

**ATTITUDES TOWARD PERSONS WITH
MENTAL RETARDATION
IN BAHIR DAR TOWN**

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IN SPECIAL NEEDS EDUCATION**

**BY
TSIGIE GENET**

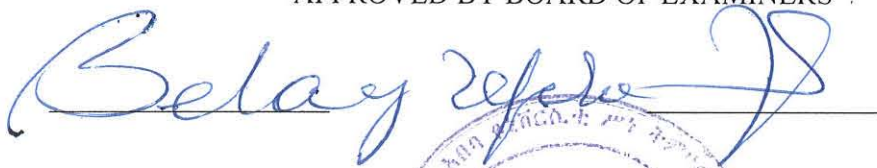
**JUNE, 2004
ADDIS ABABA**

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APPROVED BY BOARD OF EXAMINERS .

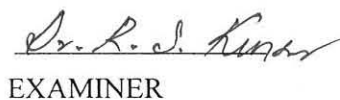


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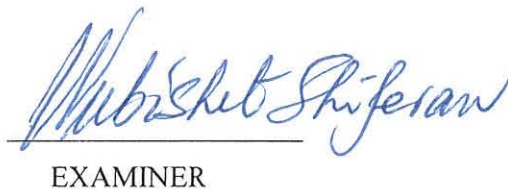
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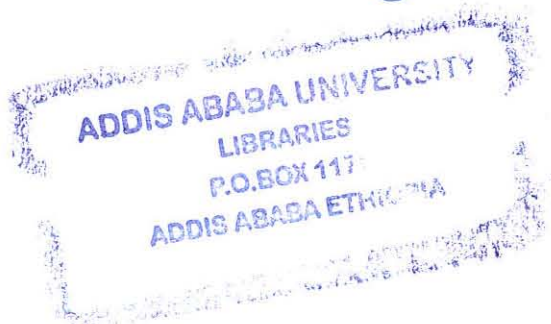
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TABLE OF CONTENTS

	Page
Acknowledgment	i
Table of Contents.....	ii
List of Tables	v
Abstract	vi

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study.....	1
1.2 Statement of the Problem	2
1.3 Objectives of the Study	3
1.4 Significance of the Study	3
1.5 Delimitation of the Study	4
1.6 Limitation of the Study	4
1.7 Operational Definition of Terms.....	4

CHAPTER TWO

2. REVIEW OF RELATED LITEATURE

2.1. The Changing Views and Roles of People in the History of Mental Retardation	5
2.2. Nature and Definition of Mental Retardation	8
2.3. Causes of Mental Retardation.....	10
2.4. Nature and Definition of Attitudes	11
2.5. Components of Attitudes	13
2.5.1. Cognitive Component of Attitudes	13
2.5.2. Affective Component of Attitudes	14
2.5.3. Behavioural Component of Attitudes	14
2.6. Attitude Change	14
2.7. Formation of Attitudes	16
2.7.1. Religion	16
2.7.2. Labelling / language of Disability	17

2.7.3. Culture and Belief	18
2.8. Significance of Attitudes	18
2.9. Measurement of Attitudes	19

CHAPTER THREE

3. DESIGN OF THE STUDY

3.1. Subjects of the Study	21
3.2. Sampling Design	21
3.3. Data Gathering Instruments	22
3.4. The Questionnaire	22
3.5. The Focus Group Discussion	22
3.6. Observation	23
3.7. Data Gathering Procedure	23
3.8. Data Analysis Techniques	23

CHAPTER FOUR

4. ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1. Characteristics of Respondents	24
4.2. Attitude toward Mental Retardation	25
4.2.1. Nature and Characteristics of Mental Retardation	25
4.2.2. Etiology of Mental Retardation	28
4.2.3. Roles and Possibilities to Improve the Condition of Persons with Mental Retardation	33
4.2.4. The Interaction of People with the Mentally Retarded Persons.....	37
4.2.5. The Potentials of Persons with Mental Retardation	39
4.2.6. The Learning Capabilities of Persons with Mental Retardation	43
4.3. Factors of Attitude Formation toward Mental Retardation	45
4.4. Discussion of the Findings	
4.4.1. Attitudes toward Mental Retardation by sex and level of education.	47
4.4.2. Nature and Characteristics of Mental Retardation	48
4.4.3. Etiology of Mental Retardation.....	49

4.4.4. Roles and Possibilities to improve the condition of Persons with Mental Retardation	51
4.4.5. The Interaction of People with the Mentally Retarded Persons.....	52
4.4.6. The Potentials of persons with Mental Retardation	53
4.4.7. The Learning Capabilities of Persons with mental Retardation	54
4.5. Factors of attitude Formation toward Mental Retardation	55

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary	58
5.2 Conclusion	60
5.3 Recommendation	61
References	63
Appendices.....	67

LIST OF TABLES

Table 1: Frequencies and Percentages for ratings of items related to the Nature and Characteristics of Mental Retardation	26
Table 2: T-test Results on the nature and Characteristics of Mental Retardation	27
Table 3: Summary of one- way ANOVA tests on the Nature and Characteristics of Mental Retardation	27
Table 4: Frequencies and Percentages for ratings of items related to the Etiology of Mental Retardation	29
Table 5: T- test Results on the Etiology of Mental Retardation	30
Table 6: Summary of one- way ANOVA tests on the Etiology of mental Retardation	31
Table 7: Frequencies and Percentages for ratings of items related to respondents' roles and Possibilities	34
Table 8: T- test Results on the respondents roles and Possibilities	35
Table 9: Summary of one- way ANOVA tests on the Respondents roles and Possibilities	35
Table 10: Frequencies and Percentages for ratings of items related to the inter actions of the respondents with persons with mental Retardation	37
Table 11: T- test Results on Interactions with Mentally Retarded Persons	38
Table 12: Summary of one- way ANOVA tests on the Interactions with mentally Retarded Persons	38
Table 13: Frequencies and Percentages for ratings of items related to the potential of Persons with Mental Retardation	40
Table 14: T- test Results on the Potentials of Persons with Mental Retardation	41
Table 15: Summary of one- way ANOVA tests on the Potentials of Persons with Mental Retardation	41
Table 16: Frequencies and Percentages for ratings of items related to the Learning Capabilities of Persons with Mental Retardation	43
Table 17: T- test Results on the Learning Capabilities of Persons with Mental Retardation	44
Table 18: Summary of one- way ANOVA tests on the Learning Capabilities of Persons with Mental Retardation	44
Table 19: Frequencies and Ranking of the items in the Attitude Formation factor	46

ABSTRACT

This study aimed at investigating the attitudes of residents of Bahir Dar town toward persons with mental retardation.

The subjects of the study included 300 participants (150 men and 150 women), 8 religious leaders and elders and 6 parents of children with mental retardation, selected using systematic, purposive, available and simple random sampling techniques. Questionnaire, focus-group discussions and observations were used to gather data; percentage, t-test and one-way analysis of variance were used to analyze the data.

Results show that men hold more positive attitudes toward mental retardation than women though at cognitive level. The respondent's attitudes toward persons with mental retardation also vary by their educational status. Hence, the higher the respondents educational status, the more positive their attitudes toward Mental Retardation.

Results also revealed that the participants of the study have misconceptions and wrong beliefs about the nature and characteristics of mental retardation and about persons with mental retardation. For instance, the majority of the sample population believed mental retardation as a kind of curable disease and persons with mental retardation as destructive, inattentive, unfriendly, etc. They also believed that religious, cultural and supernatural factors as causes of mental retardation. Furthermore they do have a pessimistic view of their roles and possibilities to improve the conditions of persons with mental retardation. Results more over depicted that the participants have no future expectations about persons with mental retardation concerning their education and self-enhancing activities through communicating and interacting with others. Religion, culture (values and beliefs) and labels and names given to the disability were found to have a significant effect in forming and governing people's attitudes toward persons with mental retardation.

The study concluded that people have negative attitudes towards mental retardation due to lack of knowledge and understanding about the nature and characteristics as well as the causes of mental retardation.

The implication of the study is that professionals should focus on raising the awareness of people in the community in general and parents of children with mental retardation in particular about the disability through providing information on the causes, the nature and characteristics of Mental Retardation so they know the role they can play to help persons with the disability.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

For many generations people have recognized and pitied persons with mental retardation. They have discovered that these persons are a burden; that they are a menace of society and civilization; that they are responsible to a large degree for many of our social problems. They are also considered as a parasitic, predatory class, never capable of self-support or of managing their own affairs (Bogdan and Taylor, 1994).

Having a disability is still considered shameful and persons with disabilities are stigmatized and excluded from the community life many places in the world (Smith et al., 1994). Attitudes influence whether we see the individual as a whole person or as sum of functions. They also influence how we value a person with special needs, how we teach and what we teach. We react to people and situations on the basis of how we evaluate and judge them. When there is a negative attitude towards them, individuals with mental retardation remain in their homes and will not be exposed for educational and other related service that help them develop their fullest ability, whatever that may be.

The way persons with disabilities are treated is also influenced greatly by the type of perception and attitudes towards them. As Wolfensberg (1988), in Smith et al., 1994) stated, "How a person is perceived affects how that person will be treated." People's attitudes are important in the process of planning and implementing educational and intervention programs and in the process of improving the life situation of persons with mental retardation. If people have positive attitudes, they will become involved in such processes and help children with mental retardation. On the other hand, if they have negative attitudes, persons with mental retardation may suffer from discrimination and deprivation of their rights to education and other services.

As Seligman and Darling (1989), cited in Chernet (1999) stated, the extent that individuals deviate from social norm of physical and mental perfection, they are likely to be shunned, ridiculed and avoided. This is also true many places in Ethiopia. There is a belief that disability including mental retardation is a punishment from God for sins (Tirussew et al., 1995). Therefore, having children with disabilities in general and mental retardation in particular is considered as shame.

Ethiopian children with mental retardation are often secluded and neglected in the society and are also kept away from schools. Many of these children are deprived of environmental stimulation which is essential for the over all development, education and active participation in a society. In many areas of the country children with mental retardation do not have opportunities to meet others and to play with others since mental retardation is considered a contagious disease (Tariku, 1996; Tirussew, 1993).

However, it is common to hear the slogans that all children are educable; all have the right for education, etc. But still many children with mental retardation in many countries, including Ethiopia are neglected and kept out from schools. This implies that it is not possible to reach to the successful goal by formulating declarations, laws, and policies only. It also implies the necessity to examining the people's attitudes at different levels toward these children (Mekdes, 2000).

The education and training policy of Ethiopia (1994) also stresses the need to give special attention to persons with disabilities in educational structures. However, to ensure this special attention still much effort is needed especially with regard to changing people's attitudes at various levels. Lack of proper knowledge about the causes and nature of mental retardation and lack of understanding the potentials of these children could be some of the major causes for the negative attitudes of people towards persons with mental retardation.

1.2. Statement of the Problem

Social psychologists define attitude as a learned evaluative predisposition towards a person, situation, or social circumstances that can influence an individual's response either favorably or unfavorably (Corsini and Auerbach, 1996). Attitudes are said to have cognitive, affective and behavioral components. To translate these components in to specific concerns, people have various perceptions, emotions (feelings) ranging from fear to pity and because of these perceptions and feelings; they are inclined to act in a positive or negative way towards persons with mental retardation.

The attitude of people is, therefore, the most important issue in the provisions of the necessary educational and other services for children with mental retardation. Without positive societal attitudes, it is very difficult to bring these persons to school and other related rehabilitation services (Centers).

People may have misconceptions and wrong beliefs about the nature and causes of mental retardation, which in turn have negative impact on their understanding of the learning capabilities and potentials of children with mental retardation. This can again be one of the major factors for neglecting and depriving such children. They may think that these persons cannot learn and that their situation cannot

be improved (Chernet, 1999). Hence, the central aim of this study is to investigate peoples' attitudes toward persons with mental retardation based on the following leading questions.

- How do people perceive mental retardation?
- What do people believe as causes of mental retardation?
- What do they believe about their role and possibilities in improving the conditions of persons with mental retardation?
- What are the factors that influence attitudes toward mental retardation?
- Is there any significant difference in attitudes of people toward persons with mental retardation by sex and level of education?

1.3. Objectives of the Study

The objectives of this study are to:

- Find out how people understand (perceive) the conditions of mental retardation.
- Explore the people's beliefs about the causes of mental retardation.
- Describe the people's beliefs about their roles and possibilities to improve these individuals.
- Discern the factors that influence their attitudes toward mental retardation.
- Check the differences in attitudes of people toward mental retardation by sex and level of education.

1.4. Significance of the Study

Knowledge of attitudes is of great importance in providing clues as to why certain programs exist, how professional services are delivered, what legislations should be promulgated and enacted and generally, how the retarded persons' life styles are affected (Baron and Byrne, 1997).

Thus, studying attitudes of people toward individuals with mental retardation will play an important role in:

- The process of designing and implementing intervention, educational and other rehabilitation services for these members of the society.
- Assisting people to develop and increase their awareness toward disability in general and mental retardation in particular.
- Forwarding some suggestions on how to avoid the existing negative attitudes of people towards these groups of persons.

1.5. Delimitation of the Study

It is true that people in different parts of the world have their own attitudes toward persons with mental retardation depending on their level of understanding. However, this study is delimited to some selected Kebeles of Bahir Dar Town.

1.6. Limitation of the Study

One limitation of the study is the small sample size. The analysis of the study is only based on data obtained from 314 people. The other limitation arises from the need to measure the actual behavior of people (respondents) toward persons with mental retardation. Thirdly, it was not possible to measure the magnitude of attitudes according to the severity of retardation for many reasons. Therefore this study couldn't find out the relationship between attitude and the severity of the retardation.

1.7. Operational Definitions of Terms

For the sake of clarity the following terms are defined according to the context they are used in the study.

Attitude: in this study attitude refers to the perceptions, belief, knowledge, opinion, and behavior toward mental retardation and mentally retarded persons.

Mental retardation: refers to a developmental delay, which involves significantly sub average intellectual functioning and limitations in two or more adaptive behavioral skills.

Parent: it stands for both father and mother or a person who has a parental role for the care and rearing of a child with mental retardation.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. The Changing Views and Roles of People in the History of Mental Retardation

Historically, mental retardation has existed in all societies and socioeconomic strata irrespective of race and sex throughout the human history. Mental retardation is traced back to the ancient times and then to the civilizations of Egypt, Greek, Romans and others. It is also mentioned in the Bible while describing people who were possessed by evil spirits brought to authorities for healing. There is no evidence to indicate that it is a new phenomenon in history except that the difference is in interpretation given at various levels of the civilization. The interpretation given to mental retardation was influenced by the social and political forces. These forces have affected people's interaction with the mentally retarded children either positively or negatively both in the past and today (Smith et al., 1994). According to the writer Smith, and her associates (1994), the history of mental retardation can be traced as early as human civilization but due to brief documented history, the explainable history revolves around the period of the past 200 years. These writers classified the history into nine eras starting from 1700 to the present. These classifications take the major events in each era including attitude toward and treatment of persons who are mentally retarded.

The first era represents the period before the 18th century (Antiquity period). Although the term mental retardation was used prior to the 18th century, its meaning was obscure for people who did not have sophisticated knowledge base to understand it. As a result, people around the world held a wide variety of attitudes and perceptions toward persons with mental retardation.

Throughout history, in this and other literatures, there was no agreement among different societies as to who these deviant people were, why they behaved the way they did, and how they should be treated. In response to these questions varied systems of treatment developed ranging from treating these individuals as buffoons and court jesters to perceiving them as demons.

Before 1700, if any services (using the word loosely) were provided, it was highly protective and was offered in monasteries. Mental retardation prior to the 18th century was growing from its gravest level to be taken care of the religious organizations and the families. However, the conceptuality about the possibilities of training and education was absent.

Generally, in the period prior to 1700, persons with mental retardation have experienced the hazardous effects of social stigma attached to mental retardation. In ancient times, where the societies' knowledge about mental retardation and persons with mental retardation was at the minimum, mental and physical defects were viewed by people with fear and disgrace largely because of the social stigma attached to such conditions and myths.

Ridicules of the mentally retarded persons were common and derogative words like idiot, imbecile, and dunce were used. Giving birth to a child with mental retardation was viewed as punishment from God for the parents' evil deeds or so.

The era of the 18th century brought changes of programs specifically for the people with mental retardation. The two most significant features were the advent of sensationalism and revolutionary changes that took place both in Europe and America through the efforts of the philosophers such as J. Locke and Rousseau stressed the importance of the senses in human development. These ideas provided new ways of perceiving the nature of human mind and ultimately influenced educational reform (Smith et al, p.29).

Itards effort to train the wild boy of Ayveron happened to be the noticeable turning point to change the attitude of people towards the possibility of training the retarded persons and understanding of the possible potential they have. The work of Itard brought a dramatic change to special education with mental retardation.

The era identified with the beginning of the 19th century was significant with the development of a test material for the identification of mental ability of the regular students in France by Alfred Binet and Theodor Simon (1905) known as Intelligent Quotient (IQ) test. The test was intended to identify and help students who can benefit from special classes. After sometimes this was changed and started to be used for excluding the low IQ students, children with severe and profound mental retardation were not even included in the regular schools. They were left in the custodial care. Although this has an impact on their special training, these children were isolated and deprived from the family love and care.

The other era is the period where initiatives came from individuals who were close to their children (parents) who started to question the legislation on the rights of their children to be included. The movement started in America that involved the president (Kennedy) and an association was formed. This trend continued in Europe and today the developed countries and some developing countries are working towards "Normalization" and inclusive education. This movement provided the opportunity to see the differences of development when care and education are provided earlier than late ages leading

to the importance of early intervention programs especially for children with severe and profound mental retardation.

The clear understanding of mental retardation was not established until fifty years ago. It has been a misinterpreted concept according to cultural, social, economical and political conditions of a given society. In the different steps of history so far discussed, people describe persons with mental retardation as evil possessed and the treatment applied was to punish the evil by starving, burning, etc. However, in the seventeenth to eighteenth century philosophers like John Locke and Rousseau emerged with humanistic view and this led to the idea of giving attention to human mind and the importance of the senses. The contribution of these philosophers initiated a French man known as Jean Mark Itard who looked towards the education of children with mental retardation. Later, Marian Montessori an Italian Doctor worked with children with mental retardation. Both the works of Itard and Marian Montessori brought a dramatic change in the education and training of children with mental retardation. The new revival initiated Alfred Binet and Theodor to develop intelligence test. This test was contributing in identifying all children with mental deficiencies and to place them in special classes in a sense to provide the necessary help and support. From 1960s on wards the pressure from the organized parents and human right movements in Europe and America impacted on the UN declarations to ratify the right of every child to get equal opportunities (Smith et. al., 1994). Therefore, over the year's people's attitude concerning mental retardation has undergone dramatic change. The kind of treatment and the degree of service provision has shown significant difference due to the contribution of different groups of people.

Mental retardation in the Ethiopian context has passed through similar pattern of development as has been discussed earlier. For instance, in its earliest step of development people used to view mental retardation or having birth to a child with mental retardation as punishment from God for the evil deeds of the individual or his/her parents or ancestors. During this period, superstitions and myths were developed; ridicules of mentally retarded persons were common. Derogative words like, " Dedebe, Kewus, Jil, Kil, Mogne, Nehulala and etc." which literally mean idiot, imbecile, dunce, fool were used. Moreover, a strong negative attitude was attached to giving birth to a child with disability, particularly with mental retardation (Chernet, 1999).

Indeed it has been a source of painful feelings; which has been reflected in isolation of the parents and siblings of the retarded child as well as hiding the child with mental retardation from the community they live in. The family unit has to suffer a lot from the social stigma vested upon them and their children and the economic problems that have direct relation with caring for these children (Mekdes, 2000). In fear of the social stigma attached to the condition, parents and sibling of retarded sometimes

were involving themselves in the rejection, disguising and hiding the child behind doors (Tirussew, 1999).

Later on the development of religion and modern education as well as the influence of international relations enhanced, within limits, the attitudinal change of the society. This can be considered as an important breakthrough. With the introduction of the religious donor agents like, "Mekanyesus church" the Brothers and Sisters Home, etc, the awareness of some parents and families who got the exposure increased. As a result, there appeared some change in attitude and philosophy of some people. Such people at least began to view the problem from the religious point of view and sympathy for both the retarded children and their families by considering the difficulties of parenting such children. As a positive response, some philanthropists and persons started to give alms and other material supports. Later on, these practices served as a stepping-stone for the development of institutions that care for the retarded children (Nema, 2000; Reynolds and Mann, 1987).

The last but not the least development in the area under discussion was started in the late 1988, following a workshop on the development of curriculum for training teachers of mentally retarded children organized by the department of teachers' education, Ministry of Education (DTE - MOE, 1991). The education and training policy of the Federal Democratic Republic Government of Ethiopia (1994) article 3.2.9 states that *special education and training will be provided for people with special needs*. The Federal Negarit Gazeta (1995) article 37, under the rights of children, also noted that "when taking any measure related to children, any governmental or non-governmental institutions or charity organizations, courts, administrative authorities or legislative organs / bodies should give primary attention to the well being and safety of the disabled children."

This article implies that all children with disability have the right to be equally treated in all spheres of life as the other children without disability. In addition many encouraging activities have been underway at various levels by both governmental and non-governmental organizations. These organizations are attempting to change the existing negative attitudes of the society.

2.2. Nature and Definition of Mental Retardation

Scholars used many terms to refer to mental retardation. Handicaps and developmental disabilities are broader categories that include mental retardation. Developmental delay is used to refer to early childhood children with mental retardation (McLaughlin and Wehman, 1992). Mentally challenged is also another term used to refer to a person with mental retardation.

Numerous professional disciplines offer different definitions of mental retardation from their own perspective. Medical, psychological and behavioral definitions are the main ones (Kirk and Gallaher, 1986). Over the years, the meanings of mental retardation have changed as behavioral science become more complex (Ullman and Cranser, 1969).

One of the definitions developed in the first half of the 20th century is Doll's definition, which continues to influence the present definitions of mental retardation (Smith, et. al., 1994). According to Smith and her associates (1994), Doll's definition included six elements considered basic to the concept of mental retardation. These elements were "social incompetence, due to mental sub-normality, which has been developmentally arrested, which obtain at maturity, is of constitutional origin and is essentially incurable." (Doll, 1941, cited in, Smith et al., 1994:63).

Most of the elements from Doll's definition are still considered as basic concepts describing mental retardation. "Social incompetence associated with deficits in mental ability is a thread that runs from Doll's definition through subsequent definitions to the most current" (Smith, et. al., 1994:64). Here the concept of social "incompetence" should be considered in the light of cultural relativism since the interpretation of social incompetence' varies from culture to culture and from society to society.

Doll's definition also put emphasis on mental retardation as a disability that originates during the developmental period. According to Doll's definition mental, retardation is of constitutional origin and it is essentially incurable. However, in many current studies mental retardation is not only caused by "constitutional" but also by many environmental factors. The environmental variables that are important, as causes or partial causes of mental retardation are poverty, war, malnutrition, under stimulation, violence and accident. Moreover, mental retardation is no longer considered to be an "incurable" condition (Smith et al., 1994). Through the provision of the necessary training and education, it is possible to improve the life situation of children with mental retardation (Heward and Orlansky, 1988; Strenberg, 2000; Meisels and Shonkoff, 1990).

In recent definitions of mental retardation, adaptive behavior becomes the most important element. This is because there are people who score below the average in the IQ tests but who can manage their daily life in a good manner depending on accepted behavior at a particular age level and cultural group. They could maintain a suitable job and have (for them) functional reading and writing abilities. Thus, the current definitions involve the major dimensions-measured intelligence and adaptive behavior.

The most common definition, which is used in many studies on mental retardation, is the definition, which was devised and regularly adjusted by American Association on Mental Retardation, AAMR (the previous American Association on mental Deficiency, AAMD).

In 1992, the AAMR published a revision of the definition of mental retardation. According to this revised definition:

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning existing concurrently with related limitations in two or more of the following applicable skill areas: communication, self-care, home living, social skills, community use, self-direction, health and work. Mental retardation manifests before age 18 (Smith et al, 1994:58).

In commenting this definition, Smith et al., (1994), have pointed out that the definition provides a functional perspective on mental retardation. These writers define mental retardation depending on a persons functioning in a daily life, through conceptual, practical and social intelligence. The definition focuses on relations ships between capabilities (cognition, learning and adaptive skills), environments (the characteristics and expectations of a person's life situation) and functioning (the functional match between capabilities and environments). The definition also stressed that mental retardation is the outcome of disabling conditions. Accordingly, retardation is no longer to be viewed as being the characteristics of an individual. It is rather the product of interactions between a person and the nature and demands of that person's environment including attitudes towards the individual with mental retardation.

2.3 Causes of Mental Retardation

Studies have disclosed that mental retardation can be caused by any condition, which impairs development of the brain before birth, during birth or after birth (Smith et al., 1994; Salend, 1994; Zigler and Hodapp, 1986). These studies also indicated that even though several hundred have been discovered, the causes in about 70 percent remain unknown. For the 30 percent various explanations are given. These are chromosomal malfunctions and congenital factors in the prenatal stage, birth trauma and environmental factors after birth.

Chromosomal Malfunctions: a lot of mental retardation happens particularly during the prenatal period. One of the causes is chromosomal and genetic error. These chromosomal errors rarely happen. At the time of conception, the two parental chromosomes X and Y meet each having 23 chromosomes and forming a pair of two in normal condition. Sometimes instead of two pairs a single chromosome pairs can happen usually causing Downs's syndrome (Davison and Neale, 1998).

Genetic Errors: "These conditions occur as the result of inheritance factors involving specific genes. Such disorders are rather poorly understood," (Drew and Hardman, 1988:107). Phenylketonuria is one of the recessive genetic deficits. Researchers are trying to improve recessive defects in the early years of the child. Phenylketonuria is usually a cause in mild retardation level (Holmes, 1994).

Congenital Factors: Mental retardation caused by these factors is when the child is affected in the interaction process between the mother and the child. Such factors are maternal infection and drug. Infections include measles and other diseases the mother contracts also affect the child in the early periods of pregnancy. Malnutrition of the pregnant mother is also the other factor for low birth weight and low brain weight (Drew et al., 1988; Davison and Neale, 1998).

Birth Trauma: is the most common cause of brain damage. Despite the plasticity of the child's brain at birth, prolonged labor, severe physical stress or pressure or the use of instruments in a delivery process may cause serious brain injury. The causes of birth trauma are: Asphyxia (lack of oxygen), injuries to the cerebrum, peripheral nerve injuries, fractures, soft tissue damage and injuries to the visceral (Smith et al., 1994: 63). Causes of retardation in severe level after birth sometimes can happen when severe malnutrition and diseases such as meningitis happened to the child (Shea and Bauer, 1994).

Generally, the causes of mental retardation are a complex issue. Possible causes of mental retardation include several factors, few of which mentioned above are considered to be the sufficient causes of the disability.

2.4 Nature and Definition of Attitudes

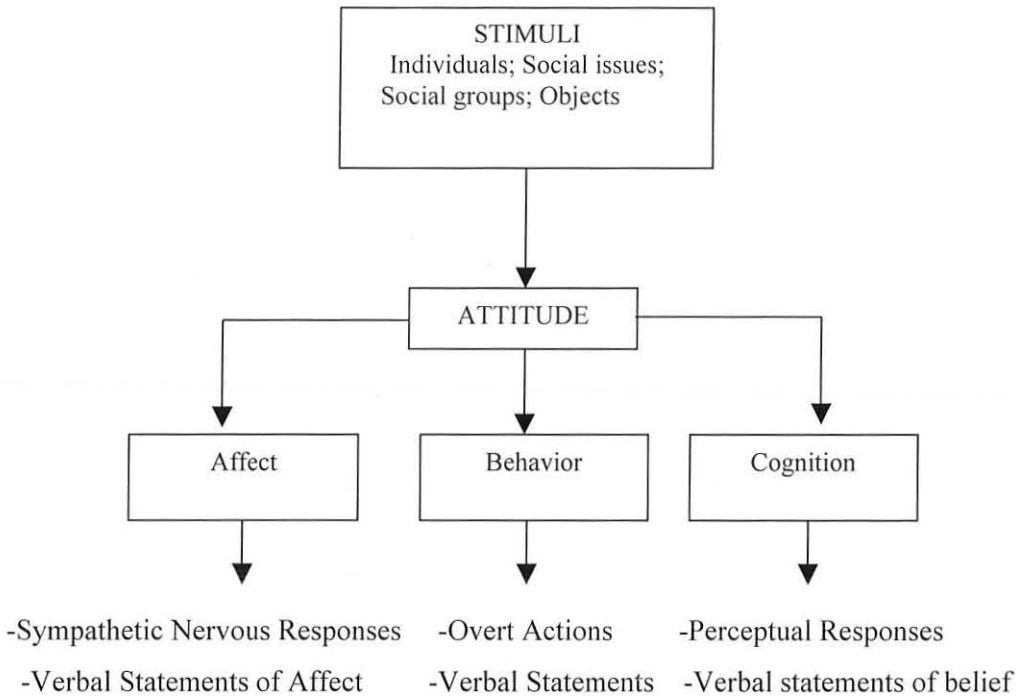
Many definitions of attitude have been offered by different researchers in terms of people's evaluations of entities. Cardwell (1996), cited in Daniel (2000) define attitude as "A state of readiness, based on past experience, which guides biases or otherwise influences our behavior. It is perceptual orientation and response readiness in relation to a particular object or class of objects." Cardwell's definition implies that an attitude refers to a stable mental position (for a shorter or a longer duration) held toward some idea or object or person. Hence, every attitude is a combination of beliefs, feelings and evaluation and some predispositions to act accordingly. For instance, people may differ in their attitudes toward children with mental retardation. They may probably have different beliefs on the nature and cause of mental retardation and may evaluate it differently (from extreme pro to extreme con); these differences will also make them to take varied actions.

As Gilbert, et al., (1998:269) stated, "Attitudes express passions, hates, attractions and repulsions, likes and dislikes. People have attitudes when they love or hate things or people and when they approve or disapprove of them." This definition also implies that people express their attitude in a number of ways including their emotions and overt behavior, which are infused with the evaluative meaning that attitudes convey. As Eagle and Chaiken (1993), cited in Chernet (1999) mentioned an attitude object can be anything that is discriminated or that becomes in some sense an object of thought. Attitude is crystallized as a result of feeling, for instance, loving or hating of the attitude object. This also indicates that an attitude is any behavior which is expressed in a particular manner by evaluating a particular entity (attitude object) with some degree of favor or disfavor.

According to Baron and Byrne (1997) attitude is "The relatively enduring orientations that individuals develop towards the various objects and issues they encounter during their lives and which they experience verbally as opinions." This definition indicates that attitudes are learned behaviors that may last for a shorter or longer duration based on repeated associations with positive and negative events. Petty and Cacioppo (1981), cited in Zelalem (1994) described attitude as a general and enduring positive or negative feeling about persons, objects, or issues. This notion implies that an attitude is a stable state of mental action to evaluate a person, thing or idea either as relatively good or relatively bad.

Hilgard (1996) also described attitude as a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor. According to him, the psychological tendency refers to a state that is internal or within the individual person. Attitude as a tendency then implies that attitude is an internal states that lasts for a short or long periods of time. Hilgard further explained that people usually express their attitudes in opinion statements (feelings). Attitudes are often linked to cognitions, especially to beliefs about the attitude object. In addition, attitudes are linked to actions people take with respect to the object of attitude. Hence, he notified the three components of attitude-affect (physiological arousal), behavior (action) and cognition (thought).

Fig. 'a' portrays this three-component model of attitudes.



Source: Ettinger et al., (1994) - Psychology: Science, Behavior and Life. Harcourt Brace: College Publishing. pp. 671.

2.5. Components of Attitudes

2.5.1. Cognitive Components of Attitude

Consonant with the idea in most of the above definitions, the cognitive category of attitudes contains knowledge and /or thoughts that people have about the attitude object. According to Fishbein and Ajzen (1974), cited in Gilbert, et al., (1998), these thoughts or cognitions that are connected with attitudes are known as beliefs. Beliefs are taken as associations or linkages that people establish between the attitude object and various attributes that they ascribe to them. These beliefs or attributes that are ascribe to the attitude object, express positive or negative evaluations. For example, people may have different beliefs about the cause of mental retardation. As a result they may attribute the causes to different factors. These knowledge or understanding may influence them to develop either positive or negative attitudes towards children with mental retardation.

2.5.2. Affective Component of Attitude

Prominent authorities in their studies pointed out that attitude incorporate affective responses that are generated by the attitude object. The affective aspect of attitude structure consists of feeling, moods, emotions and sympathetic nervous-system activity that people have experienced in relation to an attitude object and subsequently associated with it. These affects reflect particular experiences or become more generalized by summarizing responses that occur on multiple occasions. Affective responses can range from extremely positive to extremely negative evaluative reactions. Individuals who evaluate an attitude object favorably are likely to experience positive affective reactions in relation to the object of attitude. Whereas, people, who evaluate the object of attitude unfavorably are likely to experience negative reactions (Gilbert, et al., 1998 and Krupat, 1982; Corsini and Auerbach, 1996). From this notion, it is possible to infer that individuals who experience positive reactions are unlikely to develop negative attitude towards the attitude object. On the other hand, individuals who experience negative affective reactions develop negative attitudes.

2.5.3. Behavioral Component of Attitude

Studies also indicated the behavioral aspect of attitudinal structure refers to associations that encompass a person's overt actions toward the object of attitude as well as intentions to act, which are not necessarily expressed in overt behavior. Although representations of particular behavior become associated with the object of attitude, behavioral representations may become generalized on the basis of repeated responding. Behavioral responses, like cognitive and affective reactions, also express positive or negative evaluations of an attitude object (Krupat, 1982, Gleitman, 1996, and Gilbert, et al., 1998). In general, people who evaluate an attitude object favorably may show behaviors or actions that support the object of attitude. However, individuals who evaluate the object of attitude negatively show behaviors that hinder the attitude object.

2.6. Attitude Change

Attitudes are based on information; we are constantly acquiring new information about people and objects. But we can never know all the information available on any particular attitude object. Because we acquire new and additional information about any particular object, our attitudes are open to revision and/or change. Our lives are filled with opportunities for attitude change though attitudes are extremely resistant to change (Hayes, 1998; Morgan et al., 1986; Gielman, 1996; Hilgard, 1996; Corsini and Auerbach, 1996)).

The change of attitudes in the daily world is part of the ongoing process of living. Attitude change occurs in the context of existing interpersonal relationships, group memberships, and particular situations; and they span various time periods. Individuals can be persuaded to change or modify their attitudes where the change process involves elements of communication such as source, message, channel and receiver (Daniel, 2000; Morgan et al., 1986; Gielman, 1996; Feldman, 1994).

Similar to their formation, changes in attitudes follow a psychological process in which the individual has to pass through the stages of attention, comprehension, retention, yielding and action. The process takes place in three ways. First, direct experience with the attitude object (in these case persons with mental retardation plays a significant role in influencing and changing attitudes. Research in numerous studies has shown that prolonged contact can favorably modify negative attitudes toward persons with mental retardation (Cleve, 1978; Daniel, 2000). However, contact alone cannot be assumed to induce more positive attitudes. So, situations promoting the similarities between individuals with disabilities and their non-disabled peers may serve to enhance attitudes (McLaughlin & Wehman, 1992; Mussen et al., 1984).

Second, persuasive communication helps in changing attitudes depending on people's motivation to think about persuasive communications. For example, as a general knowledge about a topic (mental retardation) increases, people can become more able and more motivated to think about issue-relevant information. But, knowledge is only effective to the extent that it is accessible. When knowledge is low or inaccessible, people are more dependent on simple cues. People, for example, may neglect and hide behind doors children with mental retardation because of lack of knowledge about the potentials and capabilities of these persons. Hence, enduring change in attitudes toward persons with mental retardation is brought about if and only if the communication deals with central and issue-relevant thinking. Novelty, accuracy and relevance of information disseminated together with an active involvement of the recipients are key factors in revising and/or changing attitudes (Eysenck, 1990 Cited in Daniel, 2000; Gilbert et al., 1998; Santrock, 1997).

Third, induced behavior change "forced compliance" can bring about attitudinal change. Festinger first explained this in the cognitive dissonance theory. Festinger proposed that the psychological state of dissonance was aversive and that people would be motivated to engage in cognitive activity in order to reduce it. Because people in dissonance state are motivated to achieve a particular outcome, their effortful information processing activity is clearly biased (that is of two equally plausible interpretations, the interpretation most consistent with the other salient cognitive elements is preferred). The most obvious solutions to dissonance are to engage in cognitive activity to modify one of the dissonant elements. For example, a begging master uses a child with mental retardation for making

money counter to the man's belief in the legal and human rights of the child, the master experiences cognitive dissonance. The smaller the financial benefit he makes, the greater would be cognitive dissonance (Berkowitz 1978 cited in Daniel 2000; Gilbert et al., 1998; Hayes, 1998; Westen, 1996).

To reduce the dissonance, the begging master is expected to change his or her original attitude (example, belief in the legal and human rights of the child) making it more consistent with the behavior (example using a child with mental retardation for making money). The man changes his original attitudes (believing that it is illegal and inhuman to abuse a child) so as the person believes in a way that is consistent to the action he is motivated to follow (Eysenck, 1990 cited in Daniel, 2000; Corsini and Auerbach, 1996).

2.7. Formation of Attitudes

Studies indicated that attitudes are necessarily developed from evaluative responding to an attitude object. Thus, individuals' do not have an attitude until they first encounter the object of attitude (information about it) and respond evaluative to it on affective, cognitive, or behavioral basis (Gilbert et al., 1998; Dworzky, 1988; Reardon, 1991). The idea that attitudes develop on the basis of evaluative responding implies that an attitude involves the direct and indirect experiences that a person has with the object of attitude. As these positive and negative experiences become attached to the object of attitudes in the perceivers' minds, these perceivers would acquire mental associations. Research findings reveal that attitudes are formed through the individual's exposure to the attitude object, observation of the attitude object and the learning reward attribute of attitudes (Dworetcky, 1988; Morgan et al., 1986; Ingstad and Whyte, 1995)

The formation of attitudes is determined by many factors. Contact with the handicapped, knowledge about handicapping conditions, culture, religion, superstitious beliefs, etc are some of the important factors in the formation of attitudes (Hegarty & Pocklington, 1984, cited in Tadesse, 1991).

Although, there are many factors that govern the formation of attitudes, we concentrate on some of the determinant factors for the formation of attitudes toward disability which are relevant to this study.

2.7.1. Religion

Studies indicated that religious orientation plays a significant role in influencing the attitudes of people toward disability.

In his study, Yuker (1988), cited in Chernet, (1999) pointed out that, in Israel the attitudes of Arab Christians are influenced by the Biblical notion that disease and physical disability are punishments

sent by God for sins or immoral behavior. According to him, the Muslim religion also considers disability as punishment from God for sins. As a result of this, persons with disability were seen as physically and spiritually weak individuals who cannot contribute to the society. Similarly, Tigabu (1997) have found out the influential power of religious orientation on acceptance or rejection of disability as well as parental coping strategies.

The influence of religion on attitude also is reflected in the report of earlier researches in Ethiopian (Tadesse, 1991; Tirussew et al., 1995; Tibebu, 1995). The reports of these studies indicated that disability was attributed mainly to God. In his study Tadesse (1991: 26). Stated that "In rural communities, the causes of disability are usually attributed to supernatural power or a curse from God for a misdeed". Similarly, after studying 5220 house holds attitudes toward different kinds of disabilities, Tirussew et al (1995) found out that 51.8% of the respondents ascribed the curse of disability to be a cause or punishment from God.

All the above findings of the studies and views imply that religion has an effect on the development or formation of attitudes toward persons with disabilities.

2.7.2. Labeling /Language of Disability

Language/ words, which we use to classify persons with disabilities, can have negative influences. Hence, labeling could be one factor for the formation of negative attitudes toward persons with disability. It has a negative effect on the life of these people because most often labeling explains and focuses on their inability rather than their quality or ability and on how they differ from other people (Bogdan and Taylor, 1994).

There are often marked differences in attitudes toward disability and the roles of people with disability from one country to another. There are even variations within the same culture. So, words to describe aspects of disability vary greatly from place to place. In many languages, isolating and often insulting labels are attached to persons with disabilities. Some labels define these people as medical cases rather than as individuals. In Ethiopia, naming a child after his/ her impairment is common. For example Ewir (blind), Duda (deaf), komata (leper), and Dedeb, Kilakel, fezaza and mognamogne (retarded) in Amharic are very negative loaded words and have negative influences on an individual's development and self-esteem.

In his study on meanings attached to disability, Tibebeu (1995) has found that the label mentally retarded was the most unfavorably evaluated. The findings of this study indicated that the most negative meanings were attached to people with mental retardation. They were described or evaluated

as passive, inattentive, dumb, solitary, insecure and careless. According to him, “This indicates that there is a stereotyped attitude toward the mentally retarded and the stereotype has a negative meaning” (p. 103).

Oral tradition in many places of Ethiopia also reveals that when a mother gives birth to a child with disability, it will be said “gud wildch”. This expression implies that the mother gives birth to something strange as a result of a curse or punishment from God for a sin of the mother or the family.

2.7.3. Culture and Beliefs

In many societies, culture also has a strong influence on attitudes of one group of persons to another one. As indicated in many studies, cultural values attached to physical and mental conditions are one of the important factors affecting the formation of attitudes toward disability. This is due to the fact that the birth of a child with disability has different meaning in various societies. These meanings can even be shaped by sub cultural values and beliefs within a single society (Kirk and Gallagher 1986; Ingstad and Whyte, 1995). These writers indicated that the Juken tribe of Sudan believed disability as something caused by evil spirits. They also pointed out that during the Middle Ages persons with a disability were believed to be possessed by the devil and burned as witches.

In developing countries, including Ethiopia, the non- disabled people’s attitudes towards persons with disabilities are greatly influenced by supernatural beliefs, witchcrafts and other adverse practices, which are a reflection of culture (Tibebu, 1995; Tigabu, 1997). In his study, Tibebu stated, “Although human beings have common values, the content of attitudes is influenced by the culture of a society ...” (P: 106).

Possi (1996) cited in Chernet (1999); Zigler and Sternson (1997) indicated that among the Wapare in Northern Tanzania, mothers are forbidden to eat fruits that are joined together like banana because there is a believe that if the mother eats the two bananas she may get twins. In that culture tradition it is believed if the mother gets twins, one of them should be killed. This was because if both of them were left alive, a misfortune might fall on the family of the children.

All the above explanations indicated that culture and beliefs have an important role in the formation and shaping of attitudes.

2.8. Significance of Attitudes

Studies indicated that the attitude that a person has about other people can be a powerful influence in social situations. A social attitude is a relatively enduring system of feelings, beliefs and behaviors

with respect to a person with mental retardation would include your feelings and thoughts about that person and your behaviors toward that person that have been generated by the feelings and thoughts (Dworetzky, 1988 ;Baron and Byrne,1997).

The life chances of persons with disabilities in general and persons with mental retardation in particular are determined by society's attitudes. For instance how and where they shall live is structured by people's understanding of mental retardation and the stereotyped reactions of the concept brings forth. If we believe that they cannot learn, we will not teach them. If we regard them as subhuman, we will deprive them of their rights. If we regard them as a separate category of human being, we will segregate them and ignore their sufferings (Bogdan and Taylor, 1994; Tirussew, 1997).

Consonant with the foregoing ideas (Cleve, 1987; Nema, 1996) explained that attitudes impact integrally up on service provision, funding, how individuals with disabilities are treated, and belief in what can be accomplished. Hence, people's attitudes are important in the process of planning and implementing educational and intervention programs and in the process of improving the life situation of persons with disabilities in general and persons with mental retardation in particular.

Generally, attitudes held by the society that is whether it is positive or negative is important for individuals with disability because it influences their lives at various levels in their relationship with family and peers; in their experiences in formal social institutions such as education, employment, and government organizations and in their every day life experiences that take them in to contact with the general public (Cleve, 1987).

2.9. Measurement of Attitudes

There are many techniques used to measure attitudes of people toward the handicapped. Some of these are: Liker Scale, Semantic Differential scale; Thurston Scale and cumulative or Guttman scale (Hayes, 1998). The Likert scale is used to ask an individual to respond to a series of statement by indicating whether she or he strongly agrees, agrees, undecided, disagrees, or strongly disagrees with each statement (Likert 1932, cited Hayes, 1998).

The semantic differential scale is used to ask an individual to give a quantitative rating to the subjects of attitude scale on several bipolar adjectives, such as good-bad, friendly-unfriendly, positive-negative and so on. The respondent indicates the point on the continuum between the extremes that represents her/ his attitudes (Osgood, 1952, cited in Hayes, 1998). The Thurston scale "asks an individual to select from a least of statements that represent different points of view those with which he/she is in agreement" (Thurstone, 1929 in Gielman, 1989). The Gutman scales consist of a series of statements

which are thought to be one-dimensional, with the consideration of cumulative result in the case of attitude statements this means that statements span a continuum of favor ability from the most positive to the most negative (Gilbret et al; 1998).

These attitude scales are mostly used to assess what individuals believe, perceive, or feel. The first of these scales, the Likert scale is used in this study, to measure peoples attitudes toward persons with mental retardation. This is because the likert scale is more clearly empirical approach to the measurement of attitudes (Gilbret et al.,, 1998).

However, each of these methods of measuring attitudes has its limitations and advantages. Measuring attitudes is a difficult task, for many reasons. For example, the problem of response bias that is when people deliberately seek to present themselves as socially acceptable and when people some times give consistent answers regardless of a question are the most important problems of attitude measurement (Hayes, 1998).

CHAPTER THREE

3. DESIGN OF THE STUDY

The major aim of this study was to assess the attitudes of residents in the Bahir Dar town toward mental retardation. To this end a descriptive survey method was employed. The use of this method is well supported by Kerlinger (1986) when the study aims at assessing an issue in a relatively manageable number of respondents (samples) taken out from a large population.

3.1 Subjects of the Study

Subjects of the study were 300 inhabitants of Bahir Dar town, 6 parents of children with mental retardation, 8 religious leaders and elders of the sample Kebeles. But in the case of parents of children with mental retardation, parents from another Kebeles were included because of lack of the required number of respondents in the sample Kebeles.

3.2. Sampling Design

As to the sampling design systematic sampling technique was used to carry out the questionnaire survey to generate data, which was used in this study. For the purpose of selecting samples, from the existing 17 Kebeles in the town, two Kebeles (7 and 17) were selected using random sampling system. In Kebele 7, out of the total of 2,500 households 6 percent house holds that is 150 mothers were selected using systematic sampling technique. From Kebele 17, out of the total of 1,500 households 10 percent households that are 150 fathers were selected using the same technique. Hence, the numbers of respondents for the questionnaire survey were 300 fathers and mothers.

The rational for selecting women and men in different Kebeles were primarily to obtain diverse information from different households. Secondly, comparison of women and men attitudes toward mental retardation was logical and sound as the respondents of different households conception of mental retardation may vary because of variation in their level of education, occupation, age, etc they have than comparing women and men of the same household who share common experience in their life.

Eight members of the focus-group discussions which were conducted with religious leaders (Christian and Muslim) and elders were selected purposely from the sample population. Participants of the second focus-group discussion including parents of children with mental retardation were selected using availability sampling technique in the sample population and two other parents of children with

mental retardation in the other two Kebeles were included. Observations were also conducted on four households out of the six members of the focused-group discussion.

3.3. Data Gathering Instruments

This study has employed both quantitative and qualitative data collection approaches. A questionnaire was used as the main instrument and two focus-group discussions as well as observation as a complementary instruments thought to be essential for triangulating the data.

3.3.1. The Questionnaire

One kind of (structured) questionnaire was prepared for households. It had two parts. The first part of the questionnaire was intended to gather background information about the respondents. The second part which has two sections directed to collect data about the respondents attitudes toward mental retardation /see appendix A/. To achieve this the Likert-type scale ranging from strongly disagree to strongly agree /that is 5= strongly disagree, 4= disagree, 3= undecided, 2= agree, and 1= strongly agree) was formulated for the first section because the Likert scale is the most popular approach to measuring attitudes (Likert cited in Forsyth R. et al., 1995). Respondents were asked to listen or read statements and then indicate their degree of agreement with the item on a scale. Attitude scores were calculated by summing together responses to all the questions.

The second section of the questionnaire was aiming at identifying the factors that affect the respondents' attitude toward mental retardation. Respondents were asked to indicate in a rank order the extent to which each factor influenced their attitudes toward persons with mental retardation.

Before implementation, the questionnaire was translated in to Amharic and administered to 50 household heads that live in Kebele 13 for the try-out purpose. This Kebele which is found far from the sample Kebeles was purposely selected as the center for the pilot study so as to avoid test contamination. Internal consistency was calculated for the attitude measurement scale. The reliability coefficient of the test was computed and found out to be the coefficient alpha (Cronbach) 0.82.

3.3.2. The Focus – Group Discussion

In order to meet the objectives of the study sufficiently, the qualitative method of inquiry (the focus group discussion) was formulated to collect data complementary to the survey data gathered by the main instrument, the questionnaire. The participants of the focus-group discussion included eight religious leaders and elders who were selected purposely from the sample population. The other

members of the focus- group discussion consisted of six parents of children with mental retardation who were selected using availability sampling technique.

The focus-group discussions conducted with religious leaders and elders and parents of children with mental retardation include 6 and 9 broad open-ended questions respectively. Each of the questions in both groups represents the main idea of the research questions. Each question also had extra contextual prompts aimed at finding out the feelings of the participants toward persons with mental retardation.

3.3.3. Observation

Observations were also carried out at homes of children with mental retardation. This method of study is well supported by Selltize et al.,(1976) since observation helps one to describe how people behave by watching and recording what they do and say. Hence, in this study the interaction and communication between children with mental retardation and their parents, neighbors and guests were observed during coffee ceremony, meal times and other times. Such times were chosen because all family members, neighbors and guests get together during these times. In these events, therefore, it is possible to observe the type of interaction between the child with mental retardation and his/her parents, neighbors and guests. Immediately after the observation processes, the researcher wrote all the details about what he has been observed.

3.4. Data Gathering Procedure

The household's questionnaire was administrated with the help of six assistants. The assistants were diploma extension students at Bahir Dar University. They were given orientation about the purpose of the questionnaire and the directions to be followed clearly discussed. The respondents were then assisted in filling out the questionnaire.

The focus- group discussions were conducted in a comfortable room. Questions were forwarded one after the other. In between, there was a long interval of discussion and the discussion was accompanied by many probing questions, a tape-recorder and an assistant.

3.5. Data Analysis Techniques

In analyzing the data both quantitative and qualitative methods were employed. The quantitative method was employed mainly for the analysis of the households' survey data. Descriptive statistics, t-test, one-way analysis of variance and percentages were employed. Analyses of the qualitative data were carried out for the purpose of meeting the objectives of the study adequately, and comparing and contrasting the findings emerged from the quantitative data.

CHAPTER FOUR

4. ANALYSIS AND DISCUSSION OF THE FINDINGS

The aim of this study was to identify and describe the attitudes of people toward persons with mental retardation in Bahir Dar town. As mentioned in chapter one, the major research questions of the study were:

- How do people perceive mental retardation?
- What do people believe as causes of mental retardation?
- What do they believe about their role and possibilities to improve the conditions of persons with mental retardation?
- What are the factors that influence attitudes toward mental retardation?
- Is there any significant difference in attitudes of the respondents toward persons with mental retardation by sex and level of education?

Data obtained on these questions are presented and analyzed under seven categories/dimensions: nature and characteristics of mental retardation, causes of mental retardation, people's roles and possibilities to improve the conditions of persons with mental retardation, the interaction of people with the mentally retarded persons, the potentials of persons with mental retardation, the learning capabilities of persons with mental retardation and factors of attitude formation toward mental retardation.

4.1. Characteristics of Respondents

This study as indicated in section three includes both quantitative and qualitative data. The quantitative data were generated mainly through the household survey conducted on a total of 300 population (50%) female and (50%) male respondents. All of the respondents fall in the adult age category (21 years and above). Data gathered on the educational background of the respondents show that significantly high population (19.3%) of the respondents was those with primary education (grades 1-6). Respondents with literacy education comprise the second largest group (18%). Respondents with grades 12⁺ and above constitute the third largest group (16.7%). Respondents with grades (7-12) comprise the fourth largest group (14.7%) where as the respondents with grades 12⁺ (TTI) and Illiterate groups constitute the fifth and sixth largest group (14.3%) and (13.3%) respectively. The last group comprises

(3.7%) of respondents. It appears more than half of the respondents (54.3%) were either illiterate or had a low level of education. Data obtained on the respondents profile further show that 63.3% were employed whereas the remaining 36.7% were unemployed. Please refer to appendix (D) for the data on level of education and employment status of the respondents in the household survey.

The analysis of sex and level of education here aim mainly at examining the possibilities of differences in community attitudes toward persons with mental retardation by these factors. The information obtained through observation and focus group discussions were also used as complementary data for analysis.

4.2. Attitudes toward Mental Retardation

4.2.1. Nature and characteristics of Mental Retardation

Knowledge and perceptions held by people on the concept mental retardation play a significant role in determining their attitudes toward persons with mental retardation. The way people define and explain mental retardation affects to a great extent either favorably or unfavorably the behavior of persons with mental retardation, their families and other people in the community.

Ratings on the statement “Mental retardation is a communicable disease” indicate most of the respondents (35.7% strongly agree and 46.6% agree) perceive mental retardation as a communicable disease. The ratings on the statement “Mental retardation is a curable disease” indicate quite many of the sample population (34.3%) and (43.0%) strongly agree and agree respectively on the curable nature of mental retardation.

Table 1: Frequencies and percentages for ratings of items related to the nature and characteristics of mental retardation

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Mental retardation is a communicable disease	N %	107 35.7	140 46.6	26 8.7	18 6.0	9 3.0	300 100
Mental retardation is a curable disease	N %	103 34.3	129 43.0	36 12.0	29 9.7	3 1.0	300 100
Persons with mental retardation do not differentiate their own properties from others	N %	62 20.7	159 53.0	36 12.0	43 14.3	- -	300 100
Persons with mental retardation damage their own properties	N %	45 15.0	159 53.0	35 11.7	61 20.3	- -	300 100
Persons with mental retardation are destructive	N %	72 24.0	138 46.0	31 10.3	55 18.3	4 1.3	300 100
Persons with mental retardation are honest	N %	2 0.7	62 20.7	47 15.7	122 40.7	67 22.3	300 100

Most of the respondents (20.7%) strongly agree and (53.0%) agree on the inability of persons with mental retardation to differentiate things of their own from others. This rating appears consistent with ratings of the 4th, 5th and the 6th items (table 1).

Although these statements are few in number to explain the nature and characteristics of mental retardation, the responses throw light on the level of information the respondents had on the issue of mental retardation. Responses to these items were further examined by sex and level of education of the respondents.

Table 2: T- test results on the nature and characteristics of mental retardation by sex.

N			M		SD		df	t-test	Sig.
Female	Male	Total	Female	Male	Female	Male			
150	150	300	14.57	15.70	3.44	2.84	298	3.13	.002

The results (table 2) show a significant difference ($t = 3.13$, $P < .002$) in the mean ratings between the female and male respondents. The male respondents showed a more favorable attitude on the items related to the nature and characteristics of mental retardation compared to the female respondents. The main reason for the difference in the mean rating between female and male respondents was a higher level of education males has than females contribute for the positive attitude of males.

However, observations at the homes of children with mental retardation show a different trend particularly in relation to the behavior of parents with their disabled children. In all the households selected for observation in the present study, the mothers showed closer and helping relationships with their children with mental retardations compared to fathers.

The level of education was an other factor examined. Results (table 3) show consistent increase in the mean responses of the respondents with the increase in the level of education

Table 3: Summary of one-way ANOVA tests on the nature and characteristics of mental retardation by the level of education.

	N	M	SD	F	Sig.
Illiterate	40	13.55	3.32		
Literacy education	54	14.15	2.88		
Religious education	11	14.73	2.6		
Primary education	58	14.83	2.93		
Junior and high school education	44	15.25	2.47		
Teacher training institute	43	16.72	2.52		
Diploma and above	50	17.96	2.52		
Total	300	15.23	3.20	17.54	.000

The results on table 3 show consistent increase in the mean responses of the respondents with an increase in the level of education. The results show a significant difference ($F = 17.54$, $P < .000$) in the mean ratings of items with the difference in the level of education attained by the

respondents. It is interesting to note that the education factor appears a strong factor that contributes to the differences in attitudes toward persons with mental retardation among different groups of people.

The results of the focus-group discussions conducted with parents of children with mental retardation and religious leaders and elders of the sample kebele indicate the participants definition and explanation of mental retardation as follows

- *I believe that there is some thing like Seytan (Devil) in the mind of my child.*
- *My child's beshita (disease) started when he was around four years of age.*
- *The high priest told me that God might create children with mental retardation like that of mine for many reasons.*
- *These children are usually look fezaza (passive, slow, stupid), etc that is why people in the community refer and insult them as mognmogne, kilakil (foolish).*

As it is mentioned above, participants of the discussion understand the nature and characteristics of mental retardation as a disease affecting the brain and it's functioning. They thought that there is something in these persons mind that directs them to behave abnormally. Some of the parents also explain mental retardation as a condition where Satan sits in ones brain and controls the individual's activities while some others attribute mental retardation to God. The participants also understood the condition of mental retardation as passivity and stupidity.

4.2.2 Etiology of Mental Retardation

Beliefs held as to what causes mental retardation play a significant role in determining the positions of people in the community toward persons with mental retardation. In other words, the type of knowledge people held about the etiology of mental retardation appears to direct the kind of relationship the community has with it's mentally retarded population.

Ratings on the statement "Persons with mental retardation are made inferior by God for the sin of parents or grand parents" in the etiology factor (table 4) indicate that most of the respondents (30.0% strongly agree and 41.7% agree) associate mental retardation with religion. The statement "Mental retardation is caused by chromosomal malformations" was

not accepted as a cause of mental retardation by most of the respondents (50.0% disagree and 22.3% strongly disagree).

Table 4: Frequencies and percentages for ratings of items related to the etiology factor.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Persons with mental retardation are made inferior by God for the sin of parents and grand parents	N	90	125	17	62	6	300
	%	30.0	41.7	5.7	20.7	2.0	100
Mental retardation is caused by chromosomal malformations	N	25	19	39	150	67	300
	%	8.3	6.3	13.0	50.0	22.3	100
Mental retardation is caused by birth complications	N	1	28	86	152	33	300
	%	0.3	9.3	28.7	50.7	11.0	100
Persons with mental retardation are made inferior by malnutrition	N	3	39	80	126	52	300
	%	1.0	13.0	26.7	42.0	17.3	100
Mental retardation is caused by severe corporal punishment above the neck	N	42	137	80	38	3	300
	%	14.0	45.7	26.7	12.7	1.0	100
Persons with mental retardation are made inferior by disease	N	15	133	42	58	52	300
	%	5.0	44.3	14.0	19.0	17.3	100
Persons with mental retardation are made inferior by evil spirit	N	51	150	35	48	16	300
	%	17.0	50.0	11.7	16.0	5.3	100

Another worth noting observation here is on the ratings of statement 3 and 4. Most of the respondents (50.7% disagree and 11.0% strongly disagree on statement 3) and (42.0% disagree and 17.0% strongly disagree on statement, 4) do not believe birth complication and malnutrition as a possible causes of mental retardation. These statements had also the highest ratings in the undecided category. In other words, although most of the respondents did not accept these statements as a cause of mental retardation, a considerable number of the respondents (28.7% on statement 3 and 26.7% on statements 4) had doubts and were not able to associate mental retardation with any of this statement.

The ratings on the statements 5 and 6 indicate most of the respondents (14.0% strongly agree and 45.7% agree on statement 5 and 5.0% strongly agree and 44.3% agree on statement 6) believe severe corporal punishment and disease as a possible causes of mental retardation. But, these items had also many respondents on the undecided category.

The ratings on the statement “Persons with mental retardation is made inferior by evil spirits” were also believed by the majority of the respondents (17.0% strongly agree and 50.0% agree) as the causes of mental retardation.

Respondent ratings on the etiological factor were further examined by sex and level of education. Concerning the sex factor, the mean ratings of the female and male respondents were significantly different ($t = 2.89, P < 0.004$).

Table 5: T-test results on the etiology of mental retardation by sex

N			M		SD		df	t-test	Sig.
Female	Male	Total	Female	Male	Female	Male			
150	150	300	19.02	20.68	5.43	4.49	298	2.89	0.004

The male respondents showed a more favorable attitude toward persons with mental retardation compared to the female respondents. The difference in the mean rating by sex was because of education (appendix D).

The education of the respondents appears to make difference in connection to the etiological factor. Results show a consistent increase in the mean ratings as level of education increase (table 6). In other words, the more educated the respondents appear to hold more positive attitudes.

Table 6: summary of one-way ANOVA tests on the etiology factor by level of education

	N	M	SD	F	Sig.
Illiterate	40	15.60	2.32		
Literacy education	54	15.74	3.11		
Religious education	11	16.36	3.20		
Primary education	58	16.56	4.30		
Junior and high school education	44	22.36	4.40		
Teacher training institute	43	22.85	4.36		
Diploma and above	50	23.59	3.56		
Total	300	16.15	4.04	126.76	.000

The results show a significant difference ($F= 126.76$, $P<. 000$) in the mean rating of items with the difference in the level of education.

The basic question “How do people believe as causes of mental retardation?” was asked in the focus-group discussions conducted with parents of children with mental retardation and religious leaders and elders of the community.

When explaining the causes of mental retardation, the participants of both groups reported different causes. The participants of the discussion attributed the causes of mental retardation to religion (God), evil spirits and other super natural powers. Thus, the causes mentioned were categorized under; causes associated with God, causes associated with evil-spirits and causes associated with other beliefs.

Causes Associated with Religion

Most of the participants associated the causes of mental retardation with religion. They explained that mental retardation is the will of God, punishment for personal wrong doings like missing to celebrate ritual ceremonies, which they used to celebrate, inherited sins and

disobedience of the Bible's rules. The following were some of the causes of mental retardation mentioned by participants of the discussion (parents and elders and religious leaders)

--- *My child's situation is 'yegta tizaz' / God's will or command*

--- *Sometimes I feel that my son became like this because I missed to celebrate the day of beale egziabher (the day of God), which I used to celebrate.*

--- *God creates every thing. Therefore, he creates these children.*

--- *These children's situation is a result of God's punishment for parents and grandparents sins... the wife or the husband or their grandparents might have done wrong things... one of them has 'hatyat' (sin). That is why God punishes hyattateghan (sinners) by giving children like these.*

--- *We all are sinful, we don't respect God's command that is why God is punishing these people in different ways... like giving a child with disabilities.*

Causes Associated with evil-spirits

In addition to attributing to God, the participants have also raised cultural and supernatural reasons for the causes of mental retardation. Some participants attributed the cause to evil spirits such as devil, demon or Satan 'buda' (evil eyes) and contamination by evil spirit (likft). The following were some of the causes associated with evil-spirit by the members of both groups of the discussion.

- *It could be 'seytan' (Satan) that makes my child like this...*
- *It is 'ganen' and 'megagna' that made my child yayemro beshetegn (mentally ill) since I gave birth in the new house where we didn't kill sheep before we entered.*
- *I think the cause of mental retardation is 'likft' by ganen something, which does people not know and 'yesew ayn' or 'buda' (evil-eyes) causes this besheta.*

Causes associated with other beliefs

The participants have also mentioned such factors as contact with a person with mental retardation, curse by elders and ancestors, quarrel in the family, bad luck and accident to the causes of mental retardation. Some of the causes explained by some of participants include.

- *I saw a child with the same situation when I was going to the market. That must be the cause.*
- *I was always quarreling with my husband and with my neighbors during my pregnancy... that could be the cause for my sons condition*
- *Mostly people do not respect the elders and parents in the community. These people develop sorrow on their young and finally they cursed them... so that curse is manifested on their children.*

4.2.3. Roles and Possibilities to Improve the Conditions of Persons with Mental Retardation

Questions directly related to the respondents roles and possibilities to improve the conditions of persons with mental retardation was treated in this sub-section with a focus on examining and finding out how the respondents perceive their roles and possibilities to improve the conditions of persons with mental retardation.

Ratings of items related to the respondents roles and possibilities to improve the condition of these persons, as shown in the frequencies and percentages (table 7), displays a pessimistic view of the respondents.

Table 7: Frequencies and percentages for ratings of items on roles and possibilities.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Persons with mental retardation are dependent on their families	N	78	166	24	40	12	300
	%	26	55.3	8.0	10.3	40	100
Persons with mental retardation cannot improve their situation whatever support provided for them	N	60	169	33	37	1	300
	%	20.0	56.3	11.0	12.3	.3	100
Persons with mental retardation are a burden to a society	N	57	158	32	52	1	300
	%	19.0	52.7	10.7	17.3	.3	100
Persons with mental retardation are child like for like time and their conditions cannot be improved	N	59	133	39	65	4	300
	%	19.7	44.3	13.0	21.7	1.3	150

What is worth noting observation in this category is that the respondents reacted favorably for highly negatively loaded statements?

From a total of 300 respondents (19.3% and 55.3%) strongly agree and agree respectively with the statement “Persons with mental retardation are dependent on their families.” The statement “Persons with mental retardation are a burden to the society” was also rated in a similar way. The percentages of respondents in the agree and strongly agree categories for this statement were (52.7%) and (19.0%) respectively.

The ratings on the two statements (2 and 4) that request the respondents about the improvement of persons with mental retardation are also negatively rated.

Respondents rating on the statements related to their roles and possibilities to improve the conditions of persons with mental retardation were farther examined by sex and level of education. Concerning the sex factor, the mean ratings of the female and male respondents were significantly different ($t=4.37$, $P<.000$).

Table 8: T-test results on the roles and possibilities by sex.

N			M		SD		df	T-test	sig
Female	Male	Total	Female	Male	Female	Male			
150	150	300	8.52	9.64	2.03	2.39	298	4.37	.000

The male respondents showed more favorable attitudes toward persons with mental retardation (table 8). The differences were because of the better educational status attained by males. Results further show variations in the attitudes of the respondents toward their roles and possibilities to improve persons with mental retardation by level of education.

Table 9: Summary of one-way ANOVA tests on roles and possibilities by level of education.

	N	M	SD	F	Sig.
Illiterate	40	8.23	1.91		
Literacy education	54	8.26	2.35		
Religious education	11	8.27	1.95		
Primary education	58	8.60	2.45		
Junior and high school education	44	9.36	2.33		
Teacher training institute	43	9.62	1.93		
Diploma and above	50	10.04	2.24		
Total	300	9.08	2.29	3.82	.001

Significant differences ($F= 3.82$, $P< .001$) were observed in the mean ratings in favor of the higher educational status. In other words, higher educational level appears directly and positively related to attitudes toward persons with mental retardation.

During the focus group discussions the participants were asked what they think is essential for the improvement of persons with mental retardation and what they are doing in relation to improving the condition of these persons. All the explanations given concerning these questions were focused on ‘curing’ of mental retardation. The participants’ answers include medical treatment, witch doctor or traditional healer, holy water and prayer. All of the participants in the discussion held with parents of children with mental retardation mentioned

that they had tried at least two treatments to improve the situation of their children. For example, one of the participants reported that she had tried different witch doctors or traditional healers seeking treatment for her daughter with mental retardation. Some of the participants had also tried a minimum of two hospitals seeking help for their children. None of the cases were successfully diagnosed. The following were some of the stories that parents recalled during the discussion.

- *We have been in different health centers a lot was done. But there was no change.*
- *The only thing to improve our children's condition is tselot (prayer) to God.*
- *We tried Tsebel. We took our children to a far place in the countryside. But there was no improvement*
- *We have also visited witch doctors for the treatment of our children... we also have tried traditional medicines, local herbalists told us. But no improvement was observed.*

The unsuccessful experiences of the parents seem to result in losing hope concerning the possibilities to improve the conditions of these children. The amount of money, energy and time that spent in to the end less search for solutions to the problem made parents hopeless about the possibility of improving the conditions of their children.

Participants of the discussion in the other group (religious leaders and elders) in addition associated the solution with God as the last and sole authority to bring it or to take it away. This implies that participants of the discussion believe no human effort makes any difference and this lead them to neglect children with mental retardation. Thus, it is possible to conclude that the parents as well as the community members may be tempted to believe that nothing significant can be done to improve the situations of persons with mental retardation.

In the foregoing discussions, it was noted that people believe that any further effort may not bring change in the situations of persons with mental retardation. Consequently, they give up and conclude that whatever helps is provided for these persons their conditions remain the same. Hence, these persons are the subject of neglect and considered socially, culturally, economically and politically unfit.

2.2.4. The Interactions of People with the Mentally Retarded Persons

Ratings of the statements related to the interactions of people with the mentally retarded persons were one of the highest negative ratings in the whole scale. The statement “Mentally retarded persons are unfriendly” (table 9) indicates most of the respondents (16.0%) strongly agree and (56.7%) agree on the unfriendly nature of mentally retarded persons. The respondents were also asked whether they spent or not their recess with mentally retarded persons. The percentage of respondents in the agree and strongly agree categories for this statement were (61.7%) and (14.3%) respectively. The statement “Mentally retarded persons are un pleasant” was also rated in a similar way. Ratings on the remaining two statements were also similar. Most of the respondents showed negative attitudes toward persons with mental retardation by disagreeing and strongly disagreeing with these positive statements.

Table 10: Frequencies and percentages for ratings of items on the interactions of respondents with mentally retarded persons

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Mentally retarded persons are unfriendly	N	48	170	18	59	5	300
	%	16.0	56.7	6.0	19.7	1.7	100
I wouldn't spend my recess with mentally retarded persons	N	43	185	1	41	3	300
	%	14.3	61.7	0.3	13.7	1.0	100
Persons with mental retardation are unpleasant	N	55	161	22	58	4	300
	%	18.3	53.7	7.3	19.3	1.3	100
Persons with mental retardation have good conversational skills	N	27	39	14	157	63	300
	%	9.0	13.0	4.7	56.7	21	100
Persons with mental retardation can be employed and have acceptable work habits	N	1	55	10	154	80	300
	%	3	18.3	3.3	51.3	20.7	100

The fact that these statements deals at personal relations level compared to the other statements appear to indicate a very few respondents on the undecided category. In other words, the majority of the respondents were easily able to identify their position with the given

statements. In addition, ratings in these items clearly indicate the degree of interaction and communication made between respondents and persons with mental retardation.

For instances, the fourth statements (table 9) which deals with the attitude of people toward the communication and interaction skills of mentally retarded persons and which involves high personal relations was negatively rated by most of the respondents (56.7% disagree and 21.0% strongly disagree).

The ratings on the statements related with the interaction of people with mentally retarded persons were further examined by sex and level of education.

Table 11: T-test results on the interaction with the mentally retarded persons by sex.

N			M		SD		df	T-test	sig
Female	Male	Total	Female	Male	Female	Male			
150	150	300	2.33	2.69	.99	1.13	298	.287	.004

Results show significant differences in the mean ratings between female and male respondents ($t=2.87$, $P<.004$). The male respondents showed a more favorable rating compared to female respondents (table 10).

Results further show consistently higher mean ratings with an increase in the level of education.

Table 12: Summary of one-way ANOVA tests on the interaction with mentally retarded persons by level of education.

	N	M	SD	F	Sig.
Illiterate	40	2.01	.94		
Literacy education	54	2.10	.92		
Religious education	11	2.45	1.03		
Primary education	58	2.51	1.08		
Junior and high school education	44	2.69	1.06		
Teacher training institute	43	2.86	1.05		
Diploma and above	50	2.94	1.06		
Total	300	2.51	1.08	5.81	.000

Variations observed among the different levels of education were found significant ($F= 5.81$, $P<. 000$). The education factor is directly and positively related to the attitude of people toward persons with mental retardation as the level of education increases.

In order to investigate the type of interaction and communication between respondents and the mentally retarded persons, observations were also conducted at homes of children with mental retardation. The observation was focusing events such as mealtime, during coffee ceremony and other times (appendix C)

According to the observations, it seems that the majority of these children are not given much attention in the family. They were usually sitting at home without any stimulating materials around them. The family members including parents were not happy and anxious when guests and neighbors try to communicate with their retarded children. This implies that parents feel shame, guilt and anger to be seen with their children with mental retardation. Hence, they hide these children to another room which is beyond the seen of people .It seems that parents do not want to show these children for guests and they do not want to allow them to play with others

The result of the observation also indicates that parents were giving much more attention to their non-disabled children's feelings than to the feelings of the child with mental retardation. In other words parents and other relatives are interacting and talking much more with their other children than with the mentally retarded child. In most of the observations these children are not encouraged to do things by them selves.

In addition to these, children were not interacting and participating in social events such as the coffee ceremony. Especially, when there was a guest these children were not allowed to be present at the coffee ceremony. In most cases, children with mental retardation were eating alone. This again implies that children with mental retardation are seriously neglected at homes and in the community.

4.2.5. Potentials of Persons with Mental Retardation

People were asked questions related to the potentials and capabilities of persons with mental retardation with the purpose of finding out their beliefs regarding the potentials of mentally retarded persons. In other words, knowing beliefs held by people as to what extent persons

with mental retardation are able to do things play a fundamental role in determining their attitudes toward persons with mental retardation.

The ratings on the items related to the potentials of persons with mental retardation were negative. The capabilities of these persons whatever it may be were not understood and recognized by people. As a result, these persons who have an equal chance to education and employment and to participate in community affairs appear unaccepted.

Table 13: Frequencies and percentages for ratings of items related to the potentials of persons with mental retardation.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Persons with mental retardation are able to analyze (examine) their lives	N %	1 0.3	66 22.0	24 8.0	154 51.3	55 18.3	300 100
Persons with mental retardation plan and use appropriately their leisure time	N %	3 1.0	56 18.7	39 13.0	145 48.2	57 19.1	300 100
Persons with mental retardation are able to manage their home independently	N %	1 0.3	66 22.0	35 11.7	150 50.0	48 16.0	300 100
Persons with mental retardation are economically productive	N %	- -	54 18.0	28 9.3	162 54.0	56 18.7	300 100
Persons with mental retardation are able to perform self-related daily routines	N %	- -	71 23.7	158 52.7	31 10.3	40 13.3	300 100
Persons with mental retardation are not able to travel to any place they want in the community	N %	4 1.3	28 9.3	76 25.3	144 48.0	48 16.0	300 100

Most of the respondents strongly disagree (18.3%) and disagree (51.3) to the statement “Persons with mental retardation are able to analyze (examine) their lives” (table 12). These persons ability to plan and use their time appropriately and their ability to manage their home independently as well as their economic productivity are also similarly highly unaccepted.

Another significant observation in this category is the ratings on the statement “Persons with mental retardation are not able to travel to any place they want in the community”. This was the least accepted (48.0% disagree and 16.0% strongly disagree) statement on the whole scale. Many respondents also fall on the undecided category.

The ratings on the last statement “Persons with mental retardation are able to perform self-related daily routines” had also the highest rating in the undecided category. Reservations of the majority of the respondents in the last two items to accept or reject these statements could be attributed either to their experiences, which could be incompatible with what is addressed by these statements or lack of sufficient knowledge about persons with mental retardation.

The ratings were further examined to see if attitude toward the potentials of persons with mental retardation differ by sex and level of education. Results show significant variations for each of these factors.

Table 14: T-test results on the potentials of persons with mental retardation by sex.

N			M		SD		df	t-test	sig
Female	Male	Total	Female	Male	Female	Male			
150	150	300	15.74	17.64	3.5	3.2	298	4.83	.000

The male respondents showed a significantly higher mean rating ($t= 4.83$, $P<. 000$) compared to the female respondents (table 13). As it was observed in the earlier factors, the differences between the two groups were because of a higher level of educational status of men.

Results further show differences in the mean ratings on the items related to the potentials of persons with mental retardation by level of education.

Table 15: Summary of one-way ANOVA tests on the potentials of persons with mental retardation by level of education.

	N	M	SD	F	Sig.
Illiterate	40	14.36	2.29		
Literacy education	54	15.20	3.19		
Religious education	11	15.27	3.78		
Primary education	58	15.94	3.30		
Junior and high school education	44	17.36	2.86		
Teacher training institute	43	18.16	3.29		
Diploma and above	50	18.98	2.90		
Total	300	16.69	3.52	10.72	.000

The education factor appears directly and positively related to the attitude toward the potentials of persons with mental retardation (table 14). The mean differences were significant ($F= 10.72, P< .000$).

The basic question "What expectations do you have for your children with mental retardation?" was also asked in the discussion conducted with parents of children with mental retardation. Parents explained that their children are incapable of thinking, learning and working. So, they do not stimulate their children to do or participate in the home activities. They further explained that their children can't do things properly and it is unwise to expect them participate in home activities. The following were some of the stories parents explained about their expectations and potentials of their children.

---- *This is the work of God, and my child's ability and potential is limited by God*

---- *I know that my child was healthy up to 3 years. Unexpectedly he became mentally retarded. No body knows; it is only God who knows it and the solutions are at God's hand. Every thing is beyond my reach except praying to God.*

---- *I used to ask God to improve or cure my child. This is what I can do.*

The participants of the discussion conducted with elders and religious leaders also explained their expectations about the potentials of these persons and their roles to improve the situation of persons with mental retardation in a similar way as that of parents. They believe that mental retardation is a curse and punishment from God. Therefore, they do not expect that these children can do any thing important for themselves and others. They also believe that God limits their capacity and any effort directed to improve their situation is just like following the wind. If these children have to be improved; he is God who can do it.

Mental retardation is thus perceived as a phenomenon, which people cannot cope with. The belief that their roles can bring change on the lives of persons with mental retardation seems paralyzed because they attribute the phenomena of mental retardation to God, evil spirit and other beliefs.

4.2.6. The Learning Capabilities of Persons with Mental Retardation

How do people perceive persons with mental retardation particularly in relation to their learning capabilities? Respondents' ratings on the attitude measurement scale and focus-group discussion as well as observations result were examined to answer this question.

Like the ratings on the items related to the potentials of persons with mental retardation, the ratings on the learning capabilities of these persons were similarly negative.

Ratings on the statement "Persons with mental retardation have not 'pure' or uncontaminated mind and they cannot be educated" in table 15 indicate quiet a large number of respondents (18.3%, strongly agree and 50.0%, agree) believe that persons with mental retardation have not a capacity to learn like those non-disabled counter parts. The statement "Persons with mental retardation are inattentive" was also highly accepted by most of the respondents (17.3% and 55.3% was strongly agreed and agrees respectively). The rating appears consistent with the rating on the third item in the same category where (14.7% and 51.3%) of the respondents strongly agree and agree respectively to the statement "Persons with mental retardation are intellectually deficient". The last item was also negatively rated by most of the respondents.

Table16: frequencies and percentages for ratings of items related to the learning capabilities of persons with mental retardation.

		Strongly agree	Agree	Undecided	Disagree	SD	Total
Person with mental retardation have not 'pure' or un contaminated mind and they can not be educated	N	55	150	31	58	6	300
	%	18.3	50.0	10.3	19.3	2.0	100
Persons with mental retardation are inattentive	N	52	166	35	47	-	300
	%	17.3	55.3	11.7	15.7	-	100
Persons with mental retardation are intellectually deficient	N	44	154	41	57	4	300
	%	14.7	51.3	13.7	19.0	1.3	100
Person with mental retardation are rational	N	54	46	53	147	-	300
	%	18.0	15.3	17.7	49.0	-	100

Response to these items related to the learning capabilities of persons with mental retardation were further examined by sex and level of education.

Table 17: T-test results on the learning capabilities of persons with mental retardation by sex.

N			M		SD		df	t-test	sig
Female	Male	Total	Female	Male	Female	Male			
150	150	300	8.96	9.75	2.11	2.04	298	3.24	.001

The results (table 17) show a significant difference ($t=3.27$, $P<.001$) the mean ratings between female and male respondents. The male respondents showed more favorable attitudes toward the learning capabilities of persons with mental retardation compared to the female respondents. As it is explained earlier the difference was due to a higher level of education attained by male respondents.

The level of education was also another factor examined. Results (table 18) show consistent increase in the mean responses of the respondents with an increase in the level of education.

Table 18: Summary of one-way ANOVA tests on the learning capabilities of persons with mental retardation by level of education.

	N	M	SD	F	Sig.
Illiterate	40	8.72	1.88		
Literacy education	54	9.01	2.38		
Religious education	11	9.02	1.85		
Primary education	58	9.09	2.80		
Junior and high school education	44	9.11	2.22		
Teacher training institute	43	10.06	2.00		
Diploma and above	50	10.26	1.57		
Total	300	9.36	2.12	3.71	.001

The results show a significant difference ($F= 3.71$, $P<.001$) in the mean rating of the items, with the difference in the level of education attained by the respondents. Hence, the education factor is the fundamental factor that contributes to the variations in attitudes toward the learning capabilities of persons with mental retardation.

In the discussions conducted with parents of children with mental retardation they were asked if they believe that their children with mental retardation can learn like any other children.

Parents believe that these children cannot learn like any another children because children with mental retardation have no 'normal' or 'Pure' mind to learn and acquire academic knowledge and it is waste of time and resources to try teaching these children. They believe that these children are created to be retarded and there is no need to educate them since it can't change their condition.

The parents preferred to keep their children with mental retardation behind closed doors instead of sending them to school. This is because parents did not accept the fact that education makes a difference in their lives and they primarily did not believe on the learning capabilities of these children what ever their potential may be. In other words parents and people in the community did not understand the fact that mentally retarded individuals could develop to their own optimal level of functioning through enriching their environment early.

4.3. Factors of Attitude Formation toward Mental Retardation

So far, in the attitude measurement scale the findings revealed the respondents negative attitudes toward mental retardation. Herein, it is fundamental to pose the question what factors influence people's attitudes toward mental retardation.

Hence, in this section respondents were asked what factors contributed to the attitude they held and the meaning they give for the phenomenon mental retardation. They were asked to rank a list of statements related to the factors of attitude formation in order of importance in directing their attitudes toward persons with mental retardation. It is interesting to note that, if it happens to be true, these factors are believed to be the sole strong factors that contributed a lot to the attitudes people held toward mental retardation. Identifying the most important factor, among the many factors that play a key role as a source of information for the formation of attitudes toward disability in general and mental retardation in particular is essential in determining as to what people associate mental retardation with.

Rankings on the statement "The religion that I hold directs my relationship with mentally retarded persons". In the attitude formation factor (table 20) indicate most of the respondents (80%) primarily believe that the source of their knowledge about mental retarded and the kind of relationship they have with mentally retarded persons is the result of the religion the follow.

Similarly, in the attitude measurement scale in the etiology factor most of the respondents (70%) associate the phenomenon mental retardation with God.

Table 19: Frequencies and percentages for rankings of the items in the attitude formation factor

Item	Rank			
		1	2	3
The religion I hold directs my relationship with persons with mental retardation	N	218	36	24
	%	72.7	12.0	8.0
The culture of my society (values and beliefs) influences the way I think and treat persons with mental retardation	N	42	215	43
	%	4.0	71.7	13.3
Labels and names given for mentally retarded persons structure how I think and act towards persons with mental retardation	N	30	25	245
	%	10.0	8.3	81.7

The rankings on the second statement indicate that most of the respondents (71.7%) believe that the culture of the society they are a part as a second important factor in shaping or forming their attitudes and in directing their relationship with persons with mental retardation. Most of the respondents (81.7%) agree on the labels and names given for mentally retarded persons as a third influential factor affecting their attitude toward persons with mental retardation.

4.4. Discussion of the Findings

As mentioned earlier, the purpose of this study was to assess respondents’ attitude toward mental retardation. The study has tried to identify people’s beliefs and knowledge about the conditions of mental retardation and its causes, ideas about the treatment of mental retardation, as well as about the factors that influence people’s attitude toward parsons with mental retardation. The study also tried to investigate respondents beliefs about the learning capability and potential of persons with mental retardation as well as the kinds of interaction and communication people have with the mentally retarded persons. In addition, the study has tried to assess the beliefs of people about their own role in improving the conditions of

mentally retarded persons as well as variations of respondents attitudes toward mental retardation by sex and level of education.

In this part, the discussion of the findings will be treated first in relation to the research questions. Then, concluding remarks and recommendations will follow. In the discussion part, major contents of the findings are considered.

4.4.1. Attitudes toward Mental Retardation by Sex and Level of Education

The results of the study in the attitude measurement scale revealed that respondents differ in their average rating by sex and level of education. The male respondents showed higher average rating on the scale which was significantly different from that of female respondents in all the six dimensions (the nature and characteristics of mental retardation $t= 3.13$, $P< .002$; etiology $t=2.89$, $P< .004$; respondents roles and possibilities to improve the mentally retarded persons $t= 4.37$, $P< .000$) respondents relations $t=2.87$, $P< .004$; potentials of mentally retarded persons $t=4.83$, $P<.00$ and learning capabilities $t= 3.27$, $P< .001$). Variations in the average ratings here also clearly observed among different educational status of the respondents. Results depicted consistent increase in the average ratings of the respondents with an increase in the level of educations for all the dimensions (the nature and characteristics of mental retardations $F= 17.54$, $P<. 000$; etiology $F= 126.76$, $P<. 000$; peoples roles and possibilities to improve the mentally retarded persons $F= 3.82$, $P< .001$; respondents relations $F= 5.81$, $P<.000$; potentials of mentally retarded persons $F= 10.72$, $P<.000$ and learning capabilities $F= 3.7$, $P< .001$).

The results of the study further indicated that the variations observed in all the six dimensions were due to significant variations among different groups in their educational status. As a result, the attitudes of the respondents become more favorable as their level of education increases. The role of education as a fundamental source of information and knowledge was clearly observed. For example, males showed more favorable attitudes than females toward persons with mental retardation due to a higher level of education attained by the former. However, the results of observations at homes hint to a different direction that calls for a different explanation about the relationships that exist between sex and education.

Cognitive theorists assert that attitudes are found on consciously held information and knowledge based on past experiences (Gilbert, et al., 1988; Ettinger, 1994; Daniel, 2000). This consciously held information and knowledge is believed to direct the person's overt actions and intentions toward the attitude object either favorably or unfavorably. If people who evaluate an attitude object favorably, they may show behaviors or actions that support the object of attitude.

However, the finding of the study showed that it was women who were involved in the matters of children with mental retardation compared to men despite the low level of education they had. Hence, it is safe and logical to say that the favorable attitudes held by male respondents were mainly at cognitive level. As a result, men were not better at the behavioral level. In fact, observations at the homes of children with mental retardation show that the behavior of mothers was more favorable compared to that of fathers. In most cases it was mothers who treat these children nearly in all matters of these children. This higher level of involvement of mothers in caring children with mental retardation could be attributed to the fact that mothers in the society generally play a primary role in child-care responsibilities.

4.4.2. Nature and Characteristics of Mental Retardation

The findings of this dimension revealed that people in the community have their own explanations of the nature and characteristics of mental retardation (table1). Quiet many of the respondents believed that mental retardation is a kind of contagious disease, which can be cured. Persons with mental retardation are also perceived as destructive, dishonest and those who cannot differentiate their own properties from others. These believes of the respondents indicate that people hold wrong definitions of mental retardation due to lack of knowledge about the causes of mental retardation.

Turning to the results of the focus-group discussions conducted with parents and religious leaders and elders further indicated that people in the community believe that mental retardation as a curable disease. Hence, to many participants of the discussion mental retardation is a disease that can affect ones brain and controls the function of the mind. Religious leaders and elders of the community were also considering the condition of mental retardation as passivity and stupidity. In addition, parents described these children as clam and

passive. It seems that these behaviors of children that made the participants of the study perceive the conditions of persons with mental retardation as stupidity and passiveness. These understanding of the participants may be emanated from comparing the behaviors and abilities of mentally retarded persons with their non-retarded counterparts. This explanations made by participants of the discussion appear the assumption that the body and mind of the mentally retarded persons is incomplete and they are labeled as 'unique' creatures. Terms as "dedeb, mogne, and feza", etc reinforce the idea in which the functional limitations of these persons predominate. Thus, mental retardation is understood in terms of individual's personal inability to function. Regarding this, Cleland (1978) pointed out that if a person's worth is understood in terms of individual abilities and performance, people would believe impairment to reduce self-esteem. The respondents' attitudes may be a result of understanding person with mental retardation as a sum of functions than as whole person.

The wrong perceptions held by people about the nature and characteristics of mental retardation appears to be a stumbling block hampering any effort that can be done to improve the life situation of persons with mental retardation and to promote their learning and development. In other words, such perceptions and beliefs become obstacles for professional intervention needed at the family and community levels.

Generally from the findings dealing with respondents' attitudes toward the nature and characteristics of mental retardation, it is clearly shown that the definition and explanation given by the respondents reflected the negative attitudes of the respondents toward mental retardation. These negative attitudes emanated from lack of knowledge about the nature and characteristics of mental retardation.

4.4.3. Etiology of Mental Retardation

This dimension of the findings revealed the respondents beliefs about the etiology of mental retardation (table 4). The majority of the respondents have associated mental retardation with God and other supernatural forces. The possible causes of mental retardation except the 5th and 6th items were not accepted by the majority of the respondents. This implies that the respondents lack appropriate information as to what causes mental retardation since they explain mental retardation depending on religious and cultural factors (Holmes, 1994; Santrock, 1997).

The results of the focus group discussions also depicted the fact that parents of children with mental retardation had no access to professional information on the disability of these children. The parents particularly wanted to know about the problems and possible solutions to handle their children with mental retardation. As a result, they consulted different sources of information and support such as tsebel, witch doctor, traditional medicine, etc. All of these sources did not help in getting relevant information and support. Mental retardation, therefore, may easily be perceived as a phenomenon beyond human understandings. Community members who see or hear about the experiences of parents may develop the same perception about it. Therefore, the phenomenon mental retardation is perceived as something beyond human comprehension, is associated with God (religion) or with evil spirit by many people in the community. These findings were in agreement with the report of earlier research works conducted by Tadesse (1994), Tirussew et al (1995), Chernet (1999) and Daniel (2000) that the causes of disability in general and mental retardation in particular were attributed to a curse or punishment from God

The alternatives which most parents practice for the improvement of the condition of their children appear to be a reflection of their traditional and religious beliefs as to the causes of mental retardation. For instance, most of the parents tried holy water treatment. They used the holy water treatment because they believe persons with mental retardation are possessed by evil spirit. Some other parents also used other alternatives, such as prayer, witch doctors and traditional healers seeking treatment for their children. Parents then spent their time and money by taking their children from one traditional healer to another hoping for cure. In the final analysis, the beliefs held about the causes of mental retardation was one of the sole strong factors that has been directing (controlling) the behavior of people in the community toward mentally retarded persons.

4.4.4. Roles and Possibilities to Improve the Conditions of Persons with Mental Retardation

The results of the study indicated that most of the respondents (table 7) and participants of the focus-group discussions lack awareness about the role they play to improve the conditions of persons with mental retardation. Most of them believe that they have no 'power' and ability to change and improve the situations of persons with mental retardation. As it is mentioned earlier, people believe that mental retardation is a condition created by God. Hence, people believe that God is the only one who can change and "cure" the condition. In other terms, they associate mental retardation with God as the last and the only authority to bring it or to take it away. This notion of people appears a series of negative implications that, they come to conclude no human effort makes any improvement in the life of these persons. For instance, most of the parents in the discussion when they were explaining the question "Do you believe that you can do any thing to improve the situation of children with mental retardation?" as follows. They explained that as if they have no role to play in the improvement of the conditions of these persons except praying to God, holy water treatment and traditional medicine. Consistent with this idea the religious leaders and elders when they explain the same question they said that the only effort they could do is praying and holy water treatment since they think they have no power to change the condition of these persons. This may be the only way they know and have learned from their parents, grandparents, religion and other environments of the social structure. These findings seem to be similar to the results, obtained by Tibebe (1995); Chernet (1999) and Daniel (2000) that parents spend their time and money taking their children to get holy water treatment and traditional medicine hoping that their mentally retarded children will be cured. Except two parents who send their children to special schools, the other participants of the discussion did not show any effort to send their children to special schools or to give these children an opportunity to participate in home activities. This was also the fact revealed by observations at homes of children with mental retardation.

The foregoing discussion reflects the idea that parents as well as people in the community lack the awareness about the possibilities of improving the condition of persons with mental retardation through the provision of special training and adapted education both at homes and community levels. Further the discussion implies the fact that professionals will likely face

resistance to introduce any intervention programmers both at family and community levels since the majority of people hold a firm belief that intervention could not change the conditions of mentally retarded persons. This is because people have several wrong beliefs concerning the possible ways of improving the conditions of children with mental retardation (Comer, 1998; Orford, 1991; Tirussew, 1997; Nema, 1996; Burack et al., 1998).

4.4.5. The Interactions of People with Mentally Retarded Persons

Turning to the dimension that deals with the kind of relations the respondents have with the mentally retarded persons (table 10) that is very important for the latter is worth noting. According to the findings of this study the interactions between respondents and persons with mental retardation were very limited. This lack of interaction could affect the children's ability to adapt with their community and promote serious social deprivation. For example, if the mentally retarded children lose the opportunity to play with other children, their social, emotional and physical development will be deprived (Cleland, 1978; Orford, 1991). In addition to this, as mentioned by Ivanovich (1995) in Chernet (1999), children with mental retardation, when deprived from communication they will develop social emotional problems.

The fact that parents failed to get help from any of the alternative treatment methods mentioned so far, most of them felt defeated and lost hope. They gave up hope of ever improving the conditions of their children. Hence, parents experienced shock and frustration, anger, and sadness. As a result, parents developed a more serious negative attitude toward their children. This leads them to adopt a series of harmful strategies in relation to handling their children. These harmful strategies (hiding and neglect) adopted by families of persons with mental retardation subsequently people in the community as the last coping mechanisms reflect the general negative attitudes that prevail in the society.

Results of observations at homes and discussions conducted with both groups further showed negative reactions of parents and people in the community. Neglect and hiding of these children were observed. Those around them could cause this behavior of parents. As mentioned by Krupat (1982); Gilbert et al., (1998) and Gearhart et al., (1988) unfavorable evaluation of an attitude object leads to the development of unfavorable behavior toward the attitude object.

Neglect of children with mental retardation appears closely related to the values held by the parents. The needs and motives parents have in relation to their children affect the type of relationship that will exist between them. This may imply that any significant physical or mental deviation may result in neglect. Neglect of these children also practiced by parents with the aim of securing safe and healthy social status in the community. The parents' neglect and hiding of these children is also a result of the stigmatization of these children by the society in general and by local communities in particular (Tirussew, 1999; Tibebu, 1995; Tensae, 2000). In connection with this, participant parents of the discussion disclosed the fact that they experienced a feeling of shame and hopelessness in having a child with mental retardation. They explained that they feel shame to be seen with their mentally retarded child. Here the threat comes from the community. This explains why they usually keep their children behind closed doors. Generally, as a result of misunderstanding and wrong beliefs about the condition of mental retardation, parents experienced feeling of shame, hopelessness and anger which in turn affected their attitudes towards these children negatively.

4.4.6. The Potentials of Persons with Mental Retardation

This dimension revealed the beliefs of the respondents about the potentials of individuals with mental retardation. The findings showed that the majority of the respondents in the household survey (table 13) do not believe that these individuals have any ability to perform any activities. These beliefs of the majority emanate from their knowledge about the causes of mental retardation. To many people disability in general and mental retardation in particular is believed as a punishment sent by God, evil spirit and other supernatural powers for wrong deeds of parents, grand parents and even relatives. Mental retardation under such beliefs becomes a phenomenon people could not understand, explain or cope with. This idea implies people's beliefs that the potentials of these individuals is already controlled and/ or limited by some supernatural powers. As a result, people concluded that these persons cannot perform any activity properly.

The results of the discussion conducted with parents further revealed that parents of these children believed that Satan or the evil governs the activities of their children. Some other participants of the discussion also explained that these children's mind is not 'normal' and active to do any activities. It seems that these parents strongly believe that their children are

unable to lead an independent life in the future. As result parents are doing everything for their children. However, when parents hold this kind of attitude, they do not allow their children to participate in any activities. Hence, these children may become completely dependent on others and develop a habit of help less ness (Mussen et al, 1984; Burack et al., 1998).

These negative opinions might be the result of functional attributes associated with the brain. Since they believe that the brain of these children is not 'pure', or 'normal' they accept that the retarded brain will negatively affect the physical functions of these children. As a result of this wrong belief, they prevent these children from participating in any relevant activities at homes and in the community. Generally, parents and people in the community lack knowledge about the potentials of persons with mental retardation whatever that potential may be. It seems that people generally focused only on the individual's inability rather than their ability.

4.4.7. The Learning Capabilities of Persons with Mental Retardation

From the findings of the study, it is revealed that the respondents have no expectations to mentally retarded individuals with regard to education (table 16). It appears that they have the belief that these children have no ability to learn. As mentioned earlier the results showed that the respondents believed that these children are possessed by evil spirit. As a result, these children are believed to have no 'normal' or 'pure' mind so as to learn academic and other skills. As the discussion conducted with parents showed that sending these individuals to school is waste of time and money. This explanation implies that they lack awareness about learning potentials of children with mental retardation to the extent they can. They do not realize that it is possible to improve the existing situation of their children through the provision of specialized and adapted education. As Hallahan and Fuffman, (1997); Geraheart et al (1998) mentioned, with intensive educational programming these individuals, particularly individuals who are mildly retarded, can be educated and improved to the point that they are no longer retarded.

When people in the community in general and parents of children with mental retardation in particular held the belief that change and improvement in the life of mentally retarded persons is very unlikely, they do not show any effort to educate and train these individuals. Similarly, people may not have positive attitudes for any intervention programs since they have developed a feeling of hopelessness.

According to the findings of the study, people including parents are not aware that these individuals can learn by doing if given the opportunity to participate in activities adapted to their potentials and needs. Being able to involve in daily activities will help them to become independent in their future life. In line with this Burack, et al., (1998) stated that individuals with mental retardation can be helped to a greater degree of independence, can be taught improved language and communication skills and can acquire more socially appropriate behaviors. However, people may not be aware that these individuals have a range of activities they can do and a range of abilities both mentally and physically unique to them as individuals. Unfortunately, these groups of individuals are observed through spectacles that only magnifying their inability. Generally, when People have negative attitudes toward the learning capability of these children, they remain at home.

4.4.8 Factors of Attitude Formation toward Persons with Mental Retardation

All the foregoing discussions reflected the negative attitudes of the respondents under each dimensions of the attitude measurement scale. Herein, the issue what factors contributed for the negative attitudes held by the respondents is fundamental. Hence, turning to the dimension that depicted the factors of attitude formation toward persons with mental retardation, the findings revealed that the majority of the respondents in the household survey (table 20) and participants of the focus group discussions ranked first religion as the first important factor that determines the kind of relationship they have with the mentally retarded persons. People as it is mentioned earlier, primarily associated mental retardation with God or religion. The belief that God created persons with mental retardation to be mentally retarded directs the type of relations individuals have and the kind of treatment rendered to these individuals. In relation to this Ingstad and Whyte (1995) mentioned the influential power of religious orientation on acceptance or rejection of a disability. This idea implies the fact that people believed that the fates of these individuals are fixed once by God and they understood the mentally retarded persons as having incomplete brain. As a result people do not believe that these persons have their own potentials and capabilities that enable them to learn and participate in daily activities at home and in the community

From resulting data it is possible to determine the knowledge people acquire from religion forms an attitude that undermines and considers mentally retarded persons as incomplete creature. These negative attitudes exert a directive influence on the kind of interaction and communication people have with these individuals. This appears that religion is the most influential factor that determines people's attitude toward disability in general and mental retardation in particular.

The culture and beliefs of the society is ranked as the second important factor that influences people's attitude toward mentally retarded persons (table 20). It appears the fact that a variety of experiences of interacting and communicating with persons with mental retardation depends to a large extent on the norms and the cultural backgrounds of the society. As it is mentioned by (Bogdan and Taylor, 1994; Heward and Orlansky, 1988), this implies that cultural values attached to physical and mental conditions, which is held by the majority of the society influences the attitudes of its members negatively toward the mentally retarded persons. This in turn indicates that people considers these members of a society as a burden of the family and a society, never capable of self-support or of managing their own affairs. As a result of the culture of the society that over emphasis on physical and mental perfection the mentally retarded persons may be characterized by inability to care for themselves and incapacity to use effectively the abilities they have.

Cultural traditions held by people as causes of mental retardation have their own impact on people's attitudes toward the mentally retarded persons. For instances evil-eyes (yesew-ayn'), 'buda' (strong eyes), Megagn (evil spirit), etc are believed as causes of mental retardation by many people in the community. As a result people fear to communicate with mentally retarded persons. In the discussion conducted with parents, some of them reported that people in the community do not allow their children to play with their mentally retarded children because they believe that the 'seytan' (devil) affect their children. As a result children with mental retardation are forced to stay at their homes. Thus, the culture and belief that held by the society structures the kind of interaction parents have at homes and people in the community.

The names and labels given for the mentally retarded persons by the society are ranked as the third influential factors that affect people's attitudes toward the mentally retarded persons (table 20). People believed that society's words, which are associated with mental retardation,

dictate their thinking and behavior toward these persons (Tibebu, 1995; Bogdan and Taylor, 1994). It appears that labels and names suggests how people think and treat these individuals as well as provide a justification for action directed toward them. For instance, labels (words) like Dedeb, kilakil, fezaza, and mognamogne are very negatively loaded terms and have a series effect on the non-mentally retarded persons as well as on the mentally retarded persons. In other words, these terminologies are unfavorably evaluated and are the most negative meanings attached to persons with mental retardation. As a result people in the community perceive mentally retarded persons under the glass of these negative loaded labels and names and hey develop negative attitudes toward them (Chernet, 1999).

The results of the discussion conducted with parents also revealed that the labels and names given for the mentally retarded have very important effect on the type of attitude people have towards them. For example, some parents explained that people in the community used to name a person after his disabilities and even other relatives and friends of a disabled person are also named after the disability of their disabled friends and relatives. The behavior of the neighbors , friends, and parents of persons with mental retardation could be a result of the society's stigmatization of disabilities (Tirussew, 1993; Zelalem, 1994; Salend,1994). As a result people develop negative attitude and they neglect these persons so as to secure their social position.

Generally as per the findings of the study the factors that influence people to hold negative attitudes toward persons with mental retardation in rank order are religion, culture and beliefs and language of disability (labels and names given to these persons).

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 SUMMARY

Mental retardation has been a misinterpreted concept for centuries according to cultural, social, economical and political conditions of a given society. As a result, people around the world held a wide variety of attitudes toward persons with mental retardation. Persons with mental retardation have also been maltreated until fifty years ago. When the humanitarian movements enlighten the caregivers for education and better treatment. Recently with the contribution of immanent scholars and pressures from the concerned associations and human rights movements cruel and abnormal treatments of persons with mental retardation are changing to a more positive and supportive treatments in most of the developed and in some of the developing countries.

However, mental retardation in the Ethiopian context is still viewed as an anomaly to the family in particular and to the society in general. Hence, persons with mental retardation are secluded and neglected in the society.

The study aimed at investigating people's attitudes toward mental retardation with the following objectives.

- To find out how people perceive the condition of mental retardation.
- To explore people's beliefs about the causes of mental retardation.
- To describe people's beliefs about their roles and possibilities to improve these individuals.
- To discern the factors that influences their attitudes toward persons with mental retardation.
- To check the differences in attitudes of people toward mental retardation by sex and level of education.

The research questions were formulated on the basis of the objectives and include:

- How do people receive mental retardation?
- What do people believe as causes of mental retardation?
- What do they believe about their roles and possibilities in improving the condition of these individuals?

- What are the factors that influence attitudes toward mental retardation?
- Is there any significant difference in attitudes toward mental retardation?

The methods of the study involve both quantitative and qualitative approaches. In the household survey, 300 respondents were selected using random and systematic sampling techniques. Participants of the focus group discussions including parents of children with mental retardation (6 members) and religious leaders and elders (8 members) were selected using availability and purposive sampling techniques respectively. Four parents of mental retardation were also selected purposely.

The methods used for data collection were questionnaire, focus group discussions and observations.

Findings of the study showed that all participants of the study evaluate the phenomenon mental retardation as a communicable disease and a type of disease that can be cured. They also believe that persons with the disability are unable to differential their own properties form others, damage their one property, have destructive behaviors and are dishonest.

The majority of the respondents believe that God's punishment for sins, evil eye, bad luck, curse, evil spirit, quarreling with people and not celebrating holidays as causes of mental retardation.

Respondents believe that their roles do not significantly contribute for the improvement of the conditions of persons with mental retardation. Hence, they understand persons with mental retardation as dependent on their families; a burden to society, child like for life time and their situations can not be improved.

Quiet many respondents were not interacting with persons with the disability and they devaluate the interaction and communication abilities of persons with mental retardation. As a result these persons are understood as unpleasant, unfriendly, lacking conversational skills and unable to be employed and don't have acceptable work habits.

The respondents' evaluations of the potentials and learning capabilities of persons with mental retardation were also negative. The majority of people believe that mentally retarded persons are unable to examine their lives, plan and use appropriately their time, their home and unable to perform self-related routines. These individuals were also perceived as those who have no

pure mind that help them to educate themselves. Hence they are perceived by the majority as intellectually deficient.

The majority of the respondents believe that the religion they hold, the culture of the society which they are a part and the names and labels given for mental retardation are important factors in forming and directing their relation with persons with the disability in rank order.

The study also found out that respondent attitudes in the household survey vary by sex and level of the respondents' educational status. As a result males should more favorable attitudes (at cognitive level) than females because of higher level of education attained by the former. In addition, the level of education and the attitudes of respondents were highly and positively related.

5.2 Conclusions

Based on the objectives of the study, the research questions and the findings of the study the following conclusions have been reached.

- Attitudes toward mental retardation vary by the respondent's sex and level of education. The male respondents showed more favorable attitudes than females though at cognitive level. The education of the respondents appears to make significant difference in attitudes toward mental retardation. That is higher educational level appears directly and positively related to the respondents attitudes toward persons with the disability.
- People believe God's punishment, God's will, Evil spirits and evil eyes as causes of mental retardation.
- People in the Bahir Dar town perceive mental retardation as a communicable and curable disease and they also understand persons with mental retardation as dependent, destructive, and dishonest. In addition, the majority perceives persons with mental retardation as individuals who are not able to differentiate their own properties from others and damage their own properties.
- People in the community believe that their own roles (help and support) directed to improve the condition of persons with mental retardation can not bring change in the life of these persons since mental retardation is attributed to God, Evil spirit and other

supernatural powers. As a result, people used to treat persons with mental retardation from religious and cultural point of view.

- Community members also believe that persons with mental retardation are poor in communicating and interacting with others. Thus, these individuals are perceived as unfriendly, unpleasant, and unable to work and communicate with others. Hence they are the subject of neglect and considered as socially, culturally and economically unfit.
- The sample population believes that persons with mental retardation do not have a potential that enable them to analyze or examine their lives, to plan and use their leisure time, to manage their own home, to be economically independent, to perform self-help skills and to travel to a place they want independently.
- People in the community also believe that individuals with mental retardation are those who are inattentive, irrational, intellectually deficient and unable to be educated.
- The participants in addition, believed that the factors that determine and /or influence the type of attitudes they hold toward persons with mental retardation in rank order (in order of importance) are the religion they follow, the culture (values and believes) of the society they are a part and the terminologies (names and labels) given to the disability.

5.2. Recommendations

In the light of the findings of the study, the following recommendations are forwarded.

- The majority of the respondents (People) in this study have negative attitudes toward persons with mental retardation. Therefore, the focus should be on raising awareness of people in the community. This could be done through disseminating knowledge in the community about the nature and possible causes of disabilities in general and mental retardation in particular.
- Increasing awareness in the community about the potentials and learning abilities of persons with mental retardation with particular emphasis.

- Aware people in the community that disability may happen at any time in any ones life and having a disability is nothing but to have a different need and to have a different way of communication.
- The government of Ethiopia has tried at different times to consider persons with disabilities in educational and social policies. For example, the 1994 Education and training policy had focused on providing education for all and stress on the need to give special attention to persons with disabilities in educational structures. However, the implementation of this policy is not promoted to a desired level as many school age children with disabilities are still hidden at homes. Thus, the government and other NGOS should pay due attention to provide education and other necessary services for persons with disabilities in general and persons with mental retardation in particular.

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APPENDIX A
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY
COLLEGE OF EDUCATION

Background Information of the Questionnaire

The aim of this questionnaire is to obtain relevant information for the study on the attitudes of people toward mental retardation. Therefore, the questionnaire is designed to gather information on attitudes and practices that prevail in relation to mental retardation. The information gathered will be confidential and will not be used for any other purpose than the research. Hence, you are kindly requested to provide the necessary information, which is very helpful to the quality of the research as well as to bring possible solutions to the problem.

Thank you very much

Part I General Information

- 1- Sex _____
- 2- Age _____
- 3- Educational level:
 - a. Church Education
 - b. Quran Education
 - c. Illiterate _____
 - d. Literate _____
 - e. Primary education _____
 - f. Secondary education _____
 - g. Teacher Training institute (TTI) _____
 - h. Diploma and above _____
4. Occupation _____

Part II- Research Related Information

Direction I- please listens to (or read) each of the following statements carefully and indicate (or tell) the rating that you think corresponds to your own feeling.

No	Items	Strongly Disagree (5)	Disagree (4)	Undecid ed (3)	Agree (2)	Strongly Agree (1)
1	Mental retardations is caused by chromosomal malformations					
2	Mental retardation is a communicable disease					
3	Mental retardation is caused by birth complications					
4	Mental retardation is curable					
5	Mental retardation is caused by severe corporal punishment above the neck					
6	Persons with mental retardation do not differentiate their own properties from others					
7	Mentally retarded persons are unfriendly					
8	I wouldn't spend my recess with a mentally retarded persons					
9	Person with mental retardation have not 'pure' mind and they cannot be educated.					
10	Persons with mental retardation are destructive.					
11	Persons with mental retardation damage their own properties					
12	Persons with mental retardation are unpleasant.					
13	Persons with mental retardation are dependent on their families					
14	Persons with mental retardation are inattentive					
15	Persons with mental retardation cannot improve their situation whatever support provided for them					
16	Persons with mental retardation are rational					
17	Persons with mental retardation are able to					

	analyze or examine their lives					
18	Persons with mental retardation are intellectually deficient					
19	Persons with mental retardation can be employed and have acceptable work habits.					
20	Persons with mental retardation are honest					
21	Persons with mental retardation can be able to plan and use appropriately their leisure time.					
22	Persons with mental retardation are a burden to a society					
23	Persons with mental retardation can manage their home independently.					
24	Persons with mental retardation are economically productive					
25	Persons with mental retardation are able to perform self-related daily routines.					
26	Persons with mental retardation are child like for life time and their conditions cannot be improved					
27	Persons with mental retardation have good conversational skills					
28	Persons with mental retardation are not able to travel to any place they want in the community.					
29	Persons with mental retardation are made inferior by God for the sin of parents or grand parents					
30	Persons with mental retardation are made inferior by evil spirits					
31	Persons with mental retardation are made inferior by malnutrition.					
32	Persons with mental retardation are made inferior by diseases.					

Direction II- Below is statements related to factors of attitude formation toward persons with mental retardation. Please listen to (or read) each of the following statements carefully and rank them in order of importance in influencing your attitudes by writing numbers from 1 to 3. Where 1 stands for the must important.

- Labels and names given for mentally retarded persons structure how I think and act toward them.
- The religion that I hold directs my relationship with persons with mental retardation.
- The culture of my society (values and beliefs) influences the way I think and treat persons with mental retardation.

APPENDIX B

Guiding questions for Focus Group Discussions

The following leading questions for discussion will be presented to:

- Parents of children with mental retardation
- Religious leaders and elders

1. Key Concepts

- Concept of mental retardation
- Causes of mental retardation
- Attitudes of the society
- The role of people in improving the condition of persons with mental retardation

2. Procedures of the Discussion

- Preparing six to ten people in advance
- The researcher introduces himself
- Letting the participants introduce each other
- Brain- storming the participants to produce ideas about mental retardation
- Raising questions that will actively involve every member of the discussion
- Chairing the discussion, writing down the ideas suggested and recording
Using tape recorder.

3. Focus groups

- a. Questions that will be presented for parents of children with mental retardation.
 1. What do you believe about the reasons for your children's situation?
 2. Have you been out with your child like shop, children, recreation center, etc?
How often?
 3. How do family members react to these children? Why?
 4. How do your neighbors react to these children? Why?
 5. What expectations do you have for your children with mental retardation?
 6. Do you believe that you can do any thing to improve the condition of these children?
 7. What are the main factors that influence your feelings and actions toward your children?
 8. What do you believe about the learning capabilities of your children?

9. What would you suggest to be done in the future for these children on the part of the parents, people in the community, the government and other non-governmental organizations?

b. Questions that will be presented for religious leaders and elders of the community.

1. How do you perceive mental retardation?
2. What do you believe as causes of mental retardation?
3. Are there any possibilities to improve the conditions of persons with mental retardation? How?
4. What do you believe about your role in improving the conditions of these persons?
5. What are the factors that influence attitude toward mental retardation?
6. What measures should be taken by the government, NGOS, people, parents, etc to improve the condition of these persons?

APPENDIX C

Observation guide

Mealtime

- With whom the child is eating
- Do parents treat the child in the same way as they are treating their other children?
- Is the child given attention by his parents and other members of the family?
- Is the child eating the same food as the other children in the family?
- How do parents react to the child?

During coffee ceremony

- Do parents allow the child to be there?
- Does the child have the opportunity to participate in activities such as presenting coffee materials, inviting neighbors for coffee, etc?
- What roles does the child have in the ceremony?
- How do parents react to the child?

Other times

- Is the child allowed to participate in discussions in the family
- Do parents give attention to the child's feelings, the child's initiatives, etc
- Do parents allow the child to play with other children?
- What are the reactions of other parents when the child is playing with their children?
- How are they doing it?
- What are their reactions?
- Are they giving the child a chance to participate

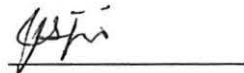
APPENDIX D

Educational and employment status of the respondents.

	Female	Male	Total
Illiterate	27	13	40
Literacy education	22	35	54
Religious education	-	11	11
Primary education	26	32	58
Junior and high school education	18	26	44
Teacher Training Institute	13	30	43
Diploma and above	15	35	50
Employed	47	143	190
Unemployed	93	17	110

Declaration

This thesis is my original work and has not been presented for a degree in any other University and that all the source of materials used for the thesis has been dually acknowledge



Tsigie Genet

This Thesis has been submitted for examination with my apprival as University advisor

