

ADDIS ABABA UNIVERSITY
COLLEGE OF SOCIAL SCIENCES
SCHOOL OF SOCIAL WORK

LIVED EXPERIENCES OF SINGLE MOTHERS WHO HAVE CHILDREN
WITH INTELLECTUAL DISABILITY:THE CASE OF HOUSE OF MERCY
HOLISTIC DEVELOPMENT ORGANIZATION

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Addis Ababa, Ethiopia

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LIVED EXPERIENCES OF SINGLE MOTHERS WHO HAVE CHILDREN
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HOLISTIC DEVELOPMENT ORGANIZATION

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Statement of Certification

This is to certify that the thesis presented by Sosen Abebe Tamiru entitled: Lived experiences of single mothers who have children with intellectual disability: The Case of House of Mercy Holistic Development Organization Yeka Sub-city, Addis Ababa and submitted in partial fulfillment of the requirements for the degree of Master of Social Work complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

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Advisor

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Examiner (External)

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Declaration

This is to certify that the thesis prepared by Sosena Abebe Tamiru, entitled: Lived experiences of single mothers who have children with intellectual disability: The Case of House of Mercy Holistic Development Organization Yeka Sub-city, Addis Ababa and submitted in partial fulfillment of the requirements for the degree of Master of Social Work complies with the regulations of the university and meets the accepted standards.

BY: SOSENA ABEBE

Signature _____

Date _____

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Table of Contents

Acknowledgment	i
Table of contents.....	ii
Acronyms and Abbreviations	v
Abstract.....	vi
CHAPTER ONE	1
Introduction.....	1
1.1 Background of the study	1
1.2 Statement of the problem	2
1.3 Objectives of the study	5
1.4 Research questions	5
1.5 Significance of the study	6
1.6 Scope of the study	7
1.7 Organizational structure of the study	7
1.8 Operational Definitions	7
CHAPTER TWO	8
Review of Related Literature	8
2.1 Family and role of family in child rearing	8
2.1 Single motherhood	9
2.2 Disability	11
2.3 Major challenges of Single Mothers who have children with intellectual disability	14
2.3.1. Economic struggles.....	14
2.3.2 Psychological stress.....	15
2.3.3 Stigma and discrimination	16
2.3.4 Parents Perception and misconceptions about intellectual disability	17
2.3.5 Health impacts on mothers	18
2.3.6 Limited access to services and support system	19
2.4 Opportunities.....	20
2.5 Coping strategies	21
2.6 Legal frameworks on women and children with intellectual disabilities.....	22
2.7 Theoretical framework	24

CHAPTER THREE	26
Methodology	26
3.1 Research Design	26
3.2 Research Area	27
3.3 Sampling Technique.....	28
3.4 Method of data collection.....	30
3.5 Data quality assurance.....	32
3.6 Method of data analysis.....	32
3.7 Limitations of the study.....	32
3.8 Ethical Consideration	33
CHAPTER FOUR.....	34
Findings.....	34
4.1 Sociodemographic information of the participants.....	34
4.2.1 Major Challenges of single mothers at individual, family and societal levels.....	39
4.2.2 Perception about intellectual disability	47
4.2.3 Opportunities and positive experiences of single mothers arising from having a child with intellectual disability.....	50
4.2.4 Coping strategies of single mothers	54
CHAPTER FIVE	57
Discussion	57
CHAPTER SIX.....	63
Conclusion and Implications for Social Work.....	63
6.1 Conclusion.....	63
6.2 Implications.....	63
References.....	68
Annex I: Informed consent form.....	88
Annex II: An In- depth Interview, focus group discussion and key informant questions	89
Annex III: Amharic consent form.....	93
Annex IV: Amharic indepth interview, focus group discussion and key informant questions	94

List of Tables

	Page
Table 1: Demographic profiles of indepth interview participants	35
Table 2: Demographic Profiles of focus group discussion participants	36
Table 3: Demographic profiles of key informants	37

Acronyms and Abbreviations

AAIDD	American Association of Intellectual and Developmental Disabilities
APA	American Psychiatric Association
CDC	Centers for Disease Control and Prevention
DHS	Demographic Health Survey
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
EPHI	Ethiopian Public Health Institute
ETB	Ethiopian Birr
FGD	Focus Group Discussion
HMHDO	House of Mercy Holistic Development Organization
ID	Intellectual Disability
IQ	Intelligent quotient
KI	Key Informant
NGOs	Non-governmental organizations
OVC	Orphan and vulnerable children
UNICEF	United Nations Children’s Fund
UN	United Nations
WHO	World Health Organization

Abstract

The study was conducted to assess the lived experiences of single mothers who have children with intellectual disability in the case of House of Mercy Holistic development organization in Yeka sub city of Addis Ababa. The study used a theoretical framework of ecological systems theory to investigate how single mothers are influenced at different levels of ecological system. The aim of this study was to explore lived experiences of single mothers who have children with intellectual disability.

The study utilized a qualitative research methodology focusing on the challenges, perceptions, opportunities and coping strategies of single mothers who have children with intellectual disability. A case study research was used to explore lived experiences of single mothers using purposive sampling technique. Semi structured interviews, key informant interviews and focus group discussions were also used for data collection tool. The data collected was analysed by using thematic analysis allowing for identification of common themes and patterns in the lived experiences of the participants. The findings of the study revealed financial struggles, lack of employment opportunities, limited support centers and social isolation as the major challenges of single mothers who have children with intellectual disability. On the other hand, increased spiritual beliefs and strength are mentioned as positive experiences of single mothers arising from having a child with intellectual disabilities, and lastly having a strong social support, hope and faith are found to be coping strategies of these mothers. Therefore, understanding the lived experiences of single mothers is vital for researchers, policymakers, schools, both governmental and non governmental organizations by giving insights about their challenges and support needs. Also, help in creating effective strategies that support single mothers of children with intellectual disabilities.

Key words: Single mother, intellectual disability, coping strategies, opportunities, challenges

CHAPTER ONE

Introduction

1.1 Background of the study

Family is a social institution that fosters guidance, protection and support economically, emotionally and socially to its members based on the bonds of blood, adoption and marriage. However, a significant number of people around the globe are becoming single parents as a result of separation, divorce, or death of a spouse (Adewoyin et al., 2021; Arslan, 2023). According to Bhatt (2020), more than 100 million single mothers are raising their children alone all over the world.

Single mothers take on the most prevalent child rearing responsibilities among single parents in the world, due to traditional and societal aspirations. As a result, single motherhood becomes highly common in western countries and in our continent Africa (Chavda & Nisarga, 2023). Being a single mother is challenging by itself, but when it combined with the responsibility of caring a child with intellectual disability, additional obstacles arise. Specially in developing countries such as Ethiopia, where there is a limited support system and facility for single mothers and children with intellectual disability, single mothers pass through a lot of socio-economic and psychological strains (Negash, 2019).

The prevalence of intellectual disability varies starting 1% to 3% from country to country around the world with the ratio of 2:1 from male to female respectively (Patel et al., 2020). Similarly, a report from World Health Organization and UNICEF (2023), states that the prevalence of developmental disabilities vary widely by country from average 7.8% in Western Pacific region, 12.8% in America, 13.1% in Europe, 14% in Eastern Mediterranean, 15% in South-East Asia to 33.8% in African Region based on peer reviewed literatures. That shows how prevalent

developmental disability is in developing countries. Furthermore , a similar report from World Health Organization and UNICEF(2023) indicated that around 2.8% up to 17.6% of people in Ethiopia live with some form of disability. As a result, single mothers face unique challenges navigating both responsibilities of single parenthood and the demands of caring for a child with intellectual disability.

Therefore, the study aims to assess lived experiences of single mothers who have children with intellectual disability in order to gain deeper understanding of their challenges, perceptions, opportunities and coping strategies.

1.2 Statement of the problem

In modern society, single mothers raising children with intellectual disability face profound and multifaceted challenges. These mothers navigate exclusive set of hardships such as economic strain, lack of emotional and financial support, stigma and discrimination, poor psychosocial functioning, lack of access to facilities and support systems, poor child and maternal health, requiring a strong support system to enhance their coping mechanisms and promote the overall well-being of both themselves and their children(Abebe, 2020; Mkabile et al., 2021).

Moreover, parents of children with intellectual disability often encounter financial hurdles, anxiety, struggles to understand their child's condition, and the challenges of dealing with stigma and social isolation(Ahmad, 2020).

Studies conducted both globally and nationally have explored single mother's challenges, coping strategies, quality of life, perceptions and lived experiences. Specifically, some studies were conducted about the challenges and coping strategies of single mothers who have children with intellectual disability.

Barrow(2017), have studied the lived experiences of parents of young children with autism receiving special education services in US and the findings revealed that related to challenges of having a child with Autism, parents experienced elevated level of stress, discrimination and marginalization includingreceiving a lot of stares and exclusion from social gatherings and public places.

Particularly, reseach about challenges of single parents raising children with intellectual and developmental disabilities in South Korea, found that lone mothers of children with intellectual disability experience more varied and complex burdens than two parent families, that requires a constant dedication and commitment. They often struggle to balance the demands of their children's intellectual and developmental hurdles with their parental responsibilities(Kim et al., 2023).

A research conducted about single motherhood and the challenges of raising special needs children in Uganda indicated the main challenges single mothers face, these are employment challenges, financial constraints and difficulty to raise special needs children without the help of their partner and where there is limited facilities to take care of children with special needs.Also, showedformal and informal support systems employed by these mothers as coping strategies (Mugenyi, 2019).

Similarly, the study conducted in South Africa about mother's challenges of raising a child with intellectual disability, included the financial and psychological challenges of the mothers. It is stated that mothers of children with intellectualdisabilities experienced financial difficulties, feelings of shame, blaming oneself and fear as a result of their children's special condition and initial perception about the diagnosis (Raliphaswa et al., 2022).

In Ethiopian context Gameda & Yadavalli (2022), studied the lived experiences of single mothers of children with disabilities in Ambo. The result indicated that, the major challenges of single mothers raising children with disabilities are stress, feelings of being alone, unemployment, financial struggles, lack of help from the government and difficulty in caregiving.

Negash (2019), conducted a study on lived experiences of single mothers who have children with intellectual disability in Addis Ababa. The study identified insecurity about the future, lack of employment, lack of educational opportunities for children with intellectual disability and financial strains among the major challenges of single mothers who have children with intellectual disability. The study also revealed the consequences of these challenges including spiritual and psychological crises, discrimination and isolation from society.

To summarize, even though studies as stated above have been conducted on challenges faced by parents and single mothers that have a child with intellectual disability, very few studies throw a light on the opportunities and perceptions of single mothers that have a child with intellectual disability. Despite some existing studies on the topic, there are still limited literatures exist specifically examining the experiences and opportunities of single mothers raising children with intellectual disabilities in Ethiopian context. Therefore, the study sought to fulfil the existing gaps and contribute to existing body of knowledge by providing deeper understanding of the unique opportunities and perceptions of single mothers raising children with intellectual disabilities in Ethiopia. Moreover, the insights gained from this study are anticipated to inform policymakers, governmental organizations, NGOs, schools, and community leaders about the urgent need to address the specific needs of these mothers and their children. It is hoped that the research will

spark further studies and initiatives that aim to alleviate the burdens faced by single mothers and improve the quality of life for both the mothers and their children with intellectual disabilities.

1.3 Objectives of the study

General Objective:

The general objective of this study is to explore lived experiences of single mothers who have children with intellectual disability

Specific Objectives:

The specific objectives of this study are:

- To identify the major challenges faced by single mothers who have children with intellectual disability at individual, familial and societal levels
- To understand the perceptions of single mothers regarding their children with intellectual disability
- To explore the opportunities of having a child with intellectual disabilities at individual, familial and societal level on the lives of single mothers
- To identify coping mechanisms employed by single mothers in managing stressors associated with raising children with intellectual disabilities

1.4 Research questions

Main research question

What are the lived experiences of single mothers who have children with intellectual disability?

Specific research questions

- What are the major challenges faced by single mothers at individual, family and societal level who have children with intellectual disability?
- How do single mothers perceive their children with intellectual disability?
- What coping mechanisms do single mothers employ to navigate the challenges associated with raising children with intellectual disability?
- What are the opportunities of raising a child with intellectual disability at individual, familial and societal levels on the lives of single mothers?

1.5 Significance of the study

This study provides insights about lived experiences of single mothers who have children with intellectual disabilities. enhancing a deeper understanding about their challenges, perceptions, opportunities and coping strategies, which is vital to identify their support needs and effective strategies to support these mothers.

It also offers insights for researchers, policymakers, educators, health professionals, and both governmental and non governmental organizations regarding their unique challenges and requirements, enhancing specific interventions and strategies aimed at improving the quality of life of these mothers and their children.

Moreover, the study fills the gap in the existing body of knowledge focusing on their challenges, perceptions, opportunities and coping mechanisms. This can contribute to further research in the area, enhancing their well-being. The research is useful to endorse a positive attitude towards single motherhood and intellectual disabilities, fostering an inclusive environment that treats them like anyone else.

1.6 Scope of the study

From the few other organizations who support parents of children with intellectual disabilities in Addis Ababa, the study is limited to House of Mercy Holistic Development Organization in Yeka sub-city, around Ferensay due to resource limitations. The study also focuses on the challenges, perceptions, opportunities and coping strategies of single mothers of children with intellectual disabilities.

1.7 Organization of the study

The study is organized into six chapters. The first chapter consists of the background of the study, statement of the problem, objectives and significance of the study, also research questions and operational definitions. The second chapter includes review of related literatures. Chapter three comprises the research methodology and chapter four includes the findings of the study. Chapter five consists of the discussion of the findings, and the last chapter comprises the conclusion and implications.

1.8 Operational Definitions

Lived experience: refers to the experiences of single mothers who have children with Intellectual disability

Single mother: is a biological mother who is separated, divorced, widowed or never married raises at least one child under 18 years of age.

Intellectual disability- is a type of disability characterized by limitations in ability to learn, reason, solve problems and adopt the environment.

Opportunities- refers to improvements in personal traits, positive experiences and benefits gained as a result of being a single mother of a child with intellectual disability.

CHAPTER TWO

Review of Related Literature

This section relies on the available literatures related to single mothers who have children with intellectual disability. It comprises journals, peer reviewed articles and reports discussing about the challenges, perceptions, opportunities and coping strategies of these mothers. Nevertheless, the literature specifically focusing on this topic is very limited. Therefore, this section also included available studies about mothers or caregivers more broadly who are raising children with disabilities.

2.1 Family and role of family in child rearing

Globally, family considered to be a basic unit in the society, in which two or more people live together and perform roles as a family. In Ethiopian context, family considered as people not limited to only nuclear family but aunts, uncles, grandparents and other relatives who reside together and function as a member of family (Nidaw , 2018).

In contemporary society, the definition of family and family structures has been changed as a result of globalization, single parenthood, an increase in number of divorce and separation(Härkönen et al., 2017).As a result, children are highly facing the consequences of disruption of family living arrangements. A report from United Census Bureau (2022), stated that percentage of children living with two biological parents are 62.5% in 2019 and 25.8% of children are living with one parent only with the majority living with their mothers (20.8%).However, in raising children family plays the fundamental role to shape the children's development in behavioral, social and psychological aspect of the children lives, especially in the context of children with different forms of disability (Jabbari & Rouster, 2020).

Furthermore, a study about The role of the family in the social integration of the child with disabilities in Romania indicated a huge impact of having a solid involvement of the whole family members for the development, behavior, better social interaction and quality of life of children with disabilities (Carmen et al., 2021). Likewise in the study about family quality of life and children with disability in Ethiopia, it's identified, the importance to note that family plays an essential role in the lives children with disabilities and can be considered as a key factor in meeting their needs (Jansen-van Vuuren et al., 2023).

2.1 Single motherhood

According to Zagel and Hubgen (2018), single mothers are those who are raising their one or more dependent children alone and who are never married or formerly married that ended from divorce, separation or the death of a spouse. A woman can become single mother due to different reasons. One of the most important factor and pressing issue in western and African countries that increases the incidence of single motherhood is divorce. According to the study conducted by Sheykhi (2020), the rates of divorce is highest among USA that is 50 percent of all marriages ending in divorce and nearly, in European countries 40% of marriages leads to divorce. Similarly, using a data from DHS about divorce in sub-Saharan Africa, the finding showed that 25% of the married couples are divorced due to several reasons (Clark and Brauner-Otto, 2015). Unintended pregnancy is another main reason of becoming a single mother, according to a survey conducted about Global, regional, and sub-regional trends about unintended pregnancy, and its findings showed the percentage of unintended pregnancy worldwide were 44% and its prevalence is high among developing countries than developed countries (Bearak et al., 2018). The percentage of unintended pregnancies were 30.9% in Egypt and 28% in Ethiopia (Alene M. et al. 2020; Mohamed et al., 2019). The other causes of single

motherhood include rape, to avoid rumours from neighbours when the women's age increases, perception or fear of menopause before child bearing and to get financial support from the father of a child, a woman may become single mother (Adejoh et al., 2019). In the survey conducted by EPHI in 2019, it is stated that 26% of women in Ethiopia were never married, 6% were divorced or separated and 2% were widowed, also female headed households in Ethiopia were 22% in 2019.

Single motherhood become a social problem that has an economic, psychological and social impacts on the mother, the child and the society. Studies showed single parents have lower income, education, poor health status and work opportunities than two parent families. Likewise single mothers face greater levels of economic crisis and dependence on governmental sources than single father's (Calder, 2018; Lu et al., 2020; Ramos & Tus, 2020). Furthermore, a study indicated that absence of partners cause single mothers to face a lot of psychological and economic struggles including loneliness, anxiety, and being without a job that in turn leads to poverty (Birara, 2021).

Wondimu et al., (2022) conducted a study to investigate livelihoods of female-headed families in Jimma town, South-western Ethiopia and revealed that since female headed households have low levels of educational attainment and employment access; most of them fall into the low-income group, which in turn makes their livelihood insecure.

Since single mothers face economic difficulties they are unable to provide basic needs and sufficient time for their children. As a result, children with single mother's experience health problems, poor academic performances, loneliness or less social interactions, poor parent follow up, emotional and behavioural problems (Mulovhedzi, 2019; Chavda & Nisarga, 2023). This in turn exert influences on the society and the future generation by becoming risk factors for

increasing poverty rates across developed and developing countries as a result of unemployment and low education(Moullin & Harkness 2021).

2.2 Disability

The insight of Disability is influenced by a variety of factors, including individual, familial, and societal attitudes. Also it is defined in different ways in terms of different contexts. According to World Health Organization, disability is characterized as an impairment, limitation or restriction in a person's body function or participation(WHO, 2013).

On the other hand, There models has been used to define the term disability. The medical model that is related to health problem of the individual, the social model that defines disability as a social problem that's created by the social environment, and biopsychosocial model in which the definition comprises the medical and social models (Babik,2021; WHO, 2007).

In the light of this, United Nations Convention on the Rights of Persons with Disabilities (2006), defines Persons with disabilities as people whom their partial or full participation in the society on equal basis with others are hindered due to long lasting impairments physically, mentally or intellectually in interaction with different barriers. Moreover, disability is a comprehensive term that includes impairments, activity restrictions and participation limitations, that results from environmental and personal factors. A disability may occur from birth to early childhood stage or later during a person's lifetime due to an illness or accident (Disabled-world,2024).

Furthermore, children with disability is a person who is under eighteen years old that his/her full participation is limited due to interaction among the environment, impairment and personal factors (Houtrow et al., 2018; UNICEF, 2019).

Types of disability

Disability is classified into a number of categories that impact an individual's cognitive, sensory and physical capabilities. According to Reichard et al. (2015), these categories include intellectual, physical, hearing, visual and multiple disabilities. Similarly, World Health Organization(WHO) classifies disability into physical, intellectual, visual and hearing impairments (WHO, 2013). Among these categories, physical impairments are the most prevalent followed by multiple and sensory disabilities (Morales & Rotela, 2019).

Physical disability refers to inability to move limbs partially or completely due to causes such as accidents, deformations or dysfunctions (Al Syfia & Hadi,2023). Sensory disability mainly include conditions such as hearing loss, visual impairment, blindness and deafness, which affect individual's ability to hear or see effectively(Abdullah et al., 2022). Likewise, A Review of literature on Multiple disabilities stated that, this category involves a combination of more than one form of disability within an individual, such as intellectual and sensory disabilities or intellectual and physical impairments(DÜZKANTAR et al., 2020).

Intellectual disability

Intellectual disability is one of the type of neurodevelopmental disorders (developmental disabilities). Developmental disabilities are conditions that emerge during the developmental period and affect cognitive, social and behavioural functions. These disorders include intellectual disability, autism spectrum disorder, developmental learning disorder, speech disorders,developmental motor coordination disorder, stereotyped movement disorder and attention deficit hyperactivity disorder (ADHD) (World Health Organization & United Nations Children's Fund, 2023).

The term Intellectual disability (ID), previously known as mental retardation, was first adopted by DSM- V and later embraced by American Association of Intellectual and developmental disabilities (AAIDD) and World Health Organization (WHO)(APA, 2013). The AAIDD defines intellectual disability as a neurodevelopmental condition that limits intellectual functioning and adaptive behaviour before the age of 22, affecting approximately 1 to 3 percent of the general population (AAIDD, 2019; Patel et al.,2020).Therefore, children with intellectual disability experience limitations in ability to learn, reason, solve problems and to adapt to the environment that impact their daily lives (Dobosiewicz et al., 2020).

Moreover, it can be defined based on intelligent quotient (IQ), the typical IQ of a person ranges from 85 up to 115 and a person with ID has an IQ of under 70(John, A., & Daisy, S., 2017). ID is caused by various factors, including genetic issues, parental health, infections, malnutrition and environmental factors. Among these, genetic causes such as down syndrome and fragile x syndrome are the most common, while others such as fetal alcohol syndrome caused by alcohol exposure during pregnancy, as well as prenatal and postnatal child infections and complications can also lead to ID (CDC, 2024).

According to DSM-V, ID is classified as mild, moderate, severe and profound intellectual disability based on severity of the condition. Children with mild ID experience slower development in social interaction skills and conceptual development and can learn basic practical skills of daily living with a minimal assistance. Those with moderate ID need moderate support and can learn basic skills, while children with severe ID struggle in understanding language and speech. Lastly, those with profound ID need a strong supervision and often co-occurs with other disabilities(Boat et al., 2015).

The literatures highlighted the changing dynamics of family structures that led to single parenting and emphasized how understanding roles of families and different types of disabilities is vital to foster positive outcomes for children with different forms of disabilities and promote their wellbeing.

2.3 Major challenges of Single Mothers who have children with intellectual disability

2.3.1.Economic struggles

Single mothers who have children with intellectual disabilities face a lot of difficulties, ranging from financial strains to psychological stress and social isolation. In the study conducted in South Africa findings showed that single mothers raising a child with a disability struggle with financial difficulty related to lower income, work opportunities, high medical and transportation costs during their child's medical follow up (Mbanjwa & Harvey, 2023). Similarly, a study in South Korea indicated that single parent families raising children with intellectual and developmental disabilities face greater levels of economic crisis and poverty than two-parent families (Kim et al., 2023).

A study about financial and employment impacts of having a child with intellectual disability reported that more than half of caregivers who have a child with intellectual disability face financial difficulties, and nearly half of the caregivers are forced to stop working to take care of their children (Saunders et al., 2015). Similarly, in the study conducted about the challenges faced by parents of Autistic children in Jordan revealed that, parents specially mothers face significant economic challenges due to the caregiving responsibility related to having a child with autism. The study also indicated that these parents pay high medical costs for their

child's care and often forced to give up their jobs, which further aggravates their financial strain (Ahmad, 2020).

Furthermore, in the study conducted about Single Motherhood and the Challenges of Raising Special Needs Children in Uganda, the findings revealed that major challenges of single mothers raising children with special needs are financial difficulty and unemployment (Mugenyi, 2019). Likewise, another study also showed that parents especially mothers with intellectually disabled children are facing economic hardships and employment difficulties (Asagi, 2018; Liao & Li, 2020).

2.3.2 Psychological stress

Parents of children with intellectual disability cope with stigma of various forms which directed towards their child and themselves. A report from a study about psychological well-being of parents of children with down syndrome indicated that these parents experience higher levels of anxiety, depression, and psychological stress compared to parents of typically developing children (Rutter et al., 2024). Likewise, mothers of children with intellectual and developmental disabilities experienced sadness, guilt, denial, anxiety and stress when they found out about their child's condition (Hou et al., 2022; Oti-Boadi, 2017).

Being a mother for the first time can be challenging and having a child with intellectual disability makes it more difficult. A finding from a study about mother's challenge of raising a child with intellectual disability stated that mother's blame themselves for their child's condition and experience feelings of fear and anger (Raliphaswa et al., 2022).

Moreover, a study conducted in Malawi about the prevalence of psychological distress among parents of children with intellectual disability found that 41% of the participants experienced

psychological distress related to high caregiving responsibilities, low financial status, lack of awareness about their child's disability and how to manage it(Masulani-Mwale et al., 2018).

In the systematic review about depression and anxiety in parents of children with intellectual disabilities, it is reported that parents of children with intellectual disability experience lower psychological well-being and higher levels of depression and stress compared to parents of typically developing children (Scherer et al., 2019).

2.3.3 Stigma and discrimination

In the study about Burden, Social Support, and Life Satisfaction Among Caregivers of Children with Intellectual Disability in Ethiopia, the findings stated that caregivers of children with intellectual disability experienced lack of social support, less level of satisfaction and high level of burden in their life. Similarly, parents of children with intellectual disability experienced stigma and lack of understanding from others that made parents vulnerable to different intersecting challenges.(Gebeyehu et al., 2019; Tekola et al.,2022).

Caregivers of a child with intellectual disability stated that after knowing the diagnosis of the child, they isolated themselves from family, friends and other social gatherings in fearing that their child would cause discomfort since those children need extra support (Sadiki & Mashegoane, 2019).

Chinese mothers of children with intellectual disability reported that in their community, their children received stares and were called disparaging names such as “fool” or “creepy”. They also experienced discrimination against themselves and their children from their community (Su et al., 2018).

Furthermore, mothers are mainly blamed and faced stigma and discrimination from families and communities for having a child with disability as a result, they hide their children by fearing the isolation their child will face. Mothers are mainly discriminated related with spiritual beliefs such as a punishment from god and sin (Jansen-van Vuuren et al., 2021).

2.3.4 Parents Perception and misconceptions about intellectual disability

Literatures highlighted that societal views and beliefs are valuable in one's perception about intellectual disability. Mothers believed elders curses, God's punishment, lack of vaccination during pregnancy and bad spirits are the causes of their child's disability (Gemedo & Yadavalli, 2022). Similarly, in a study about lived experiences of Mothers raising children diagnosed Autism results showed that most of the mothers perceived evil eye possession and evil spirit as the cause of their child's disability (Abebe, 2020).

In the study about single mothers' experiences of raising a child with a disability, it was reported that these mothers often don't know the particular type of their child's disability (Mbanjwa & Harvey, 2023). Likewise, a report from a study about understanding the intellectual disability and parental expectations indicated the limited understanding and lack information parents have about their child's intellectual disability (Irawati et al., 2023).

Additionally, study about learners of children with intellectual disability reported that parents find it difficult to help their child because they lack knowledge about their child's condition and how to assist them (Salinas & Tiamzon, 2022). They are often distressed by their child's situation due to unawareness about intellectual disabilities in the early stages (Merianti et al., 2019).

On the other hand, a study reported Parents of children with intellectual disabilities held negative outlooks about their child's condition, considering that their child is less capable and unable to be acquire knowledge in school (Owusu et al., 2018). Green (2018) also highlighted that parents of children with intellectual disability often experience stress about their child's future and fear that their child may be hurt or abused when they are not around in public places because they think their child incapable of protecting themselves.

2.3.5 Health impacts on mothers

The experience of raising a child with different forms of disability has profound implications for well-being of parents, especially mothers. Brekke and Alecu (2023) stated that mothers of children with disabilities are more likely to be diagnosed with musculoskeletal disorders, migraine, depression and sleeping disorders as compared to mothers without children with disabilities. Similarly, in the study about The Effects of Caring for Young Children with Developmental Disabilities on Mothers' Health and Healthcare Use, the results indicated that these mothers experience symptoms of fatigue, musculoskeletal pain and psychological distress (Masefield et al., 2022).

Caregivers of children with developmental disabilities have various parenting responsibilities. As a result, caregivers reported experiencing poor physical health, including back pain, exhaustion, and strain from carrying their child from place to place while also working to earn an income. Also, the study mentioned that, these parents suffer from poor mental health and social wellbeing due to high caregiving duties, which led to disturbed sleep, anger, low concentration, disappointment and inability to engage in social activities (Abeasi et al., 2024).

Moreover, a report from a study conducted in India, indicated that almost 61.1% of mothers caring for children with intellectual disabilities reported having health complications including psychological stress, insomnia and asthma. Correspondingly, around 22% of them started taking medications to cope these problems (Adithyan & Jacob, 2017). Likewise, a systematic review of studies on mental well-being of caregivers of intellectually disabled children showed that parents experience poor physical health and mental well-being, which in turn impacts their daily lives (PV & Kotian, 2022).

2.3.6 Limited access to services and support system

Parents of children with intellectual and developmental disabilities face hurdles in accessing essential services for their children. According to Abeasi et al. (2024), caregivers of children with developmental disabilities in Ghana face difficulties in finding inclusive schools for their children, while special schools are few and are inaccessible due to high costs and long distances that further imposes financial burden on parents. Similarly, a study about risk factors faced by parents of children with severe intellectual disabilities in South Africa reported that parents feel disappointed and stressed due to poor quality of education, long waiting lists, limited school availability and high costs (Buthelezi & Mawila, 2024).

Moreover, a review of studies about African families' and caregivers' experiences of raising a child with intellectual disabilities identified that families, particularly mothers, experience anxiety and stress related to caregiving challenges. They require psychological services for both themselves and their children but are often unable to access the services because they are limited or unavailable (Mkabile et al., 2021). Furthermore, single mothers face numerous challenges, including limited governmental and social security support for themselves and their children (Callaghan et al., 2021).

On the other hand, in the study about families' access to early intervention and support for children with developmental disabilities in UK, parents reported an imbalance between the demand for and accessibility of professionals and medical services for their children. They also reported barriers to accessing to the services, such as lack of information and unsupportive professionals (Sapiets et al., 2023). Likewise, mothers of children with intellectual disabilities stated difficulties in managing their children's behaviours due to inadequate services and support systems, such as schools and health facilities during the Covid pandemic (Wolstencroft et al., 2021).

As it can be seen from the above review, single mothers experience plenty of challenges such as financial hardships, limited job opportunities, psychosocial struggles, health problems and limited access to services. But it is also possible to identify opportunities that single mothers have related to caring a child with intellectual disabilities.

2.4 Opportunities

Raising a child with intellectual disability can be challenging, however there are opportunities and positive experiences that enhance the wellbeing of both the mother and the child. A systematic review about positive aspects of raising a child with intellectual disability in United Kingdom stated that raising a child who has intellectual disability resulted in enhanced personal improvement, positive outlook and growth (Beighton & Wills, 2019). The same authors conducted a study about identifying positive aspects of parenting a child with intellectual disability and indicated that it resulted in increased self-confidence, strengthened faith and improved parents and relative's relationships (Beighton & Wills, 2017; Popovska Nalevska et al., 2022).

Furthermore, in the study conducted about positive and negative impacts on caregivers of children with intellectual disability in India, findings revealed that having a child with intellectual disability strengthens self-esteem and family ties (Adithyan & Jacob, 2017). Also it changes how a person look into life and enhances family relationships (Bahador et al., 2023). Similarly, as the mothers spent time with their child with developmental disability they stated that they had learned many things from their child and begun to see their child as giving purpose to their lives (Karaca & Konuk Şener, 2019).

Apart from kinship support and personal improvement, availability and expansion of intellectual disability support centres play a crucial role for empowerment of single mothers that raise children with intellectual disability and for wellbeing of those children (Mbamba et al., 2023).

2.5 Coping strategies

A number of studies showed that coping strategies of mothers who have children with intellectual disability are spiritual beliefs, going to churches and prayers for deliverance. Also, seeking help from religious organizations helped parents of children with intellectual disability (Mkabile, S., 2021). Similarly, main mechanisms for coping with having a child with a disability include strong religious beliefs, taking their child to holy water, and maintaining good relationships with family, friends and neighbours, which help families deal with the challenges of having a child with a disability (Jansen-van Vuuren et al., 2021).

The study about ways of coping with stress and perceived social support among mothers of children with Intellectual Disability reported that, a strong social support from friends, neighbours and families effectively help the mothers to cope with their difficulties including stress and other problems (Oymak & Arslan, 2019). Moreover, a study also stated that perceived

social support for mothers rearing children with intellectual disability can be used as a coping mechanism to improve the well-being and quality of life of these mothers (Halstead et al., 2018). Furthermore, having a sense of hope and engaging in prayer as a result of strong spiritual beliefs, serves as an additional coping strategy to overcome a lifelong challenges of caregiving, which also helps the caregivers to perceive the improvements of their child rather than negative aspects. Caregivers also stated that talking with someone who shares the same spiritual beliefs gave them relief (Boehm & Carter, 2019). Similarly, the results of the study on spirituality as a coping method for mothers of children with developmental disabilities showed that these mothers often use spirituality to handle their anxiety and stress related to adjusting to life changes (Karaca & Konuk Şener, 2019).

2.6 Legal frameworks on women and children with intellectual disabilities

There are international, African and national policies to protect the rights of women and persons with disabilities including those who require intensive support. It is important to recognize the importance of the policies especially in the developing country like Ethiopia to ensure the rights of those individuals are protected.

United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), promotes equality of gender and provides a framework for addressing issues of discrimination against women including single mothers (UN, 1979). Furthermore, Sustainable Development Goals (SDGs) emphasis inclusivity and provision of health services for persons with disabilities and promotes gender equality and empowerment of all women and girls including single mothers (UN, 2015).

United Nations Convention on the rights of persons with disabilities protects and promotes the rights of persons with disabilities, including those with long term physical, mental and intellectual disabilities. It outlines principles related to non-discrimination, autonomy, dignity and accessibility (UNCRPD, 2006).

In African context, African Charter on Human and Peoples Rights focuses on protecting the Human rights of individuals with or without disability in Africa, including Ethiopia, promoting equal access to services irrespective of sex, race, religion and ethnicity (African Union, 1981).

In Ethiopian context, Ethiopian Center for Disability and Development (ECDD,2019), states that Ethiopia ratified international policies such as United Nations Convention on the rights of persons with disabilities, Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the Declaration on the Elimination of Violence against Women and started to implement those rights.

The FDRE Constitution, adopted in 1995, Article 41(5) supported by CRPD says;

“the State shall, within available means, allocate resources to provide

rehabilitation and assistance to the physically and mentally disabled, the aged,

and to children who are left without parents or guardian.” (FDRE, 1995). However, there are no

further provision clearly refers to disability in the constitution. Moreover, about Women the

constitution Article 35(4) stated that, “The State shall enforce the right of women to eliminate the

influences of harmful customs. Laws, customs and practices that oppress or cause bodily or

mental harm to women are prohibited.” (FDRE, 1995). That indicated the rights of women to be

protected and non to be harmed.

Furthermore, the National Plan of Action of Persons with Disabilities targets mainly at inclusion and it addresses needs of education, employment, vocational training, rehabilitation services and full participation of persons with disabilities. Also, The National Social Protection Policy of Ethiopia (2012) protects the social and economic rights of poor, vulnerable and marginalized individuals including women's and persons with disabilities (Ministry of Labour and Social Affairs, 2012).

Additionally, National Child Policy (2017) address the rights and well-being of children in Ethiopia. It promotes inclusion and non-discrimination of children with disability. And, Ethiopian Women National Policy (1993), also states the rights of full participation, non-discrimination and access to support services of women.

The existence of these international and national legal frameworks paves the way to ensure the rights of women and children including single mothers and children with intellectual disabilities are protected and access to appropriate services tailored to them. However the implementation of these polices arenot satisfactory in developing countries including Ethiopia. Thus, these policies can be used as a reference to identify the available support systems and legal protection strategies to single mothers and children with intellectual disabilities.

2.7 Theoretical framework

Ecological Systems Theory was used as a theoretical framework for this study about the lived experiences of single mothers raising children with intellectual disabilities.

As stated by Urie Bronfenbrenner (1979), ecological systems theory examines how individuals influence or influenced by various interconnected systems. That allows deeper analysis of the experiences of single mothers raising children with intellectual disability and influence of family,

friends and broader society in Ethiopian context. It consists of five systems that are important for shaping the experiences of single mothers having children with intellectual disability.

The microsystem is where an individual interacts with families, friends and immediate environment. Thus, exploring microsystem can give more understanding about challenges and support networks single mothers have who are raising children with intellectual disability.

Mesosystem is the interactions between different microsystems. It involves how the interaction between family and school, friends and the environments etc. affect experiences of single mothers.

Exosystem includes external factors that indirectly affect single mothers and child with intellectual disability such as rules in the workplace, community institutions and family support that indirectly influence their experiences.

The macrosystem comprises broader social norms, values and socio cultural factors. It helps to explore how cultural beliefs and attitudes impact the experiences of single mothers and children with intellectual disability. At last, chronosystem involves how experiences change over time and its important component that can explore the developmental stages of a child with intellectual disability.

In summary, applying ecological systems theory on single mothers of children with intellectual disability helps to better understand and explore not only individual challenges and experiences but also systemic issues. Also, it explores direct and indirect influences from immediate environment to broader society that shape their experiences and helps to create multilevel interventions that improve and promote their wellbeing.

CHAPTER THREE

Methodology

3.1 Research Design

The study was conducted to explore the lived experiences of single mothers who have children with intellectual disability, and used qualitative case study research to understand lived reality and experiences of those mothers. The word Research comes from French word 'recherché' meaning survey (Gómez & Mouselli, 2018). Also it is defined differently among different scholars.

According to (Rojon & Saunders, 2012), research is a systematic process that helps to discover new ideas and enhance existing knowledge. Likewise, it is analysis of literatures to expand and verify existing knowledge. Undertaking research consists of a set of steps starting from identifying a research problem, reviewing existing literature to analysing the data and comparing findings. Among the types of research, there are qualitative, quantitative and mixed types of research based on research methodology.

The focus of this research is qualitative study thus, Qualitative research aims to provide in-depth insights and understanding of real-world problems, unlike quantitative methods that focuses on numerical data. It tends to answer qualitative research questions such as 'what', 'how' or 'why' of an incidence to find justifications (Korstjens & Moser, 2017). It also answers questions about meaning, beliefs and experience from the perspective of the participant (Hammarberg et al., 2016).

There are six types of qualitative research i.e. case study, Grounded theory, Phenomenology, Ethnography, Historical Research and Action research. From those qualitative techniques this study employed case study qualitative method to get detailed information.

A case study is described as a systematic and deep investigation of an individual, group or broader community to get in-depth understanding (Heale & Twycross, 2018). The purpose of case study research is to get a deeper description and explanation of at least one case. Besides, it's characteristics of strong reality and attention holding that makes the reader to understand ideas easily, its narrow focus, attention to detail and description of participants real lived experiences, thoughts, feelings and situations, provide insights to other similar situations that makes case study different from other forms of research (Cohen et al., 2018).

Consequently, case study qualitative method was used to examine lived experience of the participants from the perspective of the individual who have experienced it. It also focuses on specific instance or experience of an individual from its own perspective (Tenny et al., 2022).

3.2 Research Area

In developing country such as Ethiopia, parents raising a child with intellectual disability are often abandoned and marginalized. Lack of specialized support services, misunderstandings among society and lack of adequate resources places an enormous burden on parents and children with intellectual disability.

In this regard, House of Mercy Holistic Development Organization (HMHDO) previously recognised as House of Mercy Ethiopia (HOME) is a local non- governmental organization, working specifically to support children with developmental and intellectual disabilities and their parents.

HMHDO is located around Ferensay and operational in the entire subcities of both Yeka and Gulele. The organization has four main programmatic areas including Special Needs Education for children with intellectual disability, Food and nutrition support for malnourished children,

Education and other standard support for Orphan and Vulnerable Children (OVC) and Income Generation Activity and trainings for parents of children with intellectual disabilities.

Currently, the organization has 18 staff members and has 60 children with intellectual disability who are included in special needs education program. Vocational trainings, special needs education and work skill trainings are among the services in which children with intellectual disability are receiving.

3.3 Sampling Technique

There are probability and non-probability sampling techniques in undertaking research. Probability sampling techniques are mostly used to study prevalence and incidence that allows for generalization of broader samples whereas, non-probability sampling techniques are used in qualitative researches where a small sample of cases are selected to provide rich and diverse data.

There are five types of non-probability sampling techniques namely purposive sampling, snowball sampling, availability sampling, quota sampling and dimensional sampling. Among those the study utilized purposive sampling technique to find participants who possess specific characteristics that line up with the research objectives and research questions.

Purposive sampling technique was used to select participants for the study to gain rich and an in-depth data that contribute meaningfully to understand their lived experiences (Palinkas et al., 2015). It is also known as judgemental sampling relies on the judgement of the researcher when it comes to selecting the units that are to be studied. Moreover, the main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, background and experience which will be best to enable answering of research questions (Rai & Thapa, 2015).

Inclusion Criteria of participants

The process of sampling considered three eligibility criteria's to select participants.

1. Single Mothers: the study focused specifically on single mothers who have children with intellectual disability.
2. Single mothers who have a child with intellectual disability focusing on children in middle childhood stage which is 6 to 12 years of age because this stage is a crucial stage where there is a significant transformation in physical, intellectual and social development (DelGiudice, 2018). Therefore, by focusing on this particular stage the study can provide rich insights about fundamental developmental span that allows for an exploration of developing parenting experiences during key developmental stages also to focus on mother's understandings of having a child with intellectual disability at this stage.
3. Single mothers with intellectual disability child who are currently receiving services for themselves or their children, participating in programs, or have been associated with House of Mercy Holistic Development organization within 10 years' period.

Exclusion criteria

1. Single mothers that have children with other types of disabilities.
2. Single mothers who don't have support from the particular organization
3. Other caregivers of a child with intellectual disability
4. Children below or above the middle childhood stage with intellectual disability

Sample size

In non-probability sampling technique, determining the sample size is often directed by the principle of data saturation, where data collection continues until no new themes or insights emerge from the analysis (Daher, 2023; Mthuli et al., 2021; Sim et al., 2018). Moreover, in qualitative research data saturation is used to assess the adequacy of the research data (Tomoaia-Cotisel et al., 2024). It can also be determined from previous related literatures and recommendations. In qualitative studies, data saturation can be achieved at a relatively small sample sizes around 9 up to 17 interviews or 4 up to 8 focus group discussions reach data saturation (Hennink and Kaiser, 2022). Also, a recent study about data collection and saturation stated that, in qualitative studies data saturation can be achieved at 6 up to 10 participants for in-depth case studies (Hossain et al., 2024). A qualitative case study research focuses on thorough exploration of specific phenomena and uses a typically small sample sizes to support in-depth case oriented analysis (Rashid et al., 2019; Vasileiou et al., 2018). As study suggests for a case study qualitative research, sample size used may range from a single case, four to fifty multiple cases to reach data saturation (Sarfo et al., 2021). Therefore, Considering the literature and these recommendations, the sample size of this study was determined by the level of data saturation.

3.4 Method of data collection

There are different types of data collection methods based on research objectives and design. Qualitative data collection methods include interviews to allow deep exploration of a person experiences, focus group discussions to understand shared experiences, observation to view natural settings and analysis of documents, videos, images or websites to understand patterns (Denzin & Lincoln, 2018; Smith, 2018). While, quantitative methods use surveys, experiments, observation and data analysis as a data collection tool.

Thus, based on research questions and objectives the study utilized interviews as a main data collection tool. There are more than five types of interviews among those, structured interview is used when researchers ask predetermined set of questions and follow standardized format, semi structured interview allows for flexibility and open ended approach to explore additional topics, unstructured interviews where there are open-ended and free conversations, group interviews used when researcher wants more information and involves multiple participants sharing specific topics and in-depth interviews to explore detailed responses of individual from a specific topic. Also, when comparing types of interviews semi structured interviews give more detailed and important information(Leavy, 2014).

As a result, Semi-structured in-depth interviews were conducted with single mothers repeatedly to allow them to share their lived experiences in a detailed and personalized manner including their challenges, perceptions, and coping strategies. The interview questions focused on personal experiences, challenges, opportunities and coping strategies of having a child with ID. Some of the interviews were recorded with the participant's permission and open-ended questions were used to encourage rich narratives. Key informant interviews were also conducted to explore the Professional insights and support systems. The key informant questions focused on current support system for single mothers, policy and suggestions for improvements. As Focus group discussions are a fast and effective data collection tool that allow gathering of information from participants which may not be discovered from interview and are rich in giving lot of information (TÜMEN AKYILDIZ, 2021). FGDs were organized to facilitate interaction and shared experiences among participants. The discussion questions focused on common experiences, challenges, shared coping strategies and future aspirations. The discussion was

guided by the researcher. Review of relevant documents and reports from House of Mercy Holistic Development Organization was also considered as a method of data collection.

3.5 Data quality assurance

Data quality assurance is used to check if the data we collected is reliable and trustworthy or not, to provide accurate and meaningful insights for analysis. One of data quality assurance methods used, was triangulation using multiple sources of data to confirm or verify the accuracy and consistency of the study findings. It is also important for ensuring the validity and credibility of the collected data (Aguilar Solano, 2020). Furthermore, pilot test was also conducted with two mothers of similar population, to identify and solve any issues before the actual data collection (Malmqvist et al., 2019).

3.6 Method of data analysis

The data collected was translated and transcribed into English. It was carefully kept in my personal computer so no one can access it. Afterwards, the data was coded and grouped into broader categories and was reviewed as the analysis continues. I read the data again and again and listened to the voice records to be more immersed in the data. Then, the data collected from study participants was analysed by coding and categorizing data, identifying themes, and interpreting meanings from the data. The data analysis involved thematic analysis by identifying patterns, trends or themes within the data collected from interviews and focus group discussions.

3.7 Limitations of the study

The study is limited in one setting and a specific topic ‘ a single mother of a child with intellectual disability’. It doesnot include experiences of parents or fathers. The study is also a qualitative research that focused on experiences of single mothers who have children with intellectual disabilities, that makes it unable to generalize.

3.8 Ethical Consideration

Ethical considerations was taken into account in this study. A formal letter was obtained from Addis Ababa University department of social work to House of Mercy Holistic Development Organization to approach staffs and participants in the center. Regarding the participants, informed consent from the participants was obtained and the participants of the study was informed about purpose of the study, how their data will be used, potential risks and benefits of participating in the study and was included voluntarily knowing their right to withdraw or discontinue their participation. Participants was assured about privacy of their personal information and their names was changed or coded to keep the participants anonymity. To keep the confidentiality, the researcherwas only had access to the data from the participants and all the data obtained was stored securely with in a locked file cabinetat home,the digital files and voice records was also password protected. After the completion of the research, all the information will be demolished.

CHAPTER FOUR

Findings

This chapter presents the findings and analysis of the study that investigates the case of lived experiences of single mothers that have children with intellectual disability in House of Mercy Holistic development organization, Addis Ababa, Ethiopia. The study focuses on the challenges, perception, opportunities and coping strategies of single mothers that have children with intellectual disability. This chapter is classified into two sections. The first section is about the socio demographic characteristics of the mothers and key informants who are involved in this study and the second section is about the different themes that emerged from the interview transcripts of the collected data. The findings are organized into four themes that answer the research questions of this study. The first theme is about major challenges of single mothers, the second theme explores mothers Perception about intellectual disability, the third theme present opportunities and positive experiences of single mothers arising from having a child with intellectual disability and the last theme deals with Coping strategies of single mothers. Each of the themes are analysed and discussed based on the objectives of the study also different subthemes and quotes from interview are included in each theme of the analysis to provide a comprehensive understanding of the experiences of these mothers.

4.1 Sociodemographic information of the participants

The study included a total of sixteen participants from the age range 28 to 49, who are biological single mothers of children with intellectual disabilities aged from 6 to 12 years, and key informants. Among the sixteen participants, five participants took part in in-depth interviews and eight participants involved in focus group discussions, while three were key informants.

This diverse sample provides a broad perspective on the lived experiences of single mothers who have children with intellectual disability in this study.

In-depth interview participants background information

The semi-structured in-depth interview was conducted with five single mothers of children with intellectual disabilities. The marital status varied: two mothers had never married, one was divorced, one was widowed and one mother was separated. Their educational backgrounds ranged from grade three to a high school certificate. Out of the five mothers, two had completed grade three, one held 10+2 certificate, and the other two had completed grade eight and twelve. Their occupations included roles such as, temporary work as a house maid, washing clothes, a street vendors and one mother was currently unemployed.

Table 1: Demographic profiles of indepth interview participants

No.	Participants Code	Age	Educational status	Occupation	Marital Status	Diagnostic age	Age of a child	Sex of the child
1.	Ts	31	8	Washing clothes	Never married	2 months	10	F
2.	Ma	31	3	Housemaid	Divorced	2years	10	M
3.	Gh	34	12	Selling coffee and tea	Never married	8 months	11	M
4.	Av	35	3	Selling charcoal on the road	Separated	3years	12	M
5.	Hf	30	10+2	Unemployed	Widow	2 years	6	F

Focus Group Discussion participants background information

A total of eight participants were involved in two focus group discussions with single mothers of children with intellectual disabilities from HOMHDO, with four participants in each FGD. Their educational backgrounds ranges from grade five to diploma level, and their occupations include

housemaid, janitor, street vendor, waitress and assistant teacher. One mother is currently unemployed.

Table 2: Demographic Profiles of focus group discussion participants

No.	Participants Code	Age	Educationa l status	Occupation	Marital Status	Diagnostic age	Age of a child	Sex of the child
1.	Ns	45	10	Selling cloths on the road	Widow	5 years	12	F
2.	Bm	39	Diploma	Assistant teacher	Divorced	4 years	11	M
3.	Pm	30	9	Janitor	Never Married	6 months	8	M
4.	Lh	28	8	Washing clothes	Divorced	11 months	7	F
5.	Ab	29	5	Housemaid	Widow	3 years	9	F
6.	Pv	36	12	Waitress	Never married	1 year	11	M
7.	Mt	32	10	Unemployed	Separated	2 years	10	M
8.	Ob	30	7	Housemaid	Never married	4 years	8	M

Key informants background information

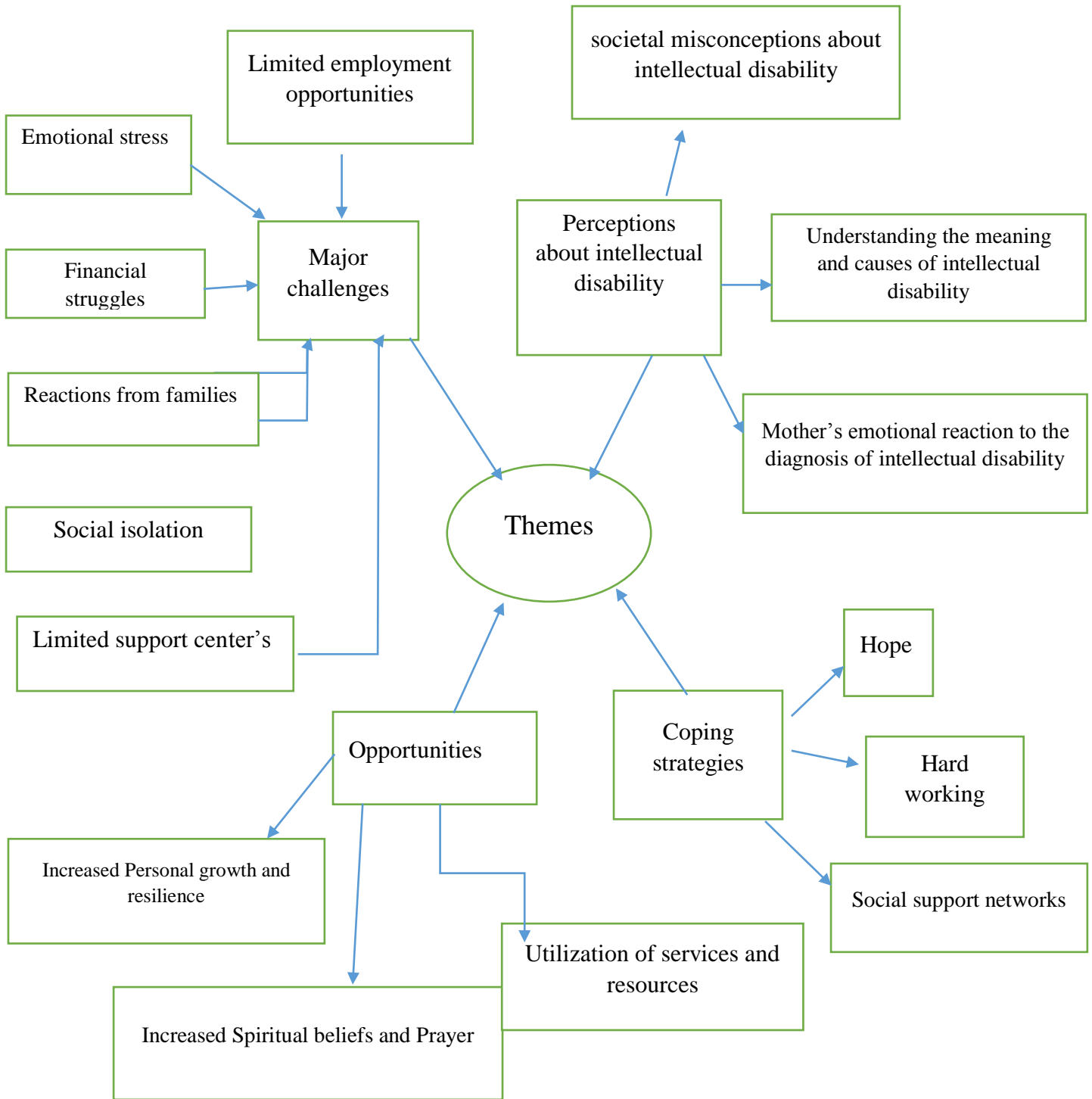
A semi-structured interview was conducted with three of key informants, purposefully selected from HOMHDO and Governmental offices based on the length of service and involvement they have in their respective organizations. The interviewees included two males and one female, all of them hold a Bachelor’s degree. Each with 4 years, 8 years and 11 years of working experience respectively.

Table 3: Demographic profiles of key informants

No.	Participants Code	Sex	Age	Educational Background	Occupation	Work Experience
1.	Sa	M	46	Bsc	Women and child right welfare & protection team leader	4 years
2.	Ko	F	42	BA	Executive director	11 years
3.	Ja	M	45	BA	Special need facilitator and supervisor	8 years

Themes and subthemes reflecting experiences of single mothers who have children with intellectual disability

Figure 1: Themes and subthemes reflecting experiences of single mothers who have children with intellectual disability



4.2.1 Major Challenges of single mothers at individual, family and societal levels

The first theme encompasses the major challenges faced by single mothers of children with intellectual disability and its subthemes include financial struggles, limited employment opportunities and Emotional stress among individual challenges, among familial challenges reactions from families and among societal challenges social isolation and limited support center's are reported from those mothers. These interrelated challenges along with the inflation and political instability in Ethiopia places an enormous strain on single mothers that navigate high costs associated with their child's care. Lack of work opportunities advances their financial struggles making it difficult for them to secure stable incomes to support themselves and their child. Additionally, the scarcity of support centers force single mothers to bear full responsibility of care without any assistance or help that intensify the burden of those mothers.

Financial struggles

One of the main challenges reported by single mothers of children with intellectual disability is economical difficulty. They face financial instability because, most of them didn't get any help from their spouse, families and other organizations also due to high costs of living related with caring of a child with intellectual disability. They solely depend on their income to cover all of their expenses. They express this challenge as follows;

Gh, a street vendor mentioned

"I don't have a legal place to sell coffee and tea and I cannot afford to pay for rent therefore I have to carry everything and walk to get customers. I'm feeling very tired these days. on the top of that I have to carry my child from the center to home as my child

barely walk. Even though, I work as much as I could, I couldn't get enough income to fulfil my child's unique needs."

Ma, also said "I don't have a constant income because the jobs I am working depends on persons will to continue employing me or not and trying to get enough income is the biggest struggle and it's never enough. I pay the money I earn for a house rent and we nearly have enough money left for the basic needs of my child and myself. Sometimes I wonder if I will have to beg to survive."

Similarly, this was also supported by participants in the focus group discussion as single mothers who have children with intellectual disability. One participant shared, "My child has a regular medical follow up in at the hospital, which requires a lot of money for transport, laboratory requests and medications. It's always a biggest struggle for me to get enough money for all of this. Sometimes, I skip buying medicines for my child to use the money for food. There's no one helping me, so I try to close all of the holes by myself, but I can never fully manage it" (FGD, Ns).

Lh added,

"Because of financial struggles, I always put my child's needs before myself. There are many days when I have neglected my health and wellbeing for my child. I also feel guilty when I do something for myself that is necessary. I am sacrificing a lot for my children, but this has made me lose a part of myself, to the point where I no longer care about my wellbeing anymore."

Limited employment opportunities

According to the reports of the mothers, Single mothers that have children with intellectual disability find it difficult to secure and maintain a job due to different reasons. As societal

attitudes and perceptions yet to be changed, there are no many people who understand those mother's problems and help them with securing and maintaining jobs.

Ts mentioned,

“I only get an income by washing clothes at different houses and I remember one time I was fired by an employer because I brought my child with me. Since my child is restless and shouts, I tied her with a metal pole that was found inside the house to finish washing the clothes. The employer didn't want me to come to her house again and told me to not to come to her house ever again.”

Hf stated a similar struggle, “Even if I completed grade 10 and took additional two years of vocational training and nanny training it has been difficult for me to find and maintain a job because I need flexible working hours to take and bring my child from the center. Also, I have to go back and forth to the hospitals because my child has seizures every time. Now I am in a very critical condition, living off the money my neighbours collect for me and my children every month. I don't want to live this kind of life but I don't know what to do.”

A participant from FGD also mentioned, “I was forced to discontinue my child's medication due to lack of money. The longest I have been in a similar work place since giving birth to my child is three months. As soon as employers find out about my child's condition, they no longer want to keep me. Some people do not want to employ mothers who have children, and if the child has an intellectual disability like mine, it makes it even harder for mothers like me to find a job” (FGD, Pm).

“There is a repeated request from parents that I have noticed; they seek financial support for themselves and their children or assistance in finding places where they can care for

their children so they can work independently without worry and help themselves and their children” (KI, Ja).

Furthermore, those testimonies illustrate not only the employment challenges but also they face challenges in maintaining their children’s health and well-being due to lack of enough money and flexible working opportunities for continuing medical follow up of their children.

Emotional stress

Raising a child with intellectual disability requires continuous demands of a mother that can be overwhelming and stressful. Those mothers bear all of the responsibility to care for their children. In addition to financial struggles and other problems that put a greater pressure on mothers. As expressed by the mothers;

Av, “I always become worried and feel guilty for not taking good care of my child as I should. Because of my child’s condition there are many food items that my child isn’t allowed to eat, I have no choice but to give him the foods I bought cheaply whether its allowed or not because the foods that are recommended are expensive. On the top of that I have to pay for speech therapy for my child but I couldn’t afford that so I stopped it. I want to help my child to get better but especially nowadays there is nothing you can do without money. Therefore, I always stress about my child’s health condition.”

Hf “I often feel like I am the only one fighting this battle alone. I don’t have anyone with whom I can share the load, and that makes me feel neglected and isolated. On top of that, I always worry about my child because my child is like a blank slate; my child doesn’t know which is good or harmful. I fear my child will be abused or maltreated.”

Gh also added, “I am always stressed when I think about my child’s future. I’m getting tired, and I have back pain that resulted from carrying my child. I don’t know what to do as my child’s age and weight are increasing, and I don’t know if I can carry my child anymore or not. It’s becoming overwhelming for me.”

The above interviews with the mothers revealed that, single mothers experience high levels of fatigue and emotional disturbances that contribute to increased stress and decreased emotional wellbeing.

Reactions from families

The other major challenges of single mothers at familial level are lack of understanding and support from family members. As a sole caregiver, they manage multiple responsibilities that leads to lack of time and energy available for themselves and family members which causes roughness and resentment. Additionally, mothers are mostly accused for their child’s condition and for being a single mother that aggravate their problems.

Ts said,

“I stopped going to family meetings and celebrations to escape from my families and relative’s judgement and criticism. One time, I went to a wedding with my child to my cousin’s house. All of my family members and their children was there and I saw them forbidding their children from playing with my child. I left with my child without saying anything, and I stopped attending family gatherings after that incident due to reactions from my family members.”

Ma also added, “I will never forget the day when my former husband said, ‘God is punishing you for your sins by giving you a child like this.’ His malicious words not only pierced my heart, but

I also wondered if the father of the child thinks like that, how can the others think or accept my child?"

In contrast during a focus group discussion, another participant mentioned the support the siblings of her child and family provided to take care of her child with an intellectual disability. She mentioned,

"My child's siblings love him so much and help me with taking my child from and to the center when I am at work. They also play with him outside so he doesn't feel neglected. When my sister comes to our house, or we visit hers, she treats my child as if he were her own." (FGD, Bm).

Social isolation

Social isolation is a significant issue for single mothers of children with intellectual disability. They experience challenges to engage in different societal activities and to maintain relationships due to misunderstandings and attitude of the community towards single motherhood and intellectual disability. That in turn leads them to be excluded from social activities and support networks.

Hf said,

"even if we live in big city and thought people has good mindfulness, it's still very upsetting to experience exclusion and prejudice every time. Every day, my child and I face a stressing situation when we go back from school to home. People stare at my child and try to avoid my child as she tries to greet them and say mutter sounds like "mtsm" and it's heart-breaking to see their reaction. When we are at home, I don't let my child to

go out because I fear the same isolation and exclusion from my neighbours. This attitude made me feel neglected and isolated from the community.”

Av, also added “I am always fighting with people on the road because of people’s attitude they see my child as another creature and make rude comments especially when we use transport, and one day I had a fight with a taxi attendant because he called my child crazy. People think that intellectual disability is contagious or punishment. They see them as another creature they don’t allow their children to play with ours.”

The social misconceptions about single motherhood and intellectual disability were also supported by participants from the FGD and key informant interviews. A participant from the FGD shared an emotional experience;

“One time, I was invited by my neighbours for coffee. During our conversation about their husbands, one of them remarked that I became a single mother because I didn’t know how to handle my husband. It was heart-breaking to hear this, especially from someone I considered to be one of my closest friends” (FGD, Lh).

Similarly, a key informant mentioned the challenges in addressing misconceptions about single motherhood and intellectual disability, stating, “As an organization, we are trying to raise awareness about intellectual disabilities, but it is still not enough to change people’s misconceptions” (KI, Ko).

Limited support center’s

In developing countries such as Ethiopia, support centers and resources available to help mothers who have children with intellectual disability are few, impacting the lives of both the mothers

and the child. The participants of the study mentioned how it's challenging to find hospitals and schools that treats and takes good care of children with intellectual disability.

Gh mentioned that,

“ I immediately went to the hospital when I noticed something was different with my child. However, the doctor didn't give me a clear information about my child's condition instead he ordered some tests and appointed me to come back next month. But when I returned for the appointment date, the doctor that appointed me was not there and the other doctor also prescribed some tests and I told the doctor that my child already gave the tests last month with the previous doctor. Then, he scolded me and said if you want the same doctor to see your child you can go to private hospital. After that incident I immediately left the hospital and I didn't know what to do as private hospitals are expensive and I didn't have any money. I came back to my house and told my friend the incident happened and she offered me a loan to go to a private hospital. ”

As Ts stated, when my child reaches school age even though I knew my child is not as other children. I was excited to take my child to school and try to find another job to increase my income. However, I couldn't find any school near my house that is willing to accept my child.

Av mentioned, “As my child reaches six years old, I tried to find a school that can accept my child. After a lot of struggle and help from the Woreda Women, Children and Social Affairs office, I managed to find one and my child started going to school. I was very happy. Nonetheless, after three months, I started to notice a lot of traits from the teachers when I take my child to school in the morning and when I take my child after school. The teachers were not treating my child like other children. One day, I heard the teacher call my child ‘denkoro’, but I

didn't say anything because I was afraid that if my child expelled, I wouldn't be able to find another school. I went home crying. The other day when I passed by the school, I saw my child laying on the ground alone outside while the others were in class. I took my child that day and never returned.

Additionally, all of the participants in the focus group discussions mentioned the difficulties in finding schools, hospitals and other organizations that support single mothers who have children with intellectual disabilities.

A participant from a key informant interview also mentioned, "We continuously hear complaints from mothers of children with intellectual disabilities seeking support. We are working with the Ministry of Education to make all government schools inclusive and are trying to connect them with stakeholders for various types of support such as medical assistance, wheelchairs, and financial aid. However, the support available is still not adequate (KI, Sa).

4.2.2 Perception about intellectual disability

The second theme is about the participant's perception of intellectual disability and has three subthemes. These are understanding the causes of intellectual disability, mother's emotional reaction to the diagnosis of intellectual disability and societal misconceptions about ID.

Understanding the meaning and causes of intellectual disability

Most of the participants of this study mentioned that they didn't know and understand their child's condition. They perceived different reasons that cause their child to have intellectual disability that led them to confusion and stress.

As Hf mentioned,

“when my child was three months old, she fell from bed to the ground and I think that was the incident that cause my child to be in this condition. After 5 months or so, I started to notice that my child didn’t start crawling as my neighbour’s child and took her to the hospital. I didn’t even know about the word intellectual disability when the doctor told me that my child might have intellectual disability. What I know about my child is that, she is very kind and pure with no bad intentions. She is not a different creature; she is a human being like us.”

Similarly, the other participant Ma mentioned she didn’t know anything about the term intellectual disability and its causes. She said, “My child was very handsome and had lighthair covering his forehead when he was an infant. I always left him at home alone when I baked injera or did other house chores, and I think that was the time when my child was possessed by a bad spirit ‘likeft’. But I know one thing my child is very lovable and likes to hug people.”

Av mentioned “I felt something was different with my child as he didn’t talk until the age of three and I went to the hospital. The doctor told me that my child has intellectual disability and needs speech therapy. But I was confused and didn’t fully understand what he was talking about.”

On the other hand, from FGD Bm mentioned, “After my child’s diagnosis, I tried to find information’s about my child’s disability and I learned that my child has a genetic disorder, that’s not contagious or communicable.”

Mother's emotional reaction to the diagnosis of intellectual disability

Almost all of the participants in the study mentioned that, their emotional reaction when they are told about their children condition was devastation, sadness, and confusion. They communicated how it was difficult to accept the diagnosis.

Ts said,

“when the doctor told me my child has intellectual disability, I didn't know what he was talking about and I felt like the world had shattered. I was shocked and I was very sad until I saw other mothers that have a child like me.”

Similarly, Gh said “I don't know what I felt at that moment but I was asking God why is all this pain and suffering happening to me. I lost hope and confused on where to take my child to heal.”

The other mother also stated she lost hope at that moment and said, “I didn't believe what the doctor was saying. I felt like the sky fall on me. I wished to die and I didn't want to accept it. When I think about the future I always frustrate about who will take care of my child if I die.”

Ma

Likewise, Pm from focus group discussion said, “When my relatives came to visit, they told me that my child had some form of disability and resembled children with intellectual disabilities. At first time, I couldn't accept it and argued with them, questioning how they could say such things about my child. I insisted that my child was healthy. Later, when my child was suffering from a severe cough, I took him to the hospital. The doctor diagnosed him with an intellectual disability, but I didn't believe it at first. It wasn't until my child turned six that I began to accept and understand the diagnosis.”

Societal misconceptions about intellectual disability

One of the challenge reported by the participants of the study was societal misconception about children with intellectual disability that caused them to be neglected and socially isolated. In most cases, social misconceptions arise from cultural and religious beliefs and due to lack of awareness.

Gh said,

“The community thinks that my child has a mental illness and they afraid of being near to my child because they think he will harm them. I believe it is due to a lack of understanding, but I am tired of telling about my child’s condition everywhere. Sometimes I just remain silent.”

Similarly, Ma mentioned “My neighbours especially one elder, told me that my child has a bad spirit and advised me to take him to witchcraft around ourneighbourhood.”

Also, Ns from focus group discussion stated, “people discriminate against my child during traditional celebrations like Timket and Meskel, as well as at other gatherings when I go out with her. This makes me feel very disappointed.”

Other participants also mentioned similar cases of misunderstanding and negative altitude related to their child’s condition.

4.2.3 Opportunities and positive experiences of single mothers arising from having a child with intellectual disability

Single mothers who have a child with intellectual disability pass through numerous challenges, especially related to their child’s condition. However, many mothers have reported the

opportunities they have gained and the positive changes in their personal traits due to raising a child with intellectual disability.

Increased Personal growth and resilience

Most mothers stated that having a child with an intellectual disability led them to develop their personal characteristics positively, and they stated that they have become more patient, stronger, and confident. Others mentioned that they had the opportunity to acquire new skills and training.

Hf said, “I didn’t even know that I was that much strong until I had my child. I always wonder how I made it this far without anyone helping me.”

Av also added “Having a child with an intellectual disability taught me patience and understanding. Because every day my child’s needs and behaviour changes and I had to be understanding to help my child.”

Gh mentioned, “Now I am influencing and teaching other parents in my neighbourhood not to hide their children with intellectual disabilities and am sharing my experiences to help others as much as I can.”

Furthermore, participants from the focus group discussions noted that their personal traits have improved over time. Lh shared, “Before giving birth to my child, I was very shy and barely spoke to others. Even when my former husband spoke negatively about me in front of every one, I stayed silent. But now, I am no longer that person. I have become more confident and stand for myself and my child whenever needed.”

Increased Spiritual beliefs and Prayer

In our country Ethiopia, Spirituality and faith is embedded in everyone's daily life and plays a crucial role in shaping one's resilience, values and social interactions. All mothers mentioned that after they heard the diagnosis of their children, their relationship with God has been deepened, and their faith has also become stronger.

Ts said that,

“Before my child was born and diagnosed, I was a traditional dancer and I was not a religious person. When I think about that time now, I am sure I would be lost if I had followed that path but it didn't happen because of my child. Now, when I think about it, I feel like God gave me my child to give me the opportunity to return to him. I always go to church in the morning and pray. God has given me strength and patience throughout this journey of dealing with myself and my child's condition. I am very grateful.”

Ma also reported that, “I believe that my child brought me closer to God and gave me the chance to meet with other single mothers who are in the same situation as me. Also, we started a “Mahber” where we pray, eat and share our struggles every month.”

Gh said that, “When I heard my child's diagnosis, I was very disappointed and lost hope. But day by day, when I started praying and going to church, I began to gain strength and hope. My faith grew when I prayed for my child to walk and took my child for Holy water “Tsebel” at Kidist Arsema Betekrstian” for 21 days. He couldn't move by himself, but after we finished and returned home, he started to move and walk slightly. This strengthened my spiritual belief and faith in god.”

Utilization of services and resources

Raising a child with intellectual disability requires various sources and services to support the child's development and wellbeing. Participants reported that, even though there are limited services and support centers to help children with intellectual disability and single mothers, they got an opportunity to utilize available services because of their children.

Av mentioned that she had the opportunity to receive a "Kebele bet" house from the government because Woreda Women and Social Affairs Office found out that she was raising her child with intellectual disability alone. She said, "If it wasn't for my child, I would never have received a house. I got this chance because of my child."

Hf also stated she got an opportunity to get a Nanny training, because she has a child with intellectual disability. She said, "Raising a child with intellectual disability opened doors for me to acquire new skills and get this training."

Apart from these opportunities, all mothers mentioned the opportunity of joining House of Mercy Holistic Development Organization changed their lives and greatly supported their children making unbelievable progress in the lives of those children.

Also Bm from FGD mentioned, "Thanks to house of Mercy, I have been able to work independently without worrying about my child. I wish organizations like this could be opened for other parents who are struggling to find this kind of services and opportunity."

On the other hand, key informants expressed their aspirations for expanding services and amending policies to better support single mothers, children with intellectual disabilities and other vulnerable populations.

Key informant, Ja mentioned, “Our organization’s ability to assist single mothers of children with intellectual disabilities is very limited. People often come to us seeking a place for their children but we rarely have the capacity. It always breaks my heart to turn them away. I suggest that other organizations, especially schools to become more inclusive and expand their programmatic areas to support these individuals.”

Sa added, “There is still much work to be done to help single mothers and children with intellectual disabilities. We have to increase the efforts we are making to address their needs.”

4.2.4 Coping strategies of single mothers

Single mothers who have a child with intellectual disabilities employ various coping strategies to manage the unique challenges they face. Most of the mother’s reported that their strategies focus on hard work and engaging in and using social support networks. They also mentioned they rely on their spiritual beliefs and faith to maintain hope.

Hard working

Some of the participants reported that they cope with financial struggles and social isolation by working hard to ensure their child’s wellbeing and themselves. By keeping themselves busy, they try to distract themselves from the challenges they face. Ma stated that she works hard and participates in “equb” which she contributes to daily to make sure her child’s needs are met. She said, “I woke up early in the morning to prepare meals for my child, take my child to school and then go to work. Even if it’s exhausting, I am happy that I don’t have to depend on others.”

Ts also added, “I would be frustrated and scarred if I didn’t have a job because hard work is a must; it’s not an option. I cover my child medical expenses because I work hard. Although the money I get is not much, it helps me fill many gaps.”

Social support networks

Participants of this study mentioned that social support networks such as family, friends, neighbours, governmental and non-governmental organizations, have served as one of their coping strategies by providing emotional, psychological and financial support.

Gh stated, “Whenever I am sad or need help, I always go to my closest friend. We have been friends for more than five years. She is always there for me in both sad and happy times, and she loves my child. She advises me and encourages me through everything.”

Av also mentioned that her family, friends and neighbours have been supportive of her and her child, giving her strength and hope. she said “The emotional and financial support I get from my family and neighbours has kept me going until now. Everybody loves my child; everyone in the family and neighbourhood greets him and shows him kindness, and that makes me happy and resilient.”

On the other hand, others mentioned that the financial support they received from governmental and non-governmental organizations has helped them to cope with their challenges. Lh from focus group discussion said, “I received 500 birr, five kilos of flour and 5 liters of oil from the woreda one time. They also include me in activities where I can earn money whenever there is an opportunity.”

Pm from FGD also mentioned, “I get five-hundred-birr support per month from an NGO in my neighbourhood, which helps me to pay for a house rent.”

Ns from FGD added, “HOMHDO brought us together because we have similar attributes. We share experiences, support each other, and feel stronger when united.”

Key informant, Sa further emphasized the importance of expanding social support networks, including psychosocial support centers, parenting training programs, inclusive schools and other support services. These are crucial for single mothers of children with intellectual disabilities.

Hope

All mothers mentioned that a coping strategy that keeps them going is hope for a better future for their children and themselves. As they mentioned having faith and anticipating for the future inspired them to work hard and seek opportunities and resources that would help them to achieve what they have hoped for.

Ma said, “My child is showing good progress and he has talent for dancing. I am looking for an NGO or center that can teach my child. I hope that if my child gets this opportunity, he will develop his talents.”

Ts also mentioned, “I believe in God and have faith that my child and I will be in a good condition. Whenever I think about my child’s future, a bible verse comes to my mind: “ለእናንተ የማስባትን አሳብ እኔ አውቃለሁ፥ ፍጹሜና ተስፋ እሰጣችሁ ዘንድ የሰላም አሳብ ነው እንጂ የክፉ ነገር አይደለም” . This verse reassures me that God has a bigger plan for me and my child.”

Others from focus group discussion also mentioned that they are hopeful for a better future through prayer and determination. They believe that with faith and hard work, positive change and improvement will come.

As Bm from FGD stated, “Even though I am a single mother raising my child alone, I’m confident in my potential to change our situation. I am hopeful that my child and I will overcome the challenges ahead.”

CHAPTER FIVE

Discussion

In this section, the findings of this study are analysed in relation to existing literatures and the ecological systems theoretical framework. The discussion is organized around the themes identified in the findings of the study. The key themes include challenges, perceptions, opportunities and coping strategies of single mothers who have children with intellectual disabilities. In the case of lived experiences of single mothers who have children with intellectual disability, ecological systems theory is important to understand the interconnected systems from the individual to broader multiple systems to determine factors that influence the mother's lived experiences.

Major challenges of single mothers at individual, family and societal levels

This study indicated that single mothers who have children with intellectual disabilities face enormous challenges, specifically financial struggles, limited support systems and social isolation, in which the findings are supported by various research findings (Mbanjwa & Harvey, 2023; Jansen-van Vuuren et al., 2023). These challenges are occurred at individual, familial and societal levels, that aligns with microsystem, mesosystem, exosystem, macrosystem and chronosystems of the ecological systems theory.

At microsystem level, all participants in this study mentioned their financial struggles as a major challenge they struggle with due to their sole caregiving responsibilities, low income, and the various costs related with caring for their children with intellectual disabilities. Moreover, they stated difficulties in maintaining or finding employment due to their children's condition. This

finding is consistent with other studies that have reported similar financial challenges, including high costs of caregiving and unemployment difficulties (Ahmed, 2020; Mugenyi, 2019).

The other major challenge discussed in this study is the emotional stress experienced by these parents, often stemming from lack of spousal support, burden of caregiving and fear regarding their children's wellbeing, which also supported by study findings (Masulani-Mwale et al., 2018; Raliphaswa et al., 2022) that reported similar experiences of psychological stress and fear due to the challenges of caregiving.

At mesosystem level, lack of familial support is a major challenge faced by single mothers of children with intellectual disabilities. This challenge arises due to having a child with intellectual disability is often viewed as negatively in family members and broader society leading to isolation and judgement. Therefore, many of these mothers choose to detach themselves from family members and social gatherings. This result is also supported by a previous research (Tekola et al., 2022). In contrast, during FGD, mothers mentioned how support from family members helped them navigate different challenges they struggle with, which also supported by (Sadiki & Mashegoane, 2019).

At exosystem level, limited access to schools, medical services and other support centers for children with intellectual disabilities and themselves are factors that indirectly influence single mothers of those children's quality of life and wellbeing. Many studies also found comparable results in this regard, (Abeasi et al., 2024; Buthelezi & Mawila, 2024).

At macrosystem level, social isolation is another major struggle that single mothers of children with intellectual disabilities face. Traditional and cultural misconceptions regarding children

with intellectual disabilities and single motherhood led to stigmatization and exclusion, as supported by research (Su et al., 2018; Tekola et al.,2022).

Lastly, the mothers in this study discussed how their lives have changed over time as a result of having a child with intellectual disability, related to the major challenges they have regarding financial issues and caregiving demands as their child grows. That can be categorized as a chronosystem level, where life transitions and evolution of circumstances affect these mother's life.

As stated above, each level of Ecological systems theory illustrates how single mothers of children with intellectual disabilities are influenced directly or indirectly by their immediate environment, traditional beliefs and social attitudes. These components shape their experiences and help to understand the major challenges faced by those mothers. Moreover, it showed that these components interact to exaggerate or solve the major issues of those mothers.

Perceptions about intellectual disability

The result of this study regarding perceptions about intellectual disability are supported by existing literature and ecological systems theory. As in microsystem level, many mothers had no clue about intellectual disability and relate their child's condition with bad spirits or accidents, as supported by Gameda & Yadavalli (2022) and Irawati et al. (2023). Most of the participants in this study informed about their children's condition from health professionals and expressed feelings of denial, confusion, guilt and grief, that are also similar with the findings of (Hou et al., 2022; Oti-Boadi,2017). Unlikely to the findings of this study, Mohan& Kulkarni (2018) showed that most parents of children with intellectual disabilities accepted their children's condition within months or a year.

The societal misconceptions mentioned in this key theme of the study aligns with the macrosystem level, where the lack of awareness and beliefs about the condition in the community imposed a great impact on the mothers and their children. These experiences are supported by (Modi & Desai, 2023).

Lastly, the levels of ecological systems theory that discussed in this theme indicate how the perceptions of these mothers and the broader community about children with intellectual disabilities shape their understanding and acceptance of their children's condition.

Opportunities and positive experiences of single mothers arising from having a child with intellectual disability

Even though, limited resources and opportunities are reported from the participants of this study regarding access to services and employment chances, they also mentioned not only the negative aspects of being a single mother of a child with intellectual disability but also the positive aspects and experiences that come with it. This aligns with different levels of ecological systems theory.

At the microsystem level, mothers mentioned the development of their personal traits such as resilience, self-confidence, and patience. They also started to advocate about their child's condition, that can be seen as an opportunity for change. Also, mothers expressed strengths in their spiritual beliefs and faith. These results are supported by existing literature (Adithyan & Jacob, 2017; Beighton & Wills, 2017; Merianti et al., 2019; Popovska Nalevska et al., 2022). Apart from strengthening personal traits, the mothers also reported a chance to share their experiences and prayer with the mothers in the same situation like them as an opportunity to strengthen support systems and become resilient. This is also supported by (Boehm & Carter, 2019).

At exosystem level, the mothers mentioned that despite limited services, they benefited from governmental and non-governmental support services as a result of having a child with intellectual disability. These services helped them and their children to improve their living conditions, as supported by (Su et al., 2018). Furthermore, key informants suggested the need for expansion of services and support systems in order to help single mothers of children with intellectual disabilities, that relates with the findings of (Mbamba et al., 2023). These experiences are also linked to the chronosystem level, where the mothers developed resilience over time regarding themselves and their children's condition.

These positive experiences and opportunities are factors that influence single mothers of children with intellectual disabilities in this study, impacting their development at the microsystem level, their utilization of services for themselves and their children at the exosystem level, and their resilience over time at the chronosystem level that shaped their experiences positively.

Coping strategies of single mothers that have children with intellectual disabilities

The mothers participated in this study identified strategies to cope with the multifaceted challenges of being a single mother and having a child with intellectual disability. These coping strategies are supported by existing literature (Mkabile, 2021; Oti-Boadi, 2017; Jansen-van Vuuren, et al., 2023), that emphasized hope and faith in God as the key coping mechanism as the findings of this study. The other findings also indicate hard work as a method of coping from financial struggles and help in balancing demands and needs of themselves and their children. These findings also align with the microsystem level of the ecological systems theory where mother's development and change are crucial.

Furthermore, social support networks including family, friends, governmental and non-governmental organizations served as a significant coping mechanism as mentioned by the mothers, reflecting mesosystem and exosystem levels of ecological systems theory. This is supported by studies such as Bashir et al., (2023), Beighton & Wills, (2019), Oymak & Arslan, (2019) and Su et al., (2018). On the other hand, Mugenyi (2019) and Callaghan et al., (2021) highlight the need for additional support for parents and families of children with intellectual disabilities, emphasizing that supports available are limited and insufficient. This reflects the need to prioritize the needs of these mothers and children with intellectual disabilities at macrosystem level, where the societal values and policies fail to provide adequate support.

Generally, the coping mechanisms these mothers use are mostly relying on faith and social support systems, including supports from organisations such as HOMHDO, access to different trainings and education for themselves and their children and supports from family and friends, that reflects the importance of the different levels of ecological systems theory in improving the lived experiences of these mothers.

CHAPTER SIX

Conclusion and Implications for Social Work

6.1 Conclusion

The study showed single mothers who have children with intellectual disabilities face various challenges, not only from being a single mother but also from having a child with intellectual disability. This dual burden becomes unbearable for those mothers with a little access and affordability of services and support systems for single mothers and their children with intellectual disabilities. Most of these mothers are unable to find jobs that are suitable for taking care of their child and some are forced to stop working to take care of their children, which exacerbate their financial struggles. Moreover, both single mothers and their children with intellectual disabilities still experience stigmatization and discrimination due to lack of awareness and understanding about intellectual disability and single motherhood in the family, friends, and communities. Even though, there are some reported positive experiences and handling strategies of single mothers having a child with intellectual disabilities, it is noted that, addressing these issues at individual, familial, institutional and societal levels are crucial to reduce the load of those mothers. Therefore, it is important to expand and implement targeted interventions and strategies in order to improve the well-being and quality of life of single mothers and children with intellectual disabilities.

6.2 Implications

6.2.1 Implications for social work education

Social work is one of the caring or helping professions that protects and promotes the welfare of the community. Women, especially single mothers of children with intellectual disability,

residing in developing countries such as Ethiopia, represent a marginalized group that needs excessive support and protection. In this regard, social workers need an extensive training, internships and education on these specific issues to develop holistic intervention plans. Social work education should also address this issue in its curriculum.

The challenges faced by these mothers are enormous and needs a multistage intervention at individual, familial, institutional and societal levels. This emphasis the need for future social workers to develop their knowledge and skills regarding the multi-layered challenges and different social work theories such as ecological systems theory, to understand and address the challenges of these single mothers eclectically. Additionally, Social workers should create platforms such as social work associations and alumni meetings, to share experiences and expand their knowledge regarding this area.

Furthermore, the perception and attitude of the society towards single mothers and children with intellectual disabilities are often outdated and need significant change. Future social workers must play a pivotal role in incorporating these issues into curriculum development, group projects, educating communities, and raising awareness about these marginalized and discriminated segments of the society.

6.2.2 Implications for social work practice

A comprehensive social work education is essential for employing effective social work interventions by understanding the unique challenges of single mothers. Therefore, social workers need to develop effective plans and implement holistic interventions that address these issues at multiple levels. Also, social work practitioners must connect single mothers with the

available services and support networks, such as schools, hospitals, governmental and non-governmental organizations, to enhance their quality of life.

As the study findings suggests, single mothers require extensive support financially and psychologically. This implies that social workers should collaborate and identify their best practices and intervention strategies to promote financial and psychosocial support interventions such as fostering familial and social networks.

In Addition, social work practitioners should assist governmental and non-governmental organizations to organize economic empowerment programs that include providing loans, income generation activities, vocational training and entrepreneurship programs to support these mothers fulfil their socioeconomic needs.

6.2.3 Implications for social work research

There are various researches conducted on the issues of single motherhood, children with intellectual disabilities, and experiences of parents, mothers or caregivers raising a child with intellectual disabilities. However, the findings of this study have shown the need for further research in the area of single mothers raising a child with intellectual disabilities. This study is also an input for social work researchers to conduct further studies on this specific issue.

Moreover, the study has shown the need for understanding the multifaceted challenges of single mothers who have children with intellectual disabilities to provide effective and holistic support. This in turn indicates the need for broader and intensive research, not only on single mothers but also on the area of single fathers, parents, siblings and caregivers raising children with intellectual disabilities, to understand their challenges and coping mechanisms , which further enhances the knowledge base and help in identifying various supportive strategies.

6.2.4 Implications for social work policy

One of the main roles of social workers is advocacy for policy changes and the empowerment of communities. In this regard, single mothers of children with intellectual disabilities are among the marginalized groups that need advocacy to ensure their voices are heard. Therefore, the findings of this study suggests a strong need for advocacy regarding education, employment, health services for single mothers, and inclusive education policies for their children.

The international policies such as United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and Sustainable Development Goals (SDGs), provides a firm foundation for social workers to advocate for better implementation and policy reformation regarding inclusivity, gender equality and accessibility of services. Moreover, national polices such as National Social Protection Policy, National Child Policy, and the FDRE Constitution , which promote equality, non-discrimination and equal access to services, further guide social workers to advocate for these polices and raise awareness about these policies among single mothers, children, private and government workers and broader communities to expand their knowledge and promote the protection of these rights.

The findings also indicate a lack of adequate support systems for single mothers of children with intellectual disabilities, thus social workers must fill this gap by advocating for and mobilizing communities to organize support networks. This includes accessing vocational training, psychosocial support centers, health services and financial support to enhance the skills and capacities of single mothers to support themselves and their children.

Furthermore, social workers should promote resilience and coping mechanisms by advocating for the rights of these mothers to exercise equal opportunities as others. They should also address the stigma and discrimination against these mothers by engaging with policy makers and raising public awareness about inclusion and equality.

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Annex I: Informed consent form

Code No. _____

Addis Ababa University
College of Social Sciences
School of Social Work

Dear Respondent: My name is Sosena Abebe, I am a student of Social Work at Addis Ababa University Post Graduate program. Currently, I am working on my master's degree thesis in Social Work. This interview questionnaire is prepared for my research entitled "Lived experience of single mothers who have children with intellectual disability: The Case of House of Mercy Holistic Development Organization, Addis Ababa, Ethiopia" used for partial fulfillment of the requirement of the degree of Master of Arts in Social Work. Therefore, since your life experience and opinion is a unique tool for the success of the research, I humbly ask you to share your experience and opinion by understanding this. Participating in this research involves answering questions that answer your life experience as a single mother and If you find some of the questions asked during the interview to be disturbing, I would like to inform you that you have the right not to answer or remain silent, to stop the interview at any time and to stay until the end of the study. The interview will take about half an hour and it will be recorded and stored in a safe place. There are no risks associated with participating in this study. Your decision to participate or not is entirely voluntary. Confidentiality: All information collected in this study will be kept confidential and the information provided will not be disclosed to any third party for any purpose other than this study. No identifying information such as name or address is collected. The results of this study will be presented in a manner that ensures the confidentiality of all participants. Therefore, I humbly request you to give an appropriate answer. By voluntarily agreeing to participate in this study, I acknowledge that I understand the procedures involved, possible risks and benefits, and my rights as a participant.

Signature of the participant _____

If you have any questions about this research study in the future, please contact me using the following contact information. Email: - sosiabebe1@gmail.com, Phone no. : - 0939851937.

Thank you.

Annex II: An In- depth Interview, focus group discussion and key informant questions

I. Demographic Information of the respondent:

1. Age of the Mother _____

2. Marital Status

Never married Separated Divorced Widowed

3. Occupation _____

4. Level of education _____

5. Number of children _____

6. Is the child with intellectual disability the first, the second, last or what?

II. Information of the child

1. Age _____

2. Sex _____

3. Child Diagnosis _____

4. Diagnostic age _

III. In-depth interview questions for single mothers who have children with intellectual disability

1. Tell me about your life before getting birth of your child with intellectual disability?

1.1 How was the situation at the time of getting birth of your child?

1.2 When and how did you know that your child has intellectual disability?

1.3 How did you felt when you were informed of your child's diagnosis?

2. How was your prior perception about intellectual disability?

2.1 How is the current understanding about intellectual disability?

2.2 How do these perceptions affect your social interactions, relationships, and support networks within the community?

3. What are the opportunities of single mothers who have children with intellectual disability at individual level, family level, institutional level, and societal level?

4. What are the major challenges of single mothers who have children with intellectual disability at individual level, family level, institutional level, and societal level?

5. Tell me about the effect of caring your child in your life?

5.1 What has been positive effect?

5.2 What has been negative effect?

6. Could you tell me about how you handle the challenges of being a single mother while raising a child with intellectual disability?

7. What are the services that you and your child is getting from the centre and how it benefited you?

IV. Focus group discussion questions

1. How do you navigate social interactions with others, including family, friends, and the broader community?

2. Have you experienced any stigma or misconceptions related to being a single mother of a child with intellectual disability?

3. What are your biggest concerns or fears about the future, both for yourself and for your child with intellectual disability?

4. Are there specific resources or support you feel would be beneficial for you and your child for the future?

5. Can you share any coping strategies or self-care practices that have been helpful for you in managing the demands of single parenthood and raising a child with intellectual disability?
6. If you could give advice to other single mothers in similar situations, what would it be?
7. Looking back, is there anything you wish you had known or done differently?
8. How do you explain social and economic chances of raising child with intellectual disability?
9. What would be done by the family, community or government to make the future better for singlemothers and children with ID?

V. Key informant interview questions

a. Demographic Information of the respondent:

- i. Age: _____
- ii. Marital status: _____
- iii. Level of education: _____
- iv. Position: _____
- v. Work experience: _____
- vi. Participant code: _____

b. Interview questions

1. Could you kindly explain your role and duties at the organisation while supporting single mothers that have children with intellectual disabilities?
2. How often do you engage with those mothers who raise children with intellectual disabilities? Could you give instances of the different kinds of support you provide?

3. Based on your experience of working with parents of children with intellectual disability, what are some of the typical difficulties experienced by single mothers of children with intellectual disabilities?
4. What major barriers do single mothers of children with intellectual disability face in accessing services and resources they need?
5. What resources and support does the organisation are providing to address the unique needs of single mothers and their children with intellectual disability? Do you think these resources are sufficient?
6. Are there any successful single mothers who come to your mind in terms of opportunities/support for single mothers raising children with intellectual disabilities? If your answer is yes, could you please explain a little with examples?
7. What directions of improvement do you suggest in support of HMHDO and other governmental and non-governmental organizations to support single mothers who have children with intellectual disabilities?
8. What specific strategies or methods have been effective in the organization in terms of supporting and empowering children with intellectual disabilities and single mothers who raise them?

Annex III: Amharic consent form

በዚህጥናታዊጽሁፍላይተሳታፊለመሆንዎቻችንንጥያቄሚያደርግዎታል

ኮድቁጥር: _____

አዲስአበባዩኒቨርሲቲ የማህበራዊሳይንስኮሌጅ የማህበራዊስራትምህርትቤት

ውድ ምላሽ ሰጪ፡- ሶሳና አበበ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ፕሮግራም የማህበራዊ ስራ ተማሪ ነኝ። በአሁኑ ወቅት በሶሻል ወርክ የማስተርስ ዲግሪዬን እየሰራሁ እገኛለሁ። ይህ የቃለ መጠይቅ የተዘጋጀው “የአእምሮ እድገት ውስንነት ያለባቸው ልጆች ያሏቸው ነጠላ እናቶች የሕይወት ተሞክሮ፡ በቤተ ምህረት ሆሊስቲክ ልማት ድርጅት አዲስ አበባ ኢትዮጵያ” በሚል ርዕስ ለሚደረገው ጥናት የተዘጋጀ እና የሁለተኛ ዲግሪ የመመረቂያ ጥናት በከፊል ለማሟላት ነው። ስለዚህ የህይወት ልምድ እና አስተያየት ለጥናቱ ስኬት ልዩ መሳሪያ ስለሆነ ይህንን በመረዳት ልምድዎን እና አስተያየትዎን እንዲያካፍሉ በትህትና እጠይቃለሁ ። በዚህ ጥናት ውስጥ መሳተፍ እንደ ነጠላ እናት ያለዎትን የህይወት ተሞክሮ የሚመልሱ ጥያቄዎችን መመለስን ያካትታል እና በቃለ-መጠይቁ ወቅት የሚጠየቁት አንዳንድ ጥያቄዎች የሚረብሹ ሆነው ካገኙ፣ ያለመመለስ ወይም ዝም የማለት፣ በማንኛውም ጊዜ ቃለ መጠይቁን የማቆም እና እስከ ጥናቱ መጨረሻ ድረስ ለመቆየት መብት እንዳልዎት ለማሳወቅ እወዳለሁ። ቃለ መጠይቁ ግማሽ ሰዓት ያህል ይወስዳል እና በእርስዎ ፈቃደኝነት ድምጽዎ ተቀርጾ ደህንነቱ በተጠበቀ ቦታ ይቀመጣል። በዚህ ጥናት ውስጥ ከመሳተፍ ጋር የተያያዙ ምንም አይደለም የሉም ለመሳተፍ ወይም ላለመሳተፍ ውሳኔዎ ሙሉ በሙሉ በፈቃደኝነት ነው።

ምስጢራዊነት፡ በዚህ ጥናት ውስጥ የሚሰበሰቡ መረጃዎች በሙሉ በሚስጥር ይያዛሉ እና የቀረበው መረጃ ከዚህ ጥናት ውጪ ለሌላ ለማንኛውም አላማ አይገለጽም። እንደ ስም ወይም አድራሻ ያለ የመለያ መረጃ አይሰበሰብም። የዚህ ጥናት ውጤት የሁሉንም ተሳታፊዎች ሚስጥራዊነት በሚያረጋግጥ መልኩ ይቀርባል። ስለሆነም ተገቢውን መልስ እንድትሰጡ በትህትና እጠይቃለሁ። በዚህ ጥናት ላይ ለመሳተፍ በፈቃደኝነት በመስማማት፣ የተካተቱትን ሂደቶች፣ ሊኖሩ የሚችሉ ስጋቶችን እና ጥቅሞችን እና እንደ ተሳታፊ መብቶቼን እንደተረዳሁ አምናለሁ።

የተሳታፊው ፊርማ

ወደፊት ስለዚህ ጥናት ማንኛውም አይነት ጥያቄ ካሎት፣ በሚከተለው አድራሻ ሊያገኙኝ ይችላሉ።

ኢሜል፡- sosiabebe1@gmail.com ፣ ስልክ ቁ.፡ - 0939851937

አመሰግናለሁ.

Annex IV: Amharic indepth interview, focus group discussion and key informant questions

የቃለ መጠይቅ እና የቡድን ውይይት ጥያቄዎች ለነጠላ እናቶች
አዲስ አበባ ዩኒቨርሲቲ
የማህበራዊ ሳይንስ ኮሌጅ
የማህበራዊ ስራ ትምህርት ቤት

I. የእናቶች የስነ ሕዝብ መረጃ

1. የእናት ዕድሜ _____
2. የጋብቻ ሁኔታ _____
3. ሥራ _____
4. የትምህርት ደረጃ _____
5. የልጆች ብዛት _____
6. የአእምሮ እድገት ውስንነት ያለበት ልጅ የመጀመሪያው፣ ሁለተኛው፣ መጨረሻው ነው ወይስ? _____

II. የልጅ/ቷ መረጃ

1. ዕድሜ _____
2. ጾታ _____
3. የልጅ የአዕምሮ እድገት ውስንነት ምርመራ _____
4. የመመርመሪያ እድሜ _____

III. የአዕምሮ እድገት ውስንነት ያለባቸው ልጆች ላሏቸው ነጠላ እናቶች ጥልቅ የቃለ መጠይቅ ጥያቄዎች

1. ልጅዎ ከመውለዱ በፊት ስለነበርዎ ህይወት ቢነግሩኝ?
 - 1.1 ልጅዎን በሚወልዱበት ጊዜ የነበረው ሁኔታ እንዴት ነበር?
 - 1.2 ልጅዎ የአዕምሮ እድገት ውስንነት እንዳለበት መቼ እና እንዴት አወቁ?
 - 1.3 የልጅዎ ምርመራ ሲነገርዎ ምን ተሰማዎት?
2. ስለ አእምሮ እድገት ውስንነት ያልዎት ግንዛቤ እንዴት ነበር?
 - 2.1 በአሁኑ ጊዜ ስለ ልጅዎ ምርመራ/ሁኔታ ያልዎት ግንዛቤ እንዴት ነው?

2.2 የእርስዎ የግንዛቤ ሁኔታ በማህበረሰቡ ውስጥ በማህበራዊ ግንኙነትዎ እና የድጋፍ አውታሮችዎ ላይ ምን አይነት ተጽዕኖ አሳድሯል?

3. ልጅዎን እንደ ነጠላ እናት ሲያሳድጉ በግለሰብ ደረጃ፣ በቤተሰብ ደረጃ፣ በተቋም እና በማህበረሰብ ደረጃ ያገኙቸውን እድሎች ወይም ድጋፎች ቢገልጹልኝ?
4. የአዕምሮ እድገት ውስንነት ያለው ልጅ እንዳለው ነጠላ እናት በግለሰብ ደረጃ፣ በቤተሰብ ደረጃ፣ በተቋም እና በማህበረሰብ ደረጃ ያጋጠሞት ዋናዎና ተግዳሮቶች ወይም ችግሮች ምንድን ናቸው?
5. ልጅዎን መንከባከብ በህይወትዎ ውስጥ ስላለው ተጽእኖ ቢነግሩኝ?
 - 5.1 ምን አዎንታዊ ውጤት አስገኝቷል?
 - 5.2 ምን አሉታዊ ተጽዕኖ አሳድሯል?
6. የአእምሮ እድገት ውስንነት ያለውን ልጅ በማሳደግ ረገድ የሚያጋጥምዎትን ተግዳሮቶች እንዴት እየተቋቋሙ እንዳሉ ቢነግሩኝ ይችላሉ? __
7. እርስዎ እና ልጅዎ ከማዕከሉ እያገኙትሁት ያለው አገልግሎት ምንድን ነው እና አገልግሎቱ በምን መልኩ ጠቅሞት?

IV. የቡድን ውይይት ጥያቄዎች

1. ከቤተሰብ፣ ከጓደኞች እንዲሁም ከሰፊው ማህበረሰብ ጋር ያልዎትን ማህበራዊ ግንኙነቶችን እንዴት ያዩታል?
2. የአዕምሮ እድገት ውስንነት ያለው ልጅ ነጠላ እናት ከመሆን ጋር በተያያዘ ማንኛውንም መገለል ወይም የተሳሳቱ አመለካከቶች አጋጥሞዎታል?
3. ስለ ራስዎ እና ስለልጅዎ ስለወደፊቱ ያልዎት ስጋት ምንድን ነው?
4. ለእርስዎ ወይም ለልጅዎ ለወደፊቱ ይጠቅማል ብለው የሚገምቱት ወይም የሚያስቡት ልዩ ድጋፎች አሉ?
5. ነጠላ ወላጅ መሆን እንዲሁም የአእምሮ እድገት ውስንነት ያለውን ልጅ ለማስተዳደር እና ለማሳደግ የሚረዱዎትን ማንኛውንም የመቋቋሚያ ስልቶችን ወይም ራስን የመንከባከብ ልምዶችን ማጋራት ይችላሉ?
6. በተመሳሳይ ሁኔታ ውስጥ ላሉ ነጠላ እናቶች ምክር እንዲሰጡ ቢጠየቁ ምን ይላሉ?
7. ወደ ኋላ መለስብለው ሲመለከቱ፣ እንዲያውቁ የሚፈልጉት ወይም በተለየ መንገድ ማድረግ የሚፈልጉት ነገር ምንድን ነው?

8. የአእምሮ እድገት ውስንነት ያለውን ልጅ በማሳደግ ያሉትን ማህበራዊ እና ኢኮኖሚያዊ እድሎችን እንዴት ያገልጻሉ?
9. ነጠላ እናቶች እና የአእምሮ እድገት ውስንነት ያላቸው ህጻናት የወደፊት ህይወት የተሻለ እንዲሆን በቤተሰብ፣ በማህበረሰብ ወይም በመንግስት ምን መደረግ አለበት ብለው ያስባሉ?

V. ዋና የመረጃ ሰጪ ቃለ መጠይቅ ጥያቄዎች

ሀ. የመልስ ሰጪው የስነ- ሕዝብ መረጃ፡-

1. ዕድሜ _____
2. የጋብቻ ሁኔታ _____
3. የትምህርት ደረጃ _____
4. የስራ ዘርፍ; ድርሻ/ሃላፊነት _____
5. በስራው የቆዩበት አመት _____
6. የተሳታፊ መለያ ኮድ _____

ለ. የቃለመጠይቅ ጥያቄዎች

1. የአዕምሮ እድገት ውስንነት ያላቸው ልጆች ያሏቸው ነጠላ እናቶችን በመደገፍ በድርጅቱ ውስጥ ያለዎትን ሚና እና ተግባር ማስረዳት ይችላሉ?
2. የአእምሮ እድገት ውስንነት ያለባቸውን ልጆች ከሚያሳድጉ እናቶች ጋር ምን ያህል ጊዜ ትገናኛላችሁ? እርስዎ የሚሰጡትን የተለያዩ አይነት ድጋፍ ምሳሌዎችን መስጠት ይችላሉ?
3. የአእምሮ እድገት ውስንነት ካለባቸው ህጻናት እና ወላጆቻቸው ጋር የመሥራት ልምድዎን መሰረት በማድረግ የአዕምሮ እድገት ውስንነት ያለባቸው ልጆች ነጠላ እናቶች የሚያጋጥሟቸው አንዳንድ ዓይነተኛ ችግሮች ምን ምንድን ናቸው?
4. የአዕምሮ እድገት ውስንነት ያለባቸው ልጆች ነጠላ እናቶች የሚያስፈልጋቸውን አገልግሎት እና ግብአት ለማግኘት ምን ዋና ዋና መሰናክሎች ያጋጥሟቸዋል?
5. ድርጅቱ ለነጠላ እናቶች እና የአዕምሮ እድገት ውስንነት ላላቸው ልጆቻቸው ልዩ ፍላጎቶችን ለመፍታት ምን አይነት ግብዓቶችን እና ድጋፎችን እያደረገ ነው? እነዚህን ድጋፎች በቂ ናቸው ብለው ያስባሉ?
6. የአእምሮ እድገት ውስንነት ያላቸው ልጆች የሚያሳድጉ ነጠላ እናቶች ከተሰጣቸው እድል/ድጋፍ አንጻር ወደ አእምሮት የሚመጡ የተሳካላቸው ነጠላ እናቶች አሉ? መልስዎ አዎ ከሆነ፣ ምሳሌዎችን በመጥቀስ በጥቂቱ ቢያብራሩልን?

7. የአኦምሮ እድገት ውስንነት ያለባቸው ልጆች ያሏቸው ነጠላ እናቶችን ለማሳደግ በቤተ ምህረት እንዲሁም በሌሎች መንግስታዊ እና መንግስታዊ ባልሆኑ ድርጅቶች በሚደረገው ድጋፍ ምን የማሻሻያ አቅጣጫዎችን ይጠቁማሉ?
8. የአዕምሮ እድገት ውስንነት ያላቸው ልጆችን እና እነሱን የሚያሳድጉ ነጠላ እናቶችን ከመደገፍ እና ከማበረታታት አንጻር በድርጅቱ ውስጥ ምን ልዩ ስልቶች ወይም ዘዴዎች ውጤታማ ሆነዋል?