

Baahida aan la daboolin ee taageerada caafimaadka dhimirka kuna jiraan dadka naafada ah ee Soomaaliya: Xidhiidhka ka dhaxeeya iyo caqabadaha hortaagan

Charles Zemp¹, Frédérique Vallières¹, Mohamed Abdul Jama², Abdifatah Hassan Ali³, Kirsten Young³ and Caroline Jagoe^{4,5}

¹Trinity Centre for Global Health, School of Psychology, Trinity College Dublin, Dublin 2, Ireland

²National Disability Agency, Mogadishu, Somalia

³United Nations Human Rights and Protection Group, Somalia

⁴Department of Clinical Speech & Language Studies, Trinity College Dublin, Dublin 2, Ireland

⁵School of Human and Community Development, University of the Witwatersrand, Johannesburg, South Africa

Naafanimada iyo caafimaadka dhimirka ayaa si gaar ah ugu baahday Soomaaliya, taasoo ay ugu wacan tahay iskahorimaad hubaysan oo daba dheeraaday iyo dhibaatooyinka bani'aadamnimo ee ka dhasha. Wax yar, haddii ay jirto, cilmi-baadhis ilaa maanta, si kastaba ha ahaatee, ayaa isku mar sahamisay naafanimada iyo arrimaha la xidhiidha caafimaadka dhimirka ee macnaha guud ee Soomaalida. Annaga oo adeegsanayna farsamooyinka falanqaynta ee sharraxaadda iyo dib-u-celinta labadaba, waxaan ujeednay inaan go'aamino sida kor u kaca heerarka naafanimada shaqada, laga soo sheegay qaybaha kala duwan ee naafada (sida, aragga, maqalka, garashada), tirada naafanimada wadajirka ah, iyo doorsoomayaasha kale ee la taageeray (sida shaqada iyo jinsiga) waxay la xidhiidhaa suurtagalnimada in la is-aqoonsado baahida taageerada caafimaadka dhimirka ee muunad (N = 1355) ee Soomaalida naafada ah, iyo sidoo kale in la ogaado caqabadaha caamka ah ee taageerada noocaas ah. Inkasta oo inta badan ka qaybgalayaashu ay is-aqoonsadeen baahida taageerada caafimaadka dhimirka, kaliya 15% ayaa awooday inay helaan, iyada oo caqabadaha ugu badan ay yihiin qiimaha adeegyada iyo helitaanka adeegyada maxalliga ah. dhedig ahaan, la guursaday, iyo lahaanshaha korodhka heerarka adag ee shaqada xagga garashada, dhaqdhaqaaqa, iyo is-daryeelka qaybaha naafada ayaa mid walba si weyn loola xiriiriyay suurtagalnimada korodhka baahida is-aqoonsiga ee taageerada caafimaadka dhimirka. Natiijooyinka daraasaddan ayaa muujinaya qodobbada suurtagalka ah ee mudnaanta u leh siyaasadda caafimaadka dhimirka iyo barnaamijyada Soomaaliya.

Saamaynta Bayaanka

Naafanimada iyo xanuunka dhimirku labadaba waxa laga qaba walaac xalad caafimaad ee aduunka oo dhan, gaar ahaan dalalka dhaqalahoodu hooseyo ama dhexdhaxdka yay (LMICs), oo ah halka badi dadka aduunka ee naafada ah iyo/ama xanuunka dhimirku ayaa deganyihin. Soomaaliya waxay ka mid tahay mid ka mid ah LMIC oo ay u badan tahay in si gaar ah loo dareemo saameynta naafada iyo daganan shiyo la,aanta maskaxda, ugu horrayn waxaa sabab u ah iskahorimaad ka socday tobanaan sano waxana ka dhashay dhibaatooyin badan oo bani'aadamnimo oo is-daba socda. Iyadoo cilmi-baadhis hore ay muujisay in naafanimada iyo dagananshiya la,aanta maskaxdu ay aad ugu badan yihiin Soomaaliya, kama warqabno wax daraasado ah oo sahamiyay

caafimaadka maskaxda iyo arrimaha la xidhiidha labadan xaaladdod ee dhimirka iyo nafanimada. Sidaa darteed waxa ujeedaydu tahay inaanu go'aaminno sida ay kor ugu kacayso heerarka naafanimada, sida laga soo sheegay qaybaha nafonimo ee kala duwan (sida, aragga, maqalka, garashada), iyo tirada naafanimada wadajirka ah, iyo kuwo kale oo la taban karo oo si caqli gal ah loo taageero (sida shaqada iyo jinsiga) ayaa lala xidhiidhiya suurtagalnimada in la aqoonsado baahida taageerada caafimaadka dhimirka ee Soomaalida naafada ah. Marka sidaas la sameeyo, waxaanu aqoonsanay kooxo-hoosaadyo gaar ah oo ka mid ah dadka naafada ah ee Soomaaliyeed kuwaas oo (i) laga yaabo in ay diyaar u yihiin in ay ka qaybqaatan caafimaadka maskaxda iyo taageerada nafsaaniga ah (MHPSS) faragelinta iyo/ama (ii) waxay dammaanad qaadi karaan mudnaanta dadaallada faragelinta. Intaa waxaa dheer, waxaan muujineynaa caqabadaha soo noqnoqda ee Soomaalida naafada ah ay la kulmaan marka ay isku dayayaan inay ka faa'iideystaan taageerada caafimaadka dhimirka. Natiijooyinka ayaa lagu falanqeyay iyadoo la eegayo saameynta ay ku yeelan karaan siyaasadda caafimaadka dhimirka iyo barnaamijyada caafimaadka dhimirka ee dadka naafada ah ee Soomaaliya, kuwaas oo lagu tilmaamay inay hadda la kulmaan 'dhibaato caafimaadka dhimirka ah.

Hordhac

Qiyaasta boqolkiiba, 16% dadka Adduunka - ama 1.3 bilyan oo qof - waxay ku nool yihiin naafo weyn (Ururka Caafimaadka Adduunka [WHO] 2022a), iyo 13% waxay la nool yihiin nooc ka mid ah cillad maskaxeed (Machadka Qiyaasta Caafimaadka iyo Qiimaynta [IHME]] 2023). Naafanimada iyo caafimaadka dhimirku inta badan ma madaxbannaana, si kastaba ha ahaatee, iyada oo caddayn muujinaysa xidhiidh si fiican loo taageeray oo u dhexeeya labada (tusaale, Sanderson iyo Andrews 2002; Turner et al. 2006; Emerson et al. 2008; Cree et al. 2020; Augustine et al. al. 2022; IHME 2023). Marka loo eego 2019 Culayska Caalamiga ah ee Daraasadda Cudurrada (GBD), Xanuunada caafimaadka dhimirka ayaa lagu tiriyaa 14.95% wadarta guud ee sanadaha la noolaa naafonimada (YLDs) iyo 4.92% wadarta guud ee sannadaha nololaha ee la isku hagaajiyey ee naafanimada (IHME 2023). Tirakoobyadan caalamiga ah, si kastaba ha ahaatee, waxay ku guul daraysteen inay bixiyaan sawir dhammaystiran oo ku saabsan muuqaalka cudurrada faafa ee naafada iyo caafimaadka dhimirka, ugu horrayn iyada oo la eegayo kala duwanaanshaha gobolka ee la muujiyey marka la kala saarayo. Tusaale ahaan, 80% dadka naafada ah ee caalamiga ah waxay ku nool yihiin wadamada dhaqaalahoodu hooseeyo ilaa dhexdhexaadka ah (LMICs) (Barnaamijka Horumarinta Qaramada Midoobay [UNDP] 2016; WHO 2022a), si la mid ah 82% dadka adduunka ee qaba xanuunka dhimirka (WHO) 2022b). Soomaaliya, oo ah waddan uu colaadda hubaysani soo jiidamaysay ilaa 1991 (Manku 2018) waxay hoy u noqotay qaar ka mid ah "xaaladaha bini'aadantinimo ee ugu xun adduunka" in si weyn la isugu keeno. Xidhiidhka ka dhexeeya caafimaadka maskaxda, naafanimada, faqriga, iyo isku dhaca labadaba waa mid firfircoon oo adag. Cilmi-baaris tayo hore loo sameeyay ayaa tilmaamaysa in inta badan Soomaalida naafada ah loo malaynayo inay naafo noqdeen colaadda (Amnesty International 2015). Sidoo kale, heerar saboolnimo oo sarreeya, oo ka dhashay qalalaasaha bini'aadantinimo ee daba

dheeraaday, ayaa sidoo kale gacan ka geysta soo jeedinta heerarka naafada ee Soomaalida oo sarreeya (WHO 2010). Saboolnimada iyo naafanimada ayaa is barbar socda (Groce et al. 2011; WHO iyo World Bank 2011; Bangiyada iyo al. 2018), gaar ahaan kuwa la kulma faqriga kala duwan, oo ay ku jiraan lacagta, waxbarashada, iyo helitaanka kaabayaasha aasaasiga ah (Mitra et al. 2013). Soomaaliya, qiyaastii 90% dadku waxay ku nool yihiin nooc ka mid ah faqri dhinacyo badan leh (Bangiga Adduunka 2022). Sidoo kale, colaadda iyo dhibaatooyinka bini'aadantinimo ee Soomaaliya ka socda ee tobannaan sano jirsaday ayaa lagu tilmaamay inay inta badan mas'uul ka yihiin 'dhibaataada wadajirka ah' ee dadka Soomaaliyeed iyo inay tahay arrin muhiim u ah horumarinta cudurrada dhimirka (WHO 2010). Runtii, saamaynta xun ee iskahorimaadyada hubaysan ku yeelanayaan caafimaadka maskaxda ee dadweynaha si wanaagsan ayaa loo diiwaangeliyey (Charlson et al. 2019; Jain et al. 2022). Isku soo wada duuboo, arrimahan dhamaantood waxay u badan tahay inay gacan ka geystaan waxa Ibrahim, Rizwan iyo asxaabtiisa (2022) ay ugu yeedhan 'dhibaataada caafimaadka dhimirka' ee Soomaaliya, taas oo iskahorimaadka Soomaaliya ka socda ay u badan tahay inuu horseeday baahida sare ee daryeelka caafimaadka dhimirka ee wax ku ool ah xaalad gebi ahaanba ka maqan. agabka caafimaadka dhimirka. Xidhitanka faraqa u dhaxeya daawaynta ee la taaban karo ee xanuunka dhimirka Soomaaliya, iyadoo aan ku cusbayn LMICs (Petagna et al. 2023), waxay u badan tahay inay carqaladeeyaan arrimo dheeraad ah. Kuwaas waxaa ka mid ah yaraanta ba'an ee adeegyada caafimaadka dhimirka, waxna khatar ku ah caqiidooyin dhaqameedka oo dhaleeceynaya cudurrada dhimirka (Ibrahim, Rizwan et al., 2022) iyo xogta ugu yar ee lagu kalsoonaan karo oo ku saabsan baahsanaanta cudurrada dhimirka ee dalka. Xogta yar ee la hayo si kastaba ha ahaatee waxay ka tarjumaysaa dhibaataada caafimaadka dhimirka ee Soomaaliya. Laga soo bilaabo 2010, mid ka mid ah saddexdii qof ee Soomaali ah ayaa la ildaran, ama la ildaran yahay, nooc ka mid ah cudurrada dhimirka (WHO 2010). Falanqeyn kale oo xaaladeed oo ay sameysay Kooxda Xuquuqda Aadanaha iyo Ilaalinta Qaramada Midoobay (United Nations Assistance Mission in Somalia) Kooxda Ilaalinta Xuquuqda Aadanaha [UNSOM HRP] 2019) ayaa muujisay heerar sare oo aragtiyo waxyeello leh oo dadka naafada ah. Fahamka cidhiidhiga ah ee naafanimada oo si gaar ah ula xidhiidha naafonimada jidhku waxay halis dheeraad ah u gelinaysaa kuwa qaba caafimaadka dhimirka (ama kuwa kale) naafada ah ee la xidhiidha helitaanka adeegyada. Fikradaha khaldan iyo caqabadaha dhaqan iyo aragtiyeed ee muhiimka ah ayaa xaddidaya ka qaybgalka buuxa ee macnaha leh ee muwaadiniintan (Jago et al. soo socda). In kasta oo xidhiidhka si fiican loo aasaasay ee ka dhexeeya naafanimada iyo caafimaadka dhimirka, iyo korodhka suurtagalnimada naafanimada iyo diiqad maskaxeed ee goobaha isku dhaca, haddana waxa jira farqi muuqda oo cilmi-baadhis ah oo si cad u sahinaya xidhiidhka ka dhexeeya naafada iyo caafimaadka dhimirka iyo sidoo kale caqabadaha hortagaan helitaanka adeegyada caafimaadka dhimirka ee xaaladda Soomaaliya. Fahamka wanaagsan ee xidhiidhkani waxa uu awood u leeyahay in uu kor u qaado xaaladaha nololeed ee shakhsiyaadka naafada ah (UNDESA nd; Khaltarkhuu and Sagesaka 2019; WHO 2023a) iyo xanuunada caafimaadka dhimirka (Kilbourne et al. 2018; Moukaddam et al. 2022; WHO 2023b) iyo sidoo kale in la ogeysiyo barnaamij iyo siyaasad xooggan. Haddaba, si loo soo afjaro daldaloolooyinka cilmi-baadhiseed ee la aqoonsaday, daraasaddan ayaa marka hore

raadinaysay inay qeexo muunad ballaadhan oo ka mid ah dadka naafada ah ee Soomaalida ah marka loo eego sifooyinka bulsho-bulsheed ee muhiimka ah ee la xidhiidha naafanimada iyo caafimaadka dhimirka, caddeeya boqolkiiba ka qaybgalayaasha naafada ah ee la sheegay inay u baahan yihiin taageerada caafimaadka dhimirka. laakiin aan la helin, oo caddeeyo caqabadaha caadiga ah ee helitaanka taageerada caafimaadka dhimirka. Marka xigta, Waxaan raadinay inaan baarno saameynta, haddii ay jirto, in heerka dhibka shaqeynta ee qaybaha kala duwan ee naafada, tirada naafada, iyo xiriirka kale ee la yaqaan ee caafimaadka dhimirka iyo naafanimada ay ku leeyihiin itimaalka Soomaalida naafada ah ee taageeraya baahida taageerada caafimaadka dhimirka.

Habka

Nashqada Daraasada

Daraasaddan ayaa ahayd mid labaad oo lagu falanqeeeyay xog-ururin ay soo aruurisay Hay'adda Naafada Qaranka Soomaaliya (NDA) oo qayb ka ah “Ururinta Xogta Naafada iyo Baahiyaha. Sahanka Qiimaynta” (NDA 2024). Ka dhashay maqnaanshaha xogta naafada dalka Soomaaliya (SIDA 2014), sahanku wuxuu bilaabmay Janaayo 2022 iyada oo ujeedadu tahay in la fahmo fikradaha iyo mudnaanta dadka naafada ah ee Soomaaliya qaybahooda kala duwan ee adeegyada. Si loo ururiyo xogtan, NDA - iyada oo la kaashanaysa Xafiiska Tirakoobka Soomaaliya, Hay'adaha kala duwan ee Qaramada Midoobay, Ururada Dadka Naafada ah (OPDs) ee Soomaaliya iyo khabaro maxalli ah oo khibrad u leh (dadka naafada ah ee ku lug leh kooxda daraasadda) - ayaa la balaariyay Qalab sahamin ah oo hore loogu isticmaalay daraasadaha ka mid noqoshada naafada Koonfurta Suudaan (Ururka Caalamiga ah ee Socdaalka [IOM] 2021a) iyo xeryaha barakacayaasha (IDP) ee Kismaayo, Soomaaliya (IOM 2021b).

Iyadoo daraasadda asalka ahi ay ururisay xog dhinacyo badan leh (tusaale, caafimaadka, guriyaynta, biyaha, fayadhowrka iyo nadaafadda), daraasaddan waxay si gaar ah diiradda u saaraysaa cilaaqaadka ka dhexeeya iinta iyo baahida la soo sheegay ee taageerada caafimaadka dhimirka. Sidaa darteed, tirada ugu yar ee doorsoomayaal lagu cabbiray daraasaddii asalka ahayd ayaa lagu daray daraasaddan.

Ka qaybgalayaasha

Xogta loo adeegsaday daraasaddan waxay ka timid muunad $N = 1367$ qaangaar ah (18 jir ama ka badan) oo deggan shanta magaalo madaxda maamul goboleedyada Soomaaliya (marka laga reebo caasimadda dalka ee Muqdisho): Kismaayo ($n = 301$), Dhuusamareeb ($n = 286$), Jowhar ($n = 281$), Baydhabo ($n = 266$), iyo Garoowe ($n = 233$) (NDA 2024). Somaliland laguma darin daraasadii asalka ahayd sababtoo ah NDA wakhtigan xaadirka ah ma gaadho Somaliland. Ugu dambeyntii, falanqaynta xogta ayaa la sameeyay iyadoo la adeegsanayo ($n = 1355$) kiisas laga soo qaatay

daraasaddii asalka ahayd, taas oo shuruudaha ka mid noqoshada ay ku jiraan kuwa (i) ee ahaa > 18 da'da da'da wakhtiga xog ururinta iyo (ii) la kulmay Kooxda Washington ee Naafada Tirakoobka '(WG) heerka heerka naafanimada (ie ka jawaabida 'dhibaato badan' ama 'waxba kama qaban karto' mid ka mid ah boggaga su'aalaha-gaaban, hoos lagu sifeeyay). Ka qaybgalayaasha waxaa lagu shaqaaleysiiyay daraasadda NDA ee asalka ah iyada oo loo marayo habab muunad aan suurtoagal ahayn. Muunad ujeedo leh ayaa markii hore loo adeegsaday OPD-yada degmo kasta, waxaana ku xigtay tijaabada kubbadda barafka si loo shaqaaleysiiyo ka qaybgalayaal badan oo naafada ah. Shuruudaha ka-reebista ee daraasadda NDA ee asalka ah waxaa ka mid ah shakhsiyaadka aan is-aqoonsaneyn inay yihiin naafo oo ay ka hooseeyaan da'da 18.

Xog Uruurin

Xogta lagu sheegay warqadan waxaa lagu soo aruuriyay su'aalo-wareysiyada qoyska oo ay si shaqsi ah u maamuleen xisaabiyeyaasha maxalliga ah. Tiriyeaasha xogta aruuriyay ayaa ahaa Soomaali waxaana tababaray IOM iyadoo adeegsaneysa agabka tababarka WG-ga oo loo turjumay Soomaali. In kasta oo ay NDA-du dadaal ugu jirtay in ay shaqaaleysiiso tiro-koobiyeyaasha naafada ah, haddana midna ma awoodo in uu ka qaybqaato xog-ururinta shanta gobol ee lagu daray daraasadda hadda jirta. Xogta ka qaybqaataha waxa lagu soo ururiyay si dhijitaal ah iyadoo la isticmaalayo Kobo Toolbox.

Qalabka iyo Kala-duwanaanta

Heerka Dhibka Shaqada

Kooxda Washington Short Set on Functioning (WG-SS) ayaa loo isticmaalay si loo qiimeeyo heerka hawl-karnimo ee ku adag lix qaybood oo naafada ah: aragga, maqalka, dhaqdhaqaaqa, garashada (xusuusinta), is-daryeelka, iyo isgaarsiinta, markii hore lagu doortay "fududnimadooda", soo gaabin, caalamnimada, iyo isbarbardhigga" (WG 2023, para. 7). Waxaa sameeyay Kooxda Magaalada ee Guddiga Tirakoobka Qaramada Midoobay, WG-SS waxaa loogu talagalay in lagu fududeeyo isbarbardhigga xogta naafada oo u oggolaanaysa kala saarista tilmaamayaasha natiijada ee ku saleysan heerka naafanimada. In kasta oo ansixinteeda marka la eego macnaha guud ee Soomaalida aan weli la xaqiijin. WG-SS waxa uu maray imtixaan balaadhan iyo ansaxinta aduunka oo dhan (Groce and Mont 2017) iyo, laga bilaabo 2021, waxa lagu daray tirakoobka qaranka ee 111 wadan (WG 2022a). WG-SS waxaa loo turjumay si loogu isticmaalo daraasadda NDA ee asalka ah shakhsiyaad si fiican u yaqaan Ingiriisi iyo Soomaali labadaba oo aqoon u leh naqshadaynta iyo ujeedada su'aalaha WG-SS. WG-SS-ku waxa uu ka kooban yahay lix su'aalood - mid ka mid ah qayb kasta oo naafada ah - kuwaas oo qiimeeya heerka dhibka ay la kulmaan jawaab-bixiyeyaasha. Tusaalaha alaabta si toos ah loogu maamulo shakhsiga waxaa ka mid ah: "Dhibaatooyin ma kugu qabtaa wax-aragga, xitaa haddii aad xidhato muraayadaha?" iyo "Ma kugu adag tahay socodka ama fuulitaanka jaranjarooyinka?" (WG 2022b, 2). Jawaabaha waxaa lagu dhaliyay miisaan ah 1 ilaa 4, oo leh dhibco weyn oo tilmaamaya heer aad u weyn oo dhibaato shaqayneed, oo u dhaxaysa 1 muujinaysa 'wax dhib ah' ilaa 4 oo tilmaamaya 'waxba ma qaban karo'.

Xaaladda Naafanimada

La jaanqaadaya shuruudaha WG ee lagu taliyay (WG 2020), buundada 3 ('aad u dhib badan') ama 4 ('waxba ma samayn karo') mid ka mid ah lixda qaybood ee WG-SS ayaa loo adeegsaday tilmaame naafada. . Doorsoome cusub, heerka naafanimada, ayaa sidaas loo sameeyay si loo go'aamiyo boqolkiiba wadarta ka qaybgalayaasha ee buuxiyay shuruudahan. Si loo go'aamiyo heerka naafanimada ka qaybqaataha qaybo gaar ah, lix doorsoomayaal cusub oo dheeraad ah ayaa lagu dhex abuuray xogta ka qaybqaataha - mid ka mid ah domain kasta oo naafada - oo loo calaamadeeyay sida 1 midkood (tusaale ahaan, gaaritaanka heerka naafanimada ee qaybtaas shaqaynaysa) ama 0 (maqnaanshaha naafanimada ee la xidhiidha qaybtaas shaqaynaysa)

Tirada Naafada

Tirada naafanimada ka qaybqaataha ayaa markaa la qiimeeyay iyadoo la soo koobay tirada qaybaha naafada (aragga, maqalka, dhaqdhaqaaqa, garashada (xusuusinta), is-daryeelka, iyo dhaqdhaqaaqa) xaadirka ah ee ka qaybqaataha .

Baahida Taageerada Caafimaadka Maskaxda

Baahida ka qaybgalayaasha ee taageerada caafimaadka dhimirka waxaa loo cabbiray si kala-duwan iyadoo la weyddiiyey ka qaybgalayaasha "Ma u baahdeen taageero nafsaani-bulsho sida la-talin ama daaweyn nafsi ah?". Su'aasha waxaa lagu turjumay fikrado laga helay xubno ka tirsan kooxda maxalliga ah oo aqoon u leh xaaladda dhaqanka-luqad iyo naafanimada iyo xaaladda xuquuqda aadanaha ee dalka. In kasta oo la-talinta iyo daawaynta cilmi-nafsiga aysan ahayn 'khadka koowaad' ee gargaarka la raadsado, haddana ereyada la isticmaalay waxay khubarada maxalliga ah iyo khubarada khibrada u arkeen inay yaqaaniin oo dhaqan ahaan ku habboon yihiin (dadka naafada ah ee ku lug leh kooxda daraasadda). Sidan oo kale, su'aasha la turjumay waxay la jaan-qaaday fahamka guud ee Soomaaliya ka jira ee ku aaddan fikradda la-talinta xirfad-yaqaannada ama cilmi-nafsiga, taas oo aan ku jirin caadooyinka bogsiinta ruuxiga ah ama dhaqanka. Ka qaybgalayaashu waxay ku jawaabi karaan 'haa' ama 'maya', oo loo kala calaamadeeyay '1' iyo '0', siday u kala horreeyaan.

Caqabadaha Helitaanka Taageerada Caafimaadka Maskaxda

Ka qaybgalayaasha oo markii hore 'haa' kaga jawaabay su'aasha "Ma u baahday taageero nafsaani ah sida la-talin ama daaweyn nafsi ah?" Waxaa sidoo kale la weyddiiyay su'aasha: "Ma awooday inaad hesho adeegyada aad u baahan tahay?". Haddii ay 'maya' ugu jawaabeen kan dambe, caqabadaha helitaanka taageerada caafimaadka dhimirka ayaa la qiimeeyay iyada oo la wayddiiyay ka qaybgalayaasha haddii ay la kulmeen mid ka mid ah caqabadaha soo socda si ay u helaan taageerada nafsaaniga ah: la'aanta adeegyada deegaanka, macluumaad la'aan, masaafada, qiimaha adeegyada, helitaan la'aanta jirka, badbaado la'aanta, takoorida iyo/ama dhibaataaynta, caqabadaha

isgaarsiinta, ama wax kale. Ka qaybgalayaashu waxay dooran karaan doorashooyin badan ama waxay cayimi karaan tooda haddii ay doortaan 'kale'

Isku-dhafan

Iyadoo la raacayo qaabka biopsychosocial ee caafimaadka iyo naafanimada labadaba, xoogga iyo jihada xiriirka ka dhexeeya naafanimada iyo caafimaadka dhimirka waxay ku xiran tahay dhowr arrimood oo bulsho-bulsheed oo isku xiran. Kuwaas waxaa ka mid ah laakiin aan ku xaddidnayn da'da (Cree et al. 2020), jinsiga (Caputo iyo Simon 2013; Noh et al. 2016), xaaladda guurka (Caputo and Simon 2013; Cree et al. 2020), iyo heerka shaqada (Cree) iyo al 2020). Sidoo kale, suugaantu waxay muujinaysaa xiriirka ka dhexeeya waxbarashada iyo naafanimada labadaba (Kuper et al. 2014; Houtenville et al. 2022) iyo caafimaadka maskaxda (Jiang et al. 2020; Kondirolli iyo Sunder 2022). Sidaa darteed, doorsoomayaasha-bulsheed-demograafiyeed ee soo socda ayaa loo xushay sidii isku-dhafan:

Da'da

Da'da waxaa loo diiwaan geliyay doorsoome joogto ah. Ka qaybgalayaasha ayaa la waydiiyay da'dooda (sanadaha) inta lagu guda jiro waraysiyada xog ururinta.

Galmada

Galmada bayoolojiga markii ay dhalatay waxaa loo diiwaan geliyay doorsoome kala duwan, iyadoo ragga lagu calaamadeeyay '0' iyo dheddigga '1'. Ka qaybgalayaasha ayaa la waydiiyay inay lab ama dhedig yihiin inta lagu jiro waraysiyada xog ururinta.

Xaaladda Guurka

Xaaladda guurka waxaa markii hore loo diiwaan geliyay doorsoome kala duwan, oo lagu qiimeeyay ka qaybgalayaasha in la waydiiyo xaaladdooda guur inta lagu jiro waraysiyada xog ururinta. Jawaabaha suurtagalka ah waxaa ka mid ah 'hal', 'guursaday', 'la furay', 'carmal', ama 'kale'. Haddii ka qaybgalayaashu ay ku jawaabeen 'kale', waxaa la waydiistay inay sheegaan. Daraasaddan, ka qaybgalayaasha ku jawaabay 'keli', 'la furay', ama 'carmal laga dhintay' daraasaddii asalka ahayd ayaa dib loogu habeeyey '0 - maya', halka kuwa ku jawaabay 'guursaday' dib loo habeeyey '1 – haa

Heerka Shaqada

Heerka shaqaalaynta waxaa markii hore loo diiwaan geliyay doorsoome kala duwan, oo lagu qiimeeyay in la waydiiyo ka qaybgalayaasha su'aasha "Ma qabtaa wax shaqo ah oo lacag kuu helaysa?". Ikhtiyaarada jawaabta waxaa ka mid ahaa: 'shaqo la'aan', 'shaqo mararka qaarkood', 'shaqayste', ama 'kale'. Haddii ka qaybgalayaashu ay ku jawaabeen 'kale', waxaa la waydiistay inay sheegaan. Daraasaddan, ka qaybgalayaasha ku jawaabay 'shaqo la'aan' ayaa loo beddelay '0 - maya',

halka kuwa ku jawaabay 'shaqo mararka qaarkood', 'shaqaystay' ama 'kale' ee daraasadda asalka ah dib loo habeeyey '1 - haa'

Heerka Waxbarashada

Heerka waxbarashada waxaa loo diiwaan geliyay doorsoome kala duwan, oo lagu qiimeeyay in la weydiiyo ka qaybgalayaasha su'aasha: "Ma heshay adeegyo waxbarasho?". Ka qaybgalayaashu waxay ku jawaabi karaan midkood 'maya' (loogu calaamadeeyay '0') ama 'haa' (oo loo yaqaan '1').

Falanqaynta Xogta

Falanqaynta xogta waxaa lagu sameeyay iyadoo la isticmaalayo IBM's Package Statistical for the Social Sciences (SPSS), Nooca 27.

Si loo gaaro ujeeddada koowaad ee daraasaddan, falanqayno badan oo sharraxaad ah ayaa la sameeyay. Falanqaynta ka qaybqaataha waxaa lagu soo koobay celcelis ahaan, weecasho caadi ah, iyo kala duwanaansho. Doorsoomayaasha bulsho-bulsheed ee qayb ahaan waxa lagu soo koobay tirooyin iyo muunado boqollay ah. Sidoo kale, baahida ka qaybqaataha ee taageerada caafimaadka dhimirka, awoodda helitaanka taageerada caafimaadka dhimirka, iyo caqabadaha la qiimeeyay ee taageerada caafimaadka dhimirka ayaa dhamaantood lagu soo koobay tiro iyo muunado boqolkiiba. Ujeedada labaad ee daraasaddan, dib-u-celinta saadka ee binary ayaa la doortay si loo go'aamiyo saamaynta saadaalinta doorsoomayaal madaxbannaan ee suurtoalnimada ka mid noqoshada qaybta is-aqoonsaday ee u baahan taageerada caafimaadka dhimirka. Xadgudubyada malo-awaalka tooska ah ee u dhexeeya doorsoomayaal madax-banaan oo joogto ah (ay ku jiraan covariates) iyo ugu yar multicollinearity ee dib-u-celinta saadka binary ayaa la tijaabiyay iyadoo la adeegsanayo imtixaanka isbeddelka ee Box-Tidwell iyo iyadoo la hubinayo dhibcaha Factorka Sicir bararka (VIF), siday u kala horreeyaan (Harris 2021).

Laba dib-u-dhac saadka binary ayaa la sameeyay. Dib-u-celinta ugu horreysa ayaa loo isticmaalay si loo baaro saameynta mid kasta oo ka mid ah doorsoomayaal madax-bannaan - heerka dhibka shaqada ee domain kasta ee naafada WG-SS iyo tirada naafada - ee suurtoalnimada ka qaybqaataha is-aqoonsiga baahida taageerada caafimaadka maskaxda. Qaab labaad oo la hagaajiyay ayaa markaa loo adeegsaday in lagu baaro isla saameyntii iyada oo sidoo kale lagu xisaabtamayay qaybaha soo socda: da'da, jinsiga, heerka guurka, shaqada, iyo heerka waxbarashada. Qaybaha tixraaca ee kala-duwanaanshaha si gaar ah loo cabbiray waxay ahaayeen dhedig xagga lab iyo dhedig ahaan, loo guursaday xaalad guur, loo shaqaaleysiiyay heerka shaqo, iyo wax bartay heerka waxbarasho.

Habdhaqanka

Oggolaanshaha Habdhaqanka ee lagu samaynayo daraasadda waxaa bixiyay NDA iyo Xuquuqda Aadanaha ee Qaramada Midoobay. Oggolaanshaha isticmaalka xogta qarsoodiga ah ee ujeedooyinka falanqaynta sare waxaa lagu helay iyada oo loo marayo Dugsiga Luuqadda, Hadalka, iyo Sayniska Isgaarsiinta ee Trinity College Dublin.

Natijada

Shaxda 1 ayaa soo koobaysa sifooyinka tirakoobka ee muunada la doortay (n = 1355).

Shaxda 1. Sifooyinka Tirakoobka Ee Ka Qaybgalayaasha Naafada Ah

	n	%	Celcelis ahaan	Weecasho heerka	Kala duwan
Jinsiga					
Lab	723	53.4	-	-	-
Dhedig	632	46.6	-	-	-
Xaaladda guurka					
Guursaday	765	55	-	-	-
Aan guursan	610	45	-	-	-
Heerka shaqada					
Shaqeeya	186	13.8	-	-	-
Shaqo La'aan	1159	86.2	-	-	-
Heerka Waxbarashada					
Wax Bartay	195	14.5	-	-	-
Aqoon La'aan	1150	85.5	-	-	-
Da'da	-	-	49.68	20.49	18 - 110

Shaxda 2 ayaa soo koobaysa tirada (n) iyo boqolleyda (%) ka qaybgalayaasha naafada ah ee buuxiyey shuruudaha mid kasta oo ka mid ah lixda goobood ee naafanimada WG iyo kuwa qaba xaaladda naafada ee in ka badan hal goob, iyo sidoo kale tirakoobka qeexida doorsoomayaal madaxbannaan. labada nooc ee dibu noqashada ah.

Shaxda 2. *Tirada (n) iyo Boqolkiiba (%) ee ka Qaybqaatayaasha Xaaladooda Naafanimada Halkii Naafanimada domain iyo Dhowr Goobood (naafanimada) iyo Sharaxaadaha Heerka Dhibka Shaqaynta ee WG-SS Kasta oo Naafada ah Domain Kasta iyo Wadarta Tirada Guud ee Qaybaha Hawl Adag (naafada) Halkiiba ka Qaybqaataha*

	n	%	Tilmaame	
			Celcelis ahaan	Weecasho heerka
WG-SS Domain				
Arag	455	33.6	1.94	1.11
Maqalka	278	20.5	1.66	0.96
Dhaqdhaqaaqa	902	66.6	2.65	1.01
Garashada	198	14.6	1.59	0.83
Is-daryeelid	580	42.8	2.21	1.04
Isgaarsiinta	243	17.9	1.57	0.89
WG-SS domains oo badan (naafada)*	818	60.3	-	-
Wadarta tirada Domains ee hawl adag (naafada)*	-	-	1.96	1.04

Farriin: * ka qaybgalayaashu waxa laga yaabaa inay ka warbixiyaan wax ka badan hal qayb oo dhibaato shaqayneed ah

In ka yar kala badh ka qaybgalayaasha naafada ah ayaa iskood u aqoonsaday baahida taageerada caafimaadka dhimirka (51.7%, n = 695). Ka qaybgalayaashan, aqlabiyad aad u badan ayaa sheegay in aanay awoodin inay helaan taageerada caafimaadka dhimirka ee ay u baahan yihiin (84.9%, n

= 590). Shaxda 3 ayaa faahfaahinaysa inta jeer ee caqabad kasta oo lagu helo taageerada caafimaadka dhimirka la taageeray.

Shaxda 3. *La Sheegay Caqabadaha Taageerada Caafimaadka Dhimirka*

	n	%
Qiimaha adeegyada	364	30.7
La'aanta adeegyada deegaanka	257	21.7
Xog la'aan	200	16.9
Fogaansho	192	16.2
La'aanta helitaanka jirka	113	9.5
Caqabadaha isgaarsiinta	21	1.8
Takoorid iyo/ama dhibaataayn	20	1.7
Badbaado la'aan	14	1.2
Kale	3	0.3
Wadar ahaan	1184	100

Natijoooyinka - Dib-u-noqosho (la'aan la'aan)

Qaabkii ugu horreeyay ee dib-u-celinta wuxuu ahaa mid muhiim ah ($\chi^2 (7) = 38.38, p <.001$) taasoo muujinaysa awooddeeda ay ku kala saari karto ka-qaybgalayaasha naafada ah ee is-aqoonsaday inay u baahan yihiin taageerada caafimaadka dhimirka iyo kuwa aan samayn. Qaabka ayaa sharaxay inta u dhaxaysa 2.8% (Cox & Snell R square) iyo 3.8% (Nagelkerke R square) ee kala duwanaanshaha is-aqoonsiga baahida taageerada caafimaadka dhimirka oo si sax ah loo kala saaray 56.5% wadarta kiisaska. Qiimaha Tijaabada Hosmer iyo Lemeshow aan muhiim ahayn ($p = .524$) waxay soo jeedinaysaa in moodalku uu ku habboonaa xogta. Sida ku cad Shaxda 4, saadaaliyayaal badan oo tirokoobyu muhiim ah oo suurtagal ah in la is-aqoonsado baahida loo qabo taageerada caafimaadka dhimirka - marka la barbar dhigo aan is-aqoonsan baahida noocaas ah - ayaa la helay: heerka dhibka shaqada ee dhaqdhaqaaqa (OR = 1.23, 95% C.I. = 1.07-1.42), garashada (OR = 1.13, 95% C.I. = 1.13 - 1.58), iyo is-daryeelka (OR = 1.25, 95% C.I. = 1.08-1.45) WG-SS dhamaantood waxay si wayn u kordhiyeen suurtagalnimada, halka kaliya tirada naafanimada (OR = .77, 95% C.I. = .62-.96) ayaa si weyn hoos ugu dhacay suurtagalnimada.

Shaxda 4. *Dib-u-celinta Logistic (la'aan la'aan) Saadaasha Suurtogalnimada Is-aqoonsiga Baahida Taageerada Caafimaadka Maskaxda*

	B	S.E.	Wald	df	p	AOR	95% C.I. loogu tala-galay AOR	
							Ka hoose	Sare ah
Arag†	.023	.06	.15	1	.68	1.02	.911	1.149
Maqalka†	.024	.08	.09	1	.76	1.02	.881	1.190
Dhaqdhaqaaqa†	.21	.07	8.05	1	.00**	1.23	1.07	1.42
Garashada†	.29	.08	11.87	1	.00**	1.34	1.13	1.58
Is-daryeelid†	.22	.08	8.63	1	.00**	1.25	1.08	1.45
Isgaarsiinta†	.04	.09	.24	1	.63	1.05	.875	1.248
Wadarta tirada qaybaha ee dhibaatooyinka shaqada (naafada)	-.26	.11	5.55	1	.01*	.77	.62	.96

Farriin: *p < .05, **p < .01, iyo ***p < .001, tilmaamaysa heerar tirokoob ahaan muhiim ah.

† Waxa loola jeedaa mid kasta oo ka mid ah lixda qaybood ee dhibaataada shaqayneed ee WG-SS.

Natiijooyinka - Dib u noqosho (qaab la hagaajiyay)

Habka labaad ee dib-u-celinta wuxuu ahaa mid muhiim ah ($\chi^2 (12) = 64.291, p, .001$), taasoo muujinaysa awoodda ay u leedahay inay kala soocdo ka qaybgalayaasha naafada ah ee is-aqoonsaday inay u baahan yihiin taageerada caafimaadka dhimirka iyo kuwa aan samayn. In yar oo horumar ah oo lagu sameeyay qaabka koowaad, qaabka labaad wuxuu sharaxay inta u dhaxaysa 4.7% (Cox & Snell R square) iyo 6.2% (Nagelkerke R square) ee kala duwanaanshaha is-aqoonsiga baahida taageerada caafimaadka dhimirka iyo kordhinta heerka saxda ah kiisaska la

soocay ilaa 60%. Qiimaha Tijaabada Hosmer iyo Lemeshow aan muhiim ahayn ($p = .163$) waxay soo jeedinaysaa in moodalku uu ku habboonaa xogta. Shaxda 5 waxay muujinaysaa saamaynta doorsoomayaal kasta oo madax-bannaan iyo isku-duubni ku leeyahay suurtagalnimada is-aqoonsiga baahida taageerada caafimaadka dhimirka, marka la barbardhigo is-aqoonsiga baahidaas oo kale. Si la mid ah qaabka ugu horreeya, saadaalinta tirakoobka ee muhiimka ah ee suurtagalnimada korodhka is-aqoonsiga baahida taageerada caafimaadka dhimirka ayaa laga helay heerka dhibka shaqada ee dhaqdhaqaaqa (AOR = 1.25, 95% C.I. = 1.07 - 1.45), garashada (AOR = 1.39, 95% C.I. = 1.17 - 1.65), iyo is-daryeel (AOR = 1.26, 95% C.I. = 1.09 - 1.47) WG-SS domains, halka tirada naafada (AOR = .76, 95% C.I. .61 - .95) si weyn hoos ugu dhacay suurtagalnimada. Intaa waxaa dheer, natiijooyinka dib-u-celinta la hagaajiyay waxay muujiyeen in lab ah (AOR = .69, 95% C.I. = .55 - .87) iyo aan guursan (AOR = .63, 95% C.I. = .50-.79) ayaa si weyn loola xiriiriyay hoos u dhac ku yimid. suurtagalnimada is-aqoonsiga baahida taageerada caafimaadka dhimirka marka loo eego naag iyo xaas (sida ay u kala horreeyaan).

Shaxda 5. *Dib-u-celinta Saadka la Hagaajiyay Saadaasha Suurto Galnimada Is-aqoonsiga Baahida Taageerada Caafimaadka Maskaxda*

	B	S.E.	Wald	df	p	AOR	95% C.I. loogu tala-galay AOR	
							Ka hoose	Sare ah
Arag†	.06	.07	.73	1	.39	1.06	.93	1.20
Maqalka†	.04	.08	.29	1	.59	1.04	.89	1.22
Dhaqdhaqaaqa†	.22	.08	8.34	1	.00**	1.25	1.07	1.45
Garashada†	.33	.09	14.19	1	.00****	1.39	1.17	1.65
Is-daryeelid†	.23	.08	9.19	1	.00**	1.26	1.09	1.47
Isgaarsiinta†	.06	.09	.43	1	.51	1.06	.89	1.27
Wadarta tirada domains ee hawl adag (naafada)*	-.27	.11	5.97	1	.01*	.76	.61	.95

Da'da (sanadaha)	-.005	.003	2.50	1	.11	.995	.99	1.00
Jinsiga	-.37	.12	10.11	1	.00**	.69	.55	.87
Heerka shaqada	-.10	.17	.36	1	.55	.91	.65	1.25
Xaaladda guurka-	.47	.12	15.98	1	.00***	.63	.50	.79
Heerka waxbarashada	.07	.17	.20	1	.66	1.08	.78	1.49

Farriin: *p < .05, **p < .01, iyo ***p < .001, tilmaamaysa heerar tirokoob ahaan muhiim ah.

† Waxa loola jeedaa mid kasta oo ka mid ah lixda qaybood ee dhibaataada shaqayneed ee WG-SS

Dood

Daraasadani waxay marka hore raadinaysay inay sharaxdo noocyo badan oo naafo ah oo Soomaaliyeed marka loo eego sifooyin muhiim ah, baaritaan lagu sameeyo baahida ay iskood isku garteen ee taageerada caafimaadka dhimirka, iyo inay caddeeyaan caqabadaha ugu badan ee la ansixiyay si ay u helaan taageeradaas. Gaar ahaan waxaa xusid mudan heerka shaqo la'aanta iyo waxbarasho la'aanta weyn ee ka qaybgalayaasha naafada ah. Natiijooyinku waxay kaloo muujiyeen in ka qaybgalayaasha naafada badankoodu ay iskood u garteen baahida taageerada caafimaadka dhimirka. Natiijadan ayaa la socota cilmi-baaris hore, taas oo lagu ogaaday in 31% dadka naafada ah ee ku nool Kismaayo, Soomaaliya ay muujiyeen walaac caafimaadka dhimirka (IOM 2021b). Si kastaba ha ahaatee, maadaama caafimaadka dhimirka Soomaaliya si weyn loogu dhaleeceeyay (Ibraahim, Rizwan et al. 2022), waxa ay u muuqataa suurtagal in ka qaybgalayaasha daraasaddan ay si hoose uga warbixiyeen baahida loo qabo taageerada caafimaadka dhimirka.

Arrin ku saabsan, kaliya qayb yar oo ka mid ah kuwa aqoonsaday baahida loo qabo taageerada caafimaadka dhimirka ayaa sheegay inay awoodaan inay helaan adeegyada loo baahan yahay. Tani waxay la socotaa cilmi-baaris hore oo laga sameeyay Afrikada Saxaraha ka hooseeya, halkaas oo farqiga daawaynta ee xanuunka dhimirka lagu qiyaasay inay u dhaxayso 75% ilaa 90% (Lund et al. 2015). yaraanta ba'an ee ilaha caafimaadka dhimirka ee Soomaaliya (Ibraahim, Malik et al., 2022; Ibrahim, Rizwan et al. 2022) waxaa sii muujiyay 'la'aanta adeegyada maxaliga ah' oo ah caqabad inta badan lagu sheego daryeelka ay xuseen ka qaybgalayaasha naafada ah. Si wax looga qabto caqabadan, wadaagista hawsha, dhaqan ku lug leh dib-u-qaybinta daryeelka ee khubarada takhasuska u leh shaqaalaha caafimaadka ee aan takhasuska lahayn (NSHWs) (van Ginneken et al. 2011; Le et al. 2022), waxay bixisaa hab rajo leh, sida ay u ogolaato kororka helitaanka kheyraadka aadanaha (Singla et al. 2017). Cilmi-baaris hore ayaa u ololaysay in la balaadhiyo barnaamijyada shaqo-wadaaga ah ee gudaha Soomaaliya, taasoo iftiimisay horudhac u ah barnaamijka Marwo

Caafimad – oo ah hindise hawl-wadaag ah oo wax looga qabanayo arrimaha caafimaadka hooyada ee dalka (Ibraahim, Malik et al. 2022). In kasta oo wadaagista hawsha la muujiyey in ay waxtar u leedahay hagaajinta cidhiidhiga maskaxeed ee LMICs (Kakuma et al. 2011; Singla et al. 2017), waxa ay u badan tahay in ay jiraan caqabado dhawr ah oo hortaagan hirgelinta caafimaadka dhimirka ee Soomaaliya (tusaale, Le et al. 2022). Mid ka mid ah caqabadahaas ayaa noqon kara aqbalaadda guud iyo suurtagalnimada faragelintan (Padmanathan and De Silva 2013). Barnaamij-hawleed wadaag ah oo wax ka qaban kara caqabadan waa 'Islamic Trauma Healing' (Bentley et al. 2021). Waxaa la sameeyay iyadoo lala kaashanayo qaxootiga Soomaaliyeed, kooxdan ku saleysan, faragelinta tooska ah waxay dhexgelisaa mabaadi'da Islaamka iyo daawaynta cilmi nafsiga ee caddaynta. Cilmi-baaris hore ayaa muujisay suurtagalnimada, aqbalidadeeda, iyo waxtarkeeda horudhaca ah ee lagu dhimayo rafaadka nafsiga ah ee Muslimiinta Soomaalida ah (Bentley et al. 2021; Zoellner et al. 2021). Marka la eego dadka Soomaalida ah ee Muslimka u badan (Bentley et al., 2021), waxaa jirta awood weyn oo lagu sameeyo baaritaanno dheeraad ah oo ku saabsan waxtarka Bogsiinta Dhaawaca Islaamka oo ah barnaamij bulsho ku saleysan si loo hagaajiyo murugada maskaxeed ee Soomaalida naafada ah.

Kor u qaadida hawl wadaagga adeegyada caafimaadka dhimirka ee gudaha Soomaaliya waxa kale oo lagu gaadhi karaa iyada oo la hirgeliyo barnaamijka WHO's Mental Health Action Gap (mhGAP), sida ay iftiimiyeen Ibrahim, Rizwan iyo asxaabtiisa (2022). Runtii, mhGAP-gu waxa uu ku dhex milmay '2019-2022 Istaraatiijiyada Caafimaadka Dhimirka ee Soomaaliyeed', kaas oo xoogga saaraya hirgelintiisa hawl lama huraan ah oo muujinaysa natiijooyin wax ku ool ah oo ka soo baxay kulamadii hore ee tababarka mhGAP ee shaqaalaha caafimaadka Soomaaliyeed (Wasaaradda Caafimaadka iyo Adeegyada Bulshada ee Federaalka, 2019). Dadaalkan hirgelinta, si kastaba ha ahaatee, waxaa caqabad ku noqon kara la'aanta "qorshe horumarineed oo isku dhafan, oo isku dhafan" (Wasaaradda Caafimaadka iyo Adeegyada Bulshada ee Federaalka 2019, 14). Si taas wax looga qabto, 'C4 Framework' (Bolton et al. 2023) ayaa mudan in la sahmiyo. Anaga oo ka soo qaadnay hagaha mhGAP, qaabkani waxa uu bixiyaa qaab daryeel oo dhamaystiran, iskaashi, iyo bulshada ku salaysan (C4) kaas oo bixiya hagitaan tafatiran oo ku saabsan sida loo xoojiyo agabka bini'aadamka ee bixinta hawlo waara oo suurtagal ah wadaagis adeegyada caafimaadka dhimirka ee goobaha kheyraadka hooseeya. Baaritaanka joogtada ah ee ku saabsan sida dadaalladan shaqo wadaagga ah loogu biirin karo nidaamka daryeelka caafimaadka Soomaaliya waa lama huraan, sababtoo ah - carqaladeynta adeegyada caafimaadka ee ay sababaan xaaladaha degdegga ah ee bini'aadantinimada - waxaa jirta fursad la taaban karo oo horumar waara lagu gaari karo bixinta daryeelka caafimaadka dhimirka (Epping-Jordan). iyo al (2015). Waxa xiisaha lihi leh, takoorka iyo/ama dhibaataaynta waxa kaliya oo la sheegay labaaatan jeer inay caqabad ku tahay helitaanka taageerada caafimaadka dhimirka. Natiijooyinkani waa mid aan waafaqsanayn meta-synthesis ee afartan iyo kow daraasadood oo tayo leh kuwaas oo lagu ogaaday in takooriddu inta badan ka niyad-jabto dadka naafada ah ee LMICs inay raadsadaan daryeel caafimaad (Hashemi et al. 2022). Marka la eego sida Soomaaliya oo kale, halkaas oo naafanimada (Manku 2018) iyo caafimaadka dhimirka (Manku 2018; Ibrahim, Rizwan et al. 2022) si weyn loo dhaleeceeyo, waxaa la filan karaa takoorka ka dhanka ah dadka naafada ah ee raadinaya daryeelka

caafimaadka dhimirka inay noqoto dhacdo soo noqnoqda. Farqigani waxa uu ka iman karaa labalaabis la'aanta si loo soo sheego waayo-aragnimada takoorka, dhacdo caadi ah oo isdhaafsan (tusaale, Yoon et al. 2021; Perone 2023). Sidoo kale, Soomaalida naafada ah waxaa laga yaabaa inay si hoose uga warbixiyaan takoorka ay sabab u tahay "cadaadis gudaha ah" - halkaas oo kooxaha la haybsooco ay garwaaqsadaan heerkooda labaad oo ay ula dhaqmaan cadaalad darro aan takoor lahayn (Krieger 1999, 324). Si kastaba ha ahaatee, dabeecadda lama filaanka ah ee natiijooyinkan gudaha macnaha cilmi-baaris hore (tusaale, Hashemi et al. 2022) waxay ku baaqaysaa sahan dheeraad ah. Waxaa laga yaabaa in loo baahdo hab ka tayo badan si loo fahmo waayo-aragnimada takoorka ee ay la kulmaan dadka naafada ah ee Soomaaliya, iyo sida ay khibradahani u saameeyaan awooddooda helitaanka adeegyada caafimaadka dhimirka. Daraasadani waxay sidoo kale raadinaysay inay sahamiso saamaynta madaxbannaan ee qaybaha kala duwan ee naafada, tirada naafanimada, iyo kala-duwanaanta la xidhiidha suurtoqalnimada is-aqoonsiga baahida taageerada caafimaadka dhimirka. Natijadu waxay muujinaysaa in heerka sii kordhaya ee Dhibaataada aan loo baahnayn ee qaybta garashada ee naafanimada ayaa lala xiriiriyay fursadaha ugu weyn ee is-aqoonsiga baahida taageerada caafimaadka dhimirka, oo waafaqsan wixii cilmi-baaris hore ay soo jeedisay (tusaale, Horner-Johnson et al.; Cree et al. 2020). Si kastaba ha ahaatee, natiijooyinkayagu way ka duwan yihiin kuwa Horner-Johnson et al. (2013) ee ku saabsan saamaynta naafanimada socodka. Halka Horner-Johnson et al. Waxaa la ogaaday in dadka qaba naafanimada dhaqdhaqaaqa ay leeyihiin fursad hoose oo ah in ay soo sheegaan caafimaadka dhimirka oo liita marka loo eego kuwa maqalka naafada ah, natiijooyinka daraasaddan ayaa muujinaya in dadka Soomaaliyeed ee qaba naafanimada socodka ay kordheen jaaniska garashada baahida loo qabo taageerada caafimaadka dhimirka, halka kuwa maqalka qaba. naafo ma samayn. Farqigani waxa uu noqon karaa, qayb ahaan, sifooyin habaysan oo kala duwan oo u dhexeeya daraasaddan iyo ta Horner-Johnson et al. (2013). Kala duwanaanshaha macnaha guud, sida kaabayaal dhaqaale iyo deegaan bulsho oo laga yaabo inay ka weyn yihiin dadka Maraykanka ah ee qaba naafanimada dhaqdhaqaaqa marka loo eego dhigooda Soomaalida, ayaa sidoo kale gacan ka geysan kara farqigan la arkay. dheddignimada waxa kale oo lala xidhiidhiyay khiyaamo waaweyn oo is-aqoonsiga baahida taageerada caafimaadka dhimirka. Tan waxaa lagu xisaabtami karaa suurtoqalnimo weyn oo dheddigga ah oo la kulma dhibaatooyinka caafimaadka maskaxda ee gudaha - sida walaaca iyo / ama niyad-jabka - marka la barbardhigo ragga (Seedat et al. 2009; Riecher-Rössler 2016; Otten et al. 2021) oo leh farqiga ugu weyn Afrikada Saxaraha ka hooseeya (Yu 2018). Intaa waxaa dheer, in ka badan dheddigga ayaa hela daryeelka caafimaadka dhimirka marka loo eego ragga (Machadka Qaranka ee Caafimaadka Maskaxda [NIMH] 2023), oo soo jeedinaya in dumarku ay aad uga heli karaan taageero marka loo eego ragga. In kasta oo xogta NIMH (2023) ay ka timid Mareykanka - oo sidaan darteed, aysan matalin Soomaaliya - si kastaba ha ahaatee waxay soo bandhigaysaa hannaan qeexi kara natijada daraasaddan. Natiijooyinka daraasaddan ayaa sidoo kale taageeraya kuwa Moodley and Graham (2015), kuwaas oo ogaaday in isgoysyada jinsiga iyo naafanimada ay si gaar ah u leeyihiin natiijooyin xun oo haweenka ah. Sidaa darteed, marka lagu daro kuwa garashada ama naafanimada socodka ah, haweenka

Soomaaliyeed ee naafada ah waxaa laga yaabaa inay si gaar ah u xiiseeyaan, ama ay si gaar ah uga faa'ideystaan, ka qayb qaadashada waxqabadyada caafimaadka dhimirka.

Waxaa la yaab leh, tirada sii kordhaysa ee naafanimada ayaa lala xiriiriyay suurtagalnimada hoose ee is-aqoonsiga baahida taageerada caafimaadka dhimirka ee daraasaddan. Tani waxay ka hor imanaysaa natiijooyinka Horner-Johnson et al. (2013), kuwaas oo ogaaday in lahaanshaha in ka badan hal naafo ah ay si weyn u kordhisay jaaniska shakhsiga ka warbixinaya caafimaadka dhimirka ee liita. Sidoo kale, Cree et al. (2020) waxay muujisaa sida ka qayb galayaasha lahaa in ka badan hal naafo ah ay ugu badnaayeen xanuunka dhimirka ee soo noqnoqda iyo xanuunka niyad jabka ee la ogaaday. Farqiga u dhexeeya shuruudaha lagu dabaqay ee loogu tixgalinayo inay leeyihiin naafonimo inta u dhaxaysa daraasaddan iyo kuwa Horner-Johnson et al. (2013) iyo Cree et al. (2020) waxa laga yaabaa inay gacan ka geysato khilaafkan. Runtii, waxaa jira noocyo kala duwan oo fikradeed oo kala duwan oo ku saabsan waxa naafanimadu tahay, mid kasta oo ka mid ah waxay yeelan kartaa saameyn kala duwan sida loo cabbiro (Palmer and Harley 2012) .

Marka la eego baahida aadka u daran ee ilaha caafimaadka dhimirka ee Soomaaliya (Ibraahim, Malik et al. 2022), waxa ay u muuqataa mid muhiim ah in mudnaanta la siiyo shaqsiyaad gaar ah faragelinta. Natiijooyinka daraasaddan ayaa tilmaamaya dadka Soomaaliyeed ee qaba naafo garashada ama dhaqdhaqaaqa dhaqdhaqaaqa iyo dheddigga Soomaaliyeed ee naafada ah (ama isgoysyada labada) ayaa laga yaabaa inay si gaar ah u aqbaleen waxqabadyada la taaban karo ee lagu beegsanayo hagaajinta murugada maskaxda.

Daraasadani maaha mid xaddidaad la'aan ah. Marka hore, habka xog ururinta qaybaha isdhaafka ah ee lagu isticmaalo daraasadda asalka ah ee NDA waxay caqabad ku tahay awoodda daraasaddan si loo dhiso cabbir kasta oo sababa xiriirka ka dhexeeya naafanimada iyo baahida iskii loo aqoonsaday ee taageerada caafimaadka dhimirka. Si kastaba ha ahaatee, natiijooyinka daraasaddan waxay muujinayaan daciifnimo, xiriir togan oo ka dhexeeya labada doorsoome ee macnaha guud ee Soomaalida, taasoo soo jeedinaysa suurtagalnimada daraasad dheer oo mustaqbalka ah si loo sii baadho sababaha keenay. Xaddidaadda labaad ee daraasaddan waa ka-reebista doorsoomayaasha naafanimada garaadka ee cad ee moodooyinka dib u noqoshada. Tani, qayb ahaan, waxaa sabab u ah la'aanta su'aasha WG-SS ee si gaar ah u beegsanaysa naafonimada garaadka. Halka dadka qaba naafo maskaxeed ay kaga jawaabi karaan dhibaatooyin la taaban karo oo la taaban karo oo ka jira meelo badan oo WG-SS ah - sida is-daryeelka, isgaarsiinta, iyo garashada. WG-SS waxa laga yaabaa inaanay si buuxda u qabsan kakanaanta la soo jeediyay iyo kala duwanaanta naafonimada garaadka (Zhang iyo Holden 2022). Marka la eego heerka ugu sarreeya ee heerka gobolka ee naafanimada garaadka waxaa laga helaa LMICs (Nair et al. 2022), gaar ahaan kuwa ka hooseeya Saxaraha Afrika (Olusanya et al. 2022), iyo wada-dhac weyn oo ah naafo garaadka iyo caafimaadka maskaxda oo liita (Emerson) iyo Hatton 2007; Munir 2016; Totsika et al. Cilmi-baarista mustaqbalka waa in ay ku dhistaa natiijooyinkan iyada oo lagu darayo cabbiraadda naafanimada garaadka ee macnaha guud ee Soomaalida si loo fahmo saameynta ay ku leedahay natiijooyinka caafimaadka dhimirka. Marka saddexaad, falanqayntayada dib-u-celinta waxay lahayd baaxad xaddidan, maadaama oo kaliya qaar ka mid ah isku-duwayaasha aragti ahaan

la taageeray ayaa lagu daray qaabka la hagaajiyay. Daraasadda asalka ah waxay ka koobnayd go'aamiyaal bulsheed oo dheeraad ah oo doorsoomayaal caafimaadka dhimirka ah kuwaas oo laga yaabo inay saameyn ku yeeshaan baahida is-aqoonsiga ee taageerada caafimaadka dhimirka ee Soomaalida naafada ah - sida awooddooda inay galaan goobaha dadweynaha (Libertun de Duren et al. 2021), biyaha iyo fayadhowrka (Simiyu et al. 2021), iyo ilaha cuntada (Na et al. 2018). Cilmi-baadhista mustaqbalka waa in ay balaadhiso tirada doorsoomayaal aragti ahaan la taageeray oo isku-dhafan si loo helo faham dhammaystiran oo ku saabsan xidhiidhka ka dhexeeya naafada iyo caafimaadka dhimirka ee Soomaaliya.

Ugu dambeyntiina, isticmaalka farsamooyinka muunadeynta aan macquul ahayn ee daraasadda asalka ah ee NDA ee xogta daraasaddan ka soo baxdaa waxay soo bandhigaysaa suurtagalnimada eexda xulashada (Andridge et al. 2019) oo sidaas darteed "qiyaasta aan sax ahayn" ee ururada la helay (Shringarpure and Xing 2014, 902). Intaa waxaa dheer, farsamooyinka muunadeynta noocan oo kale ah ayaa xaddidaya awoodda lagu soo koobayo natiijooyinka daraasadda dhammaan dadka naafada ah ee Soomaalida ah (Alvi 2016). Cilmi-baarista mustaqbalka waa inay isku daydaa inay baarto xiriirka ka dhexeeya naafanimada iyo caafimaadka dhimirka ee Soomaaliya iyadoo la adeegsanayo farsamooyin tusaaloyin ku salaysan ixtimaalka.

Gabogabadii

Inkasta oo ay jiraan xaddidaadyo, daraasaddan ayaa bixinaysa aragti qiimo leh oo ku saabsan xaaladda caafimaadka dhimirka ee dadka naafada ah ee Soomaaliya. Waxay daaha ka qaadaysaa aagagga mudnaanta leh ee waxqabadyada la taaban karo, oo ay ku jiraan dheddigga, shakhsiyaadka qaba naafo garaadka ama dhaqdhaqaaqa, iyo shakhsiyaadka ay la kulmaan isgoysyada arrimahan. Si kastaba ha ahaatee, cilmi baaris dheeraad ah ayaa lagama maarmaan ah si loo helo faham faahfaahsan oo ku saabsan caqabadaha caafimaadka dhimirka ee Soomaalida naafada ah ay la kulmaan iyo sida si wax ku ool ah loo taageero dadkan. Gaar ahaan, cilmi baaris baaraysa suurtagalnimada in la bixiyo waxqabadyo caafimaad dhimir oo kheyraad hoose ah oo lagu sameeyay xaaladda naafada Soomaaliya ayaa lagu talinayaa. Isku soo wada duuboo, daraasaddan waxay u adeegtaa sidii jaranjaro muhiim ah, taasoo muujineysa baahida xooggan ee cilmi-baarista mustaqbalka iyo dadaallada wax-ku-oolka ah ee loogu talagalay in lagu wanaajiyo natiijooyinka caafimaadka dhimirka ee dadka naafada ah ee Soomaaliya.

Mahadnaq

Waxaan jecelnahay inaan u mahadcelinno dhammaan bah-wadaagta iyo shakhsiyaadka suurtageliyay shaqadan. Waxaan si gaar ah ugu mahadcelineynaa xubnahaas ka tirsan NDA ee Soomaaliya iyo Kooxda Xuquuqda Aadanaha iyo Ilaalinta Xuquuqda Aadanaha ee Qaramada Midoobay ee Soomaaliya oo ka qayb qaatay xog uruurintii iyo falanqayntii asalka ahayd ee daraasaddan. Waxaan sidoo kale aad ugu mahadcelineynaa ka soo qeyb galayaasha Soomaaliyeed oo si deeqsinimo leh ugu huray waqtigooda iyo xooggooda si ay uga qeyb qaataan daraasadda asalka ah ee NDA ee Soomaaliya taasoo ka dhalatay daraasadda hadda jirta.

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