

**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**

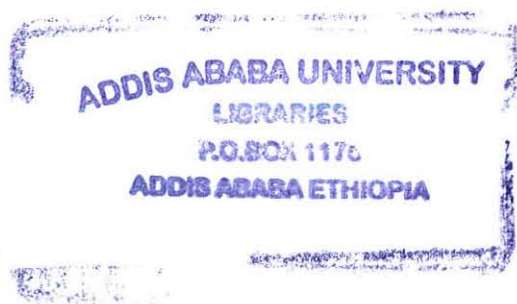
**EMERGING SUCCESSFUL WITH DISABILITIES:  
THE LIFE HISTORIES OF FOUR PERSONS  
WITH DISABILITIES**

**BY:-**

**TADESSE ABERA TEDLA**



A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF DEGREE OF MASTERS OF ARTS IN SPECIAL NEEDS EDUCATION



MAY, 2010  
ADDIS ABABA

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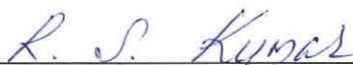
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## Table of Content

Contents	Page
Acknowledgement .....	i
Tables.....	ii
Acronyms.....	iii
Abstract.....	iv
<b>Chapter One</b>	
1. Introduction.....	1
1.1 Background of the Study .....	1
1.2 Statement of the Problem.....	4
1.3 Objective of the Study .....	5
1.3.1 General Objective .....	5
1.3.2 Specific Objectives .....	5
1.4 Significance of the study .....	6
1.5 Delimitation of the Study .....	6
1.6 Limitation .....	6
1.7 Organization of the Study .....	7
1.8 Operational Definitions of the Variables .....	7
<b>Chapter Two</b>	
2. Review of Related Literature .....	8
2.1 Historical Overview of the lives of PWDS.....	8
2.2 Societal Reactions to PWDS.....	9
2.2.1 Parental Reaction.....	10
2.2.1.1. Fathers' Reaction.....	10
2.4.1.2 Mothers' Reaction .....	11
2.4.1.3 Siblings' Reaction.....	12
2.4.1.4 Reaction of Other Significant members of the Society .....	12
2.3 Reaction of PWDS towards their Disability .....	15
2.3.1 Positive Reactions of PWDS .....	15
2.3.2 Negative Reactions of PWDS.....	16
2.4 Challenges of Life facing PWDs .....	17
2.4.1 Attitude.....	17

2.4.1.1 Stigma, Stereotype, Prejudice and discrimination.....	18
2.4.1.1.1 Gender Stereotype .....	20
2.4.1.2 Access .....	22
2.4.1.2.1 Access to Education.....	21
2.4.1.2.2 Access to health Services.....	21
2.4.1.2.3 Access to Employment Opportunities .....	22
2.4.1.2.4 Access to other Physical Environment .....	23
2.4.1.2.5 Other Challenges .....	24
2.5 Achievement / Success of PWDs.....	25
2.5.1 Contribution .....	25
2.6 Community Participation of PWDs .....	27
2.7 Success Factors for SPWDs .....	27
2.7.1 Personal Factors.....	27
2.7.1.1 Self-esteem and Self-efficacy .....	27
2.7.1.1.1 Self esteem.....	27
2.7.1.1.2 Self-efficacy .....	28
2.7.1.1.3 Coping Strategies and Sources of Strengths .....	29
2.7.1.1.4 Aspiration .....	31
2.7.2 Environmental Factors.....	32
2.7.2.1 Early Familial Experience .....	32
2.7.2.2 Early Childhood Education and School Experience.....	34

### **Chapter Three**

3. Research Design and Methodology .....	35
3.1 Research Design .....	35
3.2 Researcher's role .....	36
3.3 Study Site and Participants .....	37
3.3.1 Study site .....	37
3.3.1.1 Selection of Participants .....	37
3.4 Data Collection Instruments .....	38
3.4.1 Semi-structured Interview Guide .....	39
3.4.2 Focus Group Discussion Guide .....	40

3.4.3 Document Analysis Guide .....	41
3.4.4 Pilot Study .....	41
3.5 Procedure of Data Collection .....	42
3.6 Ethical Considerations .....	43
3.7 Method of Data Analysis .....	43

#### **Chapter Four**

Case Presentations and discussions .....	45
Case 1.....	45
Case 2.....	63
Case 3.....	76
Case 4.....	88
Focus group discussion results .....	101

#### **Chapter five**

Summary, Conclusion, and Recommendation.....	104
5.1 Summary .....	104
5.2 Conclusions .....	107
5.3 Recommendation .....	108

References

Appendices

## **Acknowledgement**

First and for most, I thank God for his wisdom and protection of every single head of his own creature in the world.

I am greatly indebted to my advisor Dr. R.S. Kumar worthy of the name of being an advisor; who is punctual, impartial, enthusiastic, energetic, man of action, knowledgeable, open-minded, and what not! He rose me up from zero interest and he has been a source of inspiration, encouragement, and a key to the accomplishment of the work, all the way.

My sincere thanks go to the participants of the study for what they have become successful and sharing of all their personal histories.

I am also grateful to the heads of ENAB, ENAD, ENAPH, and ENAOD for their cooperation in the selection of the participants of the study.

I would exceptionally like to thank Mizan-Tepi University for the scholarship, Education Faculty of Addis Ababa University for the research fund, Special Needs Education Department of Addis Ababa University for the knowledge and the insight I gained, Loreat, Prof. Tirussew Teferra for his work resilience and success of PWDs, Senior students of post graduates for their thesis used as a reference, Aman Sado for his tape recorder, Abera Tefera, Mitkie Asrat, Nigus Belay, Dagnachew Abebe, Yirga Hailu, Getachew Kebede, for their companionship, and Azmera Molla for her pure love, the gift of God.

My sincere appreciation extends to Meaza Fikadu for her perfect secretariat all the year along.

Mom, when God gave me everything,  
he gave me you!

## Tables

Table1. Coping mechanism and sources of strengths of SPWDs .....	30
Table2. Six home variables for the cognitive development of a child .....	33

## **List of Abbreviations**

ADCs= Albriton Disability Counseling Service  
CSA= Central Statistics Authority  
CWD= Children with disability  
CWODs= Children without disabilities  
ENAB= Ethiopian National Association for the Blind  
ENAD= Ethiopian National Association for the Deaf  
ENAOB= Ethiopian National Association on Intellectual Disability  
ENAPH= Ethiopian National Association for the Physical Handicapped  
ESCAP= Economic and Social Commission for Asia and the Pacific  
ESLCE= Ethiopian School Leaving Certificate Examination  
FGD= focus group discussion  
FGDG= Focus group discussion guide  
ILO= International Labor Organization  
PWDs= persons or people with disabilities  
PWODs= persons or people without disabilities  
SPWDs= successful persons with disabilities  
UK= United Kingdom  
UNDP= United Nations Development Program  
UNICEF= United Nations Children's Fund  
WHO= World Health Organization

## Abstract

*The main purpose of the study was to depict the lives of SPWDs comprehensively and document their biographies. Four PWDs who are residing in Addis Ababa were purposively selected for this study. The research attempted to answer six basic questions. To collect data three instruments; interview guide, focus group discussion guide, and document analysis guide were developed. In connection with this, letter of permission was taken from Special Need Department of A.A.U and then given to heads of ENAB, ENAD, ENAPH, and ENAOD respectively. Necessary agreement was reached on the purpose of the study. And then, the heads informed potential participants for the study more than once. Finally, the ideal respondents were identified and where made clear with the objective of the study. Intimate relationship was established by the frequent visit and phone call made by the researcher. Participants were interviewed and involved in FGD both at their office and at A.A.U classroom for one participant for whom sign language interpreter was used. Accordingly, tape recorder and note book was used to record all data generated; starting from 25 of January up to March 30 of 2002 E.C. Then, the data were analyzed qualitatively; case by case. The result shows that, first, the societal reaction towards participants' disabilities were negative that they were thought of worthless and turned more of positive after they became successful. Second, the participants manifested negative reaction on the onset of their disabilities due to societal unpleasant reaction towards their disabilities and then gave favorable response at their latter ages. Third, among other challenges the respondents faced, societal negative attitude was found the most stressful, as long as it is a day to day phenomenon. Fourth, the participants have registered remarkable success benefiting themselves and the community. Fifth, the respondents' community participation was found to be unsatisfactory. Six, the respondents success factors were found to be both of personal including self-esteem, self-efficacy, coping strategies and sources of strengths, aspirations and those of conducive environment including early familial experience and early childhood education and school experience. Finally, on the bases of the study findings implications pertaining to PWDs and PWODs were drawn.*

## Chapter One

### 1. Introduction

#### Background of the Study

Throughout the world, regardless of culture, PWDS have generally been seen as incapable of taking control of their own lives (objects of charity or they may be viewed as a benevolent neutrality), unable to assume success. Through neglect, prejudice and false assumptions as well as through exclusion, distinction or separation, PWDS have very often been prevented from exercising their strengths in economic, social or cultural rights on an equal basis with PWODS. The effect of disability – based deprivation have been particularly severe in the fields of education, employment, housing, transport, cultural life, and access to public place and sources (Craven, 2002).

However, there have been PWDS who have successfully resisted diverse ups and downs of life and boldly printed their names and earned popularity in politics, economics, music, art, science and in many others in the history of the world. For example, Albert Einstein (learning disability and did not speak until age 3), Franklin D. Roosevelt (polio), Hellen Keller (blindness, deafness, and unable to speak), Itzhak Perlman (Polio, both legs paralyzed), Aristotle (Epilepsy), Socrates (Epilepsy) (Albritton Disability Counseling Services, [ADCS] 2008). In Ethiopia various literatures portray that there have been SPWDS, particularly in the Ethiopian Orthodox Church. Supporting this idea Tirussew (2005) stated that in Ethiopia it is not uncommon to find successful and highly honored blind personalities in the clergy.

The astonishing thing is that, PWDS had and have been active actors in playing pivotal roles for the world's present modern civilization and or development in all spheres of sectors. Hence, the documented contribution of the world's most famous and SPWDS to the population around the globe and their influence (such as; establishing attitudinal change, policy formulation, innovation of adaptive technologies and so on) on the lives of PWDS in particular is quite immense and immeasurable.

In this respect, Aristotle (Epilepsy) the Greek philosopher wrote Zoology, biology, ethics, government, etc., Isaac Newton (stuttering and epilepsy) discovered gravity, Socrates (Epilepsy) made contributions in ethics, epistemology, and logic, Alexander Graham Bell (learning disability) invented telephone, Thomas Alva Edison (Slight deafness, learning disability (did not learn to read until the age of 12)) invented the electric light and record player, Alfered Bernard Nobel (Epilepsy) by the time of his death he had 350 patents and controlled factories and laboratories in 20 countries, Stephen Hawking (motor neuron disease) is one of the greatest astronomical physists of modern times Izak Perlman, a famous violinist, promotes building and transportation accessibility in the present world (ADCS, 2008).

In the same way, Franklin D. Roosevelt (polio) served 3 U.S. Presidential terms (Hent and Quinlan, 1990). Likewise, Judy Heumann (contracted polio at the age of 18 months) is a pioneer of modern legislation in U.S. for PWDS at the present time (Barkely, 2005). Furthermore, Alan Reich (Quadriplegia) is the founder of the National Organization of Disability in U.S. and still working hard (Jennifer, 2004). Mohammed Osman (Spinal Muscular atrophy) was a founder of the National Associations of People with Disabilities in Sudan (Peter, 1993). Alexander Phiri (lost both legs at the age of ten by car accident) was a leading and articulate member of disability movement in Zimbabwe and South African region, and now he is the director for Southern African Federation of the Disabled (Peter, 1993, and Tauri, 2002). Samir Gosh (both arms amputated at the shoulder at the age of eight) was PhD holder in economics and management consultant, and role model in India, and at present he is consultant at the UNDP, consultant at the World Bank, and inclusion consultant at the World Bank in India and internationally (Peter, 1993; and Samir, 2009).

It is, therefore, obvious that the above mentioned most famous and SPWDS of the world and others whose names were not mentioned have together contributed for the world's civilization and development. And, they were responsible for the enrichment of the lives of millions of people both with and without disabilities as pioneers and helpers in the fields of Music (classical, country and western, folk music, Pop Music, Blues and Jazz,

Motown, Soul and Dance, Scat, Reggae, Rock, etc), Painting, Poetry, Theater, Astronomy, Mathematics, Logic, Physics, Metaphysics, Biology, Ethics, Government, Politics and Civil Rights, Epistemology, Engineering, and Technology (medical cures and treatments, electric wheelchairs, minicomps, telephone, electric light, computerized speech synthesizer, etc) (ADCS, 2008).

The argument is, as per the above discussion, we have seen a number of most famous and SPWDS in the world. In Ethiopia, however, their number is unknown (probably small) and the recognition of their success all over the country is questionable. Moreover, in Ethiopia leave alone to have a document and know exactly the number of SPWDS in particular, the population of PWDS in the country is crudely known. In the country, many studies were conducted so far that unveil various findings about PWDS; but none of them discussed about their success. Except, Tirussew's (1998) as cited in Tirussew (2005) "Resilience and Success of Persons with Disabilities" even there are certain limitations in it as a research study can not be free of limitations. Therefore, in regard of these and other limitations of the studies conducted so far in the country, this present study will be supposed to be one of the solutions required.

Again, the argument is, of the 1.9% and or about 2.95% of PWDS who constitute the total population in the country (CSA, 1998., Tirussew, et. al., 1995 focused baseline survey, as cited in Tirussew, 2005), why are we not having reports or revelations of outstanding SPWDS as celebrities in the country.

For this fundamental argument there are numerous reasons, for- example, the 2001 Country Report of Ethiopia cited in Wegayehu (2004) confirmed that;

*PWDS in Ethiopia at home, neighbour, school, work place, community are victim of prejudice and stereotypes, which is hard to fight back. And also have lack of opportunities for employment, unavailability of data on the nature and problems of disability, lack of information and education, lack of training facilities and prevention strategies, in accessibility services, and lack of adaptive technology are the major problems that hinder PWDS from becoming successful.*

The worst is, Wegayehu (2004) in his study discovered that in Ethiopia, the shortage of educational and vocational training service for PWDS begins from their childhood. Although, there are some encouraging endeavors being carried out at some of the NGO supported CBR programs in the country, a very long way lays ahead to reach to more than two million PWDS and address their rehabilitation needs. As we consider the large population of PWDS and the very small number of rehabilitation services, it is not difficult to imagine why the state of PWDS in the country is worrisome and makes the journey of PWDS to become successful most complex.

In spite of the above mentioned and unmentioned problems and challenges faced by PWDS in Ethiopia there are PWDS who are working with in their community to make a difference/success. Supporting this idea Tirussew (2005) stated in Ethiopia there were PWDS who were high achievers and who led successful life in the country, who can be example to other PWDS in particular and the larger society in general.

However, in Ethiopia those PWDS who are making a difference and or enjoying success in their community world are probably handful, and far outweighs those who are not. Paradoxically, the majority of PWDS are hidden, stereotyped, and discriminated, not provided access to different services. In all, getting rid of all the above roadblocks and having success by PWDS entails an up hill battle and a hard journey, beyond the harmonious and collective efforts placed by concerned bodies. Nevertheless, this study tries to investigate and document the lives of SPWDs. For they can be and are a 'role model' to other PWDS. Also, as they can be substantial 'means' for eradicating and combating societal ignorance, stereotype, prejudice, stigma, discrimination, and the list goes on, against PWDS.

## **1.2 Statement of the Problem**

In the world, including Ethiopia, we are mostly unaware of the significant number of PWDS because they are rarely seen in public. They keep away because of embarrassment and discomfort felt by PWODS in their presence. They may be kept out of sight by their families due to their fear of disgrace or because of over protectiveness. PWDS are also

disadvantaged due to lack of access to various services that negatively affect them from becoming successful (ILO, 2004). However, in Ethiopia despite all forms of challenges faced by PWDS there are SPWDS though their number and who is who is not exactly known. This scenario initiates to under take inquires into the lives of SPWDS and the present investigation is the direct result of that. With the core intention of depicting the lives of SPWDS comprehensively; the present investigation has the following as its root questions:

1. What were and are the society's reaction towards the disability of SPWDS?
2. What were and are the reactions of SPWDS towards their disability?
3. What were and are the challenges of life encountered by SPWDS?
4. What were and are the achievements/success achieved by SPWDS?
5. How do SPWDS participate in their communities?
6. What were and are the factors contributed to the success of these PWDS?

### **1.3 Objective of the Study**

#### **1.3.1 General Objective**

To investigate and document the comprehensive biographies of SPWDS.

#### **1.3.2 Specific Objectives**

The specific objectives of the study are to;

- Investigate society's reaction to the disability of SPWDS.
- Investigate the reactions of SPWDS towards their disabilities.
- Examine the challenges of life confronted by SPWDS.
- Identify the achievements/success enjoyed by SPWDS.
- Evaluate the participation/involvements of SPWDS in their respective communities.
- Recognize the vital factors that made SPWDS successful.

#### **1.4 Significance of the study**

The study could claim tremendous significance such as the following;

- ❖ Serve as a main input to those concerned individuals who work in the areas of disabilities for the betterment of the lives of PWDs; in their endeavor to avoid access barriers and negative societal attitude including stigma, stereotype, and discrimination.
- ❖ May provide evidence that disability does not prevent success, it is just one part of life, and PWDs have the potential to become successful.
- ❖ It can have implications for policy and program formulations and their implementations.
- ❖ As the study is a second attempt in the country proceeding to the study of Tirussew's (1998) "Resilience and Success of Person with Disability" will have unprecedented significance for PWDS in particular, professionals, researchers, and stalk holders in general.

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

The study is delimited only to the participants, excluding their families, neighbours, and colleagues. Though, these individuals can give quite abundant information about the participants. However, the participants are believed to give all the information that can be provided by families, neighbours, and colleagues because they knew themselves better than anybody else does – from their childhood to adulthood. Also, the study is delimited to the following major variables; reactions of society, reactions of SPWDs, challenges of life, achievements/success, community participation/ involvement, and success factors (personal and environmental).

#### **1.6 Limitation**

The limitation of the study was inability of getting the respondents of the study at anytime when the researcher needed; because, they were busy individuals running their office works and business affaires. Thus, the data collection took extra time out of the designed schedule time for the data collection.

## **1.7 Organization of the Study**

The study was organized to have its inception, flow, and ends within five chapters. Hence, introduction review literature, methodology, presentation and discussion, conclusion, summary and recommendation were dealt in chapters of one, two, three, four, and five respectively.

## **1.8 Operational Definitions of the Variables**

- ❖ Societal reaction: is an immediate or permanent response or action of any member of a society towards PWDs disability.
- ❖ Reaction of SPWDs: is an immediate or permanent response towards their own disability.
- ❖ Challenges of life: it could be anything which could facilitate or impede the growth of PWDs.
- ❖ Success/Achievement: is using of ones potential and strength irrespective of ones disability and contribute to self, individuals and to the country.
- ❖ Community participation: is an active involvement of SPWDs with their counter parts of PWDs and PWODs in Equib, Mahiber, Senbete, and Edir.
- ❖ Factors of success: are triggers that made SPWDs successful.

## Chapter Two

### 2. Review of Related Literature

#### 2.1 Historical Overview of the lives of PWDS

In ancient world, deformity and disability in the Graeco- Roman was that "... the social response to the handicapped was in part determined by religion, since beauty and wholeness were regarded as a mark of divine favor, whereas ugliness and deformity were integrated as a sign of opposite" (Garland, 1995). The Spartan government required deformed infants to be exposed. Every male child was presented by his father to spartan court of elders called a Gerousia to be examined. If the child was found to be healthy and sturdy, his father was ordered to raise him; if not, he had to be left at the foot of mount Tageros to die, because "the life of that which nature had not provided with health and strength right at the beginning was of no value either to itself or to the state (Galton, 1883).

As to Middle Ages in the fourth to sixth centuries, many disabling conditions including intellectual disability, mental illness, deafness, and epilepsy, were thought to have supernatural or demonological causes during the medieval period (Oliver, 1998).

As for the 19<sup>th</sup> century, it was a time of greater segregation of PWDS. Rejection in an extreme form is advocated by the exclusive ideology of fascism. The glorification of the 'perfect' human being resulted, under Hitler, made an effort to exterminate PWDS altogether as 'imperfections which contaminate the genetic stream'. As a result, The Nazi Euthanasia programme saw PWDs as 'useless eaters', i.e., they where perceived as making no contribution to society, and as a drain on resources. However, Hitler was not the first to advocate getting rid of PWDs: in medieval Germany Martin Luther strongly endorsed the killing of babies with disabilities as 'incarnations of the devil', and many centuries before him the Spartans insisted up by law for the same reason as Hitler. And the Nazi were themselves following the Eugenicists. Furthermore, English Victorian scientists of the nineteenth century who influenced by Darwin, held that 'survival of the fittest' required the elimination of the 'defectives' (Ibid).

As for the early 20<sup>th</sup> century, in the first half of the century eugenics' ideas along with charitable initiatives, led to increased institutionalization or sterilization of PWDS. In 37 states in the USA, born—deaf women and any one with an IQ (Intelligence Quotient measured on biased test) under the IQ of 70 were sterilized in the 1920s and 1930s. Seventeen states still had these laws on the statute book in the 1980s (Edwards, 1996).

Owing to 21<sup>st</sup> century, Howard (1995) stated that PWDS are still struggling for their right access to various services; health, nutrition, public transport, get into buildings, go to school or college with their friends or to get a job. Although civil rights legislation, such as the Americans with Disabilities Act (1990) or the Disability Discrimination Act (UK 1995) have helped, PWDS still often feel that the dominant culture sees them as different from every one else because of persisting all forms of challenges.

In general, therefore it is possible to say that, PWDs have shared a history that has often been oppressive and included abuse, neglect, sterilization, stigma, euthanasia, segregation and institutionalization (Locker, 1983).

Nevertheless, despite of the historical challenges there have been celebrities among PWDs whose substantial and remarkable contribution to the world's civilization and development is honorably recorded. For example, In the fields of Music, Painting, Poetry, Theater, Astronomy, Mathematics, Logic, Physics, Metaphysics, Biology, Ethics, Government, Politics and Civil Rights, Epistemology, Engineering, and Technology (medical cures and treatments, electric wheelchairs, minicomps, telephone, electric light, computerized speech synthesizer, etc) (ADCS, 2008); personalities such as, Alexander the Great (Epilepsy), Michelangelo (Epilepsy), Pythagoras (Epilepsy) (ADCS, 2008). Like wise, Nicholas Saunderson (Blind) (Scholl, 1986), and Thomas Black Lock (Blind) (Smith and Luckasson, 1995) and so on.

## **2.2 Societal Reactions to PWDS**

Disability is a form of social oppression involving the social impositions and restrictions of activity on PWDs contributing negatively to end unsuccessful in their lives and

engendering their psychosocial wellbeing; as a result some PWDs internalize the negative social reactions about their disability and happen to be less integrated with in their relationships with families, friends, strangers, neighbors, and professionals (Thomas, 1999).

Over all, it goes without saying; PWDs have been experiencing both positive and negative reactions and behaviors from PWODs, whether it was friends, family, teachers, and other staff members or the wider community (Lewis, Parsons, and Robertson 2006).

### **2.2.1 Parental Reaction**

Parenting is one of the most challenging jobs an individual will ever face. Raising children can be stressful at times, but also very rewarding. However, becoming the parent of a CWD is a time of great stress and all forms of change (Thompson, 2000).

Yet, some parents have been able to adapt and cope successfully and keep stress conditions under manageable control (Gelber, 1993). However, parents' negative reactions may be; infanticide and mercy killings, physical violence, social, emotional and or verbal abuse, neglect, (in providing basic life sustaining care, disability specific care, refusal to intervene, gender specific neglect), social isolation (child is shunned, with in the household, the child is not allowed to leave the house or household compound), and abuse by support staff with in the home (UNICEF, 2005).

#### **2.2.1.1. Fathers' Reaction**

As far as fathers' reaction is concerned, fathers need more time to accept a CWD, both fathers and mothers follow the process from the initial shock and denial to acceptance towards the child and his differences—the process can take weeks, months or even years (Gloczynska, 2007). As a consequence, although fathers share some of their wives concerns, yet experience emotions that are quite different (Grumz and Gurium, 1972.; Hersch, 1970.; Love, 1973., as cited in Fortin, Ritchie and Buchanan, 2006 ).

Furthermore, fathers tend to be more concerned than mothers about the long term implications of their child's disability and may be disappointed by their CWD (Lamb and Lauman-Billings, 1997). Under those circumstances, loss or discontinuation of the relationship causes children substantial distress, anger, and self doubt (Fortin, Ritchie, and Buchanan, 2006).

In short, the positive reactions of fathers will have positive outcomes upon the CWD including; better peer relationships, fewer behavior problems, lower criminality and substance abuse, higher educational/ occupational mobility, more satisfying adult sexual partnerships, higher self-esteem and life satisfaction—success in life (Flouri, 2005).

#### **2.2.1.2 Mothers' Reaction**

It follows that, the birth of a CWD destroys the dream of the ideal infant and with it; the women's expectation to be a mother will be completely lost. An abrupt disturbance strikes their emotional balance; they live in under a unique and non-transferable experience, permeated by crying, loneliness, helplessness and a subsequent great anxiety to escape this situation (Isabelle and Marie, 2007).

Accordingly, the mothers also unveil themselves through feelings of disbelief and helplessness when facing the inability to change the situation; mean while they experience the time of uncertainty, feelings of angst and fear in face of the threat perceived in the child's impossibilities, questioning themselves about the reason why this happened (ibid).

In fact, studies from different countries not only suggested that 35-53 % of mothers of CWDS have symptoms of depression; but also mothers of children with intellectual disability have poorer psychological health than mothers of a CWODS (Mohamed, 2007).

Speaking generally, results demonstrated that the mothers' reaction behaviors were adapted to their CWDS' characteristics, particularly by combining degree of coercive and inductive strategies according to situations (ibid).

### **2.2.1.3 Siblings' Reaction**

Naturally, Sibling relationships make up a child's first social network and are the basis for his / her interactions with people outside the family (Powell and Gillagher, 1993). Children react toward a sibling with a disability with a feeling of love, empathy, pride, guilt, anger, and support, the predominance and prevalence of these reactions have great impact on the levels of stress and coping ability of the sibling with a disability.

In any case, pre-school aged siblings may feel confused, afraid, anxious, and angry about a brother or sister with a disability or illness (Corlin, Laughlin, and Saniga, 1991). While, elementary school-aged children may feel embarrassed or ashamed as they recognize differences between their sibling and someone else's brother or sister, they may worry about "catching" or developing the problem, and they may feel guilt because they themselves do not have a disability, they may also feel protective or supportive of their sibling; and this may trigger conflicts with peers (Lobato, 1990). Whereas, young adults are concerned about the future and worry what will become of their brother or sister with a disability (Landover, 1992 and Hecker, 1994).

In short, each siblings reaction toward a CWD is not static, vary depending on his/ her age and developmental level and various factors for example, family's resource, life style, and child rearing practice; kind and severity of disability, kind of coping mechanism and interaction patterns that exist within the family etc (Powell and Gallagher, 1993).

### **2.2.1.4 Reaction of Other Significant members of the Society**

Significant members of the society include peer, teachers, neighbors, religious leaders, policy makers, and professionals. As for peers, Richardson, (1970) as cited in Richardson (1982) conducted a study in which 10-and 11-years old children from various social classes, regions, and ethnic backgrounds. In their ranking from "the most" to "least

liked” were the “normal” child, a child with crutches and orthoses, a child in a wheelchair, a child with a left hand missing, a child with facial disfigurement, an obese child were in respective order with significant cultural uniformity. Furthermore, children with mental retardation were rejected by their peers that they were seen dissimilar therefore unattractive (Freeman, 2000). Moreover, in a study conducted in Nepal showed that, children without physical disability were frequently chosen for academic activities (Harper, 1997). In addition to this, CWDs are seen as socially undesirable in academic work as opposed to play (Cook and Semmel, 1999). In most cases, the reactions of peers range from staring, talking down a CWDs as though he/ she is very young child, inappropriate comments or behavior, and inappropriate sympathy (Ibid).

As to teachers’ reaction, according to Shade and Stewart (2001) teachers report frustration, burden, fear, and inadequacies because they do not believe they have the abilities to meet the individual needs of CWDs. The worst is, CWDs are often beaten, abused or bullied by teachers, particularly untrained teachers who do not understand the limitation of some CWDs. Consequently, teachers that humiliate, bully or beat children not only directly cause harm to the child, but model such behavior for other children (UNICEF, 2005). Likewise, Millward and Dyson,(1995) conducted study in different countries (Sweden, the USA, England and the Netherlands) and reported that teachers in the regular education, though they agree in the idea that students with special needs should attend classes and group with their natural peers, began to worry and make objections when integration is put into practice. However, the good news is, teachers who were in the education of special needs students in regular settings have developed a positive reaction, like empathizing, helping and caring (ibid.).

In regard to neighbors’ reaction, neighborhood stressors and refusing of resources may increase PWDs vulnerability to stress by reducing the effectiveness of PWDs’ resources (Elliott, 2000 as cited in Rogers and Pligrim, 2003). Because, community conflicts often occur in the form of neighborhood resistance to the setting up of residential and treatment facilities for individuals with learning disabilities, adolescents with delinquent behavior and people with physical disabilities (Jown, 1995). When most countries are in general

are more prosperous and governments are more willing to provide funds for disability services, such community conflicts are major drawbacks in the development of community based services.

Owing to, religious leaders' reaction studies suggested that PWDS want to go to church and enjoy religious worship. On the contrary, their full inclusion in activities and developing relationships, however, appears to be quite limited due to the conflicting expectations of religious leaders (Minton and Dodder, 2003). Again, a 2001 survey of the United States and Canada demonstrated that there is little representation in the graduate theological curriculum to equip future clergy with knowledge about the human experience of disability (Robert and Daniel, 2001 as cited in Minton and Dodder, 2003).

In regards for policy makers' reaction, around the globe though their full implementation are lagging, a lot of international and national conventions, policies, and legislations have been ratified and went into effect which could be considered as a positive reaction—making PWDS to get to start to be active and contributing members of their community; For example, Universal Declaration of Human Rights (1948), ILO, Recommendation No,99,adopted in (1955), UN Declaration of on the Rights of Disabled Persons (1995), International Year of Disabled Persons (1981), UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), Copenhagen Declaration (1995), African Decades of Disabled Persons (1999) as cited in Feruz (2006).

In connection with reaction of health care professionals, a study by Sami and Salah (2003) taking 130 Saudi Arabian health care professionals found out positive reactions towards PWDs as do other health care professionals world wide. Supporting the idea, Paris (1993) as cited in Sami and Salah (2003) reported that health care professionals and medical students had positive reactions towards individuals with physical disabilities. Similarly Brillhart at al., (1990) as cited in Sami and Salah (2003) found out that nursing faculty, fresh nursing students, graduating nursing students and registered nurses had positive reactions towards PWDs.

As a rule, as one might expect if the reactions of significant members of society was positive towards PWDs our world for PWDs could have been a better place to live and to lead a quality life.

### **2.3 Reaction of PWDS towards their Disability**

Surely, PWDS should avoid their negative reactions; rather develop positive responses to their disability. Which in turn, help them develop socially acceptable behaviors that facilitate their independence, self confidence and acceptance by others in the community and employment setting for their meaningful life and success. Thus, at early stage primary care giver should provide opportunities and encouragements for the child to engage in variety of behaviors to imitate others in the environment and learn a variety of socially acceptable behaviors (Heward And Orlansky, 1988). The degree to which PWDs give positive response to their disability is a positive feature as to society will give positive response (Habeck and Fuller, 1997).

#### **2.3.1 Positive Reactions of PWDS**

Now, PWDs around the world are increasingly forming organizations to represent their needs and to lobby for change. The number and effectiveness of these organizations varies within and between countries. In some areas these are becoming recognized and consulted as legitimate representative bodies. Through these organizations, PWDs in some cases gained access to the political process. For example, the National Union of Disabled People of Uganda successfully lobbied for political inclusion at all levels (Rebecca, 2001).

Furthermore, the literature on the individual's response to disability describes an individual with positive response as someone who is flexible, demonstrates active mastery, rallies social support, and capable of tolerating a degree of ambiguity...response is judged to have a realistic view of disability, aware of the limitations but not exaggerating them (Yoshida, 1993, as cited in Smart, 2001).

In short, a positive response can accelerate PWDS success. A positive response can be manifested in active responding to any harm, and anticipating barriers and enlist support in advance in order to arrange or negotiate designated assistance when required (Marjorie, 2006). As well as, keeping one's temper and sense of humor in all situations were a PWD is facing lack of understanding and cooperation. What is more, having self confidence; full trust in their surrounding, no hatred towards others, satisfaction in their way of living and a feeling that others accept and like them (Tirussew, et al., 1995).

### **2.3.2 Negative Reactions of PWDS**

After all, negative reactions can bottle up and hinder the success of PWDs. When we start from negative reaction of CWDs, CWDs also experience stress as family members. These common stresses include frustration at not being able to make themselves understood, unhappiness at being left to play alone, irritation over constant reminders about everything, low self-esteem and anger resulting from an inability to do things as easily and quickly as their siblings without disabilities (Hecker, 1994).

Nevertheless, Goetzinger, (1996) as cited in Moores (1996) on their part characterized the persons with hearing impairment as "emotionally immature, rigid, and possessing restricted interests." In the same token, Sharma, Vaid, and Jamwal (2004) reached a conclusion that children with physical disability have poor self-concept. In addition to this, Calvo, (1995), as cited in Mark, (2003) stated that persons with visual impairment have lower self-esteem, due to the fact that they need specific items that continuously display their stigmas (such as Canes, Glasses, Monocle lenses, folding tables, Braille reading and so on ). These necessities create in them a feeling of disability and dependence.

The worst is, the literature suggest that PWDs, like PWODs, do not always wish to be associated with other PWDs for various complex reasons, including for example for scarce allocations of funding/ resources, sexual attraction, stigma, etc (Mark, 2003).

In short, the negative reactions can be displayed in less motivation, dropping out of school, adapting oneself to restricted social environments, powerlessness (Harter and Zigler, 1990., Wagner, 1991.; as cited in Freda, 1995) and, keeping sexual behavior secrete, poor body image, low-self esteem, and low self-efficacy (Smith and Luckasson, 1995).

## **2.4 Challenges of Life facing PWDs**

Obviously, PWDS tend to be disempowered and deprived of economic and social opportunities and security to be successful; as a result of social and physical barriers in the society every where around the globe. They tend to have low human development, lack of voice and influence, acute vulnerability to economic, social, and health risks and they are also underserved by most public and private institutions (Einar, and Joan, 2002).

### **2.4.1 Attitude**

As far as attitude is concerned, a study by Massie (2006) as cited in Nowicki (2006) concluded that attitudes to disability are the major barriers for PWDs to be able to be successful. And, disability is socially constructed, but it is largely perceived as an individual problem even by policy makers, medical professionals, and disability rights activists with continuing stigma and charity. Furthermore, PWDs regularly identify societal attitudes as the most potent and negative stressors in their lives (Voh, 1993). Therefore, as long as negative attitudes persist, the full rightful acceptance of PWDs is unlikely (Antonak and Livneh, 2000., as cited in Nowicki, 2006).

The worst is, a negative attitude is the foundation on which disabling policies and services are built. In that case, harmful attitudes are limiting and restricting and institutionalized in policies and services so that maintains the historic disadvantage that PWDS have faced (Massie, 2006). To be more precise, social attitudes influence social policy and legislation, and there is support for societal attitudes theory that public attitudes dictate, to a considerable extent social policy (Han, 1986, as cited in Hewes and Toriello, 1998).

Generally speaking, consequence of negative attitude as (Molly, knight, And Woodfield, 2003) stated that negative attitudes to disability can lead to low self-esteem, restricted opportunities for PWDS to fully participate in key areas of life and contribute for ongoing adverse effects on their physical and mental health of PWDS—leading them unsuccessful; in their lives.

#### **2.4.1.1 Stigma, Stereotype, Prejudice and Discrimination**

After all, Stigma can leave PWDs marginalized and excluded from their own community. It can stop PWDs from getting the jobs that they are qualified to do, leaving them dependent on state benefits (Mckeever, 2002 as cited in Marjorie, 2006). For this reason, stigma can cause individuals with mental illness to be mistreated and may even contribute to some people with intellectual disabilities to refuse to seek help for their disorder, which prevents them from receiving necessary treatments. Hence, stigma against PWDs often includes stereotyping based on misperceptions. A stereotype is form of social typing, which has the potential to be misleading, as if it does not acknowledge variability (Graham, Lindsay, Kotana, Bertolote, Camus, Copeland, et al., 2003).

In a nut shell, stigmatization has internal and external consequences. It impacts on PWDs' quality of life and social and psychological well being. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion, similarly it causes label, avoidance, and makes it difficult to pursue employment or access to services. It can result lowering of self-esteem and self-efficacy. And again, PWDs who perceive themselves as stigmatized may internalize stigmatizing ideas (ibid).

As to stereotypes, most stereotypes of disability are negative and lead, all too readily, to prejudice and discrimination, since those holding them are unable to perceive PWDs as individuals. On the contrary, they bring a host of limiting assumptions regarding skills and competence of PWDs, which may restrict severely PWDs' capacity to perform activities and rewarded through success (Goffman, 1993).

In regard for prejudice, prejudices are reflected in negative attitude, which can impede the participation of PWDS in social, educational and vocational contexts (Rubin and Roessler, 1995., as cited in White, Jackson, and Gordon, 2006). As a result, many PWDS will never reach their fullest potential because of their exposure to prejudice and discrimination (Genesi, 2000).

In connection with discrimination, lack of global data about PWDS numbers and situations is only one piece of evidence supporting the discrimination and exclusion of PWDS (N'nyapule, 2003). Clearly, the social model identifies three types of discrimination facing PWDS (Lee, 1993);

- **Institutional discrimination:** institutional discrimination exists in many different guises, for example; many NGOs make no attempts to include PWDS in their works; in many countries CWDs are not required to go to school and there is no special provision for their needs if they do enroll; banks often do not accept PWDS applicants; families do not include them in the distribution of inheritance.
- **Environmental discrimination:** In most countries the physical environment excludes PWDS, i.e., buildings are with steps and narrow entrances, inaccessible public transport, a security of information transcribed in to Braille or available on audiotape and lack of sign language translators all serve to keep PWDS out, pushed to the margins and without the information they need to participate equally.
- **Attitudinal discrimination:** Are beliefs that disability must be associated with evil, witch craft or infidelity. There is confusion between illness and disability that can lead to suffocating over protection and exclusion of PWDS. From every day challenges, low expectations of PWDS are often held by wider society as well as by themselves.

In general, globally it is widely acknowledged that among the greatest impediments to PWDS to end desperate, inactive, hopeless, possessed by low self-esteem and self-

efficacy and become unsuccessful in great amount in their lives are stigma, stereotype, prejudice and discrimination (Ingstand and Whyte, 1995).

#### **2.4.1.1.1 Gender Stereotype**

Obviously, as a study by ILO, in six Asian pacific nations found that the incidence of disability was in fact higher for women than for men (ILO, 1989). Paradoxically, while all PWDs may be affected by this life long cycle of stigma, stereotype, prejudice and discrimination, females are at increased risk because of the double discrimination that they tend to be unsuccessful (ESCAP, 1995). In societies where girls are valued less than boys, the investment in education, health care or job training that families are willing to make in girls with disabilities are often substantially less than for boys without disabilities.

Moreover, in developing countries, poor older woman also experience additional disadvantage due to massive gender inequalities in literacy, education, employment and nutrition (Prakash, 1997).

In short, women, especially women with disabilities experience social, cultural and economic disadvantages, which impede their access to health care, education and vocational training and wage employment for their success in life (ILO, 2002., as cited in ESCAP, 1995).

#### **2.4.1.2 Access**

In a study conducted in different countries by Dixon, Kruse, and Van Horn (2002) as cited in N'nyapule, (2003) found out that the major access barriers and problems facing PWDs were social barriers (cost, communication, disability awareness, lack of assistance), psychological barriers (personal security, low self-esteem) and structural barriers (Infrastructure, pedestrian, vehicle design, planning) which all lead to lack of access. They added that, the barriers were remarkably similar both in developed and developing countries of the world.

#### **2.4.1.2.1 Access to Education**

Of course, education is one of the bases for latter successful life. However, as a matter of fact, many CWDs either do not attend school or leave school early, millions of these young people end up on the street, unemployed and often involved in crime, sex work and drugs, and frequently the victim of others who see them as easy prey (Helanders, 1995). The worst is, it is estimated that at least 1/3 of all street children have a disability (UNCIEF, 2000 as cited in UNCIEF, 2005).

It is surprising that, only 1-2 % CWDs in developing countries receives formal education (Zola, 1993). Even the developed countries situation is not different from this, fore example in a recent study from Ireland Shelvin and Kenny (2002) have found out that, high school students with disabilities were not allowed to enroll in the full range of academic courses that other students of comparable abilities, allowed to take.

In short, the fundamental barriers in the educational process of PWDS in regular schools are organizational (schools, class rooms structure and management), attitudinal (teachers and administration attitude to include PWDS in regular classes), and knowledge (teachers knowledge and skills in adaptation and support services) (Kachhar et al., as cited in Tirussew, 2005).

#### **2.4.1.2.2 Access to Health Services**

Naturally, health is one of the essential elements for success. However, about 400 million people in developing countries live with moderate or severe disabilities. Only a portion of them have access to health care and rehabilitation (Ministry of Foreign Affairs of Denmark, 2007). For example, according to WHO, disability is a major public health problem in Africa with about 35 million PWDs constituting around 7% of the total African population (Ronald and Jim, 2004).

For the above fact, there are various reasons for example, according to global survey conducted by the United Nations special reporter on disability (2006) as cited in WHO (2009) 74 % of 114 responding countries said they had taken action to medical care

accessible to PWDS; however, the population covered by such services remains unknown and only 49 % of them had legislation in place to enforce this. And, there is lack of concrete data on the provision of medical services especially for people with intellectual disabilities.

On the whole, providing prevention health access to PWDs is not costly. Supporting this idea, WHO (1992) as cited in Lee (1993) estimated that up to 70 % of childhood blindness and 50 % of hearing impairment in Africa and Asia are preventable and or treatable. And, Lee (1993) in his part estimated that 100 million people worldwide have impairments which are caused by malnutrition and poor sanitation and are therefore preventable.

#### **2.4.1.2.3 Access to Employment Opportunities**

As one might expect, employment can bring success, In particular, employment can positively affect the individual's self-efficacy, self-esteem, social skills, social interactions, and skill development, as well as provides structural benefit to people's lives and an environment not conducive to drug use (Benshoff and Janikowski, 2000). In the same token, work generates the respect of others, and it can be a source of pride and self-satisfaction (Terkel, 1974., in Heward and Orlansky, 1988, as cited in Feruz, 2006).

Yet, the above fortune of employment or work is not available to PWDs; because, they are hardly employed both in developing and developed countries of the world. For example, in Australia, only 53 % of PWDs, as compared to more than 86 % of PWODs, were employed. In the European Union 42 % of PWDs were in employment compared to 64 % of PWODS; and significantly 52 % of PWODs were economically active, compared to 28 % of PWDs. In South Africa, 19 % of PWDs were in employment in 2001, compared to 35 % the whole population. In some developing countries, which lack official date, the unemployment rate was estimated to be 80 % and higher (N'nyapule, 2003).

In fact, for the above unemployment rates of PWDs there might be numerous reasons but the convincing reasons may be; negative attitude myths, ineffective rehabilitation placement methods, employer hiring procedures designed solely to avoid making risky hires, and discrepancy between expressed willingness to hire and actual hiring (Gilbride et al., 1992 and 1993 and Wiseman, et al., 1998, as cited in Gilbride, Stensrud, Ehlers, Evans and Peterson, 2000).

In short, PWDs' potential is underused worldwide, however, according to a national survey and international studies, PWDs' experiences enrich the cultural diversity of the work force (Gunnel, 2001). Furthermore, Employer Assistance and Recruiting Network (EARNWORKS) (2008) stated the advantages of hiring PWDs as follows;

- ✓ PWDs make good, dependable employees
- ✓ PWDs are more likely to stay on the job
- ✓ PWDs increase work force morale
- ✓ PWDs are untapped resource of skills and talents
- ✓ PWDs have insights into an overlooked and multibillion dollar market segment.

#### **2.4.1.2.4 Access to other Physical Environment**

Surely, access to physical environment enhances success of PWDs and PWODs. Improved physical environment have a key role in creating an environment that:

- ❖ Eradicate extreme poverty
- ❖ Achieve universal education
- ❖ Promote gender equality
- ❖ Reduce child mortality
- ❖ Improve maternal health
- ❖ Combat HIV/ADS, Malaria and other diseases
- ❖ Ensure environmental sustainability (N'nyapule, 2003)

However, 1.2 billion PWDs and PWODs lack access to safe water today; 2.4 billion lack to adequate sanitation; 2.5 billion lack access to energy supplies; 900 million in rural areas to day live without any reliable roads to enable them to access markets, jobs,

services (World Bank Development News Media Center, 2000, as cited in Ronald and Jim, 2004).

Moreover, PWDs of all ages face barriers in gaining access to the technologies that would help them to become more fully involved both at work and in society at large (United Nations, 1993). For example, in developing countries several barriers impede the supply of cost-effective technologies for PWDs due to the reason that:

- ✚ The high cost of technologies may not be appropriate in a developing country
- ✚ The personnel using the technologies may not be knowledgeable enough to use the equipment in everyday situations
- ✚ There may not be a reliable supply of spare parts and repair services
- ✚ There are not enough specialized doctors and hospitals to make full use of high quality technology
- ✚ Rehabilitation, education, and working conditions do not fully support the choice of technology (UN, 1993).

As a rule, poor design of the built environment makes it impossible for PWDs to exercise basic activities for daily living (ADL), such as performing home activities, moving around, washing, toileting, going to school, to work, and using public and private facilities, products, and services (WHO, 2002., as cited in Ronald and Jim, 2004 ).

#### **2.4.1.2.5 Other Challenges**

In connection with language, language and how groups of PWDs are described can have a powerful influence on how PWDs are perceived. Many in the disability movement therefore advocate for the use of “people first” language. People first language calls for use of the term “people with disabilities” rather than disabled people or disable (Thomas, 1999). Unfortunately, in Ethiopia for example; some people use an abusive and devastating language. Supporting this idea Tirussew (1998) as cited in Tirussew (2005) in his study found out that, PWODs use language that directly address PWDs and or figuratively use to convey dissatisfaction or inability of PWDs to perform tasks such as involving cognitive, communication and motor skills. For instance, persons with hearing

impairment were addressed as Donkoro and Duda [ one who can not understand and tongue-tied ]; and Lebu Ende Ayenu Yetawere [one who is disorganized and not bright ], and persons with motor impairment as Dewy and Komata [ highly disfigured or mutilated ] and Shibba, Ankassa Kulem [ curved or bent or lame ], Mental retardation [possessed by evil spirits, can not understand, stupid or mentally ill ] ( ibid.).

After all, social interaction with PWDs has been established as an important variable in the formulation and modification of attitudes towards PWDs and for their success (Pettigrew and Tropp, 2006). Yet, Chen, Brodwin, Cardso, and Cahn (2002) in their studies found out the rife of negative attitudes towards interpersonal issues against PWDs, for example, towards dating, friendship, marriage indicate that PWDs are still not fully integrated with in the society. Strengthening this view point a study by Grewal, Joy, Lewis, and Wood field (2002) found out that, 1 in 3 people believe that PWDs can not lead a full life due to their health problems; 1 in 5 people believe that in general PWDs can not be as effective at work as their PWODs colleagues; more than 1 in 4 people admitted they feel uncomfortable and embarrassed in an encounter with a deaf person using British sign language; and 1 in 4 person confessed they would get out of their way to avoid an encounter with some one experiencing mental illness.

It is goes with out saying; PWDs constitute the poorest of the poor. In line with this, the World Bank estimated that there were approximately 1.3 billion people living bellow the poverty line worldwide of which PWDs make up around 20% (260 million) of the “poorest of the poor,” not taking into account the poverty of their families. It was estimated 1 in 5 people living on less than \$ 1 a day has a disability (N’nyapule, 2003).

Clearly, some cultures are more tolerant and others less tolerant of PWDs (ESCAP, 1995). But in most cases, in various cultures being born with or acquiring a disability has been interpreted as evidence of “bad blood”, or divine displeasure (Helander, 1993, as cited in ESCAP, 1995).

On the whole, misuse of language, lack of interaction, low expectation, poverty, and culture all serve as a complicating challenge with other challenges of life facing PWDs in their struggle to assume success.

## **2.5 Achievement / Success of PWDs**

### **2.5.1 Contribution**

Of course, “contribution can take two main forms; we make contributions through our actions—what we call contributions of doing. And we make contributions by our very presence—what we call contributions of being. But, most cultures tend to notice and value—what we call the contribution of doing more than the contribution of being” (Pnilia, 2005).

Not only, through the contribution of action are the achievement and the contribution of PWDs to the world’s civilization and or development are tremendous and immeasurable, but also through the contribution of being. According to World Health Organization (WHO) there are 600 million PWDs in the world (Zola, 1993). In the same way, specifically in Ethiopia there are 1.9 % and or about 2.95 % of PWDs who constitute the total population in the country (CSA, 1998., Tirussew, et.al., 1995 focused base line survey, as cited in Tirussew, 2005).

Apart from this, PWDs make contributions to social good as volunteers, parents, and families and community members but are often assumed by the wider society to be unable to take on such responsibilities (Smith et. al., 2004).

In short, PWDs’ potential is untapped human resource of the world for its overall development. However, according to a paper commissioned by the World Bank, the cost of exclusion based on disability is between US \$ 1.37 trillion to \$ 1.94 trillion of the global GDP shared by all society including business (as cited in Wegayehu, 2004).

## **2.6 Community Participation of PWDs**

Naturally, the rate of community participation in the local organizations is considered as a possible indicator for success in degree of social integration of PWDs in the community (Tirussew, 1998., as cited in Tirussew, 2005 ).

With regard to, community participation in Ethiopia it refers to a participation in local organizations; the social organizations are traditional religious and business oriented local groups which includes Equib [interest free community saving], Edir [voluntarily organized service associated with death], Mahiber [social set-up of the orthodox religion to celebrate days of the angles] and Senbete [social set-up of the orthodox religion] (Tirussew, 1998., as cited in Tirussew, 2005). In connection with this Tirussew (1998) as cited in Tirussew (2005) in his study of resilience and success of PWDs found out that among the 77 SPWDs participants, 82% were found to be a member of at least one of these organizations, while 11.6% were not involved.

On the whole, all legitimate approaches to achieve the full community participation of PWDs include remove obstacles to achieving human potential, whether the obstacles involved are environmental, educational, psychological, political, social, or institutional. So that, removing these obstacles allows PWDs to access the basic needs to function as autonomous and responsible individuals in participation of civic, cultural and social life (O' Toole, 2006).

## **2.7 Success Factors for SPWDs**

### **2.7.1 Personal Factors**

#### **2.7.1.1 Self-esteem and Self-efficacy**

##### **2.7.1.1.1 Self esteem**

Surely, persons with healthy self-esteem tend to be willing to undertake realistic challenges, able to learn from their successes and failures, and able to treat themselves and others with respect. That is to say, they are optimistic, have confidence that they can take action to make a positive difference to have his own work for example, they see challenges as problems to be solved or temporary set backs rather than show signs that

they are incompetent. High self-esteem people use a variety of strategies to protect and rebuild feelings of self worth. For example, rather than attributing failure to low ability, they are more up to say they failed because of lack of effort or an effective strategy (Dutton and Brown, 1997 as cited in Nesredin, 2006).

The bottom line is, individuals would feel good about themselves if self-esteem level were raised and feel worthless if self-esteem was lowered (Arosen and Mettee, 1968). Strengthening this view point, Pope et al. (1998), as cited in (Nesredin, 2006) confirmed that a person who has a high self-esteem evaluates himself in a positive way and feels good about his strong points. Moreover, positive self-esteem is often regarded as a holy grail of psychological health—the key to happiness, popularity, and success. Low self-esteem, on the other hand, is blamed for societal problems ranging from poor school achievement drug and alcohol abuse (Baumeister., Cambell, Krueger, and Vohs, 2003., as cited in Nesredin, 2006 ). Similarly, Khan (1969), Watkins and Estela (1980), as cited in (Nesredin, 2006) found out school aged children with high self-esteem are sure with their capabilities and they cope with their problems easier; they will even have a protecting function in development of different problems of child adjustment even like depression and anxiety. While, children with low self-esteem are linked to different problems in spite of they have the tendency to underestimate themselves and attribute their failures to own competence.

In general, individuals with positive self-esteem are assertive, trusting, competent, autonomous, achieving, respected by peers, and generally efficacious in meeting personal goals and aspirations. However, individuals with low self-esteem are individuals with a picture of discouragement and depression. They feel isolated, unlovable, incapable of expressing or defending themselves and too weak to confront or overcome their deficiencies. (Campbell, 1984., as cited in Nesredin, 2006).

#### **2.7.1.1.2 Self-efficacy**

After all, self-efficacy expectation is a conviction that one can successfully execute the behavior required to produce the outcomes. People who remain assured in their

capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook according to Bandura fosters intrinsic interest and deep endorsement in activities. That is why, people who are not self-efficacious shy away from difficult tasks, which they view as personal threats (Bandura, 1994).

Furthermore, Vrugt (1994) stated that people with positive perceived self-efficacy pursue a relatively high level of performance because they do not put off easily while they face difficult tasks. On the other hand, if a person's perceived self-efficacy is negative he or she pursues a lower level of performance. Similarly, self-efficacy beliefs predict both reading and writing performance of adults. For example, it accounted for a significant variance in reading and writing achievements of undergraduate students (Shell et al., 1989., McCarthy et al, 1985.; as cited in Shell, Murphy, R.H. Calvin, C. 1989).

For the most part, self-efficacious persons will have a better performance in every activity than persons who are not.

#### 2.7.1.1.3 Coping Strategies and Sources of Strengths

Naturally, what PWDS have to cope with is not their disability, but the negative attitude; stigma, prejudice, stereotype, discrimination, lack of access to services and community participation, and their negative reactions to themselves—for the process of adjustment and positive response for their disability which is essential if life is to have any meaning for them and be successful (Baily and Smith, 2000). Hence, Baily and Smith (2000) in their study have identified two main types of coping patterns: these are **adaptive coping methods** (example, information seeking and problem solving) and **palliative coping strategies** (example, efforts to deny, minimize, or escape the stressful situation), and they include a person's unconscious defense mechanisms, which are spontaneous reactions to stressful situations.

More over, Zetlin and Turner's (1984) in their study came up with the development of the four different types of PWDs who differed in their strategies they used to cope with their social reality and categorized them as ;

- i. Acceptors: They accepted their disability and took all of the blame onto themselves - have positive self-concept
- ii. Tactical Dependents: These sought out and perhaps even manipulated benefactors who compensated for what they could not do.
- iii. Blame Attributers: They acknowledged their disability but blame significant others for their failures
- iv. Deniers: Refuse to accept their handicap and went to great lengths to prove their competence- have lower self -concept

Again, Tirrusew (1998) in his study came up with kinds of coping mechanisms and sources of strengths as in the following table

Table 1.Coping mechanism and sources of strengths of SPWDs.

Disability	Coping Mechanisms	Sources of strengths	Coping mechanisms employed across the disability	
			Coping Mechanisms	Sources of Strengths
Hearing	<ul style="list-style-type: none"> <li>• Hard work and effort;</li> <li>• Commitment and will for development;</li> <li>• Hopeful and aim oriented;</li> <li>• Spirituality;</li> <li>• Self-confidence; and</li> <li>• Accepting deafness</li> </ul>	<ul style="list-style-type: none"> <li>• Family members;</li> <li>• Peer groups;</li> <li>• ENAD;</li> <li>• Colleagues at work;</li> <li>• Access for education And;</li> <li>• Religious people</li> </ul>	<ul style="list-style-type: none"> <li>• Developing positive Self-esteem;</li> <li>• Accepting One's Disability;</li> </ul>	<ul style="list-style-type: none"> <li>• Family Members;</li> <li>• Friends at school and at work;</li> </ul>
	<ul style="list-style-type: none"> <li>• Strong desire and</li> </ul>	<ul style="list-style-type: none"> <li>• School support;</li> </ul>	<ul style="list-style-type: none"> <li>• Exerting effort And hard work;</li> </ul>	<ul style="list-style-type: none"> <li>• Religious People/</li> </ul>

Visual	Devotion to learn and Work; <ul style="list-style-type: none"> <li>• Patience and tolerance;</li> <li>• Spiritual strength;</li> <li>• Good communicator; and</li> <li>• Accepting oneself</li> </ul>	<ul style="list-style-type: none"> <li>• Church support;</li> <li>• Successful blind Persons;</li> <li>• Forming family;</li> <li>• NGOs ;</li> <li>• Individuals; and</li> <li>• ENAB</li> </ul>		Institutions;
Motor	<ul style="list-style-type: none"> <li>• Developing self-Confidence ;</li> <li>• Hard work</li> <li>• Spiritual strength</li> <li>• Active in social Activities</li> <li>• Patience and Tolerance; and</li> <li>• High motivation because of the limited chance</li> </ul>	<ul style="list-style-type: none"> <li>• Successful person With disability;</li> <li>• Family members;</li> <li>• Community (like Teachers and Friends;</li> <li>• NGOs / ENAPH</li> </ul>	<ul style="list-style-type: none"> <li>• Spiritual strength;</li> <li>• Patience And; tolerance</li> </ul>	<ul style="list-style-type: none"> <li>• Successful Persons With disabilities;</li> <li>• NGOs e.g. ENAD ENAB ENAPH</li> </ul>

Source, Tirussew, (1998) in Tirussew (2005)

In short, positive coping mechanisms and sources of strengths can lead to PWDs to be successful.

#### 2.7.1.1.4 Aspiration

Surely, those PWDs and PWODs who have, or whose parents have aspirations have better educational and occupational outcomes, even when lacking in individual and family conducive factors. Nevertheless, aspirations are different things to different people. They are also not fixed, but adapt and change in the light of new experiences, choice and information, and aspects of identity including gender, social skills, ethnicity, religion, immigration, disability status, and sexual orientation. Any how, aspirations and success are likely to have a mutually reinforcing effect, for that matter the previous success of any individual may have been resulted by earlier aspirations (Bandura, 2007).

Murry (1938) as cited in (Amare, 2001) indicated that aspiration to achieve causes a student with disabilities to overcome barriers and to surpass the success of others. Such a student is ambitious, competitive and determined to be successful. What is more, a

student with higher aspiration to achieve is the one who strives to satisfying academic results in school. In addition to this, aspirations are essential to any career and success of PWDs (Chung, Baskin, and Casen 1999.; as cited in Perry, Steel, and Hillard, 2003).

Generally speaking, the early years of child's life are a key time in the formation and development of aspirations, while parents and school can be great actors for it; as well as, involvement in positive activities will provide important socializing experiences that encourage high aspirations ( Schoon, 2006, as cited in Bandura, 2007).

## **2.7.2 Environmental Factors**

### **2.7.2.1 Early Familial Experience**

With regards to parents, ever since the mid- 1960s there has been a continued debate on the role of parental love and upbringing in the socialization of the child; nevertheless, experts now seem to agree recommending parents to play a less permissive and more active role in shaping the child's behavior (Hetherington and Parke, 1986). I.e. the early parent-child relationship role can be taken as a basis for children for emerging as, socially competent, fully functioning, and successful for latter development (Guralnick and Bennet, 1987). This idea is strengthened more by Rye (1997). He stated that, an early positive parent or care giver relationship and interaction brings about quality of development in the child. In contrast to, lack of opportunity to form attachment early in life may interfere with children's later psychosocial development.

When we come to see the role of siblings, in any family each sibling and each relationship that the sibling have is unique, important, and special. Brothers and sisters influence each other and play important roles in each others lives. Indeed, siblings' relationships make up a child's first social network and are the basis for his or her interactions with people outside the family. Brothers and sisters are playmates first; as they mature, they take on new roles with each other. They may over the years, be many things to each other –teacher, friend, companion, follower, protector, enemy competitor, confident and role model. When this relationship is affected by a sibling's disability or

chronic illness, the long term benefits of the relationship may be affected (Powell and Gallagher, 1993).

As for to parents, caring a child in teaching style is an important aspect of appropriate parenting style for success of the child in latter life (Henderson et al, 1982; Cladwell et al, 1995., and Silverstein ea al, 1982., as cited in Aschalew, 2001) they suggested the importance of the six home variables for the cognitive development of a child as in the here under table

Table2. Six home variables for the cognitive development of a child

Henderson et al, (1997)	Cladwell, et al., ( 1975 )	Silverstein, at al, ( 1982 )
<ol style="list-style-type: none"> <li>1. Parental reinforcement of education</li> <li>2. Parental outside activities for their CWDS or (external interests and community involvement )</li> <li>3. Their direct teaching of their SWDS</li> <li>4. their level of education and providing a supportive environment for school learning</li> <li>5. Their practice In Encouraging with disability in play activities</li> <li>6. Their attitude about education (or their attention)</li> </ol>	<ul style="list-style-type: none"> <li>• Emotional and verbal Responsibility of the Parents</li> <li>• Avoidance of restriction and punishment</li> <li>• Opportunities for variety in daily stimulation activities for the child</li> <li>• Organization of the physical And temporal environment</li> <li>• Provision of appropriate play Materials</li> <li>• Maternal involvement with the child</li> </ul>	<p>Parental:</p> <ol style="list-style-type: none"> <li>1. Involvement</li> <li>2. Reinforcement</li> <li>3. Intellectual guidance</li> <li>4. Literacy</li> <li>5. Role-play</li> <li>6. Expectations</li> </ol>

Source (From Henderson et al, 1982; Cladwell et al, 1995., and Silverstein ea al, 1982., as cited in Aschalew, 2001

### 2.7.2.2 Early Childhood Education and School Experience

Surely, education helps to form the very foundations of peace, nation building, poverty reduction, economic growth as the great equalizer, it enriches our lives, informs our choices, and prepares us for meaningful employment and to contribute to the communities in which we live (Shankoff and Philips, 2000).

It goes without saying, for many children, entering the first grade signals a change from being a “home child” to being a “school child”—a situation in which new role and obligations are experienced. Children take up a new roles (being a student), interact and develop relationships with new significant others, adopt new reference groups, and develop new standards by which to judge themselves. School provides children with a rich source of new ideas to shape their sense of self, (Jown, 1995). For example through play, play allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength. Play is important to healthy brain development (Shankoff and Philips, 2000).

Furthermore, Kirk and Gallagher (1993) noted that, the social context or an environment in which the PWDs exists can play an important role in causing problems as well as in determining the individual’s behavioral outcomes. This, in fact depends on the degree to which an individual is accepted by his / her peers and teachers during his / her early years at school is of special importance, for it will have a significant consequence on his / her subsequent adjustment (Tibebu, 1995). However, as Turn bull and carpenter (1991) Stated that social integration could be facilitated when due attention is given to developing positive attitudes toward PWD and to establishing a class atmosphere that allows “open and honest communication, success, and respect.”

In short, education helps children to develop the skill which enable them to cope with life’s challenges, be active, and contributing members of society. As, the importance of education is basically for two reasons; the first is that the training of human mind is not complete with out education; education makes man a right thinker and how to make decisions. The second, only through the attainment of education, man is established to receive information from the external world (Shankoff and Philips, 2000).

## Chapter Three

### 3. Research Design and Methodology

This chapter presents the design used, the sampling techniques employed, the data collection instruments used, and the procedure of the study and the data analysis.

#### 3.1 Research Design

A research design is a plan, structure and strategy of investigation conceived as to obtain answers to research question or problems (Kumar, 1996). It is a plan of research practice that indicated what the researcher will do from problem formulation to suggest operational implications.

Qualitative research is concerned with developing explanations of social phenomena. It helps to understand the world in which we live and why things are the way they are. As well as, it answers questions about why people behave the way they do, how opinions and attitudes are formed, and how people are affected by the events that go around them (Beverley, 1998).

Again, a qualitative research design enables to understand social reality on its term as it relay is to describe what comes naturally so to speak. It enables to seek reach descriptions of people and interaction, as they exist and descriptions of people and interaction, as they exist and unfold in their native habitat (Reyn and Sein, 2004).

Nevertheless, there is a general consensus among scholars that they strongly believe a research design to be employed is, highly determined by the nature of the problem to be undertaken. Therefore, to exactly attain the objective of this present study, the researcher was inclined to use qualitative research design of case study approach, which is primarily a descriptive and detailed narrative method.

What is more, the qualitative case study is pragmatic, interpretive and grounded in the lived experiences of people (Marshal, 1990). Furthermore, qualitative approach to case study is described as, it relates to the in-depth analysis of a single or small number of

units claims to often richness and depth of information not usually offered by other methods (Smith and Willmss, 1997).

Thus, by the application of case study approach of qualitative research design, the researcher was helped too much to successfully accomplish his research work. Accordingly, with the cases of the study, the researcher was able to establish friendly rapport, reached common agreement on the accomplishment of the research objective, made effective communication, and clearly explore, describe, and pinpointed in detail all reactions of society towards SPWDs, reaction of SPWDs to themselves as a result of their disabilities, challenges of life SPWDs have been facing, success SPWDs are enjoying, community participation of SPWDs and success factors that made participant SPWDs successful; starting from their childhood unto their present life.

### **3.2 Researcher's role**

As a researcher and an active part of the research process, to answer the research questions and there by attain the research objective, I have done the following five things. First, I introduced my self very well and established a friendly rapport with the participants of the study. Second, I as much as possible left aside all my opinions, knowledge, insights and experiences from interfering with that of the participants of the study. Third, I departed with thanks giving unto the next appointments and to the finish. Fourth, during interview and Focus Group Discussion (FGD) sessions I listened carefully and probe questions and record all the data via tape recorder; while gathering of relevant information of document review was maintained side by side. And then, immediately I interpreted everything into English. Fifth, I have tried to have reflective and interpretive stances in the results of the enquiry; I have turned out to be not only crucial research tool but also a practitioner in meaning construction.

### **3.3 Study Site and Participants**

#### **3.3.1 Study site**

The researcher conducted the study in Addis Ababa. Initially, Addis Ababa was not selected by the researcher as the choice. However, when the researcher held talks with heads of Ethiopian National Association for the Deaf (ENAD), Ethiopian National Association for the Blind (ENAB), Ethiopian National Association of the Physically Handicapped (ENAPH), and Ethiopian National Association on Intellectual Disability (ENAIOD) about the proposed study to enlist their cooperation to it, it became appropriate that the majority of SPWDs were found in the capital city.

From visual impairment, hearing impairment, and motor disorder disability categories; two blind persons (one male and one female), one deaf male, and one with physical impairment (male), totaling four individuals respectively, were the participants of the study. The participants were made purposely four in order to undertake an in depth investigation.

##### **3.3.1.1 Selection of Participants**

In quantitative research, sampling seeks to demonstrate representativeness of findings through random selection of subjects. However, qualitative sampling techniques are concerned with seeking information from specific groups and sub groups in the population (Patton, 2002).

In order to get the desired samples of the study, the researcher used purposive sampling. In order to effectively utilize purposive sampling, selection criteria were developed by the researcher. These were; (1) independent life, (2) occupation (employed or own job), (3) contribution (either to parents, family, neighbour, and so on), (4) exemplariness (as role model to other people), (5) active or having intent to community participation (Mahiber, Edir, Senbete, and Equib), (6) lived experience (positive resistance of challenges and assuming of success), (7) celebrities known by a significant number of a community (for example, by PWDs), and (8) disability associations' heads office choice

and to some extent the researchers' (from their knowledge, experience, and so on). In connection with this, it has to be understood that, all criteria were met.

Nevertheless, during selection of the participants of the study, the researcher followed the following four strategies. First, early October 2002 E.C a letter of permission from Department Special Needs Education of AAU was taken and given to the head offices of ENAB, ENAD, ENAPH, and ENAOD respectively; and then with brief clarification of the research objective common agreement was reached. Second, after the researcher was informed certain individuals by the heads of the preceding mentioned disability associations, he personally made contact with the cases and checked out whether they fit or not to the selection criteria, and they were also provided opportunity to inform other individuals whom they knew potentially to be taken as participant of the study. Third, the disability associations' heads were also consulted again about persons mentioned by those mentioned once by the disability associations, on strategy two. Fourth, after the three strategies were followed thoroughly and strictly the final selection of the participants of the study was made.

Accordingly, four individuals, initially and latterly mentioned; two from ENAB, one from ENAPH, and one from ENAOD associations were rejected before taking the present participants of the study; due to reasons of one month away in abroad (who is female), mentioning of respondent 2 of the study, unwillingness (who is female working in an NGO), and inability of expressing herself respectively. Thus, finally after all these process, the participants of the study were selected meeting the criteria of selection. Hence, participant 1 and participant 3 were selected by initial inform of ENAB and ENAD, while respondent 2 and respondents 4 were selected by another individual informer mentioned by ENAB latterly and latterly inform of ENAPH respectively.

### **3.4 Data Collection Instruments**

Three types of instruments were employed for the study. These were; interview schedule, focus group discussion and document analyses.

### 3.4.1 Semi-structured Interview Guide

Semi structured interviews involve a series of open-ended questions based on the topic areas the researcher wants to cover, provides opportunities for both interviewer and interviewee to discuss the issues in the study in more detail. If the interviewee has difficulty answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to consider the question further. The interviewer also has the freedom to probe the interviewee to elaborate on the original response or to follow a line of inquiry introduced by the interviewee (Baverly, 1998).

Thus, the researcher developed semi-structured interview guide after a through revision of relevant literature concerning the major variables of the study. For the sake of effective communication, the interview guide was prepared in Amharic. It consisted of open ended items divided into different sections, ranging from background of the cases and the major focus issues of the variables of the study (Appendix A and B).

Accordingly, all the open-ended items in the interview guide were made to answer all the research questions forwarded at the beginning of the study. Here with, all the items were presented as easy as possible to assure understandability for the interviewees, and for an enhancement of friendly interaction between the interviewer and the interviewees.

Nevertheless, the interview with all the respondents of the study was conducted starting from 25<sup>th</sup> January up to March 28<sup>th</sup> o 2002 E.C.

Thus, after agreement on using tape recorder, an intensive interview with each respondent was made. Furthermore, the interviewees were made free to arrange the time and place of the interview session, as it was very comfortable for them. Hence, participant1,2,3, and 4 were interviewed; at his office, at her office, at his office and at A.A.U campus classrooms where he teaches sign language for 3<sup>rd</sup> year sign language students in linguistics department, and at his home respectively. Thus, interviews at office and home were mostly undertaken in time ranges of 5:00-6:20 o'clock and 9:00-10:30 o'clock in the morning and afternoon local time respectively. Nevertheless, the one (case 3) who

was interviewed at his office and at A.A.U campus classrooms was deaf and it required sign language interpreter. Therefore, with brief clarification of the objective and the major themes of the study, I used his assistant of sign language interpreter and 3<sup>rd</sup> year student of sign language A.A.U in linguistics department for interviews held at his office and A.A.U campus classrooms respectively.

Finally, all the recorded data in Amharic in the tape recorder and notebook were transcribed into written paper and then translated into English word by word and in accuracy.

### **3.4.2 Focus Group Discussion Guide**

Yin (1994) stated that in FGD, it is possible to identify a number of individuals who share a common factor to collect their views among themselves and the group interaction among participants have the potential for the development of greater insight into the matter being discussed. Therefore, six FGD guide questions (Appendix C) were prepared by the researcher based on the major variables of the study. The guiding questions were made deliberately different from the direct repetition of interview guide questions rather they were made more of general, insightful, and investigative.

Nevertheless, at the end of the interview session with each interviewee each participant was informed he/she would have a discussion with other participants and was given topic of discussion for sufficient preparation, for active participation. However, keeping in contact the participants for FGD more frequently was difficult for the reason that they were busy individuals. Thus, up most effort was done to get good communication for sufficient information for the study in the FGD session held only once.

Accordingly, FGD was held for one hour and half time length at respondent 1 office. NB. Sign language interpreter for case 3 was involved who is his office assistant sign language interpreter and I took first hand to introduce the FGD discussants with each other.

### **3.4.3 Document Analysis Guide**

Four document analysis guide questions were developed by the researcher (Appendix D), ranging from educational background to media coverage for distinctions in different spheres of life.

Thus, documents at the hand of the participants of the study were reviewed. This, was possible through developing intimate relationship with participants both during interview session and FGD period and convincing of the participants that their document is used to reinforce the information obtained through interview and FGD.

### **3.4.4 Pilot Study**

The purpose of the pilot study was to assess the relevance of the tools designed to collect data for the study. And, the objective was to check clarity of the items of the tools.

Thus, all the preliminary semi-structured interview guide, FGD guide, and document review guide were presented to concerned individuals for the sake of appropriate language usage in interviewing and generating of relevant information. Foreexample, including the lion share of advisor, the researcher, as well as respondents of the study participated to provide necessary modification in a way they believed what helps for amicable communication in the study. Hence, finally with all the feedbacks all the items of the semi-structured interview guide, FGD guide, and document analysis guide in their English version were presented to the advisor of this research and with all the necessary amendments the final draft of items translated into Amharic was used for pilot study involving case 1 and case 2 of the study.

Accordingly, those repeated questions in all the three tools were deleted; those semi-structured interview guide and FGD guide questions that required short answers were rephrased, and finally document analyses guide questions were enlarged to be comprehensive.

### **3.5 Procedure of Data Collection**

Indeed, the data collection has passed six important phases. As stated below;

First, letter of permission was taken from special need department of A.A.U and was given to the heads of ENAB, ENAD, ENAPH, and ENAOD associations respectively; and then agreement was arrived on the objective of the study and they became willing to inform participants for the study.

Second, cases were selected based on 8 selection criteria of participants for the study. And then, necessary rapport was established with frequent visits of the researcher and through phone calls starting from early October 2002 E.C.

Third, after reviewing relevant review literature for the study and taking into consideration of the research questions and objective of the study; semi-structured interview guide, FGD guide, and document analysis guide instruments of data collection were developed.

Fourth, to check the relevance and clarity of items of data collection instruments pilot study on two cases was conducted. Hence, the advisor of the research, all the participants, Amharic language experts, and the researcher participated in all modifications of the instruments of data collection.

Fifth, using largely tape recorder and some times note book an intensive interview was held with each case privately and side by side their documents were reviewed; and at the end of each case's interview a through and amicable discussion was made in one session of FGD period. Ofcourse, for case 3 who is deaf sign language interpreters were used both at individual interview and FGD sessions respectively.

Six, finally all the data found in the tape recorder was transcribed in to written material in Amharic and then translated into English with necessary caution to keep intact all the data as original as found in the tape recorder.

### **3.6 Ethical Considerations**

Through out the study the researcher has kept loyalty to the following codes of ethics;

- The respondents were made clearly aware the objective of the study and their involvement in it; both orally and in written form.
- The participants were not compelled. Their right was unduly protected, could quit at any time without any precondition, but participants were informed from the start if they do not cooperate to the end the result of the study would be affected.
- The participants were asked whether to use or not their real names throughout the study findings, and then they expressed their consent their real names to be used; due to the reason that they believed on the objective of the study.
- Any inference under going was absolutely non subjected to researcher's insight, preference, attitude, and subjectivity.
- Participants were also given their written biography.
- And finally, the information was safe guarded and only used for academic purpose.

### **3.7 Method of Data Analysis**

Data analysis in qualitative research is the process of making sense of, sifting, cataloguing and selecting themes (Holliday, 2002).

Therefore, as described previously varieties of data collection instruments were used to collect an enormous amount of data in the case study for analysis. Accordingly, the major tasks during analysis the researcher followed were; organizing the data, generating categories, themes and patterns, coding the data, and reviewing the emergent ideas and searching for alternative explanations. Hence, it was done after all the data were translated into English from Amharic transcriptions from the tape recorder with full considerations of body language and emotions manifested during the process of data collection of the cases'.

Nevertheless, the analysis was done via case by case presentations and discussions and finally summary, conclusion and recommendations were made based on the findings of the study.

However, since the study used qualitative research design analysis it is prone to bias. But, necessary measure was taken to control the researcher's bias in order to secure the trustworthiness and authenticity of the findings of the study. Foreexample, administering pilot study of the instruments of data collection was done, positive acceptance to emerging new ideas and experiences were sought much instead of researchers own knowledge and experiences, research ethics were followed strictly, data collection procedures were implemented effectively, comprehensive book reading of qualitative studies was conducted, and comprehensive advice and recommendation of the advisor of this research study was undertaken carefully.

## **Chapter Four**

### **Case Presentations and discussions**

In this chapter presentation was done first and followed by discussion case by case. Also FGD result was put at the end of each cases presentation and discussion. However, in the data presentation first person pronoun (I) was used with some direct speech expressions to make the readers feel well acquainted with the participants. What is more, the presentation was made quite detailed in order to investigate and document the histories of the participants in comprehensive manner. In connection with this, the discussion was also intentionally made to analyze every aspect of the histories of the respondents of the study.

#### **Case 1**

##### **Amare Asfaw**

##### **Introduction**

After the head of ENAB informed me, I went directly to Amere's office and told him everything. Then, immediately he disclosed his consent that he was very much happy with the purpose of the study. Subsequently, we kept our interaction through frequent contacts and phone calls. Finally, he was interviewed and involved in FGD with other participants of the study and his documents were reviewed too; starting from 25 of January up to March 30 of 2002 E.C. He is 67 years old now; he was born on March 3, 1935 E.C, at the then Yerer and Kereyu Zone, Lomi District, particularly named Baga. Nevertheless, at the age of 12 years when he was living in Debrezeyit, in the stadium of Air force, there was football match between Air force club the then Nib club and Saint George club. Until the second half of the match was over, he was inhabited from entering the stadium. Meanwhile, on top of the building he and his 15 friends were computing each other to stare and fix their own eyes on the shining corrugated iron. In his turn, when he gazed his eye, immediately, it stabbed his eye. Then, a doctor told him he did not have any hope, any more, at the age of 16. Hence, his family decided he should go to Addis Ababa for educations. Before he lost his vision, he has attended church education for about 3 to 4 years and regular elementary school grades, 2-3 in Akaki. Then, he entered into Swedish mission of Sebeta School for blind in 1950 E.C, at the age of 16.

Hence, since 1950 to 1955 E.C he attended grades, 2-8 in Swedish Mission Boarding School. From 1956-1959 E.C he attended high school as a non boarding student in Debrezeit Ethiopian Evangelical High School and Teachers College. And the, from 1960 to 1965 E.C while he was studying in A.A.U and producing graduation fulfillment paper, revolution broke out against the regime of Emperor Haile Sillassie. As a result, from 1974 to 1976 E.C he started again his education and graduated Majoring History and Minor Amharic language. Currently, he is now working as a manager of Misrach Center, his own institution.

### **Amare narrates his life story:**

#### **Societal Reaction towards Amare's disability**

My father was literate of church education. However, I can not tell you what his reaction was towards my disability, because he died when I was 5 years old, before I became blind. He then said, my mother who was just literate had four daughters; it was me the only male for her that she was absolutely sad, when I became blind. She was in deep grief and was desperate. From near and long distances relatives and neighbors used to come to condolence my mother. When they come, it was like attending mourning ceremony. In my very presence, sitting with them, they used to say "it would rather have been better he was died and we buried him, than to see him blind." They considered as if I was dead, being I am with disability. For example, my uncle came from a distance of 20 km away where we lived, to see mother. Meanwhile, he cried a lot sobbingly and said about me, "Better I was died and he buried me than I was blind." This, uncle of me after separation of long years, after I have my own job, children, and house, came to see me. He saw my house, "is it your house?" he inquired, I replied yes. "Are you the head of this house?" another inquiry, I again replied, yes! He said, "It is surprising enough!" Then, he spent for four days. All my families treated him very well. When it was about his departure I gave him a certain birr for his transportation, "Oh!" he said, "How can I (the sighted he meant) take money from you?" He on the other point said, I had four siblings; all are females one is my elder the other are my youngsters, they are without disabilities. In fact, I stayed with them for short time after my disability. Hence, I do not remember their reaction at the beginning of my blindness. In addition, I soon enrolled in Swedish

mission's school for blind in Sebeta. As a result, I used to visit them only at summer vacation of my education. Currently, we have a beautiful and an envious brotherly and sisterly feeling.

About, the reaction of other significant members of the society he said, the place where I lived was a country side; my peers with whom I used to jig, play, and sing all together used to go to farmlands at day times and come home at night, while I was at home. Yet, some of them felt sorry and while some of them took my disability as a joke. They saw me as a different person though I was the same person like yesterday, in spite of what happened to me. On the contrary, in school I had plenty of good friends, even with some of whom our friendship is still alive. In the same way, nowadays at work place every one respects and communicates with me. In my neighborhood, it is the same I have good friends too and except some they are good individuals too; we care each other in all the things we share. But, there are some neighbors who still do not accept that I am a capable blind person; though I always react positively. For instance, once upon a time my child was playing with other children; my child got into conflict and beat the other child. The mother of the child who was in near neighborhoods who is still there came and insulted my child, 'ye Ewir Lig (the daughter of one who is disorganized and not bright).' I said, the women was right but better she said it, ye ayneswur lig (a daughter of one who can not see). All my families roared at me 'how dared you say it!?' I restated, yes! I am blind, do not spoil the child, tell her everything the way I am now. He then said, I remember when our father of penitence came home, it was like unbearable sadness had befallen at our home. Of course, some church scholars where used to say, 'this son if he attended to church education, he could turn to a well known church scholar, why were you not send him to church?' They were asking and giving these kinds of pieces of advices to my mother. And he then said, after I lost my eye, for treatment I came to Addis Ababa to Dagmawi Menilik Hospital. I remember, I cried sobbingly when the doctor said about me, "his eye did not have any hope." But, the extension health worker and the nurse gave me drop, they treated me very well. To clinics and hospitals where ever I go I am treated wonderfully, at present. He felt happy and went on stating, the Sebata School I enrolled used to teach inclusively. The school used to accept blind students from different regions

of the country and was providing housing and food consumption. Before me there were blind students for about 6 or 7 years. In all, including me and other 19 blind students we were learning together with about 300 up to 400 sighted students. Therefore, not only the students and teachers were adapted well to blindness; but also no problem was imposed over me by my teachers until university, except fatherly love and guidance.

### **Reaction of Amare towards his disability**

I feel nothing being I am blind whatever happens to me; for example if I collide and fall down. I often say, I do not have eye so that I crushed with something. I do not have eye so that I fall into a hole. There was time I laughed being my head splinted and bleeding; I knew in anger I would have no result. I approach everybody as if they are my brothers and sisters and I involve in different unions too. Frankly, I do not want to be aggressive. Because, if I am now hot tempered person and abusive, for sure no one can approach and befriend with me. So, I try to be good in this aspect. However, there are many things which made me react negatively towards my disability. For example, I know everything what we mean by soldier, Airplane, Car in kinds, Town, House, and Tree. No one acquired blind person visualize as equally as I do, I like this. But, I feel sad because I lost all that I can enjoy. When I go to places I knew the concept of seeing that I lost, which makes me feel sorry. He then continued. I sometimes feel inferior in unnecessary situations; for instance, I hate to attend mourning ceremony, funeral ceremony, and wedding ceremony where there is a lot of mess. Why to these places if you ask me? I went clean and well dressed with my wife. But, at the moment of picking up foods from buffets of food, I hate to go staggering and confused. Thus, I feel inferior that I sit steal, while all went to pick up their own bit of food. 'Get up!' 'Get up!' people say here and there all over around where I sit. And, guys come and ask, 'what can I bring to you?' Though, my wife has gone to bring for two of us. He felt a severe pain and said, at the beginning time of my blindness, both relatives and neighbors were saying, 'better we buried him and cry,' in my very presence, sitting with them. The other is, my inability of enjoying the environment makes me sad. For example, I have been abroad to many places to more than 16 countries. However, I often regretted immensely telling my self, I could

have seen many things if I were not blind, like others are seeing many things, entertain, and share happiness to each other.

Knock out

### **Challenges of life facing Amare**

I am in a problem of societal attitude ever since my blindness; it still is unanswerable question for me. The societal attitude is most of the time negative and bad. Blind children beg in the road sides and they made them beg. The worst is, the society takes for this kind of dangerous crime for granted. Making children beggars after deliberately destroying their eyes, and earn money as equal as earning money by a taxi, is becoming customary or the society merely threw money and pass by. They could not understand if the child is supported and cared he/she could be independent and contributing member of the society. Words failed him, while he tried to express stigma, Stereotype, prejudice and discrimination of the society. He managed to say, the society never give attention to PWDs. When, it is said he/she is a blind including me, there is a belief that he/she is weak and to be charity. For example, once upon a time, with my wife I planned to go to a wedding ceremony to Mekannisa crossing Merkato, one old man came running towards us; abreast of me there was a begging girl, I am sorry to say. 'Take this!' he said, and gave me 50 cent. I asked him why? He stoutly answered, 'you sympathized me!?' I inquired how I sympathized you? He said, 'your physical appearance?' I handed over and ordered my wife to give the cent to the begging girl. 'Tigabegna Ewir?' (Over satisfied disorganized and not bright?), said the man. Again, when I enrolled in high school, for the school I was the first blind person. I registered after a lot of challenges and with precondition. 'You have to rank 1-10<sup>th</sup> in your class; and you should learn in the same way like students who are not blind without bothering the school,' was the precondition set ahead, by the school director. Surprisingly enough, I completed my education (9-12<sup>th</sup> grade) ranking 3-7<sup>th</sup>; I brought a lot of appraise to the school, though as the first icebreaker it entailed a lot of challenges to me.

About access challenges he said, in my academic life my challenges were first, inadequacy of learning materials, I was running shortage of Brail books and Brail papers.

Second, I learned with the help of other students though their help was sometimes available and some times not. Third, lack of readers, I used to beg people. He felt terribly sad and then said, after my sickness of eye at the age of 12 years, without treatment I was made sat at home of my grand mother. Then, she sent me to my mother who has married another man; there I sat for two months without any treatment. Then, I was taken to hospital, unfortunately white thing covering both my eyes was found. They gave me medicine but no improvement I showed. After some days, I went to my Aunt to Addis Ababa and she took me to Menilik Hospital, where they told me I did not have any hope. However, my Aunt was not disparate and took me to Enteto Hospital, where I received treatment for six months. As a miracle, I recovered the sight of my eye. Sad to say, I went to my mother for festival; meanwhile I stayed without following my treatment for two months that my sight became diminished. In the end, I was told I do not have any hope by another doctor at the age of 16, a time of complete loss of my sight. He then said, the other point is, I did not have any employment problem that I created my own job. Hence, in 1964 E.C when I was a 3<sup>rd</sup> year student in A.A.U, in summer my teacher professor Bandel, asked me 'what do you do in summer?' I said nothing. He said, 'if you come with certain projects...' I thought and came up with two ideas and told him. The first was, to gather blind children who were begging and teach them Brail writing. The second was, to translate books of the university into Brail to solve problems of blind students. The professor preferred the first idea and gave me 600 USA Dollar. A priest in German church around 6 kilo gave me one house to live there and arranged a classroom. I gathered 51 blind people aged ranging from 10-40 years old. We equipped the students with basic Brail writing and helped them to enter to school every year. I worked there until 1971 E.C. However, in 1974 E.C I established the institution where I am working as a manager currently, Yemisrach Center.

I remember, when I was in A.A.U I had fallen into the open pipelines many times. Often, around 6 kilo when I walk, I used to get open pipelines that I got buried yesterday. And I used to get a pole which was not erected before. Though, I am now spoiled after I assumed job, I did not move from place to place by a leader, starting from Debrezeit unto Addis Ababa. He then said, when I was a student, I did not have computer access in the

university and other adequate Brail books and Brail papers. The other is, he continued, it was and is a great problem for me that I did and do not feel relaxed to enjoy places like; hotels, cafeterias, resort places, meeting halls, and government offices, due to their inappropriate buildings. For example, to feed and clean my self, at times I feel embarrassed despite of large people visit these places, where you push each other for the same service.

When I bought the place where the institution built now, it was bought in my name. Meanwhile, I got into argument with one of the neighborhood. Angrily, he said, 'If I can not! Absolutely unable to win! For sure, I can win Ewur!?' (One who is disorganized and not bright). We will see and I will show you, I said. As I said I won him in court and fenced the place. Latter, however we become friends. He wondered and said, 'watch out your road!' people shout, 'do not you see!?' people often say this at road side. And then, they turn and see you again and say, 'Oh, He is Ewur! (One who is disorganized and not bright).

About social interaction he said, Personally, I do not have a problem. I try to be approachable; there is no body that deliberately attacks me. Since 1974 E.C it is about 38 years being I am at work. I made people to approach me; for example, there are many children whom I considered them as my own children. However, 'Often people say you are blind, how did you marry non blind women?' the other is he said, to your surprise, I have no economic problem. Swedish mission helped me until I complete my university education that money was sent to me from Sweden and I used to get food consumption in university. Even, I was able to give some monetary help to my mother who started to dwell in town. Our culture in general for PWDs is negative, he said this bitterly and desperately. People think, you are dead alive if you are a PWD. People think, your existence among them is a source of their pain and an exemplary of punishment from God for wrong deeds. The problem is worse when it comes to employment, they do not want to employ you, and rather they want you to be a man of charity for their entrance in heaven. And, it would be difficult if you do not have source of income starting from your family; even at that, there is a problem.

### **Success /Achievement of Amare**

In my academic life, I was sponsored the scholarship with other 15 blind students. I was learning in inclusive school. Most of the students were from rich families. That time, there was high competition. In my class, I stood first. Hence, from the hand of Emperor Haile Silassie, the last king of Ethiopia, I was awarded 30 birr and Brail book in Genete Liuel palace. In 2<sup>nd</sup> and 4<sup>th</sup> grades, I stood first and awarded again 30 birr and Brail book from the emperor; it was a big event and success in my life. From 2<sup>nd</sup> to 8<sup>th</sup> grades, I was ranking not less than 3<sup>rd</sup> on average. In high school grades, 9-12 I was ranking 3<sup>rd</sup> - 7<sup>th</sup>. In addition to this, I have 2.6 GPA and 2.34 CGPA in grade 12 Ethiopian School Leaving Certificate Examination (ESLCE) and University education respectively. He then proudly said, I have four daughters; except, the youngest all are employed and are leading their own life. Even, they are saying, 'father quit your job', but I am still telling them I have a lot more things to do. My wife is 12 complete and she is house madam. I have a private house in Shiromeda, where I lived for 32 years. Now of course, I am building a new house around Amstegna kifile Tor.

As for awards and media coverage, Amare becomes proud: I got awards from Emperor Haile Silasie two times. In high school I got awards of certificate for my good ranks. As well as, ENAB staffs have given me six certificate awards, tape recorder, and other materials in 2000 E.C. He then continued, Journalists often interview me usually since I was a student in the boarding school, ENAB, and now. Accordingly, I have been interviewed ETV more than 15 times, ETV live 3 times, Gazeta since 1974 each year 1 or 2 times, and many times by graduate university students and researchers for their senior essay, thesis, and articles.

About his contribution to society he said, I used to give money to mother and my sisters, which I used to get from Swedish institution. And before mother died two years ago, I was helping her in everything that she enjoyed life. He went on stating; my blind relative at the age of 28 years old came from country side, and then he lived for 28 years in my house. He went out of my house after he became graduated, married, and built his own house. About, seven house maids they went out of my house making their life improved.

And, my wife's sister with her two children who is widowed is living with me for more than ten years. Also two poor people, one who is with disability are living with me. He then continued, three years ago my wife when she went to Jimma she told me that a kid was lost. The kid was kidnapped and made her eye deliberately destroyed and was made begging in Addis Ababa. Finally, the man who did this was arrested and thrown into jail, for 15 years of imprisonment. However, I finally put her in Backo School for the blind, now she is learning there. He felt quite contented when he tells his educational contribution to blind children in building of Misrach Center. I can not say I fully built the institution; but I can say mouth fully, I am the founder and the coordinator of the establishment, and the manager from beginning until now. The building coasted about 10 million birr, another branch which coasted 7 million birr is found in Kotebe. So far, according to our statistics about 2000 blind students have got educational training and other benefits. In the institution, now 40 blind students are learning. Of course, there were many persons who joined universities and graduated in the field of Law, Education, Sociology, and so on, who are being in employment. For example, last year 7 students whom I personally support and 11 students the institution does, totaling 18 students have graduated from universities and colleges. He then said, I had served as a president of ENAB for 6 years and made about 300 people get employment. And, it was at this time that ENAB's office was opened and its workshops started. He further said, when I was in ENAB, I established a union and helped many people to get house. For 28 persons in the past and 21 persons who were and are our staff members, I managed building houses around Yerer, currently they are living in their houses. Apart from staff members, for other people, I collected donations and built a house, now they are leaving in their own houses too.

### **Community Participation of Amare**

I do have Edir (voluntarily organized service associated with death) one my wife's and one mine, for 15 years. Edir is a source of help. For example, if one person is in bed because of sickness; we cover 30-40% of the medical expenditure. It is obvious; participation in Edir gives a lot of merit. For instance, in festivals we slaughter an Ox by Kircha (to collect money and buy an ox and allocate slice of meat for each contributor), I

like this. I quite smell the odor of festivity that the whole night is spent by every one of the members together. At the same time, it gives me the chance to get along with people and make new friends, while we spent the night at the death of any member. But, I do not have Equip (interest free community saving), I simply put my money in the bank. And, I do not have Mahiber (social set-up of the orthodox religion to celebrate days of the angles); in fact I have in my work place called credit association, while Senbete (social set-up of the orthodox religion), not at all.

### **Amare's success factors**

I do not consider myself as someone who has a potential to do a miracle. However, sometimes when my participation is seen in work accomplishments, I say to my self, oh it is spectacular work and feel self-confident. But, I am not boosting of my self, I do not say all what has been done is done by me alone, yet I coordinated every thing. Often, I say I can, I am able to do this thing, why not I try it? If I can not do it, I could quit! If I did not say all these things, you can not find me here for your interview by now! He raised his voice and said, the very thing to win every thing is to work hard, the main secrete of my success is hard work. For example, if I did not study well I could not succeed academically. In addition to this, I do not know your religion I am an orthodox Christian, It is God who helped me a lot. He then went on stating; Swedish mission's classroom friends and teachers were my sources of strengths to be what I am now. He told all the aspirations he had; in my childhood after I came from countryside, I told to myself I am blind, so only education is a way out to my life. That is why; I was awarded from Emperor Haile Sillassie twice. Obviously, I was in history department and I was thinking to be a history teacher. In the middle, I have tried to do my own job than expecting others hand and tried to take short trainings though I failed. Finally, however professor Bandel changed all my dreams to what the social work I am doing at present. In his future aspirations he further said, first I want to write a book about all what was so far done in areas of disabilities such as; the challenges, successes, what should be done, and so on, I have started the writings. Second, if I can, I want to establish my own boarding school for the blind; or I will continue like I always do send 20 up to 30 students every year to

boarding school. Third, if I get time I want to die a happy death after seeing PWDs secure a safest place in the society.

Though my father died when I was 5 years old, I was grown up with my family, until 12 years of age, I was endowed with positive parental influence that I learned and understood things. Then, from 13 to 16 years of my age I stayed with my Aunt, where I have learnt discipline. Then, I completely went away from my families for schooling in Sebeta Boarding School at the age of 16 years, when I lost my sight completely. Thus, starting from grade one until university education, I met with my families only once a year at summer vacation; even at the end years of my graduation it was impossible to do so. He then said, before I became blind in Debrezeit, I had church education for 3 to 4 years, I memorized King David's hymn. And, in regular class I was promoted from grade 2 to 3, where I had friends and opened my eyes for modern education. He continued, school has laid a strong foundation in my life; all what I got the good things in my life were attributable to those what I got from school. In school, I did not only memorize selecting some few subjects rather I learned social life, helping and empathizing. In my time, we learned like family and in good ethics, since we all lived in boarding school. The same was true, when I attended high school in Debrezeit Evangelical High School and College; it was a house of religion that without prayer we used not go to class in the morning and to bed at night. Still, I do this with my work colleagues at present, irrespective of religion. He remembered his experience he had with his friends and teachers passionately and said, I was sociable with students; I was clever that students were attracted to study with me. This has great deal of importance till now; few friends are with me, for about 40 to 50 years. There were teachers who considered me as their friend. They used to take me to their house, I chat, I eat, and late at night I used to go to my home accompanied.

## **Discussion**

### **Societal Reactions towards Amare's disability**

Though, his father's reaction was unknown that he died before Amare became blind and it is impossible to guess what he would react if he was alive, it is possible to argue that Amare have missed fatherly affection, care, trust, role model, and so on. However, in most cases, his mother's reaction such as; crying, irritation, desperate, sadness, and depression were worsened by the negative reactions of relatives and neighbors. Nevertheless, his siblings' reaction either the positive or the negative was absent that he did not live with his siblings after wards of his blindness. Like wise, every reaction what happened while meeting during Amere's summer educational vacation was as a consequence of longing ness. As a rule, it is possible to argue he has missed the true brotherly and sisterly love, treatment, care, trust, emotional bond and ties, and so on. Though, he might substitute all these things from his classmates at school; even so, it might not be as natural as his own siblings.

Indeed, we understand many things in the reaction of other significant members of the society. For example, when we start from peers, the earlier childhood times of Amare were unbearable and painful. This was may be, his peers at this time were kids in their age and unable to understand about disability and the consequence of their negative reaction up on their peer, Amare. When it comes to his neighbors' reaction, Amare is living peacefully with his neighbors as much as possible. Though, occasionally certain things affect him either directly or indirectly, as a wise and civil man he is enthusiastically trying to win the interests and love of his neighbors for peaceful coexistence. While the religious leaders' reaction was positive; apart from the father of penitence unpleasant feeling, the other religious leaders had a positive reaction that convinced Amare's mother that Amare is capable of learning and or attending school. This reaction, it is possible to infer has helped Amare to go to Addis Ababa and attend modern education in Sebeta, besides of other motives of the mother. Studies also suggest that in the Ethiopian Orthodox Church there were successful blind personalities in the clergy (Tirussew, 1998., as cited in Tirussew, 2005).

Where as, those health care professionals' reaction Amare knew so far were welcoming; except the language the first doctor who declared the complete loss of Amare's sight. Evidences also suggest that, in most cases, health care professionals do have positive reaction towards the disability of PWDs (Sami and Salah, 2003). At the same time, his teachers' reaction largely at Sebeta and other schools was positive. And, his teachers' positive reactions has made Amare to be interested in his education, have best academic performance, cooperate with his friends and made him achieve his goal through education; because his teachers particularly in elementary school had experience of teaching CWD in inclusive classroom. Studies also indicated that, teachers who are in the education of special need students in regular settings seemed to develop a positive feeling such as; empathizing, helping and caring (Shade and Stewart, 2001).

### **Reaction of Amare towards his disability**

Amare is trying to avoid his own negative reactions towards his disability. Instead, he is developing socially acceptable behaviors which facilitate his independence, self-confidence and acceptance by others in the community. Studies also portray that, the degree to which a PWD gives a positive response to his/her disability is a positive feature as to society will give positive responses (Habeck and Fuller, 1997).

However, Amare's negative reaction towards his disability was resulted in both personal and environmental triggers. For instance, the personal negative reaction that he manifest towards his disability imanating from himself is, his feeling of inferiority in involvement of social gatherings and so on. Whereas, the environmental triggers includes relatives', neighbors', and friends' negative response, and inability of enjoying the environment.

### **Challenges of life facing Amare**

Amare expressed well with experiences of himself and others as evidence of his argument how the attitude of the society is challenging; and how he has become restless to avoid this societal attitude. What is more, he is trying to discharge his responsibility to free blind children out from this yoke. Further more, he has been challenged by the societal stigma, stereotype, prejudice and discrimination through out his life. Evidences also suggest that, PWDS often face stigma based on misperception (Graham, et al.,

2003), prejudice reflected in negative attitude (Kubin and Roessler, 1995, as cited in white et.al., 2006), and institutional discrimination (Lee, 1993).

Indeed, when we discuss about access in general and access to education in particular we got Amare's enthusiasm and committed ness he had in his education to win his life. In that, it seems difficult for someone who is blind to succeed in his education where there is severe lack of Brail books, Brail papers, and readers.

And when it comes to see challenges of access of health services he has faced, we find that lack of awareness of medical intervention of his families, inaccessible health access, and fault of the doctors in examining his eyes closed all doors of Amare's possibility of regaining of his sight. It is obvious that he did not get an appropriate attention of his families that he needed an immediate medical intervention and its sustainability. Apart from this, the medical personals should have been examining him carefully with continued follow up accompanied by familial active involvement in the process. If this collectively were in place, Amare would not have lost his eye though suggested after the effect.

While in his access to employment opportunities it might be possible to say that he did not need a help for life. In stead, he needed a favorable atmosphere or a minimal help of Sebeta School and Professor Bandel's as a spring board to create his own job (self-employed). And, he did the same thing to other fellow citizens of PWDs and PWODs. Moreover, to mention in passing he is a person who does not run only for his personal benefit, rather often what comes directly to his mind is the affairs of fellow blind personalities.

In fact, access to other physical environment includes accesses such as; road, technology, and design of building. Amare seems to be lucky that he was not exposed to other physical impairment as long as he has been facing road challenges. Anyway, for the future he needs to think about it, though his exploration of his environment is appreciable. However, he has faced lack of Brail and computer technology particularly in

his University academic life. In addition to this, he is unable to entertain and enjoy himself in Cafeterias, Bars, Hotels, and other centers due to their unsuitability of building structure. Studies also put that, PWDs lack social interaction and integration due to the impossibility of using private and public services and facilities (WHO, 2002, as cited in Ronald and Jim, 2004).

In fact, other challenges include problems such as; poverty, culture, language, and social interaction. Amare has been prejudiced that he was unable to do things by the derogatory language Ewur (one who is disorganized and not bright). However, in practice for example he was found able to fence his fence legally. Amazingly, he made the person his friend instead of bearing a grudge; which indicates his positive reaction towards his disability. However, the derogatory language is still continuing against him. Supporting this fact, in Ethiopia studies indicated that PWODS use abusive language for instance persons with visual impairment were addressed as Ewir (one who is disorganized and not bright) (Tirussew, 1998.; as cited in Tirussew, 2005). The surprising thing is that there are persons who are stereotyping and prejudging who still did not believe how he married non blind women with his disability. This is because of the held belief of the society that PWDs could not lead a successful married life and PWDs should marry only PWDs. Nevertheless, there is an open room to argue against Amare. I.e. Amare said, I did not have any economic problem. However, the fact was he was donated by Sweden government beginning from his elementary school, until he graduated from university which indicates not only his and his family's poverty but also his country's poverty, generally speaking. The other point is, the culture where he is in is quite negative and embarrassing and makes difficult to live with his disability unabashed and embarrassed.

### **Success /Achievement of Amare**

Amare when he began school in his immature brain he had a fervent belief and commitment that education irrespective of its challenges, could be a way out for his life that made him to be fortune to receive awards from the then king of Ethiopia twice. What is more, in his family success he has disproved for those people who had a thought of he can not lead a meaningful independent life. And, he has set himself as a role model

for other fellow citizens of PWDs. Moreover, among received awards for his success, the award he received from ENAB shows that Amare have been trying to discharge his responsibility to help other blind fellow people to lead their own independent life. As well as, the media coverage for his success indicates how successful Amare is! Because, in most cases people became under media focus if they are authorities in certain government positions, athletes, and artists.

Indeed, Amare's success is not only for his personal benefit but also his contribution to society is quite immense. And, this section of society include his families; relatives, house maids, poor, blind children, ENAB members, and houseless people. To see one by one, for example his mother enjoyed life by him until her death. He has also made relatives, house maids, and poor to stand independent by their own legs and he has become a shield to many others too. Furthermore, the pleasant thing is that his rescuing of little child from begging he not only created access to education to the little child, but also rescued generations from begging.

Furthermore, his educational contribution to blind children in building of Misrach Center is quite immeasurable; letting other things aside for example, the 2000 and above blind students who have taken training so far may have been and will be promising citizens of the country. In the same way, in his contribution to ENAB one may say that the 300 people have better life after the employment opportunities he created. Even, they might have employed others and in general it is possible to say that at least more than 300 souls might be under the support of them. Which itself evolve another supporter for another individuals for infinity until he/she is able to stand by his/her self. Finally, in his contribution to people of houseless he has made leaving enjoyable. Because, in Addis Ababa let alone to build a house it is difficult to rent that the price is quite coasty. Besides, these people and their families would have brightest future and active role in their country development. Generally speaking, studies also suggest that PWDs can contribute through contributions of being in their very presence and in their own actions of doing to society (Philia, 2005).

### **Community Participation of Amare**

Amare does not have local Equib (interest free community saving), Mahiber (social set-up of the orthodox religion to celebrate days of the angles), Senbete (social set-up of the orthodox religion). However, in his Edir (voluntarily organized service associated with death) community participation beyond his chance of making a lot of friends and active involvement in the society; one can possibly say that there is something among other things i.e. his community members including children will have an opportunity to adapt to visual impairment and they might develop positive attitude towards other PWDs. Evidences also show that, the rate of community participation in the local organization is considered as a possible indicator for success in degree of social integration of PWDs in the community (Tirussew, 1998, as cited in Tirussew, 2005).

### **Amare's success factors**

Amare when he tells his self - esteem one can possibly argue about two points. First, Amare said I do not have higher value to my self (or as he explained I feel inferior... in the preceding presentation of his negative reaction) and became successful. Which is against many scholars findings; People with low self-esteem are most unlikely to be successful (Cambell, 1984, Watkins and Kahn, 1969; Estela, 1980, Baumeister, 2003., as cited in Nesredin, 2006). And, sometimes he feels confident when he sees work accomplishments i.e., he seems to have healthy self-esteem. In this case, it arouses a question, e.g. can a person have a mixed self-esteem? Or does self-esteem varies according to situations? Or what else could it be? The discussion goes open to the readers, while he seems to have positive self-efficacy. This is evidenced in the earlier sections of presentations of his early success at school, his success, and in his contributions to society. Which, is put in a nut shell as he said it, 'If I did not say... you could not find me here for your interview by now!' evidences also indicated that, people with positive perceived self-efficacy pursue a relatively high level of performance because they do not put off easily while they face difficult tasks (Vrugt, 1994).

He stated clearly the coping mechanisms for his success were; strong desire and devotion to learn and work and spiritual strength. Where as, his sources of strengths were NGO and

individual friends and teachers. Furthermore, his aspirations as a student made him to be ambitious, competitive, and determined to overcome his barriers and became successful in his education. Studies also indicated that, aspirations are essential for success of an individual (Chug, Baskin, and Casen, 1999, as cited in Perry, Steel, and Hillard, 2003). There is one thing to be mentioned in passing, he will always be remain restless and concerned about the affairs of fellow PWDs unto his death, due to his due concernedness.

Indeed, experts now seem to agree parents to play a less permissive and more active role in shaping the child's behavior (Hetherington and Parke, 1986) and brothers and sisters are play mates first, as they mature they take on new rules; teacher, friend, companion, follower, protector, competitor, confident and role model (Powell and Gallagher, 1993). However, this did not work to Amare to a large extent, since he did not live with his parents and siblings after wards of his blindness. Therefore, in his early familial experience he has missed the true motherly, brotherly, and sisterly love, treatment, care, trust, emotional bond and ties and so on. Though, he might compensate all these things from his classmates; even so, it might not be as natural as his families, in fact his success with the absence of it is appreciable

Naturally, school provides children to take up new role. For example, interact and develop relationships, develop new standards by which to judge themselves and provides rich source of new ideas to shape their sense of self (Jown, 2002). Amare had early childhood education in which he had known the usefulness of education in his early childhood times. This, it self has played a certain role to continue his education after he has lost his sight. Moreover, Amare's likeness by students and teachers and favorable school experience had made him eager, brave, enthusiastic, optimistic and put him to what he is now today. In short, the way he is now today is what he got in his education yesterday in his school. Studies also confirm that, education enriches individuals' life, informs ones choices, and prepares for meaningful employment and to contribute ones share to the society (Shankoff and Philips, 2000).

## Case 2

### **Birtukan Melese**

#### **Introduction**

After the head of ENAB informed me a potential participant for the study, who is a woman working in Ministry of Women's Affairs institution, I went personally and briefed her purpose of the study. Hence, instead of her she rather mentioned Birtukan hoping Birtukan would be more appropriate. Then, I went to Birtukan's office, she was absolutely willing and I find her appropriate too to the study. Subsequently, I made a good contact with her through frequent visit and phone calls. Finally, she was interviewed and made involved in FGD besides of documents related to her were reviewed comprehensively; starting from 6 up to 30 of March of 2002 E.C. She is now 28 years old, she was born on February 16, 1974 E.C in region 3 Gojam Dejen Agreselam Kebele Geberie Mahiber. Nevertheless, at the age of 5 years in her village there was infestation of measles many children including her there was swelling of their eyes, causing many of them died. Meanwhile, her temperature was very high, hardly walking and hallucinating, and then she lost her vision within a week. Nevertheless, since 1982 years to 1985 E.C she has attended elementary school grades, 1- 6 in Sebeta Boarding School. From, 1987 E.C she attended grade 8 in Enteto Amba. Then, 1988 to 1991 E.C she attended grades, 9-12 in Teferi Mekonen, the present Enteto General Academic and Vocational Secondary School. Finally, from 1992 years to 1996 E.C she undertook her higher education in A.A.U and graduated in LAW. Currently, at present she is working as judge two at Federal Civil Service Agency of Ethiopia.

#### **Birtukan narrates her story:**

##### **Societal Reaction towards Birtukan's disability**

My father was literate, at the incidence he was not sad towards my disability, I do not know may be inside. He rather was busy in finding solutions. He took me to different places of holy water. And then, he brought me to Addis Ababa; where my Aunt lived and I began school. After, I began school my father was more than happy and expected me to be someone; until he died when I was 3<sup>rd</sup> year student in A.A.U. However, my mother who is now 68 years old, just literate and living in the country side, cried a lot without

consolation and she was severely frustrated though is absolutely happy now. Of course, she acted like this partially because of neighbors' negative response that I should have been died. Her likeness towards her brothers and sisters reads upon her face while she said, I have eight siblings. In the family, I am the 4<sup>th</sup> in birth order. My elders are one female who is partially deaf and two males. My youngsters are three females and two males. However, I did not remember their response towards my disability that I was too young. But, my elder brother with my Aunt's son, one day carried me at his back and told me to beg in the name of saint Marry at road side; applying what he saw in the market when blind people do so. Still, he feels and regrets that he did it in ignorance. At present, they enjoy my disability that they are under my guardian for I helped them, others be graduated and others being in school.

About the reactions of significant members of the society she said, in my childhood at the country side, children used to leave me behind alone. For example, if I fight with them. They thought I was not equal with them. In elementary school, I was clever student ranking 1<sup>st</sup>. And, I used to produce questions for discussions that I was liked by students, though there were some students who quite hate me for the reason I took their reputation. As well as, in high school most students liked me, mainly boys that I used to talk and discuss about academic and non love issues and I was competitive enough too. She then continued, in university classmates and students around were cooperative, caring, and empathizing enough. She felt sad and said, about me relatives and all neighbors were saying, 'better for her mother if she was died.' And, they used to say to my mother that 'she would be blind sooner or latter because of her repeated agony of cry due to my disability'. Thus, I felt terribly sorry about my disability and felt I was worthless, she seems unable to forget the pain still. The other is, she said and continued, I knew religious leaders after I became a university student, and I had a father of penitence. Hence, I used to participate in Saturday and Sunday ritual ceremonies. One day however, I was absent and the priest said, 'where is that weak?' and recommended others 'please bring her that she is weak' I had bear grudge on the father that I stopped going to church, since then I hate to have father of penitence. She took a long sigh and said, on one Wednesday when I was at 11<sup>th</sup> grade; I went to hospital due to the unbearable pain of the

labor I had to give birth a baby. Meanwhile, the doctor said, 'how at this time? And also it is you!?' Unfortunately, on Thursday I went to school for examination. As a consequence, I had been exposed to sunstroke that I had terrible pain. Hence, I again visited the hospital crying by the agonizing pain. By then the doctor said, 'go and cry to your husband, not to me!' I felt bad. Nevertheless, when I gave birth to my second child, I have had my own work and I was treated very well. She then felt happy and said, my teachers in elementary school adored me very much that I was very clever student. For example in high school, there was one women \*history teacher who treated me like a mother. Even, when I was pregnant she did not yell against me. Instead, she encouraged me to press on my education. Of course, the school was boarding school that there were also blind teachers who were approachable and sources of lessons in many ways in their life experiences.

#### **Reaction of Birtukan towards her disability**

At the moment of starting schooling I was longing for my families. But, as time went by I was forgetting everything. I began to think about myself, to change and to like education. I convinced myself that I was in good situation than I was in the countryside. Fortunately, in university as a result of classmates' help I forget being I was blind and it was only in some few happenings that I remembered my disability. After a long sigh she said, there was a woman whom I hate still, I heard her through my own ear when she said to me, 'she should have been died.' On the spot, I felt bad about myself. I still disgust her; saying I am here today what she said I should have been died. She remembered her childhood times and said, I was born in countryside; when children used to play in the outside meadow, if my brothers did not take me I used to sit alone at home, feeling bad. Even, I was wishing to die and used to say, I was worthless. She then told another story. she said, since grade eight when I learned living in rented houses out of the boarding school, there was a boy who was asking me to have him as a boy friend. However, I refused him to focus only on my education. But, forcefully he used to come to my house. He used to beat me though I told him I did not like him. Sad to say, at the end I became pregnant and gave birth to a child at 11<sup>th</sup> grade, I still have that past feeling. I was desperate and it was like the end of the world to me. I used to cry a lot and decided to

suicide. I bought poison of rat to die, though the one who bought for me intentionally bought a packed little sugar.

### **Challenges of life facing Birtukan**

The society believes that if one PWD demonstrates certain misbehaviors, they took it as all PWDs do the same thing. But, I teach always in every event of these attitudes. There is a habit of thinking PWDs are unique creatures. And, many think blind people and I are furious. For example, to help me in my way at roads people ask my permission. When, I ask them why? they often say we have been beaten. For instance, my girl friend at work place said, 'in a taxi she left a front seat and went to the back seat, a PWD beat her, saying he was not less than her!?' And, when others and I achieve a certain position or thing people often say, 'PWDs are brightness heart (or super men).' Any way, the society is not all bad, not all good. Then, all about stigma, stereotype, prejudice, and discrimination she has faced she said, in my family except father I was not given value as equal as my siblings. They thought I was disabled and I was worthless. For me, the time until education was not good. She then said, after boarding school I used to rent houses with my girl friends being three or four, to minimize cost. Hence, at times of happiness and sadness other friends of us come to our house and we go to theirs. Meanwhile, owners of the houses were not happy and did not prefer to rent us a house. Then she continued, in country side every one, female or male won his/her bread through day and night toil. Therefore, when I became blind, all people thought I was worthless and would be thrown like garbage, though now it has got better after my success through education.

About access challenges she has faced she said, after I was raped, I gave birth to a child at grade 11, as a consequence I became challenged badly. And, I could not manage myself to study though I tried hardly. Finally, I scored 2.8 GPA in grade 12<sup>th</sup> ESLCE. As a result, I was desperate that I could not join university. At the end, 2.6 GPA was announced to be an entrance point for PWDs as an affirmative action. I was quite chuffed because I had thought of my dreams had been vanished. Besides, it was difficult for me to have a full academic result as sighted students. Basically, Brail when you write with it, it has sounds that I felt abashed of disturbing others. She then said, I studied Law in A.A.U.

However, the codes in Brail were written in one copy. Therefore, it was not accessible to about 30 blind students. We used to read the same copies of each code turn by turn. The problem was I could not also have it written by secretaries, because 1 page for sighted was 2 pages for me that I could not afford the money. As a result, at the end I was challenged heavily to do my graduation fulfillment paper that I was unable to get information and I did not have the skill of internet. Of course, students used to give me materials what was extra for them. They were telling me materials found in the library. Then, I go and ask others to help me to read; identify the important, shape, put it in to Brail, and edit. That is why, I did not put A and B grades in line. I considered myself even lucky to be what I am now. She then continued on stating another point, after I was blind due to epidemic, traditional medicines and holy water was tried though there was no solution at all. Then, for three years I sat in idle. In the end, I was brought to Minilik Hospital in Addis Ababa where I was told I had no any hope any more. Currently, I do not get clinics in front of road sides that they are inaccessible. As a result, I often ask others help, because of open pipelines, holes, stones, garbage, and mud I found in my way. Then as to other point she said, I was graduated in July. But, I got work in November though I applied to different places, since July. I have had many interviews but no call. Their reason was that they did not want to arrange an extra budget to hire an assistant worker. For example, in one ministry office they interviewed and asked me, 'if you have appointment in federal court, how do you go? I told them they need to hire an assistant, therefore I was not hired. Specially, it is unthinkable in NGOs. However, in government institutions, the situation is better that the salary you are paid is so low. Nevertheless, there was a blind person in the position I am working now, who has performed best. So that, I was hired having assistant though it is government office.

About the physical environment access challenges she has faced she said, what I got fine road in the morning, I got it dig at night in an infrastructure arrangement either by Ethiopian Electric Power Corporation, Wihana Fisash, and or by Ethiopian Telecommunication Corporation. Furthermore, I used to get parked cars always here and there around the asphalt, and holes and stones in the inside roads. There is no any sign or sound on asphalt and road sides which gives sounds for blind persons. That is why, it is

impossible for me to cross and walk on the roads, if I do not get others help.. The other was, I did not have internet access when I was a student in a university and it was difficult for me to go around to many buildings as well. The same is true at present; there are buildings which have three and more floors. To go up it is ok, but while I go down I go fast over the stairs that I must be dependent on others help. She then said, while I rent a house, I rent insides of villages that I inescapably often cross garbage, mud, hills, and bridges of woods and many things. It is also disappointing that in bus and sometimes in taxi transportation there is pushing; some people do not really give priority and concern.

About other challenges she said, usually when I am around, if one says to some one ‘Lemin Tidenaberaaleh (why do you confusedly stagger, do not you see?)’ He/she the one, who said this, feels scared that he/she directly connects it to me. ‘You are weak! Why are you late at night?’ This, I have been told by house owners I rent. I have come across words like sick, weak, and many others. However, I often teach believing that the approach of the society is determined by the behavior I often show. Hence, I can make others to be attracted and walk away from me. Any way, I am sociable. She felt wordless and said, after grade seven, I went out of the boarding school, and I was receiving 200 birr monthly. That time, I rented a house and lived with other two blind girls. Besides, my family were not helping me like Berberie (grind of paper), Shiro (grind of beans, etc), I just helped myself. Nevertheless, in grade 12 I send my eight month years old daughter to my mother. However, the child could not adapt anybody. For this reason, I brought my daughter and my younger sister. Three of us were living by 137 birr until grade 12 ESLCE was completed, in rented house. My daughter used to eat bread with tea in the mourning, so did I; I may not eat at night. Nevertheless, I was thinking one day I will have my own beautiful day and beautiful life. About culture she then said, many take disability as a result of punishment for sin, especially in the country side. Many think my family may have a certain sin or wrong deeds. But, they do not know that sight might go by different factors such as; diabetes and old age.

### **Success/achievement of Birtukan**

From 1982 years to 1986 E.C I completed my elementary education up to grade six with class rank of 1<sup>st</sup> up to 2<sup>nd</sup> on average, from 1987 o 1991 E.C grades seven and eight with class rank of 1<sup>st</sup> up to 2<sup>nd</sup>, and while from 1992 years to 1996 E.C I studied Law in A.A.U and graduated in 2.3 CGPA. She laughed and felt happy and said, in 1998 E.C I have married, my husband who is blind was my classmate in A.A.U and currently he works in ministry of justice as a lawyer. In 1998 E.C we gave birth to a son. He will be 4 years in the coming may. Of course I have a daughter, now she is 12 years old. She then said, before the job I have now as judge two, I worked as an expert in another institution. All the time, when I am given a certain schedule of work usually I finish in rank of very high work efficiency. That is why due to the satisfaction of top managers, I was team member in the implementation of BPR (Business Process Reengineering) in the institution. Apart from this, the organization provided me opportunity to participate in various trainings to earn five certificates. As for media coverage and awards she said, I have made two consecutive live panels in ETV program called Medrek. I have made two radio interviews, one interview with Zami FM 90.7 about Christmas festival and disability; and with radio Fana in connection with family planning and disability. Moreover, I have been interviewed by Merit Magazine of our institution too.

About contribution to society she said, a huge responsibility of my families in idea; profession and monetary wise have fallen on my shoulder. For instance, my brother who works as accountant now in diploma had lived with me until he became graduated and if any one is sick, I cover the health cost; As a mother; I have 12 years old daughter and son who is going to be 4 years old in the coming may. She continued and said the other is, II always participate and contribute my bit in all ENAB activities. In my profession at work area, every one comes for justice; some are fired from their employment, not given salary, and so on. I do not relax, I often see it seriously and I do it in enthusiasm and efficiency. That is why, people express their thanks through other men, but they do not come personally. However, few may not be happy but I am right, I do it with two other men.

### **Community participation of Birtukan**

I do not have Edir (voluntarily organized service associated with death) that I usually change my abode now and then. I do not have Equib (interest free community saving), Mahiber (social set-up of the orthodox religion to celebrate days of the angles), and Senbete (social set-up of the orthodox religion). Infact, I have Equib at work place. And, I have Mahiber in ENAB, the latter which enabled me to discuss on the issues of disability, and to change the attitude of society as there are many PWDs hidden in their house.

### **Birtukan's Success factors**

I had a low value to myself before I entered to school in the countryside; that I was just eat or sleep, or keep cereals from hens at my home. I was considering myself worthless and as an object put always at home; when my peers used to run into farmlands and meadows. However, in school I convinced myself to believe in myself and become eager in the future. It is after school I convinced myself, I would win all the challenges of my own disability's and those of the environment's. For example, when I was raped, run shortage of money, far away from my family members, faced lack of educational materials and equipments, if I did not believe I could not overcome them, I would not be here in the position I am now. She then said, when I faced all sorts of challenges I used patience, commitment in my education, and hope as way out to forget my misery. Of course, my father was anxious to see me being someone in my education. Administrative workers of Sebeta used to tell my father that I was clever, and then father tells it to everyone. So, it helped me to be strong. Something I will never forget she said, when I gave birth an illegitimate child in grade 11, father said, 'I will grew up the child, you keep up in your education, it is good for you, you got human race!' and eased all my worries. Yet, friends at school and university, my brothers and sisters were source of energy for me to see the future was bright. I became aspirated after I began school, I had an ambition to complete my education, be independent, and make sure others realize I was worthy and set myself as a model to both my brothers and sisters who where not pursuing education, which I succeeded. She then said, I have ambitions in the future such as; do my own business with my husband, built my own house, car to avoid all eyes on

me (this my daughter tells me while she and I often head off to work and school), and to be famous attorney though it needs a lot experience and money.

About her early familial experience for her success she said, my upbringing before school at my family was not good. Except, my father there was a thought of I had no worth. For example, mother was about to hand me over to some one of our relatives; who lived in Addis Ababa that I would have been a beggar. This, father told and it was he who rescued my life. At the age of 8 years, I entered to school to Sebeta, by my aunt through the help of my father. Hence, at summer when school is over, father was taking me to country side. By then, my brothers and sisters were busy of the farmland activities, except appreciating my cleverness. This all, had been usual until university. So, I can say I was not linked with my family except a little with my father. She then said happily, if I did not attend school, I can not imagine what I would have been, may be something bad, for sure never in the position where I am now. She then continued. In boarding school, all my classmates and others were like my brothers and sisters in happiness and sadness moments. The same was true, when we lived in rent houses. Furthermore, my teachers were good and helpful as they liked clever students. In fact, the majority were blind I saw them as my models. In high school most teachers were caring and encouraging. Finally, in university I had very intimate friends who helped me enormously in my education.

## **Discussion**

### **Societal Reaction towards Birtukan's disability**

For the most part, fathers share some of their wives concerns, yet experience emotions that are quite different (Grumz, and Furium, 1972; Hersch; 1970; Love, 1973; as cited in Fortin, 2006). Birtukans' father sought solutions as much as possible to regain her sight. But, at the end when he failed he had thought of her future and managed to enroll her to school as her way out. In that case, he succeeded though he died before seeing the fruit. Evidences also suggested that, fathers are said to be concerned about the long term implication of their CWDs (Lamb and Lauman-Billings, 1997). However, her mother though happy now she cried a lot at the begging of Birtukans' disability; and was unable to console herself. Nevertheless, her siblings did not show negative reaction except one

only one time. It might be because they all spend their time at farm lands keeping their cattle, sheep, goats, and their farm land during harvest time; while Birtukan is always at home. And, when they came at night after dinner the boys may go to bed early that they have been tired all the day. And, the females go to household chores helping their mother. Evidences also support that, siblings' reaction to a sibling with disability is dependent in their family's resource, life style, and child raring practice (Powell and Gallagher, 1993). On the reaction of other significant members of the society; Birtukan's peer classmates were focusing not on her disability instead they were concentrating towards her potential and were eager to share her knowledge to be clever student like her and perform best in their exams. The likeness of Birtukan by her classmates had played a role for her not to pay attention on her disability; rather on her educational potential and finally made her achieve her goals through education. Neighborhood stressors increase PWDs vulnerability to stress by despising the effectiveness of PWDs resources and their belief in themselves (Elliot, 2000; as cited in Rogers and Piligrim, 2003). The relatives' and neighbors' negative reaction worsened Birtukan's and her mother's negative response and has made them see no hope in the future. This is due to, relatives and neighbors were found in the country side that their awareness is poor, besides the culture they hold was negative to disability. While, her father of penitence had taught of Birtukan as she was weak. This might be due to his religious thinking that her disability is the result of demon so that she needs to be pitied and sympathized by everyone around. Unless, she can not stand by herself up. And then, she stopped getting closer to priests and going to church. Studies suggested that, PWDs want to go to church and enjoy religious worship. On the contrary, their full inclusion in activities and developing relationships, however, appears to be quite limited due to the conflicting expectations of religious leaders (Minton, Carol, Dodder, and Richard, 2003).

Where as, health care professionals' reaction against Birtukans' disability has shown significant difference up on her employment than her student time. This opens a new room to researchers, anyway. However, there was quite envious teachers' positive reaction. Though, it is difficult to assume their feelings before the teachers teach

Birtukan, their positive response was brought as a result of her cleverness and performance at school and their experience of teaching in inclusive classrooms.

### **Reaction of Birtukan towards her disability**

Birtukan was concernedly thinking about her future optimistically. What is more, she seems to give positive response which was used as a positive feature as to boarding school teachers, directors and administrative staff members, to give her positive response. Further more, she rallied easily her classmates and other students support through out her education. Studies also suggest that an individual with positive response is one who is flexible and rallies social support (Yoshida, 1993, in smart, 2001). However, the negative reaction of Birtukan towards her disability stems from environmental factors. These were; negative reaction of relatives' and neighbors', inability to explore the environment, and rape. Thus, she had shown negative reactions such as; unhappiness at being left to play alone, adapted herself to restricted social environment, and kept her rape secrete.

### **Challenges of Life Facing Birtukan**

For the most part, a study by Massie (2006) as cited in Nowicki (2006) concluded that disability is socially constructed, but it is largely perceived as an individual problem. Openly, Birtukan has been victimized by stigma which reduced her acceptance by her families at the beginning of her disability, stereotyped being perceived not as an individual and discriminated institutionally. Evidences also show that, PWDs have often been facing stigma, stereotype, prejudice, and discrimination by the society (Ingstad and Whyte, 1995). In most cases, studies suggest that the combined effects of gender and disability stereotyping made women with disabilities unlikely to have the educational opportunities that will allow them access to highly valued, well paying professional positions (Russo and Jansen, 1988.; as cited in Tirussew, 2005). However, Birtukan has managed to escape from this challenge. Of course, the negative thought of all people against Birtukan was raised due to the fact that, in the country side if one does not face ups and downs he/she could not lead his/her life. Nevertheless, Birtukan is trying to teach the society whenever they manifest stereotype and prejudice. This is appreciable and need to be continued in the future.

Surely, Birtukan's access challenges in her education were; sexual abuse and its negative influence on her education fear of using brail writing in class to avoid noise, lack of material, information, and as a consequence low grade in university. Indeed, Birtukan was very strong women and determined to realize her dreams of success. Because, her challenges such as; rape, fear of using brail to write, lack of material, and information the latter three which were organizational problems could potentially block any women with disability from her success. And, if we come to see her access to health services it is annoying and inaccessible.

As well as, in her access to employment opportunities we understand that, Birtukan before she became employed she has experienced employers' fear of requiring additional budget to hire a PWD; experience of employing a PWD is vital to hire another PWD, and employment in NGOs for PWDs is difficult. Apart from this, in her access of physical environment Birtukan has been facing road challenges though lucky that she was not exposed to other physical impairment. Anyhow, for the future she needs to think about it. And, high cost of technologies may not be available in Ethiopia the reason that academic areas did not fully support the choice of technology for Birtukan.

Besides, Birtukan has faced derogatory language. However, instead of using bad language as a counterattack she often teaches people for proper language usage; which shows her wise ness of changing the societal negative attitude and her positive response towards her disability. Birtukan when she was pregnant as many women do so when they are starved, she did not go out for begging. Her mind was thoughtful it dreamed of only brightest future as well. Nevertheless, Birtukan's culture where she lived was less tolerant of her disability and her disability was interpreted as divine displeasure.

### **Success/achievement of Birtukan**

After all, Birtukan at her childhood times really had unshakable belief irrespective of challenges; her education can be a main instrument for her independent life that is why she was top ranker in her classes. Though, she graduated in Law her performances of education since grade 12 ESLCE is significantly affected, by factors mainly sexual abuse

and poverty. Really, in her married life she has disproved for those people who had a thought of her, she could not lead an independent meaningful life. What is more, she has set herself as a role model for other fellow citizens. Besides, she is not only one of those best performers in her institution, but also one of those most liked by top managers; which is equivalent to her academic times, with best grades and teachers' likeness. Furthermore, Birtukan seem to have a reputation in disability issues and in her law profession that the media outlets seem to give attention to Birtukan. Where by, many PWDs and PWODs knew her and Share experience.

Birtukan who was at one time thought of as worthless has become the reliable shield of her family. Obviously, Birtukan is contributing to society as a parent, whose children and grand children generation can potentially contribute for the country's development in the future. What is more, she is always there for people who are blind and plays her role in all endeavors of making blind people secure a wonderful place in the society. Indeed, she has shown as she is an ideal person for a title in her career. Results of studies also indicate that, PWDs can contribute both in their presence and in their own actions to the society (Philia, 2005). And, she disproved all her failures of interviews were due to employers' who run negative attitude against her disability.

### **Community participation of Birtukan**

Birtukan does not have community participation in local organizations; Such as, Equib (interest free community saving), Mahiber (social set-up of the orthodox religion to celebrate days of the angles), Senbete (social set-up of the orthodox religion), and Edir (voluntarily organized service associated with death) resulting in obstacle of institutional access challenge. To put it in another way, she does not have her own house which can allow her to take time to introduce herself with every one around.

### **Birtukan's success factors**

For the most part, individuals would feel good about themselves if self-esteem level was rose and feel worthless if self-esteem was lowered (Aronson and Mettee, 1968).

Birtukan's self-esteem rose after she started schooling that she was clever student though before that she felt worthless. Apart from this, the more she was challenged, the more she became self-efficacious. Thus, it entails a question. For example, does a challenge bring self-efficacy? If there is self-efficacy before, does that mean irrespective of challenges it does not alter? The discussion is open to readers. Anyway, Studies point out that people with positive perceived self-efficacy pursue a relatively better life; because they do not put off easily while they face life challenges (Vrugt, 1994).

Furthermore, the coping mechanisms for Birtukan were; commitment in education, patience and tolerance, and hope. Where as, her sources of strengths were; school support, NGOs, and individuals. As well as, her aspiration as a student made her to be ambitious, competitive, and determined to overcome her barriers. However, she lacked parent-child relationship after her disability except meeting with her families at summer vacation of her education. Nevertheless, she has got everything what she has missed from her parents as a foundation for her success. For example, closer classmates and teachers and directors who used as siblings and parents respectively, she has got a source of inspiration she should change herself via education, and she has got the strength of self-determination irrespective of challenges. Studies also indicate that, education enriches individuals' life, informs ones choices, and prepares for meaningful employment and to contribute ones share to the society (Shankoff and Philips, 2000).

### **Case 3**

#### **Alemayehu Teferi**

##### **Introduction**

After the head of ENAD suggested Alemayehu to be the participant of the study, I contacted him at his office and briefed him the purpose of the study through his assistant of sign language interpreter. Then, he expressed his good consent and I found him worthy of participant too. Hence, he told me we could contact through mobile phone text messages and at A.A.U's classrooms, where he teaches sign language, for students of sign language in linguistics department. Accordingly, we made contacts more frequently. Finally, he was interviewed and made involved in FGD with other participants of the

study, besides documents related to him were reviewed adequately; starting from 28 Of January up to 30 of March 2002 E.C. He is now 42 years old, he was born in west Wolega country side on June 15, 1967 E.C. He became deaf at the age of 15 years as a result of Meningitis, after acquiring spoken language. He has attended elementary school grades, 1- 6 in 1966 to 1970 E.C in Hana Mekane Yesus in west Wolega. From 1970 years to 1971 E.C he has attended grades, 7 to 8 in Bodij Dermigi high School. However, on July 1971 E.C when he was promoted from grade 9 to grade 10, he became deaf. Thus, in 1972 E.C he did not attend schooling due to his illness. From 1973 years to 1975 E.C he attended grades, 10 to 12 in Shimelis Habte high school in Addis Ababa. On wards, 1976 years to 1977 E.C he attended in A.A.U chemistry department but he was unable to continue that he was allergic to chemicals and therefore withdrew. As a result, in 1978 E.C he did not attend university. There after, from 1979 years to 1982 E.C he undertook his higher education in Eritrea, Asmara University. Subsequently, from 1997 to 1999 E.C he attended his second degree in Botswana University. Currently, he is working as directorate director in Central Statistics Agency of Ethiopia.

### **Alemayehu narrates his life story:**

#### **Societal reactions towards Alemayehu's Disability**

My father was literate; he died some years ago. But, he was very sad, at the incidence of my disability, and it was after a time that he adapted to it. He felt romantic and said, my mother just literate, and now aged, she cried a lot at my loss of hearing. But, after a time when she saw I can learn, she took it easy, and now she is completely positive. He smiled in love about his brothers and sisters and then said, we are nine in number. I am the 1<sup>st</sup> born for the family. Four are females, while the other four are males. But, there is no any other member in the family who is with disability. My brothers and sisters were younger than me, but I can guess that they were not happy and felt sad about my situation. Nevertheless, I left my birth place (parents and siblings) with in a short time after I became deaf and was brought to Addis Ababa to seek medical treatment by my uncle who lived in Addis Ababa. Currently, they are good and caring.

About the reaction of other significant members of the society he said, I lived for short period of time at my birth place and can not say much about my peers' reaction. Any way, my school's and neighbor's friends used to come to see me. But, latter on they stayed away, since communication was impossible or painful except using paper and pen for writing what they wanted to tell me and what I wanted too. So, I noticed that friendship was slowly vanishing away. He then said, neighbors at that time were sympathetic and paying visits. Even some were amazed that I can speak normally though I can not hear. At present, my neighbors are cooperative and sociable people. He continued on stating on the other point, an Orthodox Church priest brought to our home through grand parents' invitation baptized and gave me something to drink. They thought it might be cured through holy water and prayers. Moreover, pastors of protestant churches prayed for me. Then he said, healthcare workers at my birth place advised my parents to send me to Addis Ababa. And therefore, in Addis Ababa I went to different hospitals, however healthcare professionals said it is beyond their ability to deal with the case I had. Yet, some suggested hearing aids. On the other issue he then continued, I became deaf after I was promoted from grade 9 to 10. So, before that I was treated equally by my teachers. However, at the moment of deafness they felt sorry and confused; though after grade 10 they quite became admirers of me that I was clever and top ranking student. In a university as I was a freshman student there was difficulty to communicate with teachers. But, as time went by I was working good grades and they liked me very much.

#### **Reaction of Alemayehu towards his disability**

I feel like I am without hearing loss; because, I have developed my own life styles, on how to get along well with the society. Perfectly, I understood what people need from me. For example, at least I need to forget my disability, feel relaxed during chat time, and avoid a frowning face while people are laughing and playing around. Of course, at the beginning time of my disability, I felt great shock, felt ashamed, and inferior. I longed much to regain back the sense of hearing that I missed chatting with people and listening to radio and music. I felt terribly lonely and abandoned in this world. The earlier years were miserable and helplessness filled my mind.

### **Challenges of life facing Alemayehu**

I can say including myself, society looks down on PWDs as invalid and incapable. When I was a hearing young boy I had the same feelings towards other PWDs. People feel disability can be passed to them if they associate with PWDs. In general, society sees PWDs as weak, incapable, and always need to be cared for. Then he told an attitudinal challenge that goes with stigma, stereotype, prejudice and discrimination: Hearing people think that deaf people are mentally retarded, ignorant and violent, and do not interact as a consequence that I was not an exception either. People think that deaf people are cursed or possessed by demons. So, they make negative conclusion about us. In social life people tend to discriminate against deaf people. Even, in family deaf members are mistreated though I am lucky enough to escape these things.

About access challenges he has faced he said, in elementary and high school; the big challenge was, I was unable to hear what the teachers used to say. If the teachers talked too much during class lecture and wrote little this negatively was affecting my grades at school. However, when the teachers wrote more and provided more readable materials I was computing with my classmates. He then continued stating, at university every thing was new and particularly during the first year there was a lot of confusion; since I was the only deaf student, even at times it was hard to me to locate where the classrooms were situated. But, as I progressed through the years, I became familiar with academic life. On the other point he then said, my big problem in health was the moment that the sickness in which I lost my sense of hearing, due to meningitis. After that time, I did not face major health problems. Nowadays, sometimes I face dental pains and I often consult dentists, which I can pay for the health services I received. He then said with a smiling face, right after I graduated in 1982 E.C, I got employment by drawing a lot with others and started work in September 1983 E.C. Hence, my employer was the Central Statistical Agency of Ethiopia and still I am working there. However, from 1983 years to 1997 E.C I was working without assistant of sign language interpreter. Consequently, in the past years communication held at office and meetings in various forums, seminars, trainings, and so on were difficult for me. It was only after I returned from Botswana in 2000 E.C, an assistant sign language interpreter was hired to me.

About other physical environment challenges he has faced he said, I do not have extra problems with roads, there is no problem with walking. But, narrow roads with high traffic are dangerous to deaf people. Though, I have escaped hardly many deaf people are hit by cars, trucks and as a result some died, and others become with physical disability. He then said, I am unable to hear sound of music, ETV, computers etc, yet technology is highly beneficial to the deaf. For example, text telephones, computer technology (which I use it now), and video used for conference, and so on, made life easier for deaf people. He said, of course, when buildings do not have appropriate lights or in general too dark rooms are uncomfortable to me. I and deaf people want a well lightened environment, since our language is visual. He then said on another point, I personally face largely communication problem. Besides, some people call deaf people including me 'Duda', 'Donkoro' (one who can not understand and tongue tied). When, they get into disagreement with us. The term 'Duda' and 'Donkoro' are used widely. As a consequence, I usually react aggressively to such terms. He then said, in my social interaction I am very peaceful person, I firstly respect others and then they do so. I am friendly with many people. But, sometimes whenever I go to different places, I meet different people as their faces. Mean while, I may not be acting the same like I do with my familiars. He then proceeds on other issue; during my university education I had little money. But, food and accommodation was free at the university that I did not face painful poverty. Occasionally, relatives were sending me some money. Now I live a better standard of living in Ethiopian Civil Service Standard. He hop to another point and said, I had no problem with culture. Since, I mostly learned and worked with hearing people. However, the use of sign language in hearing communities may not be comfortable at times. Though, no one openly opposes to the use of sign language, my sixth sense tells me that some people are not comfortable with it.

### **Success/achievement of Alemayehu**

In elementary school I stood 2<sup>nd</sup> up to 7<sup>th</sup> rank in class. While, from grade seven up to eight I stood 1<sup>st</sup> up to 2<sup>nd</sup> in class rank, on average. And then, I scored 3.6 GPA in ESLCE of grade 12. Then, after I attended Asmara University, in Eritrea I graduated in Economics with CGPA of 3.42. Finally, in Botswana University I did my MA in

Econometrics in thesis work of 'forecasting the consumer price index in Ethiopia' with total CGPA of 3.00. he then proudly said, I am a family man, I have two children. He then happily went on stating his success at work, I am government employee, economist and statistician by profession in Central Statistical Agency of Ethiopia. Ever since 1983 years to 1985, 1986 to 1990, and 1991 years to 1997 E.C I have worked as junior statistician, assistant statistician, and senior statistician respectively. From, 1998 to 1999 E.C I was away for MA study in Botswana. Then, from 2000 years to 2001 E.C I worked as team leader. Currently, since 2002 E.C I am working as directorate director; making the previous title holder beneath me. About awards and media coverage he looks contented and then said, I received books, certificate, and so on awards at school. On my BA of Economics graduation I got an award for distinction. When, I left for education to abroad the ENAD members gave me gold necklace, trophy, and certificates. In the same token, Federation of the Disabled did the same except for trophy. Furthermore, my immediate employers verbally praise my contribution and they are practically increasing my titles upwardly. He then continued, I have been interviewed by ETV about 20 times; radio 2 times, magazine and Gazeta more than 20 times.

About contribution to society he said, since 1989 years to 1991 E.C I have served as a treasurer of ENAD. From 1992 to 1997 E.C have I served as a president of ENAD. Where as, on wards 2001 E.C I have founded Deaf Development and Information Association (DDIA). Recently, I am general assembly member and represent ENAD at Ethiopia Federation of Persons with Disabilities. He then continued proudly, the job I am working in, I think it is important job for the society, in that I compile statistical data specially the monthly consumer price index in the country, which is important for policy making by Government and Banks.

### **Community participation of Alemayehu**

I am a member of Edir (voluntarily organized service associated with death), in my work place and occasionally I am a member of Equib (interest free community saving). But, I do not participate in Senbete (social set-up of the orthodox religion) and Mahiber (social set-up of the orthodox religion to celebrate days of the angles); because I am not an

Orthodox Christian. As a substitution of an Orthodox Mahiber, I am a member of various disability associations and Mekane Yesus Church.

### **Alemayehu's success factors**

For certain years, I did have low value to my self; when I accidentally became deaf. After graduation from university, my self - esteem started to built up. This, helped me to fight out for better life. As well as, Being less dependent on others and becoming more independent helped me a lot. He then said, I became deaf in the middle of my high school education. I hope so, everybody expected me to stop my education, but I did not, though I feel less worthy I knew I was clever student. That is why; I have tackled higher education and got employment. He then smiled and said, hard work in my education and participation in protestant religion of Mekaneyesus Church were the means I used to tackle all the challenges I faced. Nevertheless, I can not deny my families specially my Aunt and Ankle, teachers, and few friends at school where my sources of strengths. He continued telling of another important point, as a child I did not remember what my childhood ambition was. However, when I grew up particularly when I realize my deafness in grade 9 to 10, I strongly aspired to be as much as possible be independent and have a job via education. He then went on stating, my future ambitions are; to look after my family, help my aged mother, brothers and sisters, involve in religious activities, involve in disability associations, do well at my work, and continue my education if opportunities are available. In his family's contribution to his success he said, though my families were not so rich, they were good and hard working. My grand mother who brought me up was a source of inspiration. She worked to bring up decently most of our family members. He then went on stating those whom played their roles in his success; I got education starting from my early childhood at local Mekaneyesus Church. When I was little boy at school teachers used to praise me. Teachers and directors in general liked me and praised me a lot for my class activity. In the academic times, friends were very few since communication was difficult, but some loyal friends were one of the reasons I succeeded at school. They used to give me written materials and used to tell me those things and information I missed.

## Discussion

### Societal reaction towards Alemayehu's Disability

Alemayehu's father needed more time to accept Alemayehu's disability. As well as his mother was not different from his father, but nowadays she is more than happy. While, his siblings reaction was at first shock and then latter they adapted to it; as they grew older and as he was also the first born among his siblings. Findings also depicted that siblings' reaction towards a sibling with disability is not static, rather varied on their age and developmental level (Powell and Gallagher, 1993). However, Alemayehu after his disability he did not stay in his family and therefore it is possible to argue he has missed a brotherly and sisterly love, care trust, companionship, and so on.

Furthermore, Alemayehu's peers' negative reaction was not due to his disability; rather it was due to their inability of communicating with him in sign language; at that time he himself was unable to use sign language. Yet, sign language was not largely accustomed in the country like today. Even, today it is not prevalent in most regions of the country equally, particularly seems no in the country side. Besides, his neighbors were more or less showed positive response towards his disability, they even acknowledged his potential of speaking ability. Again, presently his neighbors are caring and supportive. What is more, there was positive response of religious leaders towards Alemayehu's disability like practicing of baptism, providing holly water and prayers; though they perceived his disability as it was evil spirit.

What is more, healthcare professionals had shown positive response towards Alemayehu's disability. Evidences also indicated that, for the most part healthcare professionals in the world have positive reaction to PWDs (Sami and Salah, 2003). Nevertheless, his teachers became shocked not on Alemayehu's disability but on its onset. This is evidenced in their likeness of him latter after his disability. The same is true to the university teachers; they did not show any negative response though it was difficult for them to communicate at first due to their inability to use sign language, but compensated by his cleverness.

### **Reaction of Alemayehu towards his disability**

Indeed, Alemayehu's positive response is that he has learnt well in his life experience which made him to establish a wonderful life style. Such as; liking others and feel comfort in the environment wherever he go. Studies also indicate that those PWDs who have positive response towards their disabilities are flexible and are demonstrating active mastery of social skills (Yoshida, 1993, in Smart, 2001) and have full trust in their surrounding and feel no hatred towards others (Tirussew, 1995). However, in his negative reaction towards his disability on the on set of it, he manifested behaviors such as; frustration at not being able to make himself understood, and unhappiness at being unable to play with others.

### **Challenges of life facing Alemayehu**

Alemayehu strongly believes that societal attitudes as the most potent and negative stressor in the lives of PWDs. Thus, the stigma, stereotype, prejudice and discrimination has reduced Alemayehu's acceptance by hearing people, most stereotypes towards hearing impairment are negative and led to the prejudice and those holding them are unable to perceive Alemayehu and his counterparts as individuals, and persons with hearing impairment including Alemayehu are facing attitudinal discrimination i.e. low expectation of persons with hearing impairment is held by the wider society including families.

When it comes to see, Alemayehu's academic challenges were of not personal at all that he was competent enough. However, his problems were of an environmental. For example, his teachers' methodology was inconsiderate of Alemayehu and he has faced lack of information what is going on in the classroom. Studies also reinforce the idea that, in Ethiopia PWDs face academic challenges such as; regular schools' organization (e.g. Unsuitable classroom structure) and lack of teachers' knowledge (e.g. teaching methodology of the deaf, and support service for the deaf) (Kachhar, et al., as cited in Tirussew, 2005). However, Alemayehu have faced no health access problem; except the first painful experience of the disability. However, it is possible to argue against Alemayehu. Meningitis is preventable by effective health service programs. Therefore, in

the area where Alemayehu lived he either was not provided proper vaccination and or sanitation or his families did not use the opportunity or where living in remotest areas.

Nevertheless, Alemayehu has got employment without access problem. Here with, it is also possible to argue he got the employment that it was not face to face interview by the institution where he was hired in; rather it was by the federal government through lot. Had it been so, the situation surely could have been another, as it is true usually to many others. Besides, as long as he is deaf person unquestionably he has communication problem. But, he did not have for years sign language interpreter, except lately. So, his patience, endurance, overcoming power and work performance is appreciable.

After all, access to other physical environment encompasses issues like; road, technology, and poor design of buildings. In connection with this, road and its related problems entails a lot of challenges to deaf persons including Alemayehu, ranging from physical disability to death. Fortunately, Alemayehu has escaped from these challenges. He is at present using computer technology including internet, mobile phone, and so on. But he still needs other technologies to make his life easier though it is impossible to get all the technologies he needed. In this regard studies suggest that, in developing countries including Ethiopia several barriers impede the supply of cost-effective technologies for PWDs (United Nations, 1993). With regard to buildings he does not have a problem at all, as long as there is appropriate light. Which in return, leads to an argument, the widely prevalent black out in the country hurts Alemayehu and other deaf people, than it does to any body who is not deaf.

What is more, Alemayehu tries to give positive response towards his disability, but the society is still unwillingly remembering him that he is deaf through the usage of derogatory language. The society is not only abusive but also underscoring his potential and his striving to be successful in the future. Nevertheless, he is interacting with people and is making new friends due to his wonderful social skill development though his full integration with in the society is an unfinished business. he was a poor student from a poor family living in the country side; the fact that, in most parts of the country side of

our country peasants lead a hand to mouth life. As a result, it was not his parents sending him money but relatives. Of course, it is good news to read that Alemayehu is living better standard of life nowadays; his children may too in the future. Moreover, his experience ascertains the idea of, if PWDs live with PWODs together, PWODs negative attitude for example culture tends to be changed positively as time went by.

### **Success/achievement of Alemayehu**

Alemayehu though he was clever student before he lost his hearing capacity; he became cleverer after his loss of hearing. This is beyond anybody's expectation. This was may be, he was an enthusiastic and committed student in his education hoping it would be an instrument for his independence and successful life for what he is now today. For example, after his first degree he did not seat contented, rather he continued and succeeded his second degree, which summarizes all his interests and cleverness in his education.

Moreover at his work, he has shown a rapid progress in his title there by he secured his further education too. And also, he might be said he has paved road in the institution that PWDs can accomplish work successfully - make an open employment. What is more, his awards are evidences of his success at his education and work. Furthermore, he has enjoyed the media outlets. Subsequently, he has also become role model to many of PWDs and PWODs and agent of attitudinal change in the society.

Indeed, contribution of Alemayehu to society covers contribution to PWDs, to his family and customers of the institution where he works. First of all he is playing his role in the continuity of generation through his own family. The other important point is, he after he was employed can simply sit and live his own life. But, he did not do it, he deserves thanks. And then, he has become a wonderful agent in playing his bit to make the lives of PWDs better. This, we can easily understand in the titles he had held and or he has now in different disability associations.

More over, his contribution to society through his profession is immeasurable. Because, our country is poor and developing as a result there are many poor people who even can not afford for their daily bread. Therefore, his statistics of monthly consumer price index is vital both for the government and banks to stabilize the market all over the country in which every citizen able to be at least affording a minimum price for goods and objects.

### **Community participation of Alemayehu**

Alemayehu though he has Edir and Equib in his work area, he does not participate in local organizations, such as Equib (interest free community saving), Mahiber (social set-up of the orthodox religion to celebrate days of the angles), Senbete (social set-up of the orthodox religion), and Edir (voluntarily organized service associated with death) This, may be he is not an orthodox Christian person and or interacting with colleagues at work more often. However, he seems to compensate all these things in participating in disability associations and in Mekane Yesus Protestant Church. This, in one way or the other can increase his involvement in community participation.

### **Alemayehu's success factors**

Alemayehu's self-esteem has started to increase after he was graduated in Asmara University. It is therefore quite surprising that his self esteem was low for a long period of time and at the same time he was clever student and resilient of all the challenges he has faced. However, he had positive self-efficacy from the very beginning of his deafness; which in turn helped him to successfully accomplish his first and second degree and secure an envious job. Furthermore, his coping mechanisms were; hard work and effort, commitment and will for development, hopeful and aim oriented ness, spirituality, self-confidence, and accepting deafness. On the other hand, his sources of strengths were; family members, friends, and teachers.

Alemayehu's aspiration made him to be ambitious, competitive and determined to be successful in his education. What is more, his future aspirations are accessible comprehensive, aimed at the benefit of others, potential oriented, and achievable. Therefore, it seems that all his future aspirations would lead him to further remarkable

success in the future. In addition to this, he has lived with his parents for some short time. However, he gained something for his latter development and success. What is more his Aunt's role for his success to day is more immense than his parents; which has an implication that not only parents but also relatives play a positive role in a child's holistic development.

The behavioral outcome of Alemayehu brought via his education was due to the environment in which he was accepted by his teachers, directors and peers at the earlier years of his schooling time. His social integration at school was facilitated by the positive attitude of the school staff members and by the successful and respectful atmosphere of the classroom.

#### **Case 4**

##### **Araya Gebrie**

##### **Introduction**

Following the recommendation of the head of ENAPH, a women working in an NGO was contacted to participate in the study. After weeks of contact, she refused to be a participant of the study. Thus, Araya was suggested. Then, I personally went to Araya's house. He was very much interested to be part of the study and I found him appropriate too. At last, starting from 30 of January up to 30 of March 2002 E.C he was interviewed and made involved in FGD; in addition to this, documents related to him were reviewed thoroughly. He is now 34 years old. He was born on October 27, 1968 E.C in Tigray Region in the country side of Kilite Awaelo Negash. About the cause of his disability, his families attribute it to likft (allergies brought by certain things), evil eye, and so on. But, he believes it was polio that made him hemiplegic at the age of 5 years. He has attended elementary school grades 1-2 in Menagesha Ethiopia-Yugoslaviat elementary school since 1974-1975 E.C. Then, 1976 years to 1983 E.C he attended grades 3-8 in Sigamedea School. From 1984-1987 E.C he has attended his high school grades 9-12 in Shimeles Habtie. Whereas, from 1988 to 1990 E.C he undertook his higher education in Admas College. Currently he runs his own business and has dstv.

**Araya narrates his life story;**

**Societal reaction towards Araya's disability**

My father was a farmer and illiterate and he died long ago. Hence, I can not tell the feeling my father had towards my disability that I did not live with him. I was taken to Asmara, Eritrea by relatives for treatment, immediately after I acquired my disability at the age of five years. Then, sooner I was brought by Americans to Addis Ababa to admit me in the hostel, where I lived until I became independent. Even, I registered to school in the name of Araya Gebrie Mengistu, which was indeed wrong. Because, I did not know my father's grand father's name was Berhie. He paused for seconds and then said, my mother was just literate. Hence, I can not tell the feeling she had towards my disability during my childhood, for the same reason I had with my father. Nevertheless, at present my mother feels happy that I am her son. He then continued, I am the 3<sup>rd</sup> born in my family. I have five siblings; my elders are one male and two females, while my youngsters are one male and two females; all are without disability. Nevertheless, I did not grow up with them and can not tell what their feelings were. Infact, after long years of separation when I went to pay a visit to them, it was great to have the love they shown towards me.

As to the reaction of other significant members of the society towards his disability, Araya recollected: I used to play with my friends in the hostel. For example, foot ball to the best of my ability. They were positive towards me; there were other children with disabilities with us too. Nowadays, I spend good times with my friends. I have lived away from my families because of treatment and academic life so that I can not tell about the neighbors' reactions at my hometown. At present, when I lead my own independent life, my neighbors on one hand are cooperative, while on the other hand there are people who say, 'you are a PWD, why do you work, this and that?' And when I sell in my shop there are people who say, 'bring me that down!' to examine me as to how I do things using my wheelchair, this disappoints me very much. I (the researcher) remembered him something on the reactions of other sections of the society. He said yes! I do not have father of penitence; I do not get closer to priests, and I do not have close cooperation with them as well. He then continued stating about healthcare professionals' reaction. In my childhood,

I have been treated well. However, nowadays most of the time when I am sick and thinking of going to either government or private clinics or hospitals, the thought of going itself worrisome to me. Because, their buildings are not suitable for I use a wheelchair. So, either the nurses or the doctors have to come where I am, may be in the ground floor. In doing so, they come with irritated, dark, sad, and frowning faces. As a consequence, it becomes their face which put me in disgrace and a pain more than my sickness. Therefore, I hate to go. Even, I think it is better to pray not to fall in bed, he sighed exasperated. He felt happy and then said, my teachers used to like, treat, and approach me very much. Because, most of them used to live with me in the boarding school and I was clever student as well.

### **Reaction of Araya towards his disability**

I do not know, may be I am adapted with the disability since my childhood, I have never worried, bothered, and think too much. Whatever people say, I often do not react negatively and bear a grudge, because I knew it will never take me anywhere. Instead, I often made them my true friends. Certain happenings make me remember that I am with a disability. For example, some of my friends with disabilities have graduated, meet all the criteria specified for jobs, and passed the interview too, but they were not given the job. For instance, I knew a friend who was told, 'he was not fit to protocol.' And, also one of my friend who has only one hand was told, 'when you give papers to your manager it is in two hands, so do not make me sinful!?' And was sent away, by a recruiting committee member of the institution my friend applied. When I hear such stories, I worry of my disability. Furthermore, when I toil for work, people say, 'why? you are a PWD?' At shop, when they order me and I go to bring a certain object, they see my wheelchair then they often say, 'oh, sorry! We do not know you are a wheelchair user?'

### **Challenges of Life facing Ato Araya**

The society has brought its negative attitude from ancient times upon PWDs. For them, if you are a PWD, it means you can not do anything. They repeatedly tell me, I am PWD over and over. They often knock my head out and made me neither to forget nor to accept

my disability consciously and become more successful in my life. He feels the pain and then continued stating the stigma, stereotype, prejudice and discrimination he has faced. People think a PWD including me is unable to do anything and unable to be independent. For example, when I do something to enlarge my shop people often say, 'it is enough for you!?', you are a PWD!?' Why do you tire?' This happens everywhere. In most cases, implementation of policies undertaking in the country do not consider us (PWDs). For example, credit service, vocational training up to placement, condominium house, transportation, and so on services. This hurts your morale of changing yourself more than the disability you have.

On the varieties of access challenges, I (the researcher) suggested him to talk about accesses challenges he has faced. He said, that is inexpressible in school for example, all my problems were difficulties in the classrooms and libraries. In class, I could not discuss with my friends whom I used to like and I was close to. Because, free movement with wheelchair was impossible, difficult, and slightly disturbing to other students in class, the classes were found completely uncomfortable to me. That is why; I was often transferred from my class to other classes where students whom I did not know were found, and I was away from my friends. Therefore, communication and interaction were difficult. Furthermore, most of the time I used not to enter to libraries, they had many stairs. Some were also in upper floors which made it for me to go up and to go down unbearable. The hardest was, I could not tell my teachers that the libraries were inaccessible. In spite of this, I was only studying my exercise book and I usually did not do assignments. That is why, after grade 9 I knew I could not succeed in education, I was simply learning to complete grade 12. I (the researcher) asked him what about health? He then said, I can not go to health service areas when I want; because their buildings are not suitable for me to go. Therefore, though there are governmental and private health service areas I give a call first to check if they have ramp. How is it difficult, I can not tell it. Then about access to employment he said, starting from grade 9, I sought to open my own business. Thus, I started to knock at the door of municipality of Addis Ababa for 5 years. However, I have faced a number of challenges, it was the severe challenge I have ever faced in my life. For example, Buses and taxis were not willing to allow me to use wheelchair. As the

result, I used to go with stick. I used to go early in the morning and stay until work hour was over. Because, I could not walk inside of the buildings as they were found in the upper floors. For your surprise, people who work there and who came one or two years before for their purpose knew me very well. In fact, some of them were asking the top managers of the municipality to give a work place to me. But, the managers used to say, 'he asked the impossible' However, what I wanted was small place that can confine me, my wheelchair, and to open small shop inside. Finally, they gave me this place in 1993 E.C, it was a place used for dumping garbage, which I made it to my shop, home and installed dstv in it.

I spend my time at shop usually. However, when I go out for certain purpose roads are always under construction; there is high traffic jam, suffocation of passengers particularly at morning and at night, and narrow roads. For this reason, it is unsuitable to wheelchair users like me. Of course, nowadays many wide roads are coming up and under construction. The other is, I was walking on my hand, used stick, and I started to use wheelchair since 1984 E.C, you can guess the challenges in all of them. For example, stick makes you tired, sweat and sore; because the roads I used to walk were not comfortable. Wheelchair is difficult to use in rocky roads, hills, asphalts which start from top and goes to down roads, and so on. Furthermore, buses and taxis do not allow me for transportation with my wheelchair, or I have to have a contract taxi. He then said, when, I go to accomplish my affairs at my kebele, it often takes me 2-3 hours, which only take 10-20 minutes for others, for example to pay tax. Because, the kebele does not have ramp and it is found in the upper floors. Thus, I will be outside for longer times after I send other people to run my affairs under my shoes. The worst is, I can not entertain, eat, and drink at hotel, bars, cafeterias, and so on. Because, when I want to clean my self I do not get toilets to serve me. Even, I can not wash my hand. In addition to this, toilets built by government at road sides are not suitable for me.

Most people tell refer to my disability as a joke. And, sometimes when I quarrel with people they often call me "Komata" (highly disfigured or mutilated). In his social interaction he said, it is my behavior and approaches that determine my interaction with

people. So, I am sociable equally both with the children and adults. I have a lot of friends with whom I share my sad and happy moments. My families were poor and living in country side. But, in the hostel where I lived I had ample things to eat, drink, and dress; and at present I have no economic problem, I can even help my families. About culture he felt bad and said, for the society if you are a PWD, you are died. When you say I can, the society tells you, you can not. They rather push you to beg and charity you, than you work and encourage you. This, has come from our forefathers of the past, you can not help it.

### **Success /Achievement of Araya**

I stood 1<sup>st</sup> up to 17<sup>th</sup> in class rank from grade 1 up to 12. And, I scored 2.00 GPA of grade 12 ESLCE. Then, finally I graduated in diploma of electronics in Admas College in 1990 E.C. I am now independent and I can help myself well. I think to help oneself is to help your country. When I opened the shop the shop's property was not worth more than 200 birr, but now I have about 60,000 birr and a dstv with an estimated price of 6,000 birr. As to media coverage and awards, Araya becomes elegant: yes! I have received school awards particularly in elementary grades. I have been interviewed many times too. For example, Radio Fana since I am in work for more than 10 times, ETV about 10 times, Radio more than 20, Addis Zemen Gazeta about 15 and other Gazeta 3 times.

About contribution to society he said, including my mother to my relatives I pay costs of health and other needs of them. For example, I helped my elder sister's daughter to have gone abroad to Dubai. What is more, I have also brought my sister's daughter aged 15 years old, who is illiterate and is going to begin schooling next year. At the beginning, I used to cook my own food and wash my clothes, however I have hired now a woman and a man to keep my dstv. Also, since 1994 E.C till some years ago I had served as a president of Federation of the Disabled of Addis Ababa and ENAPH. After all, I am the founder member of the board of ENAPH and the Ethiopian National Association for the Disabled.

### **Community participation of Araya**

He shook his head (portraying of his feeling that he does not care) and then said, I do not have Mahiber (social set-up of the orthodox religion to celebrate days of the angles), Senbete (social set-up of the orthodox religion), and I do not like Equib (interest free community saving). However, I do not want to plant and uproot tent and disturb myself I have Edir (voluntarily organized service associated with death), since summer of last year by the push of friends.

### **Araya's success factors**

I have self-confidence. I think I am similar with anyone else who has no disability. For example, when people at the hostel repeatedly told me to keep off my hands and stop nagging and bothering the municipality to give me a work place, I insisted and succeeded. However, those people who were telling me to stop are still dependent. I do not remember my disability in my work and social activities; except when the societal impositions are coming immensely though I kept struggling. He then said courageously, I do not want anybody to give me something without working, because I hate to be dependent on others. When the municipality gave me this place, it was a hill of garbage and people wondered what would I do with it, but I cleared it, and made it a beautiful house and shop. After grade 9 when I saw no hope of education due to the challenges in it, I was inspired to look for a life supplemented by my own business, which now I succeeded. He then continued stating his aspirations, my families are poor in economy; I need to help them all I can in the future. However, I do not wish to go further in business activities and build house and other things, to leave to mother and to my children. Of course, I am single and do not have children, I do not even want to plan for marriage, I go away from women when they ask for it. I (the researcher) asked him, do your families and school experience have contribution in your success? He then said, I was brought up in my families in equal manner, before I became hemiplegic at the age of 5 years. But, after my disability I did not stay longer; when I started to know myself I came from Asmara Eritrea to Addis Ababa by Americans to Cheshire institution, where I lived for longer period of time. The condition was good and nice; we were many students being like friends and family. I had good teachers and friends. But, after grade 9 I felt that education would not have value in my life and decided to

merely complete my education and then look for my own business. So, I can not say education have contributed to my success. Of course, when I learned electronics in Admas College 1988-1990 E.C, it provoked me to work in the profession. But, there was no opportunity and as a result I forgot the skill and the knowledge I had gained.

## **Discussion**

### **Societal reaction towards Araya's disability**

Araya really have missed the fatherly love, treatment, care, support, role mode, and so on; which would have been helpful for his holistic development. For example, Araya does not have a wife at present and never before. Therefore, it might be possible to argue that father hood may not give him any sense and or marriage at all. Since, he was not brought up with his father. Infact, he told that he had girl friends but when they ask him to marry them he used to go away from them. However, his mother at present she is happy; that she after long years of separation saw him independent and he helped her financially more than any other child of her. At the same time, Araya after his disability did not live with his family and he therefore has missed a very brotherly and sisterly love, care, trust, companion ship and so on. Of course, what his brothers and sisters show love and good things as a result of longing ness when he pays them a visit, might serve as a source of strength and a feeling of worthy as a brother for Araya.

Araya has grown up with CWDs and this therefore made him to be excessively unconcerned about his disabilities, his play at his childhood might have played an important role for his healthy brain development for what he is successful now. And, when he went out of the hostel there by he made lots of friends easily. Furthermore, Araya did not live with his neighbors as a result it is possible to argue he has missed his peers' love and play, the love of all the elderly people, and the meaning of country side life in general. Though, if he was there it would have been questionable that he would learn modern education. Because of his present neighbors' negative attitude of PWDs as for work, they constantly tried to stop Araya from working, which is not different from intentional inhibiting of him from success. Eventhough, Araya became unconcerned of

his disability, his neighbors and customers are persistently making him not to show positive response towards his disability.

Araya though he is an Orthodox Christian he does not have relationship with priests; either he did not go to church or attending church is uncomfortable to him. Or priests do not try to pay attention to him or they may not be aware of helping PWDs in religious activities. Or it might be due to another. However, healthcare professionals' reaction to Araya's childhood times was positive towards his physical disabilities. Nevertheless, it is possible to argue that at his adulthood life healthcare professionals did not have negative reaction except there is access problem of building between him and the doctors that they are unable to serve him. Apart from this, his teachers were loving, caring, and laid a strong foundation for what he is successful today.

#### **Reaction of Araya towards his disability**

His disability started at his childhood times that helped him to accept his disability and give positive response towards his disability. However, his negative reaction does not result in from himself, rather it stems from when he sees PWDs being discriminated and PWODs negative reaction towards him. Though, he is self-employed he is excessively concerned about other fellow PWDs employment and experience their pain at the failure of it. Therefore, in the country if PWDs employment situation is not changed in the future, Araya would do the same. Infact, there seems to be there is hope at least in ratifications of conventions and legislations. Sadly, the more he works hard and gives positive response towards his disability, the more PWODs give negative reaction towards his disability based on the reactions they show. Of course, Araya has to keep doing the same in the future irrespective of PWODs' negative reaction in order to move on to his successive successes.

#### **Challenges of Life facing Araya**

Societal attitude is the most complex problem in Araya's life. Studies also suggest that, attitudes to disability are the major barriers for PWDs to be able to be successful (Massie, 2006; as cited in Nowicki, 2006). There, is a threat against Araya. i.e., there is a limiting

assumption of stereotype and prejudice happening everyday when he is working at his shop.

Due to his academic challenges starting from elementary, it is possible to argue that Araya was not considered as a student in his school times that he was separated from his friends and was unable to interact well with others and concentrate in his education. At present he could have been in white collar job if he did not face those multiple challenges at school. Of course, in his business he is gaining much profit monthly than the majority of government white collars in the country. Moreover, Araya had he received polio vaccination at his earlier times he would not have been affected by polio, though suggested after the effect and at his time health access across the country seems to be poor. Nowadays, his health problem is not problem of access to medications rather it is unpleasant facial expression of health care professionals, resulted in physical inaccessibility. Therefore, if the situation continues it is possible to argue Araya would be exposed to other disease risks. Therefore, he should serve the service no matter what the challenge is always there. But, the practice of ramp in some health service areas is good news to hear to PWDs which has to be further strengthened in the future. In his access to employment, he did not anticipate state work though he was learned man. Instead, he created his own job which seems to be impossible to the majority of people in the country. What is more, his conviction and hope to get a place for 5 years what he did, seems impossible to believe that he deserves appreciation. And, the municipality's permission needs to be appreciated and others who interfered in the job of the managers to stretch out their hands to Araya though it was allowed in quite delayed time.

When it comes to see his other access physical environment challenges, due to the wider ness of the capital city and its road challenges, Araya could not interact with people from corner to corner; though largely he spends his time at shop. Nevertheless, the good news is that, new asphalt roads are coming up although asphalt roads have also their own limitations on wheelchair users. He was quite strong and determined man for what he is now after all those technology related scarcity challenges and its consequences. Furthermore, poor design of buildings is always challenging him to perform his daily life.

For example, to get services in his Keble, health centers, and also to entertain and interact with others in cafeterias, bars, hotels, and resort places in general. Studies also indicate that, poor design of buildings makes it impossible for PWDs to exercise basic activities for daily living (ADL), such as; moving around, washing, toileting, and using public and private facilities, products, and services (WHO, 2002; as cited in Ronald and Jim, 2004).

When issues of language, social interaction, poverty, and culture are taken into consideration, Araya is always challenged in language wise. After all, insult during disagreement is ok, as it happens occasionally but when it is told in joke wise it happens very often. Therefore, Araya would unquestionably be concerned about his disability though he tries to give positive response towards his disability. However, is really giving positive response towards his disability and he is receiving positive response from others in return, in his favorable social interaction. Apart from this, his poverty is clear in that he was living in the country side where most people lead a hand to mouse life that is why he lived in hostel for a long period of time. And, he is facing a culture that is full of negative attitude. Nevertheless, it is good news to read that Araya came out from his poverty trap, and became independent and contributing member of a society.

### **Success Achievement of Araya**

Araya though he determinedly learned his education he at the end seems to loose his hope at his education. This, argument is reinforced in what he is doing now as a business man and in what he said I see no hope in my education after grade 9 in the previous presentation of his access challenge to education. Infact, there is no argument that says a learned man should not be business man. And, he is quite successful at his work. He is said to be strong man to create his own job in the country where unemployment is rife. Here with, his aspiration and becoming big businessman by starting money of 200 birr is appreciable. He sets himself example to those fellow people who expect government to employ them. Apart form this, he has received certificate awards at school for his better performance. Though, he lost his interest in his education due to its challenges, it is undeniable that education has laid a firm foundation for his success. What is more, he has

enjoyed media outlets. In which, he has been in one or the other way round played his role in changing societal attitude and setting himself role model for other fellow PWDs.

Nevertheless, in his contribution to society he is altruistic person, beyond his self-help, he helps his mother, brothers and sisters, and his relatives. This indicates not only PWDS can be successful and can become independent, but also they can be potential help of others. What is more, he has created job opportunity to two other persons in which it sometimes covers their own feeding too. Therefore, these two people can save their money and do something in the future. Besides, there is another important point to see, i.e. he gives various consumer goods in credit to state workers and other people. Also, he is a concerned person for other PWDs for their full fledged decent life. This, we can understand from the titles he held certain years ago and in his founder membership in disability associations. In connection with this, he deserves appreciation that he did not say if I helped myself why I should bother about fellow PWDs.

#### **Community participation of Araya**

It seems possible to argue against Araya. He in the preceding presentation under 'social interaction' says I am sociable. However, he may be with people very close to him but he is not with many people around him. That is why he is not affiliating himself in the local organizations, except Edir lately. This might be that he does not have a wife. However, he seems to have a very unique life style that he does not give care to acquaint with many people. And, he seemed to be convinced that getting along with few people is adequate. This is well observed in the interview session I (the researcher) held with him.

#### **Araya's success factors**

Araya was optimistic and self-confident that he took action to make a difference and created his own business. In connection with this, he started from nothing because he was a student and was completely dependent in the help of the hostel where he lived. He was quite determined and strongly believed in himself that he did not pay attention to the repeated advice of his friends at the hostel that he does not go away and live his own life. Evidences also show that, people with positive self-esteem are assertive, competent,

autonomous, and efficacious in meeting their personal goals and aspirations (Campbell, 1984.; as cited in Nesredin, 2006). Furthermore, he has positive self-efficacy that he constantly asked the municipality just simply to give him a work place for five years and when the place was granted as he said he successfully abolished the garbage. And then, he built a beautiful house, shop, and dstv with in it.

Araya's coping strategies were patience, hard work while his sources of strengths were community (like teachers and friends). Nevertheless, his present success seems to be the result of his aspirations of earlier as of his schooling and or in general his aspiration was important for his success. But, he seems pessimistic of his future except he has a plan to help his family. Anyway, he might have his own reasons. After all, it seems good to be optimistic than pessimistic to him as long as the future can not be fully predicted stemming from the present.

Furthermore, his early childhood 5 years though little and difficult to remember have helped him to knew that he has a father, mother, siblings, and relatives; which of course equipped him with certain familial experience. However, he has missed parental and siblings' relationship for longer periods of time that would have been important for his holistic development; though it can be also argued to some extent it is compensated by care givers and friends at school. Apart from this, Araya said education did not contribute for his success. On one hand, it seems to be true because he should not failed to enter university after grade 12. And, he should have been employed in electronics after his graduation. On the other hand, it seems unacceptable because he has got his sources of strengths from teachers and student friends. The point is, without education he would not have been thinking of his success secret. Of course, it does not mean that with out education people could not be successful.

### **Focus Group Discussion results of the participants**

Indeed, after an interview and document review was completed by the consent of each participant a FGD was held at Amare's office one Saturday, for an hour and half time length. On issues of, disability and society's reaction, reaction of PWDS, success and PWDS, and factors contributing success and PWDS. Nevertheless, in the FGD discussion all the ideas, insights, opinions, and experiences raised were found similar with those rose on each cases interview and document review. For this reason, the researcher found it convincing to put the FGD results in summary form to avoid redundancy of results. As follows;

As for the societal reaction, the four discussants disclosed that the society feel shocked and uncomfortable; on the incidences of their disability and strongly wish the cases to die than they should live with their disability. In all, studies suggested that PWDS have been experiencing both positive and negative reactions and behaviors from PWODs, whether it was friends, families, teachers, and other staff members or the wider community (Lewis and Parsons, 2006). Nevertheless, as time went by and when the participants began to lead their own life, became independent, and contributing member of the society, there comes a mixed of positive and negative reaction of society towards the cases disabilities. For example, apart from those unfamiliar, families, relatives and close friends started to show positive reaction.

As to the reaction of the participants towards their disability, three of the discussants expressed that they felt sad, worthless, and saw themselves as an object. It is not however because of their knowledge about their disability but because of their familial, relatives', neighbors', and peers' reaction. Nevertheless, when they became adolescents and adults they tried to give positive response towards their disability; as they saw hope in their future and believing in themselves that they can lead an independent life. For instance, while they were in school they gave positive responses towards their disability. However, at present they expressed two things made them give negative response towards their disability. First, whatever they work and wherever they go, though they are not obsessively concerned about their disability PWODs, often made them to be aware of

being they are PWDs. second, when they see other PWDs being victims of varieties of challenges.

In connection with the challenges of life the cases faced, they explained that their challenges are quite immense. I.e. it ranges from family and goes to the wider society. For instance, their families felt sad at their disability, in school lack of materials and equipments and communication problem, service inaccessibility and movement difficulty in road, technology and buildings, harmful culture, economic problem of families, and while the worst is the societal negative attitude. Studies indicate that PWDs tend to be disempowered and deprived of economic and social opportunities and security to be successful; as a result of social and physical barriers in the society everywhere around the globe (Einar, and Joan, 2002).

In regard with community participation, the discussants as disclosed it, except one the other three have Edir, while they do not have Mahidber, Senbete, and Equib. Here with, they gave various reasons for their lack of community participation. Such as; housing problem, dislikes, religion incompatibility, fear of attending social gatherings, modernity, participation in other associations found in work place and disability areas, and use of banks. Nevertheless, they all believed their community participation in Edir and other nonlocal community participation have helped them to interact with people, have new friends, and made them discuss on disability issues. Studies also showed that, the rate of community participation in local organizations is considered as a possible indicator for success in degree of integration of PWDs in the community (Tirussew, 1998. as cited in Tirussew, 2005).

Owning to success, the discussants expressed their strong belief including themselves if one PWD is determined and work hard he/she would be successful irrespective of enormous challenges he/she is facing. And then, all sections of the society should either stop their negative influence or encourage PWDs to be successful, they added.

Finally, as for those factors contributing for their success and potentially for other PWDs, they explained two important things. First, they convinced themselves they are with disability and only hard work is way out for their life. Second, encouragement and help from families, teachers, friends, neighbors, and passerby were essential for their success. For the most part, the discussants as essential ingredients of success of PWDs seem to believe in having positive self-esteem, self-efficacy and other conducive environmental factors. Findings also show that, positive self-esteem is often regarded as holy grail of success (Baumeister et al.; 2003), people with positive perceived self efficiency pursue a relatively high level of performance (Vrugt, 1994), hard work, teachers and friends support, in general conducive environment helps PWDs to be successful (Tirussew, 1998.; as cited in Tirussew, 2005).

## Chapter five

### Summary, Conclusion, and Recommendation

#### 5.1 Summary

The purpose of the study was to depict the lives of SPWDs comprehensively and document their biographies.

The study was designed with the following objectives;

- To investigate society's reaction to the disability of SPWDs
- To investigate the reactions of SPWDs towards their disability.
- To examine the challenges of life confronted by SPWDs.
- To identify the achievement/success enjoyed by SPWDs.
- To evaluate the participation/involvements of SPWDs in their respective communities.
- To recognize the vital factors that made SPWDs successful.

The respondents of the study were four individuals who were living in Addis Ababa and were selected by purposive sampling technique.

The data were collected through interview, FGD, and document review. The major findings of the study are summarized as follows;

- Societal reaction towards Amare's Birtukan's, Alemayehu's and Araya's disabilities.
  - At earlier times of their disabilities: all the cases were victims of negative societal reactions including people very close to them.
  - At adolescent hood times: all the cases though they experienced both positive and negative reactions of the society, teachers and friends at school had very positive reaction, which helped the cases to be successful.
  - At adulthood times: the positive reaction of society for out weighs than the negative reaction towards the cases.

- Reaction of Amares', Birtukans', Alemayehus', and Arayas' towards their disabilities.
  - All the cases at the on set of their disabilities have manifested negative response and some of them even wished to die.
  - However, most of the cases when they entered school they began to think of themselves as having value and they could lead an independent life. Hence, they paid all their attention to their education there by they achieved their success today.
  - Nowadays, all the cases have positive response towards their disabilities though sometimes all feel bad at their own disability; when they see other fellow PWDs being challenged and victim of societal impositions.
- Challenges of life facing Amare, Birtukan, Alemayehu, and Araya.
  - All the cases have been facing negative attitudinal challenges of society including stigma, stereotype, prejudice and discrimination.
  - All the cases in one way or the other have faced various access challenges. For example, education (lack of equipment and materials, problem of communication, improper classroom arrangement and library building), health services (inappropriate language usage and building structure, and or area inaccessibility), employment (refusing of hiring assistance), physical environment (lack of access to smooth roads and appropriate technology and buildings), and faced other challenges (such as; were victim of poverty, harmful culture, and abusive language).
- Success/Achievement of Amare, Birtukan, Alemayehu and Araya
  - Most of the cases have succeeded in school, established their own families, have received awards and enjoyed media focus.
  - All the cases contributed a lot to their country; ranging from remarkable performance at their jobs, helping their families and other people, and played vital roles in the lives of other fellow PWDs.

- Community participation of Amare, Birtukan, Alemayehu, and Araya.
  - They all believed that community participation is vital in their lives.
  - However, the majority of the cases do not participate in local organizations of the society.
  - Nevertheless, most of the cases participate in disability associations, work area associations, and save their money in bank as compensation for local organizations like Mahiber, Senbete, and Equib.
- Success factors for Amare, Birtukan, Alemayehu, and Araya
  - Personal factors: except Araya the three of the cases had low self-esteem at first and have positive self-esteem after education. While, all of the cases had positive perceived self-efficacy throughout their lives. Nevertheless, all the cases mentioned hard work and some of them patience were their coping mechanism used to resist with their challenges for their success. While, their sources of strengths were; teachers, friends, and NGOs. And, expressed they had an aspiration of becoming successful through their education.
  - Environmental factors: most of the cases mentioned they did not have favorable familial experience as they did not live for longer period with their families after their disability; for the very reason they went to school far away from their families. But, all the cases did have a beautiful school experience; they were most liked students by peers, teachers and school staff members.

## 5.2 Conclusions

Based on the analysis and the findings of the study the following conclusions are drawn;

Naturally “disability is a possibility for every one and a reality for PWDs” But, the society seems to be unaware of it. As a result, when the participants of this study became PWDs, they were not considered as human-beings. In other words, everyone around thought their disability is a catastrophe, and felt frustrated, and wished the cases to be eliminated from the face of the earth; for the betterment of their family and the stability of the environment. However, the negative reaction seems to be positive when the cases became successful in their life though the negative reaction seems to be never extinct in the future.

For this reason, some of the cases before they knew their disability and give meaning to it they felt sad, worthless object and they wished to die. Therefore, it is not their disability that made them feel subhuman always but societal negative reaction.

Indeed, the cases of the study have been facing different kinds of challenges; for some of which they have successfully managed, while for some they are still struggling to win. However, speaking generally the greatest impediments that questions the cases to the extent of the exactness of their human kindness is the societal negative attitude including stigma, stereotype, prejudice, and discrimination.

Nevertheless, the cases have registered a remarkable success. Thus, the cases of the study have shown PWDs have their own strength and potential who can contribute their share to their country development.

But, the cases of this study their community participation in local organizations seems to be poor. Hence, their social interaction and integration with the society is not healthy enough.

Finally, the cases of the study became successful due to the very reason they convinced themselves they were being with disability and used education as a main instrument for their independent life. This, of course was accompanied by tolerance, hard work, self-efficacy, and encouragement and support of teachers, friends, and NGOs.

### 5.3 Recommendation

- Awareness creation should be launched by concerned bodies in order to change the societal negative reaction towards PWDs. To put it precisely, society should be made aware that if PWDs are cared, loved, and supported they are capable of doing activities; and they can also be contributing members of the society equally.
- PWDs particularly at their academic life and while living in their families they should be equipped with necessary knowledge and skills on how to react positively towards societal negative reaction against their disabilities, avoid there negative reaction towards their disability and develop the positive ones, and or ingeneral how to live successfully with the society.
- Concerned individuals and professionals working in various fields should place up most effort to have every door open wide, access barrier free for PWDs. Such as, in school, health care centers, employment, road, technology, and building facilities, and so on. In order to create opportunity for PWDs to assume their full exercise to be successful.
- For the success of fellow PWDs, in one hand the society should be made clearly aware that PWDs should not be locked and hidden at home. On the other hand, PWDs should be made to realize that they have strength and are capable enough to make a difference in the society where they live and they can become potentially successful.
- Society should be promoted to involve PWDs in its community participation of Mahiber, Senbete, Equib, and Edir. As it helps for PWDs for their healthy interaction and integration, experience sharing, and or ingeneral to crate opportunity for the development of positive attitude of the wider society towards PWDs.
- Finally, those very close persons to PWDs particularly families, care givers, relatives, neighbors, and teachers should be made aware that they are the foundation for everything. In other words, they need to be aware how to grew up CWDs by developing a sense of their positive self-esteem, self-efficacy, coping mechanisms, and so on, for their latter healthy development, such as; independent, meaningful, and successful life.

## References

- Albritton Disability Counseling Services (ADCS), (2008). The world's most famous people with disabilities. Retrieved December 7, 2009, from [http:// www.albritto.us/ celebs.htm/](http://www.albritto.us/celebs.htm/).
- Amare, S. (2001). Effects of student's academic competence, self-determination, and motivation on school performance. In Tana Haiq sec.school. *The Ethiopian Journal of Education*. Vol.XXX1. No.1. Bahir Dar University.
- Aronson, E., & Mettee, D.R. (1968). Dishonest behavior as a function of differential Levels of induced self-esteem. *Journal of Personality*, 9, 127-129. In Pervlin, L.A., & Jown, O.P. (2001). (eds.). *Personality Theory and Reaserch*. Jown Wiley and Sons.
- Aschalew, W. (2001). Coping strategies. Unpublished paper, Special Needs Education Graduate Program, Addis Ababa University. Addis Ababa. Ethiopia.
- Baily, A.B. & Smith, S.W. (2000). Providing effective coping strategies and supports for families with children with disabilities. *Intervention in school and clinic, Journal of Visual Impairments and Blindness*, 35, (5) 294-296.
- Bandura, A. (1994). Self-efficacy. In V.S. Ramachavdran (ed.), *Encyclopedia of Human Behavior*, 4, 71-81. New York: Academic Press.
- Bandura, A. (2007). *Self-efficacy: The exercise of control*. New York: Cambridge University.
- Barkely, J. (2005). Famous people with disabilities. Retrieved November 7, 2009, from [http://www.org/publicationsResources/EUAArticle.Cfm? Item Number/1632](http://www.org/publicationsResources/EUAArticle.Cfm?ItemNumber/1632).
- Benshoff, J.J., & Janikwski, J.P. (2000). *The rehabilitation model of substance abuse counseling*. Belmont, CA: Wadsworth.
- Beverley, H. (1998). *Research and development in primary health care: An introduction to qualitative researchers*. Trent Focus.
- Chen, R.K., Browdwin, M.G., Cardoso, E., Chan, F. (2002). Attitudes towards people with disabilities in the social context of dating and marriage: A comparison of American, Taiwanese and Singaporean college students. *The Jornal of Rehabilitation*, 68, 5 – 11.

- Commission of the European Communities. (2001). Proposal for a council decision on the European year of people with disabilities. Retrieved October 4, 2009, from <http://www.ozida.gov.tr/raporlar/ulusararasi/ab/ABmulktesebati/2001proposaleuropeanyearforpwd.pdf>.
- Cook, B.G., & Semmel, M.L. (1999). Peer acceptance of included with disabilities as a function of severity of disability and classroom composition. *Journal of Special Education*, 33 (1), 50-62.
- Craven, M. (2002). *The international covenant on economic social and cultural rights: A perspective on its development*. Clarendon Press. Oxford.
- Crolin, M., Laughlin, J., & Saniga, R. (1991). *Understanding abilities, disabilities and capabilities: A guide to children's literature*. Englewood, Co: Libraries Unlimited.
- Economic and Social Commission for Asia and the Pacific (ESCAP). (1995). *Hidden Sisters: Women and girls with disabilities in the Asian and Pacific region*. Bangkok, Thailand, emerging Social issues Division (ESID).
- Edwards, P. (1996). *The Encyclopedia of philosophy*, 8 volumes in 4. New York: Macmillan.
- Employer Assistance and Recruiting Network (EARNWORKS). (2008). *Advantage of hiring persons with disabilities*. New York.
- Enar, H., & Joan, W. (2002). *Meeting the needs of people with disabilities: New approaches in the health sector*. World Bank.
- Feruz, A. (2006). *The rights of persons with disabilities: Regarding employment opportunities*. Unpublished Paper, special needs education graduate program. Addis Ababa University. Addis Ababa Ethiopia.
- Flouri, E. (2005). *Fathering and child outcomes*. Chichester, West Sussex: Jown Wiley and Sons.
- Fortin, J., Ritchie, C., & Buchanan, A. (2006). Young adults' perceptions of court-ordered contact. *Child and family Law Quarterly*, 18 (2), 211-219. Retrieved from [http://direct.bl.uk/bld/placeorder.do?UIN=1894857958ETOC=RN & frm=search engine](http://direct.bl.uk/bld/placeorder.do?UIN=1894857958ETOC=RN&frm=searchengine).

- Freda, B. (1995). *Developing personal safety skills in person with disabilities*. London: Jessica Kingsley Publishers.
- Freeman, S.F. (2000). Academic and social attainments of children with mental retardation in general education and special education settings. *Remedial and Special Education*, 21, 3-20.
- Galton, F. (1883). *Inquiry into human faculty and its development*. London: Macmillan.
- Garland, R. (1995). *The eye of the beholder: Deformity and disability in the Graeco-Roman World*. Ithaca Ny: Cornell University Press.
- Gelber, D.M. (1993). *Changing attitudes toward physically disabled persons: Effect of contact knowledge of disability and information exchange*. Ann Arbor; UML. Universal Markup Language.
- Genesi, D. (2000). Disability discrimination against students in the classroom. Retrieved October 20, 2009, from <http://www.cedarville.edu/academics/education/classes/edsp202/examples/litature-review-genesi.htm>.
- Gilbride, D., Stensrud, R., Ehlers, C., Evans, E., & Peterson, C. (2000). Employers' attitudes toward hiring persons with disabilities and vocational rehabilitation services. *Journal of Rehabilitation*, 66 (41), 7-22.
- Goffman, E. (1993). *Stigma: Notes on the management of spoiled identity*. Englewood Cluffs, NG: Prentice-Hall.
- Golczynska, G. (2007). Book reviews: Parenting and inclusive education. *Qualitative sociology review*. Vol. III Issues 3. Retrieved December 12, 2009, from <http://www.QualitativeSociologyReviewOrg/ENG/archive-eng.php>.
- Graham, N., Lindesay, J., Katona, C., Bertolote, M.M., Camus, V., Copeland, J., et al. (2003). Reducing stigma and discrimination against older people with mental disorders: A technical consensus statement. *International Journal of Geriatric Psychiatry*, 18 (8), 670-678.
- Grewal, L., Joy, S., Lewis, J., Swales, K., & Woodfield, K. (2002). *Disabled for life? Attitudes towards, and experience of disability in Britain leads: Department for Work and Pensions: Research Report No.173, Leads CDS. Center for Development Studies*.

- Gunnel, A.M. (2001). People with disabilities and the changing labor market: some challenges for counseling practices and research on work place counseling, *International journal for the Advancement of Counseling*, 23, 21-30. Retrieved December 16, 2009, from <http://www.springerlink.com/content/hlr81625x5769470/>.
- Guralnick, M.J., & Bennet, F.C. (1987). *The effectiveness of early intervention for at risk and handicapped children*. USA: Academic Press, INC.
- Harper, D.C. (1997). Children's attitudes toward physical disability in Nepal: A field study. *Journal of Cross-Cultural Psychology*, 28, 710-730. Retrieved October 10, 2009, from <http://jcc.sagepub.com/cgi/content/abstract/28/6/710>.
- Hatherington, E.M., & Parke, R.D. (1986). *Child Psychology* (3<sup>rd</sup> ed.). New York: McGraw-Hill Book Company.
- Hebeck, R.V., & Fuller, T.C. (1997). Rehabilitation counseling: a psycho-educational perspective; *Journal of Applied Rehabilitation Counseling*, 16, 43-47.
- Hecker, H. (1994). *Children's disability books store-catalogue*. Vancouver WA: Twins Peaks.
- Helander, E. (1995). *Shared opportunities: A guide on disabled peoples' participation in sustainable human development*. Inter-regional program for disabled people. Geneva: INDP, Inter Regional Programme for Disabled People.
- Hent, D., & Quinlan, K.A. (1990). *Extra ordinary people with disabilities*. Danbury, Ct: Children's Press, a Division of Grolier Publishing.
- Heward W., & Orlansky M. (1988). *Exceptional children: An introductory*. Columbus: Merrill Publishing Company.
- Hewes, R.L., & Toriello, P.J. (1998). Societal attitudes and alcohol dependency: The impact of liver transplantation policy. *Journal of Rehabilitation*, 64, 19-23..
- Howard, M. (1995). *Enabling government; joined up policies for a national disability strategy*. London: Febian Society.
- Ingstad, B., & Whyte, S. (1995). *Shared opportunities: a guide on disabled peoples participation in sustainable human development*. Geneva: Berkeley, CA: University of California Press.

- International Labor Organization, (ILO). (2004). Global disability programme. Retrieved October 5, 2009, from [http://www.ilo.org/public.English/employment\\_skills\\_disability/indes.htm](http://www.ilo.org/public.English/employment_skills_disability/indes.htm).
- Intrnational Labor Organization (ILO). (1989). Dispelling the shadow of neglect: Survey of women with disabilities in six Asian and Pacific countries. Geneva: Social Development Division, United Nations ESCAP.
- Isabelle., & Marie, A.S. (2007). A qualitative analysis of mothers' child raring behavior towards their disabled child. *Research in Developmental Disabilities*, 28, 130-144.
- Jennifer, J. S. (2004). The spirit of Alan Reich. Retrieved November 5, 2009, from [http://www.org/publications\\_resources/EUAArticle.cfm.ItemNumber11632](http://www.org/publications_resources/EUAArticle.cfm.ItemNumber11632).
- Jown, W.L. (1995). Resistance to community-based learning disability facilities: Implications for prevention. *Community Development Journal*, 30, 83-91. Retrieved December 23, 2009, from <http://cdj.oxfordjournals.org/content/vol30/issue1/index.dtl>.
- Kirk, S.A., & Gallagher, J.J. (1993). *Educating exceptional children*. USA. Hioughton Mifflin Comp.
- Kumar, R. (1996). *Research methodology a step by step guide for beginners*. London: SAGE Publications Limited.
- Lamb, M.E., & Laumann-Billings, L.A (1997). Fathers of children with special needs. In M.E. Lamb (ed.), *the role of the father in child development* (3rd.). New York adults' perceptions of court-ordered contact. *Child and family Law*, 18 (2), 211-219.
- Landover, MD. (1992). *Brothers and sisters: A guide for families of children with epilepsy*. Epilepsy Foundation of America. Retrieved December 20, 2009, from <http://www.kiddsource.com/NICHY/epilepsy.html>.
- Lee, H. (1993). *Disability as a development issue and how to integrate a disability perspective in to the society*. Oxford: Oxfam.
- Lewis, A., Parsons, S., & Robertson, C. (2006). *My school my family my life: Telling it like it is*. Retrieved November 19, 2009, from [www.drc-gb.org](http://www.drc-gb.org).

- Lobato, D.J. (1990). Brothers, sisters, and special needs: Information and activities for helping young siblings of children with chronic illness and developmental disabilities. Baltimore, MD: Paulh. Brooks Publishing.
- Locker, D. (1983). Disability and disadvantage, London: Tavistock Publications Ltd.
- Marjorie, J. (2006). Guiding children's social development: theory to practice. (5<sup>th</sup> ed.). Olfiton Park.
- Mark, D. (2003 ) Disability, disability studies. *Disability and Society*. 18, 897-910.
- Marshal, C. (1990). Designing qualitative research 3<sup>rd</sup> ed. Thousand Oaks, SAGE Publications Limited.
- Massie, B. (2006). 'Participation- have we got an attitude problem?' Paper presented in the NDA 5<sup>th</sup> annual conference civic, cultural and social participation: Building an inclusive society. Dublin, Ireland, 16<sup>th</sup> November..... ..?
- Millward, A. & Dyson, A. et al., (1995). Toward inclusive schools? Great Britain: David Fulton (publishers) Limited.
- Milward, A., & Carpenter, C.D. (1991). Toward inclusive schools? Great Britain: David Fulton (publishers ) Limited.
- Ministry of Foreign Affairs of Denmark, (2007). Equal access to health care and rehabilitation for people with disabilities. Denmark. Copenhagen. Retrieved October 25, 2009, from [http://dini.dadev.from.um.dk/Equalaccess To Health care And Rehabilitationfor peopleWith Disabilities.htm](http://dini.dadev.from.um.dk/Equalaccess%20To%20Health%20care%20And%20Rehabilitationfor%20peopleWith%20Disabilities.htm).
- Minton, C. A., & Dodder, R. A. (2003). Participation in religious services by people with developmental disabilities. *Mental Retardation*. American Association on Intellectual and Developmental Disabilities, 41,430-439. Retrieved December 15, 2009, from [http://www.ncbi.nlm.gov/pubmed/ 14 58 80 59](http://www.ncbi.nlm.gov/pubmed/14588059).
- Minton, C.A & Dodder, R.A. (2003). Participation in religious services by people with developmental disabilities. *Mental Retardation*. American Association on Intellectual and Developmental Disabilities. 41, 430-439.
- Mohamed, G. (2007). Psychological health of mothers caring for mentally disabled children in Qatar. *Neurosciences*, 12, 312-317.

- Molloy, D., Knight, T., & Woodfield, K. (2003). *Diversity in disability: Exploring the interactions between disability, ethnicity, age, gender and sexuality*. Leeds: Department for Work and Pensions: Research Report No. 188, Leeds CDS.
- Moore, D. F. (1996). *Educating the deaf-psychology, principles and practices*. (4<sup>th</sup> ed.). USA: Allyn and Bacon.
- N'nyapule, R.C. (2003). *Disability and poverty reduction: Tanzania*. Department of social welfare. Vallis Hose. November 8, 2009, from <http://in.linkedin.com/pub/samir-gosh/5/a82/81a>.
- Nowicki, E.A. (2006). A cross-sectional multivariate analysis of children's attitudes towards disability. *Journal of Intellectual Disability Research*, 50, 335-348 Retrieved December 23, 2009, from <http://cat.inist.fr/?A=Model=afticheN&cpsdit=1767694/>.
- O'Toole, F. (2006). *Dismantling the barriers to participate in cultural life's paper* presented in the NDA 5<sup>th</sup> annual conference civic, cultural and social participation: Building an inclusive society. Retrieved October 2, 2009 From [http://www.nda.ie/ew.nsf101B89c8098F9D7A0C8800430A9B/\\$file/Litature review-8-htm](http://www.nda.ie/ew.nsf101B89c8098F9D7A0C8800430A9B/$file/Litature%20review-8-htm).
- Oliver, M. (1998). *Disabled people and social policy: From exclusion to inclusion*, London: Longman.
- Parakash, I.J.(1997). 'women and aging,' *Indian Journal of Medical Research*, 206, 396-408.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup>ed). Newbury Park, CA: Sage.
- Perry, T., Steel,C., & Hillward, A. (2003). *Young, gifted, and black: Promoting high achievement among African-American students*. Boston: Beacon Press.
- Peter, C. (1993). *Disability, liberation and development*. An Oxfam Publication.
- Peter. C. (1993). *Disability, Liberation, and development*. An Oxfam publication.

- Pettigrew, T.F., & Tropp, L.R. (2006). A meta-analytic test of inter group contact theory. *Journal of Personality and Social Psychology*, 90, 751-783. Retrieved November 25, 2009, from <http://www.Theconvergenceproject.org/documents/pettigrew%20and%20tropp%202006.pdf>.
- Philia. (2005). Retrieved September 29, 2009 from <http://www.philia.ca/cms-en/page1293.cfa>.
- Powell, T., & Gallagher, P. A. (1993). *Brothers and sisters: A special part of exceptional families* (2nd ed.). Baltimore, MD: Paul H. Brookes.
- Rebecca, Y. (2001). Chronic poverty and disability. Action on disability and development. Vallis house. Retrieved December 4, 2009 from [www.pick-potsdam.de/...development...chronic-poverty...development.../pages571-590.pdf](http://www.pick-potsdam.de/...development...chronic-poverty...development.../pages571-590.pdf).
- Reyn, A. & M.K. Sein (2004). Research methods in development studies. Article Compendium Toc. Agder University College (AUC) in Association with United Nations University (Global Virtual University (UNU/GVU), New York.
- Richardson, SA. (1982). Age and sex differences involves toward physical handicaps. *Journal of Health Social Behavior*, 26, 207-217.
- Rogers, A. & Pilgrim, D. (2003). *Mental health and inequality*: Pilgrimage Macmillan.
- Ronald, W & Jim, S. (2004). Integrating appropriate measures for people with disabilities in the infrastructure sector. National Research and Development Center for Welfare and Health. Herausgeber.
- Rye, H. (1997). A new international direction in initiatives for children with special needs. International constitution of early childhood and special educational needs. UNESCO, Paris.
- Sami, S., & Salah, I. (2003). Attitudes of Saudi Arabian health care professionals towards people with physical disabilities. *Asian Pacific Disability Rehabilitation Journal*, 14 (1), 63-69. Retrieved November 3, 2009, from <http://aifo.if/english/resources/online/apdrj/apdrj103/attitudesprofessionalpdf>.
- Samir, G. (2009). Inclusion advisor at the World Bank India. Retrieved November 22, 2009 from <http://in.linkedin.com/pub/samir-ghosh/5/a82/8/a>.

- Scholl, G.T. (1986). *Foundation of education for blind and visually handicapped children and youth. Theory and practice.* New York; American Foundation for the Blind.
- Shade, R.A., & Stewart, R. (2001). General education and special education preservice teacher's attitude towards inclusion. *Preventing school failure*, 46(1). Retrieved September 18, 2009, from: [http://.Web 14.epnet.Com / citation. asp](http://Web 14.epnet.Com / citation. asp).
- Shankoff, J.P., & Philips, D.A. (2000). Philips D.A eds. *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academic Press.
- Sharma, N., Vaid, S., & Jamwal, Z. ( 2004 ). The concept of self in physically challenged institutionalized children. *Disability India Journal*. Retrieved November 15, 2009, From <http://www.medico-pedagogy.org/frastration wp.pdf>.
- Shell, D.F., Murphy, R.H., & Canvin, C. (1989). Self-efficacy and outcome expectancy mechanism in reading and writing achievement. *Journal of Educational Psychology*, 81, 91-109.
- Shelvin, M., & Kenny, M. (2002). Curriculum access for pupils with disabilities an Irish experience. *Disability and Society*, 17(2), 159-169.
- Smart, J. (2001). *Disability, society and the individual.* Maryland: Aspen Publishers, Inc.
- Smith, D.D. & Luckasson, R. (1995). *Introduction to special education.* Oxford: Oxford University Press.
- Smith, D.D., & Luckason, R. (1995). *Introduction to special education; Teaching in age of challenge.* (2<sup>nd</sup> ed.). Baston: Allyn and Bacon.
- Smith, N., Middleton, S., Ashton, Brooks, K., Cox, L., & Dobson, B. L. (2004). *Disabled peoples cost of living: more than you would think.* York : Joseph Row Tree Foundation.
- Smith, S.E., & Willmss, D.G. (1997). *Nurtured by knowledge: Learning to do participatory action research,* Ottawa ON: International Development Research Center.
- Taurai, M.K. (2002). Zimbabwe government sweeps disability issues under the carpet. Retrieved November 8, 2009, from <http:// www. kubatana. net/ html/ archive/disable/06041>.

- Thomas, C. (1999). *Female forms: Experiencing and understanding disability*. Buckingham: Open University Press.
- Thomson, C.E. (2000). *Raising a handicapped child*. New York, NY: Oxford University Press, Inc.
- Tibebu B. (1995). Meanings attached to disability, attitudes towards disabled people, and attitudes towards integration. University of JUVÄSKYLÄ.
- Tirusew, T., Savolainen, H., Agdew R., & Daniel d., (1995). Base line survey on disability in Ethiopia. Save the Children Sweden, Addis Ababa, Ethiopia.
- Tirussew, T. (2005). *Disability in Ethiopia; issues, insights and implications*. Addis Ababa University.
- Tirussew, T., savolainen H., Agdew R. & Daniel d. (1995). Base line survey on disabilities in Ethiopia; Institute of Educational Research, Addis Ababa University. Addis Ababa: Commercial Printing Press.
- Turnbull, A.P., & Carpenter, C.D. (1991). *Mainstreaming exceptional students: A guide for classroom teachers*. USA: Allyn and Bacon.
- United Nation. (1993). "United nations tandard rules on the equalization of opportunities for persons with disabilities." New York.
- United Nations (UN). (1993). *United Nations standard rules on the equalization of opportunities for persons with disabilities*. New York. Independent Living Institute.
- United Nations Children's Fun (UNICEF). (2005). *Violence against disabled children*. UN Secretary' General's report on violence against disabled children. Findings and recommendations. New York. Retrieved November 10, 2009, from <http://www.unicef.org/videodio/UNICEF-violenceagainstdisabledchilderen-Report-Distributed-version-PDF>.
- United Nations Children's Fund (UNICEF). (1999). *Convention on the rights of the child*. Newyork: UNICEF.
- Voh, J. (1993). On belonging: A place to stand, a gift to give. In A.P. Turnbull, J.A., Patterson, S.K., Behr, D.L., Murphy, J.G., Marquis, MJ Blue-Banning(Eds) *Cognitive coping, families and disability* (pp. 151-163). Baltimore: Brookes.

- Vrugt, A. (1994). Perceived self-efficacy, social compassion, Affective reactions and academic performance. *British Journal of Educational Psychology*, 64,465-472.
- Wegayehu, T. (2004). A study of the principle and practices of community based vocational rehabilitation and its implications for Ethiopia. Unpublished Doctoral Dissertation. Ontario Institute of Education the University of Toronto. Canada.
- White, M.J., Jackson, V., & Gordon, P.J. (2006). Implicit and Explicit attitudes toward athletes with disabilities. *National Rehabilitation Association NRA Journal of Rehabilitation*, 72(3) 33-40. Retrieved November 11,2009, from <http://direct.bl.uk/bld/placeorder.do?UIN=19540104&ETOC=RN&from=searchengine>
- World Health Organization (WHO). (2009). Greater needs, limited access, *Bull World Health Organization*, 87 (4), Retrieved October 18, 2009, from [www.Scielosp.Org/scie-php?Script=sci-arttext&pid](http://www.Scielosp.Org/scie-php?Script=sci-arttext&pid).
- Zetlin A.G. & Turner, J. (1984). Self perspectives on being handicapped: Stigma and adjustment. In R.B. Edgerton (Eds.), *Lives in process: Mild retarded adults in a large city*, (pp.93-120). Washington DC: American Association on Mental Defficiency.
- Zola, IK (1993). Disability statistics, what we count and what it tells us. A personal and political analysis. *Journal of Disability Policy Studies*, 4 (2), 12-39.

## Appendix A

### I. Background information /quick facts/or biography writing format

- Birth place and date
  - When was the PWD born?
  - Where was the PWD born?
- Parents
  - Father
  - Mother
  - Birth order
- Age
- Religion
- Disability
  - Nature of disability
  - Age of onset
  - Cause
- Childhood and school life
  - Interesting stories about childhood or school life
  - Early achievements
  - Any events that had an impact on their latter life.
- Education
  - Elementary
  - High school
  - University
  - Field of graduation or specialization
- Family
  - Spouse
  - Children
- Career
  - Has he/she made significant contributions to mankind through their job?
  - Is he/she honored in their life time for his/her success?
- Other professions.
- Future aspirations.

## Appendix B

### II. Interview Guide Questions

1. Thank you! I think we better start from the very beginning, tell me what the cause of your disability was? How was it?

What else do you want to tell me on this?

2. After your disability happened, from the begging up to now, it is obvious in the society I hope you lived with your father, mother, siblings, neighbors, religious leaders, health care professionals and so on. But, can you tell me their reaction both the positive and the negative towards your disability?

Oh! You told me ..... Please, I want you to tell me deep?

As you remember I said and so on, so can you tell me other individuals reaction?

3. Well, we have seen societies reaction to your disability but as a member of society tell me what was your the positive and the negative reaction to your disability, what ever it is the consequence of society's reaction or as a result of other factor?

You said you reacted because of ... why? Can you remember more?

4. Great, apart from reaction, now let us talk about another issue, as you know there are many challenges PWDs face; forexample lack of access to education, health services, employment, and physical environment, poverty culture and so on. But, for you from your childhood up to now, what exactly were your challenges?

You told me about particular challenges, please tell me more how they affected your life?

Please tell me these challenges you faced other than the few challenges the ones I mentioned?

5. It is good for you and for us irrespective of the challenges you have faced; you have become successful. But, I want you to tell me such and such are your success or achievement?

You told me... are your successes, but tell me how they positively affected you life? In what ways?

Great, you are now successful I think your success is not only for you benefit. So, tell me who did benefit from your success? What changes have you brought in their lives?

6. It is interesting! Now, let us talk about your social life. When we live with the society we involve in community participation; such as, Edir, Mahber, Equb and so on. Now, can you tell me how you do involve your self in community participation?

You told me the bad and the good things in your participation, but tell me your experience more?

Oh yes! Tell me how it affected your social life?

7. What great discussion we have! We are almost finishing, I have just only one remaining question. Some PWDs become successful by factors such as self esteem, coping strategies and sources of strengths, positive early family experience and so on. But, can you exactly tell me those factors that contributed for your success?

You mentioned to me those factors contributed for your success, but I want you to describe them how they contributed for your success?

I said and so on, if any factors contributing for your success, please tell me in detail?

## Appendix C

### III. Focus group discussion guide (FGDG)

1. Disability and society's reaction
2. Positive and negative reaction of PWDs
3. Challenges of PWDs
4. Community participation of PWDs
5. Success and PWDs
6. Factors contributing success and PWDs

## Appendix D

### IV. Document Review Guide Questions.

2. What is the educational background of the SPWDs?
  - II. When did they begin school?
  - III. Where did they begin school?
  - IV. Grade
    - Elementary?
    - High school?
    - University?
    - Field of graduation or specialization?
  - V. Early achievements?
  - VI. Distinction in education?
3. Awards received
  - I. How much certificate did they receive? How?
  - II. How many awards did they receive? How?
  - III. Distinction at work.....?
4. Media coverage?
5. What do in general SPWDs document in their hand say about them?

### አባሪ ሀ

1. የሰውየው መረጃ
  - ❖ የትውልድ ቦታ እና ቀን
  - ❖ ወላጆቻች
    - አባት\_\_\_\_\_
    - እናት\_\_\_\_\_
    - የውልደት ቅደም ተከተል\_\_\_\_\_
    - ቢተሰቡ ውስጥ አካል ጉዳተኛ የሆነ አለ
  - ❖ እድሜ\_\_\_\_\_
  - ❖ ሓይማኖት\_\_\_\_\_
  - ❖ አካል ጉዳት
    - የአካል ጉዳቱ አይነት\_\_\_\_\_
    - የጀመረበት እድሜ\_\_\_\_\_
    - መንስኤው\_\_\_\_\_
  - ❖ የልጅነት እና የትምህርት ቤት ሂደት
    - የልጅነት እና የትምህርት ቤት ልዩ ታሪክ\_\_\_\_\_

- የቆየ ስኬት\_\_\_\_\_
- ❖ ትምህርት
  - አንደኛ ደረጃ\_\_\_\_\_
  - ሁለተኛ ደረጃ\_\_\_\_\_
  - ዩኒቨርሲቲ\_\_\_\_\_
  - የተመረቁበት የትምህርት ዘርፍ ወይም ልምድ ያካበቱበት\_\_\_\_\_

- ❖ ቤተሰብ
  - ሚስት\_\_\_\_\_
  - ልጆች\_\_\_\_\_

- ❖ ስራ
  - በተሳተፍክበት/ሽበት የስራ መስክ ለህብረተሰቡ አመርቂ አስተዋጽኦ አድርገሃል/አድርገሻል?\_\_\_\_\_
  - በምትሰራበት/ሪቦት የሞያ መስክ የተለየ ስራ ወይም አስተዋጽኦ አስመዝግባሃል/ሻል?
  - በምትሰራበት/ሪቦት ሞያ መስክ የተለየ ስራ ወይም አስተዋጽኦ አስመዝግባሃል/ሻል?\_\_\_\_\_
  - የወደፊት ምኞትህ/ሽ ምንድን ነው?

አባሪ ለ

2. የቃለ መጠይቅ እቅድ

1. አመሰግናለሁ! ወደ ሃላ መለስ ብለን ከመጀመሪያዉ ብንጀምር መልካም ይመስለኛል፣ እስቲ ስለ አካል ጉዳትህ/ሽ አጀማመር እና መንስኤዉ፣ከዛም ተያይዞ የመጣዉን ተጽእኖ ንገረኝ/ሪኝ?
  - 1.1 ከዚህ ጋር በተያያዘ ሌላ ልትነግረኝ/ሪኝ የምትፈልገዉ/ገዉ ጉዳይ አለ?
- 2.አካል ጉዳተኛ ሆነህ/ሽ ከአባትህ/ሽ፣ከእናትህ/ሽ፣ ከእቶችህ/ሽ፣እና ከወንድሞችህ/ሽ፣ከጎረቤቶችህ/ሽ፣ከእምነት መሪዎች፣ ከጤና ባለሞያ ሰራተኞች እናም ከሌሎችም ጋር ኖረሃል/ሻል፣ ለአንተ/ቺ አካል ጉዳት የሚያሳዩት/ሽ ድርጊት ልትነግረኝ/ሪኝ ትችላለህ/ያለሽ?
  - 2.1 በአካል ጉዳተኝነትህ/ስ በተለየ የምታስታወሰዉ/ሽዉ በሌሎች ሰዎች የተደረገባህ/ሽ ድርጊት አለ?
3. መልካም! እስከ አሁን ህብረተሰቡ ለአካል ጉዳትህ/ሽ የሚያሳዩዉን ድርጊት ተነጋግረናል። እስቲ አሁን ደግሞ አንተ ራስህ/ሽ አካል ጉዳተኛ በመሆንህ/ሽ ስታደርገዉ/ገዉ የነበረዉን ድርጊት ልትነግረኝ/ሪኝ ትችላለህ/ሽ?
  - 3.1 ምን ነበር አካል ጉዳተኛ በመሆንህ/ሽ ስታደርገዉ/ገዉ የነበረዉን ድርጊት እንድታደርግ/ገ የሚገፋፋህ/ሽ?

4. በጣም ጥሩ! ኣሁን ከድርጊት ወጭ ስለለላ እንነጋገር። እንደምታውቀው/ቁው ኣካል ጉዳተኞችን የሚያጋጥሟቸው ብዙ ችግሮች ኣሉ። ለምሳሌ፣ የትምህርት፣ የጤና ኣገልግሎት እጥረት፣ ስራ ኣጥነት፣ ኣካባቢ ያሉ ነገሮች ምቹ ያለመሆን፣ እና ሌሎችም። ነገር ግን ለኣንተ/ቺ ከልጅነትህ/ሽ ጀምሮ እስከኣሁን ያጋጠሙህ/ሽ ችግሮች ምን ነበሩ? ኣያይዘህም/ሽም በህይወትህ/ሽ ላይ ምን ጫና እንደፈጠሩብህ/ሽ ንገረኝ/ሪኝ?
  - 4.1 ብዙ ኣይነት ችግሮች ሲያጋጥሙህ/ሽ ስትቋቋምባቸው/ቢያቸው የነበሩትን ዴዎች ልትነግረኝ/ሪኝ ትችላለህ/ሽ?
  - 4.2 ችግሮችህን/ሽን ለመፍታት የምትጠቀምባቸው/ቢያቸው የመቋቋሚያ ዘዴዎችህ/ሽ ምን ያህል እንደጠቀሙህ/ሽ ልትነግረኝ/ሪኝ ትችላለህ/ያለሽ?
5. በእዉነቱ በጣም ታላቅ ነገር ነዉ! ምንም እንኳን ብዙ ችግሮች ቢያጋጥሙህም/ሽም ስኬታማ ሆነሃል/ሻል። ነገር ግን ስኬትህ/ሽ ጋር በተያያዘ የስኬትህን/ሽን ታሪክ እያንዳንዱን ዝርዝር ብትነግረኝ/ሪኝ በጣም ኣስተማሪ ይሆን ነበር?
  - 5.1 በጣም መሳጭ ነዉ! ስለዚህ ስኬትህ/ሽ ምን ያህል ሂዎትህ/ሽ ላይ ኣዎንታዊ ለዉጥ እንዳመጣ ልትነግረኝ/ሪኝ ትችላለህ/ያለሽ?
  - 5.2 በትክክል! መቼም የኣንተ/ቺ ስኬት ለሌሎችም ይጠቅማልና እስቲ ከኣንተ/ቺ እነማን እንደተጠቀሙ ንገረኝ/ሪኝ፣ በህይወታቸውስ ላይ ምን ለዉጥ ኣመጣህላቸው/ሽላቸው?
6. በጣም ልዩ ነዉ! ኣሁን ደግሞ ስለማህበራዊ ህይወትህ/ሽ እንነጋገር። መቼም ከህብረተሰቡ ጋር ስንኖር በማናቸውም ነገር ኣብረን እንሳተፋለን ለምሳሌ በእድር፣ በማህበር፣ በእቁብ፣ እንዲሁም በሌሎች። እስቲ እራስህን/ሽን እንዴት እንደምትሳተፍ/ሬ ልትነግረኝ/ሪኝ ትችላለህ/ያለሽ?
  - 6.1 እዚህ ላይ ያለህን/ሽን ማህበራዊ ተሳትፎ በደንብ ልታብራራልኝ/ሪልኝ ትችላለህ/ያለሽ?
  - 6.1 እስቲ ማህበራዊ ህወትህ/ሽ ላይ ምን ተጽእኖ እንዳመጣብህ/ሽ ንገረኝ/ሪኝ?
7. በጣም ደስ የሚል ዉይይት ነዉ ያደረግነዉ! እየጨረስን ነዉ። ኣንድ ጥያቄ ብቻ ነዉ የቀረኝ። ኣንዳንድ ኣካል ጉዳተኞች ስኬታማ የሆኑባቸው ምክንያቶች ስንጠቅስ ለምሳሌ፣ ኣዎንታዊ የማንነት እይታ፣ የተለያዩ መቋቋሚያ ዘዴዎች እና የብርታት ምንጮች( ወላጆች.....)፣ መልካም የሆነ የቤተሰብ ኣስተዳደግ እና ሌሎችም ናቸው። ነገር ግን ኣንተ/ቺን በተመለከተ ስኬታማ እንድትሆን/ኝ ያደረጉህ/ሽ ምክንያቶች ምንድን ናቸው ትላለህ/ሽ?
  - 7.1 ስኬታማ ያደረጉህን/ሽን ምክንያቶች ጠቅሰህልኛል/ሽልኛል። ነገር ግን እንዴት ስኬታማ እንዳደረጉህ/ሽ ብትገልጥልኝ/ጭልኝ ጥሩ ይሆን ነበር?

**አባሪ ሐ**

3. በቡድን ለሚደረግ ዉይይት መምሪያ
  1. ኣካል ጉዳተኝነት እና የህብረተሰቡ ድርጊቶች
  2. ኣዎንታዊ እና ኣሉታዊ የኣካል ጉዳተኞች ድርጊት

3. የአካል ጉዳተኞች ማህብራዊ ተሳትፎ/ሂደት
4. አካል ጉዳተኞችን የሚያጋጥሟቸው ችግሮች
5. ስኬት እና አካል ጉዳተኝነት
6. ሥኬታማ የሚያደርጉ ምክንያቶች

አባሪ መ

4. የፋይሎች ጥንቅር መመሪያ

1. የትምህርት መረጃ

1. መቼ ትምህርት ጀመሩ? \_\_\_\_\_

2. የት ትምህርት ጀመሩ? \_\_\_\_\_

3. የክፍል ደረጃ? \_\_\_\_\_

• አንደኛ ደረጃ? \_\_\_\_\_

• ሁለተኛ ደረጃ? \_\_\_\_\_

• ዩኒቨርሲቲ? \_\_\_\_\_

• በምን ተመረቁ ወይም በምን የተለየ መ.ያ አካባቢ?

4. ቀደም ብሎ በምን ስኬታማ ነበሩ?

5. በትምህርት የተለየ ማእረግ አላቸው?

2. ሽልማቶችን አግኝተዋል?


3. በስራ የተለየ ደረጃ አላቸው?

4. በተለያዩ የሀይወት መስክ የሚዲያ ዘገባ ሽፋን አግኝተው ያውቃሉ?

5. በአካል ጉዳተኞቹ እጅ ያሉ ፋይሎች ስለ እነሱ ምን ይጠቅሳሉ?

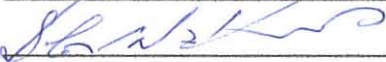
## Declaration

This thesis is my original work and has not been presented for a degree in my university and that all source of materials used for the thesis have been fully acknowledge.

Name: Tadesse Abera  
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Date: 15/6/2010

## Approval

This thesis has been submitted with my approval as university advisor.

Name: R. S. Kumar  
Signature:   
Date: 15.06.10