

Quality of Life and Self-Determination among Syrian Female Refugees in Jordan

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Abstract: The study aimed at investigating the levels of quality of life and self-determination as well as exploring the correlations between these two among a sample of Syrian female refugees based on age, marital status, satisfaction with the current residence, type of abuse and work. The sample consisted of 330 Syrian female refugees residing in Jordan. A quality of life scale and a self-determination scale were used. The results indicated that there were no differences in the quality of life levels attributed to age, marital status, and work, but there were significant differences attributed to the type of abuse, where the mean scores of the physically and psychologically non-abused group were higher. Significant differences were found in the levels of quality of life attributed to satisfaction with the current residence, where more satisfied refugees scored higher on the quality of life scale. No significant differences were found in self-determination by age, marital status, and work. However, significant differences were found in self-determination attributed to the type of abuse and satisfaction about the current residence, where the non-abused group and the more satisfied refugees with their residence scored higher. Furthermore, results showed significant positive correlations between quality of life and self-determination.

Keywords: Quality of life; Self-Determination; Syrian Female Refugees.

1. INTRODUCTION

Quality of life is a key concept in the field of mental health. It includes various sub-concepts such as happiness, social wellbeing, personal relationships, autonomy, and health state of individuals and communities. Obviously, individuals achieve good quality of life through getting high levels of mental and physical health, when individuals achieve it they can take decisions and determine for themselves. This is evident in the concept of self-determination, the concept provides for the right of the individual and the nation to determine for themselves. This concept developed, scholars considered it a psychological variable and studied it among the disadvantaged groups, especially refugees. Asylum has become a common phenomenon because of the increase in the regional and civil wars in general and in the Arab region. Asylum has many negative consequences such as lack of adaptation and adjustment with the new society, so the disadvantaged groups of children, women, and elderly are the most influenced.

Wars and armed conflicts influence civilians mostly, countries experiencing civil wars are the most influenced. Increased violence in countries experiencing civil wars forced civilians to abandon homes and seek refuge in other countries in search of security, tranquility and peace (Ehnholt & Yule, 2006). The refugee is the individual who abandons his or her place of residence and immigrates to another place for reasons of differences of religions, race, nationalities, and affiliation to a particular social or political group (Castles, Loughna, & Crawley, 2004). According to Ehnholt and Yule (2006), the refugee is a persecuted individual for his gender, religion, race, or affiliation to a certain political or social group, a refugee is expelled out of his homeland and for force majeure, he cannot return. Neugebaue (2013) said that most of the refugees are women and children.

Self-determination concept plays a role in improving individuals' quality of life, particularly for disadvantaged groups. Having self-determination has been an important dimensions in individual's lives because it affects the ability to demonstrate potentials, make important life decisions, determine the future life path, and influence others, and it continues

to be (Carrington, Lennox, O'Callaghan, McPherson, & Selva, 2014). Quality of life among the less advantaged groups is a research issue that caught psychologists' and counselling psychology researchers' interests. Quality of life is one of the important psychological dimensions in the lives of individuals in general, and among the less advantaged groups in particular, such as females and individuals with special needs. The quality of life is an important indicator of integration in normal life and participates effectively in various life activities. The quality of life reflects the level of individual satisfaction about his life (Teodorescu et al., 2012).

Many scientists examined the quality of life and self-determination among female refugees. For instance, Akinyemi, Owoaje, Ige, and Popoola (2012) compared a group of adult males and females refugees' quality of life levels, depression, and psychological stress with a group of non-refugees. The first group included (444) refugee, and the second group included (527) non-refugee from Nigeria. The refugees' quality of life levels were low and the non-refugees scores were moderate. Levels of depression and psychological stress among refugees were high and the non-refugees group scores were moderate. Huijts, Kleijn, van Emmerik, Noordhof, and Smith (2012) explored the relationships between coping style, posttraumatic stress disorder symptoms, and the quality of life among adult male and female refugees. Refugees living in Netherlands (No. 335) participated in the study. The most dominant coping styles among the refugees were social support seeking and emotion-focused coping. The levels of quality of life were moderate and the level of posttraumatic stress disorder symptoms range was between moderate to high. A direct effect between the coping styles of social support seeking and refugees' quality of life was found.

Haines (2013) conducted his case study in America on a refugee child (age: 4 years), the study lasted for two years. The child self-determination level was low. The researcher found that the parent's expectations and home environment were the most important influencing factors on self-determination. Boyle (2014) examined the levels of self-determination among the refugee families. The researcher used a purposeful sample that included three refugee families living in Australia. He found that the self-determination scores of these families were low. He also found differences attributed to the age in the self-determination in favor of the older individuals. In the same respect, Basheti, Qunaibi, and Malas (2015) investigated the effect of asylum on the psychological health among male and female Syrian refugees. They observed seventy-three male and female Syrian adult refugees; and found that the quality of life among them was low.

The review of the previous literature showed that the quality of life among male and female refugees was low as in the studies of Akinyemi, Owoaje, Ige, and Popoola (2012) and Basheti, Qunaibi, and Malas (2015). The current research differs from other studies by its focus on female refugees in the Jordanian environment. Huijts, Kleijn, van Emmerik, Noordhof, and Smith (2012) concluded that the quality of life level was moderate among refugees; the current study is different from the previous study in identifying the correlation between the quality of life level and self-determination among Syrian female refugees in different environments. Researchers examining the self-determination such as Haines (2013) and Boyle (2014) found low levels of self-determination; the current study differs from those by studying the correlations between the quality of life and self-determination among a sample of Syrian female refugees in light of different variables. The results of the previous literature vary in terms of the level of the quality of life, studies comparing the quality of life and self-determination in the light of the current study variables are scarce. The correlation between self-determination and the quality of life among female Syrian refugees are not found in a Jordanian context. Specifically, the study sought to investigate the following research questions:

1. Are there significant differences ($P= 0.05$) in the quality of life among the female Syrian refugees attributed to age, marital status, satisfaction about the current residence, type of abuse and employment?
2. Are there significant differences ($P= 0.05$) in the self-determination among the female Syrian refugees attributed to age, marital status, satisfaction about the current residence, type of abuse and employment?
3. Are there statistically significant correlations ($P= 0.05$) between the quality of life and self-determination among female Syrian refugees in Jordan?

2. RESEARCH OBJECTIVE

Refugees' concerns are very important in the Jordanian environment, the current study focused on two important variables for less advantaged groups of refugees (i.e. females and their counselling needs). Females are amongst of the important categories of any society, they should be cared for, and their psychological health improved. Their problems reflect on the adjustment levels of the other categories of the society. This necessitates exploring an important aspect in their lives: the

quality of life and self-determination, which expresses a form of psychological adjustment with the surrounding environment. The attempt to identify the level of the quality of life among female Syrian refugees in al-Mafraq governorate and its relationship with their self-determination determines the problem of the current study. The importance of the study stems from recognizing the factors that play an effective role in the quality of life and self-determination for the Syrian female refugees; this will enrich the theoretical literature and provide psychological information for professionals. It contributes in understanding and guiding professionals in setting modification programs in dealing with the refugees. The correlation may differ from one society to another, and from a certain culture into another, the scarcity of studies in the Arab region and the need to search the quality of life and self-determination presents the basic logic to conduct the current study.

3. METHOD

Participants

The study population is composed of all Syrian Female Refugees in Jordan for 2018. Participants in this study were a convenience sample of 330 Syrian Female Refugees in Jordan.

4. INSTRUMENTATION

Two scales were used in this study

1- **Quality of Life Scale:** The quality of life Scale was used to assess quality of life among the female refugees. A short version of the World Health Organization (WHO) scale was used (Huijts, et al., 2012). It is a 26-item scale; two items of the scale were about the quality of life as a whole. The remaining items are divided into four dimensions: Physical health, mental health, social relations and the environment.

Construct Validity: The inventory was administered to a pilot sample of 40 female refugees to verify its construct validity. The correlation coefficients were calculated for each item with the overall score, the scores ranged between 0.30-0.78.

Inventory Reliability: The internal consistency of Quality of Life Inventory was computed by using the Cronbach Alpha on the responses of the pilot sample, it scored 0.93, and this score was considered appropriate for the administration.

2. **Self-Determination Scale:** The Self-Determination Scale was used (Sheldon, & Deci, 1996), the scale consists of 10 items ask participants about self-perceptions about the ability to make decisions in their lives. Items are rated on a 0-7 scale, yielding a total possible score of 10 - 50. The internal consistency (Cronbach's alpha) of the scale in the present study was (0.89).

Construct Validity: The inventory was administered on a pilot sample of 40 individuals to verify its construct validity. The correlation coefficients were calculated for each item with the overall score, the scores ranged between 0.56- 0.76.

5. RESULTS

To answer the first question "Are there differences in the quality of life among the female Syrian refugees attributed to age, marital status, satisfaction about the current residence, type of abuse and employment?" I calculated the means and standard deviations of the quality of life among the participants according to age, marital status, satisfaction about the current residence, type of the abuse, and employment as illustrated in table 1.

Table 1: Means and standard deviations of the quality of life

Field			Physical health	Psychological health	Social relationships	Environment	Quality of Life
Age	14-23 years	M.	3.51	3.57	3.68	3.17	3.44
		Std.	.766	.699	.930	.746	.683
	24-30 years	M.	3.41	3.48	3.61	3.11	3.35
		Std.	.706	.594	.806	.670	.589
	≥ 30 years	M.	3.14	3.31	3.48	2.90	3.14
		Std.	.528	.627	.799	.606	.505
Marital status	Single	M.	3.54	3.54	3.78	3.17	3.46
		Std.	.834	.751	.944	.793	.742

Field			Physical health	Psychological health	Social relationships	Environment	Quality of Life
	Married	M.	3.39	3.49	3.63	3.08	3.34
		Std.	.687	.650	.819	.696	.613
	Divorced	M.	3.12	3.29	3.29	2.86	3.10
		Std.	.473	.519	.795	.484	.352
	Widowed	M.	3.12	3.31	3.38	2.98	3.14
		Std.	.535	.538	.810	.582	.471
Type of abuse	Physical	M.	3.07	3.23	3.38	2.93	3.10
		Std.	.539	.578	.956	.693	.554
	Psychological	M.	3.12	3.12	3.32	2.73	3.02
		Std.	.548	.600	.873	.614	.513
	Sexual	M.	3.14	3.40	3.28	3.00	3.18
		Std.	.345	.372	.708	.606	.361
	Does not apply	M.	3.54	3.68	3.80	3.28	3.52
		Std.	.745	.602	.773	.649	.600
Satisfaction about the current residence	Satisfied	M.	3.55	3.61	3.85	3.27	3.51
		Std.	.702	.631	.765	.675	.598
	Unsatisfied	M.	3.07	3.22	3.21	2.75	3.02
		Std.	.569	.604	.824	.574	.499
Employment	I work	M.	3.09	3.29	3.23	3.02	3.14
		Std.	.425	.491	.738	.667	.464
	I don't work	M.	3.38	3.47	3.63	3.06	3.33
		Std.	.708	.660	.852	.688	.619

* M. : Mean * Std. : Standard deviation

Table 1 revealed an apparent variance in the means and standard deviations of the quality of life among the participants, the variance is attributed to the difference in age, marital status, satisfaction about the current residence, type of abuse and employment. To find the functionality of the differences in the means I implemented a MANOVA test for each dimension and for the overall test as illustrated in table 2.

Table 2: MANOVA test results of the quality of life scale

Source of variance	Domains	Sum of squares (SS)	Df	MS.	F	Sig.
Age Wilks =.962 Sig.=.137	Physical health	2.720	2	1.360	3.424*	.034
	Psychological health	1.059	2	.530	1.568	.210
	Social relationships	.409	2	.204	.340	.712
	Environment	1.551	2	.775	2.093	.125
Marital status Wilks =.969 Sig.=.615	Physical health	.652	3	.217	.547	.651
	Psychological health	.732	3	.244	.722	.540
	Social relationships	1.262	3	.421	.699	.553
	Environment	.358	3	.119	.322	.809
Type of abuse Wilks =.839 Sig.=.000	Physical health	5.973	3	1.991	5.013	.002
	Psychological health	15.646	3	5.215	15.437	.000
	Social relationships	7.325	3	2.442	4.058	.008
	Environment	12.222	3	4.074	11.001	.000
Satisfaction about the current residence Hotelling's =.141 Sig.=.000	Physical health	9.054	1	9.054	22.793	.000
	Psychological health	4.977	1	4.977	14.733	.000
	Social relationships	20.774	1	20.774	34.525	.000
	Environment	12.657	1	12.657	34.178	.000
Employment Hotelling's =.027 Sig.=.073	Physical health	.306	1	.306	.771	.381
	Psychological health	.053	1	.053	.156	.693
	Social relationships	1.894	1	1.894	3.148	.077

Source of variance	Domains	Sum of squares (SS)	Df	MS.	F	Sig.
	Environment	.208	1	.208	.560	.455
Error	Physical health	126.711	319	.397		
	Psychological health	107.770	319	.338		
	Social relationships	191.944	319	.602		
	Environment	118.138	319	.370		
Overall	Physical health	157.357	329			
	Psychological health	138.224	329			
	Social relationships	236.984	329			
	Environment	154.339	329			

* significant at (0.05)

- As observed in table 2, there are no statistical differences at (P= 0.05) attributed to the impact of age in all the domains, except in the physical health domain. To find the aired statistical differences between the means I used the Scheffe post hoc comparisons as illustrated in table 4.

- There are no statistical differences at (P= 0.05) attributed to the marital status in all the domains.

-Statistical differences at (P= 0.05) appeared, they are attributed to the impact of the type of abuse in all the domains, to find the differences functionality I used the Scheffe post hoc comparisons as illustrated in table 5.

- There are statistical differences at (P= 0.05) attributed to the impact of satisfaction about the current residence in all the domains, the differences are in favor of being satisfied about the current residence compared with being unsatisfied.

- There are no statistical differences at (P= 0.05) attributed to the employment in all the domains.

Table 3: MANOVA analysis on the quality of life

Source of variance	Sum of squares (SS)	df	Mean squares (MS)	F	Sig.
Age	1.463	2	.732	2.603*	.076
Marital status	.406	3	.135	.482*	.695
Type of abuse	9.806	3	3.269	11.630*	.000
Satisfaction about the current residence	10.091	1	10.091	35.904	.000
Employment	.029	1	.029	.103	.748
Error	89.656	319	.281		
Overall	121.846	329			

* significant at (0.05)

- As observed in table 3, there are no statistical differences (P= 0.05) attributed to the impact of age, f-value scored (2.603), and its significance is (0.076).

- There are no statistical differences at (P= 0.05) attributed to the impact of the marital status, f-value scored (2.482) and its significance is (0.695).

- There are statistical differences at (P= 0.05) attributed to the impact of the type of abuse, f-value scored (11.630) and its significance is (0.000), to find the differences functionality I used the Scheffe post hoc comparisons as illustrated in table 5.

- There are statistical differences at (P= 0.05) attributed to the impact of satisfaction about the current residence, f-value scored (35.904) and its significance is (0.000), the differences are in favor of being satisfied with the current residence.

- There are no statistical differences at (P= 0.05) attributed to the impact of employment, f-value scored (0.103) and its significance is (0.748).

Table 4: Scheffe post hoc comparisons of the impact of age on physical health

	Age	M.	14-23	24-30	≥ 30 years
Physical health	14-23	3.51			
	24-30	3.41	.10		
	≥ 30 years	3.14	.37*	.27*	

* significant at (0.05)

As observed in table 4, I found statistical differences at (P= 0.05) between the age group (≥ 30) years and both the groups of 14-23 years and 24-30 years. The differences are in favor of the younger age groups.

Table 5: Scheffe post hoc comparisons of the impact of the type of abuse on the quality of life

	Type of abuse	M.	Physical	Psychological	Sexual	Does not apply
Physical health	Physical	3.07				
	Psychological	3.12	.06			
	Sexual	3.14	.07	.02		
	Does not apply	3.54	.47*	.42*	.40	
Psychological health	Physical	3.23				
	Psychological	3.12	.11			
	Sexual	3.40	.17	.28		
	Does not apply	3.68	.45*	.56*	.28	
Social relationships	Physical	3.38				
	Psychological	3.32	.07			
	Sexual	3.28	.10	.04		
	Does not apply	3.80	.42	.49*	.53	
Environment	Physical	2.93				
	Psychological	2.73	.20			
	Sexual	3.00	.07	.27		
	Does not apply	3.28	.35	.55*	.28	
Quality of life test	Physical	3.10				
	Psychological	3.02	.09			
	Sexual	3.18	.08	.16		
	Does not apply	3.52	.42*	.50*	.34	

* significant at (0.05)

- As observed in table 5, I found statistical differences at (P= 0.05) between the participants who are not abused and being sexually and psychologically abused. The differences are in favor of the non-abused participants and the overall quality of life test.

- There are statistical differences at (P= 0.05) between the abused and non-abused participants, the differences are in favor of the non-abused in the domains of social relationships and environment.

To answer the second question “Are there differences in the self-determination among the female Syrian refugees attributed to age, marital status, satisfaction about the current residence, type of abuse and employment?” I calculated the means and standard deviations of the self-determination according to age, marital status, satisfaction about the current residence, type of abuse and employment as illustrated in table 6.

Table 6: Means and standard deviations of the participants self determination according to age, marital status, satisfaction about the current residence, type of abuse and employment

		M.	Std.	No.
Age	14-23	3.51	.786	110
	24-30	3.48	.685	115
	≥ 30 years	3.39	.696	105
Marital status	Single	3.49	.815	58
	Married	3.50	.727	201
	Divorced	3.24	.534	43
	Widowed	3.44	.723	28
Type of abuse	Physical	2.99	.553	21
	Psychological	3.18	.684	111
	Sexual	3.43	.405	12
	Does not apply	3.68	.698	186
Satisfaction about the current residence	Satisfied	3.66	.707	198
	Unsatisfied	3.15	.634	132
employment	I work	3.34	.612	30
	I don't work	3.47	.733	300
Overall		3.46	.723	330

Table 6 showed an apparent variance in the means and standard deviations of the self-determination of the participants, the variance is attributed to the difference in age, marital status, satisfaction about the current residence, type of abuse and employment. To find the functionality of the differences in the means I implemented a MANOVA test as illustrated in table 7.

Table 7: MANOVA test results of the self determination

Source of variance	SS	dF	MS	F	Sig.
Age	.200	2	.100	.232*	.793
Marital status	.412	3	.137	.319*	.812
Type of abuse	12.935	3	4.312	10.007*	.000
Satisfaction about the current residence	11.579	1	11.579	26.875*	.000
Employment	.002	1	.002	.005	.944
Error	137.440	319	.431		
Overall	172.020	329			

* significant at (0.05)

- Table 7 showed no statistical difference at (P= 0.05) attributed to the impact of age, f-value scored (0.232) and a significance of (0.793).

- No statistical difference at (P= 0.05) attributed to the effect of the marital status, f-value scored (0.319) and a significance of (0.812).

- But it showed statistical difference at (P= 0.05) attributed to the impact of type of abuse, f-value scored (10.007) and a significance of (0.000), to find the paired statistical differences between the means I used a Scheffe post hoc comparisons as illustrated in table 8.

- The table showed statistical difference at (P= 0.05) attributed to the impact of satisfaction about the current residence, f-value scored (26.875) and a significance of (0.000).

- No statistical difference at (P= 0.05) attributed to the impact of employment appeared, f-value scored (0.005) and a significance of (0.944).

Table 8: Scheffe post hoc comparisons of the impact of the type of abuse on the self-determination

Type of abuse	M.	Physical	Psychological	Sexual	Does not apply
Physical	2.99				
Psychological	3.18	.19			
Sexual	3.43	.45	.25		
Does not apply	3.68	.69*	.50*	.25	

* significant at (0.05)

As seen in table 8 statistical differences appeared at (P= 0.05) between the abused and non-abused participants, the differences are attributed to the non-abused group.

To answer the third question “Is there a statistical significant correlation at (P= 0.05) between the quality of life and self-determination among female Syrian refugees in Jordan?” I calculated the Pearson correlation coefficients between the quality of life and self-determination among the participants, table 9 illustrate the results.

Table 9: Pearson correlation coefficient results between the quality of life and self-determination

		Self-determination test
Physical health	r.	.691
	Sig.	.000
	No.	330
Psychological health	r.	.639
	Sig.	.000
	No.	330
Social relationships	r.	.577
	Sig.	.000
	No.	330
Environment	r.	.628
	Sig.	.000
	No.	330
Quality of life test	r.	.747
	Sig.	.000
	No.	330
Self-determination test	r.	.747
	Sig.	.000
	No.	330

* significant at (0.05)

As table 9 illustrates, statistical significant positive correlation between the quality of life and self-determination among the Syrian female refugees at Mafraq appeared.

6. DISCUSSION

The results illustrated that there are no differences in the quality of life among the female refugees attributed to age. Exposure to the same asylum experience by all age groups explains this result. The quality of life among the refugees in al-Mafraq governorate from which the sample was selected did not differ to an extent because most of the refugees came from the same area in Syria.

The study revealed that there were no differences in the quality of life attributed to the marital status; all the female refugees received the same socioeconomic support from different social services institutions whether they are married, widowed, single, or divorced. Therefore, the quality of life for all of them is the same. All female refugees depended mainly on these institutions, which makes their situations similar. In addition, the marital status is a very important

variable in the quality of life especially among females. Supposedly, married females record higher levels compared with divorced and single females in the quality of life, but this is not necessarily applicable on refugees, because most of them have lost their husbands or their husbands were injured or sick and unable to work. This indicates that the differences are not clear in the current study in the quality of life based on marital status.

Results revealed differences attributed to the type of abuse among the abused Syrian female refugees compared with non-abused refugees, in favor of sexual and psychological abused females. This result illustrates that non-abused refugees are happier. Abuse increases suffering and shocking experiences negatively influence the refugee's quality of life.

The results also revealed differences in the level of the quality of life among the refugees attributed to the satisfaction about the current resident; differences are in favor of more satisfied refugees. Van-Gelder and Pibel (2009) believe that the concept of quality of life associates with satisfying individuals' basic needs. Therefore, sociologists consider satisfaction about the current residence the most important indicator of the quality of life which correlates with basic needs, and that explains the differences.

The type of the employment did not influence the quality of the refugee's life. Unemployment of the participants explains this result, their responses are not different, and they come from one socioeconomic category as well.

Self-determination level of the participants did differ among various age groups. Similarity of educational, psychological, and sociological abilities of the participants in various age groups explains this result. Educational, psychological, and sociological abilities are the most determinant variables of the self-determination, the refugees' similar backgrounds explain that differences attributed to age groups do not exist. The concept of self-determination requires having basic skills such as autonomy, decision-making, self-awareness, and future planning, but the refugees lacked these skills in all age groups. Arab traditional society's nature that does not give females in different age groups the chance to show their skills makes age a non-effective variable in self-determination level.

Self-determination level of the participants did differ in different marital status. Individuals acquire self-determination in early age and the marital status does not play a main role influencing these skills in later stages. Most of the participants are married (60.9%); this refers to older ages and busyness in marital life and child caring which occupies them from their personal life as working to enhance self-determination. The participants' society are categorized as traditional and relatively masculine, women targets getting married, therefore they don't see that they have to develop certain skills to help themselves in future life.

Non-abused participants scored higher in self-determination compared with the psychological and physical abused participants. The abused refugee's poor basic skills led to exploitation by others, this suggests that their self-determination are going to be less throughout life.

Results demonstrated differences in the Participant's self-determination level attributed to the satisfaction about the current resident, in favor of the more satisfied participants. The positive impact of satisfaction about the residence on the participant psychological and emotional status increases the participant self-esteem and ability to see things positive explains the results obtained. Satisfaction about the residence gives the participant the ability to look for a new chance to improve the current situation and pursue the lost skills.

The type of the employment did not influence self-determination of the participants. Most of the participants are unemployed and had no educational degrees, the few working and learning opportunities and its impact on their self-determination are missing in the context of the current study. Working has a positive impact on the self-determination and it enhances autonomy and self-awareness.

Results revealed a positive functional association between the quality of life and self-determination among the participants; having a high level of self-determination definitely leads to improvement in the individual's quality of life. Ryff (2006) declared that there are several indices to measure the quality of life; the most important are seeking self-improvement in personal skills, ability to make decisions, solve problems, and motivation to improve personal status all of which are basic components of self-determination. Kaplan and Madjar (2015) said the positive relationship between the quality of life and self-determination is undeniable. The high level in the ability to make decisions increases the level of self-awareness and self-perceptions about the quality of life. The relationship is bidirectional in terms of impact, the higher levels of self-determination positively affects the quality of life and vice versa.

7. RECOMMENDATIONS

Psychological counselors must promote self-determination because they are important to improve the quality of life of the female refugees. The study found a relationship between the quality of life and self-determination among the female refugees, and promoting self-determination supports their mental health.

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