

Impact of Rehabilitation Centre on the psycho-social Condition of Children with Physical  
Impairment

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This is to certify that the thesis prepared by Yeshimebet Alemu, entitled: The impact of rehabilitation centre on the psycho-social condition of children with physically impaired: perception and practice and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulations of the University and meets the accepted standards with respect to originality and quality.

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## **Acronyms**

AAU – Addis Ababa University

CBR – Community Based Rehabilitation

CP – Cerebral Palsy

CWDs – Children with disabilities

FGD – Focus Group Discussion

GO – Government Organization

ILO – International Labor Organization

MR – Mentally Retarded

MOLSA- Ministry of Labor and Social Affairs

MOH- Ministry of Health

MSW – Master of Social Work

NGO – Non Government Organization

NASSW – National Association of School of Social Work

PWDs – People with Disabilities

POP – poles of Plaster

TGE – Transitional Government of Ethiopia

UN – CRC- United Nations Convention for the Right of Child

UNESCO – United Nations Education and Science

WHO – World Health Organization

WVE – World Vision Ethiopia

UHEP – Urban Health Extension Program

## **Abstract**

This study assesses the impact of rehabilitation centre on the psycho-social condition of children with physical impairment by endeavor overall living condition, causes of impairment, parents perception, rehabilitation services, challenges and changes observed in Cheshire, Menagesha rehabilitation centre. Children with physical impairments, parents of children, the centre social workers, physiotherapist and the manager were participated in the study. Purposive sampling technique and case study employed as a major study tools. The study used in-depth interview, observation and FGD. The collected data were organized and analyzed through qualitative research approach. The study found that, the centre provides physical (medical), educational, social and vocational rehabilitation services. Children showed significant change in their physical movement, social relation, and psychological wellbeing. The study also found that the perception and attitude of parents of children with physical impairment regarding the causes of impairment was changed from religious beliefs to possible causes of physical impairment as a result of the rehabilitation services. The study has a great implication for social work practice in the area of policy formulation, advocacy, community mobilization, empowerment, service provision, assessment and research in the areas of disability.

**Key words: Rehabilitation, Children and Cheshire, impairment**

## CHAPTER ONE

### 1.1 Introduction

A disability is a condition or a function considered to be significantly impaired relative to the usual standard of an individual functioning including physical impairment, sensory impairment, cognitive impairment, mental illness and various types of chronic disease. Disability referred as a condition that interfered significantly with the individual's normal growth and development Disabled world (2007).

Children with disabilities experience stigma from birth and are prone to exclusion, cover up, leaving behind, institutionalization and abuse. Families have hidden away children with disabilities, keeping them out of school and exclude from any opportunity to having a role in their family (Wegayehu 2004). The service rendered need to be given in the child's natural environment, that is, in an inclusive setting that may mean the child's home, the neighborhood, preschool and primary schools with children without disabilities or community. These institutions which have a direct and indirect bearing on the well being and development of the child would also be used to serve in detecting children with special needs as early as possible.

According to recent estimates, about 600 million people in the world experience disabilities of various types and degrees Disabled World (2007). This corresponds to 10 % of the world population. If families of people who experience disabilities are taken into account at least 25 % of people are directly affected.

The prevalence of disability among children is very high particularly in the developing countries. According to Jacobson (1993) as cited by Tirusew, Adugna, Menilk and Daniel, report indicates that about 140 million children in developing countries are disabled of which 20 million children are found in Africa. The 1994 population and Housing census of Ethiopia also show that there are about 333,585 persons with disabilities in the country. Among this population, it has been estimated that more than 37% of them are persons with physical disabilities.

Rehabilitation is a process of enabling person with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and / or social functioning levels, providing them with the tools to change their lives towards a higher level of independence Tirusew (2005). World Health Organization (1996) define rehabilitation as a goal oriented and time limited process and aimed at enabling an impaired person to reach an optimal mental, physical and social functioning level. Rehabilitation also refers to a process of restoring to a former capacity for focusing on residual and recoverable functions and capacities. It may include measures to provide and restore functions or compensate for a functional limitation Peat (1997) as cited in Wegayehu (2004).

The rehabilitation of persons with disabilities involves the provision of medical, psychological, educational, social and vocational services. In Ethiopia, there are both governmental and nongovernmental services, which attempt to cater for the special needs of people with disabilities. However, among the millions of people facing various degrees of disabilities only few are beneficiaries of the rehabilitation services Tirusew (1993) as cited in Kahsay (2010).

Wegayehu (2004), the few rehabilitation services that exist in Ethiopia are mostly located in Addis Ababa at Paulos Specialized Hospital and a few major towns Mekele, Awassa, Arbaminch, Dire-Dawa, and Jima and thus cannot serve people with disabilities who live far away from the service deliverers. Tigabu (2008) disclosed that, in Ethiopia, rehabilitation services provision institutions could address only to 1 % of the total rehabilitation needs of persons with disabilities.

Individuals experiencing various types of disabilities, including those who are physically handicapped, deserve receiving proper rehabilitation services which help them overcome their disabling conditions and promote the development of their potentials as well as change their psychological and social conditions.

However, different governmental and non-governmental organizations have been trying to improve the condition of these persons, among which Cheshire service Ethiopia Menagesha rehabilitation centre is one. Consequently, assessing the impact of rehabilitation services on the psycho-social condition of physically impaired children at the centre is important to design intervention plan for children with physical impairment.

## **1.2 Statement of the problem**

There are numbers of studies carried out on disabled children. Among prominent researchers, some of them conducted research about children with disabilities in Ethiopia.

Senait (2006) carried out comparative study of the psychological functioning of children with visual impairment in integrated and special need school setting. She found out that children in the special school were better in their psychosocial function than those in the integrated school.

Selamawit (2001) saw child rearing practices by parents of children with physical disability in Woreda 20 & 25. Her major findings were a reasonably long period of breast feeding, inadequate body washing, an emphasis on non- corporal punishment, de-emphasis on informal skill training and formal schooling and positive relationship between mothers and guardians and their children with physical disabilities.

The psychosocial experience of children with repaired cleft lip had been studied by Tehetena (2010). The findings were that difference in facial appearance coupled with speech deficits made the children with repaired cleft lip experienced teasing in their day to day lives, which had impact on their social and psychological feelings. Those children subjected to frequent teasing and insult, social anxiety, feelings of dissatisfaction with facial appearance and speech, insecurity, guilt, frustration, anger, sadness and depression.

Nema (2000) assesses the adaptive behavior of some children with mental retardation in Ethiopia. The findings indicated that prior to the intervention all children experienced severe deficits in independent functioning skills and other adaptive behavioral characteristics. However, they have made substantial improvements in many of the adaptive behavior aspects mainly in independent functioning, physical development and social maturity. In general, the children's performances show progress and difference in level of retardation.

Community based rehabilitation program for children with physical disabilities in Adama town and practices and challenges of community based rehabilitation program for deaf children in Gonder University was studied by Daba ( 2000) and Getachew ( 2011) . Their findings showed that the majorities of children with disabilities those who were involved in Community Based Rehabilitation programs are from families of low educational level. The study also found community based rehabilitation program had been able to bring about substantial changes in the lives of children in terms of awareness raising, facilitating their material, perceptual and emotional pathways to empowerment, showed improvement in social relation, communication skills and educational aspects after they had the service.

Kahsay (2010) investigated the state of community based rehabilitation approaches for children with disability in Kilte Awelaro, Tigray. His finding showed that the CBR program provides effective medical and educational services for children with disabilities and there is an attitudinal change of parents and community towards children with disabilities as the result of awareness raising activities done by the centre.

Asmerom (2007) investigated the effects of being deafness of on communicative interaction and psycho-emotional feelings of hearing mothers of deaf children in Addis Ababa. The result showed that deaf children lack the provision of early identification, linguistic stimulation and optimal communicative environment at home. They had also impoverished their language, signing and verbal input as well.

They were deprived of adequate information from the surrounding environment and exchange of ideas, thoughts and feelings and hearing mothers experience different psycho emotional feelings because of inability to use signs for interactive communication.

Getachew (2011) investigated the benefits of children with disabilities from urban health extension program in Injibara city. The study revealed that children's with disabilities, their mothers and those extension workers had no knowledge about disability, there was no comprehensive program and Children with disabilities were not benefited from UHEP.

The learning conditions and characteristics of mentally retarded children in inclusive class rooms in Addis Ababa research was done by Festum (2005). The result gained was that challenges outweighed the opportunities of learning by Mentally Retarded children in the classrooms. Hence, the children were found to receive little or no concrete services, but meaningful and involving learning experiences in the classrooms.

This paper focused on children's who were physically impaired and the impact of rehabilitation centre on those children which is given by Cheshire service Ethiopia at Menagesha rehabilitation centre. The paper also tried to investigate what was the impact of rehabilitation service on the psychological and social condition of children with physical impairment which was the main research question of the study.

### 1.3 Objective of the study

#### 1.3.1 General Objective

To assess the impact of rehabilitation centre on the psycho-social conditions of children who are physically impaired.

#### 1.3.2 Specific Objectives, it is to

Understand the general living condition of physically impaired children.

Investigate the psychosocial condition of children before they got the service.

Explore the rehabilitation services provided by the centre for children with physically impaired.

Assess the resource in the rehabilitation centre for physically impaired children.

Investigate perception of parents about the causes of physical impairment before and after the provision of services.

Investigate the change of physically impaired children after they get the rehabilitation services

#### Research Questions

What was the psycho-social condition of children before they got the service?

What were the rehabilitation services provided by the centre for physically impaired children?

What were the resources in the rehabilitation centre for the physically impaired children?

What was the perception of parents about the cause of physical impairment before and after the provision of service?

What were the changes observed on physically impaired children after they got the rehabilitation services?

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

It clearly shows the rehabilitation services that were given by the program to physically impaired children. It gives insight to government and nongovernmental organizations for the importance of designing possible intervention program for the physically impaired and the centre workers also sees the gap between the objective and its implementation. Motivate concerned bodies to give attention to the problems and play an active role in the service provision activities.

#### **1.5. Limitation of the study**

Since the study was conducted only on one rehabilitation centre, fair generalizations were not free of limitations. Moreover, it was very difficult to get all parents of children with disability because parents had no regular or permanent schedule to visit their children. Time was the very limitations factor for this study when carried out.

#### **1.6 Operational Definition**

Physical Impairment – In this specific research physical impairment is children who has mobility problem because of their dysfunction legs and feet.

## Chapter Two

### 2. Literature Review

#### 2.1 Historical Background of the concept of disability

Disability is an old age phenomenon in the history of human societies. It is often associated with various misconceptions and attitudes in different societies. Globally, persons with disabilities have been attached to loaded terms like ‘evil spirit’, ‘witch craft’, ‘ill’ and ‘unfortunate’ (Daniel,2000).

Disability has different views to define the concept. The charity model of disability regards people with disabilities as ‘unfortunate’, ‘tragic’ or ‘helpless’ people who deserve pity and charity WVE ( 2008 ). To providing supports such as food or clothing for people with disabilities is the focus on such model. This model considers people with disabilities as long term recipients of support and welfare. According to Solvolainon (1995) as cited in Kahisay (2010) this model is a construct created by religious and cultural societies.

As cited in Kahisay ( 2010 )The other model is the medical model that perceives disability as a problem located in the individual with disability, and assumes that working to ‘fix’ or ‘cure’ individual can solve it WVE ( 2008 ). This model largely replaces and in effect extends the charity model.

According to Sovolainon (1995) it has its origin in biomedical understanding of impairments; hence disability is visually seen as lack of competence, due to dysfunction in an individual mind and body.

As to Kuno (2009), both the charity and medical model perceive disability as a problem located in the individual with disability. The true nature of disability is neither an individual's mere functional limitations nor the difficulties of performance which arise from such limitations. But it is operation, discrimination, social exclusion and the restriction of participation. This view of disability as a social construct is called the social model of disability). This perception removes the focus from the individual with disability as being the problem and shifts the responsibility on to society to remove the barriers which prevent full inclusion and participation of people with disabilities.

Children with disabilities like other non-disabled children should have to deserve special attention, protection, and assistance from their families, communities and from national as well as international organizations. According to Article 23 of the United Nations Convention on the Rights of the child:"... Mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active Participation in the community" (UN-CRC, 1989:23)

Though the UN-Convention on the rights of the child encourages active participation of disabled children in the community, there is no sound benchmarks as to what kind of educational and psychological assistance should be given to children with disabilities in developing countries like Ethiopia.

However, according to the Declaration on the rights of persons with disabilities (1989), children and adults with disabilities have the right to medical, psychological, and functional treatments including prosthetic and orthopedic appliances, medical and social rehabilitation, education, and vocational training and other rehabilitation services Health Link (1998).

Children with disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights. Discrimination arises not as a result of the intrinsic nature of children's disability, but rather, as a consequence of lack of understanding and knowledge of its causes and implications, fear of difference, fear of contagion or contamination, or negative religious or cultural views of disability. It is further compounded by poverty, social isolation, humanitarian emergencies, lack of services and support, and a hostile and inaccessible environment. Too often, children with disabilities are defined and judged by what they lack rather than what they have. Their exclusion and invisibility serves to render them uniquely vulnerable, denying them respect for their dignity, their individuality, even their right to life itself Unique (2013).

## 2.2 Prevalence of disability in Ethiopia

According to WHO (2004), a disabled person is any person unable to ensure by himself or herself a normal life, as a result of deficiency in his or her physical capabilities. As cited in Getachew (2011), Tirusew (2000), disability refers to limitation or lack of capacity to use the body to perform an activity within the range considered normal.

Ethiopia has long been having large number of people with disabilities. The total number of persons with disabilities in the country is assumed to be over 8 million on the bases of 10 % estimate of the total population. However some local studies report lower percentage. For instance the national base line survey of disability conducted by the Institute of Educational Research of Addis Ababa University in collaboration with Joensuu University of Finland on 5085 households reported about 2.8 % of disabled cases. On the other hand, the 1995 focused base line survey of persons with disabilities in Ethiopia, the first type in the country revealed that the prevalence of disability is about 2.95 Tirusew (2005).

According to this study, the data showed that , persons with motor disorder those with physical disabilities and chronic health conditions which leads to inability to walk , to sit, to eat and to drink are 41.2 %, persons with visual impairment weak sighted and blind are 30.4%, persons with hearing impairment those have hard of hearing and deaf 14.9 %, persons with intellectual disability are 6.5, persons with speech and language disorder 2.4 %, persons with multiple disability 2 % and persons with behavioral disorder 2.4 %.

### 2.3 Legal issues on Disabilities in Ethiopia

Like other countries Ethiopia's government has adopted and implemented laws, policies and standards pertaining to people with disabilities. Constitution of Democratic Republic of Ethiopia approved in 1995 Article 41 of the constitution sets out the states responsibility for the provision of necessary rehabilitation and support service for people with disabilities.

The right to employment for persons with disabilities is stated in proclamation no 568/2008, makes null and void any law, practice, custom, attitude and other discriminatory situations that limit equal opportunities for persons with disability. It also requires employers to provide appropriate working and training conditions; take all reasonable accommodation measures and affirmative action's, particularly when employing women with disabilities; and assign an assistant t enable a person with disability to perform their work or follow training.

The federal civil servant proclamation No.515/2007 provides for special preference in the recruitment, promotion and deployment among others of qualified candidates with disabilities. This provision is applicable to government offices only. The Developmental social welfare policy 1997, specifically targets people with disabilities and sets out to safeguard their rights and to promote opportunities for vocational rehabilitation.

In Ethiopia some people associate disability with spiritual evil and do not let disabled persons to go out in public. This leads to families hiding a disabled family member which leads to inaccurate information and statistics on disabilities JICA (2002). To improve problems of disability the Ethiopian Federal Democratic government has organized rehabilitation Department under MOLSA. To realize rehabilitation, capacity building and awareness creation is its main activities.

#### **2.4 Laws and Regulations**

Proclamation No 101/1994 is a proclamation by TGE, and its objectives are to assist people with in society suffering from disabilities due to natural and manmade causes, to alleviate the problems of disability by creating appropriate access to job opportunities through appropriate training or skill, To eliminate discrimination and protect the rights of persons with disabilities to compete for and obtain employment based on their qualification.

According to UN convention in article 7 states parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. State parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with equal bases with other children, and to be provided with disability and age - appropriate assistance to realize that right.

## 2.5 The Right to Medical Services and Rehabilitation

JICA (2002), major problem of people with disabilities in Ethiopia are lack of public understanding, information on the status and number of disability, shortage of basic needs like health facilities and in accessibility to assistive devices. The program for medical rehabilitation for PWDs is aimed at furnishing devices to support missed or damaged organs and provide necessary health care. And its strategies include strengthening and expansion of medical rehabilitation services, making available strong referral hospitals.

## 2.6 Types of physical impairment

There are numerous types of physical disabilities and it is imperative to understand each one, when interacting with someone known to have a disabling condition. It is a mistake to treat all people with physical disabilities as if they have the same condition. Everyone is an individual and even multiple people with the same physical disability may have varying degrees of the condition, therefore they may also have varying levels of interaction with other.

The causes of physical disabilities are also varied. Some physical disabilities are the result of injury while others may be congenital conditions. Not every circumstance of physical disability has a known cause. The types of physical disabilities are extremely varied and run the gamut. Here are some of the most common physical disabilities encountered in society.

### 2.6.1 Cerebral Palsy

The term Cerebral Palsy is used to describe a group of chronic conditions which affect body movements and muscle coordination in persons affected with the disorder. Cerebral Palsy causes damage to one or more particular areas of the person's brain, and usually occurs during fetal development or before, during, or shortly after birth; although the damage may be done during infancy. Cerebral Palsy disorders are not caused by problems in the person's nerves or muscles. Faults in the development or damage to motor areas in the person's brain disrupt their brain's ability to control posture and movement. Cerebral Palsy is not progressive, although secondary conditions like muscle spasticity may develop that can worsen or improve over time, or may remain the same. Cerebral Palsy is not a communicable disease. Cerebral Palsy is not curable, but therapy and training may help to improve function Edward and William (1981 p.p285).

### 2.6.2 Spina Bifida

Spina Bifida is a form of neural tube defect. Neural tube defects involve incomplete development of the brain, spinal cord, and/or their protective coverings, which are caused by the failure of the fetus' spine to close properly during the first month of pregnancy. Children who are born with Spina Bifida may have an open lesion on their spine where notable damage to their nerves and spinal cord has happened. The nerve damage is permanent, although the opening in the spine can be surgically repaired. The damage to the child's nerves may result in various degrees of paralysis in their lower limbs. In cases where there is no lesion present there is still the potential for the presence of improperly formed or missing vertebrae, as well as nerve damage.

Persons with Spina Bifida often experience a form of learning disability in conjunction with physical and mobility disability. There is currently no cure for Spina Bifida; the nerve tissue can neither be repaired nor replaced. Treatment for Spina Bifida may involve surgery, physiotherapy, and medication. Many persons with Spina Bifida use assistive devices including braces, crutches, or wheelchairs Edward and William (1981 p.p286).

### 2.6.3 Muscular Dystrophy

Muscular Dystrophy describes a group of genetic diseases which are characterized by progressive weakness and degeneration of the person's skeletal or voluntary muscles used to control movement. Heart muscles, as well as some additional, involuntary muscles, are affected by some forms of Muscular Dystrophy. Some forms of Muscular Dystrophy affect a person's organs as well. Duchene is the form of Muscular Dystrophy that affects children most commonly; Myotonic Muscular Dystrophy is the most common form of the disease affecting adult populations. There are some forms of Muscular Dystrophy that appear in infancy or childhood, while other forms may not appear until a person reaches middle age or older. Muscular Dystrophy has the potential to affect persons of any age group. There is no specific treatment for any form of Muscular Dystrophy. Both Physical therapy and corrective orthopedic surgery may improve a person's quality of life Edward and William (1981 pp 286).

#### 2.6.4 Heart Defects

During early pregnancy, as the heart begins to form, a heart defect may develop as well. These defects might affect the function and mechanics of a person's heart. Some of the children who develop heart defects show symptoms of them promptly after being born. Others do not show any symptoms until early childhood. Some heart defects prevent the person's heart from pumping adequate amounts of blood to their lungs or additional parts of their body, potentially leading to heart failure. Other heart defects may cause the person's skin to turn a pale gray or blue in color soon after they are born, or during their infancy; a condition referred to as, 'Cyanosis.' The cause of congenital heart defects is not clear Edward and William (1981).

There are some environmental factors that are known to contribute to the formation of congenital heart defects, such as viral infections that are contracted by the mother during the early stages of pregnancy. Some medications, taken by the mother during pregnancy, may also cause congenital heart defects in children. Some of the medications that are associated with congenital heart defects in children include Acutance, certain anti-seizure medications, Lithium, Trimethoprim, and Folic Acid Edward and William (1981).

The characteristics of physical and mobility impairments involve many different things. Persons with physical and mobility impairments may experience deficits in motor and/or fine motor functioning, loco motor and non-loco motor functioning. There is the potential for deficits in cognitive, social, and adaptive behavior skills, as well as impairments in language, vision, hearing or other sensory areas.

Persons with physical and mobility impairments may experience stiffness and/or spasticity, as well as loss of muscle strength. They may need help with learning, or activities of daily living Edward and William (1981). Persons with physical and mobility impairments may need assistance with mobility, transfers, and ambulation. They may have a limited range of motion, and be reluctant to attempt movement, or experience a perceptual or cognitive impairment. They may experience pain, discomfort; depression or anxiety. Persons with these impairments may require prolonged bed rest, and have medical restrictions. They may have musculoskeletal or neuromuscular impairments as well Edward and William (1981).

### **2.6.5 Polio**

As cited in Daba (2000), Poliomyelitis is still most common cause of physical disability in many developing countries in children (Werner, 1994). At least one of every 100 children may have some paralysis from polio in Ethiopia MOH Population Handbook (1995). However, after Vaccination program become effective, polio has been greatly reduced. As indicated by Tirusew (1998) and cited in Vergson (1993) "poliomyelitis (polio) is an acute disease that inflames nerve cells of the spinal cord or brain stem and leaves a residual paralysis or muscular atrophy which resulted in many individuals with physical disabilities. In areas with poor hygiene and lack of latrines the polio infection spreads when the stool of sick child reaches the mouth of a healthy child (MOH, Hand book, 1995). Polio is not inherited or familial and does not affect ability to have children. So persons with polio can have normal children (Werner, 1994).

Studies show that all children paralyzed by polio can be helped by certain basic rehabilitation measures such as exercise to keep a full range of motion in the affected limbs. However, each child has a different combination and severity's of paralyzed muscles, and therefore will have his/her special needs. For some children, normal exercise and play may be needed like non-disabled children. Similarly, others may require special exercise and play materials still others may need braces or other aids to help them move about better, do things more easily, or keep their bodies in healthier and more useful positions (Ibid).

## **2.7 Causes of physical impairment**

Based on studies conducted in twenty nine countries reported that the foremost cause of disability was infectious disease such as tuberculosis, trachoma, otitismedia, meningitis and parasitic disease. The second major cause of disability was war, trauma or accident. The third most common cause of disability was congenital and non infectious disease such as epilepsy WHO (2003). As cited in Kahisay (2010) the poor quality of prenatal care results in disabilities such as cerebral palsy Helander (1993). In Ethiopia the cause of disability is wrongly perceived as a curse, a consequence of a sin or wrong doing or evil deeds by parents, ancestors, the person with disability themselves and other supernatural presence Tirusew ( 2005 ).

## 2.8 Parental Reactions to having a child with a Disability

It is natural for parents to want their children to be smarter, more talented and happier than themselves. When parents first learn that their child has a severe disability, they become hopelessness. However their initial feelings may differ, depending on the parents religious and cultural backgrounds and whether the disability is identified prenatally, shortly after birth, or later in the child's life Davis (1987) cited in Batshaw and Perret (1992).

Moreover, Zuk( 1962) cited in Tirusew(1995) has identified three major emotional reactions common among parents when they come to realize that the child is physically disabled. These are disappointment, anger and guilt. Disappointment arises from awareness that the child will not be able to fulfill all of the loving hopes and expectations that have been built up even prior to his birth. Anger is initially directed at the child as the obvious source of frustration of those expectations. In addition, guilt feelings arise from the need of parents to deny that they are angry at the child.

## 2.9 Self concept of Children with disabilities

Self concept is created largely through our interaction with others. The feedback we receive, from those with whom we interact give us a picture of cheerful, shy, friendly, etc. Seligman (1975) cited in stalavistainfomeda.

Self concept as an emotionalized concept has tremendous importance for any individual because it affects his integration as a “whole” person. For person with disability, the concept of his own body image has emotional substance and meaning for him far beyond his own sensory abilities Routh (1965) cited in Tirusew (1995).

## **2.10 Overview of Rehabilitation**

Rehabilitation is as human service thinking is deliberate to attend to the physical, mental, emotional, spiritual, social and vocational aspects of life. Its goal is to facilitate productivity and independent living as well as community integration of a wide variety and substantial population of persons who otherwise may be functionally and societal limited in fully realizing their potential Maki and Rigger (1997) as cited in Kahisay (2010).

According to Adugna ( n.d) rehabilitation refers to all measures taken or to be taken to reduce the impact of disabling conditions, and the other way round enable people with disabilities achieve social integration. In this case rehabilitation service and facilities are generally directed to minimize impairments and negative attitudes in the society and to facilitate adaptation to the new life style. Rehabilitation is helping people with disabilities; it does not mean it is charity Wegayehu (2004). He explains that “as the Helen Keller Foundation stressed, people with disabilities do not want charity, they need supportive assistance to activate their own capacities. If they are given the opportunity, they could be an effective as any person in many spheres of social life.” Rehabilitation builds the strength of the rehabilitant.

Daba (2000) explains the goal of rehabilitation is to help children or persons with disabilities to enjoy the best quality of life possible by enhancing the ‘disabled persons’ natural abilities in the natural environment. Enhancing natural abilities in natural environments refer to the type of service to assist children with disabilities in their own communities by sharing information by transferring knowledge and skills to care givers.

This indicates that the type of rehabilitation that provides service in the child with disability’s natural environment is very effective, and children who have access for effective and comprehensive rehabilitation can show progress in their development, they can be productive, independent, emotionally strong and stable. Rehabilitation services would be effective if it is provided in early ages than later age Yirgashewa (2004).

## **2.11 Types of Rehabilitation Services for children with disabilities**

### **2.11.1 Medical Rehabilitation**

Starting from diagnosis, Children with disabilities can benefit from medical professional supportive services. As cited in Kahisay (2010) Diagnosis is the art of identifying disease or difficulty from its symptoms and signs. Since the cause of disabilities, the type of handicap and specific interventions are different in different people medical rehabilitation implies the involvement of medical workers such as pediatricians, psychiatrists, ophthalmologists and neurologist Winzer (1990).

Since children with disabilities have difficulties to resist disease, medical follow up is essential to protect them against further health related dangers. In medical rehabilitation, the people with disability may require access to expensive specialist equipment, professional expertise or drugs Ndawi (2002) as cited in Kahisay (2010).

### **2.11.2 Educational Rehabilitation**

The aim of educational rehabilitation is to enable persons with disabilities to become self reliant using knowledge they acquire by creating as equal opportunities as any other citizen in regular educational program MOLSA (1999).As cited in Kahisay (2010) In the area of rehabilitation, the debate on inclusion versus segregation appears to have occupied the minds of academics more than other issues.However, legislations should be put into place to support and safeguard the right of people with disabilities to access education, since free “ education for all “ should be included all citizens including children with disabilities Ndawi ( 2002 ).

As cited in Kahisay (2010) Educational intervention is a complex system directed to meet the diverse learning needs of children with disabilities. There are three types of support services which are considered as important for children with disability Yessldyke and Algozzine (1995).

**Direct Services:** these services provided by directly working with the children with disabilities themselves to correct, remediate or enrich or accelerate the progress they are making in their learning performance.

**Indirect Service:** are services that are provided to teachers and others who work with children with disabilities to help them meet needs of children.

**Related services:** are those services provided by the specially trained personnel directly to the child in the need or indirectly to those who work with the child. They may include assessment or testing, counseling, occupational therapy, adapted physical education, school health services and the like.

### 2.11.3 Social Rehabilitation

Social rehabilitation is concerned with integrating the people with disability into society with maximum possible adjustment, to cope with normal social demands as well as the extra demands placed on them by their disability. The ultimate goal of social rehabilitation is to allow people with disabilities to have the same sense of well being in society, as people without disabilities Ndawi (2002) as cited in Kahisay (201

As cited in Alhamdu (2006), Miles (2004). Social rehabilitation is, the aim of which is to attain functional ability. This ability means the capacity of a person to function in various social situations towards the satisfaction of his/her needs and the right to achieve maximum richness in his/her participation on society. Since social rehabilitation of children with disability should include family members, peers, neighborhood, and all others who are significant for these target children, they make a great change on rehabilitation area.

For the person with disabilities the social environment is more disabling than their physical disability. This affects the effective functioning and adjustment of the person and reflects how challenging and severe the social environment is for persons with disabilities. In case of this the approach of rehabilitation is recently changing from rehabilitation of the disability to the rehabilitation of the community Tirusew and Daniel ( 2000 ) as cited in Yirgashewa ( 2004 ).

#### **2.11.4 Vocational Rehabilitation**

According to ILO ( 2006 ) vocational rehabilitation is part of continues and coordinated process of rehabilitation which involves the provision of these vocational services e.g. vocational guidance, vocational training and selective placement, designed to enable a person with disability to secure and retain suitable employment. The purpose is to “further a person with disability integration into society.”

As cited in Kahisay (2010) Vocational rehabilitation is a preparation for work and placing people with disabilities in suitable jobs. The government and private institutions may recruit people with disabilities impart vocational skills to them, but they will also need to be placed into jobs for vocational rehabilitation to complete Ndawi (2002).

## 2.12 Institutionally Based Rehabilitation

Institutionally based rehabilitation, adopted in many countries, delivers services to people with disabilities primarily through special institutions and centers which could reach only few and insignificant proportion of the PWDs Daniel (n.d) as cited in Kahisay (2010). In this approach persons with disabilities are moved to a special setting where there are limited opportunities for interacting with the wider community. Isolation of the people with disabilities from their families and community is believed to have a negative effect on their proper growth and development. Wegayehu (2004) indicates that IBR programs have noticeable limitations, they are centre based rather than rehabilitant need based and these centre based institutes used imported technology which is costly. IBRs have lack of flexibility as they need to fulfill the preset objectives of the program instead of the clients need and wont.

Institution refers to establishments which provide direct health, education or social services wit in the defined catchments area UNESCO (1994). Institutions bring a group of disabled children, young people or adults to a place where resources, buildings and expertise are located and provision is centralized. Therefore, many of the services for person with disabilities have been carried out in institution.

### 2.13 Community Based Rehabilitation

Community based rehabilitation is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, communities and organizations and the relevant GO and NGO health, education, vocational, social and other services UNESCO and WHO (2004).

As cited in Kahisay (2010) CBR is a strategy within community development, and it embedded CBR in community development without giving a direction to this development. Equalization of opportunities and social inclusion of people with disabilities became touchstones in the appreciation and evaluation of community development. The basic principle appeared to be that people with disabilities should take part in, and benefit from, community development Finkenflugel (2004).

## CHAPTER THREE

### 3 METHODOLOGIES

#### 3.1 Philosophical stance

The researcher perspective about reality is constructivism, individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences-meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas, Creswell (2014 pp 31-32).

Despite, a subjective reality and the need to see life as they live it, there is always a room for a reasonable judgment particularly in the course of analysis whilst developing this study document. There is no particular sense in limiting the facilities of the mind in any inquiry. Meaning, a reasonable judgment is important and will be employed as a mechanism of analysis added to opinion and imagination, Kenneth & Todd (2011).

#### 3.2 Research design

The study used a cross-sectional descriptive research. Researchers observe at one point in time. Qualitative methodological approach involves that do not attempt to quantify their results through statistical summary or analysis. Qualitative research seeks to describe various aspects about behavior and other factors. In qualitative research data are often in the form of descriptions, not numbers. The goal of qualitative research is to look for meaning and stress is laid on the socially constructed nature of reality, (Abiy, Alemayehu, Daniel, Melese and Yilma (2009).

So, for this study the researcher employed qualitative approach. Knowledge is located in the meaning people make of it and can be acquired through communication about their meaning. A close relationship with the research participants will bring achievement for qualitative research Creswel (2003: 173).

For this specific research, the researcher taken up case study method to describe and explore the impact of rehabilitation services on the psychosocial condition of children with physically impaired at Menagesha rehabilitation centre. Case study is used in many situations to contribute to our knowledge of individual, group, organizational, social, political and related phenomena, Yin (2003). Case studies involve an in-depth examination of a single person or a few people. The goal of the case study is to provide an accurate and complete description of the case.

The principal benefit of case studies is that they can expand our knowledge about the variations in human behavior. Although experimental researchers are typically interested in overall trends in behavior, drawing sample-to-population inferences, and generalizing to other samples, the focus of the case-study approach is on individuality and describing the individual as comprehensively as possible.

The case study requires a considerable amount of information, and therefore conclusions are based on a much more detailed and comprehensive set of information than is typically collected by experimental and quasi experimental studies. Geoffrey Marczyk, David DeMatteo, and David Festinger (2005:148).

### 3.3 Study area

Cheshire Services is an independent non-profit making organization which provides orthopedic and social rehabilitation services for children and young people with disabilities in Ethiopia. It is located in Oromia region about 25 Km away from Addis Ababa. The charity was founded in 1962 by British war hero Lord Geoffrey Leonard Cheshire, by invitation from Emperor Haile Selassie's grandchildren, with the intention of rehabilitating children with disabilities. It was first established for Mentally Retarded children. And the place suggested by Emperor Haile Selassie just by thinking that it was comfortable to disabled children. Over the years Cheshire Services has become affiliated with many international charities and continues to expand its operations treating a wider range of disabilities across the whole of Ethiopia.

The Menagesha Rehabilitation Centre continues to be the flagship of Cheshire Services Ethiopia. It is the largest rehabilitation centre and is continually adapting to changing needs. Professionals provide quality orthopedic and social rehabilitation to up to 63 residential children and an increasing number of outpatients.

Table 1. Types of physical impairments in the rehabilitation centre

Types of the impairment	Number
Amputee	7
Club foot	27
Cerebral Palsy	4
Equnate Deformity	5
Fire Accident	1
Polio	19
<b>Total</b>	<b>63</b>

The centre supplies a comprehensive range of treatments including walking aids, artificial limbs, physiotherapy, counseling and social rehabilitation as well as education facilities and recreational activities for the children.

The Cheshire Services Outpatients department offers orthopedic treatment to young people and adults as well as a counseling service to help patients overcome social and physical barriers they may face due to their disability. Customized prosthetic limbs, walking aids and wheelchairs are prescribed to patients on an individual basis. This makes a lasting difference on an individual's life. All prosthetic limbs, walking aids and customized shoes are made on site by talented craftsmen.

### 3.4 Sampling Technique

To select the participants the study was made use of purposive sampling technique. The reason why the researcher chooses purposive sampling was that, for the sake of meeting directly children who are physically impaired in the rehabilitation centre. The idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem and the research question Creswel (2014 PP 180). Purposive sampling is one of sampling techniques in qualitative research that is deliberately made to select respondents based on their natural ability to give the required information Padgett (2008, PP 53).

### 3.5 Sample size

The sample size in a qualitative case study research will be about four to five cases Creswel (2014 PP 180). You stop collecting data when the categories (or themes) are saturated: when gathering fresh data no longer sparks new insights or reveals new properties Charmaz (2006) as cited in Creswel (2014).

The study included five children who were physically impaired, three parents of children who were already selected, two social workers in the rehabilitation centre, physiotherapist and with the rehabilitation service Manager. Children with physically impaired were chosen from both sex and aged from 11 to 16 years.

### **3.6 Data collection Instruments**

Four basic data collection instruments were used to secure the reliable and adequate information. These were in-depth interview, focus group discussion, observation and document analysis.

#### **3.6.1 Interview**

The researcher had conducted face to face interviews with participants. These interviews involved unstructured and generally open ended questions. The interview guide was prepared by the researcher based on the general research question and the specific objectives. In-depth interview was undertaken with four groups; children with physical disabilities, parents of children with physically impaired, social workers, with the Physiotherapist and with the manager of the Menagesha rehabilitation centre. The interview was agreed in Amharic language except interview with physically impaired children, which were carried out in both Amharic language and Afan Oromo. The responses from the interviews were recorded in a tape recorder. The interview was lasted from fifty minute to one hour. The recorded responses was transcribed to written notes in Amharic and Afan Oromo and then translated into English for analysis.

#### **3.6.2 Focus Group Discussion**

Punch (2000) as cited in Kahisay (2010), for validating statements and views focus group discussion guide helps to understand issues with consensus and variation among the members of the discussion.

To state feelings, perceptions and beliefs of participants if they would not express when they interviewed individually, focus group discussion guide helps to understand issues with consensus and variation among members of the discussion Yin (2003) as cited in Kahisay(2010). Focus group is extremely useful in providing qualitative data which gives an insight into attitudes and perceptions difficult to obtain using other procedures (Abiy et al., 2009). So it was engaged to develop data gathered from children with physical impairment, from parents of children with physical impairment, social worker, from physiotherapist and from the rehabilitation centre manager.

### **3.6.3 Observation**

In combination with the process of in-depth interviews, observation was also used as an additional instrument of data gathering technique. The main advantage of this observation was to understand the expression, feeling and perception of participant's reaction. According to Creswell (2009:181) through qualitative observations it is possible that researchers can take field notes on the behavior and activities of individuals at the research site.

### **3.6.4 Document Review**

The researcher used different written documents to supplement the study. Such as annual reports of the rehabilitation centre, brochures and different photographs which had necessary information for the study.

### 3.7 Data Analyses

In analyzing data the study used three procedures that were organizing, summarizing and interpreting the data. After collecting the data in the above different data collection instruments, they were categorized into major idea for their specific cases to shape the basic research question. As a result, this helped the researcher to summarize the data successfully to the case. Then, the organized and summarized data was discussed or interpreted carefully. Interpretations were concerned in reflecting the words and acts of the data source and the researcher's personal judgment were used to strengthen the findings.

### 3.8 Quality Assurance

According to Creswell (2009:190) the validity of qualitative research is met by using certain procedures such as checking the accuracy of the findings. He recommends the use of multiple strategies should enhance the researcher's ability to assess the accuracy of the findings and to convince the readers. For this specific research the researcher used triangulation as a major means for assure the quality of the study and made a double translation and gave to friends to check the data and know their reflections.

### 3.9 Ethical Consideration

The analysis as well as disclosure of material facts conducted in an ethical and strictly supervised procedure. Strong ethical considerations were attended in the study, clients were requested for their permission on the interview and the use of information confirmed as to only the study purpose.

Formal letter received from the AAU School of Social Work was submitted to the rehabilitation centre and granted ethical clearance. Concerns about issues of power and control over information in research have led to important debates about how researchers should approach the process of researching something about which they have no personal experience (Fawcett and Hearn 2004; Jones 2004) and how they then incorporate the knowledge they gain into their research (Beresford and Croft 2001).

Researchers need to ensure that they are not exploiting the experiences of others for their own professional advancement. Where repeated engagements do not lead to any experience of change, or where the engagement comes into conflict with the primary aims and interests of the group taking part in research, this is likely to lead to reports of 'research fatigue' (Butt and O'Neil 2004; Clark 2008) (see Beresford and Croft 2011). Researchers should try to create a sense of mutual trust between themselves and participants Jo Moriarty (2011: 24).

## Chapter Four

### 4. Data Presentation and Discussion

#### 4.1 Data Presentation

The purpose of the study was to assess the impact of rehabilitation services on the psychosocial status of children with physical impairment. In this chapter the researcher presented the result obtained from children with physical impairment, parents of those children and the rehabilitation centre employees who have direct relation with those children. The presentation had different themes and the following data are about the background information of children with physical impairment which was organized in the form of table. The names used to represent the children are Pseudonyms.

Table 2. Background information about children with physically impaired

	Name of children	Sex	Age	Age of onset	Types of physical Impairment
1	Seada	F	16	At her six month	Polio
2	Tolessa	M	11	At birth	Clubfoot
3	Abdulkarim	M	12	At 9 year	Paralyzed
4	Frehiwot	F	14	At birth	Clubfoot
5	Mehalet	F	13	At six month	Amputation

Seada is a Sixteen years old girl who has moving difficulty. Her two legs become dysfunction because she failed from her mother's back when she was six months old. Seada is from the Southern part of Ethiopia, Gurage zone. She lives with her parents and she is Muslim. She is a grade 6 student.

Tolessa who is eleven years old and has physical impairment came from Wollega, Oromia region. Both of his legs are bended inward. He lives with his parents. He has two sisters and one brother. He is a grade 5 student. His impairment happened at his birth. He is Protestant.

Abdulkarim who is a twelve years old and has moving difficulty came from Addis Ababa. His left leg become paralyzed because of kicked by other children while playing football. He lives with his parents and he has one brother. He is a grade 6 student. He is Musilem.

Firehiwot who is a thirteen years old girl and has physical disability came from Metehara, Oromia region. Both her legs are bended inward at birth. She lives with her parents. She is the only daughter for her family. Her impairment was identified when she tried to stand and walk. She is a grade 5 student.

Mahalet who is eleven years old and has physical impairment came from Addis Ababa; one of her foot was cut off after she failed into fire at her six month. She lives with her parents. She has one sister and one brother. She is Christian and a grade 4 student.

#### 4.1.1 Psychosocial conditions before children got the rehabilitation service

When Children, who are physically impaired, asked their feeling of the impairment before the provision of the rehabilitation services, they confirmed that they had no interaction with others outside their home. They remain alone at home and become isolated till they joined school. Physically impaired children responded about their feeling when they compare themselves with their non- disabled peers. They had bad feeling and perceived themselves as inferior to the others. As Adulkarim said:

*I felt sorry and fear because as other children I could not run and play with my leg. I consider myself inferior when I compare with my non-disabled friends. This is because I cannot play as I like and I was not thinking that, there are other children who are disabled. However, I learned that there are other disabled children after I joined these centre.*

It was not only among their peers that the physically impaired children faced psychological challenges but also in school settings. As Mahilet indicated:

*When the non- disabled made competition in athletics, they get more mark, I get less.” I was feeling very bad at school. It was because of this that my teachers brought me to this centre and When I was at home people insult me by saying disabled,” Komata” meaning leper and sometimes they hit me. So, I had bad feeling.*

The physically impaired children have been actively participating in a daily living activities like washing cloth and dishes, cooking, cleaning house, looking after children, keeping cattle, making bee hives , making bed, firing Charcoal and anything that were ordered by their parents.

#### 4.1.2 Types of Rehabilitation Service

The physically impaired children came into the centre in different ways such as by the outreach social workers team of the centre, by getting information from already rehabilitated children when they return to their village and by the help of their school teachers. The centre uses the following criteria to select and admit physically impaired children. Children's age should be between five and fifteen, who have no communicable disease, who have guarantee either family, organizations or who has house plan and their impairment must be polio, clubfoot, amputee, CP and spina bifida.

Those children, who were admitted to the centre, benefited from various rehabilitation services. Mainly, they had got Physical (medical), Educational, and social and vocational rehabilitation services. As Seada mentioned:

*I have taken to Balcha Hospital for surgery and they have been giving to me medicine when I had pain, though I didn't go to the irregular class always, they teach us Amharic and mathematics. All the rehabilitation centre administration staffs, social workers, health professional and teachers gave me moral and so I have a good relation with them and I am very happy with this. In addition to all the above service I learned how to make different handcrafts like scarves and house decoration materials.*

The physical (medical) rehabilitation service provided by the centre to children with physical impairment differs to each other. Tolessa expressed that:

*I had made surgery, pop, got shoes for my two legs, plastic supporter, and mainly physiotherapy service and different daily physical exercises that helps to shift my inward bended legs to the right position.*

The social workers of the rehabilitation centre gave counseling service to children. As the researcher observed they are keeping themselves clean and well dressed, they are playing like other children's with the same age and able to go to their irregular class according to their program that is when one group playing, the other will attend class or vocational training. When one group has physiotherapy the other group can have class or vice versa. The major concern of rehabilitating children with physical impairment is to improve and make better of their mobility condition. Based on the researcher's observation all the cases revived in the study are moving here and there in the compound. Two times a week they have sport exercises in the field which is given to specifically for children with physical impairment. This is arranged by volunteers who have special trainings on such activities. Children with physical impairment actively participated in these event and they enjoyed a lot. All grouped members came together at the field.

The researcher also observed that, there is a program of recreation in the centre. Their teachers arrange to watch local film twice a week. They allowed all children's to attend this session Abdulkarim said:

*I am getting counseling service by the centre social workers about how to cope up from my backward thinking about disability, to feel better and to struggle to be great man. When I was in Addis Ababa I didn't give any attention to paintings but now I am so interested and trying to paint. In social rehabilitation, I learned how to solve conflicts. Sometimes children here in the center quarrel with each other but our teachers solved it immediately. When I was at home, children there stigmatized me not to play with them by saying if something happen you make us cause of it and they did not even allowed me to play as I like but here I can play whatever I need. However, in this centre I do not have any social problems.*

At the center the social life of the children changed from their previous experience.

Firehiwot said:

*We are living here in harmony and with respect to each other, so our social relationship is very smooth in the compound. In addition to this we have an opportunity to learn various languages as well as cultures and values of the others. We are treating each other as brothers and sisters.*

Moreover, as confirmed by the rehabilitation workers and researcher observations, they are trying and helping those children by giving physiotherapy, assisted surgery, pop, gate training especially to polio case children and daily exercise to all children. They also gave training how to make themselves therapy after they made surgery for all children in accordance with their cases. This helped them how to walk and stand after the surgery.

In addition to this, they work on awareness creation to people about physical disability and they have a session with parents of children how to take care of children when they are discharged from the centre, they give psychosocial treatment for both parents and children with physical impairment.

It is in the first two weeks of their admission to the rehabilitation centre that children show change. For example when they came from the country side, they have psychological, social and economical problems, even they cannot express themselves, they don't feel good, they are in deep stress and fear. However, when they came to the centre they always warmly welcomed, good and neat place is given, all the staff, teachers, physiotherapists and social workers give them care and support in addition to their normal duty.

As a result, those children easily integrate into the society and the environment. Moreover, the real change came with the social rehabilitation service. This includes education, different vocational training and life skill training .For example a child can be considered as he/she is not able to do anything, to learn anything and as a burden on the family as well as on society. But this situation changed, those children take vocational training and basic education. Many volunteers came from in the country or out of the country this creates a chance to share experience to the physically impaired children. Then after their moral and self- esteem were improved, their status qua changed and then they became demanding.

Moreover, Cheshire has children protection policy this is to mean how to protect his/her human right, identity, culture, religion and language without any discrimination. A child can come from wherever; his/her right is protected. For these protection every employees have responsibility. This creates free environment to the children. No insulting words are allowed in the compound which shows the care that the children getting are not less but more than the care they get at their families home. The sums of all the above services change the holistic condition of the child.

When children asked about the rehabilitation services that are better for their future life, they replied as per their interest. Some said, all rehabilitation services are important but the medical rehabilitation is more because unless they get treatment they may encounter other problems. Physiotherapy and POP helps their leg to stretch and walk. The others mentioned that, Vocational and educational rehabilitations are better and convenient for the physically impaired children because they can do it simply without moving here and there.

As the social workers indicated, “all the rehabilitation services are important and inseparable. If physically impaired child get medical treatment but not counseling, vocational and academic education, the use is not as such complete. For example if a child who has been walking by using his hand but get medical treatment and start walk without getting psychosocial support his rehabilitation will be in question .When we see the vocational rehabilitation it will help specifically children who are with multiple disabilities and those who have learning disability, in their future life for income generating activities. So, all rehabilitation services will have the same role in his /her future life”. In contrast as the physiotherapist mentioned “originally, we bring those physically impaired children to this centre to adjust their legs and make them to walk. It is not to give them the vocational training or academic education.

Therefore, the other department consider as supportive to make them busy during their spare time and not to think of their pain, family and train them vocation which help them in their future to generate income. So, the physical rehabilitation (medical) is very important. Others are considered as supportive”.

Although the manager of the centre stresses that, the child came to the center mainly for physical rehabilitation, of which physiotherapy is the most important. For the future life of the child for example to live better life, to learn, to be inspired and to be filled by hope psychosocial support has also great role. This psychosocial support helps him/her in his long-run life.

### 4.1.3 Changes observed after provision of rehabilitation services

Children were also asked about the observed changes after they got the rehabilitation services. Seada replied that:

*Thanks to Alah, before I used to walk by the help of stick, but after I came to this Rehabilitation centre, I start to walk with the help of crutches and my legs are started to stretch. If Alah allowed I will stand and walk with my legs soon. Before I came here, I was carrying things on my shoulder I could not hold anything with my hand, however, from now on ward, I can hold and carry things with my hand.*

Abdulkarim responded that

*When I was at home I did not get benefit, I didn't go to hospital for treatment but here I have got medical treatment and becoming better. When I was in Addis Ababa the school was far away so I could not walk. But here it is nearby and easy to walk to get education. So, I attend regularly as per the program.*

Mehalet replied that:

*Before I could not make any handcrafts, but here I able to make it and also before I came to this centre my leg was swelling and bleeding but here I have got medicine and appropriate shoe. So my leg stopped swelling and I feel better. When I was at home people insult me by saying disabled," Komata" meaning leper and sometimes they hit me. So, I had bad feeling. But here nobody insult or hit me. So I am happy now.*

When children in the rehabilitation centre asked about the challenges they faced in the centre, they answered that they did not encounter any challenge in all aspects .They all were happy with the services given by the centre.

All children confirmed that, when they returned to their village they have a plan to participate in the rehabilitation program by teaching the community about disability issues, giving morale and sharing experience to children with physical impairment and advice children with physically impaired to come to the centre and get service.

Parents were also asked about their outlook towards rehabilitating children with physical disability. They replied that the crucial aspect for children with disability was rehabilitation and also they replied that before they bring their children into the rehabilitation centre their child could not able to make handcrafts. Hence they cannot stand and walk properly and play like their peers. But now when they come back home, we wondered and considered them as if they were born all over again.

Those parents also expressed that, after their children finish their rehabilitation, they have a plan to create awareness about physical impairment in their town or village. As explained by the social workers of the centre and FGD the rehabilitation centre was working on the empowerment of physically impaired children. They made the child to stand, walk and help themselves by supplying materials for themselves rather than asking help from other people. These are not only physical change but psychosocial change for the child.

#### 4.1.4 Community participation in the rehabilitation service program

As to the manager of the rehabilitation centre the participation of the society starts from the family from their initiation to bring the physically impaired children to the centers, willingness to make agreement to accept the medical service that the child going to get, to take the child back to home after he or she is discharged from the center, applying the consultancy they get from the center for the future life of the children, bringing back the child to the center for follow up, sending the child to school, give awareness to the community, to give moral to the child and keep their right. And Even if physically impaired children are assessed by our outreach workers, still they are the families or sponsoring organization who bring into the rehabilitation centre. Therefore, whether the family or sponsoring organizations are actively participate to bring these children out of their problem.

On the other side societies are playing a great role to bring the physically impaired children to the outreach stations. This is because whenever the outreach team goes to the region to assess the physically impaired children they only have one to three days in the area. In this case the society helps the team to get the target group by helping them to travel one or two days to meet the outreach team. Therefore, it is possible to say that society has a great contribution by serving as a bridge between the physically impaired children and the outreach team of the centre and even they start to search for other children's who have the same problem in the community and send to the rehabilitation centre.

## 4.2 Discussions

In this section, the results of the presented data were discussed and interpreted in relation to the research questions and related literatures.

### 4.2.1 Causes of physical impairment

All of the parents stated that their perception about the causes of physical impairment was a curse imposed by God. This perception is before their children get the rehabilitation service. Presently, however, their perception is changed and they understand that the causes for physical impairment are disease and accident. So, the parent's belief changed from false notion to possible factors after they bring their children into the center and get counseling and the awareness created by the social workers.

In Ethiopia the cause of disability is wrongly perceived as a curse, a consequence of a sin or wrong doing or evil deeds by parents, ancestors, the person with disability themselves and other supernatural presence, Tirusew ( 2005 ).

The foremost cause of disability was infectious disease such as tuberculosis, trachoma, otitismedia, meningitis and parasitic disease. The second major cause of disability was war, trauma or accident. The third most common cause of disability was congenital and non infectious disease such as epilepsy, WHO (2003). As cited in Kahisay (2010) the poor quality of prenatal care results in disabilities such as cerebral palsy Helander (1993).

#### **4.2.2 Parental reactions by having a child with physical impairment**

The result of this study indicates that, when parents of children with physical impairment realized that their child is physically impaired, they react in bad situation and faced high psychological problem such as hopeless, sad and disappointment. In relation to this, disappointment, anger and guilt has identified as three major emotional reactions and are common among parents when they came to realize that the child is physically impaired Zuk(1962) as cited in Tirusew (1995). According to Zuk, after the discovery of the problem, these reactions are likely to occur soon. Guilt feelings arise from the need of parents to deny that they are angry at child.

Disappointment arises from awareness that the child will not be able to fulfill all of the hopes and expectations that have been built up even prior to his birth. In addition, anger is initially directed at the child as the obvious source of frustration of those expectations.

#### **4.2.3 The Psychosocial Conditions of children with physical impairment.**

Children with physical impairment were suffering a lot in their psychosocial condition and they sense shocked in the way how people perceive about their impairment. Children also develop low self esteem; this is because their peers didn't allow them to play with. In the school, those impaired children have no the exposure to participate in physical sport activities.

In relation with this Tirusew (2000), the reaction of parents and care givers as well as teachers and students do influence in the social and emotional behaviors that children exhibit in school, at home and in the community. The social and emotional behaviors manifested by children with physical impairments are functions of the factors.

Most psychologists agree that the development of healthy social and emotional behaviors depend to a large extent on children's participation in positive interactions with and positive feedback from care takers. Any physical impairment affects the expectations that parents and others hold for the development of children as cited in Tekalign (2007), Tirusew(2000) .

Regarding their psychosocial condition of children with physical impairment, because of their impairment, they were unable to interact with their environment before the rehabilitation. So they developed low self esteem and as a result their social and emotional developments become low.

The perception and attitude of others in the immediate environment have a profound effect on the psychological makeup of children with physical impairment. Their low self-esteem may also result from the influence of others in their immediate environment Bekalu (2004). Tirusew (2000), by limiting the movement and mobility, physical impairment adversely affect a child's psychosocial, educational and other developmental achievements.

As cited in Kahisay (2010) Yesseldyke and Alogozine (1995), physical impairment limits muscular movement and mobility and differs in severity. Those with server disabilities may need special furniture or devices, and help of trained personnel. But children who have mild impairments can function very well in general education classrooms with small help. Relation to this, in this study four of the cases, case 2,3,4 and case five moved easily and they can interact with the environment and can attend their regular school.

#### **4.2.4 Types of rehabilitation service**

Cheshire Menagesha rehabilitation centre is undertaking rehabilitation program to address physical (Medical), Education, social, vocational and counseling aspects of rehabilitation. So, children with physical impairment were benefited from those rehabilitation services.

Tirusew (1995), rehabilitation is the restoration of the physically disabled to the maximum possible physical, vocational and economic independence and social integration. It implies all measures need to be taken to reduce the impact of disabling conditions, and the other way round enable people with disabilities achieve social integration. Generally, to minimize negative attitudes about impairment in the society and to facilitate adaptation to the new life style.

#### **4.2.4.1 Physical (Medical) Rehabilitation Service**

In this rehabilitation service, the centre provided different physical rehabilitating activities. Out of the services, shoe raise, braces, crutches, orthopedic shoe, corrective shoe and wheelchair. All Children with physical impairments physically rehabilitated from this service. The other physical rehabilitation service is physiotherapy. The centre provided an appropriate active and passive exercise such as balance and coordination exercise, electric stimulation and pop correction. In this service, children with physical impairment got surgery in Balcha and Korea Hospitals.

In relation to this, JICA (2002), major problem of people with disabilities in Ethiopia are lack of public understanding, information on the status and number of disability, shortage of basic needs like health facilities and in accessibility to assistive devices. The program for medical rehabilitation for PWDs is aimed at furnishing devices to support missed or damaged organs and provide necessary health care and its strategies include strengthening and expansion of medical rehabilitation services, making available strong referral hospitals

#### **4.2.4.2 Educational Rehabilitation**

Since children with physical impairment come from different regions by terminating their education, the centre gives educational rehabilitation which can help and rehabilitate those children. It basically assists them not to forget their education and help them for their preparation when they come back to school. Teachers at the center are professionals and they teach Mathematics, English, Amharic, Art , how to keep neatness and about nutrition.

The aim of educational rehabilitation is to enable persons with disabilities to become self-reliant using knowledge they acquire by creating as equal opportunities as any other citizen in regular educational program MOLSA (1999). However, legislations should be put into place to support and safeguard the right of people with disabilities to access education, since free “ education for all “ should be included all citizens including children with disabilities Ndawi ( 2002 ).

#### **4.2.4.3 Vocational training**

Children with physical impairment also benefited from vocational skills such as garment making, different house decorations, and jewelries and in fact this can also help children for income generation when discharged from the centre. As cited in Kahisay (2010) Vocational rehabilitation is a preparation for work and placing people with disabilities in suitable jobs. The government and private institutions may recruit people with disabilities impart vocational skills to them, but they will also need to be placed into jobs for vocational rehabilitation to complete Ndawi (2002).

#### **4.2.4.4 Social Service**

Children in the center also benefited from the social rehabilitation service. This service helps them to improve their problem they faced before they get the provision of the services. No one can feel guilty, hopeless and inferior in the centre, because they play whatever they need, they dance together, they share their cultures and languages, they all participate in any events together, and they eat together in one hall. These all enhance their social interaction, to improve their psychological wellbeing and it helps them to forget the discrimination and marginalization in the community.

As cited in Alhamdu (2006), Miles (2004). The aim of Social rehabilitation is to attain functional ability. This ability means the capacity of a person to function in various social situations towards the satisfaction of his/her needs and the right to achieve maximum richness in his/her participation on society. Since social rehabilitation of children with disability should include family members, peers, neighborhood, and all others who are significant for these target children, they make a great change on rehabilitation area.

For the person with disabilities the social environment is more disabling than their physical disability. This affects the effective functioning and adjustment of the person and reflects how challenging and sever the social environment is for persons with disabilities. In case of this the approach of rehabilitation is recently changing from rehabilitation of the disability to the rehabilitation of the community Tirusew and Daniel ( 2000 ) as cited in Yirgashewa ( 2004 ).

Social rehabilitation is concerned with integrating the people with disability into society with Maximum possible adjustment, to cope with normal social demands as well as the extra demands placed on them by their disability. The ultimate goal of social rehabilitation is to allow people with disabilities to have the same sense of well being in society, as people without disabilities Ndawi (2002) as cited in Kahisay (2010).

#### **4.2.5 Changes observed on children with physical impairment after the provision of the service.**

In this study children with physical impairments in Menagesha rehabilitation centre benefited from all rehabilitation services. Children showed significant changes in their movement i.e. who are not stand and walk started walking; they get braces, crutches and appropriate shoe from the centre. They also have brought change in their thinking and they also benefited from counseling session which has its own contribution for the self awareness and to build their self esteem. Self awareness that is, they developed self esteems and confidence, they integrate themselves with the community in the compound and they feel better for social life because they are playing with their peers, teachers and the centre's community and the showed significant change by vocational trainings, before they don't know how to make different handcrafts but now they are much trained and further they could use it for their future life income generation activities. In general, those children had received Physical (Medical), Educational and psychosocial satisfaction from the rehabilitation services.

As cited in Daba (2000), Mengesha (1992) indicated about the modern concept of rehabilitation that is, totals rehabilitation. Countries are increasingly beginning to realize that they must adopt the modern concept of rehabilitation. Isolated services are not enough to rehabilitate an individual. Total rehabilitation is a step-by a step process which begins with a careful diagnostic study of Physical (medical), social and psychological factors.

## CHAPTER FIVE

### 5. Conclusion and Social Work Implication

#### 5.1 Conclusion

The result of the study reveals that children with physical impairment couldn't interact with others and discriminated by others before they get the rehabilitation services. As a result their psychosocial status was affected and they experienced isolation and developed low self esteem.

The Cheshire Menagesha rehabilitation centre provides institution based rehabilitation service which provides and enhances the medical (physical), educational, social and vocational rehabilitation services to children with physical impairment. The mobility status of children was changed significantly. They also benefited from irregular school education, vocational and social services by interacting themselves with other children and the centre community. So, all this rehabilitation services played great role in rehabilitating children with physical impairment.

They also benefited from counseling session which had its own contribution for the self awareness and building self- esteem. Moreover, the parental beliefs also changed from religious beliefs to possible causes of physical impairment as a result of the rehabilitation services.

### 5.3 Social Work Implication

Social work is an empowering profession that facilitates positive change for individuals, groups, family, and communities; it is true that social workers are devoted to the underlying principles as social change, social justice, and equality of opportunity for the vulnerable, disadvantaged, and marginalized segments of the society NASSW (2005).

The study has great implication for the social work practice, in the area of policy, education and for further research. The study also has implication for all appropriate stakeholders to improve the discrimination and vulnerability of children with physical impairment.

As the study indicates, children with physical impairment had faced challenges in psychological and social wellbeing before they joined the rehabilitation centre. However, with this regard social workers should alleviate their problem with the collaboration of multidisciplinary professionals to bring holistic life change. Social workers are responsible for the organization and awareness creation about physical impairments to the community, Governmental Organizations, NGO's, for different institutions (religious, schools, hospitals etc), associations and stakeholders to participate in rehabilitation programs. In addition to this, social workers should engage in advocacy, community mobilization, empowerment and professional service provisions.

Disability is still hidden agenda especially in the rural and some urban parts of Ethiopia and still it has been given lesser attention. People are not well aware about even the issue. As indicated in this specific research there is high level of stigma and discrimination, less social relationship with non disabled peers, lack of inadequate treatment and no pre

prevention activities. So, these bother the psychosocial condition of children with physical impairment before they have got rehabilitation services. Therefore, this research can help to consider those mentioned points to be taken into further social science researches. For illustration, a research can be conducted on the issue of pre prevention and causes of physical impairment. The study also gives away to similar researches in other types of disabilities.

At the macro level the study calls for policy intervention to address needs of physically impaired children. It is the social worker role to advocate and influence disability policy makers and legislatures to enact laws and social policy guidelines, provoking the accessibility issue in all institution settings and facilitating for adequate rehabilitation centers. Social workers should follow up the policy implementation plan in all administration levels and institutions which are working for children with physical impairment.

From this research, people can learn a lot about the different causes of physical impairment, about various rehabilitation services which are given in the rehabilitation centre and how this can enhance the psycho-social wellbeing of children with physical impairment. Furthermore, they can understand that physical impairment can be cured if treated appropriately.

## Reference

Abiy, Alemayehu, Daniel, Melese and Yilma (2009), Introduction to research methods: preparatory module for Addis Ababa University graduate programs, unpublished module.

Asmerom Tekel (2007). Mother Child interaction: The case of deaf children in A.A. Unpublished MA thesis Addis Ababa University.

Alhamdu Seid (2006). The Effects of community Based Rehabilitation on Families of children with Mental Retardation. Unpublished MA thesis Addis Ababa University.

Anto Arketo (2004). Educational challenges 'integrates' blind students, Unpublished MA thesis Addis Ababa University.

Batshaw M.L and Perret Y.M (1992). Children with disabilities a medical primer 3<sup>rd</sup> ed. Baltimore: Paul H. Brocker.

Beth Humphries (2011), Research in Social Care and Social Welfare, School for Social Care Research London School of Economics and Political Science, Printed and Bound in Great Britain by Athenaeum Press, Gateshead, Tyne and Wear.

Daniel Desta (2000), Attitudes towards Disability and the Role of Community Based Rehabilitation in Ethiopia. Dissertation Review Joensuu University printing press.

Daba Feyissa (2000), The implementation of community based rehabilitation program for children with physical disabilities. Unpublished MA thesis Addis Ababa University.

Disabled World (2007), Retrieved from [www.disabled-world.com/disability/types](http://www.disabled-world.com/disability/types)

Edward and William H. (1981), An introduction to Special Education University of Kentucky, by little, brown and company (Inc.)

Festum Tarekegne (2005). Learning conditions and characteristics of mentally retarded children in inclusive classrooms in Addis Ababa. Unpublished MA thesis Addis Ababa University.

Geoffrey , David , and Festinger ( 2005) *Essentials of Research Design and Methodology* , Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Getachew Admass (2011), The benefits of children with disabilities from urban health extension program, Unpublished MA thesis Addis Ababa University.

Getachew Waleligne (2011). Practices and challenges of community based rehabilitation program for deaf children, Unpublished MA thesis Addis Ababa University.

Helander and et.al, (1993), Training the Disabled in the community for people with disabilities, WHO Geneva.

Health Link (1998), The International News Letter on Community based rehabilitation and the concern of disabled people no.29.

JICA (2002). Country profile on Disability. Federal Democratic Republic of Ethiopia

- John W.Creswell (2014), *Research Design: qualitative, quantitative and mixed methods approach*, 4<sup>th</sup> ed., University of Nebraska Sage Publication.
- John W.Creswell (2009), *Research Design: qualitative, quantitative and mixed methods approach*, 4<sup>th</sup> ed., University of Nebraska Sage Publication.
- John W.Creswell (2003), *Research Design: qualitative, quantitative and mixed methods approach*, 4<sup>th</sup> ed., University of Nebraska Sage Publication.
- Kahsay Tareke (2010). *The state of community based rehabilitation approaches of children with disabilities*, Unpublished MA thesis Addis Ababa University.
- MOLSA (1999), *National program of Action for Rehabilitation of person with Disabilities* Addis Ababa, Ethiopia
- Nema Behutye (2000), *Assessment of adaptive behavior of some children with mental retardation in Ethiopia*, Unpublished MA thesis Addis Ababa University.
- Padgett, D. K. (2008), *Qualitative Methods in Social Work Research* 2nd ed. New York Sage Publications, Inc.
- Robert Key Yin (2003), *Applied Social Research Methods Series Volume 5*, Sage Publications *International Educational and Professional Publisher*.
- Senait G/Medhin (2006). *Comparative study of the psychosocial functioning of children with visual impairment in integrated and special need school setting*, Unpublished MA thesis Addis Ababa University.
- Selamawit Tadesse (2001). *Child rearing practices by parents of children with physical disability*, Unpublished MA thesis Addis Ababa University.

Tehetena Woldetensay (2010). Psychosocial experiences of children with repaired cleft lip and palate, Unpublished MA thesis Addis Ababa University.

Tirusew, T (2005), Disability in Ethiopia: Issues, Insights and Implications. Addis Ababa University Printing Press, Addis Ababa.

Tirusew T., Adugna A., Menilik D., and Daniel, Special need education. Resource on disabilities and rehabilitation programs for trainers of special needs education, published by support to special Education in Ethiopia FNNIDA assistive project, Addis Ababa

Tigabu Gebremedhin (2008). An assessment of neighbors of persons with disabilities in Addis Ababa, Unpublished MA thesis Addis Ababa University.

UN (1989).The Rights of the Child, Human Rights fact Sheet, NO.10 Article, 23. Geneva.

UNESCO and WHO (2004).World conference on special needs education: Access and quality needs Education .Salamanca Spain

Wegayehu Tebeje (2004). A study of the principles and practices of community based vocational rehabilitation and its implication for Ethiopia, Ontario institute of education. University of Toronto

WHO (1996), Disability Prevention and Rehabilitation, Geneva

WVE (2008), Including persons with disability in World Vision Ethiopia's agenda, An informational brochure on disability Addis Ababa, Ethiopia.

Yirgashewa Bekele (2004).Community based Rehabilitation and its effect on children with Mental Retardation, Unpublished MA thesis Addis Ababa University.

## Annex 1

## Consent Form for children with physical impairment

Good morning/Good afternoon dear participants.

My name is Yeshimebet Alemu. I am a post graduate student of School of Social Work in Addis Ababa University. Currently, I am assessing the impact of Rehabilitation center on the psycho-social condition of children with physical impairment at Cheshire Menagesha rehabilitation for the partial fulfillment of the requirement for the Degree of Master of Social Work. For this purpose, I need to gather information from children with physical impairment. I therefore, kindly request your willingness to respond some of the questions.

The participation with this research is purely voluntary and you might not have any immediate benefit. However your response to each question is very essential for the study purpose. If you are willing, I will contact you at a convenient place and conduct the interview. The session of the interview will take a maximum of forty five minutes. If it is appropriate, I will use the tape to record the conversation and will be deleted up on the completion of the study. In doing so, any of your personal profile and name will not be indicated rather it will remain confidential.

Thank you for your kind cooperation!

If you are agreed, put your signatures,

	Participant	Researcher
Signature	_____	_____
Date	_____	_____

## Annex 2

## Consent Form for parents of children with physical impairment

Good morning/Good afternoon dear participants.

My name is Yeshimebet Alemu. I am a post graduate student of School of Social Work in Addis Ababa University. Currently, I am assessing the impact of Rehabilitation center on the psycho-social condition of children with physical impairment at Cheshire Menagesha rehabilitation for the partial fulfillment of the requirement for the Degree of Master of Social Work. For this purpose, I need to gather information from parents of children with physical impairment. I therefore, kindly request your willingness to respond some of the questions.

The participation with this research is purely voluntary and you might not have any immediate benefit. However your response to each question is very essential for the study purpose. If you are willing, I will contact you at a convenient place and conduct the interview. The session of the interview will take a maximum of forty five minutes. If it is appropriate, I will use the tape to record the conversation and will be deleted up on the completion of the study. In doing so, any of your personal profile and name will not be indicated rather it will remain confidential.

Thank you for your kind cooperation!

If you are agreed, put your signatures,

	Participant	Researcher
Signature	_____	_____
Date	_____	_____

## Annex 3

## Consent Form for the centre social workers

Good morning/Good afternoon dear participants.

My name is Yeshimebet Alemu. I am a post graduate student of School of Social Work in Addis Ababa University. Currently, I am assessing the impact of Rehabilitation center on the psycho-social condition of children with physical impairment at Cheshire Menagesha rehabilitation for the partial fulfillment of the requirement for the Degree of Master of Social Work. For this purpose, I need to gather information from the centre social workers. I therefore, kindly request your willingness to respond some of the questions.

The participation with this research is purely voluntary and you might not have any immediate benefit. However your response to each question is very essential for the study purpose. If you are willing, I will contact you at a convenient place and conduct the interview. The session of the interview will take a maximum of forty five minutes. If it is appropriate, I will use the tape to record the conversation and will be deleted up on the completion of the study. In doing so, any of your personal profile and name will not be indicated rather it will remain confidential.

Thank you for your kind cooperation!

If you are agreed, put your signatures,

	Participant	Researcher
Signature	_____	_____
Date	_____	-----

## Annex 4

## Consent Form for the centre physiotherapist

Good morning/Good afternoon dear participants.

My name is Yeshimebet Alemu. I am a post graduate student of School of Social Work in Addis Ababa University. Currently, I am assessing the impact of Rehabilitation center on the psycho-social condition of children with physical impairment at Cheshire Menagesha rehabilitation for the partial fulfillment of the requirement for the Degree of Master of Social Work. For this purpose, I need to gather information from the centre physiotherapist. I therefore, kindly request your willingness to respond some of the questions.

The participation with this research is purely voluntary and you might not have any immediate benefit. However your response to each question is very essential for the study purpose. If you are willing, I will contact you at a convenient place and conduct the interview. The session of the interview will take a maximum of forty five minutes. If it is appropriate, I will use the tape to record the conversation and will be deleted up on the completion of the study. In doing so, any of your personal profile and name will not be indicated rather it will remain confidential.

Thank you for your kind cooperation!

If you are agreed, put your signatures,

	Participant	Researcher
Signature	_____	_____
Date	_____	_____

Annex 5

Consent Form for the centre manager

Good morning/Good afternoon dear participants.

My name is Yeshimebet Alemu. I am a post graduate student of School of Social Work in Addis Ababa University. Currently, I am assessing the impact of Rehabilitation center on the psycho-social condition of children with physical impairment at Cheshire Menagesha rehabilitation for the partial fulfillment of the requirement for the Degree of Master of Social Work. For this purpose, I need to gather information from the centre manager. I therefore, kindly request your willingness to respond some of the questions.

The participation with this research is purely voluntary and you might not have any immediate benefit. However your response to each question is very essential for the study purpose. If you are willing, I will contact you at a convenient place and conduct the interview. The session of the interview will take a maximum of forty five minutes. If it is appropriate, I will use the tape to record the conversation and will be deleted up on the completion of the study. In doing so, any of your personal profile and name will not be indicated rather it will remain confidential.

Thank you for your kind cooperation!

If you are agreed, put your signatures,

	Participant	Researcher
Signature	_____	_____
Date	_____	_____

## Annex 6

### The impact of rehabilitation centre on children with physical impairment

#### Interview Guide for children with physical impairment

##### 1. Background Information

Sex

Age

Religion

Address Region

Education

Types of impairment

Causes of impairment

##### 2. Tell me about your life situation before the rehabilitation services

Probing Questions/ideas

- Instant of the impairment
- Belief towards the causes of the impairment
- Compare your self with non disabled peers
- Daily living activities

##### 3. How do you join the rehabilitation centre?

Probing Questions/ideas

- Source of information
  - Admission criteria
4. Telling me what have been changed in you after having the rehabilitation service

Probing Questions/ideas

- Service you get from the rehabilitation centre
  - Service period
  - Benefit from medical(physical) rehabilitation service
  - Benefit from educational rehabilitation service
  - Benefit from vocational rehabilitation centre
  - Benefit from social rehabilitation service
  - Effective service in rehabilitating physical impairment children
5. What is your opinion towards the service provided by the rehabilitation centre
  6. Any idea you would like to add

## Annex 7

### The impact of rehabilitation centre on children with physical impairment

#### Interview Guide for parents of children with physical impairment

#### 1. Background Information

- Relationship with the child
- Address Region
- Marital Status
- Educational Backgrounds
- Level of Income
- Number of children in the household

#### 2. Tell me about the incidence of the impairment

##### Probing Questions

- Time of impairment
- Cause of impairment
- How did you first noticed the child was physically impaired
- Reaction at that time of impairment

#### 3. What changes are occurred in the child life after the rehabilitation?

#### 4. What was your feelings about rehabilitation of children with physical impairment

#### 5. Any idea you would like to add

Annex 8

The impact of rehabilitation centre on children with physical impairment

Interview Guide for the employees of Menagesha rehabilitation centre

1. Tell me about your role in the rehabilitation service to children with physical impairments
2. Who are the main actors in the service provision in rehabilitating children with physical impairments
3. Do you think the service you provide is changing the life of children in the rehabilitation? How explain
4. Please explain to me the main challenges (if any) in your daily service provision
5. What need to be done in order to improve the service provision

Annex 9

Informed Consent Form for children with physical impairment (Amharic Version)

**የስምምነት ቅፅ በማእከል ዉስጥ ለሚገኙ አካል ጉዳተኛ ልጆች**

ውድ የጥናቱ ተሳታፊ እንደምን አደሩ/እንደምን ዋሉ?

የሺመቤት አለሙ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል የድህረ ምረቃ ፕሮግራም ተማሪ ስሆን ለሁለተኛ ዲግሪ መመረቂያ የሚሆን የማሟያ ጥናት በማድረግ ላይ እገኛለሁ። ጥናቱ በመናገሻ ተህድሶ ማእከል ዉስጥ በሚገኙ አካል ጉዳተኛ ልጆች ላይ ተህድሶ ማእከሉ የሚያደረሰውን የስነልቦናና የማህበራዊ ተፅዕኖ ልምድ ለመገንዘብ ትኩረት ያደረገ ነው። በመሆኑም ለጥናቱ ግብአት አላማ ሲባል በማእከሉ ከሚገኙ ልጆች ጋር መረጃ መሰብሰብ ስለምፈልግ ላዘጋጅኋቸው ጥያቄዎች ተገቢ ምላሽ በመስጠት እንዲተባበሩኝ ፍቃደኝነትዎን በአክብሮት እጠይቃለሁ።

በዚህ ጥናት ላይ የሚኖረው ተሳትፎ በፍቃደኝነት ላይ የተመሰረተ ሲሆን ምንም አይነት የገንዘብ ክፍያ አይኖረውም። ሆኖም ግን የእርስዎ ተሳትፎ በጥናቱ ላይ አብይ አስተዋፅኦ ይኖረዋል። ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ አመቺ ጊዜና ቦታ በመምረጥ ከ45 ደቂቃ በማይበልጥ ሰአት የድምፅ መቅጃ መሳሪያ በመጠቀም ቃለ ምልልሱን እናደርጋለን። በጥናቱ ጊዜ የሚያካፍሉኝ ማንኛውም አይነት መረጃ ሚስጥራዊነቱ የተጠበቀ ከመሆኑ ባሻገር መመለስ ያልፈለጉትን ጥያቄ ያለመመለስ፣ ጥያቄና ማብራሪያ የማድረግ፣ ከጥናቱም እራስዎን የማግለል መብት ያለዎት መሆኑን እየገለፅኩ በተጠቀሱት ነጥቦች ዙሪያ የሚሰማሙ ከሆነ ከዚህ በታች ስምና ፊርማዎን በማኖር ስምምነትዎን እንዲገልፁልኝ እጠይቃለሁ።

	የጥናቱ ተሳታፊ	ጥናቱን ያካሄደው
ፊርማ	-----	-----
ቀን	-----	-----

Annex 10

Informed Consent Form for children with physical impairment (Amharic Version)

የስምምነት ቅፅ በማእከሉ ከሚገኙ የልጆች ቤተሰብ

ውድ የጥናቱ ተሳታፊ እንደምን አደሩ/እንደምን ዋሉ?

የሺመቤት አለሙ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል የድህረ ምረቃ ፕሮግራም ተማሪ ስሆን ለሁለተኛ ዲግሪ መመሪያ የሚሆን የማሟያ ጥናት በማድረግ ላይ እገኛለሁ። ጥናቱ በመናገሻ ተህድሶ ማእከል ውስጥ በሚገኙ አካል ጉዳተኛ ልጆች ላይ ተህድሶ ማእከሉ የሚያደረሰውን የስነልቦናና የማህበራዊ ተፅዕኖ ልምድ ለመገንዘብ ትኩረት ያደረገ ነው። በመሆኑም ለጥናቱ ግብአት አላማ ሲባል በማእከሉ ከሚገኙ የልጆች ቤተሰብ ጋር መረጃ መሰብሰብ ስለምፈልግ ላዘጋጃኋቸው ጥያቄዎች ተገቢ ምላሽ በመስጠት እንዲተባበሩኝ ፍቃደኝነትዎን በአክብሮት እጠይቃለሁ።

በዚህ ጥናት ላይ የሚኖረው ተሳትፎ በፍቃደኝነት ላይ የተመሰረተ ሲሆን ምንም አይነት የገንዘብ ክፍያ አይኖረውም። ሆኖም ግን የእርስዎ ተሳትፎ በጥናቱ ላይ አብይ አስተዋፅኦ ይኖረዋል። ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ አመቺ ጊዜና ቦታ በመምረጥ ከ45 ደቂቃ በማይበልጥ ሰአት የድምፅ መቅጃ መሳሪያ በመጠቀም ቃለ ምልልሱን እናደርጋለን። በጥናቱ ጊዜ የሚያካፍሉኝ ማንኛውም አይነት መረጃ ሚስጥራዊነቱ የተጠበቀ ከመሆኑ ባሻገር መመለስ ያልፈለጉትን ጥያቄ ያለመመለስ፣ ጥያቄና ማብራሪያ የማድረግ፣ ከጥናቱም እራስዎን የማግለል መብት ያለዎት መሆኑን እየገለፅኩ በተጠቀሱት ነጥቦች ዙሪያ የሚሰማሙ ከሆነ ከዚህ በታች ስምና ፊርማዎን በማኖር ስምምነትዎን እንዲገልፁልኝ እጠይቃለሁ።

	የጥናቱ ተሳታፊ	ጥናቱን ያካሄደው
ፊርማ	-----	-----
ቀን	-----	-----

Annex 11

Informed Consent Form for children with physical impairment (Amharic Version)

የስምምነት ቅፅ በማእከሉ ለሚገኙ ሰራተኞች

ውድ የጥናቱ ተሳታፊ እንደምን አደሩ/እንደምን ዋሉ?

የሺመቤት አለሙ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል የድህረ ምረቃ ፕሮግራም ተማሪ ስሆን ለሁለተኛ ዲግሪ መመረቂያ የሚሆን የማሟያ ጥናት በማድረግ ላይ እገኛለሁ። ጥናቱ በመናገሻ ተህድሶ ማእከል ውስጥ በሚገኙ አካል ጉዳተኛ ልጆች ላይ ተህድሶ ማእከሉ የሚያደረገውን የስነልቦናና የማህበራዊ ተፅዕኖ ልምድ ለመገንዘብ ትኩረት ያደረገ ነው። በመሆኑም ለጥናቱ ግብአት አላማ ሲባል በማእከሉ ከሚገኙ ሰራተኞች ጋር መረጃ መሰብሰብ ስለምፈልግ ላዘጋጅኋቸው ጥያቄዎች ተገቢ ምላሽ በመስጠት እንዲተባበሩኝ ፍቃደኝነትዎን በአክብሮት እጠይቃለሁ።

በዚህ ጥናት ላይ የሚኖረው ተሳትፎ በፍቃደኝነት ላይ የተመሰረተ ሲሆን ምንም አይነት የገንዘብ ክፍያ አይኖረውም። ሆኖም ግን የእርስዎ ተሳትፎ በጥናቱ ላይ አብይ አስተዋፅኦ ይኖረዋል። ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ አመቺ ጊዜና ቦታ በመምረጥ ከ45 ደቂቃ በማይበልጥ ሰአት የድምፅ መቅጃ መሳሪያ በመጠቀም ቃለ ምልልሱን እናደርጋለን። በጥናቱ ጊዜ የሚያካፍሉኝ ማንኛውም አይነት መረጃ ሚስጥራዊነቱ የተጠበቀ ከመሆኑ ባሻገር መመለስ ያልፈለጉትን ጥያቄ ያለመመለስ፣ ጥያቄና ማብራሪያ የማድረግ፣ ከጥናቱም እራስዎን የማግለል መብት ያለዎት መሆኑን እየገለፅኩ በተጠቀሱት ነጥቦች ዙሪያ የሚስማሙ ከሆነ ከዚህ በታች ስምና ፊርማዎን በማኖር ስምምነትዎን እንዲገልፁልኝ እጠይቃለሁ።

	የጥናቱ ተሳታፊ	ጥናቱን ያካሄደው
ፊርማ	-----	-----
ቀን	-----	-----

Annex 12

**ለአካል ጉዳተኛ ልጆች የሚቀርብ ሜ ጥያቄዎች**

1. የመግቢያ ሚዳዎች

1.1 ጾታ

1.2 ዕድሜ

1.3 ሀይማኖት

1.4 አድራሻ ክልል \_\_\_\_\_

1.5 የትምህርት ደረጃ

1.6 የጉዳቱ ምክንያት

1.7 የጉዳቱ አይነት

2. ወደ ማኅበራዊ ክሊሜንታቸው በፊት የነበራቸው ህይወት ምን ይመስል ነበር

2.1 ጉዳቱ በተከሰተ ጊዜ ምን ተሰማ/ተሰማኸ

2.2 ጉዳቱ በምን ምክንያት የመጣ ይመስልላል/ሀል

2.3 ከሌሎች አካል ጉዳት ከሌለባቸው እኩቶችህ ጋር እራስህን ስታጻፅ ምን ይሰማህ?

2.4 ለመኖር የሚገባሉ ስራዎችን ትሰራለህ

ለምሳሌ ልብስ መልበስ፣ መታጠብ፣ ማብሰል

3. አገልግሎቶቹን ካገኘህ በኋላ በህይወትህ ላይ የመጣውን ለውጥ እንዴት ትገልፀዋለህ፡፡

3.1 ከማኅበራዊ ምን ምን አገልግሎቶችን እያገኘህ/እያገኘሽ ነው፡፡

3.2 መቼ ነው አገልግሎቶቹን ማግኘት የጀመርከው?

3.3 ከህክምና ተሐድሶ አገልግሎት ምን አገኘህ?

3.4 ከትምህርት ተሐድሶ አገልግሎት ምን አገኘህ?

3.5 ከመሀበራዊ ተሐድሶ አገልግሎት ምን አገኘህ?

3.6 ከመኖሪያ ተሐድሶ አገልግሎት ምን አገኘህ?

3.7 በመከላከያ ወስጥ ከመኪናው የተሐድሶ አገልግሎቶች ወስጥ ለአካል ጉዳተኛ ልጆች

በጣም ወጣታማ የሆነው የትኛው ነው?

4. በመከላከያ ወስጥ ምን ችግሮች አሉ ትላለህ በመከላከያ

5. ባጠቃላይ ምን አስተያየት አለህ/አለሽ

6. የሚጠየቁት ነገር ካለ

Annex 13

**ለጉዳተኛ ልጆች ቤተሰብ የሚጠየቁ መሪ ጥያቄዎች**

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1. የመግቢያ ጥያቄዎች

1.1 ከጉዳተኛ ልጅ ጋር ያላቸው ዝምድና

1.2 አድራሻ \_\_\_\_\_ ክልል \_\_\_\_\_

1.3 የጋብቻ ሁኔታ

1.4 የትምህርት ሁኔታ \_\_\_\_\_

1.5 የገቢ ሁኔታ \_\_\_\_\_

1.6 የልጆች ብዛት

2. የጉዳተኛ ልጆችን በተመለከተ

2.1 ጉዳቱ የተከሰተው መቼ ነበር?

2.2 የጉዳቱ መነሻ ምንድን ነው ብለው ያስባሉ?

2.3 ልጁ የአካል ጉዳተኛ እንደሆነ መጀመሪያ ጊዜ እንዴት አወቁ?

2.4 በወቅቱ ምን አይነት እርምጃ ወሰዱ?

2.5 በወቅቱ ልጁን ወዴት ወሰዱት (ለእርዳታ)

2.6 ምን አይነት እርዳታ ተደረገለት?

2.7 እርዳታውን ካገኘ በኋላ በልጁ ላይ ምን ለውጦች ታዩ ለምሳሌ በትምህርቱ በቀን እንቅስቃሴው ላይ

2.8 ስለ ጉዳተኛ ልጆች ተሰደሰ ማከል የነበራችሁ አመለካከት ምን ይመስል ነበር? አሁንስ

Annex 14

ለተሀደሶች ማእከሉ ሠራተኞች የቀረበ

- ❖ መቼው ምን እንደሆነ ምን ያህል ጊዜ በመቼው እንደሰራ
- ❖ ምን አይነት ግልጋሎት ነው ለጉዳተኛ ልጆች እየሰጡ ያሉት
- ❖ ስለ አካል ጉዳተኛ ልጆች ተሰደሰ ማህበረሰቡ ምን አይነት አመለካከት አለው :

- ❖ በተሰጡ ፕሮግራሞች ላይ የቤተሰቦች ተሳትፎ ምን ይመስላል
- ❖ ከተወሰዱት ናሙናዎች ልጆች ወስጥ ያገኙት አገልግሎት እና የታየባቸው ለውጥ ምን ይመስላል
- ❖ ጉዳተኛ ልጆች ከሚሰጡ ግልጋሎት ወስጥ የትኛው የበለጠ ወጥታማ ነው :
- ❖ የሚጠበቁት ነገር ካለ