A Thesis Submitted to the School of Graduate Studies of the

Addis Ababa University

In Partial Fulfillment of the Requirement for the Degree of Master
of Arts in Special Needs Education.

By

Alhamdu Seid

July, 2006

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Table of Contents

Page

Chapter One

Chapter Two

Chapter Three

Chapter Four

Chapter Five

Chapter Six

List of Tables

Page

Acronyms

AAMR-	American Association of Mental Retardation
ADV-	Addis Development Vision
CBR -	Community Based Rehabilitation
CRWs -	Community Rehabilitation Workers
FGD-	Focus Group Discussion
ILO -	International Labor Organization
MR -	Mental Retardation
NGO-	Non- Governmental Organization
WHO -	World Health Organization
UNESCO -	United Nation Education, Scientific and Cultural Organization.

Abstract

Nowadays, community based rehabilitation (CBR) has been looked up on as a solution to achieving practical and efficient rehabilitation approach. Keeping this in mind this research work was initiated to investigate the effect of CBR on families of children with mental retardation (MR).

To meet the objective, Addis Development Vision (ADV) located in Addis Ababa was selected as a sample organization. Ten parents with MR from 10 families, four community rehabilitation workers (CRWs), and the program coordinator of the sampled organization were selected as respondent. The participants were selected based on purposive technique. Semi- structured interview schedule , focus group discussion guide and review of document, were used as tools in the main study .Among the ten families of parents, four were reserved for interview, and the remaining for focus group discussion. The CRWs and program coordinator have been interviewed. The data obtained were organized, analyzed and interpreted using qualitative approach.

At the very moment the parent realized that their children were mentally retarded, they have developed a sense of hopelessness, shame and disbelief and denial of the fact. However, after joining the CBR, the reactions of parent to their children were improved. This was achieved through parents meeting, individual counseling and social rehabilitation works. Therefore this study could establish that CBR program has been able to bring about improvement in the living condition of children with MR and their families.

The families have confirmed that they have received different services from the centre/ADV/ . However, in spite of their poor living condition and need of immediate intervention to get their daily bread, skill training and income generating activities were not conducted aiming to benefit all the families of children with MR.

The major problem identified in this study are low financial status of families, which made them concentrate more on earning their daily bread than looking after their children. The other problem is related to the quality and quantity of CRWs in the area of rendering services to the children. The last one is the high frequency of changing the schools and Kebeles administration.

Therefore, it is believed that the CBR center should be encouraged to strengthen the existing services to bring considerable change in the life of the children with MR, their families and the community as well.

Chapter I

I. Introduction

1.1 Background of the Study

Problems associated with disability are not restricted only to children with disability but the society, at large, is the recipient and entertains of the effect. In support of this, Shamugavelagutham (1998) explained that giving birth to child with mentally retarded is unexpected event which affect a large number of families. As the cause of bearing children with handicapped and disabled in the community assume their own reason and religious taboos (WHO ,2002).For some parents the societal belief has been the source of a difficulty to accept disability and deliberately mix the child with the society. The parents become aloof.

Families are discriminated and are made to alienate by their communities when they give.birth to a child with disability. Parents also do not get adequate support either from their families and relatives or from the community at large (Cheri net 1999). The problems of discrimination could not be minimized even if children are provided supported by institutions.

Institutional approach involves in bringing together persons with disabilities into an institution where by they are provided with rehabilitation services (Berne, Patton and Ittabach 1994). Drew (1992), commented that, neither parents nor professionals have agreed on criteria for determining whether the institution is an appropriate living and learning environment for any person with mental retardation.

According to Drew (1988) is that segregation of children with mental retardation in an institution results in social and psychological problems. In addition, institutions have a limited advocacy and awareness creating roles in relation to highlighting the needs and rights of people with disability in their operational areas (Cited by Tegabu, 1998; WHO, 1996). Institutions bring groups of disabled children, young or adult to a place where resources, buildings and expertise are located and provision is centralized. (Helander, 1995)

This, in turn, makes the person with disability unable to integrate smoothly into the community. Children with mental retardation and their families need community support in one way or the other. Covert (1992) as cited in Beirne,Patton and Ittenbach (1994), however, reports that many children with MR and their own institutional communities experience a sense of isolation in their own communities, even after joining the program or the institution. Relationship between person with disability and families could not be effective like CBR .The participation and involvement of the community and persons with disability is not taken into consideration in institution based approach Mconkey (1986) as cited in Daba (2000). Thus, institutions could not develop community's awareness on disability.

Moreover, institutions demand is costly and require highly trained professionals, due to such and similar other reasons institutional service is difficult to apply specially in Developing Countries like Ethiopia.

As compared to institutional rehabilitation, which is said to be costly and difficult to implement, CBR has grown popular and acceptable especially in Developing countries. Helander (1989) as cited in Cheri net (1999) disclosed that, CBR is practiced taking the community and the family as a center. CBR advocates discouraging the policy of bringing group of children with disability to the centers. It involves the provision of rehabilitation services with out detaching children with disabilities from their families (Miles, 2002). In addition, it has brought the parents together and they have started to communicate, exchange experience and educate themselves (Maya and Thomas, 2002).

Helander (1989) as cited in Daba, (2000) says once the community takes on the responsibility of rehabilitation for persons with disabilities, then the process could truly be called community based rehabilitation. Thus, in such process, rehabilitation becomes one element of a broader community integration effort.

1.2 Statement of the Problem

Having children with disability in general and mental retardation in particular is considered as a shame. As a result of this, children with MR are very far from social integration.

Nowadays, CBR has been looked upon as a solution to achieving practical and efficient rehabilitation approach to integrate children with the family and also the society (Turmusani, 2004). Rehabilitation service is needed for families and their children. However, in the Ethiopian context, due to the presence of limited organizations, needy children and their families can not be involved in the program. Moreover, most families have negative feeling on disability, as a result, they may avoid to engage in the program. Actually the result of the rehabilitation may not be seen in short period. Thus, parents don't the anticipate progress on families and their children may not be realized in a short period. It needs a great coordination of organizations with parents and professionals to increase awareness through the community.

Keeping this in mind, this study tries to investigate the effect of community based rehabilitation on families of children with MR. Thus, the study attempts to find answer for the following research questions.

- What is the effect of CBR on families of children with MR?
- What was the belief of families before joining the program?
- How much sufficient services the program provided to parents?

1.3 Objective of the Study

General Objective

To investigate the effects of CBR program on families of children with mental retardation

Specific Objectives.

1. To study the belief about MR of families of children with MR before joining the program.

2. To study the belief about MR of families of children with MR after joining the program

3. To identify how much sufficient the program provided services to parents.

4. To investigate problems that affect the effectiveness of the CBR program.

1.4 Significance of the Study

As expected, families are responsible for helping children .To this, then, they need to get sufficient information to establish strong interaction with their children. Thus, if parents have no sufficient information about their children, children are rejected, denied or overprotected. These may be the result of lack of awareness about disability through the family and the community at large. The CBR strategy is an effort to design a system for improving service delivery in order to reach all need, for providing more equal opportunity and for promoting and protecting the human rights of people with disability .Hence, CBR can be a solution to aware families on rehabilitation areas towards their children.

Recently, in Ethiopia, some NGOs are working with disabilities bearing their main objective as awareness raising through various ways including CBR. Therefore, it is hoped that this study would serve as a base for any concerned body with the knowledge of understanding the effect of CBR on families of children with MR. This study also provides basic information on awareness raising activities to families of children with MR.

1.5 Delimitation of the Study

The study focuses on investigating the effect of CBR program on families of children with MR. In Ethiopia there are organizations which are actively involved in utilizing as a choice strategy of rehabilitation. However, due to financial and time constraints, the study is unable to include all those organizations. The study therefore, focused only on ADV's operational site in Addis Ababa. The selected organizations for the study are: Handicap National and Addis Development Vision. Handicap National was selected for pilot work where as, Addis Development Vision was adapted for the main study.

1.6 Limitation of the Study

The study was unable to include the whole family members, like sisters, brothers and significant others. They were not willing to attend in both instruments, interview and in focus group discussion.

1.7 Operational Definition of Terms

Family – a group of two or more persons characterized by common residence, economic co-operation and reproduction. It includes adult of both sex, at least two of home maintaining a socially approved sexual relation ship, and one or more children, own and/ or adopted by the sexually cohabited adults.

Mental retardation –It refers to as defined by the American Association on Mental Retardation, substantial *limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self – care, home living, social skills, community use, self direction, health and work. Mental retardation manifests before age 18* (Heward and Orlansky, 1988:84).

Parent – It stands for both father and mother or a person who has parental responsibility for care and upbringing of a child with mental retardation.

Rehabilitation – It is goal oriented and time limited process aimed at enabling persons with disabilities to enrich an optimal mental, physical and/ or social functional level (Tirussew, 2000).

Chapter Two

II. Review of Literature

2.1 Introduction

The aim of rehabilitation is understanding of people with disabilities, their right and special needs to empower them Herr (1993) as cited by Tirussew (1998). According to Navetta (2005), enhancing natural abilities in natural environment refers to the type of services to assist disabled children in their own communities by sharing information, by transferring knowledge and skills to care givers. This indicates that the type of rehabilitation that provides services to the child with disabled natural environment is very effective. This is because the child likely demonstrates his or her abilities in a familiar setting. In the absence of effective rehabilitation children with mental retardation and their families may lead un happy live, dependent on others and become burdens to the society.

Institutional and community based rehabilitation are very essential and have been under taken for a long period of time (Heward and orlansky, 1988). However, the study focused on community based rehabilitation because institutional rehabilitation is said costly and the involvement of the family and community is very limited in institution.

2.1 Significance of CBR

Community based rehabilitation is implemented through the combined efforts of the disabled people themselves, their families and communities along with medical and other experts as appropriate, incorporating health education, vocational and social service (ILO, UNESCO and WHO, 1994). The idea of CBR is that, even if people learn very slowly, they should be respected for being men and women, girls and boys. Nobody should be looked down on, treated badly just because they have a disability (Miles, 2002).

According to ILO/UNESCO/WHO (1994) as cited in Daba (2000), CBR is to improve the rehabilitation process and give responsibility back to the individual, family and community. This idea implies that the goal of CBR is that rehabilitation be perceived as part of community development where by the community seeks to improve it.

CBR develops activities and knowledge of the child with disability, the family and the general public by large(Miles,2002).

So the significance of CBR for children with MR could be listed as

- to enable them lead normal, productive and self-supportive adult lives and socially integrated in the community.

- to improve their daily living skills

- to enable children with MR use service facilities open to societies in equally basis i.e. educational, health facilities etc(Milles,2002).

Responsibilities of families

- to encourage their children to do as many thing for themselves as they can
- to develop awareness on mental retardation
- to who is going to enable them to treat their children with MR and other 'normal' siblings
- to involve actively within the community
- to increase interaction with their children with MR

The essence of CBR is, promoting the right of children with mental retardation to live in their communities; to enjoy health and well being, to fully participate in every aspects of life activity. CBR also joins different activities at the community level to provide support to the families and their children with MR to reduce the effect of mental retardation.

2.3 Supporting Families of Children with MR

Covert (1992) as cited in Beirne, Patton and Ittenbach (1994) reports that many families experience a sense of isolation in their own communities, they lack extended family with whom to share some of the burden and are taken unable to rely on many of the personal connections that others without disabilities often take for granted. Understanding what families want for help relation implies understanding of what they don't want.

Families want their children to be accepted and protected by people beyond their home. Family of children with mental retardation has the same goals for their children as all other families with 'normal' children (Navetta, 2005). According to Heward and Orlansky (1988), different family members with disability may need variety of services based on the individual needs of their child as well as their needs as a family attempting to support the development of the child. They want their children to lead safe, healthy, valued lives in connection with family, friends and others who can protect their children.

The presence and satisfaction with social support system are consistently associated with reduced stress and depression. Social support has been associated with improved physical health, better family adjustment, more positive adaptation and well- being and higher parenting competency and satisfaction (Jacob, Robert and Edward, 1998). According to Bristol et al, (1988), as cited in Jacob, Robert and Edward (1998), spousal support appears to be especially critical mediating variable and is consistently predictive of decreased maternal stress, depression, adjustment and parenting competency and satisfaction. They added that expressive support from the spouse has been shown to be the best predictor of quality of parenting for both mothers and fathers.

Counselling is often helpful in getting partners to recognize the differences in their coping abilities and to accommodate them (Batshaw, and Perret 1992). ATCMHMR (2002), added that, parents need counseling to develop a better perspective on their life situation which will make coping easier in the future .

According to (ILO, UNESCO, and WHO, 1994), skill training, counselling, parents meeting, technical information are some of the needed support that are given for children with MR and their families.

If they get support from all their surroundings, family members share their hopes, fears and dreams for the future of their children.

2.4 Supporting Children with MR

The child with disability may not be give attention about his or her disability before school age when early intervention is provided (Batshaw and Parret ,1992). At school age, most children with disabilities are aware of their abilities and disabilities and may need help in dealing with feeling of sadness and of being different (Kaufman 1988 as cited in Batshaw and Parret, 1992).

When the child with disability gets acceptance by his parents, siblings and outside the home, his or her self image is usually good. According to(Kaufman 1988 as cited in Batshaw and Parret, 1992). , this acceptance includes being part of family activities, accepting appropriate responsibilities, and being able to discuss the disability openly. If the child is not accepted by families and others he or she may not be self accepting, exhibiting depression or other behavioral problems. The need for counselling of the individual with MR is to improve his/her self-confidence so he/she can integrate in the society, more effectively.

Thus, children with disability need support by families, significant others and the community at large. Regarding this, there are tips for parents (Miles, 2002).

- Learn about mental retardation. The more you know, the more you can help yourself and your child.

- Encourage independence in your child. For example, help your child learn daily care skills, such as dressing, feeding him or herself, using bathroom, and grooming.

- Give your child chores. Keep her or his age, attention span, and abilities in mind. Breakdown jobs in to smaller steps. For example, if your child's job is something to set, tell her or him what to do, step by step until the job is done. Demonstrate how to do the job. Help your child when he/she needs assistance. Give your child's frequent feed back and praise your child when he or she does well. Build your child's ability.

- Find out what skill your child is learning at school. Find ways for your child to apply those skills at home. For example, if the teacher is giving a lesson about money, take your child to the supermarket with you. And give a chance to count out the money.

- Find opportunities in your community for social activities, such as scouts, recreation center activities, sports, and so on. These will help your child build social skills as well as to have fun.

- Talk to other parents whose children have mental retardation. Parents can share practical advice and emotional support.

- Meet with the school and develop an educational plan to address your child's needs. Keep in touch with your children's teacher offer support. Find out how you can support your child's school learning at home.

Johnsen and Skjorten (2001) added that, skin contact and touching seem to represent a fundamental experience of intimacy, which along with eye contact and sound comprise the biological and psychological foundation for development of attachment.

All these activities support children to increase their physical well being, self image, social acceptance, and cognitive development. It is expected that community rehabilitation workers provide services such and other methods to rehabilitate the child with mental retardation, the family and the community at large.

2.5 Awareness Creating Activities

2.5.1 Social Rehabilitation

Social rehabilitation is a process the aim of which is to attain functional ability. This ability means the capacity of a person to function in various social situations towards the satisfaction of his or her needs and the right to achieve maximum richness in his or her participation on society (Miles, 2004). The functional ability helps to promote social networks and to coordinate services within the society. The attitude of the person with disability, families, neighborhood and the community also makes a great change on rehabilitation area.

Social rehabilitation of children with MR should include not only children with disability but also family members, peers, neighborhood and significant others. The aim of developing children with mental retardation and all the aforementioned target groups is to increase their self- esteem, awareness creation, social acceptance and bringing down the negative attitude they have about MR.

2.5.2 Individual Counselling

Within family members, reaction to having a child with mental retardation appears differently (Batshaw and Perret, 1992). It is important to recognize that mothers, fathers and siblings deal with child's disability differently. Mothers may become overly protective to their child and unable to give attention for any one else. The fathers may deny the reality and refrain from participating in the child's care. On the other hand, sibling may frustrate about their identity. All the family members have their own emotions according to their age and sex (Garwood, 1983).From this incidence, therefore, counselling of all who, live in the home is very important According to Batshaw and Parret, (1992:567) "Counselling is often helpful in getting partners to recognize the differences in their coping abilities and accommodate them." In the case of siblings for example, children take their parent's lead. If the parents are upset, so too will be the children, even if they don't understand why. If the parents overlook their children with disability, the siblings will follow it. If parents can acknowledge and accept of their child with disability, so too will the siblings be.

In a report by Maya and Thomas (2002), many parents testify that based on individual advice from CBR volunteers, they increase interaction with their disabled children and to cope up with the situation.

2.5.3 Parent's Meeting

Parent's meeting is vital for the development of CBR. If they meet frequently, there is a possibility of sharing lots of obstacles and discussing ways of coming out of the problem by themselves, their children and also the community. Regarding this, Miles (1998) reported that, parents identified their problems that, their children are victims of discrimination against both by their communities and the non disabled children. Parents are open with each other and share their problems and discuss how they can solve their problems.

Maya and Thoms (2002) reports that, CBR has brought the parents together and they have started to communicate about their difficulties, exchange experiences and educate themselves. Such kind of meeting is also practiced in some organizations of Ethiopia, dealing with MR.

One of the methods of advocacy for families is through the use of coffee ceremony (Handicap National, 2005). The ceremony was arranged to take place in homes of families in the presence of CRWs. Coffee is prepared in traditional manner and neighbors are invited to drink. On such occasions, variety of issues are brought up and discussed. Field workers (CRWs) act as facilitators. Issues revolving around disability, HIV/AIDS, street children's, personal and environmental sanitations are discussed. As a result parents discuss with other family members through which community might has an access to know about mental retardation.

Hence, in the organization coffee ceremony has proved to be an ideal occasion for creating conditions and to combat with unnecessary and destructive attitude and beliefs. According to Handicap National, (2005) therefore, parent's meeting is very essential to solve their problems by themselves.

2.5.4. Skill Training Activities for Families

Turmasani (2005) reported that, CBR Program has focused on the skills training and income maintenance of parent to be independent. Vocational training center is part of the program for families especially for those who have low income.

If they get some skill training within the program, parents can establish and sustain their own job and generate income. This is indirect way of helping children with MR.

2.5.5 Income Generating Activities for Families

If families are required to engage in treating their children with MR, they need support for generating income. WHO (2002), reports, the CBR program is to demonstrate the economic feasibility of a loan scheme and to use its results to advocate credit facilities geared to families and persons with disability.

The income generating program, which is part of the CBR, has helped parents to receive loans so that they may involve in small scale business and similar other income generating activities (Maya and Thomas, 2002). As a result, Navetta (2005), they will be able to manage their life for the better or they can engage them selves in various activities according to the skills they have trained.

2.6 Family Reaction

Researchers, while examining parental reactions to the birth of a child with disability have reported that parents commonly experience a grieving process similar to that experienced by a person who has lost a loved one (Jacob, Robert and Edward, 1998). Feeling of guilt, disappointment, depression and ambivalence are what parents experience when they discover that their child has a disability. Common fears of parents as disclosed by Drew, Logan and Hardman

(1984), are associated with having children with MR, loss of friends, a life time of caring for the child and impact on the family unit.

"It is natural for parents to want their children to be smarter, more accomplished and happier than they, the parents,are" (Batshaw and Parret, 1992:564). Knowing for the first time that a child has disability is a bitter fact for the whole family to accept. At that moment families reaction may differ by such factors as parental education, socio economic status, belief (cultural background), religion, the severity of the child's handicaps, social relationship of the parents, availability of supportive services, and so on. These factors can influence the stress level of the family (Batshaw and Parret, 1992).

Families must have time to grieve for the loss of their 'normal' child. Shock, disbelief, guilt, and depression are very common response of the family members when having a child with disability (Batshaw and Parret, 1992).

According to (Heward and Orlansky ,1988), the stages of family reaction is divided in to three as initial reaction, emotional disorganization and acceptance. Each phases are described here under:

A. Initial Reaction

Initial reaction follows the first diagnostic information where the parents feel shock of hearing the handicap condition and deny or disbelieve that their loved one is different from others. Denial is common parental reaction especially during the initial stage of adjustment (Drew, Logan and Hardman, 1984).

B. Emotional Disorganization

Emotional disorganization includes feeling of anger and guilt of family when they begin to respond to the new and unfamiliar situation such as, depression, lack of interest in their activities, sorrow, rejection and over protectiveness of the child.

Lack of knowledge about the disability and its causative factors often leads family members to follow unnecessary, wrong and new direction.

C. Acceptance

The final step in adjustment is acceptance that the child has MR, acceptance of the child and self acceptance. In the third phase where parents accept the reality of the situation, they refocus their attention to the real problem and then redirect their attitudes and efforts towards the disability of their child.

All families do not proceed through the three sequences at the same rate or with the same degree of success. Most of them never achieve full acceptance of the disability still many of them simply do not want to (Beirne, Patton and Ittenbach, 1994). As mentioned above families vary in their coping ability by different reasons, as degree of the event, perception of the seriousness of the event, the families regenerative ability and of other reasons(Beirne, Patton and Ittenbach, 1994) . All these reasons play crucial role in the resolution process.

2.7 Participation of Families

In Developing Countries fundamental material (financial) improvement may be relevant for parents to participate in treating their children with MR intervention. Poverty, severe social stress, unemployment, over work and tensions hamper parental involvement in the rehabilitation process (Batez, 1984 as cited in Yohannese, 2004).

However, it is a responsibility of families to participate in the rehabilitation program. Warner (1987) argues that most rehabilitation activities must take place at home with family members as the primary rehabilitation workers because it can reach easily for children who need it. And even where plenty of money and professional services are available, the home and community are still the most appropriate places for the success most of the rehabilitation of significant disabled children. In this case, family members have a vital role to organize the place and also the type of training that will be given to treating their child.

According to Hobbs (1975) as cited in Debora and Ruth (1995:20), "a parent is the primary helper, monitor, coordinator, observer, record keeper and decision maker for the child". Parents also are the primary advocate for their children and play an important role in services to children with MR. They disclosed that, others such as teachers, therapists, physicians, nurses and psychologists – are consultants to the parent. Therefore families have responsibility to achieve their children's need by using different methods raised by professionals and /or CRWs. By doing so, the effect of CBR on families is vast.

Heward and Orlansky (1988), suggest responsibilities of families to participate in different areas:

Teaching

All parents especially mothers are the first teachers for their MR children. As mentioned by O'Tool, 1991, as cited in Daba, (2000), many studies have indicated that fathers role is traditionally limited in the life of his/her child with MR in Developing Countries .MR children can learn a lot about daily living skill at their home from their near person. On this account, one can say that parents are primary teachers for their children with MR to develop daily living skills.

Counselling

All parents are counselors in the sense that they deal with the changing emotions, feelings, and attitudes of their developing children. That is parents have a chance to shape their children in a positive thinking manner. They can help to develop an active, outgoing child who confidently tries to perform many new activities.

Parenting non-handicapped Siblings

In recent years there has been increased recognition that non handicapped children are also deeply affected by having a brother or sister with special needs. Foster and Berger (1985) as cited in Beirne, Patton and Ittenbach (1994), feel that there is shaken sense of identity, Am I disabled as well? Perhaps I am normal now, but can I also be disabled later on? Such kinds of questions will be raised. The brothers and sisters of a handicapped child often have concerns related to their siblings' disability. Uncertainty regarding the cause of the handicap and its effect on them , un easiness over the reactions of their friends , a feeling of being left out or of being required to do too much for the handicapped child are the major concerns siblings have with respect to their brothers or sisters with disability.

Therefore, Tirussew (2000), proper guidance for understanding the problem needs to be provided not only to the siblings but also for all relatives or significant others who in one way or on other have contact with the child. This will enable parents to reasonably expect their child get proper kinds of treatments from significant others (Gearheart, Weishahn and Gearheart, 1988). Thus, such kind of adjustment can be made by parents and also CRWs. So parents also have to give due attention their 'normal' children.

Educating Significant Others

Families have a responsibility to educate significant others, aunts, uncles, grand parents, neighbors, and other near persons to them and their children .Giving education to significant others has an important effect on the child with MR's development. Parents of children with MR have to know that their children can not interact appropriately with significant others like non - handicapped children. This low level of interaction continues unless and otherwise significant others get some kind of education or awareness on disability.

According to Heward and Orlansky, (1988), parents of handicapped children must try to be sure that, as much as possible, other people interest with their child in a way that facilities the acquisition and maintenance of adaptive behavior.

2.8 Participation of the Community

According to O' Toole (1989) as cited in Daba (2000), the key success of CBR is measured by the active participation of the community. The community must realize that the lives of its disabled members must be improved and that the community it self has the capacity to do it. Thus the need for collaboration of efforts between or among as many members of a group of a community as possible gives resolution to their problem (Batshaw and Parret, 1992).

Participation of community requires media coverage, seminars and trainings at different times and at different levels and stages. According to O' Toole, (1991) as cited in Daba (2000), this would help and enhance persons with disabilities and community members the feeling that they are part of an important project. This type of involvement concerning the project can be addressed by the announcement in worship places, health centers, schools and community organizations.

Warner (1987) divides community participation into two, top-down and bottom – up programs. As he explained, top –down programs are mostly planned, organized and controlled by government or international organizations. People are asked to participate only in ways that have already been decided from a higher level. On the other hand, bottom – up activities are mainly started, planned, organized and controlled locally by members of the community according to the needs and wishes of its members. Because the program is small and local, the people, especially disabled persons and their families, make the decisions about their program.

Top – down approach is easier to introduce, administer and evaluate in many communities at the same time. In top- down programs, people are asked to participate only in ways that have already decided from a higher level. The program may be designed by foreign specialists. Most literatures comment that where rehabilitation is community based , then the decision making and responsibility for the habilitation of those persons with disability are in the community and do not originate outside the community .

So, it is difficult to apply the program. And it has become frequently failed or have serious weaknesses, because of lack of popular leadership, understanding and personal commitment (Warner, 1987).

In bottom –up approach there is a greater sense of equality, and of arriving at decisions together. It has an advantage of flexibility and adaptability because of it was organized and controlled locally. The case is especially good when disabled persons and family members play a leading role where by , participants at every level are likely to develop a spirit of respect , friendliness and equality that keeps a program human and worth while (Warner, 1987). Community integration needs to address not only an individual adaptation, to the community but also the responsiveness of the community to the individual (Myer et al, 1998).

However, according to Daba (2000) community involvement in the CBR program is some times unpractical due to poverty and negative attitude of community towards children with MR. There fore in introducing the CBR project one need to be aware of a grate range of socio-economic condition and should be worry of proposing a plan.

In general, community participation means the decision making that makes any activity community based or community centered , community contribution is necessary to develop the attitude that the community members own the project , i.e. that they have invested in it ,not just received it (ATCMHMR, 2002).

Chapter Three

Methodology

3.1 Research Design

The study was conducted by applying qualitative research design. The research was conducted employing an interview with parents, CRWs, and program coordinator and focus group discussion with parents was also arranged and document consultation. The data obtained was analyzed on a qualitative procedure. The organization selected was Addis Development Vision (ADV) at Gofa cite in Addis Ababa.

3.2Selection of Participants

3.2.1 The participants

The participants of the study include ten families of children with MR, four community rehabilitation workers (CRWs) and program coordinator of Addis Development Vision.

3.2.2 Selection Techniques

Ten parents have been identified as having children with mental retardation on the list from the CBR project. The families were the only ones in that specific cite having a child with MR and they were served there 2-4 years by the project.

The selection techniques are briefly discussed here under:

A- Families of Children with Mental Retardation

After listing the ten (10) children, their parents were identified if they are biological parents for the child. It is true that, parents are the most responsible once to take care of their children even from their siblings. That is the reason for selecting parents for study (interview) rather than the whole family. Among these ten parents, four parents were used for interview while the remaining six parents participated in the focus group discussion. Homes of the four interviewees were so far apart from each other that, they are not willing to come to and participate in the group discussion. On the contrary, homes of the other six families are relatively near to one another thus they were relatively willing to come and attend the discussion. As my observation from the pilot, these six families were qualifying the criteria of focus group discussion.

Among the interviewees, three were mothers and one was a father, and they were interviewed. Among those respondents in focus group discussion, two were fathers and four were mothers.

B. Community Rehabilitation Workers

In the center there are only four CRWs who are serving for all types of disability. These four CRWs who have been working with the children were selected.

C. Program Coordinator

The interview with program coordinator was the other method employed for data collection. Therefore, the person in charge of coordinating the program was selected as data source.

The number of respondents is summarized in Table 1.

Table 1: Respondents of the Study at Addis Development Vision

ADDIS DEVELOPMENT VISION					
Data collection method	Parents of children with MR		CRWs	Program. coordinator	**Total**
	Mother	Father			
Interview	3	1	4	1	**9**
F GD	4	2	--	--	**6**
Total Number	**7**	**3**	**4**	**1**	**15**

3.3 Instrument of Data Collection

To obtain adequate information, a multiple method triangulation approach was used. These multiple-methods include semi- structured interview schedule, focus group discussion guide and review of documents. Semi –structured interview was the primary method of gathering information. Focus group discussion and consultation of documents were used as a supplementary data source.

3.3.1 Semi-structured Interview Schedule

As Best and Kahn (1999) defined, an interview is a kind of oral and face to face conversation. One of the most important sources of case study information is interview (Yin, 2003). Interview is often superior to other data gathering devices for such kind of qualitative studies where by information is collected while the dialogue is underway (Best and Kahn, 1999). They explained the reasons as; people are usually more willing to talk than to write. According to them, interview is a specific form of human interaction in which knowledge evolves through a dialogue.

Based on this, the interview schedule organized for families was made mainly to focus on their reaction towards their children, their beliefs before and after joining the CBR center and the benefits they have gained from the center were the main questions. The number of main interview items for families was ten. This was developed mainly to give answers to the research questions and based on literature review (Appendix-A).

The second interview schedule was to program coordinator and CRWs. The interview schedule ~~was~~ focused on the type of services that the center has given for children with mental retardation and their families. Also there were questions targeted to finding out the challenges that organizations is facing to run its CBR program (Appendix-C and D).

3.3.2 Focus Group Discussion Guide

Focus group discussion (FGD) is a second type of interview Merton, Fiske, and Kendall (1990), as cited in Yin (2003), in which respondents are interviewed for a period of times. Yin (2003) added that, the interaction among the participants stimulate them to state feelings, perceptions and beliefs that they would not express if interviewed individually.

Thus to cross check the information that was generated from interview, six items were for FGD guide developed. FGD items were formulated for families based on research questions.

3.3.3 Documents Analysis Guide

Brochures and magazines were displayed in the organization. From which one can be informed about the organization. Documents were consulted to understand the background of the organization, the activities undertaken by the organization in addition to its mission and objectives.

3.4 Procedure of the Study

First of all, the problem has taken considerable attention by the researcher and was identified in classroom discussion while a course on Mental Retardation(Psne 601) as a post graduate course at the Addis Ababa University. Upon a closer examination the researcher has learned that there are organizations working in the CBR program E.g. at Handicap National and ADV. The researcher further had held informal discussion with the Manager of ADV at his office. Getting permission from the head of the center, the researcher introduced herself to the staff members of the CBR project. Having this in mind, the researcher formulated the problem and started reviewing related literature.

Then, a visit was made to the homes of the children (families) together with one of the projects staff members. She introduced the researcher to the parents of children with mental retardation. Visiting the interviewees several times before the actual work helped me know how to interact with them. In addition to this, during these visits, appointments for interview were fixed by the choice of the parents themselves.

Before the actual field study, pre pilot work was conducted after exhaustively referring literatures on the area of CBR and thus interview schedule was developed.

Data collection instruments were devised based on the research questions. Translating the instruments from English to Amharic version was given to an Amharic language expert for the sake of accuracy.

During the interview, all interviews and focus group discussion were recorded using a tape recorder. Before using the tape recorder, all participants were informed about the purpose of using tape record and they all agreed with out any objection. In addition to recording, notes were taken in the note book by reading non-verbal reactions.

3.4.1 Methods of Data collection

Qualitative study method was used in this study. The study was concerned with the effect of community based rehabilitation on families of children with mental retardation. Relevant information has been gathered through semi-structured interview schedule, focus group discussion guide and document analysis.

A. Semi- structured Interview Schedule

The interview schedule was organized for families was mainly focuses on their reaction towards their children, their beliefs before and after joining the center and the benefits they have gained from the center were taken as main questions. The number of interview items was ten. The actual interview was conducted at their home for one hour and fifteen minute with each parent per day.

Interview was also conducted with the four community rehabilitation workers at their site, each for one hour. The interview was focused on the type of services the center has given for children with mental retardation and their families and challenges faced by the of CBR program.

Finally, interview was organized for the program coordinator in her office for one and half-hours on how the center helps the clients and their families, attitude of families' before and after joining the program and challenges of CBR program from the point of view of her perception.

B. Focus Group Discussion Guide

Focus group discussion was employed to enrich the data generated by interviewing families of children with MR, CRWs and program coordinator of the center. It was conducted with six (6) parents, who were not selected for interview.

The discussion was held at the Community Rehabilitation Center for one hour and forty-five minutes. It was focused mainly on their beliefs before and after joining the program, benefits of children and their families and challenges faced by the program.

C. Document Analysis Guide

Documents were used to understand the background of the organization, the activities that were practiced in the organization as well as its mission and objectives.

Finally, pilot test was carried out at Handicap National CBR program to identify and modify the short comings of the instrument. After considering the necessary adjustments in the instrument, data collection was under taken using the aforementioned data collection instruments and samples.

3.4.2 Pilot Study

As explained by Yin (2003), the pilot case study will help you to refine your data collection plans with respect to both the content of the data and the procedures to be followed. In order to achieve this purpose qualitative (interview schedule) study design was employed on the pilot study.

Pilot test was carried out at Handicap National CBR program to identify and modify the short comings of the instrument. Checking documents of children with mental retardation was carried out by me and with one staff member of Handicap National. Two families were selected based on the relative nearness of their homes from Handicap National. A visit was made to the homes of the identified families and the interview schedule was translated to them into Amharic. Then the pilot study was conducted with the selected parents to check the appropriateness of the instrument.

Focus group discussion was considered with the identified parents. However, the living areas of the parents were so far apart that they were not willing to attend in the group discussion.

After going through the pilot study, the following adjustments were made:

- The more general questions used in pilot study seemed to be difficult for parents to understand and respond, thus questions were formulated in a very concrete way. Interview schedule, was modified and simplified to them to understand and respond.

- Some words in the interview schedule were modified according to the cultural and religious background of informants.

- Focus group discussion was not used because living areas of families were far apart from one another. Considering this in mind, in the main study families for FGD were selected so that their homes are relatively near to one another.

- The presence of a person from the project during the interview seemed to influence the response of the interviewees' situation in the main study. So , interviews were conducted in the absence of staff members

On the basis of these information the necessary adjustments were considered in the instrument, the main study.

3.5 Methods of Data Analysis

The data collected by all the techniques was analyzed qualitatively, by relating all the findings with relevant literature and necessary discussion was made. Finally, relevant conclusions were drawn and pertinent recommendations were given.

Chapter Four

Presentation of Results

4.1 Introduction

The purpose of this study was to investigate the effect of CBR on families of children with mental retardation. The study was conducted in one of the organizations found in Addis Ababa, Addis Development Vision. As indicated in chapter three, the researcher has collected data from 15 participants i.e., ten families, four CRWs and a program director of the organization. Among the ten families, four were reserved for interview and the remaining for focus group discussion. CRWs and program coordinator have participated in the interview.

In order to get sufficient response to the research questions, a qualitative research design was employed. In this chapter, the main findings of the study is analyzed and presented.

4.2 Description of Data Source

General background information regarding the sample organization, sample parents and their children with mental retardation are presented as follows.

4.2.1. The Sample Organization

Addis Development Vision was established in 1993 by the Ethiopian volunteers. The major objective of the organization is to give equal opportunities for people with disability in general and mental retardation in particular. In addition, the organization is currently working exhaustively in the area of prevention and rehabilitation of people with disability. The Organization provides assistance in every spheres of life.

4.2.2 The Parents

For the purpose of conducting an in-depth qualitative study fifteen (15) participants were considered. Out of whom ten (10) of them were parents and four (4) of them were interviewed. Table 2 describes general background information about the four interviewees. Parents were considered as *a case*. Thus, case1, case 2, case3 and case 4, respectively refer to parent 1, parent 2, parent 3 and parent 4.

Table 2. General Information about Parents Involved in the Interview

Family description	Cases					
	Case-1	Case-2	Case -3		Case -4	
Family- relation with the child	Mother	Mother	Mother	Father	Mother	Father
Age	43	37	60	66	43	48
Educational back ground	Non – formal education	Non – formal education	Grade 12 completed	Diploma holder	Non – formal education	Non – formal education
Occupation	Petty trader/daily laborer	Petty trader	Housewife	Pensioner	Daily laborer	Daily laborer
Family size	4	5	7		7	
Number of children in the family	3	4	5		5	

As indicated in Table 2, four of the respondents were mothers; two were fathers out of four families. From the writers view, it was unexpected to get much information from fathers, because most of the time, mothers were considered as primary caregivers to their children. However, the father in case 3 knows everything regarding his child's development. He explained that, he devotes most of his time by giving special attention for his daughter. The mother in case 3 reported that, her husband has read materials and hold talks about mental retardation. She added, by making use of the information he collected from different sources, he approaches his child and therefore her burden is reduced. In addition to this, they get a financial subsidy from their children so, their economic status was the best comparing with the three other families.

The other 3 cases, cases-1, 2 and 4 were found low in their economic status. They are petty traders and daily laborers. The family sizes of cases 1, 2, 3 and 4 are 4,5, 7 and 7, respectively (Table 2). With regard to educational background of parents, case- 1, 2 and 4 were similar in that they were not exposed to formal education. While in case 3, the mother is a grade 12 complete and father is a Diploma holder. The age of the parents ranged from 37-66. As mentioned in Table 2, among the four families, two cases-1 and 2 are women headed (no father), while cases -3 and 4 are two-headed families

4.2.3 Children with MR

Table 3- Information about children with MR

Description of children	**Children**			
	Child 1	**Child - 2**	**Child- 3**	**Child – 4**
Sex	Female	Male	Female	Female
Age	15	12	18	17
Birth order (elder to younger)	The fourth	The third	The fifth	The third
School attendance	Yes	Yes	No	No

Among the four identified children, three are females and one is male. Among the four children analyzed in this study, two were attending school by the encouragement of the CBR project. The birth order of children in child-1 and child-3 are 4th and 5th respectively; while in child - 2 and child - 4, both are at the third positions in the family. Their age ranges from 12 to 18 years.

4.3 The Effect of CBR on Families of Children with Mental Retardation

The effect of CBR on families of children with mental retardation was studied under various domains. They are beliefs of families before and after the program, feeling of parents about having a child with MR, parents' treatment before and after involvement of the center, feeling of siblings, provision of services from the centre for families and children are some of the effects on families. The details are given as follows.

4.3.1. Beliefs of Families before Joining the Program

The data regarding the beliefs of parents towards their children with MR before joining the program is presented and analyzed based on three components. These are parents' reaction or feeling by having a child with mental retardation, parents' treatment before joining the program and traditional family counseling service.

4.3.1.1 Reaction of Parents on having a Child with Mental Retardation

When parents were asked to describe their reaction towards having a child with mental retardation, they have responded to have experienced different feelings of denial or disbelief, shame, sadness or anger and hopelessness after they have got a child with mental retardation.

As indicated in Table 4, all parents in cases- 1, 2, 3 and 4 experienced feeling of denial or disbelief. The mother in case-1 explained her feeling as "after having my child, I haven't believed that she is my own child". Father in case -3 also reported "when I was expecting a "normal" child but …then I denied the truth."

Parents reported that they feel sadness and anger because they didn't get the kind of child they were dreaming to have. The mother in case – 2 disclosed her feeling that "My dream was not to get such a child with 'Yeaemiro Behsitegna' (mentally ill), so I feel bad." One of the mothers, in case- 4, reported that, "I always feel sad and anger .How can God give me such a" mognamogn" (foolish) child. So she feels hopelessness by seeing her child being a victim of MR. She explained her feeling as "after having my child, Haimanot, I feel hopelessness … I have felt as if I have missed my child."

4.3.1.2. Traditional Counselling Service for Family Members

Parents were asked what kind of advise did they get from people before involving in the program. All the cases, case 1, 2, 3 and 4 disclosed that their relatives, neighbors and every person who knows about the children's problem told them different ideas to solve the disability. Some of the people said, "*tsebel*" (holy water) was the best solution, others "*tenkuay*" (witch doctor) and the remaining told that praying and medical doctor. All the cases responded that, the effectiveness of these methods was explained by relating to different examples.

4.3.1.3 Treatments Given to Children with MR by their Families before Joining the Program

Parents were asked about the treatments they have used to improve the condition of their children with mental retardation. The parents responded that, "*holy water*", *witch doctors, prays and medical doctor* were their preferences to get mental retardation recovered from their children. Parents in Cases-1, 3 and 4 reported that "tsebel" (holy water) was the best solution for their children. They went to different places when they have been informed that 'this or that' was a special holy water. The mother in case -3 explained that "we have tried different "tsebel"(holy water) places even though we did not see any change. The mother in case-4 added that "I have taken my child to different "tsebel" places to improve the child's condition.

A single mother mentioned that, "*tenkuay*" (witch doctor) has helped her for the improvement of her child with mental retardation. She explained that, the condition of her child started when he was at the age of two, because of "*yesw- ayn*" or "*buda*" (evil eyes). So, she has visited different "tenkuays"(witch doctors) to know about the cause and find treatment to her child. She has considered that 'tenkuay" (witch doctor) the only solution to bring the child to normal condition.

Cases – 1, 2 and 4 reported that "*Tselot*" (praying) was an important tool to cure children's mentality, because it has happened by the will of God. Mother in case -4 reported that "nobody knows except God .And always I will continue praying and crying to God." Two parents case- 1 and 3 mentioned other solution, medical doctor, has improved the situation. For instance father in case-3 explained that "I have visited different medical doctors here and there in Addis Ababa to get the solution."

Following of the children's home activity is the other treatment to help developing their physical and mental growth. Regarding this, parents were asked how much effectively the children participate either in daily living skills or home activities before involvement of the center. One of the interviewees, case -2, reported that, her son did nothing except walking here and there. He needed assistance, and she was the only responsible person to help him in every aspect. The remaining three parents in cases-1, 3 and 4, explained that their children were insisted to practice daily living skills including some home activities like cleaning house, washing simple clothes, fetching water, etc.

4.3.2 Belief of Parents after Joining the Program

The collected data regarding the belief of parents toward their children with MR after joining the program will be presented under different components.

4.3.2.1 Parents' Overview on the Benefits their Children Received from the Center

During the interview, parents were asked about services their children received from the center. They answered that, once a week the CRWs come and teach their children about daily living skills. They added, it is a significant support for them because at least the children can develop some important skills.

Two parents, in cases -1and 2 added that their children were learning an integrated pre-school per three days per week at the center. The father in case -3 disclosed that, his daughter has gained nothing from the center. The fact is that his daughter had learnt some skills before activities of the CRWs were started. In spite of their effort, after the CRWs started their teaching she didn't make any improvement in her previous performance. However, according to the father in case- 3, it is advantageous to join the centre for those children who don't have a devoted helper in their families. Parents in case- 4 reported that, "The center has to be appreciated even though, our child did not bring any improvement in her skills."

4.3.2.2 Services the Center Offers to Families

Parents were asked if they were provided with services from the centre. All of them responded that parent's meeting, social rehabilitation, and individual counselling were practiced sometimes. Cases- 1, 2 and 4 had not attended during the parents meeting programs, because they go out in search of their daily bread. All interviewees reported that social rehabilitation and individual counselling were directed by the CRWs. They facilitate the entire situation either in individual counselling and (or) family counselling. They replied that the CRWs have tried to teach them about the cause, prevention and rehabilitation of mental retardation. In addition to these, other communicable diseases were some of the CRWs agendas for discussion. In Case -4 it was explained that the husbands and siblings were initiated to participate in the meeting, however, none of them were inclined to participate. As reported by cases- 1 and 2, the siblings didn't want to hear any thing about their sisters' and brothers' condition. The parents reported that there was neither skill training nor income generating program in the center.

4.3.2.3 Beliefs of Community towards Mental Retardation

Community based rehabilitation is practiced by taking the community and the family as a center. It is impossible to detach family of children with mental retardation from the community. Consequently, the attitude of the community is very crucial for the healthy development of rehabilitation within the community.

Regarding the attitudes of the community, parents were asked in the interview. Cases-1 and 2 responded that the villagers in which they are living loved their children. However, when they went out far away from their living place, people are looking at them in a strange way.
Father in Case-3 mentioned that, the people were shocked when they saw my child be it in or out of the village.

Parents in case- 4 reported that in our living villagers, in front of our home, there is a small market. Young villagers who earn their livelihoods in this market and who do not know the problem in my daughter insult her saying "Angolo" (mentally ill).I always quarrel with them for so doing. When I go out with her we feel free because nobody knows anything about her as she didn't have any unique sign.

4.4 Challenge of the CBR Program

All the respondents, parents, suggested lack of finance is the major problem for the inefficient functioning of CBR. The other problem is that parents' participation is also low in the areas they are expected to help their children

Parents in case-3 argued that, limited educational background of the community about MR and lack of access to media can negatively affect the program of CBR. Parents disclosed in the group discussion that, lack of school compound for children with mental retardation negatively affects the progress of the program.

4. 5 Interview Results with Program Coordinator

Program coordinator, who has a five year experience, in the CBR center was asked about what services do the center provided to children with MR. The program coordinator responded that, social, medical, educational and vocational training activities were the services rendered from the center. Daily living skill was given at their home by the CRWs. Medical services was given when children develop epilepsy (seizure). Children (case-1and 2) have attended the pre-school learning as inclusive educational system for half day and three days per week. According to the program coordinator, skill training activity was other service offered for children with MR like, leather work, woodwork and sewing provides the trainees with Birr 500. However, only a limited number of children have received the training.

Services the center offered for families were the others question for program coordinator. Regarding this, the program coordinator said that counselling service, social rehabilitation, parents meeting, income generating activity are the major activities in the CBR center. She explained that counselling service was given for family, either individually or in groups. CRWs have also rehabilitated the society members especially in coffee drinking ceremony. Also children have an access to awareness about rehabilitation in their schools, Fitawrari Lake Adgeh and Hawariyaw Petros Primary Public school. Income generating activity was practiced very recently; however, parents haven't got benefit so far.

In addition to these, she was asked about whether CBR has an effect on families of children with MR or not. She has disclosed that it has an effect; for instance, changing the belief of family about mental retardation and rehabilitation especially for mothers. Provision of daily living skills and rehabilitating the society by giving awareness about MR are also effects.

The program coordinator was asked about the belief of the community about rehabilitating families and children. She explained that, because most of the time awareness of the community was very little. Thus, they did understand neither the families' problem nor their children with MR.

Finally, lack of finance of the family, educational background of the family, administrative structure of schools and Kebeles, lack of access to media were explained as a challenge for CBR.

Lack of finance of the family greatly affects the rehabilitation work. Their low standard of living played a great role not to get fully involved in the rehabilitation of their children with MR. Some families leave their child alone at home and go out in search of their daily bread. There fore, CRWs did not get a chance to meet families to transfer their knowledge and to improve the development of children.

Administrative structure of schools and kebeles can be stated as the other problem. Administrators of kebeles and schools were frequently changed with un expected rate from their position. In addition lack of access of media was taken as a challenge. If there is a media access the society's awareness about rehabilitation of children with MR would be greatly increased.

4.6 Interview Result with CRWs

CRWs were interviewed about the areas that center offered service for children with mental retardation. All of them said that social, educational, vocational and medical rehabilitation were provided. Rehabilitation of the society members was carried out through different methods like parents meeting, during coffee drinking ceremony and mini media program. The mini media was established in two schools: Hawaryaw Petros and Fitawrari LakeAdge Primary public schools. One of the interviewee responded that, mini-media has a great role for rehabilitating children with MR's peers.

Children with mental retardation have learnt daily living skills at their homes. The respondents explained that the center has provided training for children, such as, carpet work, leather work, sewing and embroidery. However, the number of children participated in the training was very limited.

Three of the interviewees disclosed that, if the child with MR has epilepsy /seizure/ the center covers the cost for the medical treatment. CRWs were asked regarding the services offered to families of children with mental retardation. All of them responded that, income generating activity, counselling service, parents meeting and rehabilitation of the society were provided.

The difference between parents' reaction before and after joining the program was explained by CRWs as, families had different kinds of negative feeling. All of the CRWs said that, families didn't talk any thing about the child's condition at the first meeting session. When the CRWs talked about the child's family, they may not respond. However, through frequent contact their feelings were changed. Nowadays, families were changed, as a result, they communicate freely about their child with the CRWs.

Belief of the community towards mental retardation was the other question for the interviewees. They responded that, the understanding of the community towards mental retardation is very much limited. Because of this belief of the community is negative. Their negative feeling led them to disturb the child with MR as well as the family members. The belief of parents towards their children with mental retardation could be influenced by the community in which they are living.

Finally, they were asked the challenges of CBR for which they replied as challenges faced by, CBR are mentioned, poverty, limited number of CRWs and limited community awareness.

4.7 Focus Group Discussion Results with Parents

In the group discussion six parents were asked about their belief towards their children with mental retardation before joining the program. Answers of parents include medical treatment, witch doctor, holy water, traditional medicine and prayer. The entire participant have tried holy water and praying to rehabilitate their children. Four out of six reported that they have tried medical solution to treat their children with mental retardation.

In the group discussion three of the parents had tried different witch doctors and traditional healers seeking treatment. Finally, then, the entire participant in the focus group discussion had believed that only God / Allah, has the all power to change the situation of their children.

Belief the parents have about rehabilitation of children after joining the program was also discussed. Parents responded that their rehabilitation methods were changed by the continuous supervision of CRWs. Their children have trained daily living skills. Based on the practice they have taken from CRWs three parents have tried to rehabilitate their children and themselves to their best. Two of the respondents on the other hand discussed that, they are not that much not involved in children's daily living skill development. Their reason was they didn't have time to perform such kind of task. One of the respondents has shown a reservation to comment on her involvement in rehabilitating the child.

Discussion was about the areas that the center provides service for children with mental retardation. Parents of children have realized, during the focus group discussion that, the center has tried to minimize the burden on them and their children by paying a home to home visit, facilitating pre school learning , providing medical service and skill training. They said that they haven't expected anything more than this. However, they have disclosed that they are not satisfied with the positive change of their children.

One of the mother in the group discussion explained that her daughter was trained a singer for one year and the center has given her a singer machine to help herself. Actually according to the mother, her child was trained the skill in other center for more than six years. She added that, it was too difficult for her child to learn this skill, but her daughter was trained in other center for six years. As a result she can manipulate the training.

Two parents explained that their children have benefited in pre-school learning and medical treatment from the center. They have learnt three half days in a week in the CBR center .They added that, if these children develop an epilepsy, the cost will be refunded by the center.

In addition to these, parents were asked to discuss about services offered to families from the center. Social rehabilitation, parents meeting and individual counselling were practiced. Similar response was obtained in this focus group discussion with the interview confirming that they know nothing about in come generating activity in the center. However, two of them indicated that they know that there is an income generating program in the center.

The final discussion was challenges of CBR. All the parents reported that lack of finance of the family affect the effectiveness of the rehabilitation. Limited awareness creation through the community, and lack of school compound for children with MR made the program not to go with their expected plan.

Chapter Five

Discussion of Results

5.1 Introduction

As indicated in the preceding chapters, the purpose of this study was to investigate the effect of CBR on families of children with mental retardation. The study has tried to identify families towards their children, their feeling about having a child with mental retardation, family response before and after joining the program. The study has also examined the types of services given by the centre for the parents. Moreover it has assessed the major challenges faced by the CBR program.

This chapter deals with, the discussion of major findings in relation to the main research questions of the study and the theoretical framework as presented in chapter two.

5.2 Parents Belief before and after Joining the CBR Program.

5.2.1 Reaction of Parents before and after Joining the CBR Program

Whenever one is in need of a baby he/she generally has some expectation about the child's future goal and competence of the baby to lead an independent life. According to Batshaw and Perret (1992), it is natural for parents to want their children to be smarter, most accomplished, and happier than they, the parents are.

In this aspect, all parents dream differently of the kind of baby they wish to have. They wish for the best, for their child that the baby will be free of any undesired characteristics. If their wishes and expectations are realised there will be no bad feeling of parents on having a child. But, if the opposite happens that they give birth to a child with undesired characteristics they feel negativity and discomfort. However, Batshaw and Perret (1992) argued that, initial feelings of families who are having a child with mental retardation, may differ, depending on the parents religious and cultural background.

Though the initial feeling of families differs based on their varying backgrounds all the interviewed parents in this study have exercised denial or disbelief as their first feeling. For instance, the mother in case -1explained her feeling as follows:

> *Having realized my child's situation, I had*
>
> *developed a feeling of disbelief because,*
>
> *I felt that I was the only person having*
>
> *child with MR*

The mother's feeling might be resulted from lack of exposure for such kind of situation. According to Heward and Orlansky (1988), parents are said to experience a period of emotional crisis characterized by shock, denial or disbelief. Regarding this, their feeling is caused not only by lack of awareness but also because inner grief.

Similarly the father in case- 3 explained his feeling about having his child with mental retardation as follows:

> *I was expecting a normal child but after realizing the situation of my child, I denied the truth. In fact it was difficult to be in such a situation.*

Such kind of belief leads parents to feel inferior, to hide their children, to exhibit their children in public and causes them feel ashamed, as a second reaction. Feeling of shame is a result of disapproval. It is clear that these parents are expected to be in a great tension, feeling of sorrow and suffering from emotional disorganization. This is because on the one hand the child is their descendant and they love their child. On the other hand, they have a guilty feeling that they did something wrong against the socially accepted rules. As a result they feel uncomfortable and ashamed to, interact and communicate with others.

As indicated in chapter four of this study, parents have reported that they have a feeling of sadness and anger after getting a child with mental retardation.

The mother in case – 2 explained her feeling as follows:

> *After I have realized my son's situation,*
> *I had felt sad and angry. My mind was*
> *absorbed with the question,*
> *'Why on me? My dream was not to get such*
> *a child with this kind of situation.*

The mother in case -4 has replied her feeling as follows:

> *After I realized my daughter's situation, I had*
> *a feeling of hopelessness. Still, I feel the same.*
> *I am keeping on asking myself why my child*
> *became like this?*

It is evident from the description of the mother in case -4 that her feeling of hopelessness has arisen from her awareness that child would not be able to full fill her hopes, dreams and expectations which she has built up prior to giving birth to the child.

According to Handicap National (2005:45), "Parents are the most influential in the life of their children with mental retardation. Since they can influence their children positively and negatively, they should be given the necessary counselling service to enable them play a constructive role during rehabilitating their children" After joining the program, parents feel some relief from the advice given to them by the CRWs. Awareness has been created about the cause, prevention and rehabilitation of their children with disability.

The CRWs have reported that, the cases have improved to some extent but still, they don't accept the reality except the families in case 3. As explained by the father, the real change of family in case 3, is the result of having exposed to reading lots of materials and discussing with others about the child with MR and apply the knowledge to their child. As mentioned by Heward and Orlansky, (1998), even for some parents years may pass to accept and they are still not comfortable with their child. They added that, the time needed for adjustment varies from parent to parent.

As the findings of this study imply, it seems that there is a change of reaction through much struggle of the CRWs, but still all the parents haven't succeeded the stage of acceptance. Because giving insufficient visit (once in week or once in two weeks) for lower economic and educational statues group, can not lead to accept their child's problem easily.

Therefore, it is suggested that if the invitation time of CRWs is more frequent than once in a week or once in two weeks the specified schedule especially for lower economic family groups, a better result may be expected. Families with low economic and educational status do not give attention to the development of their children. Their main concern is on winning their daily bread to the family. Hence, they failed to support their children in all the required way. So professional support is highly needed.

5.2.2 Counselling Service for Family Members

As can be understood from the response of parents, all the parents were traditionally advised by their neighbours, relatives and villagers about the cause, prevention and rehabilitation of mental retardation. The advice that they have received from the community can influence them either positively or negatively in handling their child. According to Heward and Orlansky, (1998), parents can help to develop an active, outgoing child who confidently tries many new activities or a withdraw from negative attitudes towards himself and others.

In this study it was found that all parents have an access to get a counselling service from community on religious and cultural aspects.

A comprehensive counselling service provided to parents will enable them to solve problems of their children and themselves in a sustainable manner. To this effect, the CRWs have been visiting the homes of families of children with MR once in a week or two weeks. As indicated by the program coordinator, even if the CRWs have visited families, the result achieved was not as expected. This may be the result of lack in quantity and quality of trained human resource in the area, non frequent visits by the CRWs and financial constraints. In the Center there are only four CRWs who are serving for all types of disability.

Therefore, with this limited number of CRWs it is unexpected to go in parallel with the plan of the center. If CRWs get training at intervals and their numbers is increased to the required amount, it will relatively be easier to meet the expected plan.

5.2.3 Treatment Given to Children with MR by their Family

Treatments, which the parents consider best, depend mainly on their level of understanding the problem and the belief the community has. Understanding of parents and societies on the subject has a great role for choosing the kind of treatment. Imagination of parents about the causes of mental retardation is strongly related with their beliefs. The mother in case -1, for example, explained the condition reported as follows:

> *My child's condition is happened by the will of God. It is "Yegziabher tizaz" / the command of God /. Therefore, only God can change the situation of my child. I was praying day and night to God.*

This explanation gives the impression that the only effort the mother is exerting is praying to God since she believes that she has no power to change the condition of her child. In her understanding it is true that, she is doing her best to improve the situation through praying. This praying of her might be the way what she knows and has learned from her relatives, religious or other social institutions in the environment concerning the treatment.

Parents who were interviewed have reported that they have tried different alternatives to improve the situation their children with mental retardation (Chapter four).

In addition parents were appreciated for participating their children in their daily living skills. Three of the respondents in cases – 1, 3 and 4 appreciated their children to participate in daily living skills. As a result they were found to be helpful to enhance physical (standing and walking) and mental (cognitive) development of their children.

After joining the program they established knowledge of rehabilitation regarding treatment of their children. They, however, realized that none of the treatments gave a positive response to their children, except praying. They had gone lots of and various places to get their children treated, however, there was no significant positive result to rely on. The CRWs have indicated that they have tried to teach how to treat the child for the whole family either individually or in groups. However, the husband in case -4 and siblings in cases -1, 2 and 4 were not willing to participate.

Heward and Orlansky (1998) disclosed that, not all parents are able or willing to spend the time required to teach their children with MR. However, CBR has relatively more effect on mothers of children with MR than that of father in case – 4 and siblings in cases- 1, 2 and 4 understand the cause prevention and rehabilitation of MR. The reason may be lack of awareness. On the other hand, awareness raising and counselling of all family members need intensive work of the CRWs (Yirgashewa, 2004).

Therefore, the CRWs are expected to be skilled in family counselling on how to guide parents to treat their children with MR.

5.3 Provision of Service to Parents

5.3.1 Parents' Meeting

Referring to chapter two of this paper, meeting of children's parents with mental retardation is very essential to minimize their social as well as personal problems (Miles, 1998). In order to achieve this, the center has facilitated a traditional ceremony, Coffee drinking ceremony. In this process parents who live in their surrounding and neighbours, were invited to have coffee in one of the families' homes. In the process of drinking coffee lots of social and economical issues were raised and a discussion forum was created among themselves.

The findings of this study indicate that, parents' meeting is very much important to upgrade the understanding of families about children with MR. According to Collins and Gunnar (1990) , as cited in Beirne, Patton and Ittenbach (1994), relationship are best described as the content patterning , and quality of interactions found among specific groups of people . The views of parent's meeting were explained in Chapter four.

For instance the mother in case -2 supported the idea of parents meeting as follows:-

> *I don't have time to attend the program*
>
> *regularly but in my one or two observation*
>
> *of the program it changes the concept of MR*
>
> *positively.*

The mother in case – 2 couldn't attend the program regularly. She is petty trader and she has to search daily bread for the family. However, from her explanation, one can understand the importance of parents meeting. If the parents think positively towards parents meeting, interaction with their children will be improved. To effectively carry out this activity the community is the highest responsibility taker in general and CRWs and special needs professionals in particular.

5.3.2. Income generating activity

Financial resources are a major area of needed support for families." Therefore families and their children with MR must be supported to become economically independent. As explained in chapter four, the parents in cases- 1, 2 and 4 live in a poor condition. They are engaged as daily labourers and petty traders. Their low standard of living together with having a child with MR implies that they need some kind of support from the center.

The centre has been facilitating loans to improve the life condition of the family with MR. However, they didn't know anything about such kind of service. The mother in case -4 mentioned the following in this regard:

> *We should be assisted to earn an income to maintain the livelihoods of our children with MR and ourselves. Such a practice will attract us to involve in all aspects of the organization.*

The mother's explanation indicates in one hand that the Centre hasn't supported them by providing a loan. On the other hand, the mother knows the importance of family involvement in the center but because of financial problem she was not willing to involve. Two mothers mentioned in the focus group discussion that, they knew about income generating program but they didn't use it perhaps because they didn't understand how to refund the money. Therefore, one can say that, there is a gap between families and the center in the details of income generating activities. As much as possible the CRWs especially have tried to feel this gap.

5.3.3 Individual Counselling

As indicated in chapter four, case- 4 and case -1 have indicated that their children and the husband in case -4 were not inclined for counselling. Within family members, the reaction to having a child with MR appears differently. To fill the gap between the mother, father, siblings and children with MR, the CRWs have tried to their capacity through individual counselling.

However, siblings as well as father in case -4 were not interested to attend the discussion given by CRWs. Not all parents are able or willing to spend the time required to teach their handicapped children .From this point of view one can say that though the CRWs have tried to counsel individually, they could not be successful so far. In addition, if parents have sufficient knowledge about mental retardation, they can council to the non – handicapped siblings.

5.3.4 Social Rehabilitation

Regarding to social rehabilitation, all the interviewed parents have experienced hard times with regard to themselves to accepting a child with disability by their environment. In addition to the parents, people in the society assume their own reasons and religious taboos for the causes of disability, and the attitudes the society assumes have made it difficult for some parents to accept the child.

In cases- 1 and 2, however it is reported that the societies with whom they are living have accepted the children with metal retardation. This is to be appreciated. This achievement is due to coffee drinking ceremony facilitated by the CRW s and schools mini media services. In coffee ceremony only the parents get the chance to participate, specially the mothers' .On the contrary, in schools mini -media children are the only participants. Such kind of coordination is important for the healthy development rehabilitations in the society and for minimizing bad feeling of the parents. According to Miles (1998),

> *Parents want to know that their children are surrounded by caring, competent, and compassionate others who will protect their children from harm. The parents also want their children to be accepted and protected in the larger community/ family of people beyond their home.*

On the other hand, the children with MR in cases -3 and 4 have a problem of being accepted by the society This may be due to lack of awareness in the community. The living places of the MR children also affect the rehabilitation process. As mentioned in chapter four, their living area is around small market places. Thus people of different background will come and affect the attitude of parents' siblings and children with MR as well.

It is too difficult to change the attitude of the society with respect to MR with a limited number of governmental and/or non governmental sectors. Thus, larger coverage of services for all community is very crucial, for example, mass media for creation awareness.

5.3.5 Skill Training

As shown in chapter two, skill training is part of the CBR program. If the parents are trained in one of the skills given by the centre, they can at least earn their daily bread. However, the parents in interview and in focus group discussion have claimed that the centre did not provide them with some skill training. According to the program director, the Centre has a plan to give skill training to the parents in the near future. Hence at the moment there is no skill training in the center for families of children with MR.

5.4 Challenges of the CBR

Parents, the CRWs and program coordinator suggested that lack of finance in the family of children with MR is a major problem for inefficient functioning of CBR. As a result, children with mental retardation don't get sufficient treatment, they deserve from their families. This financial problem made families not to involve in their expected areas because they are primarily engaged in winning their daily bread.

Problem associated with limited number of CRWs is also a challenge for the CBR. If the number of CRWs decreases/increases, the effectiveness of the proposed plan also decreases /increases.

The other challenge as stated by the program coordinator was administrative structure of schools and kebeles. Most of the time, school directors and kebele administrators are subjected to change their working position with unexpected short frequency .Thus, it is difficult to introduce the newcomer administrators about the aim of CBR and organize in a new system. So, the program is functioning below expectation.

Lack of school compound is the other challenge reported by parents in their group discussion. Parents argued that, school is important to keep their children with mental retardation for full days. If this is not done, they may be victims of difficulties, for instance, rape, labour abuse, etc.

Parents in the interviews have mentioned challenge caused by the CRWs. CRWs sometimes forget their objective and talk other unnecessary personal issues which were completely unrelated with child's or families' problem. Thus, in such days families didn't know any additional idea about rehabilitation of the child or the family.

Chapter six

Summary, Conclusion and Recommendations

6.1 Summary

The purpose of the study was to investigate the effect of CBR on families of children with mental retardation .It was conducted in one of the rehabilitation centers, ADV found in Addis Ababa as a sample organization. The participants were 10 families/ parents, four CRWs and program coordinator of the sample organization.

Pilot study was conducted at Handicap National and based on findings of the study, structure of the main study was modified such as some words were modified according to cultural and religious specifications of informants and decided to interview families in the absence of staff members.

Semi- structured interviews schedule, focus group discussion guide and consultation of document were used as a tool .Among the ten families of parents, four were reserved for interview and the remaining for focus group discussion. CRWs and program coordinator have participated in the interview. The interview schedule and focus group discussion were developed based on research questions and reviewing literature. Generally, the interviews more focussed on families' reaction towards their children with MR, families' beliefs before and after joining the program, benefits that families have gained from the center and challenges of the program of CBR. Similarly, the focus group discussion has mainly dealt with families benefit before and after joining the program, benefit of children with MR and their families and challenges of the center.

The data were collected, analysed and interpreted by using qualitative method. Meeting of families was organized and facilitated by the CRWs, further coffee drinking ceremony was used to let families discuss their problem regarding their children with MR.

Results of this study indicated that families were not properly aware of the causes of problem, and how could they train and rehabilitate their children with mental retardation .Their attitude towards the children was based on social ,cultural and religious definitions of MR. Disbelieving and denying of the condition was their first reaction after having a child with MR .The study also high lighted that such kind of feeling may be the first stage but it differs depending on one's exposure to various background and experience.

Before joining the CBR program, they believed that the problem was their exclusively do not have of others similar problems. But after joining the program, they have realized that others too have the same problem and may have got a relief. The end result was that they have started finding solution by themselves in helping themselves and their children.

Based on their social, cultural, and religious backgrounds the families sought the treatments differently to get the children's condition improved. Among them are praying to God, go to witch doctors, get treatment from holy water and still others sought treatments from Medical Doctors. Nonetheless, the children's performance even after treatment was not that improving.

The findings of this study indicated that after joining the program the families have benefited a lot from meeting among the parents .All social, economical and other cases of families were subjected to discussion while parents meet during the coffee ceremony. However, meeting of parents organized to create awareness among families, neighbours and society as well were not that much effective due to familial reason.

With regard to income generating activity, families were not supported due to lack of contact between the center, CBR and families. The same is true for skill training activity in that the families did not get involved in skill training activity despite the fact that their low living standard needs immediate economic intervention

Individual counselling was given for family members. During counselling knowledge is transferred from the CRWs to family members. As a result, mothers exhibited some change whereas one father (case- 4) and siblings (case- 1, 2 and 4) didn't want to discuss with CRWs either individually or in group.

Related to social rehabilitation, children in cases- 1 and 2 were accepted and integrated in the society as a result of intervention by the CRWs and access to mini media in the school .On the contrary, people who live in the surrounding of cases -3 and 4 didn't accept the children probably because of lack of awareness. Such kind of situation negatively affects the interaction of families with their children.

There are factors that are considered as challenges to the CBR centre are presented as follows. First, lack of finance in the family is the major problem in the CBR; this is because families concentrate on winning their bread rather than paying attention to their MR children. Secondly, limited quantity and quality of the CRWs to effectively carry out the rehabilitation work, thirdly, the change in administrative structure of schools and kebeles and lack of access to schools are factors for the in efficient functioning of the CBR center.

6.2 Conclusion

The finding of this study has revealed that CBR has not played that much significant effect on helping families specially the father in case -4 and siblings in cases 1, 2 and 4 due to familial or organizational problem

Support, advice and awareness creation from professionals appear to be a primary need for the community in general and the family in particular to bring the CBR program more effective. As a result, families are exposed to understand the cause, prevention and rehabilitation of children with MR condition. In general the study has arrived at the following conclusion:

- CBR has more effect on mothers of children with MR than fathers and siblings, to understand their children problems of the cause prevention and rehabilitation.
- Facilitating parents meeting, individual counselling and social rehabilitation services are provided from the center to increase awareness of parents with MR children
- Poverty, limited number of CRWs, lack of knowledge of CRWs related to rehabilitation of children with MR, the changes of administrative structure of schools and kebeles, are problems that affect the effectiveness of CBR program

- The parents feel and deny the event of their giving birth to MR children and feel ashamed and loneliness, however, by the intervention of the CRWs they got a relief that the problem is not theirs only. Further they were counselled to treat their children.
- The parents were involved in some of the CBR programs (consultation) and not involved in others (income generating and skill training).

6.3 Recommendations

Based on the finding of this study the following major recommendations were forwarded:

- Community based rehabilitation center should be encouraged. Professional training, financial and material support and man power can be considered to strengthen the existing service to bring considerable change in the life of the children with MR and their families and the community as well.

- Community based rehabilitation should enhance full involvement of family members in prevention and rehabilitation activity. This would help to minimize the width of gap shown between the center and family.
- Family of children with MR should be given skill training and get involved in income generating activities in order to improve their economic status and to change the life condition of the family.

- It is essential to create awareness about the cause, prevention and rehabilitation of mental retardation to the grass root level of community (relatives, neighbours and villagers).

- It is necessary to invest on improving the quality and quantity of CRWs know how about treat in the children with MR and their families. Equally important is lessening the frequency of changing administration structures of schools and kebeles

- Evaluation of the effect of CBR on families of children with MR should be conducted at intervals to improve the effectiveness of the CBR program.

- Further research need to be conducted on the effect of the CBR on the families of children with MR in the future to make wide scale investigation.

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APPPENDIX A

Semi- Structured Interview Schedule for Parents of Children with Mental Retardation

1. General instruction

አጠቃላይ መረጃ

- Age ------------

ዕድሜ

- Marital status ---------------

የጋብቻ ሁኔታ

- Job --------------------------

ሥራ

- Number of children --------------

የልጆች ብዛት

M ---------- F ----------

ወንድ ሴት

- Husband

አባት

- Age -------------

ዕድሜ

- Job --------------

ሥራ

2. Regarding the child with metal retardation

የዕእምሮ ዕድገት ዝግመት ያለበትን ልጅ በተመለከተ

- What was your reaction after having a childe with MR?

የኣእምሮ እድገት ዝግመት ያለበትን ልጅ ከወለዱ በኋላ ምን አይነት ስሜት ተሰማዎት?

- What was your siblings' reaction?

የሌሎች ልጆችዎ ስሜትስ እንዴት ነበር ?

- Can you explain your treatment given to your children before joining the program?

  እዚህ ድረጅት ውስጥ ከመግባቱ በፊት በቤተሰቡ ምን ዓይነት ዕርዳታ (እገዛ) ይደረግለት ነበር?

- What are the kinds of service provided for the child from rehabilitation workers?

  ለልጅዎ ከድርጅቱ የሚያገኘው አገልግሎት ምን ምን ነው ?

3. What kinds of service provided for the family?

   እርስዎ እና ቤተሰብዎ ከድርጅቱ ምን አይነት እገዛ (አገልግሎት) ያገኛሉ?

4. How much parents assist to participate their children in their daily living skills?

   ልጅዎ ድርጅት ውስጥ ከመግባቱ በፊት የዕለት ተዕለት እንቅስቃሴውን እንዲያካሂድ ምን ያህል ቤተሰቡ ያበረታው ነበር ?

5. What kind of advised you get from neighbors' relatives and villagers?

   ከቤተዘመድ ፣ ከጎረቤት ፣ እንዲሁም ከአካባቢው ነዋሪ ምን ዓይነት የምክር አገልግሎት ያገኙ ነበር?

6. Can you elaborate the belief of family members towards mental retardation before joining the program?

   ቤተሰቡ ድርጅት ውስጥ ከመግባቱ በፊት በአእምሮ እድገት ዝግመት ላይ ያለው እምነት (አመለካከት) ምን እንደሚመስል ቢያብራሩልኝ ::

7. Can you elaborate the belief of family members towards mental retardation after joining the program?

   ቤተሰቡ ድርጅት ውስጥ ከገባ በኋላ በአእምሮ እድገት ዝግመት ላይ ያለው እምነት (አመለካከት) ምን እንደሚመስል ቢያብራሩልኝ ?

8. Can you tell me about the belief of community towards mental retardation?

   ማህበረሰቡ ለአእምሮ እድገት ዝግመት ያለው አመለካከት ምን ይመስላል ?

9. What are the challenges faced by the program?

   መሠረተ ማህበረሰቡ ተሀድሶ ውጤታማ እንዳይሆን የሚያደርጉት መሰናክሎች ምንድን ናቸው ?

APPENDIX B

Focus Group Discussion Guide for Parents.

1. Families belief towards the child with MR before joining program.
ቤተሰብ ድርጅት ውስጥ ከመግባቱ በፊት በአእምሮ እድገት ዝግመት ላይ ያለው አመለካከት (እምነት) ምን ይመስል ነበር ?

2. Families belief to wards the child with MR after joining program.
ቤተሰብ ድርጅት ውስጥ ከገባ በኋላ በአእምሮ እድገት ዝግመት ላይ ያለው አመለካከት (እምነት) ምን ይመስላል ?

3. Benefit of the child with MR from CBR service.
የአእምሮ እድገት ዝግመት ያለበት ልጅ ድርጅት ውስት በመግባቱ የተጠቀመው ጥቅም ምንድን ነው ?

4. Benefit of the family members from the center.
የአእምሮ ዕድገት ዝግመት ያለበት ልጅ ቤተሰብ ከድርጅቱ ተጠቀሙት ጥቅም ምንድን ነው ?

5. Challenges that affect the effectiveness of rehabilitation for children with MR and their families.
መሠረተ ማህበረተሰብ ተሀድሶ ውጤታማ እንዳይሆን የሚያደርጉት መሰናክሎች ምንድን ናቸው ?

APPENDIX-C

Semi- Structured Interview Schedule for CRWs .

1. General information

- Educational background -----------------------
  የትምህርት ደረጃ
  Service year -----------------
  አገልግሎት ዘመን

2. Did you take any rehabilitation training?
የተሀድሶ ስልጠና ወስደሃል (ሻል)

3. If so, for how long?
ለምን ያህል ጊዜ ?

4. In what area does the center provide service for children with mental retardation?
የአእምሮ እድገት ዝግመት ላለባቸው ልጆች ድርጅቱ የሚሰጠው አገልግሎት ምንድን ነው ?

5. In what area dose the center provide services for families of children with mental retardation?
የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ላሏቸው ወላጆች ድርጅቱ ምን ዓይነት አገልግሎት ይሰጣቸዋል?

6. In what way did you create awareness in the family members?
የቤተሰብን ንቃተ ህሊና ለማዳበር ምን ዓይነት ዘዴን ትጠቀማላችሁ ?

7. Is there any difference between families' reaction at the beginning (your first contact) and now at the moment?
ለመጀመሪያ ጊዜ ቤተሰቡን ስታገኝ (ኚ) እና በአሁኑ ጊዜ ያለው የቤተሰብ ስሜት ልዩነት አለው ብለህ (ሽ) ትገም(ታ)ቻለሽ(ህ)

Yes----------- No-----------------

አዎ   የለም

8. If yes, what is the difference?
ካለው ምን ዓይነት ልዩነት ?

9. What are the beliefs of community about mental retardation?
በአእምሮ እድገት ዝግመት ላይ ያለው የማህበረሰቡ እምነት ምን ይመስላል ?

10. What are the challenges faced by the program?
መሠረተ ማህበረሰብ ተሀድሶ ውጤታማ እንዳይሆን የሚየደርጉት መሰናክሎች ምንድን ናቸው ?

APPENDIX –D

Semi-Structured Interview Schedule for CBR Manager or Program Coordinator

1. General information
አጠቃላይ መረጃ

Educational background ----------------
የትምህርት ደረጃ
Position ------------
የሥራ መደብ
Service year -------------
የአገልግሎት ዘመን

2. In what areas does the center provide service for children with MR?
የአእምሮ እድገት ዝግመት ላለባቸው ልጆች ድርጅቱ የሚሰጠው አገልግሎት ምንድን ነው ?

3. In what area does the center provide service for families of children with MR?
አእምሮ እድገት ዝግመት ያለባቸው ልጆች ላሏቸው ወላጆች ድርጅቱ ምን ዓይነት አገልግሎት ይሰጣቸዋል?

4. Can you tell me about families' involvement in the expected area?·
ቤተሰብ የሚጠበቅበትን ያህል ለድርጅቱ ተሳታፊ ነወ ብለሽ ትገምቻለሽ ?

5. Do you think that CBR has an effect on families of children with mental retardation?
መሠረተ ማህበረሰብ ተሀድሶ የአእምሮ እድገት ዝግመት ላለበት ልጅ ቤተሰብ ላይ ውጤት አለው ብለሽ ታስብያለሽ ?

Yes------------ No--------------
አለው የለውም

6. If yes, what are the effects of CBR on families of children with mental retardation?
ካለው ምን ዓይነት ውጤት?

7. What are the beliefs of community about mental retardation?
ማህበረሰቡ ለአእምሮ ዕድገት ዝግመት ያለው አመለካከት ምን ይመስላል ?

8. What are the challenges faced by the program?
መሠረተ ማህበረሰቡ ተሀድሶ ውጤታማ እንዳይሆን የሚያደርጉት መሰናክሎች ምንድን ናቸው ?