

The Psychosocial Adjustment Situation of  
Women with Disabilities in Case of Visually  
Impaired, Hearing Impaired and Motor  
Disordered Women in Addis Ababa

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## TABLE OF CONTENTS

	Page
Table of contents	i
List of Tables	iv
Acknowledgment	v
Acronyms	vi
Abstract	vii

### CHAPTER ONE: Introduction

1.1 Background of the Study	1
1.2 Statement of the Problem	4
1.3 Objective of the Study	6
1.4 Significance of the Study	7
1.5 Delimitation of the Study	7
1.6 Operational definition of terms in the study	8

### CHAPTER TWO: Review of Literature

2.1 The Concept of Disability	10
2.2 Psychosocial Adjustment	12
2.2.1 Self-esteem	15
2.2.1.1 Self-esteem and Disability	16
2.2.1.2 Self- esteem and Women with disability	17
I. Body Image	18
II. The Society	18
III. Social Standards	19
2.2.2 Depression	20
2.3.3 Shyness and its causes	22
2.3 Social Development	25
2.3.1 Social perceptions and Social Image	25
2.3.2 Social Interactions and Disability	26
2.4 Effects of Gender Stereotypes	26

2.5 Violence Against Women with Disability	27
2.6 Portrait of Women with Disability	30

### **CHAPTER THREE: Research Design and Methodology**

3.1 Study Design	32
3.2 Study Area and Population	32
3.3 Sampling Technique and Procedure	33
3.3.1 Sample Size	33
3.3.2 Sampling Technique	34
3.4 Data collection Instrument	34
3.4.1 Questionnaire	34
3.4.1.1 Psychosocial Adjustment Measures	35
3.4.1.2 Social Adjustment Measures	36
3.4.1.3 Pilot Test	37
3.4.2 Interview	37
3.5 Data Analysis	37

### **CHAPTER FOUR: Data Analysis, Interpretation and Discussion**

4.1 Data Analysis	39
4.1.1 Questionnaire Analysis	39
4.1.1.1 Demographic Background of the respondents	39
4.1.1.2 Perceived existence of Discrimination	40
4.1.1.3 Psychosocial adjustment situation of women with disability	42
4.1.2 Presentation of Data obtained through Interview	51
4.2 Discussion of Results	62

## **CHAPTER FIVE: Summary, Conclusion and Recommendation**

5.1 Summary of major findings	72
5.2 Conclusion	73
5.3 Recommendation	75
References	79
Appendices	
Appendix A	82
Appendix B	89

## **List of Tables**

Table No.	Page
Table 1: Demographic Characteristics of Respondents	39
Table 2: Perceived Existence of Discrimination	40
Table 3: Experiences of Discrimination and Perceived Attitudes of Respondents on the Existence of Stereotypes from the Community and Family Members Across Disability Type	41
Table 4: Psychosocial Adjustment of Women with Disability	43
Table 5: Distribution of Psychosocial Adjustment Situation of Women with Disability across Disability Type	43
Table 6: Psychosocial Adjustment Situation of Women with Disability Across Marital Status (Self-Esteem and Shyness Scale)	45
Table 7: Psychosocial Adjustment Situation of Women with Disability Across Marital Status (Loneliness and Depression Scale)	46
Table 8: Psychosocial Adjustment Situation of Women with Disability Across Age Group (Self-Esteem and Shyness Scale)	47
Table 9: Psychosocial Adjustment Situation of Women with Disability Across Age Group (Loneliness and Depression Scale)	48
Table 10: Psychosocial Adjustment Situation of Women with Disability Across level of Education (Self-Esteem and Shyness Scale)	49
Table 11: Psychosocial Adjustment Situation of Women with Disability Across level of Education (Loneliness and Depression Scale)	50

## Acronyms

- **ENAB** Ethiopian National Association for Blind
- **ENAD** Ethiopian National Association for Deaf
- **ENAPH** Ethiopian National Association for Physically Handicapped
- **UN** United Nations

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## **Abstract**

*This study aimed at investigating the psychosocial adjustment situation of women with visual impairment, hearing impairment and motor disorder. The sample representatives were selected from the Ethiopian National Association for Blind, the Ethiopian National Association for Deaf and the Ethiopian National Association for Physically Handicapped. In order to collect the necessary data, both qualitative and quantitative methods of inquiry were used.*

*The sample representatives included only women with disability of the three aforementioned disabilities with the age group of 18-45. Totally 381 respondents were purposefully selected to respond to participate in filling out the questionnaire. Out of the total 381, only 345 questionnaires were returned. Sample representatives for the interview were selected randomly from each association with total number of 18 women with disability. From each association 6 interviewees were selected.*

*The findings of both the interview and questionnaire have implied that women with disability have problems in adjusting psychosocially at the present. These women have a negative view towards themselves. In addition, women with disabilities face stereotypes and discriminations from their families, close friends and the society at large. Furthermore, the study has indicated that women with disability face differential treatment from the society unlike men with similar disability. They face sexual harassments in accessing information, education and job opportunities. Sexual violences are also forwarded at them because they are women.*

*Based on the major findings, this study attempts to point out interventions and advocacies that need to be carried out by both governmental and non governmental organizations. Lastly, it tries to indicate possible social mobilization works that should be carried out at a community level to change the current stereotypical attitudes.*

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

One person in ten- as many as 600 million people world wide- live with a physical, sensory (deafness, blindness), intellectual, or mental health impairment significant enough to make a difference in their daily lives (UN, 1993). Among these, there are at least 300 million disabled women living in all the countries of the world. While 18% live in developed countries, 82% of these live in the developing countries (World Bank, 2004).

According to Mekdes (1992), in developing countries, the number of people with disability is likely to be large due to various causes such as malnutrition, childhood illness, accidents, poverty, famine, poor hygiene, and inadequate medical intervention. Further, out of these 82% who live in developing countries, 40-50% of the total population of persons with disability in any country is not studied.

In fact, recent researches pointed out that there are assumed to be five million persons with disabilities in Ethiopia. Among these it is estimated that half of them are women facing one or more than one type of disability (Addisalem, 2006).

Due to this, in Ethiopia even though researches regarding persons with disability were not thoroughly undertaken as it is one of the least developed countries, it shares part of the 82%. Abundant numbers of researches indicate that women consist at least equal number, out of the total 82% of the disabled population. However, the case of these women with disability did not gain due attention which perpetuated the

prevailing occurrence of different forms of violence against them. However, it is also a fact that let alone women with disability, due attention is not yet given to all persons with disability and they are assumed to be incompetent beings. Currently, in our country attitudes towards people with disability are changing. Different organizations are formed giving help and education to persons with disability. Nonetheless, women with disability are not recognized as needing special help.

Currently, there is no substantial research available in Ethiopia about social positions of women with disability and how they are coping up with multiple stereotype and discrimination they face. Researches (World Bank, 2004; Meron, 2006; Abu-Habib, 1997) indicate that persons with disability are subjected to different forms of inequalities unlike persons with out disabilities. However, the life of women with disabilities is even more difficult when still compared to men with disabilities. These women are, therefore, subject to double discrimination. According to these researches women with disability are discriminated due to being a female gender as well as being disabled. This further is identified to result in prejudice, stigma and discrimination often manifested by giving them inferior roles in their household, social activities and other spheres of interaction.

People have had different attitudes towards disabilities. During pre-Christian era, the handicapped were persecuted and mistreated; lately during the spread of Christianity, disabled persons were pitied, and now-a days accepting the handicapped and integrating them into the society has been developed (Kirk et al. 1993). As there are different types of disabilities, the intensity of problems as well as its magnitude differs. For instance, women with mental retardation problems are more vulnerable to violence since they may not have the capacity to protect themselves. On the same manner women who are physically handicapped need to

rely on other people to use toilets and other facilities which is believed to create a favorable situation for the perpetrators.

Despite the discrimination imposed on women with disability due to their being “disabled”, the result of different kind of violence add more stigmatization and social outcast which makes their life so miserable and hard to cope with and increase the possibility of being victim of HIV/AIDS. Most violence are specific against women. They are done due to social perception of “inequality” between women and men. Such kind of violence occurs only because being woman without any discrimination in origin, status, age, culture or level of education. According to Rajan (2004), the extent of the problem on disabled women was illustrated as follows.

- Of women with disabilities, it is estimated that 83% will be sexually abused in their life time.
- Of girls with intellectual disabilities, it is estimated that 40% to 70% will be sexually abused before the age of 18.
- Of psychiatric patients, 80% have experienced physical or sexual abuse in their life time.

Violence against women with disability have also serious impact physically and emotionally. Consequences include psychological harm which will make the victims to have a negative attitude to men, they will not be able to expose themselves in front of the society, and their stress level will be high. Physically, the victim may be hurt which cause serious injuries that may cause permanent damage (Whatley, 2005). The research conducted by World Bank (2004) also revealed that women with disability do face sexual violence and it is exposing them to sexually transmitted diseases.

Women with disabilities are accounted to be the poorest segment of the whole society. According to Lips, (1997) women with different kinds of disabilities do not have an opportunity to get appropriate education; therefore, they are not qualified to get high return jobs which can make them earn good money to support themselves as well as their families.

Women with disabilities are as well deprived of attaining their sexual desires since they are usually compared with women without disabilities. Most researches indicated that these women are considered to be asexual beings that are not capable of entertaining sexual feelings.

All these have their own contributing factors on the psychosocial well being of these women with disability. Being considered inferior and facing double discrimination from their families, friends and the community or society at large has a considerable effect on their lives.

As gender is a “socialized behavior”, the behaviors as well as emotional state of these women is affected by the specific culture, beliefs, attitudes, home environment, mass media and the legal system either positively or negatively (Befekadu, 2005).

## **1.2 Statement of the Problem**

Women with disabilities in a developing country like Ethiopia are not yet recognized as an important segment of the society. For many decades being disabled alone was seen as being “incompetent”, and “inferior”. This is as a result increasing their “invisibility” in social and political interactions (World Bank, 2004).

According to Alemu (2005:14) people who are considered to be inferior, not equal to be competent enough which includes people with disability are in most situations avoided, stigmatized, segregated and marginalized. Therefore, any one who is disabled is exposed to any of the above due to his or her disability. Furthermore, women with disability are even more exposed to them due to their double discrimination.

In the existing patriarchal societal values, women are doomed to face negative stereotyping due to their sex. They are obliged to live up to the socially defined and refined gender attitudes and roles attributed to them making them subject to negative attitudes and stereotypes (Addisalem, 2006). According to Tirussew (2005), gender stereotyping is quite prevalent in a patriarchal society. In fact, he argues that women with disability face a more intense form of discrimination and stereotyping which creates negative effect on their attempt to fit in the society psychologically. They face two sided discrimination based on their gender as well as their disability.

As mentioned above being avoided, stigmatized and segregated is a negative influence on women with disability and has an adverse effect on the attitudes and perceptions these women have about themselves. These attitudes held by women with disability about themselves as well as attitudes of the society towards them has a great impact and makes their adjustment to the existing society very hard. As any other human being they like to be involved in community works, have a chance to make friendship with their peer, need to be welcomed and appreciated by their family and friends (World Bank, 2004). Absence of approval of their works and their existence will, therefore, jeopardize their level of confidence, self-esteem and makes them feel lack of belongingness to a certain social group.

Psychosocial adjustments either negatively or positively result from the function of interactions between these women, their families, friends and the society. Haring, et al. (1994:327) cited by Bekalu (2004: 13) pointed out that women with disability face adjustment problems like being ashamed of having a damaged body which leads them to lose their self-concept. In fact, women with disability mostly have adjustment problems to the existing society if they are not able to fit in to the image the society has put for a female body due to being physically handicapped or visually impaired. Gendered attitudes and stereotypes of the society towards women in general and women with disability in particular perpetuate their vulnerability (Addisalem, 2006).

On the bases of the above mentioned assumptions on the psychosocial adjustment problems of women with disability, this study was guided by the following basic questions:

1. What is the existing psychological adjustment situation of women with disability in the selected three associations?
2. What are the perceived attitudes of the community and family members towards these women?
3. What are the attitudes of these women towards themselves?
4. Is the social interaction of these women positive or negative with their families, friends and other individuals?

### **1.3 Objectives of the Study**

As a general objective, this thesis investigates the psychosocial adjustment situation of women with hearing, visual as well as physical impairments. Particularly, the study has the following specific objectives:

- To find out psychosocial adjustment situation of women with disabilities specifically visually impaired, hearing impaired and motor disordered.
- To identify positive or negative attitudes held by women with disabilities about themselves.
- To examine attitude of their families, care takers, other friends, and the community.
- To investigate specific challenges these women face due to being a woman with disability.
- To make suggestions and recommendations improve the present situation.

#### **1.4 Significance of the Study**

The psychological situation of women with disability in our country is under studied and was not given due attention. Therefore, it is timely and relevant to conduct a research on the above explained statement of the problem as well as the aforementioned objectives. It is hoped that the findings of this study will:

1. Provide some information on the current situation of women with disability and how they are adjusting psychosocially,
2. Make information obtained from this research be available to the concerned societal segments and organization to act up on the situation at hand; and
3. Provoke thought for further studies.

#### **1.5 Delimitation of the Study**

This study is conducted in Addis Ababa focusing on the three associations: Ethiopian National Association for Blind (ENAB), Ethiopian National Association for Deaf (ENAD), and Ethiopian National Association

for physically handicapped (ENAP). Particular focus of the study was on the psychosocial adjustment of women with disabilities who are members of the above associations. The research is limited to women who only have the three disabilities. Women who are mentally retarded were not considered as reliable sources of data; therefore, they were not included in this study. The study focused on women with disability within the age range of 18- 45 in order to identify the social position they currently have and how it has affected them.

### **1.6 Operational Definitions of Terms**

Important terms have been used in this study. Therefore, they are defined here to avoid any confusion.

**Disability:** is the consequence of impairment with functional performance and activity by individual; a person with visual, hearing, physical and mental impairment or any limit that significantly affects a person's mobility, sight, hearing, or intellectual functioning.

**Women with disability:** are those women who have physical, visual, hearing, mental, and verbal communication impairments.

**Psychosocial:** represents intra personal and interpersonal characteristics of a person.

-is the psychological position of a person in the social interactions and activities.

-is a person's emotional position in the interactive sphere of social activities

**Psychosocial problems:** are emotions related to physical self-esteem, depression and anxiety.

-are problems encountered by a person emotionally in self-esteem, depression, shyness, loneliness, and social interactions.

**Social Relations Problems:** are interpersonal barriers for social relations particularly in the formation of friends.

**Psychosocial Adjustment problems:** is a problem experienced emotionally when an individual has to cope with distressing, frustrating and/or harmful situations in adjusting socially.

**Self-esteem:** is the judgment a person makes about the worthiness of his/her physical ability.

**Self-concept:** are the feeling, attitudes, and values people have in regards to their behavior, abilities and worth.

**Prejudice:** refers to a negative evaluations or judgments of members of a particular group which are based primarily on the fact of their membership of a particular group and not necessarily on the particular characteristics of the person.

**Discrimination:** is a behavioral manifestation of prejudice. In this case, members of a particular group are treated either positively or negatively because of their membership in a particular group.

**Stereotypes:** are cognitions and expectations assigned to members of a particular group simply on the basis of their membership in those groups.

**Depression:** is a deep sadness with long term, harmful effects on the health and development of the individual.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 The Concept of Disability

Historically, disability has been defined in terms of an individual's characteristics and his or her ability to perform the functions of daily living. Disability may have different operational definitions. However, as defined by Coleridge (1993: 16) cited by Alemu (2002: 9) disability is:

*.... both a social problem and individual problem. It is a social problem because what stops individual disabled person from contributing is the attitude of non-disabled persons towards him/her. These attitudes do not have self-worth they lack confidence, they believe they are good for nothing. The discrepancies which exist in the livelihood of persons with disability and non-disabled persons are by and large attributable to general public attitudes, which are predominantly characterized by enduring stereotyped attitude.*

This definition shows that disability has different facets. Apart from being incapable of seeing, hearing or physically performing, disability further creates problems in social interactions. Persons with disability are exposed to stigma, discrimination and have low self-esteem or perception about themselves. They are affected by both external and internal factors which creates a great problem in their adjustment both socially and psychologically.

According to Ysseldyke and Algozine (1995), the development of healthy social behaviors and interaction skills depends on a person's participation in positive interaction and social environment. However, in the realm of disability, the social development of persons' impairment can be obstructed due to limited skills because of either being visually impaired, hearing impaired or motor disorder. Persons with disability are, therefore, exposed to psychological and social adjustment problems.

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Disability is not gender specific. Both male and female are prone to any form of disability. According to Bekalu (2004), however, the problems faced by females with impairment differ greatly from that of males. Females with disability are subjected to the inequality caused by the existing patriarchal rule which resulted in facing social, economic, cultural and political discrimination and stigma. They are also overburdened with household chores; and they are not able to afford to go to school, get jobs and earn good living. Due to the marginalization, impaired women may lose interpersonal skills and experiences that non-handicapped persons socially developed. They may feel low self-esteem, loss of independence, isolation, withdrawal, etc., and this may lead the persons to exhibit mal-adjusted behaviors to the existing social structure emotionally.

Living in a society which views women with disability negatively is hard especially in the establishment of interactions and participation in social activities. Women do not have equal participation in social, cultural, economical and political interaction. Women are currently living in a society which favors men. They are deprived of the freedom to exercise their rights. For instance, in most societies women's life is doomed to belong in the household where as men are considered to earn the right to participate in the public sphere, hold decision making power, are

considered to be head and bread winners of the household. Every woman is subjected to such types of stereotypes. She is considered to be unable to perform what men do, and more of a domestic person rather than a public one. Women with disability are also victims of such attitudes and ill-treatments. Interaction, therefore, with the society is much harder for women with disability than able women. Abundant number of researches in fact indicated that women with disability are among the poorest, most stigmatized and most marginalized of all the world's citizens. They are most likely to face problems in social interactions as well as their own self-perceptions in most cases are distorted.

## **2.2 Psychosocial Adjustment**

The psychosocial development of human beings unfolds as humans go through the life span. There are different stages of crisis that must be faced in the psychosocial development of human beings. The crisis that occurs in each stage of psychosocial development is not a catastrophe but a turning point of increased vulnerability and enhanced potential. The more the individual resolves the crisis successfully, the healthier psychosocial development will be (Erikson, 1982). On the other hand, psychological problems is an emotional condition, experienced or felt when an individual has to cope with distressing, frustrating or harmful situations. It is disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self doubt.

Whether or not an impaired person will develop psychosocial problems depends on how well others in his/her environment accept the disability. Moore (1987) indicated that family, friends and close environment determine whether the person will show psychosocial problems.

A person's psychological and social developments are subjected to social constructions. The family, community and the whole society at large are

major agents which contribute a great deal to the psychosocial development.

Individuals with disability due to different factors have a distorted view and attitude about themselves. Attitudes towards themselves are constructed in line with the existing beliefs, values and attitudes of their friends and the surrounding environment in general. The societal attitudes and misconceptions towards them make them to have such views. According to a research conducted by Alemu (2002), attitude of most people with disability towards themselves include the following:

- most disabled people feel sorry for themselves;
- most disabled persons worry a great deal ;
- persons with disability are more easily upset than others;
- most persons with disability do not feel that they are as good as other people.

This indicates that most of the times persons with disability exhibit shyness, anxiety, depression and low self-esteem. Moreover, due to having such attitudes about themselves they live a life of fear and perceive others to be more able than they are.

Disability is not gender specific. Both males and females are prone to any form of disability. According to Bekalu (2004), however, the problems faced by females with impairment differ greatly from that of males. Females with disability are subjected to the inequality caused by the existing patriarchal rule which resulted in facing social, economic, cultural and political discrimination and stigma. They are also overburdened with household chores; and they are not able to afford to go to school. Due to the marginalization, impaired persons may lose interpersonal skills and experiences that non-handicapped persons

socially developed. They may feel low self-esteem, loss of independence, isolation, withdrawal, etc., and this may lead the persons to exhibit mal-adjusted behaviors to the existing social structure emotionally.

In addition, different kinds of disabilities are proved to result in varied effect on the person with impairment. It is true that either hearing, visual, mental or motor disorders interfere with and affect the person's psychological, emotional and social development. According to Haring, et al. (1994:327) cited by Bekalu (2004),

*Different psychosocial and emotional problems have been associated with disabilities present at birth and those that are acquired later; individual with congenital disability may have a sense of difference of not being like other people where as those with acquired disabilities typically experience a sense of loss.*

This indicates that persons with disability are vulnerable to face both psychological and social adjustment problems. Their differed types of disability, therefore, possibly affect their self-perception, confidence and interaction with their family, friends and the whole community to a varied degree. In the same manner psychosocial problems these individuals face differ according to their type of disability, as well as onset of disability.

For instance, in most cases researches indicate that due to having physical disability, individuals with such impairment are ashamed of their self which resulted from the concept they've of their body. As Krik (1962:288) cited by Jemal (2006: 14) indicated as follows, they relate their physical disability with their self-perception as well as their confidence.

*....if there is shame or disgust or fear in his or her attitude towards their body, the same attitude is likely to attach itself to his /her concept to his /her self as a person.*

Heward and Orlansky (1988) cited by Jemal (2006) also argued that persons with physical disabilities may experience problems of social adjustment since the degrees to which they are accepted by other are affected by the visibility of a condition. Being physically handicapped is going to affect their interaction in different social and community activities which causes them to face rejections and discrimination.

Generally, studies (Abu-Habib, 1997; Lips, 1997; Sachdev, 1997; Fantahun, 2006) found that persons with physical handicaps demonstrate detachment and show more frequent mal adjustment. Victimization, helplessness, dependence, social isolation, and suffering are some factors involved in the general stereotype of persons with disabilities.

Persons with other types of disability are of course subject to both psychological as well as social adjustment problems. They lose self-respect, self-concept, self-esteem and most importantly self-worth (Abu-Habib, 1997). She indicated that women with visual and hearing impairment are also treated as less able in participating in education, rehabilitation and social interaction. This is believed to cause them to view themselves as worthless and unable to fit in. the following are psychosocial adjustment problems faced by many women with disability.

### **2.2.1 Self-Esteem**

A major concept which indicates a person's positive or negative psychosocial adjustment is self-esteem. Many researchers (Owens (1993), Pecvin (1984), Fox (1993)) as cited by Jemal (2006:14) indicated that the origin of self-esteem is in social interactions. People develop their self-esteem through their interaction with peers, family members and the surrounding. However, the formation of self-esteem is not purely a social

product. It can be seen forming out of inner sources as well. Rosenberg (1981) explained that the outer source of self, self as a social product is derived from reflected appraisals of others. He also explained that the inner source of self-esteem is the result of individuals' beliefs about their ability to succeed in a particular task. However, the individual's view of himself is internal, what he sees and feels when he/she thinks of himself/herself is largely the product of social life.

Self-concept is a general term covering among others the idea of self-esteem. In relation to this, Derlega and Janda (1986) cited by (Ephrem, 1999) indicated that the feeling, attitudes and values people have in regard to their behavior, abilities, and worth are defined as self-concept. Self-esteem is the positive or good opinion one has about ones character, and abilities.

According to Derlega and Janda (1986) cited by Ephrem, (1999) self-concept refers to the organized, consistent and whole perception that each of us has of ourselves through reflected appraisals of others where as self-esteem is more specific than self-concept and it is the way we think of ourselves whether in a generally negative or positive fashion.

### **2.2.1.1 Self-Esteem and Disability**

Physical impairments have been associated with psychological problems. Persons with disabilities have lower sense of self-worth, greater anxiety and less integrated views of self-esteem than non-disabled (Kirk, et al. 1993). Disabling physical conditions give rise to frustration, resentment, withdrawal, and aggression. Disabled persons associate their physical and mental condition with their self perception.

The way in which they think about themselves is affected by the visibility and noticeability of a condition (Heward and Orlansky, 1988) cited by Jemal (2006). In addition, the special devices that enable them to meet important needs have the unfortunate side effect of increasing the visibility of the physical impairment making them look more different from non-disabled peers. For instance, a person who has to use a device to walk will be more noticeable than other individuals who are not disabled. This implies that the visibility of their disability pronounces their difference and makes them vulnerable to stereotypes. This, in turn, will result in having a very low self-esteem. Their low self-esteem usually results from influences of others in their surrounding environment.

### **2.2.1.2 Self-Esteem and Women with Disability**

The beauty myth has invaded the minds of many women; but more importantly women with disability are haunted by the way they look. Physical disabilities make it more visible for them to feel not to fit into the existing beauty myth and made them feel outcasts of the current attitude regarding beauty. According to Heward and Orlansky, (1988) cited by Jemal (2006), body image, other social images and social standards are some of important factors that are proved to affect the self-esteem of women. The following points are indicated to show how they affect the self-esteem of women with disability.

#### **I. Body Image**

What a certain individual wears and appears physically is viewed and criticized by many people every day. The way physical attractiveness is viewed has profound effects on personal adjustment both socially and psychologically. Derlega and Janda (1986) cited by Epherem (1999) stated that people who are satisfied and confident with their physical looks are comfortable and more relaxed in social situations and

interactions; while those who feel unattractive and not confident about the way they look are likely to experience anxiety, shyness and loneliness in social situations. They exhibit being less effective in interpersonal relationships and have fear of being criticized and rejected, less confident and with low self-esteem. Abundant researches conducted by Lips (1997), Abu-Habib (1997), and others indicated that physical attractiveness and good physical appearance are vital part of the self-concept for femininity than to masculinity. This is due to the fact that the feminine gender is socially perceived as delicate, beauty icon, and submissive to the masculine gender which is characterized by having reserved emotions, though body appearance and able to go through hardships rather than something as feminine as beauty.

## **II. The Society**

Self-esteem is developed through interaction with other people. Peoples in our lives have a great effect on the way we perceive ourselves. Personal attitudes about ourselves are shaped mainly due to what we perceive others think about us. Derlega and Janda (1986) cited by Epherem (1999) in addition indicated individuals are bound to develop feelings of worthlessness, worthy, lovable and unlovable according to the degree of acceptance accorded to them, and the way they are treated by others. This indicates that women with disability are going to define themselves according to people's views towards them. The pre-dominant stereotypes are going to be ingrained in the minds of these women and they will similarly identify themselves in this manner. Furthermore, peers, parents, siblings and teachers play a part in how we think of ourselves. Inter personal reactions have so far been indicated to be important in shaping our attitudes. Concerning this, Rosenberg (1981) identified two dimensions of interpersonal interactions. These are valuation and credibility. Valuation refers to giving credit to the opinion of those people

who are important to us; whose opinion we care about greatly should have strong effect on our self-esteem than the views of those to whom we are indifferent. We are in fact greatly affected by the value we give to those individuals that matter to us. If these individuals have a negative attitude about us we are most likely to think of ourselves negatively and if it is positive we develop positive self-esteem towards ourselves. Credibility- the impact of others opinions of us depend on the degree of faith, trust or confidence that we repose in that person's judgment. For instance, the attitudes of our priests, legal advisers, teachers, and people we look up to and admire is most likely to affect the self-esteem of women with disability.

The level of personal satisfaction a woman has depends a lot on how well she fits into the image society has given to the female body. The ideas and guidelines of beauty defined by the dominant culture are shown in publicity are interpreted as socially desired, provoking the need to change or alter imperfect bodies. The message is clear; "The way our bodies are now is undesirable and unacceptable." The ideal is not to be non-disabled, closely followed by the necessity to obtain "a perfect body" (World Bank, 2004).

Disabled women are not free from the influence of the language of advertising, when it comes to the 'mental sculpture' of their bodies. Disability is seen as a "deficit" and the "ideal" imposed is far from reach. These messages become ingrained, and a comparison is established between the standards of beauty and the image these women have of themselves which will probably lead to a lowering of self-esteem.

This self-esteem is questioned or confirmed by the family and friends from the outset, sometimes from child-hood. This is the beginning of a process of evaluation, comparison of the body and of the beauty

standards. At the same time, as a result of the perception others have of disability, the traditional roles assigned for women are neglected or limited. Not being able to fit in the mould assigned as “beautiful or good looking” limits the possibilities of having intimate relations, highlights the physical difference and influences negatively in the perception we have to our body. Therefore, a disabled women ends up seeing themselves as something negative because among other things it reduces their possibilities of a relationship and of social consideration. All this is due to the fact that they cannot meet certain standards or carry out certain pre-determined roles and as a consequence their takes on a sense of invisibility. They are excluded from activities according to age and sex; they are not considered for the role of brides, mothers, wives, they cannot accede to jobs where physical appearance is highly exhibited.

The lack of expectation with regards to personal planning in disabled women and not meeting the characteristics which define a social role confuse other people even further when trying to establish a relationship.

### **III. Social Standards**

Social standards held by each society differ greatly. Abu- Habib (1997) indicated that societal values have created a great problem in the self-esteem of women with disability. The standards in some societies are high which makes it very difficult for these women to meet and it has proved to create frustration and low self-esteem.

#### **2.2.2 Depression**

According to Franklin (2003), depression is a psychological condition that changes how you think and feel, and also affects your social behavior and sense of physical well-being. We have all felt sad at one

time or another, but that is not depression. Sometimes we feel tired from working hard, or discouraged when faced with serious problems. This too, is not depression. These feelings usually pass within a few days or weeks, once we adjust to the stress. But, if these feelings linger, intensify, and begin to interfere with work, school or family responsibilities, it may be depression.

Nearly two-thirds of depressed people do not get proper treatment because of the following reasons:

- The symptoms are not recognized as depression.
- Depressed people are seen as weak or lazy.
- Social stigma causes people to avoid needed treatment.
- The symptoms are so disabling that the people affected cannot reach out for help.
- Many symptoms are misdiagnosed as physical problems
- Individual symptoms are treated, rather than the underlying cause.

Other times, however, according to Nolan (2000), the reasons for our depression are not quite as clear; that is, there may not be just one "cause," but a variety of contributing factors that accumulate over time and lead us to that feeling of being defeated, demoralized, hopeless, helpless, depressed. And sometimes, with factors like low self-esteem or anxiety, it may be almost impossible to say which causes which.

Depression is a "whole-body" illness, involving your body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or

years. Appropriate treatment, however, can help most people who suffer from depression.

Women with disability are characterized to be depressed due to many factors. Mainly, being disabled and impaired make them feel inferior and incompetent. Social images which are carved in the minds of the society create a stressful environment for women with disability which in turn results in intense depression. Women with disability are viewed and perceived negatively. They do not have the ability of creating a good self-esteem in such situations. Therefore, it is inherent for women with disability to choose to be alone, and develop stressful mind.

### **2.2.3 Shyness and Its causes**

People have different emotions when meeting strangers or with individuals they do not have close acquaintances with. According to Lyness (2004), shyness is a social emotion that affects a person's feelings, thoughts, and behavior. Shyness is about feeling uncomfortable, self-conscious, scared, nervous, or insecure around others. When people feel shy, they hold back on saying or doing things because they are concerned about how others might respond. Physical sensations can be part of shyness, too — like feeling flushed, shaky, queasy, speechless, or breathless.

According to Arends (1998) shyness tends to strike in certain kinds of social situations — like the first day of school, when meeting someone new, or initiating a conversation with someone. People are more likely to feel shy in situations where they are not sure what will happen, how others will react, or when all eyes are on them. People are less likely to feel shy in situations where they know what to expect and what to do or say or where they are among familiar people.

Shyness can vary from person to person. A research conducted by Julie (2001) showed that people can be mildly shy, moderately shy, or extremely shy. Some people with mild to moderate shyness feel shy only in certain circumstances. For these people, shyness may feel uncomfortable at first, but it often melts away after a few minutes. They often learn to push through their immediate shyness, knowing they'll warm up to new people or situations if they can just get through that initial reaction.

People who are extremely shy find it hard to push through their initial shyness. They may avoid social situations, have trouble making friends, or hold back on trying new things. Eventually this can interfere with their self-confidence and self-esteem.

Therefore, according to Arends (1998), the behavioral components of shyness include:

- Anxiety or lack of self-confidence around other people;
- Difficulty thinking of things to say in conversation;
- Lack of knowledge of expected modes of behavior for various social situations;
- Absence of outgoing mannerisms such as good eye contact, an easy smile, a relaxed posture, and so forth.

Sometimes, in addition, shyness can be much like a phobia-an irrational fear that cripples our behavior. We know it is foolish to be afraid of people. According to Arends (1998), we know that people are more inclined to like us if we are relaxed and cheerful than if we are awkward or ill at ease. Still, we seem to be inclined to behave in a certain way. Though the fear that accompanies a "true" phobia is usually more

extreme than the fear that accompanies shyness, there do seem to be common elements.

## **Causes of Shyness**

Occasional mild to moderate feelings of shyness are like any emotion- as with happiness or sadness, feelings of shyness can be a part of how we experience things and react. But the two major factors can also influence shyness Lyness, (2004):

- **Learned behaviors.** Someone's natural tendency to be shy can be influenced by what they learn from others, especially family members. If children are constantly receiving critical or disapproving reactions, they may grow into adults who expect others to judge them negatively. These people are more likely to be reserved, shy, scared, or intimidated by certain situations.
- **Uncomfortable experiences.** What a person learns from experience can influence shyness, too. Someone with a shy nature might become even shyer if they get pushed too much into unfamiliar or uncomfortable situations. Getting teased, bullied, treated unkindly, or humiliated by peers, siblings, or adults will probably make someone who's already shy retreat even more. On the other hand, if someone who's shy is allowed to approach new things little by little, this positive experience can help them learn to feel less shy.

This shows that individuals who are shy are going to exhibit behaviors which make them not to face their fears. They live under the umbrella of fear that they are not able to interact with others freely. Women with

disability are proved to exhibit such behaviors because they are negatively viewed by the society due to their disability. The lives of women with disability are guided by their family, the associations and the society at large. They interact with in limited social circles with limited friendship and social interactions. Therefore, women with disability are shy to interact with others, formulate friendships and maintain good relationships.

## **2.3 Social Development**

Living in a society which views women with disability negatively is hard especially in the establishment of interactions and participation in social activities. According to Garwood (1983) cited by Bekalu (2004), socialization is a very intricate process. Everyone is not born with sufficient survival skills but he/she acquires them through socialization. The socialization process is created, therefore, through the process of interaction with the surrounding environment particularly with family members. This implies that our lives are inter-woven with the lives of others. As impairments differ, the types and nature of disability is the determinant factor in quality of intra and inter personal skills. For instance, friendship which is a major component of interpersonal relation could be affected by disability and the reaction of friends towards disabled peers can inhibit their social behaviors (Ysseldke & Algozine, 1995). In connection with this, Cassidy and Asher (1992) indicated that social rejections by peers results in mal-adjusted behaviors such as loneliness, low self-esteem, isolation, etc.

### **2.3.1 Self-perception and Social Image**

According to Garwood (1983) cited by Bekalu (2004), socialization is a very intricate process and requires specific skills from each individual. Everyone is not born with sufficient survival skills but he/she acquires

them through socialization. The socialization process is created, therefore, through the process of interaction with the surrounding environment particularly with family members. This implies that our lives are inter-woven with the lives of others. As impairments differ, the types and nature of disability is the determinant factor in quality of intra and inter personal skills.

### **2.3.2 Social Interactions and Disability**

In addition to disability stereotype, gender stereotype can reinforce the image of dependency and social isolation. Lips (1997) stated that disabled women are less likely than their male counterparts to carry out social skills.

Specifically, orthopedic impairments have a profound effect on women since they are so sensitive to their physical attractiveness. Lips (1997) further stated that a woman, who is visibly disabled even if not disfigured in any way, falls short of the cultural idea of beauty. This shows that gender and disability stereotypes interact on the basis of physical attractiveness. In addition to this, Hanna and Kogusky (1991) cited by Shea and Bauer (1994) suggested that woman with disability have two handicaps and are confronted with greater challenges in society perception of their usefulness and ability to contribute. This shows that the reaction of people towards women with disability is one major factor that affects social interactions.

### **2.4 Effects of Gender Stereotypes**

Women with disability face double discrimination. This double discrimination emanates from their being a female gender as well as disabled. This has proved to affect women with disability. Stereotypes held about women have resulted in depression, shyness, low self esteem

and lack of confidence. According to Silver Skein & Lynch, (1998) cited by Meron, (2006) the limitations placed upon females exposed them to clinical and sub clinical depression and the cumulative health problems decreased their quality of life and hinder their psychosocial adjustment. Mile (2004) also puts environment as a factor which lead to depression in due course, gender, society and parenting roles confirm that gender difference are influenced by the environment. Therefore, the existing environment, stereotypes, prejudices and discrimination by the society results in a serious hazardous health imbalances. In fact, it affects the positive psychosocial adjustment of women with disability.

## **2.5 Violence Against Women with Disability**

According to different researches conducted by different scholars, women in general are susceptible to different forms of violence at any age, race, ethnicity, sexual orientation or even class. However, international researches indicated that in the same manner regardless of age, race, ethnicity, sexual orientation or class, women with disability are assaulted, raped and abused at a rate of at least two times greater than non-disabled women (Nosek et al., 1998). In confirmation with this, Ann et al. (2001) further estimated women with disability are more vulnerable to violence and in fact one and a half times as likely to be sexually abused unlike other women who are not disabled.

The case in our country is quite similar. Women with disabilities face violence in their lives. However, in Ethiopia attitudes about women in general and women with disability in particular is quite negative regarding the issue of sexuality.

Women with disability are considered to be safe from sexual abuse; and talking about it seems unusual and shameful. For this reason, a woman

with disability is not likely to disclose the violence she is facing and most cases are under reported because of its hidden nature. As a result, knowledge of the magnitude and prevalence rate of sexual abuse and disability in particular is not known because of absence of research (Meron, 2006).

Women with disability are especially vulnerable at all stages of their lives because they are women, they have disability, and they live under the rule of patriarchy. Russo (2001) cited by Meron (2006) indicated that persons with disability and especially women with disability often are perceived as sick, helpless, incompetent, asexual, and as powerless. In addition, they are deprived of the skills and opportunities they need to know and deal with violence. As a result, this kind of attitudes make them to loose their rights, view themselves as worthless and make them unable to defend themselves. In addition, this negative attitude of the society provides the assailants' justification, who may view girls and young women with disability as easy targets and unable beings that cannot defend themselves.

Different forms of violence as well as sexual abuse of women with disability are much more complicated and worse than other victims. The following three major points indicate the severity of violence and sexual abuse against women with disability by a research conducted by Wolbring (1994:2) cited by Meron (2006):

- They are at the highest risk group for abuse and violence and the society is not aware of the problem.
- Support for disabled victims is much less available than for non-disabled victims.

- The abuse and violence against disabled people is much more commonly accepted and less frequently punished than for the other victim groups.

Women with disability have a less than equal chance of escaping; have little access to services for violence and girls, therefore, are multiply abused. In line with this, Sglisas (1998: 13) cited by Meron (2006) argued that women that suffer the most severe and frequent attacks are those with a multiple disability, problems in mental development, problems in communication and those disabled from birth.

In addition, for each disability type, different types of abuse take place. According to Fiduccia et al. (1999), women who have speech, hearing and /or visual impairment and women with developmental disability and also women with multiple disabilities have difficulty in attracting help, resisting during sexual assault, and or difficulty in identifying their assault. In addition, some disability may limit a young woman's ability to defend herself or move away from the perpetrator.

Erickson (2003) and Davis (2005) cited by Meron (2006) supplemented that for women with physical disability, limitations in physically escaping violent situations are in sharp contrast to women with hearing impairment, who may be able to escape but face communication barriers in most settings. In addition, most physical or sexual abuse against people with disability happens to those who are mentally retarded. And it is estimated that 90% of people with developmental disabilities will be sexually abused in their life time. The major reasons for women with disability to be victimized by violence are:

- a greater amount of dependence on other people for care

- fear of reporting the abuse, as it might cause the breaking of bonds and loss of special care
- having to live in environment that favors violence; broken homes, institutions, residence and hospital
- less credibility when reporting these attacks in certain institution.

## **2.6 Portrait of Women with Disability**

Individuals learn to become either feminine or masculine characters from their surrounding society. As gender is not biologically inherited, it is socially constructed based on one's cultural attitudes and social practices.

The social learning theory describes how every one understands the standards which are considered appropriate for one's gender. Each gender has to learn the behaviors of masculinity and femininity. This is to say that as individuals grow, they start to understand the patterns and standards by which they are expected to live, and what is expected of them (Lips, 1997). This learning theory explains that what a person learns about masculinity or femininity will vary according to his/her clan, ethnic group and family composition; however, each gender is bound to live up to the expected feminine or masculine characteristics. In addition, all environmental factors influence both positively and negatively gender construction and development (Unger & Crawford, 1994). In fact, not only masculinity and femininity are learned through social construction and interaction, but also individuals learn and shape their views and attitudes about themselves and their body. Therefore, self-perceptions regarding body image differ from one gender to another and it is as well socially constructed.

Women live in a society where the "perfect body" of a woman is taken as a high standard to be positively perceived. Images of women differ

according to the cultural beliefs, attitudes, societal norms and traditional practices. When we talk about disability, in most countries and cultures invisibility of these women is seen even if there are more than 250 million women with different kinds of impairments. Women with disability are double advantaged and considered as minority groups since they are disabled and women. Due to this they will face problems of double discrimination and achieving of their objectives is much harder (World Bank, 2004).

Forming part of two disadvantaged and minority groups (disabled people and within these “women”), they find themselves up against different kinds discrimination, as well as various barriers which make accomplishing objectives essential in everyday life very difficult. As a result, higher unemployment rate, lower salaries, less access to medical care, lack of education, poor or no access to programs, and services aimed at women, and a high risk of suffering physical or mental disability are faced by these women.

This discrimination, for women with disability, is the worsening deep-rooted discrimination women have always suffered; more severe but harder to fight, which affects aspects such as education, employment, marriage, family, economical status, effective rehabilitation, etc.

Generally, as a result of double discrimination women with disability face numerous inequalities and injustices on daily basis. Some of society’s negative image and attitude against women with disability increase their risk of positive psychosocial adjustment in the society. Women with disability cannot maintain a healthy psychology and social development if the society continues to ingrain negative self-perceptions in the minds of women.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 Study Design**

The main objective of the study was to investigate the psychosocial adjustment situation of women with the three types of disability namely visually impairment, hearing impairment and motor disorder. In order to obtain the necessary data for the study, a descriptive survey was conducted.

#### **3.2 Study Area and Population**

The study was conducted mainly on three national associations found in Addis Ababa namely Ethiopian National Association for Blind (ENAB), Ethiopian National Association for Deaf (ENAD) and Ethiopian National Association for Physically Handicapped (ENAPH). The population for the study includes only women with the above one or more of the disabilities registered in the three association. Three hundred forty five respondents were purposefully taken mainly from these associations. There are many institutions which give different kinds of services to persons with disability. However, these associations were selected because they are found to be easy to access and have a large number of members registered. Therefore, it was priorly identified that choosing these three organizations would grantee easy access to respondents and large number of population from which sample representatives could be selected.

The sources of data used in this study include both primary and secondary source. Secondary source of data were used by reviewing written materials and available web sites on the given topic. Primary source of data were selected sample women with disabilities who are currently members of the above mentioned associations. Women were

considered to be the focus of this study since researches reviewed indicated that they are the ones who are subjected to poor psychosocial adjustment situation than men with similar disabilities. The data were more specifically gathered from these women who have only motor disorder, visually and hearing impairment.

### **3.3 Sampling Techniques and Procedures**

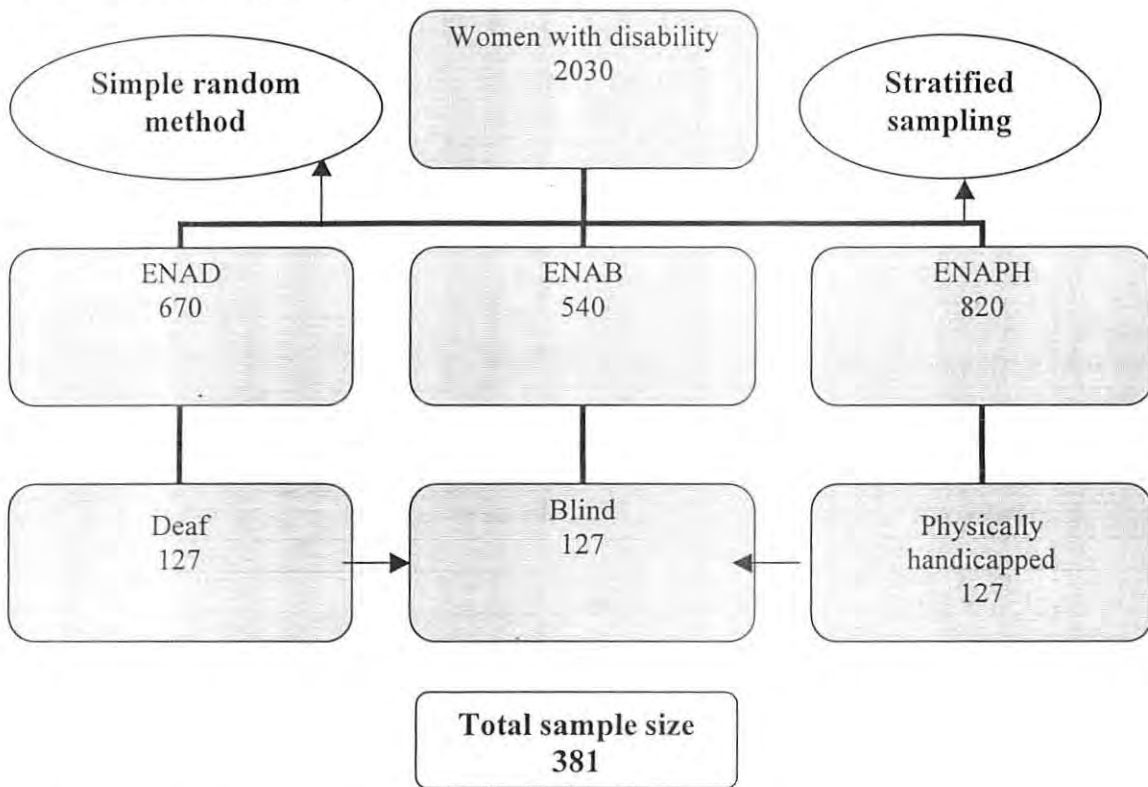
The target population for this study were women with disability currently members at blind, deaf and physically handicapped associations in Addis Ababa. The population of this study is sampled by taking women with visual impairment, hearing impairment and motor disorder available with in the associations and the institution. The individuals were selected purposefully. Equal number of samples was used for all disability type in order to compare the parameters equally. Numbers of women with disability in these organizations are totally 2030: 540 in ENAB, 670 in ENAD and 820 in ENAPH.

#### **3.3.1 Sample Size**

The sample size is calculated by using the formula,  $n = \frac{z^2 \frac{pq}{d^2}}$  where Z is 1.96, d- margin of error 5.5% and P was be assumed to be 50% as there only limited no of researches conducted on the psychosocial situation of women with disabilities. Twenty percent non-response rate is expected to be encountered and was included in the calculation of total sample size. As a result, a total of 381 individuals participated in the study. Qualitatively, a total of 18 women with disabilities were interviewed in semi structured interview.

### 3.3.2 Sampling Technique

The total sample was stratified in to three of the respective association using non-proportion to size allocation method. Therefore, 127 from the blind, 127 from the deaf and 127 from the physically handicapped associations samples were taken. After stratification individuals were selected by using simple random method.



### 3.4 Data Collection Instruments

The data collecting instruments used in this study are: a questionnaire which is composed of demographic questions and statements of psychosocial adjustment measurement; and a semi-structured interview.

#### 3.4.1 Questionnaire

The data were collected from women with disabilities using a questionnaire. In order to obtain more personal characteristics of the respondents a uniform questionnaire was developed. The questionnaire

comprises of questions which help or back up the study by outlining related issues to the psychosocial adjustment measures. The questionnaire comprised of two parts. The first part included questions about the demographic background information as well as the respondents' perception of discrimination. It included questions both open ended as well as close ended. The second part of the questionnaire comprised questions in a rating scale to measure psychosocial adjustment. It mainly focuses on the problem these women with disability face especially in stigma, discrimination and stereotypes.

The demographic questions and statements of psychosocial adjustment measures are totally 63 items. Considering the language difficulty for the respondents, the items are prepared first in English and then translated back to Amharic (see appendix A).

#### **3.4.1.1 Psychological Adjustment Measures**

The psychological adjustment measures included respondents' distress specifically their self-esteem, depression and social competence. Respondents' self-esteem was measured by items from Rosenberg self-esteem scale (1981). The statements in this scale were stated both positively and negatively to have a balance in identifying their self-esteem.

Depression level of the respondents was measured by Beck depression inventory (1961). The items were aimed to measure respondents feeling of dissatisfaction towards themselves, and their ability and motivation to look forward to attaining aimed objectives.

The overall psychological adjustment measure comprised of 31 questions. Of these 31 questions, half were stated positively and the

other half negatively. This was done with the objective of minimizing biases in the responses.

### **3.4.1.2 Social Adjustment Measures**

Social adjustment measure was comprised of items measuring respondents' perception of their social relations, focusing on intimacy with friends, self-perception of their social competence, dissatisfaction with social relations and loneliness. Shyness and sociability scale was used which was developed by Check and Buss (1981). It aimed at measuring the respondents' social competence and their shyness in social interactions and formation of friendship.

Loneliness and social dissatisfaction scale was also used from Cassidy and Asher (1992). It is used to measure respondents' interaction in social situations, and gatherings, and current status of relationships of the respondents.

Next, the adopted both psychological adjustment measures as well as social adjustment measures were revised. It was attempted to modify and restructure the questions so that they deal with adjustment of women with disability psychosocially. The questionnaire was translated in to Amharic; and was checked for forward and backward translation to maintain consistency of idea.

Both psychological adjustment as well as social adjustment items were half positively stated where as the other half negatively stated. The questions were all provided on a 5 point Likert scale (5= strongly agree, 4= agree, 3= undecided, 2= disagree, 1= strongly disagree). Negative statements were reversely scored.

### **3.4.1.3 Pilot Test**

The questionnaire was tested on selected subjects. The sample subjects were selected from the three associations randomly. The questionnaire was tested on 20 women with disability. After the pilot test, items which were found out to be difficult to answer as well as unanswered items were discarded. In addition, the wording and difficulty level of the questions were revised and checked accordingly.

### **3.4.2 Interview**

Semi-structured interview questions were prepared for 18 subjects. The interview guide included questions which are designed based on the research questions. The purpose of conducting the interview was to identify psychosocial adjustment situation of women with visual impairment, hearing impairment and motor disorder face. In addition, the questions aimed at identifying the problems these women face while interacting with others. The respondents were given orientations before the interview. They were briefed about the objectives of the study so that they would provide a genuine response.

### **3.5 Data Analysis**

The data were analyzed first by organizing the data to measure the psychosocial adjustment in line with the objectives of the study. The data were then feed to SPSS program. Then, the data collected through questionnaire were analyzed using descriptive statistics and nonparametric test which entail frequency and percentage, respectively. Scoring of the responses of the psychosocial adjustment measures received the same weight. The total score for each of these measures were obtained by adding up the numerical value of the responses. The items were firstly subdivided to self-esteem, depression, shyness,

loneliness and social dissatisfaction. Then, each respondents total score for each test was used in subsequent quantitative analysis of the collected data.

The analysis of psychosocial measures was carried out using the scoring of responses for the statements in Likert 5 point scale. For depression, summed up responses between 05-29 are considered between normal to moderate depression, while 30- 63 considered to be sever depression. For the measures of self-esteem, scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem. For shyness, loneliness and social competence scale scores between 14-20 indicate normal psychosocial situation. Scores above 52 indicate a high level of shyness, loneliness and social dissatisfaction. Scores below 32 indicate a low level of shyness, loneliness and social dissatisfaction. Scores between 32 and 52 indicate a moderate level of shyness.

The data obtained through the interview were presented and analyzed through qualitative technique of thematic analysis.

## CHAPTER FOUR

### DATA ANALYSIS, INTERPRETATION AND DISCUSSION

This section presents the data analysis and discussion based on the data collected through questionnaire and semi-structured interview. Respondents who participated in filling out the questionnaire were 116 visually impaired, 114 hearing impaired and 115 motor disordered women. Participants in the in-depth interview included only 18 women with disability taking 6 respondents from the three disability types. The findings are presented based on the research questions. In this manner, the data collected through the questionnaire was first presented, analyzed and interpreted; then findings of the interview were discussed.

#### 4.1 Data Analysis

##### 4.1.1 Questionnaire analysis

##### 4.1.1.1 Demographic Background of the Respondents

**Table 1. Demographic Characteristics of Respondents**

Item	Response Set	Disability Type					
		Visually Impaired		Hearing Impaired		Motor Disorder	
		F	%	F	%	F	%
Age group	18-20	37	31.9	50	43.86	38	33.04
	21-30	63	54.31	51	44.73	55	47.83
	31-45	16	13.79	13	11.41	22	19.13
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>
Marital status	Single	60	52.7	58	50.8	58	50.4
	Married	55	47.4	52	45.6	54	46.9
	Divorced	0	0.0	2	1.8	1	0.7
	Widowed	1	0.9	2	1.8	2	2.0
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>114</b>	<b>100</b>
Level of Education	Technical	22	18.96	21	18.42	39	33.91
	Elementary School	29	25	45	39.47	28	21.74
	Secondary School	42	36.21	44	38.60	37	32.17
	Tertiary Education	23	19.83	4	3.51	11	9.57
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>

From the total number of 345 respondents, there are visually impaired, hearing impaired and motor disorder women with a respective 116, 114 and 115 number. Among those women with visual impairment, the majority of them are secondary school students, unmarried and between the age group of 21-30. In case of women with hearing impairment, most of them appear to be elementary school students and secondary school students, single and with in an equal age group of 18-30. Women with motor disorder respondents are single (unmarried) and between the age group of 21-30 and only with technical education (33%) (see table 1).

#### 4.1.1.2 Perceived Existence of Discrimination

**Table 2. Frequency Distribution of Perceived existence of Discrimination**

Item	Response set	Frequency	Percent	Valid Percent	Cumulative Percent
Existence of Discrimination	Exist	285	82.6	82.6	82.6
	Does not Exist	60	17.4	17.4	100
Discrimination unlike men with disability	Exist	249	72.2	72.2	72.2
	Does not Exist	96	27.8	27.8	100
Stereotypes held by family members towards respondents	Bad	240	69.6	69.6	69.6
	Fair	7	2.0	2.0	71.6
	Good	98	28.4	28.4	100
Stereotypes held towards the respondents by the community	Bad	307	89.0	89.0	89.0
	Fair	3	0.9	0.9	89.9
	Good	35	10.1	10.1	100

The respondents were asked if they have ever faced any form of discrimination in their lives. From the total respondents, 285 (82.6%) out of 345 said that they do experience it in most of their daily life. In addition the respondents' response indicates that women with disability face discrimination unlike male with similar disability which consists of

72%. The data also shows that women with disability experience bad stereotypical attitudes held by their family members (69%); and from the community (89%).

The respondents listed major ways in which they experience the stereotype, discrimination and pressure. These included work burdens in the house, discrimination by avoidance, being considered sexually inactive, being despised, isolation, discrimination in schools (favoring non-disabled students), rejection from social activities, discrimination in getting public services, insulting, and less access to learning opportunities.

**Table 3. Experiences of Discrimination and Perceived Attitudes of Respondents on the Existence of Stereotypes from the Community and Family Members Across Disability Type**

Item	Response set	Disability Type					
		Visually Impaired		Hearing Impaired		Motor Disorder	
		F	%	F	%	F	%
Discrimination	Exist	95	81.9	87	76.32	103	89.57
	Does not Exist	21	18.1	27	23.68	12	10.43
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>
Family Perspective	Bad	85	73.28	83	72.81	72	62.61
	Fair	3	2.57	2	1.75	2	1.74
	Good	28	24.14	29	25.44	41	35.65
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>
Community Perspective	Bad	101	87.07	98	85.96	108	93.91
	Fair	2	1.72	1	0.88	0	0
	Good	13	11.21	15	13.16	7	6.09
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>
Discrimination Unlike male	Exist	80	68.97	81	71.05	88	76.52
	Does not Exist	36	31.03	33	28.95	27	23.48
<b>Total</b>		<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>115</b>	<b>100</b>

Table 3 shows respondents perception of stereotype and experience of discrimination from the family members and the community. It indicates that with respective percentage of 81, 76 and 89, discrimination does exist against women with visual impaired, hearing impaired and motor disorder respectively. Currently the attitudes and perspectives held by their family members were found out to be bad with 73% for visually impaired, 72 % for women with hearing impairment and 62% for motor disordered women. In line with this community perspectives are also found out to be bad with 87%, 85%, and 93% respectively for visually impaired, hearing impaired and motor disordered women.

Moreover, the data has also indicated that women with disability experience discrimination unlike male with similar types of disability. As the data shows, women with motor disorder face more discrimination due to their due to being female and disabled consisting of 76%, then women with hearing impairment with 71% and lastly women with visual impairment with 69%.

#### **4.1.1.3 Psychosocial Adjustment Situation of Women with Disability**

Various researches indicated that family and the society at large contributes a lot for the development of either positive or negative psychosocial adjustment. The following table indicates the overall psychosocial adjustment situation of the respondents.

**Table 4. Psychosocial Adjustment of Women with Disability**

Item	Response Set	Frequency	Percent	Valid Percent	Cumulative Percent
Self-esteem	Low Self-Esteem	259	75.1	75.1	75.1
	Normal Self-Esteem	86	24.9	24.9	100
Shyness	High shyness problem	244	70.7	70.7	70.7
	Low/No Shyness Problem	101	29.3	29.3	100
Loneliness and Social dissatisfaction	High loneliness and social dissatisfaction problem	286	82.9	82.9	82.9
	Low/No loneliness and social dissatisfaction Problem	59	17.1	17.1	100
Depression	High depression problem	255	73.9	73.9	73.9
	Low/No depression problem	90	26.1	26.1	100

When taking the overall frequency of psychosocial adjustment measures, out of the 345 women with disability, the data indicates that women with disability currently exhibit low self-esteem, high shyness problem, high loneliness and social dissatisfaction problem and high depression problem with respective percent of 75.1, 70.7 82.9and 73.9. the data also indicates that there is only slight difference in their psychological adjustment situation when compared in self-esteem, shyness, loneliness and depression scales.

**Table 5. Distribution of Psychosocial Adjustment Situation of Women with Disability Across Disability Type**

Item	Response Set	Disability Type					
		Visually Impaired		Hearing Impaired		Motor Disorder	
		F	%	F	%	F	%
Self - Esteem	Low self-esteem	85	73.3	83	72.8	91	79.1
	Normal self-esteem	31	26.7	31	27.2	24	20.7
Shyness Scale	Shy	86	74.1	82	71.9	76	66.1
	Not Shy	30	25.9	32	28.1	39	33.9
Loneliness Scale	High Loneliness and Social Dissatisfaction Problem	86	74.1	103	90.4	97	84.3
	Low/No Loneliness and Social Dissatisfaction Problem	30	25.9	11	9.6	18	15.8
Depression Scale	High Depression Problem	83	71.6	95	83.3	77	67
	Low/No Depression Problem	33	28.4	19	16.7	38	33

Psychosocial adjustment measures across disability type show similar psychosocial adjustment problems despite varied disability types.

However, there was slight difference in psychosocial adjustment across disability. Regarding self-esteem, it indicates that women with motor disorder showed lower self-esteem (79%) while it was almost equal between visually and hearing impaired women (73% and 72% respectively). On the other hand, those respondents who showed high self-esteem were below 30% for all types of disability.

In the same manner, women with disability were found out to be shy in social interactions and forming intimate friendships. As the data shows for the three types of disability, the respondents have indicated that they are very shy in social interactions with respective percentage of 74, 71, and 66 for visually impaired, hearing impaired and motor disordered

women. However, from the three disability types, women with visual impairment with 74% are found to be highly shy and afraid of social interactions followed by hearing impaired women (71%) and lastly women with motor disorder exhibited who to be shy with 66%.

The respondents have also indicated that they are lonely and socially dissatisfied. The above table illustrates that from the three disabilities women with hearing impairment with (90.4%) showed being the loneliest and the most dissatisfied with their lives. Women with motor disorder and visual impairment also showed loneliness and dissatisfaction with 74.1 and 84.1 respective percentages.

**Table 6. Psychosocial Adjustment Situation of Women with Disability Across Marital Status (Self-esteem and Shyness scales)**

Item	Response Set	Percent	Marital Status				Total
			Single	Married	Divorced	Widowed	
Self-Esteem	Low Self-Esteem	Frequency	150	101	3	5	259
		% with in self-esteem	57.9	39	1.2	1.9	100
		% with in marital status	85.2	62.7	100	100	75.0
	Normal Self-Esteem	Frequency	26	60	0	0	86
		% with in self-esteem	30.2	69.8	0	0	100
		% with in marital status	14.7	37.3	0	0	24.9
Shyness Scale	High Shyness Problem	Frequency	144	92	3	5	244
		% with in shyness scale	59	37.7	1.2	2.1	100
		% with in marital status	81.8	57.1	100	100	70.7
	Low/No shyness Problem	Frequency	32	69	0	0	101
		% with in shyness scale	31.7	68.3	0	0	100
		% with in marital status	18.2	42.9	0	0	29.3

The above and the following tables show the data provided by women with disability who are divorced and widowed are not reliable since the number of these women is only 8 totally. Therefore, the responses given by married and single respondents were given more emphasis. With this

manner the psychosocial adjustment of women with disability across marital status shows that women both single and married women exhibited low self-esteem with, 85.2% and 62.7% respectively when computed in marital status. On the other hand, these women also exhibited that they are facing shyness problem with percentage of 81.8% for single women and 57.1% for married women. The data shows women who are married have better self esteem and relatively less shyness problem.

**Table 7. Psychosocial Adjustment Situation of Women with Disability Across Marital Status (Loneliness and Depression scale)**

Item	Response Set	Percent	Marital Status				
			Single	Married	Divorced	Widowed	
Loneliness and Social Dissatisfaction	High problem	Frequency	172	106	3	5	286
		% with in loneliness and social dissatisfaction	60.1	37.1	1.0	1.8	100
		% with in marital status	97.7	65.8	100	100	82.9
	Low/No Problem	Frequency	4	55	0	0	59
		% with in loneliness and social dissatisfaction	6.8	93.2	0	0	100
		% with in marital status	2.3	34.2	0	0	17.1
Depression Scale	Highly Depressed	Frequency	148	99	3	5	255
		% with in depression scale	58	38.8	1.2	2	100
		% with in marital status	84.1	61.5	100	100	73.9
	Low/No Depression	Frequency	28	62	0	0	90
		% with in depression scale	31	69	0	0	100
		% with in marital status	15.9	38.5	0	0	26.1

As indicated before, the loneliness and depression scale was also computed only for women who are single and women who are married. With this in line according to table 7 women with disability have shown

high loneliness and social dissatisfaction problem with percentages of 97.7 and 65.8 for women who are single and married respectively. The data indicated that women who are not married are lonelier than women who are married. Depression scale also indicates that women with disability are highly depressed with percentages of 84.1 for women who are single and 61.5 for women who are married. Table 7, therefore, illustrates that women with disability have psychosocial problems in loneliness and depression especial single women who have impairment.

**Table 8. Psychosocial Adjustment Situation of Women with Disability Across Age Group (Self-Esteem and Shyness Scale)**

Item	Response set	Percent	Age Group			Total
			18-20	21-30	31-45	
Self-Esteem	Low Self-esteem	Frequency	92	129	38	259
		% within Self-Esteem	35.5	49.8	14.7	100
		% within age	73.6	76.3	74.5	75.1
	Normal Self-Esteem	Frequency	33	40	13	86
		% within Self-Esteem	38.4	46.5	15.1	100
		% within age	36.4	23.7	25.5	24.9
Shyness Scale	High Shyness Problem	Frequency	91	116	37	244
		% with in shyness scale	37.3	47.3	15.2	100
		% with in age	72.8	68.6	72.5	70.7
	Low/No shyness Problem	Frequency	34	53	14	101
		% with in shyness scale	33.7	52.5	13.9	100
		% with in age	27.2	31.4	27.5	29.3

As it may be inferred from the afore-stated table, women with disability who participated in the study showed to have low self esteem with respective percentage of 73.6, 76.3, 74.5 for age groups of 18-20, 21-30, and 31-45. The table also shows that high shyness problem was observed among these women with percentages of 72.8, 68.6, and 72.5 for age groups of 18-20, 21-30, and 31-45 respectively. Normal self-esteem levels as well as low or no shyness problem was only observed among the age groups for only less than 40% of the respondents in each group.

**Table 9. Psychosocial Adjustment Situation of Women with Disability Across Age Group (Loneliness and Depression Scale)**

Item	Response set	Percent	Age Group			
			18-20	21-30	31-45	
Loneliness and Social Dissatisfaction	High problem	Frequency	109	132	45	286
		% with in loneliness and social dissatisfaction	38.1	46.2	15.7	100
		% with in age	87.1	78.1	88.2	82.9
	Low/No Problem	Frequency	16	37	6	59
		% with in loneliness and social dissatisfaction	27.1	62.7	10.2	100
		% with in age	12.8	21.9	11.8	17.1
Depression Scale	Highly Depressed	Frequency	100	114	41	255
		% with in depression scale	39.2	44.7	16.1	100
		% with in age	80.0	67.5	80.4	73.9
	Low/No Depression	Frequency	25	55	10	90
		%with depression scale	27.8	61.1	11.1	100
		% with in age	20.0	32.5	19.6	26.1

Table 9 shows loneliness and social dissatisfaction scale as well as the depression scale across age groups. It shows that high loneliness and social dissatisfaction problem was observed among women with disability with in all age groups, 18-20, 21-30, 31-45 with 87.1, 78.1, and 88.2 percentages respectively. On the other hand, only 12.8, 21.9 and 11.8 percent for the age groups respectively showed to have low or no social dissatisfaction and loneliness problem. Table 9 also shows that women with disability have shown to have high depression with percentages 80.8, 67.5, 80.4 respectively for the age groups of 18-20, 21-30, and 31-45. low or no depression was observed among 20.0, 32.5, and 19.6 percent of the respondents for each age group.

**Table 10. Psychosocial Adjustment Situation of Women with Disability Across Level of Education (Self-Esteem and Shyness Scale)**

Item	Response Set	Percent	Level of Education				Total
			Technical Education	Elementary School	Secondary school	Tertiary Education	
Self-Esteem	Low Self-Esteem	Frequency	65	80	101	13	259
		% within Self - Esteem	25.1	30.9	39.0	5.0	-
		% within education level	79.3	78.4	82.1	34.2	-
	Normal Self-Esteem	Frequency	17	22	22	25	86
		% within Self-Esteem	19.8	25.6	25.6	29.1	-
		% within education level	20.7	21.6	17.9	65.8	-
Shyness	High Shyness Problem	Frequency	60	77	91	16	244
		% with in shyness scale	24.6	31.6	37.3	6.6	-
		% within education level	73.2	75.5	74.0	42.1	-
	Low/No shyness Problem	Frequency	22	25	32	22	101
		% with in shyness scale	21.8	24.8	31.7	21.8	-
		% within education level	26.8	24.5	26.0	57.9	-

Table 10 shows the self-esteem and shyness level of respondents across level of education. According to the table, self-esteem level of women with disability in technical education, elementary school, secondary school and tertiary education is 79.3, 78.4, 82.1, and 34.2 percentages respectively with low self-esteem. Normal self esteem was only observed among 20.7, 21.6, 17.9, and 65.8 percent of the respondents for each level of education respectively.

The table also shows that high shyness problem was observed among the respondents with percentage of 73.2, 75.5, 74, and 42.1 for levels of technical, elementary, secondary, and tertiary education levels. On the other hand, low or no shyness problem was observed among 26.8, 24.5, 26, and 57.9 percentages of the respondents for each level of education respectively.

**Table 11. Psychosocial Adjustment Situation of Women with Disability Across Level of Education (Loneliness and Depression Scale)**

Item	Response Set	Percent	Level of Education				
			Technical Education	Elementary School	Secondary school	Tertiary Education	
Loneliness and Social Dissatisfaction	High loneliness and social dissatisfaction on problem	Frequency	71	91	109	15	286
		%within loneliness and social dissatisfaction	24.8	31.8	38.1	5.2	-
		% within education level	86.6	89.2	88.6	39.5	-
	Low/No Social dissatisfaction and loneliness Problem	Frequency	11	11	14	23	59
		% with in loneliness and social dissatisfaction	18.6	18.6	23.7	39.0	-
		%within education level	14.3	10.8	11.4	60.5	-
Depression	Highly Depressed	Frequency	64	83	99	9	255
		% with in depression scale	25.1	32.5	38.8	3.5	-
		%within education level	78.0	81.4	80.5	23.7	-
	Low/No Depression	Frequency	18	19	24	29	90
		% with in depression scale	20.0	21.1	26.7	32.2	-
		%within education level	22.0	18.6	19.5	76.3	-

As it may be inferred from table 11, high loneliness and social dissatisfaction problem was observed among the respondents attending technical education (86.6%), elementary school (89.2%), secondary school (88.6%) and tertiary education (39.5%). In another continuum, low or no social dissatisfaction and loneliness problem was only observed among 14.3, 10.8, 11.4, and 60.5 percent of respondents for each level of education respectively.

Regarding the depression level of the respondents, women with disability who have high depression were those attending or attended 78 % in technical education, 81.4 % elementary education, 80.5% secondary

education and 23.7 tertiary educations. On the other hand low or no depression was observed among 22.0%, 18.6%, 19.5%, and 76.3 of women with disabilities with respective level of education.

#### **4.1.2 Presentation of the Data obtained from the Semi-Structured Interview**

In this study a semi structured interview was implemented to collect qualitative data from the interviewees. The interview was conducted with eighteen women with disability which consist of six visually impaired, six hearing impaired and six motor disorder women. The data provided by these women were analyzed separately for each of the questions. Therefore, the response of women with visual impairment, hearing impairment and motor disorder, are presented respectively for each of the interview questions.

##### **1. What is your attitude about yourself in relation to others who do not have impairment?**

The responses of women with visual impairment provided that they often consider themselves to be less abled than other individuals. They reasoned out that if a person is not able to see what is around him/her it is obvious that he/she is not as normal as others. According to them, of all women or even persons with disability, they are the most disadvantaged and less abled part of the society. One interviewee in fact stated her view as follows:

*I can never consider my self equal with an individual either who has another type of disability or with no disability. I most of the times feel like I am not part of this world because there are many things to see and I am not able to do that. I even can not see what my children look like. How can a person like me say that they are equal as any other individual? However, I believe that in some cases I can perceive things differently but equally. That does not necessarily mean that I am equal.*

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In fact, during the interview the interviewees agreed with the woman. They all believed that they do not consider being equal with others physically and in performing tasks. Furthermore, the interviewees

indicated that equality should be used in relative terms. Physically they are not equal to others because they lack one part of their body. However, they believe that as all humans are created equally they as a human consider themselves equal.

Women with hearing impairment were also asked similar question. Three out of six interviewees' responded saying they consider themselves to be equal with others even if they are hearing impaired. They indicated that even if they may not be able to hear what others say, they have trained themselves to lip read and understand from that. However, they also admitted that in some cases they may not understand what others say but this does not necessarily make them either less abled or not equal with others.

The other half of the interviewees believed that they are not equal to others and they suffer from such deficiency which makes them to be not equal with other who does not have any other disability. According to them, they are individuals who are deprived of the hearing ability. They are not able to hear what others are saying and they only can communicate with people who have the same impairment as they have or with very few other people who know to communicate with sign language. With these justifications these women believed that they are not equal to other individuals.

The responses provided by women with motor disorder indicated that they also view themselves not equal to others. They indicated that their disorders are easily perceived and others who see them do not consider them to be equal. In addition they indicated that they do not have equal capacity to perform similar tasks. All the interviewees had similar view point of their disability. In fact they pointed that even if they think of themselves to be equal with others, the society looks at them differently

and that changes their attitudes towards themselves. Due to this they said they do not have confidence about them selves and usually they try to avoid interacting with others just to avoid negative attitude towards them.

Responses by these women showed that women with disability have placed themselves below other individuals. The social standards have created a difficulty for them to consider themselves equal to others. Moreover, women with disability are being ruled and controlled by the existing assumption of a 'normal' individual. They have neither the self-esteem nor the confidence to question the terminology what is normal and adjust themselves positively in the society.

The interviewees were also asked what their view towards themselves was and whether they have confidence and high self-esteem. Accordingly women with visual impairment indicated that their disability has cost them a great deal of self-respect and they apparently have a very low self-esteem.

According to them, they have nothing to be proud of and sometimes they consider themselves as "damaged goods". All of the interviewees agreed that they never have a positive attitude for them selves. They argued that even if they may have a positive attitude about themselves they can not have an equal place with others since the society consider them differently.

Similarly, women with hearing impairment and motor disorder explained that they view themselves negatively most of the times. Four of the interviewees indicated that their self-perception is affected by many factors including the attitude of their family and their friends. Due to this, according to the interviewees they do not think of themselves as

equally competent with others. As to the interviewees, they feel incapable of doing activities since mostly they are left out in social activities and gatherings.

One interviewee argued saying she has never had the confidence to compete with others equally she believes that communication is a problem in her situation. Therefore, she indicated that she has low self-esteem and will never be able to feel equal with others.

However, one interviewee indicated that she believes she has self-confidence and has a good self-esteem. She indicated that because she was raised in a good family which supported her and communicated with her effectively she never had a problem of considering her self to be incapable of performing tasks unlike her friends. She said that, "I know I have impairment and many people may consider it to be disabling and may consider me to be incompetent. However I am able to do things similarly and I believe I can."

## **2. What do you think is the attitude of your family towards you? Is it positive or negative?**

According to women with visual impairment the attitude of their families and friends cannot be categorized as good. They indicated that they face many kinds of criticisms due to their visual impairment. It is the view point of these interviewees that because they are 'blind' in some social gatherings they are excluded and they themselves do not feel part of social interaction either with their friends or the society. In addition these interviewees pointed out that interaction with family members are sometimes hard since the attitude of held by their family members are negative. One interviewee indicated that:

*My home town is in central Gojam I came here because my mother was ashamed of me. I am the only one who is blind in my family. My relatives showed their pity towards me. They always were sorry for me. However, my mother was very ashamed that she usually hides me or sends me out whenever there is 'maheber' or any other kind of social gathering at our house. That frustrated me a lot. I even started hating my self. She used to curse me and treat me differently from my brothers and sisters. She usually indicated that she regrets having me as a child. She curses the day she gave birth to me.*

This woman is now living with one of her relatives here in Addis. She feels sorry for herself and hated her self. Other women had similar perceptions about themselves too. Almost all of the interviewees indicated they have contempt towards themselves because they are not viewed equally as others. They held negative attitudes and have a very low self-confidence about themselves.

One woman with visual impairment who is 19 indicated that she has a better self-respect and self-confidence because she currently is not living with her family. This woman became visually impaired recently due to being punished by her father who used an electric cord. She indicated that after she knew about it she went directly to organizations and told them what happened. They agreed to support her and provided her with an income and education. She said, "At the beginning I was afraid that I may not even live. But after I got in touch with them, they gave me support and convinced me I will be alright." This woman also indicated that she does not feel any kind of social pressure. However, as indicated above five of the visually impaired women feel differently about the attitudes held by the society and their family.

Women with hearing impairment have similar view points when asked the same question. These women indicated that their families most of the time treat them negatively and held negative attitudes about them. Most

interviewees for this question indicated that their families try to support them but at times they seem to be ashamed of them. They said they try to maintain their social circle with in those who have similar impairment in order to have a smooth communication. One interviewee indicated her relationships with the community members as follows:

*I do not want to interact with others because they usually treat me as if I am retarded. They do not consider I have feelings so they usually make fun of me even though they do not think I really understood what they are doing. I become ashamed of myself whenever I am with others. I really feel un comfortable since we cannot communicate. I really hate being with others other than individuals who have similar disability. When I am with them my life is much simpler.*

Other interviewees also agreed that they prefer to communicate with people who have similar disorders than other individuals. They said they do not trust others and usually feel inhibited in the company of others. These women also indicated that they usually go together and insist on their families and close friends to help them out in communication with others. They said they do not have active participation in social gatherings and other interactions since they feel they do not belong and they fear of being subjugated. Generally all of the interviewees indicated that the society thinks of them negatively and their interactions are affected by it.

Women with motor disorder have similar but different point of view. They said that due to the visibility of their condition they are treated differently. However, even if people treat them differently they still have a good interaction with their families and the society. However, these women also feel that the community and the society still held negative point of view and stereotypical attitudes against them. One interviewee explained the stereotypical attitudes as follows:

*The community views me some times differently. I hear that some of them call me 'shiba'. It really hurts when I hear such kind of names because they are targeted directly to my disability. It says a lot about my incapability of exercising similar activities. Some other people call me 'komata'. I really hate the fact that I do not have a normal body like others.*

When this woman explained about these kinds of stereotypical attitudes, she was frustrated and with rage. In fact all of the interviewees agreed that there are stereotypical attitudes held against them which frustrate and psychosocially hurt the individuals. One interviewee explained that most people who try to help us usually focus on what we cannot do physically due to our disability. No one has ever considered it will have impact on our emotions. They say things in front of us and consider us to be inferior.

### **3. Did you face any differential treatment unlike males with similar type of disability?**

Women with visual impairment have a strong view point regarding this question. All of them responded that they face many challenges because they are women. They explained that most of the times they have to rely on others to show them places and even help them out to cross roads. In such cases they have experienced sexual harassments starting from touching and forced sex. They believe that men with similar disability do not face similar challenges because they are perceived to be masculine despite their impairment. In fact the interviewees believed that they do not even consider themselves to be equal as men with similar disability because they are stronger and the society gives them the upper hand. One interviewee explained her experience of sexual harassment as follows:

*Because I cannot see I usually have to relay on others to guide me. One day when I was coming from school it was already late. I have a friend who I am close with. He usually helped me out in different situations. So that night I was walking home with him. But something did not feel right. Even if I cannot see I sense the directions to my home easily. So I felt that we were not going in the right direction. I suddenly panicked and I told him that he should take me home. Then when he refused I started crying. People around us noticed me I think and asked me what happened. I asked them where we are and asked them to direct me home.*

This woman also indicated that this is not the first time she experienced such actions. It was all the interviewees view point that in access to education, medical facilities and work opportunities men are more favored than women with similar disability. They clearly stated that their being women subjected them to be discriminated even at homes where they are most of the times confined too.

Women with hearing impairment also agreed that they face un equal treatment from others unlike their male counterparts. According to them women are given work opportunities which have low returns. They claimed the work opportunities are limited to being public toilet attendants or participation in handicrafts or small scale cottage industries. They further indicated that even in rehabilitation centers the number of men is greater than women which show differential treatment against them.

Except for one interviewee, all the rest indicated that they have also faced sexual harassments by other males or females. According to them they are usually insulted, called names or even are forced for sexual intercourse with out their willingness. Sexual favors and requests for sexual relations were also experienced by the interviewees. Other major differential treatments experienced by these women include taking

advantage of their disability, considering them as non sexual beings, and taking advantage of their vulnerability.

Women with motor disorder have similar views. They especially explained that they are even more vulnerable to sexual harassment especially because have problem of mobility. According to abundant researches women with motor disorder have greatly to depend on others to use toilets or to take a bath. In this case they are vulnerable to being sexually abused. According to the interviewees, they also confirmed that using toilets and maintaining personal hygiene is very difficult for them if they do not have females helping them.

Apart from these, these women also explained that they face other kinds of differential treatments while applying for jobs, walking on the streets and access to information and education. They indicated that men with similar disorders are more privileged than they are and they do not get equal opportunities in rehabilitation centers or other similar service giving organization.

#### **4. How do you make friends with others?**

Women with visual impairment responded that it is quite difficult for them to maintain such relationship due to their impairment. They explained that being visually blind makes it difficult for them to literally make friendship relationships and maintain one. They also indicated that even the friendships they make are limited to other women who have similar disability. They justified that other woman who does not have any disability view them to be inferior and they feel really ashamed of themselves. According to one interviewee she usually tries to be with only those she knows and she fears asking for help or any favor from others. She further elaborated her justification as follows:

*My friends and I never try to socialize with others. It is even un thinkable. We cannot see so it is difficult for us to pick out friends. Others usually talk to us either to help us or if they need anything. We do not have the privilege of choosing who we want to be with. In addition, we are limited to socializing and making friends with other women and some times men who have the same disability. Our interactions are limited because we usually spend our time at institutions like the blind association. Our entire world is limited to here.*

All of the interviewees agreed with this idea. They all feel that making friendship outside their social circle is difficult and they restrain themselves from making friendships with other. They also indicated that their relationship with men is also limited since they fear being taken advantage of. They feel that forming and maintaining relationships with men of similar disability is much easier than men who do not have disability. However, though the degree may vary, forming relationships with men is quite difficult than that of women.

Women with hearing impairment have also similar responses. All the interviewees indicated that to form a friendship is quite difficult for them. They explained that even if they have a number of friends most are those who can communicate with them using the sign language. According to them in order to form a friendship they must firstly consider communicating with them and it is difficult with other individuals who do not have similar disability. Further more, one interviewee argued that she never wants to make friendship with others because people view her as incompetent and inferior. She also said that she does not have the willingness even to attempt friendships with others who do not have hearing impairment. She is of the opinion that others who do not have any impairment view others with a negative point of view. They think they are better and they always assume people with impairment have less personal quality and knowledge in performing tasks.

Other five interviewees are also of the opinion that what the society has in mind and the existing stereotypical attitudes against them are not yet changed and this frustrates them to positively consider of making friendships. One interviewee in fact indicated that though she does not believe that everyone has similar thinking, she usually prefers to form friendships with other women who have impairments. She also claimed that the attitude of people who are not disabled is negative and she acts aggressively towards them.

Another interviewee, however, forwarded her view saying all others do not have negative attitudes against her. She highly appreciates people who are working in the organization and consider them to be her friends. It is her belief that because these people are educated on how to treat them they have a positive attitude towards them. It is also her opinion that others especially who do not have any education do not want to either to be friends or communicate with them. Due to this she is confined to make friendships with people who are like her.

According to women with motor disorder, making friendships is not that easy as it is for non-disabled women but it is not as such difficult either. All of the interviewees claimed that stereotypical attitudes have stripped them of the right to socialize with others freely. However, they still try to form friendships with others and they are mostly successful. In addition, they argued that people would like to be with them out of pity and they resent that. They believe even if they have impairment, as any other individual they would like to have a friend and forming friendship out of pity is not what they really want. One interviewee indicated that in her village there are many social gatherings and when she goes to participate others see her differently and provide her with special treatment. She

explained that she is offended by this fact because she has a motor disorder she is treated as very sensitive, incompetent and disabled.

Others are also of the opinion that despite such treatments some few others are willing to be friends and help them maintain good social interaction.

## **4.2 Discussion of Results**

In this section, the findings of the study are discussed in line with the research questions of the study.

### **1. What is the existing psychological adjustment situation of women with disability in the selected three associations?**

As varied researches indicated women with disability show psychosocial adjustment problems due to their disability ( Lips, 1997; Abu-Habib, 1997; and Sachdev, 1997). The findings of the data showed that women with disability have psychosocial problems and they are not adjusting well in the existing society. The psychosocial situation of the women who participated in the study is an indicator of the self-concept these women have towards themselves. Low self-esteem shows lack of self-confidence and due respect for oneself which makes women to demean themselves. In addition, it results in women with disability to be shy due to their condition in social interactions and formulating relations. This in turn is bound to create loneliness on the part of women with disability due to lack of social competence skills and social dissatisfaction. The data has also showed that the current psychosocial situation of women with disability to be highly depressed. This resulted as a function of low self-esteem and social incompetence by women with disability. The sad thing is, this being the fact these women have not got any kind of treatment from their family or the society.

The responses gathered through the questionnaire, and semi-structured interview have confirmed that women with disability have problems of coping up in the society. The respondents for the semi-structured interview have showed to have lost places in the society due to their low self-esteem, high depression, high shyness, and high loneliness and social dissatisfaction problem.

According to the data gathered through the questionnaire, it is clear that psychosocial adjustment of women have a difference according to the types of disabilities these women face. The visibility conditions and the severity of the impairments cause differential perceptions by the society and the individuals who are disabled. Consequently, women with all the three types of disabilities demonstrate higher psychosocial problems though with varied intensity. Women with hearing impairment have showed higher psychosocial adjustment problems especially in being very lonely and depressed. On other hand women with motor disorder showed low self-esteem and very lonely while women with visual impairment are highly depressed and very shy.

As well indicated in the reviewed literature, intensity and influence of problems that women with disability face varies according to the type of their disability. In confirmation with this, it is clearly indicated in the data that level of depression, self-esteem, social interactions and loneliness differs regarding the disability type these women have. Therefore, women with motor disorder were found out to exhibit higher psychosocial adjustment problem compared to other women with disability. The intensity of their psychosocial adjustment resulted from the visibility of their disability.

Therefore, on the basis of age group, the finding shows that the majority of the respondents are grouped within the range of 21-30 years old. But even if the age group 21-30 years old women with disability have a higher number in every questions, when all the age groups are compared in relative to their separate total number it appears that the age group 31-40 have high loneliness and social dissatisfaction problem, high depression problem.

The findings of the study have also showed that psychosocial adjustment problems also vary according to level of education of the respondents. In the study, women with disability at all levels of education showed high psychosocial adjustment problem except for women in tertiary level of education. This shows despite differences in their education no women with disability are safe from experiencing harm in psychosocial adjustment situation. This, consequently, illustrates that women with disability at all levels of education have still to deal with low self-esteem, high depression, high shyness and loneliness problem. However, with slight difference the data indicates that women who are at elementary educational level are shy compared to other women with disability. In addition, women at secondary education level have also exhibited low self-esteem, and high depression.

As the findings illustrated both in the questionnaire and semi-structured interview, most of the respondents' self-esteem is low. When comparing the self-esteem level of the respondents across level of education, respondents categorized under secondary education showed lower self-esteem compared to other levels of education.

The shyness scale also indicated that women with disability within all educational categories exhibited to be shy. However, when comparison was made, across level of education, unlike self-esteem, women with

disability who are elementary students proved to be shy than the other women with disability who are in other level of education. However, except for women attending tertiary education, the shyness problem of women with disability in technical, elementary and secondary level is almost equal.

On the other hand, when the loneliness and social dissatisfaction level of the respondents was computed, women at all levels of education showed to have high social dissatisfaction and lonelier than other women with disability. However, women with disability in the elementary school showed being highly socially not satisfied and lonelier than other women with disability.

## **2. What is the perceived attitude of the community and family members towards these women?**

According to the findings of the study, women with disability are subject to negative stereotypes and discrimination from their family and community at large. Women with disabilities are not only subjected to stigma and discrimination, they in addition have faced negative stereotypes from their close family members, neighbors and the whole society.

According the findings of the responses for the questionnaire, there are large number of respondents who said that the perspective of their family is not good. Unlike the high number of motor disorder respondent who indicated more stigma, discrimination or pressure from community, here the reverse happen to appear with possessing lower number regarding bad perspective of their family or person they are living with. High number of bad stereotypes and discrimination from family members or

person they are living with is counted for those women with visual impairment.

The major problems they face from their family or person they are living with are: the negative attitudes held by families, considering them as if they know nothing, referring to them by calling names, not providing special care for their needs, some times not being willing to talk to them and insulting them. In some other cases respondents argued that they have faced sexual harassment from family members, disrespectful comments, ignorance of identifying their needs and providing cares and physical violence.

The findings of the semi-structured interview indicated that all of them agreed views and attitudes held by the society are negative towards them. Despite the difference in types of disability they all have faced frustrations triggered by ill treatments and stereotypical attitudes. Though these women came from different age group and from different back ground, they agreed that it is hard for them to interact in social gatherings, formulate intimate relationships with individuals who do not have similar disability and difficulty in establishing communication. People do not view them as individuals. They do not look at what they are capable of and what they can do. They do not see what hurts them and what should be provided to them to make their situation less complicated. Their disabilities are what people would like to directly address and point at. Consequently, the perceptions of the family members and community about women with disability have been found out to be negative.

Similarly the majority of women with disability included in this research indicated they faced bad perspective and treatment from the community.

The major forms of ill treatments from the community included the following:

- Denying them the right of being member of social gatherings
- Attempted sexual harassment
- Treating them with low respect
- Thinking and reflecting that women with disability are not competent enough
- Making embarrassing jokes
- Verbal abuse
- Unfair treatments.

Discrimination and stigma are not only results of disability. This is indicated by the responses given by the informants on whether they face discrimination due to being a woman with disability unlike men with similar disability. Becoming a woman especially has, therefore, exposed them to experience discrimination which other men with similar disability do not face.

These women explained that their being women has specially made them vulnerable to discrimination and violence from others. Most of the respondents indicated that they have been sexually attacked, treated as less able than men with disabilities. They also claimed that they have been denied of job opportunities as well as other benefits.

According the study, women with motor disorder takes the highest percentage of total comparison with the rest disability type. Even though the difference among the respondents with different disability is not as such wide, of the total 345 respondents, 249 of them said that they are even more discriminated than their equivalent men with disability. These

women pointed out that they are treated differently unlike men with similar disability and faced the following discrimination:

- Sexual harassment like rape, insult etc
- Domestic violence
- Lack of appropriate treatment during labor
- Pressure during work/duty
- Discrimination during hiring
- Less opportunity to education

All in all, the respondents indicated that they face discrimination, stereotype, and stigma, from their family, from the community because they are women, and women with disability.

### **3. What are attitudes of these women towards themselves?**

Psychological situations of individuals highly rely on the existing social interactions and established relationships. According to the interviewees they do not feel like they have self-confidence and a good self-esteem because of what the society currently believes about them and thinks of them. They have developed a negative attitude and a very low self-esteem due to what others think of them and judge them with. Stereotypical and discriminatory attitudes have created an image they should consider themselves with and expected to be. Guided by this image women with disabilities have identified themselves to be not equal with others, inferior and incompetent individuals.

The findings of the study have showed that women with disability have psychosocial adjustment problems. This problem is mainly attributed to the way they perceive themselves. The respondents of the questionnaire have reported 75% have a very low self-esteem towards themselves. Lack of self-esteem shows having a negative attitude towards themselves and

reflected negative perception by the society. Almost all interviews have also confirmed that they do not have a positive attitude of themselves. They reasoned out that they do not have good attitudes about themselves because of the existing attitude of the society. They believe because the society views them as only “crippled” individuals it is hard for them to have a positive attitude towards themselves.

Findings of the questionnaire responses have showed that women with disability have negative views towards themselves. The data shows that even if there is a difference in self perception according to the level of disability type, level of education, age groups and marital status women have problem in viewing themselves positively.

#### **4. Is the social interaction of these women positive or negative with their families, friends and other individuals?**

Psychosocial adjustment problems are indicators of an individual’s difficulty in social interactions and intimate relationships. Higher psychosocial adjustment problems have proved to result in social dissatisfactions (Bekalu, 2004).

The finding of the study is, therefore, an indication that women with disability are facing problems in carrying out daily activities like any other citizen. They face discrimination both in their households and in the wider society which makes them to feel less abled and inferior to others. As the data shows, women with disability due to discrimination do not have equal access to education, active participation in the societal interaction and formulating intimate relationships since they are considered sexually inactive.

Respondents of the interview have showed that they face problems in forming social interactions and intimate relationships. Except for women with motor disorder, all of the respondents have agreed that making friendships and interacting in social gatherings is a difficult part of their lives. Therefore, they said they prefer to be confined to the social circles with other individuals who have similar disability.

Respondents for the questionnaire reported that out of the total 345 respondents 82% do not have the social interaction skills and are currently lonely, and socially dissatisfied. The finding also shows that these women are currently facing problems in forming relationships with other individuals who are not disabled. Both the respondents of the interview as well as the questionnaire have showed that of the total participants in this study only less than 20% showed to have no problem in social interactions and forming relationships. The rest have proved that they are socially dissatisfied and the attitude held by the society has made them to be alienated.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Summary of Major Findings of the Study

This thesis has tried to examine the psychosocial situation of women with disability. Using questionnaire and interview, it has investigated the current psychosocial adjustment status of these women. Therefore, the major findings of the study are summarized as follows:

- As the findings show women with disability currently have psychosocial adjustment problems which have affected their day to day life. According to the findings, women with visual, hearing impairment and motor disorder have showed a very low psychosocial adjustment situation. As the data indicated in spite of difference between their impairment, all of sample representatives have psychosocial adjustment problem.
- The findings also showed that stereotypes and discriminatory actions as well as attitudes are held by family members, care takers and close friends against women with disability. These stereotypes and discriminatory actions have affected women with disability greatly and they have determined the self perceptions women with disability have towards themselves.
- The psychosocial adjustment problems they face include low self-esteem, lack of confidence, high depression, high shyness and loneliness problem. These women have also exhibited high social dissatisfaction in social interactions. This was found out to be consistent in all the types of disability. However, the severity of each psychosocial problem varies according to the type of

situation. Currently, the society lacks the awareness that disability varies both in severity and the way it influences the life of the individual with disability emotionally.

Moreover, women with disability have less access to education, information and health care services. This has impacted women with disability in having the necessary knowledge of self-protection, recognizing their rights and wider acceptance by their family members and the whole society at large.

Finally, the study has showed that women with disability in these three associations have only a limited social circle and they are literally excluded from the rest of the society. They form intimate friendships and close acquaintances with women who have similar disability; and they do not want to face the rest of the world fearing stereotype and discrimination.

Consequently, women with disability have no desire of socializing with others who are non-disabled which make them to be socially incompetent in social interactions.

### 5.3 Recommendations

Based on the above major findings the following recommendations are forwarded to improve the psychosocial situation of women with disability: based on the suggestions, and recommendations given by the sample subjects as well as the implications of the data collected.

- I. Psychosocial situation of women with disability is highly dependent on the attitudes and stereotypes held by members of the society. In order to curb such a problem it is a must to have

social mobility in changing the negative stereotypes and perceptions. Attitude reformations throughout the society need to be carried out to reduce negative treatments against women with disability. In addition, it will help women with disability perceive themselves and be perceived by others as equal and normal individuals. Government bodies and other responsible institutions should consider the emotional state of women with disability by creating a change in the attitude of societies through social mobilization.

- II. The research has revealed that women with hearing, visual and motor disorder exhibited higher psychosocial adjustment problems. Therefore, it is recommended that counseling services should be given by governmental and non governmental institutions working with women. The associations are also recommended to provide counseling service since they have an easy access to women with disability.

Counseling women with disability is expected to result in to rebuild their self-esteem and self-confidence. If counseling is given to these women, they will be able to adjust better psychosocially to the present society. Progressive changes in the psychosocial adjustment of women with disability will be hard to achieve with out changing their self-concept.

- III. The lives of women with disability mostly revolve around the associations they are currently members in. There, they have formed friendships and active interactions with their peers. Strengthening these current associations to help out these women more in counseling and providing a good social support will have a promising impact on the psychosocial adjustment

situation. Furthermore, because these women consider the association as their homes, strengthening the association to provide emotional and social support will make the psychosocial adjustment of women with disability easier.

- IV. Currently, in the blind persons association, women's affairs office has been established with 540 members. This office is trying to help out women with visual impairment in giving education and opportunities to participate in national and international conferences, workshops and panel discussions. If other associations follow up on the foot steps of this association, they will help out in giving strong support in the adjustment of women with disability psychosocially.
- V. At present, women with disability are targets of different forms of sexual harassment. The rate at which these women are vulnerable is twice more than women who are not impaired. This indicates that women with disability need both legal and social protection against harassment. Therefore, the government should enforce laws and formulate new ones to protect women with disability from violence. In additions women themselves need to be educated to report maltreatment and sexual harassment which they experience in and outside their households. Punishments for sexual offenders should be carried out strictly by the government so as to stop and discourage the act of perpetrators.
- VI. Women with disability are also discriminated against in job opportunities, access to education, information and health services. Social networks by non governmental and social institutions will help out in accessing these women to provide

them with necessary services. Incorporation of women with disability by both governmental and non governmental bodies in development strategies and plans will bring about tremendous change in the current status of women with disability.

VII. Advocacy by the governmental bodies need to be carried out to make sure due attention is given for women with disability. Developing a relationship with organizations which protect the rights of disabled persons, police, and persecutors is helpful in achieving success full advocacy.

VIII. Psychosocial situation of women with disability is an issue which is not well researched and which need a due attention. Therefore, it is recommended that further researches should be conducted with a wide range including other women with disability as they constitute a great deal of number from the total population.

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## APPENDICES

### Appendix - A

Dear participants,

Thank you for being willing to take part in this research. The purpose of this research is study about the psychosocial adjustment situation of women with disability. Thus, your opinions will represent the opinions of many women much like yourself. Therefore, information that you will give us based on your experiences is vital to the research.

Below you will find a questionnaire regarding your personal data and your perception of discrimination; and statements which measure psychosocial adjustment.

This questionnaire is completely anonymous. Personal information is used for statistical purposes only, and will not be used to identify you.

Therefore, I hope you will fill the questionnaire openly. All information provided is strictly confidential, and individuals will not be identified in any reports. I believe you will find the questionnaire both interesting and provocative and look forward to receiving your reply.

Sincerely yours,

**PERSONAL DATA**

1. Age: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Educational Status: \_\_\_\_\_

4. Marital Status

-Married  -Single  - Divorced  - Widowed

5. Nature of your disability

Dyslexia

Mobility (physical disability)

Mental health difficulty

Blind/partially sighted

Deaf/hearing loss

Learning disability

Multiple disabilities

Other \_\_\_\_\_

6. When and how did you become impaired?

\_\_\_\_\_

7. What do you experience differently because you are impaired?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you faced any pressure due to being female with disability?

-Yes

-No

9. If your response for question no. 8 was 'Yes', what kind of pressure have you faced?

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10. With whom do you live now?

-With family

-With relatives

-With friends

-Others specify \_\_\_\_\_

11. Do the people you live with take care of you?

-Yes

-No

12. What do you think is their attitude towards you?

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13. Do you believe that being a woman with disability has made you more vulnerable to pressure unlike men with similar disability?

-Yes

-No

14. If your response was 'yes' what kind of pressure have you faced?

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### **Psychosocial Adjustment Measures**

**Rate your opinions regarding the following statements in the place provided.**

<b>No.</b>	<b>Statements</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1	I feel that I am a person of worth at least on an equal plane with others.					
2	I feel that I have a number of good qualities.					
3	I have positive attitude towards myself.					
4	I have more respect for myself.					
5	I certainly feel useless at times.					
6	At times I feel no good at all.					
7	I feel that my life had been a failure.					
8	I feel that I am just as good as other people.					
9	I am afraid of interacting with people.					
10	I am socially somewhat awkward.					
11	I don't find it difficult to ask other people for information					
12	I feel relaxed even in unfamiliar social situations.					
13	It is hard for me to act natural when I am meeting new people.					

14	I am confident about my social skills					
15	I have no doubts about my social competence					
16	I often have doubt about whether other people like to be with me.					
17	I don't find it hard to talk to strangers.					
18	I am shy when meeting someone of the opposite sex					
19	I feel inhibited in social situations.					
20	I like to be with people.					
21	I usually feel relaxed when I am with a group of people.					
22	Efforts to have friends and to be liked seldom succeed the way I would like it to.					
23	I am good at working with other people.					
24	It is easy for me to make new friends.					
25	All in all, I am inclined to feel that I am a failure.					
26	I don't have much to be proud of.					
27	I am able to do things as well as most other people.					
28	I feel as if I have experienced some emotional loss.					
29	I feel ineffective.					
30	I don't seem to obtain gratifications from anything.					
31	I have the energy to do					

	things I would like to do.					
32	I feel incompetent when something bad happens to me.					
33	I feel as if I never actually attain my aspiration.					
34	I am satisfied with my appearance.					
35	My goals reflect my personal desires.					
36	I feel chronically frustrated in my personal life.					
37	I get what I want.					
38	I feel in adequate.					
39	When something good happens to me, it is usually because I worked hard for it.					
40	I am hopeful.					
41	My sleep is restless and disturbed.					
42	I live under a great deal of strain.					
43	I am usually calm.					
44	I give up easily when things get hard.					
45	I always have enough energy when faced with difficulty.					
46	I feel worrying and nervous.					
47	When I try to make something everything seems to go wrong.					
48	My feelings get hurt easily.					
49	I feel nervous when speaking to someone in authority.					
50	There is always someone I can talk to about my day to day					

	problems.					
51	I experience a general sense of loneliness.					
52	I find my circle of close friends and acquaintance too limited.					
53	I often feel rejected.					
54	I have trouble looking someone right in the eye.					
55	When conversing I worry about saying something dumb.					
56	When in groups of people, I have trouble thinking of the right thing to talk about.					
57	My friends come to me for emotional support.					
58	I welcome the opportunity to mix socially with people.					
59	I enjoy life.					
60	I always have good manners.					
61	I am afraid of a lot of things					
62	I often lose control over my emotions and feelings.					
63	I wish I could have more respect for myself.					

Thank You!

## **Declaration**

The undersigned declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

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MERON BIRUK