Comparison of hopelessness and self-efficacy of refugee/immigrant Afghan youth with native Persian cohorts: A preliminary study

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Abstract

Introduction: International migrations in the context of war, civil war, and political instabilities are increasing. Afghan refugees in Iran have high levels of susceptibility to psychological difficulties like dissatisfaction, sorrow, frustration, and anxiety. The aim of the present study was to compare Afghan refugee youths with native Persian youths in hopelessness and self-efficacy.

Method: The population comprised all Afghan immigrant and native Persian youths who lived in Karaj in year 2015. 32 Afghan refugee and 31 native Persian youths were chosen by purposive sampling and their hopelessness and self-efficacy were assessed.

Results: MANOVA showed that Afghan refugee youths achieved significant higher scores in hopelessness (p<.001) and lower scores in self-efficacy (p<.024), compared to Persian native youths.

Discussion and conclusion: These findings indicate that Afghan refugee youths are in higher risk of mental problems than their native Persian cohorts. Therefore, social and psychological services shall urgently pay more attention to improve their specific psychosocial needs as well as facilitate their social and life skills training for this population sector in order to improve their mental and psychological health.

Keywords: Hopelessness, self-efficacy, migration, refugee, immigrant, youth, Afghan refugees/immigrants, mental health, Iran.
1. Introduction

Every year around the world, approximately 200 million international migration occurs and have its specific personal and social implication for both individuals and societies (MacPherson, Gushulak, & Macdonald, 2007). According to *United Nations Development Reports*, migration would have benefits of providing improved economic and educational chances, although immigrants would face barriers especially in health and social services (Jahan, 2015; Klugman, 2009). Migration is considered as the major factor of expansion of human society around the earth. Thorough history bipedal human migrated in various forms of subsistent, seasonal/permanent, betterment, intranational/international, carrier, flight/forced, etc. (Bade, 2015; Otte, 2015). There are several known and suggested reasons for migration which include economic issues, religious, reducing life risks, ethno-nationalistic reasons, political, symbolic gratification, racial reasons, escape from threats, and social connections (Bade, 2015; Massey, 2015). The immigrants usually don’t like to live in their country of origin due to the aforementioned motivations/reasons. A critical and important concept in migration is refugee which is defined as some special form of immigrant “who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality” (Türk, 2011).

Afghanistan is one of the few countries with impressive lowering of population which is exactly the result of emigration and taking refuge. Political instability and civil war within last four decades cause a large population to immigrate. Afghans have highest rate of refugees in recent years. In 1980s nearly 6 million Afghan immigrated, mostly to Iran and Pakistan. Although the major part has returned to homeland, approximately 2.6 million Afghan refugees seek asylum in Iran, Pakistan and Afghanistan (Sert, 2013). Many refugees would face torture, sexual harassment and abuse, and maltreatment which make them predisposed for various physical, psychological and social harms/traumas (Turner & Herlihy, 2009). Children and adolescent refugees experience major stressful events in the course of migration; before, within the and after migration, seeking asylum and settlement. In a study on Cambodian refugees it has been revealed that there are many major stressors among them such as concerns about settlement financial problems, security, living in dangerous situations, how the family would live in the country of origin, and most importantly issues about socialization and acculturation of their children and having acceptable actions/behaviors in destination nation (Hinton, Nickerson, & Bryant, 2011). The prevalence and incidence rate of psychological difficulties and problems, especially anxiety disorders, depressive problems, PTSD, and suicide, is high among refugees (Carney & Freedland, 2002; Heeren et al., 2012; Nickerson, Bryant, Steel, Silove, & Brooks, 2010). In a meta-analysis on refugees, it has been appeared that refugees both in eastern and western countries have inappropriately worse mental health status than the aboriginal destination nation (Porter & Haslam, 2005). It appears that Afghan refugees alike other refugees around the world deal with a wide range of psychosocial problems. Afghan refugees have various psychosocial problems of their own which is unique because of several reasons. First, Afghan refugees continue to stay in host nations although their relative political and social stability of the present time. Second, Afghanistan is of countries with very low infrastructures in public as well.
as mental health services (Sayed, 2011; WHO Afghanistan Country Office, 2006). Third, Iran as a host of a major population of Afghan refugees and neighbor country of Afghanistan is a desirable destination for settlement of Afghan refugees (Dadfar et al., 2015). Some factors may contribute to reduce such stressful situations and help refugees to better cope with psychosocial burden. Authors have found social support and sense of self-efficacy to be effective on regulation and reduction of stress-related problems (Stetz, Stetz, & Bliese, 2006). According to the social cognition theory, self-efficacy would be defined as a set of ones beliefs about her/his capabilities and skills to organize and perform goal-directed actions (Bandura, 1998). In general, studies have shown negative relation between self-efficacy and psychological problems and burnout (Aloe, Amo, & Shanahan, 2014) and can act as a protective shield which saves individuals from different psychosocial problems (Stetz et al., 2006). One of the most critical problems among refugee/immigrant populations is suicidal behavior. Studies have found that this high prevalence is due to risk factors include loss of social support, separation from family, and stressful/traumatic events which are frequent in refugees/immigrants lives (Fazel, Wheeler, & Danesh, 2005; Westman, Hasselström, Johansson, & Sundquist, 2003) and ranges from 3.4% up to 40% depending on the population (Vijayakumar, 2016). In a study on Afghan refugees in Iran, the prevalence rate of 53% was estimated for depressive problems (Motamedi, Nikian, & Reza- Zadeh, 2003).

An important concept related to depression and suicide is hopelessness. Hopelessness is considered as a core construct in most psychosocial theories about suicide and studies have shown direct links between suicide and hopelessness rather than depression (Beck, Weissman, Lester, & Trexler, 1974; Johnson, Gooding, & Tarrier, 2008). In spite of the critical role of hopelessness and social support on mental health (Kolarcik, Geckova, Reijneveld, & Van Dijk, 2015) and major risks to psychosocial health of refugees/immigrants, there is no published paper/report about assessment and evaluation of such constructs among Afghan refugees/immigrants in Iran. Therefore, the present study is dedicated to identify and provide a preliminary information about underlying psychosocial constructs of hopelessness and self-efficacy among Afghan refugee/immigrant youth and compare their psychosocial status with Iranian native cohort group.

2. Method
2.1. Design and participants
The study design was ex-post facto due to the fact that the immigration/taking refuge phenomenon could not be evaluated otherwise. The population of the study comprised all Afghan refugee/immigrant youths and native Iranian cohorts who lived in the city of Karaj in year 2015. Sample group consisted of 32 Afghan refugee/immigrant (mean age= 14.4; sd= .21) and 31 native Iranian (mean age= 12.09; sd= .69) youths with ages ranged between 11 and 16 years which were selected by purposive sampling and educational level of three to five of primary school. All participants were going to school in the time of study.

2.2. Procedure
This study was a subsequent part of a multi-dimensional comparative intervention on Afghan refugee/immigrants in Karaj, Iran. Following sampling process and allocation of participants to
both groups, Persian versions of *Perceived Self-Efficacy Scale* and *Hopelessness Scale for Children* were administrated by all participants in one session. During the administration of instruments, parents of the participants were present at the session, however not seated by their children and were not allowed to either verbally/nonverbally communicate to their children at this phase.

2.3. Measures

2.3.1. Perceived Self-Efficacy Scale

In order to evaluate and assess self-efficacy among participants, the Persian version of *Perceived Self-Efficacy Scale* was administered in which 22 items about social situation in the form of incomplete sentences that the respondent shall evaluate her/his capability to perform the appropriate skill in a four-part Likert scale (very easy=4, easy= 3, difficult= 2, very difficult= 1). The self-efficacy score is the total summation of all items and the more score respondent get, the higher self-efficacy she/he has. Reliability and validity of the original scale has been approved (Wheeler & Ladd, 1982). For Persian version of *Perceived Self-Efficacy Scale*, authors have reported appropriate indices both for validity and reliability. Heuristic factor analysis method with KMO index of .90 and $\chi^2$ of 2.24 showed two factors in which all items were put. These two factors named according to the items’ content without-conflict and with-conflict situations. Cronbach's alpha was reported .87 for total scale, .78 for without-conflict situation subscale and .83 for with-conflict situation (Hosseinchari, 2007).

2.3.2. Hopelessness Scale for Children

In order to assess the level of hopelessness, participants administered the Persian version of *Hopelessness Scale for Children* which was primarily based on Beck’s Idea about hopelessness. This scale comprises 17 items and respondent shall answer correct/incorrect to each item. Scores range between 0 and 17 and the higher score a respondent, the more hopeless she/he is. Test-retest reliability for clinical sample was reported as $r=.57$ with 6 weeks of interval and for nonclinical sample was $.49$ with 10 weeks of interval. In addition, the scale has a desirable internal consistency ($a= .97$) and half-splitting reliability was reported as $.97$ (Kazdin, French, Unis, Esveldt-Dawson, & Sherick, 1983; Kazdin, Rodgers, & Colbus, 1986). The Persian version of scale has good reliability indices; Cronbach’s alpha and test-retest indices reported .77 and .95, respectively (Kholghi, Ghanbari, & Habibi, 2015).

2.4. Ethics

After finalizing sampling, general process of the study, to the extent which won’t make bias, was discussed to all participants. All participants’ parents gave written subscription. In order to maintain secrecy and confidentiality, all issues that would somehow consider as private information or could anyhow interfere in the results or make bias, transformed into random codes. After post-test all identity information and contact details of participants were eliminated.
3. Results

Descriptive statistics of administration of study instruments are presented in table 1 in which it is obvious that Afghan refugee/immigrant youths gained higher scores in hopelessness and lower scores in self-efficacy than native Persian youths.

Table 1: Mean and standard deviation of variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>group</th>
<th>Mean ± sd</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Afghan refugee/immigrant youths</td>
<td>5.09 ± 2.69</td>
</tr>
<tr>
<td></td>
<td>Native Persian youths</td>
<td>2.54 ± 1.92</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>3.84 ± 2.65</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Afghan refugee/immigrant youths</td>
<td>62.12 ± 8.69</td>
</tr>
<tr>
<td></td>
<td>Native Persian youths</td>
<td>67.87 ± 10.91</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>64.95 ± 10.18</td>
</tr>
<tr>
<td>Perceived self-efficacy</td>
<td>Afghan refugee/immigrant youths</td>
<td>62.12 ± 8.69</td>
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</tr>
</tbody>
</table>

Having two groups of Afghan refugee/immigrant youth and native Persian youth as well as having to dependent variables namely self-efficacy and hopelessness, in order to compare both groups of the study with each other, there would be two way for inferential analysis; t-test for independent samples and multivariate analysis of variance (MANOVA). According to the literature, because of increase in first-type error using t-test for several times (Tabachnic & Fidell, 2013), MANOVA was implemented. In order to test the normality of the sample, Kolmogorov-Smirnoff test, Levene’s test of homogeneity of variance and Bartlett’s test of sphericity were administered. Kolmogorov-Smirnoff test results showed the normal distribution of sample groups (p<.05). Although Box test was significant (F= 2.73; P<.042), because Levene’s test result was insignificant (p<.05) and approximately equal size of sample groups, variance matrices are considered as homogeneous. Bartlett’s test of sphericity results were significant (p<.001). Altogether, it appears that there is sufficient correlation between dependent variables and MANOVA could be administered. Multivariate tests results are presented in table 2.

Table 2: Multivariate tests results

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>F</th>
<th>Df.</th>
<th>Df error</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillai’s Test</td>
<td>0.244</td>
<td>9.657</td>
<td>2.00</td>
<td>60.000</td>
<td>0.001</td>
</tr>
<tr>
<td>Wilks Lambda</td>
<td>0.756</td>
<td>9.657</td>
<td>2.00</td>
<td>60.000</td>
<td>0.001</td>
</tr>
<tr>
<td>The Lawley-Hotelling trace</td>
<td>0.322</td>
<td>9.657</td>
<td>2.00</td>
<td>60.000</td>
<td>0.001</td>
</tr>
<tr>
<td>Roy’s greatest root</td>
<td>0.322</td>
<td>9.657</td>
<td>2.00</td>
<td>60.000</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Because of significance of Box test and to avoid bias in results of analysis of variance, Pillai’s test results were used to compare groups. Results of Pillai’s test, which presented in table 2.
2, are significant and means that there are significant difference between Afghan refugee/immigrant and native Persian youths in self-efficacy and hopelessness scores ($F_{(2,60)}=9.657$, $p<.001$; effect size= .57). Results of inter-subject effect test to discriminate differences are presented in table 3.

Table 3: Analysis of variance of self-efficacy and hopelessness scores

<table>
<thead>
<tr>
<th>Dependents variable</th>
<th>Sum of squares</th>
<th>Df.</th>
<th>Mean of squares</th>
<th>F</th>
<th>Sig.</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>519.873</td>
<td>1</td>
<td>519.873</td>
<td>5.361</td>
<td>.024</td>
<td>.081</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>102.017</td>
<td>1</td>
<td>102.017</td>
<td>18.499</td>
<td>.001</td>
<td>.233</td>
</tr>
</tbody>
</table>

ANOVA was administered separately for each dependent variable, so that the source of statistical significance of multivariate effect would be determined. Results showed that Afghan refugee/immigrant youths gained significantly higher scores in hopelessness than native Persian youths ($F_{(1,61)}= 18.499$, $p<.001$; effect size= .233). Moreover, Afghan refugee/immigrant youths gained significantly lower scores in self-efficacy than native Persian youths ($F_{(1,61)}=5.361$, $p<.05$; effect size=.081).

4. Discussion and conclusion

This study would be considered in fact as one of a kind about self-efficacy and hopelessness in Afghan refugee/immigrant youths. The only previous study was about mental health of adults in Tehran, Iran (Dadfar et al., 2015). The most focused issue of mental health in Afghanistan is substance use disorder (SUD) because of high prevalence in population according to United Nations Office on Drugs and Crime (UNODC) reports. In addition, three consecutive decades of chaos and civil war has worsen the mental health status of Afghan generations (Sayed, 2011). Aside from such contextual traumatic background, taking refuge and/or immigration would accumulate the burden and intensifies Afghan refugee/immigrants psychosocial problems. Within this context, the present study has limited relevant literature to deliberately explain and discuss the findings.

Data analysis showed that Afghan refugee/immigrant youths are significantly more hopeless than their native Iranian cohorts. Although there is no previous evidence/study/information about Afghan refugees/immigrants’ psychosocial status and disorders, according to UNHCR’s report (Sert, 2013) it could be assumed that these population sector is alike other refugee/immigrant populations which have been studied before. With respect to the fact that in refugee/immigrant population the prevalence rates of depressive signs/symptoms and suicidal behaviors are higher than non-refugee/nonimmigrant populations, and considering the central role of hopelessness in the etiology of such crises (Vijayakumar, 2016), the present findings were expected as well. Previous studies on quality of life of Afghan refugees/immigrants in Tehran have shown high prevalence rates of somatic as well as psychosomatic signs/symptoms, social dysfunction, anxiety, sleep problems, and severe depressive signs/symptoms in this population. Moreover, in this study 22% of Afghan refugees/immigrants believed that their life is miserable, 19% stated the world does not worth
living, 16% wished if they could die, and 11% identified themselves as worthless, inferior, and invaluable (Dadfar et al., 2015). Some authors have viewed psychosocial problems of refugee/immigrant youths from a cultural perspective and the process of acculturation. They suggest that children and adolescents undergo an overwhelming acculturation pressure which is a result of their reaction to life events. Such acculturation press would end in various psychosocial problems in their lives (Anagnostopoulos et al., 2004; Gupta, Leong, Valentibem J, & Canada, 2013; Yoon et al., 2013).

In addition, the results of the present study revealed that Afghan refugee/immigrant youth gained lower scores in self-efficacy than their native Iranian cohorts. The explanation of this finding might be found in the definition the construct. As aforementioned, self-efficacy is considered as a set of personal beliefs about one’s capabilities and skills to organize, direct and perform goal-oriented actions (Bandura, 1998). Previous studies have identified and indicated that refugees/immigrants have conflicts in their belief systems which would affect their sense of self-efficacy. Many of refugees/immigrants have lived in their country of origin with successful conceptual models about successful adulthood, and keep those even though they have immigrated to a new county/nation. The problems occurs whenever the source and destination nations/countries are culturally diverse; society, individuals and social (in)formal institutions of destination nation/country have conceptual models different from the country of origin and therefore have different acculturation strategies defined for their cultural members. Refugees/immigrants are strange and ignorant about such cultural in-depth differences and hence, intra- and interpersonal conflicts arise which in turn, reduces the level of self-efficacy among these new members of the destination country/nation (Roer-Strier, 2001).

The present study had several limitations. The important limit was lack of previous literature and evidence, made understanding and explanation of results to some extent difficult. Other limits included the accessibility to Afghan refugees/immigrants, their alliance in the process of study, level of literacy, level of understanding the Iranian Persian version of the instruments and level of confidence to researchers which made the sample size few. Many of inferential statistical methods in surveys and ex post facto studies need at least more than 100 individuals in each group.

Putting all aforementioned issues together, it appears that self-efficacy and hopelessness have negative relations with each other, so that higher levels of hopelessness of Afghan refugee/immigrant youths are accompanied with lower levels of self-efficacy. It would be an alerting state, because hopelessness simultaneously have the potential of increasing the risk of suicidal behaviors in individuals. Such situation is a real danger to this population sector which need imperative and urgent interventions. Adolescent and youth sector of population have much importance because of their role in construction of next generation. They are the There is a great need to administrate life skills as well as non-violent communication training to these refugees/immigrants in a continuous manner so that they feel the supportive stream of psychosocial aids and gradually become self-dependent and dynamic population. It is believed that the very first step of psychosocial assistance and aid to this population would be surveys and the present study was solely a preliminary study to initiate this line of psychosocial researches and interventions.
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References


