided, despite the stress reported by married couples arising from changing roles.

Comparative evaluation of the CMI scores indicated that Ethiopians fared better than Arab-American patients, the Vietnamese refugees and the Zulu immigrants. This is perhaps due to the fact that the Ethiopian sample is generally highly educated and has a relatively good knowledge of the English language. While in the Ethiopian sample six persons out of twenty had CMI scores above the cut-off point established to indicate dysfunction, in both the Arab-American and the Vietnamese samples, about 50 percent of each group had CMI scores above the cut-off point. The high proportion of such people

in the sample may be due to conflicts in values, attitudes and social norms which generate emotional distress. Such distress does not disappear rapidly. Moreover, the need to learn a new language and the vocational skills necessary for adequate social functioning exacerbates the adjustment problems. All three groups--Arab-Americans, Ethiopians and Zulus--recognized feelings of inadequacy as a common problem, reflecting some similarities in their cultures. However, in the words of Lipson and Meleis (1986), "Feelings of inadequacy are part and parcel of the experience of being an immigrant." However, since the perception and interpretation of symptoms is known to be influenced by cultural factors, the cross-cultural comparative results of the CMI questionnaire (Zola, 1966) should be viewed with caution.

Health and Adjustment

Individual qualitative responses obtained from the in-depth interview were quantified and called QUAL which ranged from 0 to 1. The higher the value of QUAL, the greater the number and extent of adjustment problems reported by Ethiopian immigrants. Results of the regression analysis revealed that about two-fifths of the variations in the CMI scores can be explained by changes in QUAL. Also, the greater the value of QUAL, the greater the CMI scores, indicating that adjustment difficulties are associated with health and mental health symptoms reported. However, variations in QUAL explained only 30 percent of the variations in the CMI psycho-

logical symptoms, especially to someone who is a stranger, as Racy (1970) also indicated for Arabs.

The findings of this study linking migration and health lends support to similar conclusions reached by Macisco and Myers (1975), Rindfuss (1976), Gerber and Madhaven (1980), Ward and Prior (1980), and Nasca et al. (1981). Also, the study provides additional evidence to the view that migration can adversely impact the mental health of some migrants. Research done by Bottoms (1967), Danna (1980), Eisenstadt (1956) and Kovacs and Cropley (1975), provide evidence for such an assertion.

Implications for Nursing

Understanding and solving immigrants' health problems are rendered difficult by the vast cultural divergencies between different immigrant populations and the American society. In order to be effective in working with immigrants, it is important for nurses to be familiar with the cultural values and immigration experiences of the groups with whom they work most frequently.

The adjustment of the individual Ethiopian immigrant is affected by the Ethiopian culture. Job skills, age, and marital status of the immigrant are also important factors that influence the degree and pace of the adjustment process. Those who are unable and unwilling to let go of the old beliefs and behavior patterns suffer from the inability to absorb the changes attendant on immersion in a new environment.

Also, those who adopt an overly assimilative approach equally suffer. They face a problem of identity crisis as they realize they can never be totally American. A balanced adjustment lies between the two. The quality of nursing care will improve significantly as nurses become aware of these adjustment patterns and provide a counseling setting in which the immigrant is able to understand and strive toward such a balanced adjustment.

Moreover, too rapid change can be stress-inducing for those who are overly assimilative. Health professionals striving to help immigrants achieve bicultural adjustment should keep in mind the concept of cultural consistency. This means that traditional life patterns should be kept intact as much as possible so long as components of that culture are adaptive to the new culture. Immigrants must have some sort of familial culture by which to define themselves, at least until they learn the new culture.

In reference to health status, the CMI data in this study indicated that 31 percent of the sample showed high total symptom scores and 36 percent showed high psychological symptom scores. There was a relative preponderance of psychological over somatic complaints, which were higher for women than for men. Thus, it appears that a number of immigrants have potential health problems of which nurses must be aware. Also, the top five ranking categories reported consisted of sensitivity, habits, inadequacy, anger and tension as shown in Figure I. These are areas of which to be aware in terms

of health education and primary prevention by nurses in the community and the health care system. In view of these findings, the following practical suggestions are offered to psychiatric professionals.

First, it is important to note that mental problems are heavily stigmatized among the Ethiopians. As such, they do not seek help early if psychological problems begin. They will do so only when the situation deteriorates and family and friends intervene. Also, since the culture emphasizes values of confidentiality of personal and family matters, Ethiopians are reluctant to discuss problems with these strangers.

When Ethiopians become psychiatric patients, health professionals should approach such patients with language and cultural sensitivity. Since most Ethiopians will be forthcoming with information as trust and confidence develop in the professional(s), therapists should first concentrate on building rapport with their patients. Should patients become uncooperative, professionals should refrain from utilizing law enforcement agencies such as the police. Since in Ethiopia the police are requested only when a crime takes place, the patient may misunderstand their presence and relevance to his problem. Moreover, some may even recall the excesses of the police at home, become angry or fearful and refuse to cooperate at all.

In addition, the professional should reconsider the usefulness of some therapeutic modalities. For instance,

since Ethiopians, as discussed, treat personal matters with confidentiality, they may have difficulty in a group therapy setting. Similarly, the effectiveness of art, music and dance therapies are limited for most Ethiopians. Since art classes are not widely offered in Ethiopian public schools, many do not have the ability to draw pictures. As a consequence, they will be ashamed for not being able to do so. Also, the usefulness of music and dance therapy for Ethiopian patients may be limited by the differences of the type of music and the style of dancing.

One modality that seems to have some potential is one-to-one psychotheraphy. However, its effectiveness depends on how quickly the patient builds a relationship with the therapist. The pace can be accelerated by utilizing bicultural and bilingual Ethiopian staff. Not only could they converse with the patient in his/her national language, but they could also differentiate between culturally determined and truly disturbed behavior. Moreover, they are more likely to be seen by the patient as trustworthy persons in whom they can have confidence in being understood. However, the supply of Ethiopian health professionals is very limited. In addition, therapists should utilize family and friends who should be encouraged to continue close contact with the patient. In view of the need for cultural appropriateness in the treatment, visiting hours can be extended, and other rules which hinder patient-family contact can be eased. In cases where family and close friends are not available, the help of

pastors or priests should be sought. Should this be difficult, the assistance of any Ethiopian should be obtained.

The need to provide immediate help understandably forces the therapist to reconsider the usefulness of some therapeutic modalities. However, medical professionals should also provide full explanation and education of procedures or therapeutic milieu to patients. This will help narrow the gap between the patient and the therapist, thereby making the patients more accessible and available for intervention.

Limitations of the Study

There are at least two major limitations to this study: sample size and pre-migration status. The sample of this study was rather small. Ideally, I would have liked to have a sample much larger than 110. However, due to time and financial constraints, this was not possible. Also, the sample was a "convenience sample" since subjects were composed of "volunteers." It is possible, then, that there may be some false inferences in the findings due to nonrepresentation. Moreover, the reluctance of Ethiopians to be candid with strangers about family matters might have prevented the facts from coming out. Hence, caution should be used in making any generalizations about the whole Ethiopian immigrant population based on this study. Also, it would have been helpful to have analysis categories checked by another investigator. However, this was not possible since Amharic was used in the interview.

The second limitation lies in the area of pre-migration status. The main concern is that there was no way of knowing what state of health and mental health these subjects were in before they came to the United States. I do not know if being an immigrant in the United States caused a few to report a higher number of symptoms than the cut-off points. In other words, it is impossible to know whether or not some pathological symptoms existed among the subjects before they left Ethiopia. While some physical illness can be detected early both in pre- and post-migration, mental illness, unfortunately, cannot be discerned in the same manner. It is also questionable whether the CMI results are a function of immigrant status and stressors or other life events. Migration is too complex a phenomenon.

Agenda for Further Research

Assuming the availability of financial resources, the study should be replicated with a larger sample size selected at random. This will help to minimize the bias inherent in a relatively small "convenience sample." Each of the stressors identified from qualitative analysis of the interview findings suggest possibilities for future research. In particular, the economic adjustment of Ethiopian immigrants should be investigated in greater detail. Such a study will shed light on employment, income levels, occupational satisfaction and downward occupational mobility. Since adjustment of Ethiopian immigrants is as much a function of social

groups as it is of individuals, the impact of family and community should be researched. Finally, another area of research is the utilization of existing health care services by Ethiopian immigrants.

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APPENDIX I

Consent Form

CONSENT FORM

Yesalemush Sendeku, doctoral candidate at the University of California, San Francisco, is undertaking a study on the impact of adjustment experiences on the health of Ethiopian immigrants in the United States. Since I am an Ethiopian residing in the United States, I have been invited to be a subject of this study.

If I agree to be in this study I will complete the two questionnaires--Demographic Data Questionnaire and Cornell Medical Index Questionnaire--and will be interviewed by the researcher on my immigration experiences. My responses will be taped and the tapes will be destroyed after transcription. The questionnaires will take 20 - 30 minutes to complete. I will come back for the interview which will take 45 minutes to one hour.

Participation in this study may involve personal disclosure risks. However, confidentiality will be protected as far as possible.

There will be no direct benefit to me from this study. However, such a study has a potential use to health care professionals in the United States in their effort to understand and provide better care to Ethiopian immigrants.

I have talked to Ms. Yesalemush Sendeku about this study and she has answered my questions. If I have other questions I may call her at 223-7836. I have been offered a copy of this consent form to keep. In addition, I may contact the Committee on Human Research, which is concerned with protection of volunteers in research projects. I may reach the committee office by calling: (415) 666-1814 from 8:00 AM to 5:00 PM, Monday to Friday, or by writing to the Committee on Human Research, University of California, San Francisco, CA 94143.

Participation in this study is voluntary and I may decline to participate or may withdraw at any time if I so desire. I just have to say no.

_____ _____

Date Subject's Signature

APPENDIX II

Consent Form (Translation into Amharic)

የፈቃደኝነት መግለጫ ቅጽ

በካሊፍር ኒያ ዩኒቨርሰቲ ፣ የሳንፍራንሲስኮ ቀርንጫፍ ፣ እዉ የደከተረት ሚገሪ ምረቀ የሆኑት ወይዘሮ ይሳለሙሽ ሰንደቀ ፣ በቀርቡ አሜሪካን አገር ለመኖር የመጡ ኢትዮጵያውያን አዲሱን አካባቢያቸውን በመለማመድ ሳይ ሳሉ ያጋጠሙዋቸው ሁኔታዎች በጤና ቸው ሳይ ያስከተሏቸው ቸግሮች አንዳሉ ለመመራመር ጥናት በማካሄድ ሳይ ይገኛሉ :: እኔም በአሁኑ ጊዜ በተባለው ሁኔታ በዳይተድ ስቴተስ የምገኝ ኢትዮጵያዊ/ት በመሆኔ ፣ ለተባለው ጥናት የሚሆን የበኩሌን መረጃ አንዳቀርብ ተጠይቄ አለሁ ::

በዚህ ጥናት ውስጥ ለመግባት ፈቃደኛ ስሆን " የሕዝባዊ ባሕሪያት መግለጫ መጠይቅ " (DEMOGRAPHIC DATA QUESTIONNAIRE) የተባለውንና አንዲሁም " የኮር ኔል የጤና ሁኔታዎች መለኪያ መጠይቅ" (CORNELL MEDICAL INDEX QUESTIONNAIRE) የተሰኘውን ለመሙላትና፣ በተጨማሪም በዳይተድ ስቴተስ ሳለሁ ስላጋጠሙኝ ሁኔታዎች ተመራማሪዋ ምሀር የሚያቀርቡልኝን የቃለ ጥያቄዎች ለመመለስ አስማማለሁ :: መልሰ ቹም በቴፕ ላይ ተቀርፀው በጽሁፍ ከተነደፉ በኋላ የተቀረፀው ቴፕ ከጥቅም ውጭ አንዲሆን አንደሚደረግ ተረድቻለሁ :: መጠይቁን ለመሙላት ከሃያ አስከ ሰላሳ ደቂቃ የሚፈጅ ይሆናል:: ከዚያ በኋላ የሚከናወነው የቃለ ጥያቄና መልስ ከአርጠ አምስት ደቂቃ አስከ አንድ ሰዓት የሚፈጅ ነው ::

በዚህ ጥናት ውስጥ ተሳትፍ በማደርገበት ጊዜ፣ ምናልባት እንዳንድ የግል ሁኔታዎችን የመገለጽ አጋጣሚ ሊደርስ ይቸል ይሆናል :: ነገር ግን

የቀረቡትን መረጃዎች በሙሉ በምሥጢር ለመያዝ ከፍተኛ ጥረት የሚደረግበት መሆኑን ተረድቻለሁ ::

በዚህ ጥናት ከመሳተፍ እኔ በቀጥታ የማገኘው ጥቅም አይኖርም :: ይሁንና፣ ከዚህ ዓይነቱ ጥናት የዩኒቲድ ስቴትስ የጤና ባለሙያዎች በዚህ አገር ስለሚገኙ ሊተዩአያውያን የኑሮ ሁኔታ በበለጠ ለመረዳትና የተሻለም የጤና አገልግሎት ለመስጠት ለሚያደርጉት ጥረት የሚረዳ አንደሚሆን ይታመናል ::

ስለዚህ ጥናት ከወይዘሮ ይሳለሙሽ ጋር ተወያይተንበት ለእርሳቸው ያቀረብኩላቸውን ጥያቄዎች ሁሉ መልሰውልኛል :: ሌሎች ጥያቄዎችም ቢኖረኝ የስልክ ቁጥር 223 - 7836 በመደወል ለመረዳት እንደምችል አውቄአለሁ :: የዚህ የፈቃደኝነት መግለጫ ቀጽ ቅጅም ለራሴ መረጃ እንዲሆነኝ ተሰጥቶኛል :: በተጨማሪም ደግሞ የሚያስፈልገኝ መረጃ ካለ በእንዲህ ዓይነቱ ጥናት የሚሳተፉ ሰዎችን መብት ለመጠበቅ ከተቋቋመው " ሰብአዊ ጉዳዮች ጥናት ኮሚቴ" (Committee on Human Research) ከተሰኘው ድርጅት ለማገኘት ይቻለኛል :: ለኮሚቴው ጽ/ቤት በቁጥር (415) 666 - 1814፣ ከሰኞ እስከ አርብ ባሉት የሥራ ቀናት ከጧቱ ሁለት ሰዓት እስከ ቀኑ አሥራ አንድ ሰዓት ባለው ጊዜ ስልክ በመደወል ወይም በጽ/ቤቱ አድራሻ :-
COMMITTEE ON HUMAN RESEARCH, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CALIFORNIA, 94143 ፣ ደብዳቤ በመላክ የሚያስፈልገኝን መረጃ ለማገኘት እንደምችል ተረድቻለሁ ::

በዚህ ጥናት ውስጥ የማደርገው ተሳትፎ በፈቃደኝነት ብቻ ነው :: ስለዚህም በጥናቱ ላለመሳተፍ ወይም ባሻኝ ጊዜ ከጥናቱ ውጭ ለመሆን መብቴ የተጠበቀ ነው :: በጥናቱ መሳተፍ ካላሻኝ ይህንኑ ፍላጐቴን በመግለጽ ብቻ ከጥናቱ ውጭ ለመሆን እንደምችል አውቃለሁ ::

ቀን

የተሳታፊ ፊርማ

APPENDIX III

Demographic Data Questionnaire

DEMOGRAPHIC DATA QUESTIONNAIRE

Directions: Please answer the following questions.

1. How old are you? _____ Years, _____ Months
2. Where were you born? _____ City,

   _____ Province.
3. Circle if you are: Single, Married, Widowed, Separated, Divorced.
4. Do you have children? If yes, how many? _____
5. Circle if you are: Male, Female.
6. Circle the highest year you have completed in school:

   Elementary School: 1 2 3 4 5 6 7 8

   High School: 9 10 11 12

   University (Undergraduate): 1 2 3 4

   University (Graduate): 1 2 3 4
7. State the highest year your mother completed in school:

   _____
8. State the highest year your father completed in school:

   _____
9. How long have you been living in the United States?

   _____ Years, _____ Months.
10. Were you in any other country before coming to the United States?

    If so, where? _____
11. Do you have family members in the United States? If yes, where

    are they? _____
12. Circle one of the following:

    I work full-time

    I go to school full-time

    I work and go to school.

APPENDIX IV

ዕ ዝ ለ 4

የሕዝባዊ ባሕርያት መገለጫ መጠይቅ

DEMOGRAPHIC DATA QUESTIONNAIRE (TRANSLATION INTO AMHARIC)

የሕዝባዊ ባሕርያት መገለጫ መጠይቅ

(DEMOGRAPHIC DATA QUESTIONNAIRE)

መመሪያ:- ለሚከተሉት ጥያቄዎች መልስ እንዲሰጡ በትህትና ይጠየቃሉ::

1. ዕድሜዎ? _____ ዓመት ከ _____ ወር ::

2. የተወለዱበት ቦታ? ከተማ _____ ፤ ክፍለሀገር _____ ::

3. ከዚህ ቀጥሎ ካሉት መገለጫዎች እርስዎን የሚመለከተውን በመከበብ ይገለፁ:-

ያላገባሁ፤
ያገባሁ፤
ባለቤቴ በሕይወት የሌሉ፤
ከባለቤቴ ጋር የማልኖር፤
ከባለቤቴ የተፋታሁ ::

4. ልጆች አሉዎትን?___ካሉዎት ስንት ናቸው? _____ ::

5. የሚመለከተውን በመከበብ ፅታዎን ይግለጹ:-

ወንድ፤ ሴት፤

6. የደረሱበትን ከፍተኛ የተምሕርት ደረጃ ከሚከተሉት መካከል የሚመለከትዎን በመከበብ ይግለጹ:-

አንደኛ ደረጃ:- 1 2 3 4 5 6 7 8

ሁለተኛ ደረጃ:- 9 10 11 12

ዩኒቨርሲቲ :- (ቀደመ ምረቃ) 1 2 3 4

ዩኒቨርሲቲ :- (ድህረ ምረቃ) 1 2 3 4

7. አናትዎ የደረሱበት ከፍተኛ የተምሕርት ደረጃ:- _____ ::

8. አባትዎ የደረሱበት ከፍተኛ የተምሕርት ደረጃ:- _____ ::

9. ወደ ዩናይትድ ስቴትስ ከመጡ የቀጠተ ጊዜ:- _____
ዓመት፣ ከ _____ ወር ::

10. ወደ ዩናይትድ ስቴትስ ከመምጣትዎ በፊት የቀጠተ አገር ነበርን?
_____ ካለ፣ የቀጠተ አገር ስም፣ _____ ::

11. ከርስዎ ቤተሰብ መካከለ በዩናይትድ ስቴትስ የሚኖረ አሉን? _____
ካሉ፣ የሚኖረበትን ቦታ ይገለጹ? _____ ::

12. ከዚህ በታች ከተዘረዘረተ የሚመለከተዎን በመከበብ ይገለጹ :-

ሙሉ ጊዜ ሠራተኛ ነኝ፣
ሙሉ ጊዜ ተማሪ ነኝ፣
አ የሠራሁ የምሣር ነኝ ::

APPENDIX V

Cornell Medical Index (English version)

Date _____

CORNELL MEDICAL INDEX
HEALTH QUESTIONNAIRE

DIRECTIONS: Please read each question and answer YES or NO. If you can answer YES to the question asked, put a circle around the YES. If you have to answer NO to the question asked, put a circle around NO. Answer all questions. If you are not sure, guess.

001.	Do you need glasses to read?	YES	NO
002.	Do you need glasses to see things at a distance?	YES	NO
003.	Has your eyesight often blacked out completely?	YES	NO
004.	Do your eyes continually blink or water?	YES	NO
005.	Do you often have bad pains in your eyes?	YES	NO
006.	Are your eyes often red or inflamed?	YES	NO
007.	Are you hard of hearing?	YES	NO
008.	Have you ever had a bad running ear?	YES	NO
009.	Do you have constant noises in your ears?	YES	NO
010.	Do you have to clear your throat frequently?	YES	NO
011.	Do you often feel a choking lump in your throat?	YES	NO
012.	Are you often troubled with bad smells or sneezing?	YES	NO
013.	Is your nose continually stuffed up?	YES	NO
014.	Do you suffer from a constantly running nose?	YES	NO
015.	Have you at times had bad nose bleeds?	YES	NO
016.	Do you often catch severe colds?	YES	NO
017.	Do you frequently suffer from heavy chest colds?	YES	NO
018.	When you catch a cold, do you always have to go to bed?	YES	NO
019.	Do frequent colds keep you miserable all winter?	YES	NO
020.	Do you get hay fever?	YES	NO
021.	Do you suffer from asthma?	YES	NO
022.	Are you troubled by constant coughing?	YES	NO

023.	Have you ever coughed up blood?	YES NO
024.	Do you sometimes have severe soaking sweats at night?	YES NO
025.	Have you ever had a chronic chest condition?	YES NO
026.	Have you ever had T.B. (tuberculosis)?	YES NO
027.	Did you ever live with anyone who had T.B.?	YES NO
028.	Has a doctor ever said your blood pressure was too high?	YES NO
029.	Has a doctor ever said your blood pressure was too low?	YES NO
030.	Do you have pains in the heart or chest?	YES NO
031.	Are you often bothered by thumping of the heart?	YES NO
032.	Does your heart often race like mad?	YES NO
033.	Do you often have difficulty in breathing?	YES NO
034.	Do you get out of breath long before anyone else?	YES NO
035.	Do you still sometimes get out of breath just sitting still?	YES NO
036.	Are your ankles often badly swollen?	YES NO
037.	Do cold hands or feet trouble you even in hot weather?	YES NO
038.	Do you suffer from frequent cramps in your legs?	YES NO
039.	Has your doctor ever said you had heart trouble?	YES NO
040.	Does heart trouble run in your family?	YES NO
041.	Have you lost more than half your teeth?	YES NO
042.	Are you troubled by bleeding gums?	YES NO
043.	Have you often had severe toothaches?	YES NO
044.	Is your tongue usually badly coated?	YES NO
045.	Is your appetite always poor?	YES NO
046.	Do you usually eat sweets or other food between meals?	YES NO
047.	Do you always gulp your food in a hurry?	YES NO
048.	Do you often suffer from an upset stomach?	YES NO
049.	Do you usually feel bloated after eating?	YES NO

050.	Do you usually belch a lot after eating?	YES	NO
051.	Are you often sick to your stomach?	YES	NO
052.	Do you suffer from indigestion?	YES	NO
053.	Do severe pains in the stomach often double you up?	YES	NO
054.	Do you suffer from constant stomach trouble?	YES	NO
055.	Does stomach trouble run in your family?	YES	NO
056.	Has a doctor ever said you had stomach ulcers?	YES	NO
057.	Do you suffer from frequent loose bowel movements?	YES	NO
058.	Have you ever had severe bloody diarrhea?	YES	NO
059.	Were you ever troubled with intestinal worms?	YES	NO
060.	Do you constantly suffer from bad constipation?	YES	NO
061.	Have you ever had piles (rectal hemorrhoids)?	YES	NO
062.	Have you ever had jaundice (yellow eyes and skin)?	YES	NO
063.	Have you ever had serious liver or gall bladder trouble?	YES	NO
064.	Are your joints often painfully swollen?	YES	NO
065.	Do your muscles and joints constantly feel stiff?	YES	NO
066.	Do you usually have severe pains in the arms or legs?	YES	NO
067.	Are you crippled with severe rheumatism (arthritis)?	YES	NO
068.	Does rheumatism (arthritis) run in your family?	YES	NO
069.	Do weak or painful feet make it hard for you to keep up with your work?	YES	NO
070.	Do pains in the back make it hard for you to keep up with your work?	YES	NO
071.	Are you troubled with a serious bodily disability or deformity?	YES	NO
072.	Is your skin very sensitive or tender?	YES	NO
073.	Do cuts in your skin usually stay open a long time?	YES	NO
074.	Does your face often get badly flushed?	YES	NO
075.	Do you sweat a great deal even in cold weather?	YES	NO

076. Are you often bothered by sewere itching? YES NO

077. Does your skin often break out in a rash? YES NO

078. Are you often troubled with boils? YES NO

079. Do you suffer badly from frequent severe headaches? YES NO

080. Does pressure or pain in the head often make life miserable? YES NO

081. Are headaches common in your family? YES NO

082. Do you have hot or cold spells? YES NO

083. Do you often have spells of severe dizziness? YES NO

084. Do you frequently feel faint? YES NO

085. Have you fainted more than twice in your life? YES NO

086. Do you have constant numbness or tingling in any part of your body? YES NO

087. Was any part of your body ever paralyzed? YES NO

088. Were you ever knocked unconscious? YES NO

089. Have you at times had a twitching of the face, head or shoulders? YES NO

090. Did you ever have a fit or convulsion (epilepsy)? YES NO

091. Has anyone in your family ever had fits or convulsions (epilepsy)? YES NO

092. Do you bite your nails badly? YES NO

093. Are you troubled by stuttering or stammering? YES NO

094. Are you a sleep walker? YES NO

095. Are you a bed wetter? YES NO

096. Were you a bed wetter between the ages of 8 and 14? YES NO

The following (97 through 102) are for men only:

097. Have you ever had anything seriously wrong with your genitals (privates)? YES NO

098. Are your genitals often painful or sore? YES NO

099. Have you ever had treatment for your genitals? YES NO

100. Has a doctor ever said you had a hernia (rupture)? YES NO

101. Have you ever passed blood while urinating (passing water)? YES NO

102. Do you have trouble starting your stream when urinating? YES NO

The following (97 through 102) are for women only:

097. Have your menstrual periods usually been painful? YES NO

098. Have you often felt weak or sick when you periods come? YES NO

099. Have you often had to lie down when your periods came on? YES NO

100. Have you usually been tense or jumpy with your periods? YES NO

101. Have you ever had constant severe hot flashes and sweats? YES NO

102. Have you often been troubled with a vaginal discharge? YES NO

103. Do you have to get up every night and urinate? YES NO

104. During the day, do you usually have to urinate frequently? YES NO

105. Do you often have severe pain when you urinate? YES NO

106. Do you sometimes lose control of your bladder? YES NO

107. Has a doctor ever said you had kidney or bladder disease? YES NO

108. Do you often get spells of complete exhaustion or fatigue? YES NO

109. Does working tire you out completely? YES NO

110. Do you usually get up tired and exhausted in the morning? YES NO

111. Does every little effort wear you out? YES NO

112. Are you constantly too tired and exhausted even to eat? YES NO

113. Do you suffer from severe nervous exhaustion? YES NO

114. Does nervous exhaustion run in your family? YES NO

115. Are you frequently ill? YES NO

116. Are you frequently confined to bed by illness? YES NO

117.	Are you always in poor health?	YES	NO
118.	Are you considered a sickly person?	YES	NO
119.	Do you come from a sickly family?	YES	NO
120.	Do severe pains and aches make it impossible for you to do your work?	YES	NO
121.	Do you wear yourself out worrying about your health?	YES	NO
122.	Are you always ill and unhappy?	YES	NO
123.	Are you constantly made miserable by poor health?	YES	NO
124.	Did you ever have scarlet fever?	YES	NO
125.	As a child, did you have rheumatic fever, growing pains or twitching of the limbs?	YES	NO
126.	Did you ever have malaria?	YES	NO
127.	Were you ever treated for severe anemia (thin blood)?	YES	NO
128.	Were you ever treated for "bad blood" (veneral disease)?	YES	NO
129.	Do you have diabetes (sugar disease)?	YES	NO
130.	Did a doctor ever say you had a goiter (in your neck)?	YES	NO
131.	Did a doctor ever treat you for a tumor or cancer?	YES	NO
132.	Do you suffer from any chronic disease?	YES	NO
133.	Are you definitely under weight?	YES	NO
134.	Are you definitely over weight?	YES	NO
135.	Did a doctor ever say you had varicose veins (swollen veins) in your legs?	YES	NO
136.	Did you ever have a serious operation?	YES	NO
137.	Did you ever have a serious injury?	YES	NO
138.	Do you often have small accidents or injuries?	YES	NO
139.	Do you usually have great difficulty in falling asleep or staying asleep?	YES	NO
140.	Do you find it impossible to take a regular rest period each day?	YES	NO
141.	Do you find it impossible to take regular daily exercise?	YES	NO

142. Do you smoke more than 20 cigarettes a day? YES NO

143. Do you drink more than 6 cups of coffee or tea a day? YES NO

144. Do you usually take two or more alcoholic drinks a day? YES NO

145. Do you sweat or tremble a lot during examinations or questioning? YES NO

146. Do you get nervous and shakey when approached by a superior? YES NO

147. Does your work fall to pieces when the boss or a superior is watching you? YES NO

148. Does your thinking get completely mixed up when you have to do things quickly? YES NO

149. Must you do things very slowly in order to do them without mistakes? YES NO

150. Do you always get directions and orders wrong? YES NO

151. Do strange people or places make you afraid? YES NO

152. Are you scared to be alone when there are no friends near you? YES NO

153. Is it always hard for you to make up your mind? YES NO

154. Do you wish you always had someone at your side to advise you? YES NO

155. Are you considered a clumsy person? YES NO

156. Does it bother you to eat anywhere except in your own home? YES NO

157. Do you feel alone and sad at a party? YES NO

158. Do you usually feel unhappy and depressed? YES NO

159. Do you often cry? YES NO

160. Are you always miserable and blue? YES NO

161. Does life look entirely hopeless? YES NO

162. Do you often wish you were dead and away from it all? YES NO

163. Does worrying continually get you down? YES NO

164. Does worrying run in your family? YES NO

165.	Does every little thing get on your nerves and wear you out?	YES	NO
166.	Are you considered a nervous person?	YES	NO
167.	Does nervousness run in your family?	YES	NO
168.	Did you ever have a nervous breakdown?	YES	NO
169.	Did anyone in your family ever have a nervous breakdown?	YES	NO
170.	Were you ever a patient in a mental hospital (for your nerves)?	YES	NO
171.	Was anyone in your family ever a patient in a mental hospital (for their nerves)?	YES	NO
172.	Are you extremely shy or sensitive?	YES	NO
173.	Do you come from a shy or sensitive family?	YES	NO
174.	Are your feelings easily hurt?	YES	NO
175.	Does criticism always upset you?	YES	NO
176.	Are you considered a touchy person?	YES	NO
177.	Do people usually misunderstand you?	YES	NO
178.	Do you have to be on your guard even with friends?	YES	NO
179.	Do you always do things on sudden impulse?	YES	NO
180.	Are you easily upset or irritated?	YES	NO
181.	Do you go to pieces if you don't constantly control yourself?	YES	NO
182.	Do little annoyances get on your nerves and make you angry?	YES	NO
183.	Does it make you angry to have anyone tell you what to do?	YES	NO
184.	Do people often annoy and irritate you?	YES	NO
185.	Do you flare up in anger if you can't have what you want right away?	YES	NO
186.	Do you often get into a violent rage?	YES	NO
187.	Do you often shake or tremble?	YES	NO

188. Are you constantly keyed up and jittery? YES NO

189. Do sudden noises make you jump or shake badly? YES NO

190. Do you tremble or feel sick whenever someone shouts at you? YES NO

191. Do you become scared at sudden movements or noises at night? YES NO

192. Are you often awakened out of your sleep by frightening noises? YES NO

193. Do frightening thoughts keep coming back in your mind? YES NO

194. Do you often become suddenly scared for no good reason? YES NO

195. Do you often break out in a cold sweat? YES NO

APPENDIX VI

ዐ ክ ለ 6

የኮር ኤለ የጤና ሁኔታዎች መለኪያ

CORNELL MEDICAL INDEX (TRANSLATION INTO AMHARIC)

ቀን _____

የኮር ኔል የጤና ሁኔታዎች መለኪያ መጠይቅ

(Cornell Medical Index Health Questionnaire)

መመሪያ:- የሚከተሉትን ጥያቄዎች ካነበቡ በኋላ "አዎን" ወይም "አይደለም" በማለት እንዳመልሱ በተህተና ይጠየቃሉ። መልስዎ በአዎንታ ከሆነ "አዎን" የሚለውን በመክበብ ይገለፁ፤ በአሉታ ከሆነ "አይደለም" የሚለውን ይከቡ ። አንድም ጥያቄ አይዝለሉ። ለጥያቄው መልስ ለመስጠት አርገጠኛ ባይሆኑም እንኳ በግምት ይመልሱ።

001.	ለማንበብ መነጽር ያስፈልገዎታልን?	አዎን	አይደለም
002.	በረቀቀ ለማየት መነጽር ያስፈልገዎታልን?	አዎን	አይደለም
003.	እየተደጋገመ ፈጽሞ ማየት ያቅተዎታልን?	አዎን	አይደለም
004.	ዓይኖቾዎ ያለማቋረጥ ይርገበገባሉ ወይም እንባ የማቀረር ሁኔታ ይታይባቸዋል?	አዎን	አይደለም
005.	ዓይኖቾዎን ብዙ ጊዜ የውጋት ወይም የማቃጠል ሕመም ይሰማዎታል?	አዎን	አይደለም
006.	ዓይኖቾዎ ብዙ ጊዜ ይቀላሉ ወይም ደም ይለ ብሰሉ ወይ?	አዎን	አይደለም
007.	መስማት ይቸገርዎታል?	አዎን	አይደለም
008.	በጀርዎ ረሳሽ እየወጣ አስቸግርዎት ያውቃልን?	አዎን	አይደለም
009.	በጀርዎቾዎ ውስጥ የማያቋርጥ ደምፅ ሁልጊዜ ይሰማዎታልን?	አዎን	አይደለም
010.	የጉሮሮዎን አከታ ተሉ ተሉ ለማጠራት ይገደዳሉ?	አዎን	አይደለም
011.	ጉሮሮዎ ውስጥ ብዙ ጊዜ እንደማነቀ የሚለ ነገር ያለ ይመስለዎታል?	አዎን	አይደለም
012.	በመጥፎ ሽታ የተነሳ ብዙ ጊዜ የማስነጠስ ቸገር ይደርስብዎታል?	አዎን	አይደለም
013.	አፍንጫዎ ሁልጊዜ ይደፍንቦዎታልን?	አዎን	አይደለም

014.	ተሉ ተሉ የመናፈኖ ቸገር አለብዎት?	አዎን	አይደለም
015.	አንዳንዴ በኃይለ ይነስረዎታለ?	አዎን	አይደለም
016.	ኃይለኛ ጉንፋን በየጊዜው ይይዘዎታለ?	አዎን	አይደለም
017.	ብዙ ጊዜ የደረተ አካባቢ የብርድ በሽታ ያመወታለ?	አዎን	አይደለም
018.	ጉንፋን ሲይዘዎት ሁለጊዜ ለመተኛት ይገደዳሉ?	አዎን	አይደለም
019.	በየከረምቱ አዘውተረው በጉንፋን ይሰቃያሉ ?	አዎን	አይደለም
020.	አለፍ አለፍ የአፍንጫ ውስጥና የዓይን መቁጣት በሽታ /ምናልባትም ከአበባ ብናኝ የሚመጣ / (Hay Fever) ያጠቃዎታለን?	አዎን	አይደለም
021.	የአስም በሽታ አለብዎት?	አዎን	አይደለም
022.	የማያቋርጥ ሳለ ያስቸገርዎታለ?	አዎን	አይደለም
023.	ሲያስለዎ የደም አስታ ወጥተዎት ያውቃለ?	አዎን	አይደለም
024.	አንዳንዴ ሌሊት ላብ ስሞጥ ያደርገዎታለ?	አዎን	አይደለም
025.	የቀየ የደረተ አካባቢ ውጋተ አለብዎት?	አዎን	አይደለም
026.	የሳንባ ነቀርሳ (TUBERCULOSIS) ይዘዎት ያውቃለ?	አዎን	አይደለም
027.	የሳንባ ነቀርሳ ካለበተ ሰው ጋር ኖረው ያውቃሉ?	አዎን	አይደለም
028.	ጠኪም የደም ብዛተ አለብዎት ብሎዎት ያውቃለ?	አዎን	አይደለም
029.	ጠኪም የደም ማነስ አለብዎ ብሎዎት ያውቃለ?	አዎን	አይደለም
030.	በደረተዎ ማለተ በለብዎ አካባቢ ሕመም ይሰማዎታለ?	አዎን	አይደለም
031.	በለብዎ ላይ ከመጠን በላይ "ድም ድም" የማለተ ሁኔታ በየጊዜው ይሰማዎታለ?	አዎን	አይደለም
032.	ለብዎ ብዙ ጊዜ በጣም በፍተነት ይመታለን ?	አዎን	አይደለም
033.	ብዙ ጊዜ መተንፈስ ያስቸገረዎታለ?	አዎን	አይደለም
034.	ከሰው ሁሉ በፊተ ተንፋሽ ያዋረዎታለ ?	አዎን	አይደለም
035.	ተሞጠው ሳለ እንኪ ተንፋሽዎ ያጠረበተ ጊዜ አለን?	አዎን	አይደለም
036.	ቁርጭምጭሚትዎ ብዙ ጊዜ በጣም ያብጥብዎታለን?	አዎን	አይደለም
037.	በቀን ሰዓተ እንኪ እጅና እግርዎ ቁዝ ቃዝ ይሆቱ ብዎታለን?	አዎን	አይደለም

038.	የአገርዎ ሙንቻ በየጊዜው አየተሸጣቀቀ ያመዎታልን?	አዎን	አይደለም
039.	ጠኪም የልብ በሽታ አለብዎት ብሉዎት ያውቃልን?	አዎን	አይደለም
040.	ከቤተሰብዎ ሲተላለፍ የመጣ የልብ በሽታ አለ ወይ?	አዎን	አይደለም
041.	ከዮርሰቾዎ ከገጣሽ በላይ የሚሆኑት ወለቀውበታልን?	አዎን	አይደለም
042.	ዮርሰዎ አየደጣ ያስቸገረዎታልን?	አዎን	አይደለም
043.	ዮርሰዎን ብዙ ጊዜ በኃይል ያመወታል ወይ?	አዎን	አይደለም
044.	በመላስዎ ላይ የተጋገረ የሚመስል ነገር ይታያልን?	አዎን	አይደለም
045.	ሁለጊዜ ምግብ አለበለላ ይሉታልን?	አዎን	አይደለም
046.	በቁርሶ፣ በምሳና በራት መካከል ጣፋጭ ወይም ሌላ ምግብ የመብላት ልምድ አለዎትን?	አዎን	አይደለም
047.	ምግብ ሲበሉ ተሉ ተሉ የመ ዋጥ ልምድ አለብዎትን?	አዎን	አይደለም
048.	ብዙ ጊዜ ሆድዎን የመበጥበጥ ወይም የምግብ አለመርጋት ስሜት ያስቸገረዎታል?	አዎን	አይደለም
049.	ከበሉ በኋላ ሆድዎ ይነፋበወታል?	አዎን	አይደለም
050.	ከበሉ በኋላ ብዙ ጊዜ ዓገሳት ለምደርቦታልን?	አዎን	አይደለም
051.	ብዙ ጊዜ ያቀለሽለሽዎታልን?	አዎን	አይደለም
052.	የሚበሉት ምግብ ባለመፈጨት አለዋሃዱ አያለ ያስቸገረዎታልን?	አዎን	አይደለም
053.	ኃይለኛ የሆድ ቁርጠት ሕመም አለብዎትን?	አዎን	አይደለም
054.	የጣያጅጥ የሆድ ሕመም ያስቸገረዎታልን?	አዎን	አይደለም
055.	በቤተሰብዎ ሲተላለፍ የቀየ የሆድ በሺታ አለወይ?	አዎን	አይደለም
056.	ጠኪም የጨጋራ የመላጥ ወይም የመ ቁሰለ (Ulcer) በሽታ አንዳለብዎ ገለጹዎት ያውቃል?	አዎን	አይደለም
057.	ብዙ ጊዜ በተቀጣጥ በሽታ ይሰቃያሉን?	አዎን	አይደለም
058.	ደም በብዛት አስ ቀምጠ ዎት ያውቃል?	አዎን	አይደለም
059.	የወሰፋቱ፣ የከሰ ወይም ሌላ የአንጀት ጠንቀ ተለ ታይ ተቦዎት ያውቃልን?	አዎን	አይደለም
060.	የሆድ ድር ቀት ሕመም ያለጣጅረጥ ያስቸገረዎታልን?	አዎን	አይደለም

061.	የፊንጢጣ ኪንታሮት (rectal hemorrhoids) በሽታ አምታ ያውቃለን?	አዎን	አይደለም
062.	የወፍ በሽታ (jaundice) ይዞዎት ያውቃለን?	አዎን	አይደለም
063.	ኃይለኛ የጉበት ወይም የጠቅቱ ከረጢት በሽታ ይዞዎት ያውቃለን?	አዎን	አይደለም
064.	የየለጥንት መጋጠሚያ የሰውነት ክፍልዎ አያበጠ ያሰቃዬታለን?	አዎን	አይደለም
065.	ጡንቻወቾዎና የለጥንት መገናኛዎቾዎ ሁሉ ጊዜ አለቃጠፍ አለዘረጋ አያሉ ያስቸገረዎታለን?	አዎን	አይደለም
066.	በየጊዜው እጅዎንና እግርዎን በኃይለ ያምዎታለን?	አዎን	አይደለም
067.	ኃይለኛ ቁርጥማት አለብለ ስንኩል አድርጉዎታለን?	አዎን	አይደለም
068.	ከቢተሰብዎ ሲተላለፍ የመጣ የቁርጥማት በሽታ አለ ወይ?	አዎን	አይደለም
069.	እግርዎን /መጫሚያዎን/ አየደከመዎ ወይም አያመመዎ ሥራዎን ማስናወን ያውክዎታለ ወይ?	አዎን	አይደለም
070.	በጀርባ ሕመም ምክንያተ ሥራዎን አንዳይሠሩ ይታወክሉ ወይ?	አዎን	አይደለም
071.	በከባድ የለኳለ ጉድለተ ወይም አለመስተካከል ምክንያተ ይቸገራሉ ወይ?	አዎን	አይደለም
072.	ቀላዎ ስስና በቀላሉ የሚጠዎ ነው ወይ?	አዎን	አይደለም
073.	በቀላዎ ላይ የመቁረጥ ሁኔታ በደረሰ ጊዜ ቁስሉ ተሉ አይድንለዎትዎን?	አዎን	አይደለም
074.	ፊተዎ አብዛኛውን ጊዜ ደም የጕረሰ ይመስላለን?	አዎን	አይደለም
075.	በብርድ ጊዜም ሆነ በሌላ ወቅተ በኃይለ ያለቦዎ ታለን?	አዎን	አይደለም
076.	አብዛኛውን ጊዜ ሰውነትዎን በኃይለ ያሳካከውታለ ወይ?	አዎን	አይደለም
077.	ቀላዎ ብዙ ጊዜ ይንደበደባል ወይ?	አዎን	አይደለም
078.	የአባጥ ሕመም ያስቸገረውታለ ወይ?	አዎን	አይደለም
079.	ኃይለኛ ራስ ምታተ አየተመላለሰ ያስቸገረዎታለ ወይ	አዎን	አይደለም
080.	የራስ ውጋተ ወይም ሕመም ብዙ ጊዜ ያስቃይዎታለ ወይ?	አዎን	አይደለም

081.	በቤተሰብዎ የራስ ዎታት ሕመም የተለመደ ነው ወይ?	አዎን	አይደለም
082.	ከፍተኛ ብርድና ሙቀት ይፈራረቅቦዎታልን?	አዎን	አይደለም
083.	ብዙ ጊዜ ራስዎን በኃይል ያዘረዎታልን?	አዎን	አይደለም
084.	ብዙ ጊዜ ራስዎን አዘርዎት ሊወድቁ ይችላሉ ወይስ ይዋለዎታል?	አዎን	አይደለም
085.	በሕይወትዎ ከሁለት ጊዜ የበለጠ ራስዎን አዘርዎት፣ ለመውደቅ ምቶዎት ወይም እስከመውደቅ የደረሱበት ጊዜ አለን?	አዎን	አይደለም
086.	ሰውነትዎን በከፊል ወይም በሙሉ ሁለጊዜ የመደን ዘዝ ወይም የመጠቀጠቀና የመንዘር ስሜት ያስቸገርዎታልን?	አዎን	አይደለም
087.	ከሰውነትዎ ከፍለ በድን ሆኖ የነበረ ወይም የሰለለ ነበርን?	አዎን	አይደለም
088.	በአንድ ዓይነት መጋጠት ምክንያት ራስዎን ስተው ያውቃሉን?	አዎን	አይደለም
089.	አንዳንድ ጊዜ ፊትዎ፣ ጥንቅላትዎ ወይም ተከሻዎ ኩርምት ዘርጋ ይለብዎታልን?	አዎን	አይደለም
090.	የሚዋለ በሽታ አለዎት ያውቃሉን?	አዎን	አይደለም
091.	በቤተሰቦቸዎ ውስጥ የሚዋለ በሽታ ያለበተ ሰው አለን?	አዎን	አይደለም
092.	ጥፍሮቸዎን አዘውተረው የመንከስ ልምድ አለበዎትን?	አዎን	አይደለም
093.	ሲናገሩ አፍዎን ያዘ አያደረገ ያስቸገሩዎታልን?	አዎን	አይደለም
094.	በአንቀልፍ ለብዎ ተነስተ የመዘቀወር ቸገር አለ ብዎትን?	አዎን	አይደለም
095.	በአንቀልፍዎ አንደተኙ ሸንተ ያመለዉዎታልን?	አዎን	አይደለም
096.	ዕድሜዎ ከ8 አስከ 14 ዓመተ በነበረበተ ጊዜ አንደተኙ ሸንተ አምለዉዎት ያውቅ ነበርን?		

ከዚህ በታች ማለት ከተራ ቁጥር 97 እስከ 102 ድረስ የሉት ጥያቄዎች የሚመለሱት በወንዶች ብቻ ነው ::

097.	በብልትዎ ላይ አንድ የሆነ ሕመም ታይቶበት ያውቃል ወይ?	አዎን	አይደለም
098.	በብልትዎ ላይ በየጊዜው እንደመ ቁስለ እያለ ያመዎታልን?	አዎን	አይደለም
099.	ብልትዎን ታክመው ያውቃሉ ወይ?	አዎን	አይደለም
100.	የሆድ ዕቃ ወይም ሌላ የውስጥ የሰውነት ከፍል ከቦታው የጣፈገገጥ ሕመም (hernia) አለብዎት ተብሉ በጠኪም ተነግሮዎት ያውቃለ ወይ?	አዎን	አይደለም
101.	በሽንትዎ ውስጥ ደም አይተው ያውቃሉ?	አዎን	አይደለም
102.	ሽንት መሽናት አስቸግሮዎት ያውቃለን?	አዎን	አይደለም

ከዚህ በታች ማለት ከተራ ቁጥር 97 እስከ 102 ያሉት ጥያቄዎች የሚመለሱት በሴቶች ብቻ ነው ::

097.	የወር አበባ በሚያዩበት ጊዜ ሕመም ይሰማዎታልን?	አዎን	አይደለም
098.	የወር አበባ በሚያዩበት ጊዜ የድካም ወይም የጤና መታወክ ያስከትልቦዎታልን?	አዎን	አይደለም
099.	የወር አበባ በሚያዩበት ጊዜ ጋደም ለማለት ይገደዳሉ?	አዎን	አይደለም
100.	የወር አበባዎ በሚመጣበት ጊዜ አርጋታ የማጣትና የብስጭት ባሕርይ ይታይበዎታልን?	አዎን	አይደለም
101.	ብዙ ደምና እንጓሎም ላብ ያለማቋረጥ ረስቦዎት ያውቃለን?	አዎን	አይደለም
102.	በብልት ፈሳሽ የተነሳ ተቸግረው ያውቃሉን?	አዎን	አይደለም

103.	ሁለ ጊዜ ሌሊት ለመሽናት ከመኝታዎ ለመነሳት ይገደዳሉ ወይ?	አዎን	አይደለም
104.	ቀን ተሉ ተሉ ለመሽናት ይገደዳሉ ወይ?	አዎን	አይደለም

105.	በሽኑ ቁጮር ከፈኖ ይጠ ቁመ ዎታለ ወይ?	አ ዎን	አይደለዎ
106.	አገላገዬ ሸገተ ዎን ጦ ዎሙር ያቀ ተዎታል ወይ?	አ ዎን	አይደለዎ
107.	ጠኪዎ የኩላሊተ ወይዎ የፊኖ ሕመዎ አለብዎ ብሉዎት ያውዎለ ን?	አ ዎን	አይደለዎ
108.	ብዙ ጊዜ ከባድ ደካዎ ይሰማዎታለ ን?	አ ዎን	አይደለዎ
109.	ሥራ ሲሰረ በኃይለ ይደክመ ዎታለ ን?	አ ዎን	አይደለዎ
110.	ቱ ዎተ ቱ ዎተ ከአገቀለፍ ሲነሱ በኃይለ ይደከመ ዎታለ ወይ?	አ ዎን	አይደለዎ
111.	ተገሸዎ ቢሆን የሰውነቱ አገቀስ ቃኬ ያደከመ ዎታለ ን?	አ ዎን	አይደለዎ
112.	ከመደክዎ የተነሳ ብዙ ጊዜ ዎገብ መብላተ አገኟ ያቀ ተታለ ን?	አ ዎን	አይደለዎ
113.	በከባድ የለእዎርና የመገፈስ መታወከ እገደዚሠዎ የሰውነተ መደክዎ (Nervous Exhaustion) ይሰ ታያሉ ን?	አ ዎን	አይደለዎ
114.	በቤተሰብ ዎ የለእዎርና የመገፈስ መታወከ እገዚሠዎ የሰውነተ ደካዎ (Nervous Exhaustion) ሲተላለፍ የቱየ ነው ወይ?	አ ዎን	አይደለዎ
115.	በ የጊዜው ታማሚ ሰው ነ ዎት ወይ?	አ ዎን	አይደለዎ
116.	በሕመዎ ዎከንያተ በ የጊዜው ከለለጋ ይውላሉ ን?	አ ዎን	አይደለዎ
117.	ሁለ ጊዜ ጤንነተ ዎ ይጋደላለ ን?	አ ዎን	አይደለዎ
118.	ታማሚ ሰው የሚለ ሰዎ አለ ዎተ ን?	አ ዎን	አይደለዎ
119.	በዘር ዎ ሕመዎ ይበዛለ ወይ?	አ ዎን	አይደለዎ
120.	ከባድ ሕመዎና ውጋተ ሥራ አገላይሠረ ያውከ ዎታለ ወይ?	አ ዎን	አይደለዎ
121.	ስለጤና ዎ በመጪ ነቀ ራስ ዎን ይጨላሉ ን?	አ ዎን	አይደለዎ
122.	ሁለ ጊዜ ጤና ጣጧተና አለመደሰተ ይታይበ ዎታለ?	አ ዎን	አይደለዎ
123.	በጤና ጉድለተ ዎከንያተ ያለማ ቋረጥ ይሰ ታያሉ?	አ ዎን	አይደለዎ
124.	የለፍ ጢ፣ የጀርና የለፍ ለሳባቢ መ ጣተ ከ ቀላ መገደብደብ ጋር (Scarlet Fever) ለዎ ዎት ያውዎለ ን?	አ ዎን	አይደለዎ

125.	በህፃንነትዎ የተኩላተና የየለጥንተ መጋጠሚያ ውጋት፣ (rheumatic fever) የእግር መቆርጠም (Growing pains) ፣ ወይም የእጅና እግር የመፈራገጥ ንቅናቄ (Twitching of the limbs) ደርሰዎበት ያውቃለ?	አዎን	አይደለም
126.	የወባ በሽታ ታመው ያውቃሉ?	አዎን	አይደለም
127.	ለደም ማነስ በሽታ (Anemia) ታክመው ያውቃሉ?	አዎን	አይደለም
128.	ያባለዘር በሽታ አዎ ታክመው ያውቃሉ?	አዎን	አይደለም
129.	የሰኳር በሽታ አለብዎት?	አዎን	አይደለም
130.	ጠኪም እንቀርተ አለብዎት ብሎዎት ያውቃለ?	አዎን	አይደለም
131.	የሥጋ ላይ እብጠተ (Tumor)፣ የነቀርሳ በሽታ (Cancer) ይዞዎት ታክመው ያውቃሉ?	አዎን	አይደለም
132.	የቀየ የበሽታ ጠንቀ አለብዎት ወይ?	አዎን	አይደለም
133.	የሰውነትዎ ከብደተ ከሚገባው መጠን በታቸ ነው ወይ?	አዎን	አይደለም
134.	የሰውነትዎ ከብደተ ከሚገባው መጠን በላይ ነው ወይ?	አዎን	አይደለም
135.	ጠኪም የእግርዎ የደም ሥር አብጪለ ብሎዎት ያውቃለ?	አዎን	አይደለም
136.	ከባዱ ለኘራሲቴን ተደርገው ያውቃሉ?	አዎን	አይደለም
137.	ባደጋ ምክንያት ከባድ ቁስለ ደርሰብዎት ያውቃለ?	አዎን	አይደለም
138.	በየጊዜው አነስተኛ አደጋና ጉዳተ ይደርሰብዎታለ ወይ?	አዎን	አይደለም
139.	እንቀለፍ አለወሰዱ እያለዎት ወይም እንቀለፍ ከወሰደዎት በኋላ ቶሎ የመንዎት ቸገር አለብዎት?	አዎን	አይደለም
140.	በየቀኑ የተወሰነ ዕረፍተ መውሰዱ ያሳገተዎታለ ወይ?	አዎን	አይደለም
141.	በየቀኑ የተወሰነ የሰውነተ እንቀስቃሴ/ጅምናስቲክ/መሰራተ ይቸገረዎታለ?	አዎን	አይደለም
142.	በቀን ክፅዎ ሲጋራ በላይ ያጨሳሉ?	አዎን	አይደለም
143.	በቀን ከሰዱስተ ስኒ በላይ ቡና ወይም ሻይ ይጠጣሉ?	አዎን	አይደለም
144.	በቀን ሁለተ መለኪያ ወይም ከሁለተ መለኪያ በላይ የአልኮለ መጠጥ ይጠጣሉ?	አዎን	አይደለም
145.	በፈተና ወይም በጥያቄ ጊዜ ከፍርጠተ የተነሳ ያለብዎታለ ወይም ይንቀጠቀጣሉ ?	አዎን	አይደለም

146.	ከአለቃዎ ጋር በሚሠሩበት ጊዜ ፍርሃት ፍርሃት ይለዎታል፣ ወይስ ሰውነትዎ እንደመንቀጥቀጥ ይላል?	አዎን	አይደለም
147.	አለቃዎ በሚመለከትዎ ጊዜ ሥራዎ ይጎዳገርገር ይልበዎታል ወይ?	አዎን	አይደለም
148.	በፍጥነት ሥራ ለመስራት ሲሞክሩ የዝግ ገራ መግባት ይደርስበዎታል ወይ?	አዎን	አይደለም
149.	በሥራዎ ላለመሳሳት ሲሉ በጣም ቀስ ብለው መሥራት ይገደዳሉ ወይ?	አዎን	አይደለም
150.	ትዕዛዝና መመሪያ በተከከለ መልኩ ያዳግተዎታል ወይ?	አዎን	አይደለም
151.	አላስ ቦታ ወይም የማያውቁት ሰው ያስፈራዎታል ወይ?	አዎን	አይደለም
152.	በአጠገብዎ ጊደኞችዎ ከሌሉ ክብቸኝነቱ የተነሳ ፍርኃት ይሰማዎታልን።	አዎን	አይደለም
153.	ሀሳብዎን መቆጣጠር ያዳግተወታል ወይ?	አዎን	አይደለም
154.	ሁሌጊዜ በአጠገብዎ ሆኖ ሰው ቢመክረዎ ይወዳሉን?	አዎን	አይደለም
155.	ቀልጥፍና የሚያገለግሎት ሰው ነዎት ወይ?	አዎን	አይደለም
156.	ክቤተዎ በስተቀር ሌላ ቦታ መብላት አይወዱምን?	አዎን	አይደለም
157.	በገብሺ ቦታ ብቸኝነትና ሀዘን ይሰማዎታል?	አዎን	አይደለም
158.	አብዛኛውን ጊዜ ሀዘንና ትካዜ ይሰማዎታል?	አዎን	አይደለም
159.	ብዙ ጊዜ ያለቅሳሉ?	አዎን	አይደለም
160.	ሁሌጊዜ በጠዘን ስሜት የመሰቃየትና የመሰለቸት ሁኔታ ይታይበዎታል ወይ?	አዎን	አይደለም
161.	የኑሮ ነገር ዉርሰ ተስፋ የሚያስቆርጥ ሆኖ ይታይዎታል?	አዎን	አይደለም
162.	ብዙ ጊዜ ቃቸ በተገላገለሁት የሚለ አሳብ ይመጣብዎታል ወይ?	አዎን	አይደለም
163.	ያለማቋረጥ መዉነቅ ያበዛሉ?	አዎን	አይደለም
164.	በዘራቸሁ መዉነቅ ታበዛላቸሁ?	አዎን	አይደለም
165.	የቃቅኑ ጉዳይ ሁሉ አያሳሰበ ይጉዳዎታል ወይ?	አዎን	አይደለም
166.	የመሸበርና የድንጉጥነት ባሕርይ አለብዎት ወይ?	አዎን	አይደለም

167.	የመሸበርና የድንጉጥ ነተ ባሕርይ በዘርዎ አለ ወይ?	አዎን	አይደለም
168.	ከድካም፣ ከብስጥተ ወይም ከጥንቀቱ የተነሳ የአዕምሮ መታወክ (Nervous Breakdown) ደርሰብዎት ያውቃለ?	አዎን	አይደለም
169.	ነበቱሰብዎ ከድካም፣ ከብስጥተ፣ ወይም ከጥንቀቱ የተነሳ የሚመጣ የአእምሮ መታወክ (Nervous Breakdown) አለን?	አዎን	አይደለም
170.	በአዕምሮ ሕመም ምክንያተ ጠኪም ቤተ ገብተው ያውቃሉን?	አዎን	አይደለም
171.	ከቤተሰቦቾክ መካከለ በአዕምሮ ሕመም ምክንያተ ጠኪም ቤተ ገብተ የነበረ ሰው አለን?	አዎን	አይደለም
172.	ከመጠን በላይ ዓይነ አፋር ነተ ወይም በተገሸ ነገር ስጣተ የመነካተ ባሕርይ አለቦዎት ወይ?	አዎን	አይደለም
173.	በዘራቾሁ ዓይነአፋር ነተ ወይም በተገሸ ነገር ስጣተ የመነካተ ባሕርይ አለባቾሁ ወይ?	አዎን	አይደለም
174.	ስጣተዎ በቀላሉ ይጉላለ ወይ?	አዎን	አይደለም
175.	ሠከ በቀላሉ ያስቁዎታለን?	አዎን	አይደለም
176.	አተንኩኝ ባይ የሚሰኙ ሰው ነዎት ወይ?	አዎን	አይደለም
177.	ብዙ ጊዜ ሰዎቾ ሠላብዎን በሌላ ይተረጉብዎታለ ወይ?	አዎን	አይደለም
178.	በጊዳኖቾዎ ፊተ አንኪ ጠንቀቀ ብለው ራስዎን መጠበቀ አንዳለብዎ ይሰጣዎታለ?	አዎን	አይደለም
179.	ድንገተ ሰያስቡ ተነስተው አንድ ነገር ሳድረግ ይወዳሉ ወይ?	አዎን	አይደለም
180.	በተገሸ ነገር ይቁሉ ወይም ይበሳጫሉ?	አዎን	አይደለም
181.	ራስዎን ሁሌጊዜ በዮንዎቱ ካለተቁጠሬ ነገር ሁሉ ይምታታቦዎታለን?	አዎን	አይደለም
182.	በዮዎትን ነገሮቾ ምክንያተ ሁሌጊዜ ይቁሉ?	አዎን	አይደለም
183.	ሌላ ሰው ዎን ሳድረግ አንዳለብዎ ቢያሳስብዎ ያስቁዎታለ?	አዎን	አይደለም
184.	ሰዎቾ ሁሌ ጊዜ ያስቁዎታለ ወይም ያበሳጩዎታለ ?	አዎን	አይደለም

185.	የፈለጉትን ወዲያውኑ ካላገኙ ንዴት ብለጥ ይለብዎታለ?	አዎን	አይደለም
186.	በየጊዜው ከመጠን በላይ ይቁጡን?	አዎን	አይደለም
187.	ብዙ ጊዜ ሰውነትዎ የመንቀጥቀጥ ወይም የመርበድበድ ሁኔታ ይታይበታለ?	አዎን	አይደለም
188.	ሁል ጊዜ በስሜትዎ ያለመረጋጋት ሁኔታ ይታይበዎታለ ወይ?	አዎን	አይደለም
189.	ድምፅ በድንገተ ሲሰሙ ይደነግጣሉ?	አዎን	አይደለም
190.	ሰው ጮህቦዎት ወይም ቢቁጣዎት ይርበደበዳሉ ወይስ የደብዎ ስሜት ይሰማዎታለ?	አዎን	አይደለም
191.	ሌሊት ድንገተኛ እንቀስቃሴና ድምፅ ሲሰሙ ይደነግጣሉ ወይ?	አዎን	አይደለም
192.	ሌሊት በቅዠት ምክንያት ከእንቀልፍዎ ደንግጠው ይነቃሉ ወይ?	አዎን	አይደለም
193.	አስፈሪ ሃሳብ በአዕምሮዎ ውስጥ ይመላለስበዎታለ ወይ?	አዎን	አይደለም
194.	ያለምንም ምክንያት ብዙ ጊዜ ድንገተኛ ፍርኃት ያደርብዎታለ?	አዎን	አይደለም
195.	ብዙ ጊዜ ቁዘማ ላብ ያጠመቀዎታለ ወይ?	አዎን	አይደለም

APPENDIX VII

Interview Guide

INTERVIEW

IMMIGRANT'S EXPERIENCE

The purpose of this research is twofold: First is to learn about the adjustment experiences of Ethiopian immigrants in the United States. Second is to find out if their experiences have any affects on their health in general and on their mental health in particular. In addition, an effort will be made to learn more about what the Ethiopian immigrants think about the health care system here. Such an assessment will help health care professionals in the United States to understand and give better care to immigrants.

Permission: After subject has read consent form:
Do you have any questions or concerns?

Directions: Please answer the following questions:

1. Did you come to the United States as a student, refugee, or visitor?

2. Did you come with a family, a friend or anyone else? If yes, who?

3. On arrival were you received by someone? If yes, by whom?

4. What was your experience of the United States on arrival? (size, people, language, food, etc.)

5. What was the most difficult experience?

6. How about establishing daily routines, i.e., finding a place to live in, a school to attend, employment to earn a living and trying to maintain all routines?

7. Did you fill a position of lower status here to what you had in Ethiopia?

8. What was the social status of your parents in Ethiopia?

9. If your job is menial, how does that affect your self-esteem?

10. Have you experienced discrimination?

11. How about separation from your country, community, friends and family?

12. How about your being here and not knowing much about the situation at home?

13. How about family roles, have they changed? Does

boundarylessness create conflicts?

14. Do you encounter family problems? What kind? How do you go about resolving them?

15. Is it easy or hard to raise children here?

16. Do they refuse to speak Amharic? Does it bother you if they do not?

17. Do you observe any gap between the Ethiopians that came here before the revolution and after? If yes, explain.

18. Who do you turn to in the event of problems?

19. What is it like to be encountering problems in the absence of family counsel?

20. Do you feel lonely or alone? Under what circumstances?

21. What do you do to overcome this situation?

22. From what country are your closest friends? What makes them your closest friends?

23. Is it easy for you to socialize with Americans? If not, why not?

24. Do you like living in the United States?

25. What do you miss about Ethiopia?

26. If possible would you return to Ethiopia?

27. How much do you think of Ethiopia? And how do you cope with the uncertainties in Ethiopia?

28. Have you found this to be a problem in establishing routines in this country?

29. Have you been ill since you came to the United States?

30. If so, did you find the health professionals helpful?

31. Was language a constraint in explaining the situation?

32. What do you think of the doctor's care?

33. Do you think Ethiopian health professionals would be more helpful? How and why?

34. What would you like to see changed in the health care system in the United States?

APPENDIX VIII

Regression Results

REGRESSION RESULTS

a) CMIP = 2.23 + 0.72 AGE - 0.95 EDU - 0.55 STA - 4.82 MAR
(0.42) (7.68) (4.14) (2,30) (2.50)

R^2 = 0.65 DW = 1.87

b) CMIM = -0.90 + 0.42 AGE - 0.39 EDU - 0.41 STA - 2.98 MAR
(0.27) (7.11) (2.68) (1.73) (2.46)

R^2 = 0.57 DW = 2.08

c) CMIT = 1.33 + 1.15 AGE - 1.33 EDU - 0.96 STA - 7.80 MAR
(0.17) (8.29) (13.98) (2.74) (2.76)

R^2 = 0.67 DW = 1.91

d) CMIM = 7.55 + 0.26 AGE - 0.75 EDU - 3.68 MAR
(1.70) (3.42) (3.47) (2.49)

R^2 = 0.37 DW = 2.05

e) CMIP = 8.13 + 0.48 AGE - 1.09 EDU - 5.35 MAR
(1.51) (5.23) (4.16) (2.98)

R^2 = 0.52 DW = 1.881

f) CMIT = 15.67 + 0.73 AGE - 1.84 EDU - 9.03 MAR
(1.81) (5.02) (4.38) (3.14)

R^2 = 0.52 DW = 1.87

g) CMIM = 5.66 + 0.17 AGE - 0.63 EDU - 2.49 MAR + 9.43 QUAL
(1.29) (2.08) (2.91) (1.63) (2.21)

R^2 = 0.41 DW = 2.33

h) CMIP = 4.86 + 0.33 AGE - 0.88 EDU - 3.28 MAR + 16.35 QUAL
(0.96) (3.46) (3.53) (1.86) (3.32)

R^2 = 0.59 DW = 2.33

i) CMIT = 10.52 + 0.50 AGE - 1.51 EDU - 5.67 MAR + 25.78 QUAL
(1.29) (3.26) (3.75) (2.03) (3.25)

R^2 = 0.59 DW = 2.35

j) CMIM = 0.17 + 18.50 QUAL
(0.11) (5.00)

R^2 = 0.29 DW = 2.40

k) CMIP = -0.74 + 30.86 QUAL
(0.36) (6.68)

R^2 = 0.43 DW = 2.37

1) CMIT = -0.57 + 49.31 QUAL
(0.17) (6.59)

R^2 = 0.42 DW = 2.39

m) CMIM = 1.34 + 0.53 CMIP
(1.44) (8.46)

R^2 = 0.55 DW = 2.34

Where

CMIM = CMI scores reported for Sections M-R

CMIT = CMI scores reported for Sections A-R

CMIP = CMI scores reported for Sections A-M

AGE = Number of respondent's age expressed in years

EDU = Formal education of respondent expressed in number of years in school

STA = Length of respondent's stay in the United States expressed in years

MAR = Marital status of respondent, expressed in a dummy variable where married = 0 and not married = 1. "Not married" individuals included the never married singles, as well as those divorced, separated and widowed.

Regression results a, b and c, using data from 110 subjects, show that CMI scores varied directly with age, and indirectly with education, length of stay in the United States and marital status. Also, variations in these explanatory variables explain up to two-thirds of the variations in the total CMI score.

Regression results d, e and f, using data from 60 interviewees, indicate that except the length of stay variable, all of the explanatory variables were again found to be significant. Finally, when the QUAL variable was incorporated as an additional explanatory variable the empirical results

improved markedly as follows:

1) First, the QUAL variable--the quantified qualitative responses--is found to be significant.
2) Second, the addition of the QUAL variable improved the explanatory variables as shown in regression results d, e, f, g, h and i.

Finally, the CMI scores were regressed against the QUAL variable. As results j, k and l show the greater the number of stressors and their intensity, the higher the symptoms reported, thus providing empirical evidence for the link between migration experiences and health. Also, as regression result m indicates, there is a direct correlation between the psychological and physiological CMI scores. This may be due to the reluctance of Ethiopians to talk about their mental problems with strangers but choose to express their mental problems in terms of physical symptoms.