ADDIS ABABA UNIVERSITY
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# *PSYCHOSOCIAL PROBLEMS OF FEMALE STUDENTS WITH MOTOR DISORDERS: THE CASE OF ADDIS ABABA UNIVERSITY.*

BY:

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*A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIRMENT FOR THE DEGREE OF MASTER OF ARTS IN SPECIAL NEEDS EDUCATION IN THE DEPARTMENT OF PSYCHOLOGY*

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***Abstract:*** *The study attempted to see the psychosocial problems of female students with motor disorders. More specifically, it was designed to explore the level of their physical self esteem and problems they faced in the formation of friends. The study also examined the reactions of classmates and the interventions strategies that have been taken. The whole female students with motor disorders at Addis Ababa University were the subjects of the study. The paper was grounded in qualitative analysis and the results of the study indicated that female students with motor disorders ranked themselves below average in social skills. Disability labeling, inconsistent treatments, perceived assumptions, reflected appraisals, lack of professional supports and comparisons were some of the major factors that might affect the psychosocial states of female students with motor disorders. The results of the study further showed that intimacy was a decisive variable that would determine the quality of attitudes developed by classmates. Recommendations were als. made based on these findings*

# CHAPTER ONE

## INTRODUCTION

### BACKGROUND OF THE STUDY

It is well recognized that Education plays a significant role in the development process. However, in Ethiopia,. education is not accessible to all people. The overall level of education is very low (Trufat, 1999). The literacy rate is 41 and 21 percent for male and female respectively ( Befekadu, 1998). Asmaru (1998) stated that in grades (1-6) boys are 50.3% whereas girls are 29.3% in grade (1-8) boys are 43% and girls are 26% and in senior secondary schools girls are 14% and boys are 17.9%.

One can observe from the above review numerical value that the participation of girls in the Ethiopian education system is limited. The participation rate, performance and gender stereotype is even worse at tertiary level education and gender inequality in education widens as one goes up higher in the educational ladder (seyoum, 1991: Trufat,1999: Befekadu, 1998; Haregewoin and Emebet, 2002). Further Atsede (1991)as cited by Guday(2003) reported that girl's enrolment and performance , their participation as researchers, teachers, lecturers and engineers is in most instances less than one - tenth of men.

This existing gender imbalance dated back to ancient Ethiopia. In Ethiopia a woman had been excluded from getting church and koranic education (seyoum .1986) which has not changed much even today. This is the situation with normal female students.

In the case of female students with motor disorders, the situation is not much encouraging. Although female and male students with disabilities may be challenged equally, the problems of female students with impairment are quite different from that of male. They are overburdened with household chores; they are exposed to the deep rooted inequality with men and they have social, cultural and economic discrimination and stigma. These impede their limited educational opportunities and those who get the access cease their studies due to academic and non academic reasons (Fentaw, 2001). Further more, the disability itself makes them discontinue their education since they are deprived of getting equal opportunity to grow socially and educationally. Kirk, et al., (1993: 545) said, children with physical handicaps may face restricted activities, limited education and vocational choices, uncertain life expectancy and intentional and/ or unintentional discrimination. These problems create special difficulties in terms of self concept and adjustment to the handicapping condition and may require a variety of rehabilitation services. In this context, the need to find out psychosocial problems of female students with motor disorders arises .

## 1.2 STATEMENT OF THE PROBLEM

In Ethiopia a growing body of studies and statistical reports have revealed the low participation rate of females in Education (Genet, 1991; Almaz, 1991; Astede, 1991as cited by Gudaye2003; Adugna, 1995; Negat, 1995; Asmaru, 1998). This shows that half segment of the population contributes little for the development of the country for

gender discrimination affects not only women but also the overall growth of the economy. This is the case for women with no motor disorder.

In the case of impaired person, they may lose interpersonal skills and experiences that non handicapped persons develop socially. They may feel low self esteem, loss of independence, isolation, withdrawal etc and this may lead the persons to exhibit maladjusted behaviors. Regarding this Kirk (1962) asserted that it is the gap between their ability to perform and their aspiration which creates tension, frustration, unhappiness, and unfortunate compensatory behavior.

The degree to which their conditions require special instruction, care, equipment or placement varies greatly according to the nature of the impairment, type of disability, and the age of onset (Heward and Orlansky , 1988).

The type and nature of disability could determine the quality of intra and inter personal skills. For example, friendship which is a major component of interpersonal relation could be affected by disability and the reaction of friends towards disabled peers can inhibit their social behavior (ysseldke and Algozine, 1995). In connection with this, Cassidy and Asher (1992) indicated that sociometrical rejection by peers results in maladjusted behaviors such as loneliness, low self esteem, isolation,

Some local researches (Ephrem, 1999; Solomon, 1999; Bahiru, 1999; and Demewoz, 1997) conducted in connection with self concept and the formation of peers. Further more, Metasebia (2001) tried to assess employment related problems of blind and persons with motor disorders. However, none of the previous studies to the best of the

knowledge of the researcher was addressing the specific problems of female students with motor disorders in the formation of friends. Thus, this study aims at filing this research gap.

To exhaustively employ the potential that they have, their problems should be discovered. Thus, the focus of this study will be on the psychological and social problems of female students with motor disorders. More specifically, the study will attempt to answer the following basic questions.

What are the psychosocial problems of female students with motor disorders?

What are the reactions of classmates towards the disabled women?

What intervention mechanisms could be taken to address their psychosocial problems?

## 1.3 OBJECTIVES OF THE STUDY

The study aims to find out the psychosocial problems of female students with motor disorders and the specific objectives are as follows:

The specific objectives of the study are to:

Explore the level of their physical self-esteem

Identify their specific social challenges for the formation of intimate friends.

Look into the reactions of classmates towards the students with motor disorders

Propose intervention mechanisms together with coping skills

## 1.4. SIGNIFICANCE OF THE STUDY

The study will have theoretical as well as practical significance. Theoretically, it will provide a psychological, social and educational insight into issues surrounding the development of female students with motor disorders

Besides its theoretical significance, this research will serve some practical purpose. It is the belief of the researcher that the results of the study will offer essential information to higher institution authorities about the psychosocial problems of female students with motor disorders. The results of the study can also shed light on the intervention strategies to be taken for disabled female students. Furthermore, it provides basic information for parents, teachers and for the concerned bodies like women association, special educators, psychologists, planners, etc. Moreover, it gives insight for further research studies.

## 1.5. SCOPE OF THE STUDY

Due to financial and time constraints, the scope of the study was confined to female students with motor disorders in Addis Ababa University. All female students with motor disorders will be the subjects of the study. .

## 1.6. OPERATIONAL DEFINIATIONS OF KEY TERMS

**Motor disorders**: denote limb deficiencies that interfere with the ability to use his/her gross and fine motor skills. These include poliomyelitis and cerebral palsy.

**Psychosocial:** represents intrapersonal and interpersonal characteristics of a person.

**Psychological problems**- are emotions related to physical self esteem

**Social problems** are interpersonal barriers for social relations particularly in the formation of friends.

**Friendships**: are social agents who share one's feelings and avoid loneliness in a particular social milieu.

**Self esteem**: is the judgments a person makes about the worthness of his or her physical ability

**Peers:** are students of the same maturity level and consist of a few friends of the same sex.

# CHAPTER TWO

# REVIEW OF RELATED LITERATURE

## 2.1 HISTROICAL AND LEGAL OVERVIEW OF DIABILITIES

### 2.1.1 Historical Overview of Disabilities

The history of disabilities is as long as human history. It can date back to the ancient world and records from ancient literature confirm that the Spartans practiced killing the deviant or malformed infants (Kirk, 1962). On the other hand, documents dating back to ancient Greeks reported that persons with disabilities made remarkable success despite their limitations. For example, Homer, the author of the "Odyssey" and the "Iliad" is reported to have been blind (smith and Luckasson ,1995).

People have had different attitude towards disabilities. During pre-Christian era, the handicapped were persecuted and mistreated; later, during the spread of Christianity, disabled persons were pitied and protected; and, now accepting the handicapped and integrating them into society has been developed (Kirk, 1962).

The concept of individual differences and not discriminating people based on individual differences has been strengthened recently because of advancement in science. Furthermore, the society has come to understand that exceptional persons are normal

individuals who have deviations only in some characteristics. Hence, the concept of individual difference is one of the factors to be taken in considering the characteristics of exceptional individuals.

Although radical and tremendous changes have been taking place in society's attitude towards disabilities, people's view towards disabled persons in developing countries is still open to question.

### 2.1.2 Legal Overview of Disabilities

One of the important concerns of the state is for the welfare of the individual. And education should also be directed to this end. Regardless of their differences either in their special abilities or in their unusual deficiencies – physical, intellectual, emotional and social, all persons must get equality of opportunity(smith and Luckasson ,1995).

Although the objective of education is geared to the political philosophy of the society, educational objectives should address the needs of the disabled. To this end, one of the specific objectives of Ethiopian education is to enable both the handicapped and the gifted learn in accordance with their potential and needs (ME, 1994). Across the years, many policies have been released and the issues of disabilities are brought to public attention. Consistently, ME(1994) further states the necessity of providing special education and training for people with disabilities.

## 2.2 CAUSES AND TYPES OF MOTOR DISORDERS

### 2.2.1 Causes of motor disorders

Causes of physical impairment and its age of onset regulate the magnitude of the problem that persons with motor disorders experience. Regarding this, Kirk, et al., (1993:505) pinpoint the following "The cause of a condition and the age at which the condition develops influence the kinds of problem that children with physical disabilities and health impairment face"

The causes of physical impairments may be seen in several dimensions. Many hereditary and environmental factors may cause motor disorders. Concerning this, Haring, et al., (1994:305) have the following to say, "Causes of physical impairments are as varied as the disabilities themselves. The factors involved may be prenatal (before birth), perinatal (during the birth process) or postnatal (after birth)." There are two general groups of causes that play a role before birth- genetic factors and factors outside the fetus (Haring, et al., 1994). Genetic factors involve metabolic disorders and genetic defects which may be transmitted to child despite the fact that in some cases several children in the family may carry the defective genetic trait without having the disability(Garwood, 1983; Haring, et al., 1994). On the other hand, the fetus may be affected by external influences such as drugs, inadequate prenatal medical care, diet, smoking etc. Garwood, 1983; Haring, et al., 1994).

Physical impairments that result from accidents (car accident), disease and infections (that attack the central nervous system) are categorized under postnatal or acquired causative factors which include anoxia, irradiation, viral infections, vascular disease, severe burns (Kirk,1962; Haring, et al., 1994).

### 2.2.2 Types of motor disorders

Persons with motor disorders may not progress during the developmental stage in the same way like their counterparts who do not have motors disorders. Moreover, their variation may stem from the type and intensity of disability they have. In connection to this, Kirk, et al., (1993:505) stated the following, "These children do not have the same developmental experiences that other children do. The extent of the differences depends on the type and severity of the condition."

Despite its variation not very amenable for classification, physical impairment may be classified into two – health impairment and orthopedic impairment. Haring, et al., (1994:304) address the following, "the guidelines... attempt to resolve definitional questions by dividing physical impairment into two broad categories: health impairments and orthopedic impairments.

Health impairments denote the inability to take part in normal activities with their age-mates due to chronic health problems such as cardiopulmonary systems (conditions affecting the heart, blood and lungs) Cooleys anemia and sickle cell anemia, diabetes, asthma, allergies, hemophilia, cystic fibrosis AIDS(Acquired Immune Deficiency Syndrome) (Kirk, et al., 1993).

Orthopedic Impairments – refer to disorders of central nervous systems, joints, skeleton and muscles. And they comprise impairment caused by congenital anomalies such as absence of some parts of the body, impairments caused by disease such as poliomyelitis, bone tuberculosis and impairments from other causes like cerebral palsy, burns etc. (Yssedyke and Algozine ,1995; Haring, et al., 1994 ; Gearheart, et al., 1988).

Orthopedic impairments are the most common physical disabilities and limit muscular movement and mobility (ysseldyke and Algozine,1995 ). In line with the degree of the severity, people with orthopedic impairments have limitations in their motor skills. Kirk, et al., (1993) have the following to say; a person with a mild orthopedic impairment is able to walk with aids where as a person with a moderate orthopedic impairment can be able to walk with braces and clutches or walker. On the other hand, a person with severe orthopedic impairment is a wheel chair dependent and may need special help to achieve regular developmental milestones.

This paper tried to address the problems of female students with orthopedic impairment- particularly, cerebral palsy, limb deficiency and polio. A description of them will not be out of place.

**Cerebral palsy** is a non progressive disorder of movement or posture caused by a malfunctioning , or damaged brain (schulz, et al.,1991). Regarding the onset of the impairment, Kirk,et al., (1993) indicate that the damage that results in cerebral palsy

can occur before birth, during birth process or after birth from an accident or injury, a blow to the head and lack of oxygen.

According to patterns of motor dysfunction, cerebral palsy is classified into several types. Haring, et al., (1994) reported that there are two ways of classifying cerebral palsy. One is based on limb affected -one limb (monoplegia), both lower limb (paraplegia), both limbs on the same side (hemiplegia), all four limbs (diplegia).The second is based on the nature of abnormal movement. Spasticity- in which muscles are slow and jerky and resist movement. Ataxia- which refers to lack of coordination, poor control of balance and movement and finally dyskinesia- which causes fluctuating un controlled and irregular movement.

**Limb Deficiency** - missing limbs or amputations may be present at birth or occur later in life. A person may be born with missing parts of limbs (Kirk, et al., 1993). Or a person is missing one or both arms or legs due to an accident, illness or severe burns (schulz,et al., 1991).

In most cases people with missing limbs are fitted with artificial limbs (prostheses). Such prosthetic devices are important to physical and psychological adjustment of the individual but some individuals prefer to rely on the remaining portion of limb or develop compensating abilities in the remaining limbs (Haring, et al., 1994; schulz,et al., 1991).

**Polio** - poliomyelitis (polio) is an infectious disease caused by a virus. Polio virus invades the nervous system and its effect can range from symptoms resembling those of a cold and fever to mild to sever paralysis (smith and Luckasson , 1995; Ysseldyke and Algozine, 1995). The WHO (2000) reported that polio is now concentrated in parts of sub saharan Africa and the Indian sub - continent.

Polio mainly affects children under 3 years of age (WHO,2000). As there is no cure for polio, the best treatment is preventive. WHO (2000)further states that a few drops of a powerful vaccine will protect a child for life.

## 2.3. Psychological development

It is true that motor disorders interfere with the persons' psychological, emotional and social development. And the magnitude of the psychological problems that persons with motor disorders exhibit depend upon the severity of the condition and the age of onset. . Regarding this, Haring, et al., (1994:327) forwarded the following, "Different psychological and emotional problems have been associated with disabilities present at birth and those that are acquired later: individuals with congenital disabilities may have a sense of difference – of not being like other people whereas those with acquired disabilities typically experience a sense of loss''

Due to their body being damaged, persons with physical disability are ashamed of their body and this gives rise to poor self-image because their self concept is influenced by the concept they have of their body. Concerning this, Kirk (1962:288) has the

following, "...if there is shame or disgust or fear in his attitude toward his body, the same attitude is likely to attach itself to his concept of himself as a person." Though this observation is about made ,there is no plausible reason why it should be different in any positive direction in the case of female. The study deals with the physical self esteem of women with motor disorders. A brief description of the concept of self as it is updated today is given below.

Before discussing the self esteem of persons with motor disorders, it is important to review the nature of self, its components and formation.

### 2.3.1. The Nature of Self

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

According to Rogers(1959) self concept refers to the organized, consistent, and whole perceptions that each of us has of ourselves through reflected appraisals of others whereas self esteem is more specific than self concept and it is the way we think of ourselves whether in a generally negative or positive fashion(Derlega and Janda ,1986). According to Owens(1993)self esteem is what you feel about yourself in terms of whether you admire yourself or not. In other words, it is the evaluative side of self concept or it is the judgment we make about the worth of ourselves (Berk,1991).

For some researcher self concept and self esteem have similar (Derlega,andJanda,1986). Others treat them separately(Coopersmith,1967;Mussen,et al., 1984).The researcher of this study perceives them differently.

### 2.3.1.1. Formation of self esteem

Many researchers Owens (1993), Pervin (1984), Fox (1993) indicated that the origin of self esteem is in social interaction. However, the formation of self esteem is not purely a social product. It can be seen forming out of inner sources as well. Rosenberg(1981) explained that the outer source of self, self as a social product, is derived from reflected appraisals of others(outer self). Further Rosenberg (1981) showed that the impact of others(outer source) depends on the degree of crystallization of the self esteem component in the persons under consideration . If the component is firmly fixed and the person has preformulated view of himself or herself regarding that specific component, other's view may have little impact.

Rosenberg (1981) further indicated that the inner source of self esteem is the result of individuals' beliefs about their ability to succeed in a particular task. However, the individual's view of himself is internal, what he sees and feels when he thinks of himself is largely the product of social life (Coopersmith,1967; Ephrem, 1999).

### 2.3.1.2. Components of self esteem

The concept of self esteem is multidimensional in nature. Rosenberg (1981) revealed that an individual's self esteem varies from situation to situation; as a result, the person has many different social selves.

Berk (1991) explaines some of the components of self esteem. These are- social self esteem, academic self esteem and physical self esteem. Battle (1981) indicates that social self esteem is related to social value and it is the individual's perceptions of the quality of their relationship with the society whereas academic self esteem is the individual's perceptions, capability and evaluation to succeed academically. Further, Berk (1991) indicates that each classification may have other components. For example, academic self could be arithmetic, language, science, art etc. Physical self esteem includes - physical ability and physical attractiveness.

## 2.3.1.3. Self esteem and disability

Physical impairments have been associated with different psychological problem. Students with physical disabilities have a lower sense of self worth, greater anxiety and a less integrated view of self esteem than do students without handicaps (kirk, et al., 1993; schulz, et al., 1991). Disabling physical condition gives rise to frustration, resentment, withdrawal and aggression (Heward and Orlansky,1988; Kirk et al.,1993).

The way in which they think about themselves is affected by the visibility and conspicuousness of a condition (Heward and Orlansky, 1988). In addition, the special devices that enable them to meet important needs have the unfortunate side effect of increasing the visibility of the physical impairment and making them look more different from non disabled peers (Heward and orlansky, 1988)

Their low self esteem may also result from the influences of others in the immediate environment. In connection to this, Gearheart, et al.,(1988)brings forth the following adage which poetically depicts the picture of the influence of others.

What you think of me
I will think of me
What I think of me
Will be me

If this is what happens with normal male or female then it will obviously more so with physically impaired persons. The perception and attitude of others in the immediate environment have profound effect on the psychological make up of students with orthopedic impairments. Psychological support service and supportive environment at home and in school can help relieve this feeling.

Researchers like Orr(1989) as cited by Kirk, et al., (1993) show that students with physical disabilities are more likely to accept their disabilities and have positive self esteem when the environment is supportive. In this effect, significant others such as peers should see persons with physical impairment in a positive light and make them see as worth while individuals with many valued abilities (Gearheart, et al., 1988).

Peers and teachers help them cope with their disabilities and encourage them to develop positive realistic view of themselves and their physical conditions. And students with physical impairment realize that beyond their physical impairment, they have many qualities that make them unique individuals (Heward and Orlansky ,1988)

Regarding sex, females in general show lower self esteem than males do (Lips,1997). Freiber(1991)as cited by Lips(1997)suggested that the gender-gap in self esteem widens during adolescence and the subsequent stages of development.

When females move from childhood to adolescence and to adulthood, they become aware that there is a conflict between the way they see themselves and the others (teachers, authorities) view them. They confront a message of female inferiority, exclusion and subordination (Galligan,1990 as cited by Lips,1997). There are different variables that influence a woman's self esteem; the following are some:

### 2.3.1.4. Factors affecting female self esteem

Body image, significant others and social standard are some of the factors that can play a role in affecting self esteem.

### 2.3.1.4.1. Body image

The way physical attractiveness is viewed has profound effects on personal adjustment. Derlega and Janda (1986) stated that people who are satisfied with their appearances are well adjusted and are comfortable in social situations while those who feel they are unattractive are likely to experience anxiety in social situation; they tend to be less effective in interpersonal relationships and they have fear of being criticized and rejected along with having poor self esteem.

The important point is the feeling of dissatisfaction with one's body which is more common among women than men. Lips (1997) noted that physical attractiveness is more central part of the self concept for femininity than to masculinity.

### 2.3.1.4.2. Significant others

As has been stated elsewhere Derlega and Janda (1986) indicated that people are bound to develop feelings of worthlessness, worthy, lovable and unlovable according to the degree of acceptance accorded to them; i.e., they learn to define themselves on the basis of other treatment. In other words, one's self esteem is developed through interaction with other people.

People use the acceptance or rejection of significant people not all to develop their self esteem. Derlega and Janda (1986) note that significant others such as peers, parents,

siblings and teachers play a part in how we think of ourselves. Concerning this Rosenberg (1981) propose two foundations of interpersonal significance- valuation and credibility. Valuation refers to giving credit to the opinion of those people who matter most to us; whose opinion we care about greatly should have strong effect on our self esteem than the views of those to whom we are indifferent. Credibility- the impact of other's opinion of us depends on the degree of faith, trust or confidence that we repose in that person's judgments.

Thus, if one is accepted by important others, the relationship is likely to have a positive effect on the individual's self esteem; on the other hand, if peers or teachers show lack of acceptance the relationship may have unfavorable effect on the individual's self esteem.

### 2.3.1.4.3. Social Standard

Kirk (1962) addressed that it is the universal desire of mankind to be recognized as a worthy individual and hence society has placed a premium on physical beauty, strength and ability. It is but easy for crippled person to devaluate herself because she doesn't have the qualities. In other words, the discrepancy between the expectations and standards set by the society and the physical lacking of the person to meet this expectations create poor self esteem.

In another study, Derlega and Janda (1986) found out the general beliefs and standards for physique put forth by the society influence the way in which people interact with

physically impaired. In line with this, Rosenberg (1981) indicates that like academic performance and self esteem, physical deviance and self esteem may be related.

To sum up, social standard which regulates public image limits self esteem and adjustment (Derlega and Janda, 1986).The people with motor disorder may imbibe these attitudes of the society and view themselves negatively and stereotypically.

## 2.4. Social development

Socialization is a very intricate process. Everyone is not born with sufficient survival skills but he/she acquires them through socialization. This implies that our lives are interwoven with the lives of others (Garwood, 1983).

A variety of social agents participate in the socialization process. The process is controlled by significant agents such as friends, teachers and parents. Garwood (1983) further noted that prolonged acquaintance with peers and peer contacts are the primary vehicle for shaping and developing more complex adaptive social interchanges .This shows that the quality of interpersonal skills among friends tend to interfere with spontaneous social activity and interactions.

### 2.4.1. Friendship

Friendships are interpersonal social relationships which serve many human needs and help us to grow and develop as individual (Derlega and Janda, 1986). Derlega and

Janda (1986) further explained that friendships provide mutual protection, avoid loneliness, gain approval for us and increase our certainty about our own behaviors.

According to Garwood (1983) friendships have developmental trends- situational, contractual and empathic qualities. Situational friendships are based on shared activities whereas contractual are based on adherence to socially sanctioned rules; on the other hand, empathic friendships rely on mutual understanding.

Derlega and Janda (1986) and Garwood (1983) hold five major elements that enhance healthy relationship among friends - genuineness, warmth, empathy, self-disclosure and altruism.

**Genuineness** – being transparent and real in interpersonal relationships.

**Warmth** - refers to seeing the other peer as a unique person with his/ her own thought, feeling, experience; and accepting both goods and bad qualities and offering unconditioned positive regard.

**Empathy**:- denotes recognizing the nature of their friend's private worlds and knowing both cognitive components (knowledge of what another is feeling) and affective components (knowing another's emotionality).

being seen with a physically attractive persons seem to enhance our own social appeal and our own image. In relation to this, Sigall and Londy (1973) as cited by Be:' (1991)reported that man seated with an attractive woman was viewed positively by others but if he was with unattractive woman, he was viewed negatively.

Moreover attractiveness has a strong impact on our evaluation and makes us sympathetic. For instance Derlega and Janda (1986) explained that adults excuse an attractive child who has misbehaved.

Along with this, beauty drives women crazy when they reach early adulthood. Fo: example, one female student addresses the following " I thought of myself that if I were an ugly girl, I would consider killing myself" Derlega and Janda (1986). This tyranny of beauty informs that women give much credit for physical attractiveness.

**Proximity:** - physical proximity or closeness is the most important factor in forming a friend or getting to know someone. Derlega and Janda (1986) indicate that repeated contact tends to increase social attraction and the more we meet someone, the more likely we are to like that person. But proximity is limited by a number of social influences. Berk (1991) forwarded that social filter established by parents, peers, cultural groups lead people to have a strong tendency to make friends (marry)with members of the same race, religion, social class and education. In connection to this Behru(1999)concluded that college students seem ethnically biased in peer relation.

**Similarity:-** refers to having the same interest, physical characteristics, attitudes and other personality characteristics. Researches (Berk, 1991; Derlega and Janda, 1986) showed that people who are more similar to each other are more likely to get together particularly at the early stage of their relationship but when the relationship such as close friends advances need complimentary may be important.

**Reciprocity:** - is the tendency to like others if we think they like us. However, Berk (1991) indicated that insincere and ingratiating demonstration may produce disliking if it is perceived as a phony attempt to gain some advantage.

### 2.4.1.2. Friendship and Disabilities

The development of healthy social behaviors depends to a large extent on students' participation in positive interaction. However, in the realm of disability, the social development of persons with orthopedic impairment can be impeded due to their limited motor skills and movement (ysseldyke and Algozine, 1995). For instance, the nature of friendship is quite different. Heward and Orlansky (1988) indicated that persons with physical disabilities may experience problems of social adjustment since the degrees to which they are accepted by others are affected by the visibility of a condition. According to ysseldyke and Algozine (1995) reactions of friends, parents and teachers influence the social behavior that persons with orthopedic impairments exhibit in school, at home and in the community.

Friendships in the general population are usually reciprocal in the sense that both parties feel that the relationship is balanced in terms of contributions and benefits (Garwood, 1983). However, friendships that exist within the disability area do not fit the dominant view of friendship. For example, Garwood (1983) indicated that the non disabled friend has to give social and practical support to the friend with the disabili and the friend with the disability is not supposed to reciprocate. In relation to this Transtadottir and Johnson (2000) explained that such one sided continuous dependency can destroy a friendship.

If the friendship between able bodied individual and disabled person is being maintained, the able bodied individual does not feel at ease. Heward and Orlansky (1988) found out that many non-disabled people tend to feel uncomfortable in the presence of a person with a visible disability and react with tension and withdrawal. Concerning the relationship formed, Garwood (1983) indicated that such attitudes seem to increase the psychosocial distance between individuals and it contributes nothing to the establishment of positive interpersonal relationships.

Generally, studies (Winzer, 1990: Lips, 1997;.Traustadottir and Johnson, 2000) found that persons with physical handicaps demonstrate detachment and show more frequent maladjustment. Victimization, helplessness, dependence, social isolation and suffering are some factors involved in the general stereotype of persons with disabilities (Lips, 1997).

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

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

### 2.4.1.3. Factors affecting social Interactions

#### 2.4.1.3.1. Understanding of the handicapping condition

The way in which friends teachers, parents and others treat persons with physical impairments have effects on their interaction. Heward and Orlansky (1988) explained that those limited by physical handicaps must also deal with limitations unnecessarily imposed on them by others. The attitude and low expectations of others inhibit their social and emotional development. Ysseldyke and Algozine (1995); Heward and Orlansky (1988) reported that persons with orthopedic impairments suffer form

excessive pity, sympathy and overprotection; as a result, they tend to show atypical or retarded behavior in response to the low expectation of those around them.

On the other hand, persons with physical handicaps face the intentional and unintentional discrimination of other people. Again, Heward and Orlansky (1988) stated that they are rejected, stared at, teased and excluded from participation in activities with non disabled peers. Regarding the reasons, ysseldyke and Algozine (1995) indicated that fear, ignorance, lack of experience and inflexibility are the most common causes of discrimination.

Both extremes, over protection and rejecting, have their own impacts on the psychosocial development of persons with motor disorders. Kirk, et al., ,(1993) said that physical disability has to be viewed as individual difference not something to fear or ridicule or cause shame. Kirk, et al.,(1993) further stated that significant others such as peers see their friends disabilities as one aspect of their lives and illustrate them their different assets and guide them to show their interest and concern.

#### 2.4.1.3.2 Limited Motor Skills

Orthopedically handicapped students' social interactions can be impeded by limited motor skills. Ysseldyke and Algozine (1995) stated that being restricted from social and school activities hinder the social and emotional development of students with physical impairments.

# CHAPTER THREE

# DESIGN OF THE STUDY

This study was basically qualitative in which the description of the analysis was not ordinarily expressed in quantitative terms. The research attempted to present the experience of female students with motor disorders. It was also the purpose of this study to assess the attitudes of the subjects' friends or classmates towards the disability. Moreover, this study aimed at considering the intervention mechanisms taken

In view of the above facts, this chapter discussed about the subjects, instruments used and procedures of data collection.

## 3.1 Subjects

In order to assess and improve the qualities of the instruments designed, a pilot study was administered to twenty students with motor disorders from private higher institution. The sample students were taken from St.Mary"s, Unity,Admass,and MicroLink Colleges. The whole female students with motor disorders were participating in the pilot study.

The main study was carried out at Addis Ababa University .The population of interest in this study were the entire female students with motor disorders The subjects were 13

female undergraduate students recruited from second, third and fourth year extension and regular programs.

The thirteen female participants' disabilities were characterized as follows- eight of the thirteen students contracted polio, two of them were accidentally injured and the remaining three students did not know the causes of the disability since it was congenital

## 3.2 Instruments

Prior to designing the instruments, theoretical and empirical literature was reviewed. Before the actual field work, the instruments were pretested with pilot study. After the results of the pilot data, items were modified, corrected, rejected and rearranged.

The following instruments were used to assess the psychosocial problems of female students with motor disorders. Four methods of data collection were used. Two techniques- interviews and focus group discussion were used for the same female students with motor disorders to get sufficient information concerning their psychosocial problems. Next, questionnaire for their classmates and interview for the counselor were employed. All the instruments were developed by the researcher. An attempt was made to produce items that were able to assess the deep-rooted psychosocial problems of female students.

### 3.2.1 Interview

Two interview forms of which one for the subjects and the other for the counselor were used in the study. The first interview guide for the subjects was designed to assess the attitude and personal experience of the female students with motor disorders. On the other hand, the second interview form for the counselor was used to get information in relation to the problems the subjects have faced and the kind of help that they were rendered.

Both interview guides comprised open-ended and closed questions. All instruments used are attached as appendices at the back of this paper

### 3.2.2 Focus Group Discussion

Focus group discussion (FGD) was used as one of the tools for qualitative method. Discussions were made with small representative groups. Focus group discussion consisting of four major items was held with two sub groups-each containing six female students with motor disorders. The focus group discussion was designed to collect information in connection to the general experience they have had. The discussions were guided by the researcher.

### 3.2.3 Questionnaire

To substantiate the data, questions were developed for the subjects' classmates. The items were open-ended and they were developed by the researcher.

Five classes containing two, two, one, one, one female students with motor disorders were chosen using purposive sampling method. The researcher gave the sample students brief explanations about the aim of the questionnaires. And finally, the questionnaire was collected as soon as they finished.

## 3.3. Procedures of data collection and analysis.

The data collection process was accomplished by the researcher in collaboration with two assistants. Both of them are diploma holders. The two assistants were given orientation as to how to proceed with the interview. Furthermore, all participants were also informed about the objective and purpose of the study.

As it was mentioned in the foregoing section, in the pilot study, twenty private higher institution students were interviewed. Out of the twenty subjects in the pilot test, twelve of them were also participating in the focus group discussion with two sessions

In the main study, thirteen female students with motor disorders were interviewed. Twelve of them were also taking part in the focus group discussions. During focus group discussions, notes were taken by both the researcher and the assistants. In addition, the discussions were also tape recorded.

Following the data obtained through various means, all sources were coded, categorized, organized and carefully analyzed. In analyzing and reporting the data, mainly qualitative method was used.

# CHAPTER FOUR

# RESULTS AND DISCUSSION

In this chapter, the results of the study were analyzed and discussed based on the specific objectives stated under the introductory chapter.

## 4.1. The psychological state of female students with motor disorders.

The last interview item was referring to description and the subjects described themselves as follows:

**Table1** *The way female students with motor disorders described themselves*

| *Frequency* | *Responses* |
|---|---|
| 2 | I am x; I am a girl with physical impairment because of polio of my left leg. I am isolated; I always want to be in friendship with others. However I am not well liked by other people because of my impairment. |
| 3 | To be honest, it is really unfortunate to be disabled. It would be better if I am dead because life is unbearable for me. I am fine but I do not live the way I want to live. |
| 4 | I am unhappy but always try to make myself busy in order not to think about myself |
| 1 | I am a woman with physical impairment; I accept my inability to do things |
| 1 | I am a person with physical impairment but this does not mean I am completely useless. If I learn I would be independent as non-disabled people |
| 1 | I am only physically disabled persons. I am fine mentally. Therefore I am not having much problems |
| 1 | I am x; I can do better than normal people if I work hard. |

Out of the thirteen female students interviewed, most students described themselves in terms of a given physical characteristics such as physical beauty, height and weight.

In view of the above description, one could conclude that the majority of the subjects (69.2 %) emphasized on their physical limitations. From the description they made about themselves, it was clear that the evaluation of self worth was tempered by the fact of their impairment. The responses of the subjects were consistent with the postulate (Rosenberg, 1981) which implied that when asked to tell us about oneself, a person would describe himself or herself in terms of given physical qualities. The descriptions of female students with motor disorder about themselves were in line with this theoretical position. However, few subjects seemed to have described themselves relatively positive regardless of the disabilities they had.

An attempt was also made to assess the subjects' attitude towards their unique qualities they had; and the following responses were given:

**Table ii** ***The impression the subjects possessed in relation to their abilities.***

| *Frequency* | *responses* |
|---|---|
| 1 | I do not think I have valued qualities. My every thing is decided by others especially my family. |
| 3 | I do not think I have equal natural ability with others. I some times think that I am not capable of doing things. |
| 4 | It is hard to believe that I have unique qualities like non-disabled friends. People around me do not think so practically. I can do some thing but no body gave me the chance so I do not see the feasibility of |

| | |
|---|---|
| | my potential even if I might have. |
| 1 | I do not have unique qualities; I am as any body except my legs I cannot move my legs properly and this cannot make me special. |
| 1 | I am an academician I am learning well even if I am disabled |
| 1 | Yes, as a human being I have valued qualities but I do not think I could not implement them due to absence of proper environment and my disability. |

As per the responses of most participants, they did not consider themselves as unique individuals that have got valued abilities. They ranked themselves in the same way with respect to their possession of quality under discussion. The examples above would provide a vivid picture of the impressions they had about their unique qualities. It is a well-established fact that every human being was said to posses certain unique and valuable qualities. Disabled females were no exception for this. But due to this unfavorable comparison they made of themselves and sustained by the society, the subjects might fail to take account of their unique human abilities while they built their personality.

On the contrary, few subjects- two of the 13 female students- considered themselves as unique individuals that have got valued abilities. The descriptions below consolidated this point.

> Yes I am a unique individual. I have natural talents. If situations help me implement them, I can be what I could be.

Yes I have unique abilities. God created me. Nobody on earth looks like me and I might have special qualities. I know I have problems but I know I have unique qualities if I get situations to exploit them.

Despite the disability they had, few subjects seemed to consider themselves as unique individuals that have got valued abilities if environments were conducive. This would indicate that the situations in which they are in might be a major factor to consider themselves as valued individuals.

## 4.2. Factors affecting the way female students with motor disorders thought about themselves

Another interview item dealing with the factors that affect the way female students with motor disorders thought about themselves was raised and the responses were summarized as follows:

**Table iii** *Factors affecting the way the subjects thought about themselves*

| *Frequency* | *Responses* |
|---|---|
| 1 | My physical appearance and inability to do things affect ~~me~~ the way that I think |
| 3 | People's attitude towards my problem affects my confidence. I am disabled if and only if people show me broken hearts |
| 1 | My disability, the society's attitude and my natural inability affect the way that I think. |
| 2 | The way that I perceive my inability in the past affects my positive thought |
| 1 | I am not able to do every thing by my self. I always need help and |

| | |
|---|---|
| | this makes me feel that I am in a problem. |
| 1 | Honestly speaking I am not happy to talk about my physical problem. |
| 2 | The way that people treat me affects my thought. Some people show me broken hearts; others consider me as non-disabled |
| 1 | The failure I experienced before had severe impacts. |
| 1 | The over all situations I am in affect me the way that I think. |

Based on the sample descriptions above, it was possible to extract some factors that might affect the way female students with motor disorder thought.

**Being disabled (peculiarities)** - the subjects might compare themselves with others in the environment. This comparison provided them the under grid on which they erected the descriptions of themselves. This was in line with the well-known fact that when asked to describe themselves, people would do so predominately in terms of their peculiarities than their similarities.

**Self assessment**- according to the data given above, due to the immense amount of failure they experienced in the past, the subjects asserted that their poor performance in the past had telling effects on the way they thought about themselves.

**Inconsistent treatments-** as per the responses of the subjects, they explained that the opinion they held of themselves was being changed from time to time due to the inconsistent treatments of the society. This implied that the treatment they received did not remain fixed on account of which their conceptions of their

disability were also changed along with the kind of treatment they got. Thus, it was possible to draw conclusion that the stability of their thought was a product of social conditions. For self-conceptions seemed to be responsive to environmental fluctuations, students with motor disorder were likely to show momentary fluctuation in their ideas about physical states.

**Perceived assumptions** –the subjects looked to consider every thing from the point of view of physical status. Female students with motor disorders seemed to believe that with out healthy physical appearance, positive thought about themselves would not be possible.

The data revealed that disability, earlier physical performance, people's treatment and the perceived assumptions of the subjects were the major factors that would affect the way female students with motor disorders thought about themselves. This further might suggest that the subjects would have low physical self esteem.

## 4.3. The psychological and social conditions of female students with Motor disorders

The subjects were requested to explain about the public image regarding disabilities; and the following responses were obtained:

**Table IV** The attitude of the subjects towards the public image about disabilities

| *Frequency* | *Responses* |
|---|---|
| 1 | People are not happy to see us around because they forget that we are innocent victims; and they think that we always need help but we do not always need help. |
| 5 | People are ignorant about disability. They think we bring the problem to them. Some people do not want to drink, eat and discuss with us. This guided us to experience loneliness and shame |
| 3 | People treat us by virtue of our physical status, we were treated differently. They undermine or over treat us |
| 2 | Most of the time people feel sorry for us. They want to help and make things simple. They forget our residual motor skill ability. |
| 1 | People think that we are completely dependent but we are not if things are fine. |
| 1 | Most of the time people do not treat me as I need but sometimes they are fine especially young people and I am happy to be with them. |

According to the subjects' responses, physical beauty in the eyes of others would play major role. It was found out that most people seemed to look down their abilities and potential to perform tasks similar to the non-disabled peers. The data showed that people might not feel comfortable to be with the subjects. This was consistent with the theoretical issue that stated people do not want to be with physically unattractive persons in order to keep their own social appeal and their own image (Derlega and Janda, 1986).

The data revealed that people expressed their sympathetic thoughts in different social occasions which would remind the motor disabled to remember their physical disability more easily.

All these treatments imposed on them might force female students with motor disorders to make attribution from the standpoint of others. The responses of the subjects corresponded with the theory of reflected appraisals which states people come to see themselves in terms of appraisals others made about them (Rosenberg, 1981). Reflected appraisals seemed to show their structural location in the society and it had impacts upon their feelings. According to the subjects' responses, the exposed discrepancy between their effectiveness and others expectancies, the inconsistent and inaccurate evaluations from others might have hazardous consequences for their existence. All these would lead them to a down ward direction and might make them develop various states of psychological disturbances such as self degeneration, poor self image, isolation, fear, and depression, bad mood, worry, shame, unpleasant emotions and feeling of worthlessness. The following summary of the data also evidenced this:

**Table V.** *The subjects' response in relation to the unfortunate time they have had*

*Responses*

> When I was a grade 11 student, I got a pen friend from Dire Dawa; we exchanged letters for 3 years. Finally, he came to Addis to meet me. But it was so painful to see him running away when he knew that I was disabled; you see, I was seen as socially disabled who was unable to have friends. Thus, I labeled my self as socially outcaste.

According to the respondents, it was not only impairment but disability labeling that did bear upon their attitude. In this view, it was the society's attitude that might affect the subjects' psychological and social conditions. The following sample descriptions were also referring to the subjects' unfortunate times they had.

- One day, I had an exam. I could not get a taxi to come to my class. When I got after so many problems, the taxi driver did not want me to be inside because when I got in and out, I might take time. I was very disappointed. And I often remember when I use a taxi.
- One day I went to the stadium with my brother. We sat and started watching the game. The man who sat next to us was insulting the player ขี้ง meaning "lame" when he missed goals. I was so disturbed and hated that place so much.
- One day when I was going to school, children were playing football. Suddenly, they kicked the ball towards me. When I tried to kick the ball, I fell down. The children shouted very much and I always think about it.
- One day I stepped in to the bus. I dropped my walking stick and the bus left. I had to shout, cry and cry to get my stick. Finally, a man stopped the bus and I got it.

In view of the above points, Instead of considering the actual person, the society responded to them along with the disability they had. Hopelessly the labeled individuals would act accordingly. The society judged females with motor disorders using a single point of reference- physical disability. The subjects were viewed as disabled and this would lead them to view themselves in terms of the views of others. It was evidenced

that the subjects were treated in terms of disability and they were accorded little respect.

According to the data, it was possible to summarize that it was necessary to be somewhat similar in the conventional standards of physical characteristics in order to stand well in the eyes of the society. In other words, the context that the subjects were in was a dissonant context, and they were seen differently form those around them. It was suggested that their psychological conditions might be influenced by the social context in which they were immersed. This in turn, seems to give rise to uncrystallized social identity that could generate problems of self definition. In summery, the disability might profoundly influence their psychological well-being.

## 4.4. The social relation of female students with motor disorders

*Participation in activities*

According to the responses of the subjects given below,, they were unable to participate in various activities such as running, swimming, and dancing. Such activities were beyond their reach. The following presentations brought out the points:

**Table vi** *The subjects' responses in relation to the areas in which they were restricted in taking part*

| *Frequency* | *Responses* |
|---|---|
| 3 | Even if I have a great desire to dance, I cannot dance. |
| 1 | Sports like volleyball are unthinkable for me. |
| 6 | Running and swimming are very interesting but I am not lucky enough to have such exercises. |
| 1 | Playing, basket ball, |
| 2 | Driving a car and any other tasks that require physical activities |

Being unable to participate in activities which give opportunities to mix with peers was unthinkable to them .As it has been suggested by the respondents, along with every task, they might check whether they possessed the requisite ability or capability to obtain the desired goal. Self-attribution principle that holds that an individual judges and evaluates himself or herself on the basis of their behavior or performance outcomes (Rosenberg1981) was evidenced here.

### *Lacking support*

The interview item discussing the kind of support the subjects got was given below

**Table vii** *The subjects' responses on the type of practical and social supports rendered*

| *Frequency* | *Responses* |
|---|---|
| *2* | No body provides me with the necessary social skills, of course, my mother tries but she always attaches my case with spiritual matters. |
| *3* | No body gives me social supports. All my friends think that I am not part of the society. They do not want me to do what is expected of me. For example, when I want to visit a patient in a hospital, they tell me that I should not. |
| *4* | Oh! My Christian sisters always tell me to accept my self. |
| *1* | My friend always advises me to feel good but I cannot feel good by being incomplete. |
| *2* | My brother helps me everywhere |
| *2* | My sister helps me |

The majority of the subjects(76.9%) reported that they got practical supports from the family members and from Christian sisters. Getting supports from family members and Christian sisters might be the results of frequent interactions with them. In connection with social supports, all female students with motor disorders participated in the focus group discussions responded as follows;

- Instead of rendering social supports, our age mates and the society view us as socially disabled. We need social supports such as understanding disability, recognizing impairment as a quality not as a bad liability from friends and the society at large.

### *No sense of belonging*

It was well known that when a girl becomes an adult, her sense of belonging is derived from the strong friendship she makes from peers. Connected with this point was the other idea that human beings have a strong need to form friends; but, to form and maintain a sustained friendship, self definition based on mutual admiration is needed. Because of the disability, mutual admiration is not forthcoming easily from peers without disability and they had few interpersonal relations from friends. The subjects are surrounded only with non disabled peers. As a result, there is a confusion regarding self-definition. The data collected supported this. This might be causes for the poor handling of interpersonal relations.

The following table indicated the number of friends they had and people the subjects needed to talk to

**Table viii** *The number of friends the subjects had and the people to whom they counted on to listen to when they needed to talk*

| *Frequency* | *Responses* |
|---|---|
| *4* | when I need to talk, I talk to my mother; she is better ; she listens to me. |
| *2* | I have only one friend. |
| *1* | I have one friend and she is my sister. |
| *4* | I need to talk with my Christian sisters because I do not have any friends.<br>I need to talk to my grandmother |
| *1* | I have a disabled friend and I need to talk with her |
| *1* | I have two friends and I need to talk with them |

The female students with motor disorder did not have many friends to whom they counted on to listen to when they needed to talk. The kind of interpersonal relations they had seemed to be few. In light of the above descriptions, lack of warm interpersonal relations in the community and the absence of healthy social bonds with their peers would be some of the factors that might impede the stability and security of positive social relations. Considering disability as a liability might be another factor that would affect the social relations of students with motor disorders. The subjects of the study asserted that disability has become more of a liability than an asset. All the subjects taking part in the focus group discussion stated as follows;

- Disability is not an asset. It is purely a liability. Disability restricts the arena of social interactions. This undoubtedly limits the number of friends formed. We know that various social occasions and activities such as wedding, dancing and running require healthy motor skills. Since we do not have such skills, our social interactions unquestionably are retarded. This in turn narrows the opportunities of forming friends in different social gatherings.

The majority of the subjects did not regard their disability as an asset in the sense that it leads to certain entailments from the government which non disabled do not have. The limitations led by their disabilities over the expressions of their ability complicated the matter. As a result they could view themselves in terms of their physical qualities. This might have an impact on their social relations they had.

### *Parental utterance and associated feelings*

The parents of few subjects(15.3%) uttered to their children that because of the curse and /or their ill luck their children had disabilities. This type of utterance might

unknowingly hurt the subjects psychological feeling. For example, below were the sample responses that might show this point clearly.

- In different times, my mother said," had you not been born from me, you would not have had such disability". This has a telling effect on my social relations.
- My mother often said," You are my daughter because of the curse I had." This hurts my feelings.

In view of the above points, parental attitude seemed to be important because personality structure and the nature of social relation were crystallized as reflected in the attitudes of the parents towards their daughters. This showed that personality development might result from the parental attitudes. The statements of the parents and the hostile treatments they received from the society looked to complicate the matter. This could lead the subjects to have poor handling of inter personal relations.

According to the data, the majority of the subjects spent their spare time alone. Here is a table consolidating the points given above;

**Table ix** *The way the subjects spent their spare time*

| *Frequency* | *Responses* |
|---|---|
| *1* | I play computer games and some times I chat with my grand mother. |
| *5* | I listen music specially spiritual songs |
| *1* | I read Bible and go to church |
| *3* | I listen radio and read books. |
| *1* | I spent my spare time by being with my cat |
| *1* | I watch films |
| *1* | I spend my spare time by being with my friend |

## 4.5. Reactions of classmates towards the disabled friends

*The results of the questionnaire for classmates were summarized as follows*

***Table x*** *Attitudes of classmates toward students with motor disorders*

| | Responses |
|---|---|
| | Sorry, I view physical impairment as a disaster and I do not have a friend with physical disability and I never need to have |
| | Basically I always feel sorry for those who are disabled. However, I am close to some of them and I try to share their psychological feeling and loneliness. They are good friends of mine. I think they do not have any problems except our society's unfavorable attitude and poor treatments. I try to offer them the necessary social supports |

According to the data, the tendency of classmates of the subjects was two dimensionals. Some classmates (10%) who had frequent contact with female students with motor disorders had relatively positive attitude towards the relationship they had. On the other hand, the majority of classmates (90%) who did not have close interactions with the subjects possessed unfavorable attitude to the disabled classmates. For example, they did not want to be with them.

The results of the data suggested that the increase of psychological distance was the major determinants for the attitude the classmates possessed. Frequency of contacts or interactions with the subjects became a decisive factor for the attitude that classmates

had. According to the data, those classmates who had high level of interactions with the subjects held favorable attitudes since they developed close personal attachments.

Due to their intimacy, those intimate friends might play a major role in the life of the subjects through their alleviation of loneliness and isolation. Their supportive interactions with the subjects were leading to greater psychological well being and adjustment.

On the contrary, the majority of the classmates' relationships were unpredictable due to lack of shared values and close personal contacts. In view of the data, the subjects' conceptions about themselves did fully correspond with the attitude of the majority of classmates. The subjects' cognitive activities of thinking about the events of their forthcoming interactions might affect their social relationships. In keeping with pragmatic conception of self, the subjects would involve in social relationships with selective interactions i.e. they chose specific individuals as interaction partners.

## 4.6. Intervention mechanisms taken

According to the respondents, the institution was unsupportive; it showed lack of concern and could not save them from the psychological pain they experienced. Female students participated in the focus group discussion asserted the following:

- The physical setting such as buildings is not ideal for people with disabilities. For example, the buildings do not have elevators. In spite of the fact that we need psychological and social helps from scholars such as psychologists, program officer, the counselor and educators, they are not willing to give their ears for our

problems. We expected a lot from special needs programs but our expectation and the reality fall apart.

Along with the opening of the new program-*special needs education*- female students with motor disorders believed that there would be growing awareness about disability in the minds of the people, and they thought they might be able to fight the age-old enemy-*ignorance*.

According to the data, let alone the society at large, psychologists, educators, special needs experts, and counselors withdrew themselves from the real business of helping needy students within the campus.

As per the responses of the respondents, it was possible to draw conclusion that the root of the problems seemed to lie in the university since the administration caused them to face psychological and social disasters. It was outlined that the environment was disorganized for them i.e. everything in the university was being carried out without considering the existence of people with disabilities particularly physical impairments.

Furthermore, it was stated that even the counselor was unable to sooth their emotions and feelings; he pushed them to the end of their tolerance and patience. Female students with motor disorders explained that they had never met trained counselors in the echelon of the university who were able to repair their narcissistic wound. In connection to the support female students with motor disorders expected from the counselor, subjects attending the focus group discussions forwarded the following:

- The counselor is highly expected to offer us psychological supports. However, he does not seem to have interest in helping us. Further, we thought that he might not have sufficient

understanding about disability and the way how physically disabled persons are helped.

The educators' gross negligence made female students with motor disorders encounter both psychological and social problems. The response of the counselor was consistent with the information gathered from the subjects. The response of the counselor was stated as follows:

- Honestly speaking, I do not know them very well since they rarely came to my office. I do not know the way they view themselves. Actually, I did not have special training in relation to rendering counseling services to such people. Since I am not a specialist in the area of rehabilitation counseling and they did not often come to my office, I could not know their view.

In light of this, it could be anticipated that the mere existence of the counselor as a potential source of support might not make any difference on the life of the subjects unless otherwise special attention was paid to specific goals with committed person, made accountable for the outcome, nothing could be achieved.

# CHAPTER FIVE

## SUMMARY, CONCLUSIONS and RECOMMENDATIONS

### 5.1. Summary and Conclusions

The major objective of the study was to assess the psychosocial problems of female students with motor disorders. To get hold of their problems, qualitative methods of data collection were employed.

The whole female students with motor disorders were the subjects of the study. In order to enrich the study, the reactions of the subjects' classmates and the responses of the counselor were also taken into account.

Four methods of data collection were employed, out of which two of them, interview and focus Group discussion, were used for the same subjects. The remaining two techniques of data collection, interview and questionnaire, were used for the counselor and the subjects' friends respectively.

On the basis of the data collected, the following findings were drawn.

The majority of the subjects had low physical self esteem and they were psychologically suffering from the limitation they had. They were evaluating themselves according to their physical qualities and their performance outcomes. Being seen different from others, in relation to their physical characteristics, and mechanisms of self-assessment were the major factors that affected the psychological states of female students with motor disorders. Thus, the subjects did need conducive environment to sustain their positive psychological image and they further expected the society to understand the nature of disability.

The social relation of female students with motor disorders was also affected by both the strict system of upbringings and the disabilities they had. It was noted that early social interactions of female students with motor disorders seemed to have a bearing effect on their psychological and interpersonal conditions.

The data showed that female socialization process appeared to make females have less social abilities. In addition, the disability marginalized them from social relations. Thus, disability as well as socially assumed standards of females would have negative effects on their social relations.

Disability labeling, inconsistent treatment by peers, objective standard and perceived assumptions became some of additional factors that might affect the subjects' social relationships and the way they think about themselves.

Female students with motor disorders were labeled as if they were unable to behave like their non-disabled peers. This social-labeling was perceived by the subjects and

they would act accordingly. Further more, they were not accorded consistent treatment from their peers. The treatments they got varied along with the situations they faced. Moreover, the subjects believed that without having the conventional standards of physical characters, interpersonal interactions would not come true.

Since the subjects experienced a feeling of depersonalizations and rated themselves below average on social skills, they might develop low physical self esteem. According to the responses of the subjects, comparison and reflected appraisals were the prominent variables that might cause for the occurrence of poor psychological well being.. The data gathered showed that the majority of the subjects spent their spare time alone by doing personal activities such as reading and listening. And this had an effect on their interpersonal relations. The data further showed that the majority of the subjects got practical and social supports from family members and Christian sisters.

Female students with motor disorders reported that the administration of the university did not take their existence into account. Psychologists, special needs experts, and counselors did never look into the interests, values and problems of students with motor disorders. The physical setting of the University, such as absence of lifts, is not proper for students with motor disorders

According to the data, those classmates who had frequent contacts with the subjects were having positive attitude towards the disabled females whereas those who did not develop intimacy with the subjects had a little favorable attitude to the physically impaired female students. From this it was possible to draw conclusion that frequency of contacts was a decisive factor that might impede the attitudes developed.

## 5.2. Recommendations

In view of the conclusions above, the following recommendations were forwarded.

Female students with motor disorder should be briefed about their individuality in the interactions rather than making comparison with their non-disabled peers.

Sex role discriminations and strict system of upbringings should be curbed. Instead warm and accepting relationship with parents, siblings and friends should be sustained. This kind of favorable relationship is conducive to the formation of positive bonds with the family and the society at large. Further, it strengthens the individual's control of his positive interactions. Parents have to understand that their utterance results in forming poor psychological image on their daughters.

Disability should be seen as quality of humans and the society has to take one another's peculiarities into account. Practical and social supports provided by Christian sisters and family members should be psychologically strengthened.

The government, the administration of the university should entertain the interests, needs, values of students with motor disorders. In addition, psychologists, special needs educators, and counselors should unit their hands to curb the psycho social problems of female students with motor disorder. More over, the physical environment of the University should be taken into consideration.

To enlighten the society about disability and to develop frequency of contact with students with motor disorders. awareness-raising programs have to be organized. Such programs may include- offering courses in relation to disability and preparing workshops dealing with impairments.

# References


Adugna Alamneh (1995). *"A Synthesis of Finding of Previous Studies of Female Education."* A Report on the National Workshop on Strategies for Promoting Girls' Education, 13-20 Dec. 1995, Ambo, Ethiopia.

Almaz Eshete (1991) " *Women in Ethiopia Problems and Prospects* " A Paper Presented for the Seminar on Gender Issues in Ethiopia. Unpublished, Institute of Ethiopian Studies, Addis Ababa university.

Anteneh wasyhun(2000). *Female Affirmative Action Programs in Promoting Educational Equity in Ethiopian Institutes Higher Learning: Problems and Prospects*. Unpublished Masters Thesis. Addis Ababa University

Asmaru Berihun (1998). *"Gender and Primary Education in Ethiopia"*. Gender Strategy. Women's Affairs, MOE, Addis Ababa.

Battle.J. (1981). Culture-Free Self-Esteem Inventories for Children and Adults. Seattle, WA: Special Children Publication.

Befekadu Zeleke (1998) *"Promoting Girls' Basic Education in the Rural Areas of Ethiopia."* In: Girls Basic Education. MOE, Addis Ababa, Ethiopia.

Behru Bayissa(1999). *Gender Differences in Academic Self Esteem and Success Expectations on Math and Verbal Tasks in TTT'S of Oromiya*. Unpublished Masters Thesis. Addis Ababa University

Berk, L.E. (1991). Child Development. Boston: Illinois State University. 2ndEd. Allyn and Bacon

Cassidy,J.and Asher,S.(1992). *Loneliness and Peer Relations in Young Children*, Child Development. 63(2), 350-365. Boston: Illinois State University. 2ndEd. Allyn and Bacon

Coopersmith, S. (1967). The Antecedents of Self Esteem. Sanfrancisco: W.H. Freeman.

Derlega,V.J and Janda, L.H. (1986). Personality Adjustment. London: Scott Foresman.

Demewoz Adamasu (1997). *Ethnocentrism and Peer-Relation among College Students*: The Case of AAU. Unpublished Masters Thesis. Addis Ababa University

Ephrem Milkias (1999). "Differences in Self Esteem among High School Students as Function of Home Environment and School Performance in Sidama Zone." Unpublished Masters Thesis. Addis Ababa: Addis Ababa University

Fentaw Abegaz (2001): " *Admission Type and Female Students' Academic Success at Addis Ababa University*: The Case of Social Science Students." The Ethiopia Journal of Education.Vol. XXI No. 1.

Fox, M. (1993). Psychological Perspectives in Education. NewYork: Cassel Educational Limited.

Garwood, S.G. (1983). Educating Young Handicapped Children. A developmental Approach: London Tulane University.

Gearheart,B., Carol, J. and Gearheart, R. (1988). The Exceptional Students in the Regular Classroom. Columbus: Merrill Publishing Company.

Genet Zewdie (1991). " *Women in Education: A Study of Academic Performance and Participation of Female Students in High Schools of Addis Ababa.*" In : Gender Issues in Ethiopia, Addis Ababa University, Ethiopia.

Guday Emirie (2000). *The Effects of Socio-Cultural Values on Females' Participation in Primary Education in Present Day Rural Ethiopia.* A Case Study of Yidonga Peasant Association in Merawi Distict, West Gojjam. A Researcch Presente on the Twelfth OSSREA Gender Issues Research Completion. Addis Ababa, Ethiopia.

_____ (2003). "*Early Marriage and its Effect on Girls' Education in Rural Ethiopia,* The Case of Mecha Woreda, in West Gojjam, North Western Ethiopia. A PhD. research proposal, University of Gottingen, Germany.

Haregewoin Charnet and Embet Mulugeta (2002). "*Country Gender Profile Ethiopia.*" Swedish International Development Cooperation Agency (SIDA). Addis Ababa, Ethiopia.

Haring ,N. G. Mccormick,L and Haring,T.G.(1990). Exceptional Children and Youth. An Introduction to Special Education. Columbus, Merrill Publishing Company.

Heward,W.L. and Orlansky .M..D.(1988). Exceptional Children. An Introductory Survey of Special Education. Columbus Merrill Publishing Company.

Kirk, S.(1962). Educating Exceptional Children. Boston: Haughton Mifflin Company.

Kirk,S.A. Gallagher, J.J .and Anastasiow,N.J. (1993). Educating Exceptional Children Boston. Houghton Mifflin Company.

Lips,H.M. (1997). Sex and Gender: An introduction. London Mayfield Publishing Company: Radford University. 3rdEd.London

Metasebia Assrat (2001)."Employment Opportunities and Discrimination at work Place: The Case of Blind and Person with Motor Disorders." Unpublished Masters Thesis. Addis Ababa: Addis Ababa University

Mussen,P.H. Longer, J.J and Hauston, A.c. (1984). Child Development and Personality. New york .( 6thEd)

Negat Teklehaimaonot (1995). "Strategies for Overcoming Factors Affecting Girls' Enrolement" In a Report on the National Workshop on Strategies for Promoting Girls Education. 13-20, December 1995, Amb

Owens, K. (1993). The World of the Child. New York: Macmillan Publishi Company.

Pervin, L.(1984). Personality Theory and Research. Singapore: John Wiley and Sons.

Rogers, C.R. (1959).A Theory of Therapy, Personality and Interpersonal Relationsh as Developed in the Client Centered Framework. New York: McGraw Hill.

Rosenberg, M. (1981). Social Psychology: Sociological Perspective. New York: Basic

Books Inc.

Schulz, J.B. Carpenter, C .D .and Turnbull, A.P. (1991). Mainstreaming Exceptional Children. Seattle, WA: Special Children Publication.

Seyoum Teffera (1991). "*The Participation of Girls in Higher Education In Ethiopia* "Gender Issues in Ethiopia IES, AAU.

_____ (1986). "*The Education of Women in Ethiopia*: A Missing Piece in the Development Puzzle." The Ethiopia Journal of Education. Vol. 10 No. 1.

Shea,T. M and Bauer, A.M. (1994). Learners with Disabilities A developmental Approach: London 2nd Edition Tulane University A Social Systems Perspectives, Special Education -Boston South Illinois University.

Smith, D.D. and Luckasson, R.(1995). Introduction to Special Education. Oxford: OUP

Solomon Lemma(1999). "*Self Esteem, Sex and Family Structure as Predictors of Academic Achievement*: The Case of Soddo Comprehensive Secondary School Students." Unpublished Masters Thesis. Addis Ababa University.

Ministry of Education. (1994). Education and Training Policy Addis Ababa: EMPDA

Traustado'ttir, R. and Johnson, K.(2000). Women with Intellectual Disabilities Finding a Place in the World. London: Jessica Kingsley University

Trufat Bekele(1999). *Gender in Education*. Oxfam Ethiopia: Addis Ababa.

WHO (2000) Poliomyelitis: Geneva; Swizerland Peblishing Agency

Winzer, M.(1990). Children with Exceptionalities; A Canadian Perspectives: Ontario 2nd edition Prentice-Hall Canada Inc. Scarborough

Ysseldyke, J.E. and Algozine, B. (1995). Speical Education: A Practical Approach for Teachers. Boston. Houghton Mifflin Company.

# Appendix A

*Interview Guide employed with female students with motor disorders.*

*Dear friend,*

*I am conducting a master's thesis entitled " The psychosocial problems of female students with motor disorders" The objective is to come up with realistic findings. To get hold of this finding, you do have an important role. Thus, you are kindly requested to share your experiences and opinions on the questions being raised. The information will be kept confidential. Thank you in advance for your cooperation.*

*Part I. Back ground information*

- *causes of impairment ___*
- *types of impairment_____*
- *age of onset _____*

*Part II. Interview questions*

*1. How do you spend your spare time?*

_____

*2. How many friends do you have?*

_____

*3. Whom do you count on to listen to when you need to talk?*

_____

_____

4. *Who give you much practical and social supports?*

_____

5. *What are the areas in which you are restricted in taking part?*

_____

6. *What are the unfortunate times that you have had?*

_____

7. *What is your attitude towards the public image about disabilities?*

_____

8. *What are the factors that affect the way you think about yourself?*

_____

9. *Have you considered yourself as unique individual that has got valued abilities?*

_____

10. *How could your describe yourself?*

# Appendix B

*Focus Group Discussion form used with female students with motor disorders*

*Dear Sisters,*

*I would like to take this opportunity to thank you for the previous contact we had. Again thank you for your unreserved cooperation your extended. Now I kindly asked you to share your common experiences and opinions that you had.*

*Focus group discussion guide*

1. *What are the assets and liabilities of disability- motor disorders, in relation to*

- *Social interaction* _____
- *Formation of friends*----------

2. *What are the impacts of feminine in the realm of physical impairments?* _____

3. *what are the supports that you expect from*

- *the counselor*_____
- *friends* _____
- *the society at large* _____

# Appendix C

*Interview Guide used with the Counselor*

*Dear Sir,*

*As a requirement of partial fulfillment, I am producing MA Thesis on "The psychosocial problems of female students with motor disorders." Your genuine response has a major role in the production of the thesis. Thus, I kindly ask you to offer me responses on the questions that follow.*

*Thank you*

1. *How do the clients view themselves?*

   *Psychologically*_____

   *Socially*_____

2. *What are the major problematic areas they faced?*

   _____

3. *What are the intervention strategies that you rendered?*_____

4. *How often do the clients get counseling services?*

   _____

# Appendix D

*Questionnaire for classmates*

*Dear friends,*

*I am conducting a Master's thesis on "The Psychosocial Problems of Female Students with Motor Disorders". Please answer the following questions. your response would be kept confidential. Thank you for your cooperation on this study.*

*Questions*

1. *How do you view physical impairment?*

   _____

2. *Have you experienced in having a friend with motor disorders? Yes ☐ No*

3. *If your response for question no. 2 is yes, what do you think the problems they have had?* _____

   _____

   _____

4. *If your response for question no. 2 is yes, What kind of support do you offer them?*

   _____

5. *If your response for question No. 2 is No, what do you feel in the presence of a person with a visible disability?*

   _____