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Full Length Research Paper

Intergroup bias among Addis Ababa University students

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Accepted 19 December, 2013

The purpose of this study was to explore intergroup bias among students in Addis Ababa University Main Campus. Data were collected through unobtrusive measures. Graffiti ascribed by students in toilet rooms, library “tension box” desks, reading tables, building walls and books were collected, categorized into themes and narrated qualitatively. Religion based bias was reflected through the graffiti. The bias often targeted Orthodox Christianity and protestant religious sects. The clash also seems between these religious sects. In addition, political based intergroup bias appeared between supporters and opponents of Ethiopian People Revolutionary Democrat Front, the current ruling party. Some words and phrases unfairly degrade Ethiopian People Revolutionary Democrat Front while others also unfairly promote this party. Most importantly, the findings revealed strained relations among different ethnic groups. The graffiti mainly depicted biased favors and degradation toward Amhara, Oromo and Tigrie ethnic groups. Ethnic based bias was prominently reflected as compared to political and religion based biases.

Key words: Intergroup bias, university students, graffiti.

INTRODUCTION

Ethiopians are heterogeneous in terms of ethnicity, language, socio-cultural and economic aspects. This diversity is typically observed universities. Because universities are like “mini” Ethiopia in which students came from almost all parts of the country to attend their education. So, one can find almost all ethnic groups when he or she visits one of the universities in Ethiopia.

In Ethiopia, the number of higher institutions has increased from time to time. The number of students attending higher learning has also been also increased. All higher learning institutions are supposed to be a center of excellence academic, research and community services. But, quality of education has become questioned.

Addis Ababa University is the oldest and the largest higher institution in Ethiopia. Students who are attending tertiary level of education in Addis Ababa University came from different regions, ethnicity, linguistic and cultural

backgrounds. Most students live within in the university’s compound in dormitories.

In a university setting where thousands of students live together, the formation of groups is expected. Even, Bar-Tal and Teichman (2005) argue that human beings are born into a group. Group membership is one of the most important human characteristics. People organize themselves into groups and most of their behavior is performed within a group framework. Individuals consider themselves as group members and perceive others according to their group membership (Bar-Tal and Teichman, 2005). Similarly, Myers (2010) stated that an individual does not belong to just one group rather to multiple groups based on nationality, religion, recreational pursuits, occupations, and so forth.

Therefore, needless to say, university environments expose students to diversity of experiences. They have the opportunity to exchange experiences, culture,

knowledge, and skills. Besides, university environments enable students to form groups based on very wide range of alternative such as life styles, religious beliefs, political ideology and gender, to mention but few.

Proponents of social identity theory argue that people categorize themselves into various groups, big, small or large. Once groups are formed, the actual difference among members in the same group tends to be minimized even in the presence of differences while capitalizing differences with the out-groups. Such a tendency leads to distorted perceptions, attitudes and evaluations of both in-group and out-group members (Tajfel and Turner, 1979).

Adherents of subjective uncertainty reduction theory claim that people have interest to reduce uncertainty in their life. To reduce their subjective uncertainty, they identify with a certain group that provides “normative” prescriptions of behavior. Put in other words, uncertainty motivates in-group identification. After a person identifies with a group, he /she is likely to show intergroup bias (Hogg and Terry, 2000).

According to this social dominance theory, ideologies in a society encourage intergroup hierarchies. Individuals who have high social dominance orientation of ideologies have a desire to promote intergroup hierarchies and dominance of their own group. For instance, men have strong social dominance orientation than their women counterparts. In order to achieve in-group dominance, people engage in behaviors of intergroup bias (Hewstone et al., 2002).

According to Bar-Tel and Tiechman (2005), most social activities take place in groups. They state that we are born in a group. Similarly, Ashmore et al. (2001) explained that living in a group is an imperative feature of humans which serves as a survival method. Moreover, Tajfel cited in Ariyanto et al. (2011) stated the natural tendency of people to categorize self and others into various social groups. In this process, they make a distinction between their own group and out-groups. So, identification to a certain social identity is formed as a result of categorization process (Tajfel cited in Ariyanto et al., 2011).

Intergroup relations are often competitive. Attitudinal and behavioral biases (favoring one's own group and over the others' group) most likely occur in competitive conditions. When competitive relationship between members of groups prevails, attraction within members of in-group increases while opposition towards out-group members increases. This leads to solidity of in-group and hostility towards out-group members which often ends up with intergroup bias (Brewer, 1978).

Likewise, some researchers (Admas, 2006; Hailemariam, 2008; Dumessa and Godesso, 2013) found various groups and the relations among students in higher institutions were not promising. In this regard, Admas (2006), Hailemariam (2008), Dumessa and Godesso (2013) found similar findings at Dilla College of Teachers Education, Addis Ababa University and Jimma

University respectively. The studies of these researchers revealed unfavorable attitudes towards out-group members of students. Contrary to this, Semela (2012) found relatively positive attitude toward out-groups among Hawasa University students.

The commonality of all the above studies is that they gave due attention to the outcome of intergroup relations-conflict. Nevertheless, none of these studies focuses on the processes involved in intergroup relations among diverse group of students. Besides, these studies gave much emphasis to ethnic-based conflict, ignoring other basis of conflict. The present study, on the other hand, attempts to explore various basis of bias reflected in the process of intergroup relations among students in the Main Campus of Addis Ababa University.

MATERIALS AND METHODS

Design

This study follows qualitative research design. It specifically used unobtrusive method of qualitative research.

Participants

Since the study employed unobtrusive method, the researcher did not directly collect data from participants. Rather, the researcher collected data from the graffiti ascribed by students in different places and materials within the Campus.

INSTRUMENT

Initially, the author thought of collecting data using interview and Focus Group Discussion before the regular students left the campus for summer vacation. Due to absence of these students, the data collection techniques were changed to unobtrusive strategy. Of course, though students went out for summer vacation, what they reflected in the form of unobtrusive data remains in the campus. Unobtrusive techniques are also useful data collection strategies to study sensitive topics like this one (intergroup bias).

Data collection procedures

Field notes were collected from graffiti displayed on different equipment and places such as toilet rooms, library tension box desks (desks which are made for private use in which a student hides him or herself from others), classrooms, building walls and books. The researcher used photo camera to capture the graffiti. More than three hundred statements, words, and phrases were video-taped and ascribed. In due course of time, some of the graffiti have become eroded and difficult to take photograph. So, the researcher wrote such graffiti on a note book.

Data analysis and interpretation

After collecting field notes, coding operation was carried out. Similar contents which reflect intergroup biases were categorized into ethnic, political, religion, department and sex based-biases. After categorizing data into patterns or themes, meanings were created and narrated. Finally, discussion was made between the present

study findings and the previous ones.

RESULTS

They graffiti ascribed by students witness immature relations among different groups of students in the Main Campus of Addis Ababa University. The campus seems a battle for ethnic, political and religion-based intergroup biases through words. This is paradox to motto of the country which says "unity in diversity".

Students demonstrated in-group favoritism to their own ethnicity, religion and political affiliation in toilet rooms, classroom walls, and tension box desks. They gave color and flavor to their own ethnicity, religion and political party. Appreciating a group to whom one belongs may be normal but it becomes a problem when there is unnecessarily exaggeration. On the other hand, they reflected out-group derogation, bigotry, hostility, and bias towards others religion, political and ethnic group members.

Ethnic based intergroup bias was most prominent vis-a-vis- religion and political based biases. Almost all the graffiti depicted in and out group bias toward the three ethnic groups (the Oromo, Amhara, and Tigrie). This may be due to ethnic based federalism which the present ruling party in Ethiopia has been exercising since 1991. There is, for example, sentiment of considering the Amhara belongs to the royal family and governor of the country. Similarly, another statement says "Amhara is the only source of Ethiopian civilization." Therefore, these graffiti reflected both in-group favoritism and out-group derogation towards the Amhara ethnic group

In addition, biases were observed among different religion sects. The biases targeted on Orthodox Christianity and protestant religions, specifically on the role of Jesus Christ, Saint Mary and Angels in getting the blessing of God. Ethiopians give great value to their religion which directs most of their activities in their lives. As a result, competitions arise among followers of different religious sects. The Orthodox Christian followers consider protestant religion as foreign as if Orthodox was not imported from abroad. Surprisingly, there were graffiti which show a tendency to associate Orthodox Christianity with the Amhara people per se as if a religion is limited to a particular ethnic group. For example, one writing says "The Amhara converted others to orthodox Christianity through force". As history tells us, protestant, orthodox, muslim and other religions came to Ethiopia from abroad.

Moreover, politica-based intergroup bias was reflected in the writings. The biases seem between two groups (pro- Ethiopian People Revolutionary Democrat Front and anti- Ethiopian People Revolutionary Democrat Front). The graffiti demonstrated hostility on one hand and favoritism on the other hand to this party.

Overall, students reflected their views, biases, stereotypes and attitudes without fear of intimidation in "safe rooms" such as toilet rooms, classrooms and so on. They vent out their wishes, feelings and thoughts though graffiti.

DISCUSSION

Most of the graffiti displayed on lecture halls, tension box desks, books, toilet rooms, and classrooms revealed political, ethnic and religious matters. Students forwarded their in-group and out group biases. They wrote words, statement, phrases and even pictures to express their hostility, stereotype and prejudice toward out group members and to disclose their unreasonable favor to a group whom they belong.

When we see ethnic based biases, the graffiti clearly demonstrated strained relations among different ethnic groups. There were words, statement, phrases and pictures that demonstrate the superiority of Amhara, groups on one hand and inferiority on the other hand. Those statements which claim the superiority of the Amhara were likely written by Amhara students and those statements which degraded the Amhara identity were most likely written by other students who have developed bias and wrong perception. The same holds true when it comes to Tigrie and Oromo groups. Many graffiti demoted the Oromo while others unfairly promoted this group. The Tigrie group was also unjustifiably prized and degraded through the graffiti. These findings are consistent with previous research findings. For instance, According to Hailemariam (2008), large number of students in Addis Ababa university were fixated with abusive and stereotypical words toward the Amhara, Oromo and Tigrie ethnic groups. Likewise, Jimma University students experienced ethnic-based mistrust, tension and conflicts (Dumessa and Godesso, 2013). Admas (2006) also found ethnic tension, violence, and conflict among different ethnic groups in Dilla College of Teachers Education.

Coming to religion based biases, students reflected their favor to their own religion but failed to recognize others' religion. The clash seems between Orthodox Christian and Protestant followers. The argument laid on the right religion which leads to join heaven. There were graffiti which preached Orthodox Christianity as the only way to get God's blessing and the role of St. Mary and other Angles to join heaven. Other graffiti, on the other hand, accused Orthodox Church for backwardness of Ethiopia, let alone accessing to heaven. The Protestants' religion was also targets to favoritism as well as derogation. The graffiti indicated abusive and biased attitudes that undervalue protestant religion. Similarly, Mekonnen and Endawoke (2007) found disagreements over religious issues among Bahir Dar University students. However, a positive relation was found among religious groups of students in Hawasa University (Semela, 2012). This difference could occur due to administration quality in treating students so as to develop tolerance.

The other topic of intergroup bias was politics. The graffiti clearly indicated two wings having extreme positions. These are pro Ethiopian People Revolutionary Democrat Front wing and anti- Ethiopian People Revolutionary Democrat Front wing. Both wings often reflected unfair attitude towards EPRDF. Some graffiti claim

Ethiopian People Revolutionary Democrat Front as ideal party while others argue that Ethiopian People Revolutionary Democrat Front as a harsh and oppressive party. Similarly, indication of political- based bias was found in Jimma University. For instance, Dumessa and Godesso (2013) found that Tigrie students behaved politically superior and heroically reacted to Oromo students which caused conflicts.

The above findings are in line with social identity theory which states that group members capitalize differences with the out-groups and favor in groups. This results in distorted perceptions, attitudes and evaluations of both in-group and out-group members (Tajfel and Turner, 1979).

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Full Length Research Paper

Study on factors leading to re-hospitalization and the care provided

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Accepted 10 December, 2013

People with mental illnesses are marginalized and socially excluded from many aspects of community life. Mentally ill patients and their family members/caregivers often face significant barriers when dealing with their illnesses. The goal of this study was to identify the factors affecting re-hospitalization and types of care given by the families.

The sample includes selected psychiatric patients (Male-10, Female-10) from 20 different families. Primary data were obtained using semi-structured questionnaires, in-depth interviews with the caregivers. Hospital records, observation and case studies were used as secondary information. Family interventions were very much evident and proved to be very effective in reducing the impact of illness on the patient and family. Out of these 20 families, 13 patients were identified with supportive caregivers through the follow up. Case work activities revealed that, family members were aware of patients' illness behavior and psycho-social changes.

Key words: Mental illness, re-hospitalization, marginalized.

INTRODUCTION

Re-hospitalization is a particularly concerning issue for patients and is associated with family members experiencing increased care burden and stress. As reported by the WHO (2001), surveys in several developed countries have revealed that more than 25% of ordinary persons manifest one or more mental disorders during their lifetime. Mental health problems often lead to personal distress, illnesses/uncleanliness, death, stigmatization, marginalization and economic deprivation to the individual or to the family.

Of recent, taking care of a mentally ill patient has become a serious problem, on account of increasing poverty, high cost of living, expensive medical treatment, loneliness, lack of companionship and social stigma Alan and Colin, (1983). Understanding the leading factors which are affecting re-hospitalization is very much essential to improving the quality of care.

Caring system of the family

A family, defined as a social unit/group characterized by common residence, economic cooperation and reproduction, is considered as the first attempt at social organization by humans. This social unit formed as a social institution with a purpose has been the focus of attention of the social scientists and behavioral professionals including social workers and counselors who intervene to effect constructive changes at different levels (Lena, 2004). The structure of the family which keeps transforming depends on many factors such as culture and needs of a society. It is also explained as a social arrangement developed to ensure the perpetuation and propagation of the species.

One of the major functions of the family is the caring for the female members of the family, as it is considered, in

the patriarchal way of thinking (Ife, 1997) that the primary role of a woman in a family is that of a wife and a mother, which includes bearing and rearing of the off springs and caring for all family members including the sick, elderly and the disabled. In the event, the familial caretaking function is not undertaken; the state has often stepped in to undertake the responsibility at a cost. In order to prevent the development of such situations, strengthening and improving the wellbeing of the family is normally advocated and supported by providing adequate support through supportive interventions.

Caring is a broad area which encompasses a variety of processes. Caring could be construed as a means to simply attune oneself to someone else's psychological wellbeing. It however relates to large amounts of emotional labor to maintain personal relationships.

Among the many caring systems, family based care is one. As a primary social institution, the family possesses distinct relationships with the society, state and market. Any concerns about the family therefore are directly connected to these relationships. As a dynamic organization, the family could become a problem when the conditions within it present threats to the basic values and interests. Families differ markedly in form and structure throughout the world. Their structure and functions have changed considerably over time and continue to change to this day. There have been occasions when changes in family organization and arrangement have been perceived as social problems, resulting in conflicting values and objectives. The core of the conflict often concerns the extent to which the changing nature of families and family organization results in the non-performance of certain functions such as child care, and/or biological, social and cultural reproduction, that are necessary for the continuance of the existing society Margrit et al., 2003).

Traditionally, it has been the responsibility of families to provide long-term care to each and every individual in the family. This long-term care entails a variety of services that include medical and non-medical care for people with chronic illnesses or disabilities. Long-term care helps meet health or personal needs. Long-term care, however, can be provided at home, in the community, in institutions providing assisted living arrangements or in hospitals. Long-term "care" in reality is the provision of a complex array of services. In addition, the use of the term "chronic" may not include those consumers whose needs for services and supports are intermittent, meaning episodic or cyclical in nature. In the case of persons living with mental health problems, long term care is necessary as they are vulnerable. Helping people with mental health problems is a specialized service.

The situation of the mental illness

Mental illness is fast developing to become the number its members, particularly vulnerable members of the

family. In practice, the caring role is mainly handled by one cause of morbidity in the world (WHO 2001). As reported by WHO (2001), surveys in several developed countries have revealed that more than 25% of ordinary persons manifest one or more mental disorders during their lifetime. Mental health problems of different degrees are common, and can affect anyone. Recent trends in mental illnesses have been the cause for concern worldwide including Sri Lanka (James, 1988). Research by Sri Lankans have shown that at any given time about 10 percent of people suffer from significant mental disorders and about 2% suffer from serious mental illnesses (Chamindra and Suman, 2009).

Mendes (2001) in his research has pointed out that the social changes experienced recently are caused (Richard, 1979) by Middle East migration, war, unemployment, rising rates of suicide and alcoholism. More and more people in Sri Lanka are suffering from mental illnesses on the average; one in every four families has persons with mental health problems, needing clinical attention (Sahanaya, 2003). Mental health problems often lead to personal distress, illnesses/uncleanliness, death, stigmatization, marginalization and economic deprivation to the individual or family.

Normally, a short term or even a brief episode of several mental disorders experienced is likely to have long-term consequences for both the patient and family. The disruptive influences through mental disorders may cause paranoid delusions, rage or severe depression tearing apart the most cohesive families. There are many studies on short-term follow-up on patient's characteristics and treatment regimes leading to favorable results but studies on long-term illnesses and their impact on the patient and families are relatively few.

Some of the research on long-term illnesses has indicated outcomes related to persons who manifest the basic thought disorder of schizophrenia in adolescence, for example, and who have been constricted in their relationships with others, tend to be the most chronically impaired in later life, even though they may be able to function episodically in certain types of social roles (Olsen and Micklin, 1981).

Many studies, including that of Wansborough and Cooper (1980) have indicated the importance of employment for the rehabilitation and resettlement of those who have suffered from a mental illness (Gerald, 1961). The loss of employment brings with it not only economic repercussions but a number of social and psychological ones as well: loss of self esteem and identity, lack of structure and purpose in life and reduced contacts with friends and former workmates.

Objectives

The objectives of this study were to identify the factors affecting re-hospitalization and the types of care given by the families.

METHODOLOGY

A sample of psychiatric patients (Male-10, Female-10) as diagnosed psychiatrically ill per the International Classification of Disease (ICD-10) undergoing acute mental illness for more than 2 years from 20 different families Sri Lanka were selected for this study. This area of study is very specific; therefore, to accomplish the objectives of the research, directly selected purposive sampling method was used. Primary data were obtained using semi-structured questionnaires, in-depth interviews with caregivers. Hospital records, observation and case studies were used as secondary information. The semi-structured questionnaires were used to assess the socio-demographic and economic background of the family members and the caregivers while in-depth details of psychiatric patients and the family care givers were obtained from informal interviews of selected patients. They were all one-to-one personal interviews, the duration of which depended on the severity of the illness. The technique of participant observations were used to observe patients and care givers at the Hospital and Clinics as well as during the home visits.

RESULTS

Family interventions were very much evident and proved to be very effective in reducing the impact of the illness on the patient and family. Twenty patients and their families were recruited for the study. Out of these twenty patients, 16 patients were suffering from schizophrenia and 04 patients were suffering from bipolar-affective disorder.

From this 20 sample, 13 patients identified with caregivers. The rest of them do not have any caregivers to take responsibilities continuously. For this evidence based practice, social case work was best method to help people to help themselves (Allen and Anne 1973).

Psycho education programme for the family members/ caregivers were more effective activity. It was revealed that, family members were aware of patients' illness behavior and bio-psycho social changes. Counseling sessions helped them to reduce the burden and stresses of the family members/ caregivers. These changes of the family members/ caregivers help patients to reduce their relapses.

DISCUSSION AND CONCLUSION

Lack of awareness on mental illnesses and lack of knowledge on taking care of such patients lead to problematic conditions for caring for the mentally ill. People are caring for their mentally ill patients in different ways. They face challenges, sometimes they struggle with these additional responsibilities. Income is a major problem of these families. There is a contradiction between patients' illness behavior and day to day activities of their families. Therefore, it is a burden to the families to take care of such patients.

Social stigma is another main reason which has highly influenced such families in our culture. It seems not only

in the rural villages but also in urban societies such conflict situations can be observed. Family and home environment successfully predict treatment outcome and relapse rates. Caregivers' stress levels and attitude can predict the quality of care for patients and the risk of increased re-hospitalizations.

In hospital settings, families of patients are often frustrated by a system that claims to include them, but hardly keeps them informed. This lack of communication disconnects family members, leaving them feeling helpless and unsupported in their own concerns and unable to help their loved one. As a result of this disconnection and social stigma, the patient is often discharged to a family who does not know how to help or what to do to facilitate recovery, increasing the likelihood of relapses.

Family factors seemed to aggravate mental illnesses sometimes leading to family dysfunction and disorganization. Lack of awareness on mental illnesses and the resultant neglect of the patient may have led to the development of the illness into chronic conditions. This study underscored the necessity to start the preliminary medicals as early as possible followed by early interventions by the family. As social work intervention, family intervention is very necessary for the long-term mentally ill who are the vulnerable individuals and need continuous support. Introducing social work practice methods to manage mental illnesses at primary care level and in community is effective to develop good practices.

Therefore, the social worker in the mental health setting should be concerned about the medical model and social model to enhance capacities of person with mental health problems and their families; and micro, macro and mezzo level social work intervention is very much essential to help them to help themselves.

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13th International Public Communication of Science and Technology Conference, Salvador, Brazil

International Conference on Language, Literature and Culture in Education, Nitra, Slovakia

[9th International Conference for Literary Journalism Studies \(IALJS-9\), Paris, France](#)

International Journal of Psychology and Counselling

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