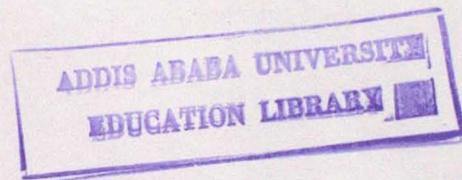


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IN TIGRAY AFTER THE REINTEGRATION TO CIVILIAN LIFE
(With Particular Focus on the Case of Mekele City)**

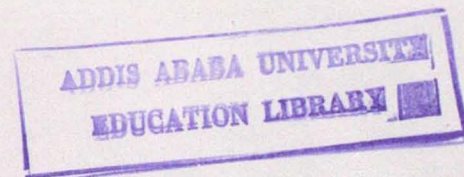


By: Nuru Seid Ahmed

June, 2010
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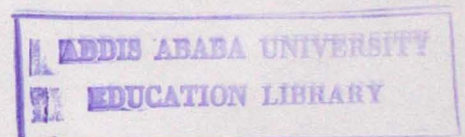
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Advisor: Tirussew Tefera (Prof)

**THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN
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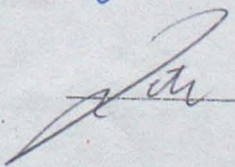
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List of Abbreviations

- ADB- Asian Development Bank
- AIDS- Acquired Immuno Deficiency Syndrome
- BDI-Beck Depression Inventory
- CRB- California Research Bureau
- CSA- Central Statistics Authority
- DHS-Demographic and Health Survey
- FDG- Focus Group Discussion
- FDRE-Federal Democratic Republic of Ethiopia
- HIV- Human Immunodeficiency Virus
- ICF-International Classification of Functioning
- PTSD- Posttraumatic Stress Disorder
- PWDS-People with Disabilities
- TDVA-Tigray Disabled Veterans Association
- TPLF-Tigrean People Liberation Front
- WAT- Women's Association of Tigray
- WHO-World Health Organization
- WWDS- Women with Disabilities
- UN-United Nations
- UNIDIR-United Nations Institute for Disarmament Research
- VWWD-Veteran Women with Disabilities

Abstract

After the overthrow of the former military regime, the government of Ethiopia demobilized various armed forces including veteran women with disabilities. Literatures state that ex-combatants in societies in transition have faced with inevitable psychosocial challenges as they struggle with trauma of their violent past. Therefore, this study aims at investigating psychosocial conditions of veteran women with disabilities in Tigray after the reintegration to civilian life with particular focus on the case of Mekele city. The study has employed both quantitative and qualitative research methods in order to analyze and interpret the data. Simple random sampling technique has been employed to 75 veteran women with disabilities and purposive sampling technique to the key informant from the service provider organization was also implemented. In addition to that focus group discussion with 8 respondents has been conducted to confirm with findings of quantitative study.

The findings of the study reveal that veteran women with disabilities have faced psychological, social, and economic problems. Among the major problems, many of them are divorce, and fell they have a lack of opportunities in finding employment, as a result, they live in poverty. Furthermore, they are labeled and stigmatized as being cripples and in need of care. The finding also indicates that the majority of veteran women with disabilities experience major psychosocial problems that remain largely neglected including depression, lowered self-esteem, social adjustment problems, and do not receive any counseling or psychosocial assistance prior to, during, or following the demobilization and reintegration phase. Although they have problems of forming meaningful social ties, some of them are leading the way in building partnerships with the community in 'equb' and 'idir' to raise public awareness and change misconceptions of them.

The study concludes that, since the unique psychological and social concerns of the veteran women with disabilities are unaddressed; demobilization and reintegration efforts have been unsuccessful, at least as far as their psychosocial situation is concerned. Therefore, this study strongly recommends that understanding the different environmental factors affecting the psychosocial conditions of the veteran women with disabilities, professionals in the area should design intervention strategies so that they could have better psychosocial well-beings.

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Women in Ethiopia are among the most vulnerable segments of dominant majority of world society. Ethiopian Women Affairs Office (2000) in the National report on the implementation of the Beijing platform for action states that women have severely experienced gender based oppressions and exploitation in all spheres of life. They have been deprived of their social, political, and economic rights. Several studies and day to day observations reveal that Ethiopian women are more vulnerable groups to physical and mental abuse. For instance, there is a proverb among the Ethiopian society that remarkably shows in a comparative parallel to an animal in being subject of violence towards women; for example: "*Women and donkeys need a stick*". This indicates that Ethiopian women have been victims of violence. Moreover, they have also suffered socio-cultural and economic discrimination. In light of this Fellows, 1993 cited in (Tirussew, 2005) indicates that gender stereotyping and negative attitude toward women is common in a patriarchal traditional society.

Women accounts for about 49.54% of the Ethiopian population (CSA, 2007). Out of this, a large numbers of women have suffered from the impacts of poverty, illiteracy, war, and disability. Women are more likely than men to become disabled during their lifetime due to gender bias in allocation of resources and their lack of access to health services (Emmett & Alant, 2006). They are also victims of several harmful traditional practices such as female genital mutilation, rape, abduction, early marriage and the like (DHS, 2005). Several studies have also shown that most

women in Ethiopia are engaged in household chores and activities which are characterized by lacking access to occupational safety, working for long hours, pays very low wages, and a work environment which has been dangerous to their health (CSA, 2005).

Unlike the realities for the total population of Ethiopia, the population of women in Tigray region exceeds men i.e., they constitute about 50.75% of the total population. Since they are segments of the underprivileged groups among the Ethiopian society, they have faced numerous problems like illiteracy, unemployment, disability, and poverty. Furthermore, Tigray region in particular has been devastated as a result of internal wars.

Throughout the world today, there are women's movements and organizations that are struggling for better conditions (S. Rowbotham, 1992). This is also true for the Ethiopian women. They have been involved in different activities and conflicts for betterment of their lives. Ethiopia's recent experience in terms of women's involvement in war was in the armed struggle of the Tigrean People Liberation Front (TPLF) against Derge (Emebet Mulugeta n.d.). Women played important roles during the wars directly or indirectly. They were involved directly in fighting in the battle field. However, their involvement has its own effect on their lives. In light of this, Ethiopian Women Affairs Office (2000), in the national report on the implementation of the Beijing platform for action indicates that the war had left thousands of citizens' dead, disabled, displaced and the economy was totally devastated. Consequently, women were affected in various forms there are still being injured the scars of which are not yet healed.

After the overthrow of the former military regime, the government of Ethiopia demobilized various armed forces including veteran women with disabilities. And after being demobilized,

many veterans may face problems of reintegration into civilian life. Regarding this issue, Pietz Tobias (2004) states that ex-combatants in societies in transition have faced with inevitable psychosocial challenges as they struggle with trauma of their violent past. These challenges include anger; coping with the symptoms of Post-Traumatic Stress Disorder (PTSD), such as nightmares and flashbacks, relationship difficulties, mistrust, difficulties with adjusting to family, stress and depression.

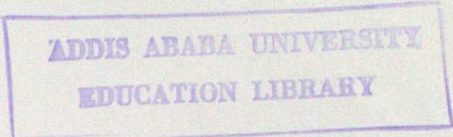
Moreover, unlike men veterans, women war veterans of Tigray both disabled and none disabled have faced physical, economical, psychological and social problems (Yewubmar, 2001). Studies also indicate that women are twice vulnerable as likely as men to develop PTSD. Women are also experiencing increasing traumatic brain injuries as a result of exposure to combat conditions. Depression is a major problem for women disabled veterans, and substance abuse is common among women being treated for depression or PTSD (Lisa K. Foster, 2009).

As stated above, though women and men war disabled veterans might be challenged equally, the intensity of the problems of women with disabilities is quite different from that of men. They have been exposed to the deep rooted inequality with men and they have social, cultural, and economic discrimination. Women with disability are doubly marginalized by their communities and organizations at national and international level (Tirussew, 2005).

Generally, the differential experience women in wars have serious consequences for both short-term survival and longer-term recovery, and as much, most importantly, as for their development. And after being reintegrated to the society psychosocial conditions of veteran women with disabilities (VWWD) might be changed. In this context, the need to find out

psychosocial conditions of VWWD after being reintegrated to civilian life arises. This study, therefore attempts to explore the psychosocial conditions of veteran women with disabilities in Tigray with particular focus on the case of Mekelle city.

1.2 Statement of the Problem



TPLF's women fighters played significant roles in the wars. They have served their country in the same capacity as their male companions. But after a victorious culmination of armed force, combatants were demobilized and reintegrated to the civilian life.

Different studies stated that reintegration to the society in terms of psychological and social adjustment require a comprehensive care and support interventions like medical care, educational assistance, socio-economic strength, and psychosocial support. TPLF's war disabled veterans both men and women currently often gained primary health care and material assistance such as prosthesis, shoe raised, wheel chair and so on (Wintana, 1999). However, they lacked specialized psychological counseling programmes. As a result, they may lack intra and interpersonal skills and experiences that non disabled veterans had developed. That is, they might have developed low self esteem, depression, social adjustment problems, and the like. And these may lead them to social maladjustment. The degree to which people with disabilities conditions require special treatment, instruction, or equipment varies greatly according to the nature of the impairment, type of disability, and age of onset (Heward and Orlansky, 1988). Thus, psychosocial intervention for ex-fighters with disabilities can minimize the epidemic of such problems. Hence, it is the role of the special need educator and other professionals to assist these people to make

necessary adjustment. In other words, this suggests that there are problems that interfere with their psychosocial adjustment which this study tries to investigate.

Therefore, to let them participate exhaustively in different activities and employ their potential, their conditions should be identified. Hence, the focus of this study is on the psychosocial conditions of VWWD. Furthermore, to the best knowledge of the researcher, there are no studies conducted to address this specific problem; and the researcher believes that this problem should be studied. Thus, this study aims at this research gap.

1.3 Research Questions

The study seeks to make an attempt to find answers for the following questions.

1. What are the psychosocial conditions of veteran women with disabilities?
2. What are the factors that build up their psychosocial wellbeing?
3. What are the factors that trigger their psychosocial problems?
4. What should be done so as to overcome the psychosocial problems that veteran women with disabilities face with?

1.4 Objectives of the Study

The study generally aims at investigating psychosocial conditions of veteran women with disabilities. More specifically, the objectives of the study are to explore:

- the level of their self esteem,
- the level of their depression,
- their social adjustment.

- the factors that build up their psychosocial wellbeing,
- the factors that triggered their psychosocial problems, and
- Propose ways of alleviating the psychosocial problems faced by VWWD.

1.5 Significance of the Study

The result of this study may have the following practical significances. Among the practical significances:

- It may offer essential information for the concerned bodies like women's affairs, special educators, psychologists, social workers, etc. about the psychosocial conditions of VWWD.
- It may contribute relevant information and insights for designing possible intervention for better psychosocial development of VWWD. And
- It may also serve as a departure for further research studies in this field of study.

1.6 Scope of the Study

The scope of the study is confined to VWWD in Mekele, the capital city of Tigray region. The participants of the study constitute only those women who are members of the Tigray Disabled Veterans Association (TDVA). And this study merely explores their psychosocial conditions.

1.7 Problems and Limitations of the Study

The problems that the researcher faced while conducting this study and the limitations were the following.

The researcher had problems during the data gathering phase, the officers of the TDVA organization were not willing to help the researcher for two reasons. First, they insisted on claiming the researcher should have a special permission letter from the institution. Secondly they were suspicious about the purpose of the study for fear that it may be exposed to private media.

Nevertheless, the researcher took the problems into consideration and showed them an official permission letter. This was useful and it made establishing trust easier. Besides, the researcher tried to explain to the organization about the purpose of the study i.e., to learn and investigate their psychosocial conditions for academic purposes, yet convincing them about the confidentiality of the information they offered was highly demanding.

In addition to that, the researcher couldn't find adequate information about VWWD in the related literatures of special needs. Consequently, the literatures employed by the researcher were adapted suitably from various fields of profession. And the researcher only used literatures from the special needs pertinent to WWD in general.

1.8 Definition of Key Terms

Psychosocial conditions- refer to the psychological and social aspects of persons with regards to their self esteem, depression, and social adjustment.

Veterans- refer to persons who have served in a military force of TPLF (Tigray people's Liberation Front).

Reintegration- refers to a long-term period during which ex-fighters gradually become part of community members, both in psychological, social, and economic terms.

1.9 Organization of the Thesis

This thesis consists of five chapters, which are divided as follows:

- ❖ Chapter one- Focuses on the background of the study including the statement of the problem, objectives and scope of the study. It also highlights problems and limitation of the study, definition of the key concepts and organization of the thesis.
- ❖ Chapter two- Incorporates review of related literatures, such as, general overview of disability and women with disability in Ethiopia. It also describes about the Ethiopian women in armed struggle and its aftermath and reintegration of ex-fighters. In the last part of the chapter an attempt is made to discuss about the psychosocial conditions of veterans women with disability and intervention models towards disabilities.

- ❖ Chapter three- encompasses research methodology, specifically; it deals with the research design, population and sampling technique, instruments of the study, and methods of data analysis. A review of ethical considerations is also presented in this chapter.
- ❖ Chapter four- deals with the interpretation of the results of the empirical study.
- ❖ Chapter five- briefs summary, conclusions, and recommendations.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

This chapter reviews related literatures on disability, women with disability in general and in Ethiopia in particular. In addition to the above mentioned issues the literatures discuss about Ethiopian women in the armed struggle and its aftermath, concepts of reintegration, reintegration of TPLF ex-fighters, and major psychosocial conditions of veterans with disabilities. And finally it discusses about intervention models of disability such as medical model, environmental model, and ecological model.

2.1 Overview of Disability

On the issue of special needs education one of the major challenges is defining disability. Consensus on a definition, however, would make easy communication and education and provide people with disabilities and practitioners with a framework for developing disability policies into sound programming and sustainable development. Despite the fact that it is a slowly developing concept in our country, globally there has been significant progress in the way disability is defined and classified. The most accepted definition is the one prepared under the International Classification of Functioning, Disability and Health (ICF), published by the World Health Organization (WHO) in 2001, which defines disability as "an umbrella term for impairment, activity limitations, participation restriction, and environmental factors". (Asian Development Bank {ADB}, 2005:3).

The ICIDH-2, now in field trials, is an attempt on the part of the WHO to improve the first ICIDH system by responding to criticisms of the original framework and taking advantage of insights gained during its use. Within the ICIDH-2 framework:

Disablement is an umbrella term covering three dimensions: (1) body structures and functions; (2) personal activities and; (3) participation in society. These dimensions of health-related experience are termed as "impairments of function and impairments of structure," "activities" (formerly disabilities) and "participation" (formerly handicaps) respectively (Metts, 2000: 2).

According to Metts (2000), "Impairment" is defined as a loss or abnormality of body structure, or of physiological or psychological function; "activity" is defined as the nature and extent of functioning at the level of the person; and "participation" is defined as the nature and extent of a person's involvement in life situations in relation to impairments, activities, health conditions and contextual factors. In this perspective, activity restrictions and limitations on participation are recognized to be influenced by personal factors (e.g. gender, age, education, social background and life experience) and environmental factors (e.g. natural and built environments, cultures, institutions and existing attitudes about people with disabilities)

According to Smart (2001), Heward (2006), and Tirrusew (2000), the cause of disability is categorized into congenital and adventitious, the congenitally disabled (those who are disabled from birth) and the adventitiously disabled (those who developed disability later in life, as a result of disease, accident, war and the like). Regarding the characteristics of the adventitiously disabled persons, Smart writes the following:

While not all acquired disabilities are considered to have a traumatic onset, such as the result of an accident, injury, or violence, most acquired disabilities are unpredictable and occur without warning. Due to this lack of warning, the individual has not been allowed to engage in anticipatory preparation (Smart, 2001:279).

The ADB (2005) point out that disability is a multidimensional concept with both objective and subjective characteristics. When interpreted as an illness or impairment, disability is seen as fixed in an individual's body or mind. When interpreted as a social construct, disability is about the life of people with disabilities and their interaction with the community and the environment.

Disabilities themselves are also diverse in nature. The main types include sensory disabilities, such as visual and hearing impairments; physical disabilities, such as mobility and orthopedic impairments; intellectual disabilities, include impairments in learning, understanding and concentrating; and psychosocial disabilities, relates with impairments brought about by mood disorders, maladaptive behaviors and mental illnesses (Powers, 2008).

When referring to people with disabilities (PWDs), it is suggested that the disability be used as an adjective rather than a noun. Now a day's stress is placed on abilities rather than disabilities. Terms such as the "deferrable" or "differently able" are frequently used.

PWDs are a heterogeneous group. Like all people, their identities, personal situations and needs are shaped by a multiplicity of factors including their gender, age, personality, location, education, ethnicity, color, class, family, religion and sexual orientation (Powers, 2008). In other words, disability is simply another dimension of human diversity. It is a normal part of human experience and anyone in society may experience disability at some time in life.

As reported by the UN (2007), "there are more than 650 million persons around the world live with disabilities. Add to that their extended families, and a staggering two billion people daily live with disabilities". In every part of the world, they often live on the margins of society and deprived of some of life's fundamental experiences. For instance, they have little hope of going to school, getting a job and generating income, having their own home, or enjoying a social life (UN, 2007).

As poor people are more likely to acquire disabilities during their lifetimes, PWDs, mostly belonging to the poor, and are one of the most vulnerable groups that need additional support to become active members of society. In line of this ADB (2005) states that:

People with disabilities around the world, but especially in the developing world, are among the poorest of the poor. Poverty and disability are interrelated. Poor people are more likely to have a disability because of the conditions in which they live; disability is likely to make people poorer because of limited opportunities and discrimination (ADB, 2005:1).

The fact that persons with disabilities are more likely to live in poverty is often the result of ignorance and neglect that is reinforced in government and development policies and programmes that ignore, exclude, are not accessible to or do not support the rights of persons with disabilities to be included in the socio-economic life of the country (UN, 2007). UN further explained that disability is also associated with illiteracy, poor nutrition, lack of access to clean water, low rates of immunization against diseases, and unhealthy and dangerous working conditions.

Regarding the societal attitudes towards disability, it has been suggested that societal attitudes towards people with disabilities are among the key barriers hindering their full participation in the societies in which they live, and their equality as citizens with rights (Barton, 1996; Lepofsky & Bickenbach, 1985; Thomson, 1997; Tirussew, 2005). Studies in search of understanding such attitudes suggest that public attitudes toward PWDs are influenced by a range of factors. Examples of such factors include a person's class, age, religion, gender, education, culture, the amount of direct contact one has with disabilities, the context within which the disability has occurred and the type and severity of the disability involved (Albaz et al, 1992; Aminidav & Weller, 1995).

Disability is primarily a social problem, because what impedes the individual with disability from contributing is the attitude of non-disabled persons towards him or her. Coleridge (1993) pointed out that the discrepancies, which exist in the livelihood of persons with disabilities and non-disabled persons, are by and large attributable to the general public attitude, which is predominately characterized by enduring stereotyped attitude. Tirussew (2005) also states that in the traditional belief like in Ethiopia, people consider disability is a result of divine punishment or curse. This resulted to fear, shame and avoidance of persons with disabilities, and/or hidden the PWDs at home.

2.2 Women with Disability

According to the World Bank, there are 300 million women with disabilities (WWDs) in the world, who comprise 10% of women's population worldwide. Over 240 million of them live in

developing countries, 80% of whom have no livelihood making them dependent on others for their existence.

Different studies indicate that WWDs are more vulnerable to discrimination, because they are women and they have disability, and many are further discriminated against because they are poor. This double or treble discrimination suffered by WWDs is often ignored or goes unnoticed because PWD are sometimes treated as though they are genderless human beings (O'Reilly, 2007). Similarly, Hans and Patri 2003 (as cited in Lorna J. Edmonds, 2005) writes:

The disability-alone categorization was therefore insufficient understand their (women with disabilities) problems. This is proved by the fact that disabled women are nearly invisible elements, not only in the general disability movement but more so in the women's movement (Edmonds, 2005:14).

Beleza (2003) also supported the above idea, although on the one hand, problems relating to women and, on the other hand, problems relating to people with disabilities are being addressed separately with increasing attention: no serious approach has yet been taken to tackle the dual form of discrimination to which women with disabilities are subjected. Therefore, significant attention must be paid to addressing the needs of WWDs in program design.

Different scholars said that autonomy, independence, participation and social integration are key concepts for everyone, but much more difficult to achieve in the case of WWDs. The negative attitudes toward WWDs and the expectation of their roles in society in many cases significantly limit their lifestyle choices, including family, motherhood, education, employment, and health

care; and influence the way disabled women perceive themselves and are perceived by others (Edmonds, 2005).

In general the situation of WWDs has not been given the visibility and political importance it deserves and requires. Though women with disability face similar discrimination and human rights abuses as other women, their social isolation, exclusion and dependency, increases the extent of their abuse.

2.3 Women with Disability in Ethiopia

In a society when natural and man-made disasters occur women are more vulnerable and affected, because women have been exposed to the deep rooted inequality with men. WWDs in Ethiopia share the disadvantages of all women and are victims of physical attacks and sexual harassments. As reported by Tirussew (2005) WWDs in Ethiopia face numerous physical attacks, sexual harassment, and rape. He further states that they are not only sexually harassed or raped but some were exposed to unsafe health conditions such as sexually transmitted diseases. This may take place in the home, on the street or in institutions where WWDs live.

WWDs in particular are among the most vulnerable groups. They are the poorest of the poor in the Ethiopian community (Lakech Hailemariam, 2006). And they face with major difficulties particularly because of the negative attitudes and prejudices which exist against them. According to Haregeweini and Emebet (2002) and Lakech (2006) education, training and employment opportunities; accessibility of social services; and implementation of laws and policies that ensure equal opportunities and needs of WWDs are the last in the list of priorities. A general trend worldwide is that WWD are less likely to be referred to vocational training, have a harder

time gaining access to rehabilitation programmes; are less likely to obtain equality in training; and if they are successfully rehabilitated, it is more likely to lead to part time jobs or worse unemployment (O'Reilly, 2007).

In view of the fact that women with disabilities have social, cultural, and economic discrimination; WWDs face greater difficulties than men. And the problems of disability are significantly magnified when the person with disability is a woman. It is much more difficult for them than it is for men with disability to participate in public activities and marital relationship (Haregeweini and Emebet, 2002). Globally, the differences assigned to female and male roles in society and the negative attitudes towards them are also major factors to have greater difficulties than men with disabilities (Beleza, 2003). For instance, since family and domestic responsibilities primarily fall to women in the Ethiopian society, life will be particularly hard for a WWDs who has to manage alone all that she has to do.

2.4 Ethiopian Women in Armed Struggle and Its Aftermath

In the history of Ethiopia, women have been involved in the armed conflicts. Ethiopia's recent experience in terms of women's involvement in war was in the armed struggle of the Tigrean People Liberation Front (TPLF) against Derge (Emebet, n.d.). In the TPLF forces in Ethiopia about 35% of the fighters were women (Mulugeta Debalkew, 2002). As reported by Jenny Hammond (1989:33), during the feudal and Derge regime "Ethiopian women had no rights of any kind, but the worst deprivation was the absence of rights to land". They were at the bottom of the hierarchy of oppression. These and other factors led them to participate in the armed struggle against the ruler. And they played important roles during the wars.

Women were involved in the war directly by fighting in the battle field and indirectly by providing supplies for the combatants, by singing heroic songs to motivate the combatants, by giving intelligence services, and by serving as messengers between the combatants and the political elite in the city (Emebet n.d.P:116).

By participating in the struggle, women demonstrated their strength, their capabilities and their equality with men. Tsegay (1995) states that during the war they have participated in the same capacity as their male combatants; they were equally aggressive, violent, and reckless. However, the involvement of women in armed conflicts has impacted their lives in different ways. Many women died or became disabled during the war. According to Tsegay, the role of women was indispensable to the success of the TPLF led Tigrean movement. Women saw themselves as fighting for political justice, development and social progress including gender equality. However, Yewubmar (2001) points out that while women involved actively in combat, women did not equally share in the political, social, and economic development of their new country compared to men. Similarly, Haregeweini and Emebet (2002) write:

After the war and during demobilization, women could not be equal beneficiaries of the 'fruits of victory', due to their poor educational background and other socio-cultural factors. Many had difficulties adjusting to the patriarchal way of life in the community, after experiencing equality with men during the war and many felt depressed at the realization that their chances of marriage and motherhood were lost (p.35).

This is also true in other African countries, for instance, the experience of Mozambique in the mid 1990s failed to acknowledge women ex-combatants, only granted resettlement allowances to men and only men services was issued (Baden Sally, 1997).

2.5 Reintegration of Ex-fighters

2.5.1 Definition of Reintegration

Different scholars defined reintegration in terms of economic and social aspects. For instance, Kees Kingma (1997) says that reintegration has both economic as well as social aspects. According to him 'Economic reintegration is the process through which the ex-fighters household builds up its livelihood, through production and/or other types of gainful employment'. And 'social reintegration is the process through which the ex-combatant and his or her family feel part of, and are accepted by, the community'.

Reintegration of ex-fighters programmes often focus on economic and social reintegration. Yet, ex-fighters with disabilities may also require other types of support, such as, psychological counseling, to rebuild their lives. This implies that in defining reintegration there is a need to look at the psychological transition as well.

Considering this, scholars recently try to incorporate psychological aspect in defining reintegration. For instance, Gwinyayi Dzinesa (2008) defines it as a complex, long-term process through which ex-combatants and their dependants are assisted to (re)settle in post-war communities (social), become part of the decision-making process (political), engage in sustainable civilian employment and livelihoods (economic), as well as adjust attitudes and expectations and/or deal with their war related mental trauma (psychological).

2.5.2 Reintegration of TPLF Veterans

In Ethiopia, after the end of the internal war with the Derge regime, demobilization and reintegration of about 30,000 TPLF ex-fighters was implemented (Colletta, et al. 1996). And most of them were either disabled or female ex-fighters (Mulugeta Debalekew, 2000). Elise Barth (2002) who has studied the reintegration of female soldiers across Africa, points out that women are encouraged to behave like men while they are in the army, but when they reintegrate to the society they are expected to take up their traditional roles of work, cooking and child rearing. Barth writes about Eritrean women who, while they were fighters, felt respected and equal to men. Afterwards, they felt they had lost out, that they were not valued or respected as part of society.

As far as Ethiopian women are concerned, they are not privileged despite their comprehensive participation in the combat. Although women had been participated equally in the war front, post-war situation remained considerably gender biased (Yisak Tafere, 2002).

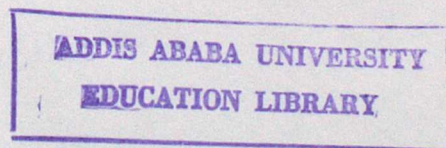
TPLF ex-fighters are vulnerable to war-related mental trauma often disabled in a way that makes it impossible for them to generate an income and reintegrate psychosocially, unless they receive intensive retraining and psychosocial rehabilitation. Successful long-term reintegration, as part of the reintegration process, can positively impact conflict resolution processes and the rebuilding of social integration (Colletta et al 1996).

2.6 Psychosocial Conditions of Veterans with Disabilities

According to Jayatunge Ruwan(n.d.), the circumstance of war can produce a range of emotional, psychological, social, and behavioral stress reactions among soldiers. Similarly, Elisabeth Rehn and Johnson E. Sirleaf (2002) said that armed conflict traumatizes both combatants and civilians on a daily basis and sometimes for the rest of their lives, long after the war is over. This means that veterans especially veterans with disability find it difficult to readjust to the civil life after serving a long time in the military. Psychological adjustment appears to be hard—it might be difficult for veterans with disability to adjust their attitudes and expectations (Kingma, 1997). According to Kingma large numbers of veterans suffer from psycho-social problems due to posttraumatic stress disorder. Marz (2004) also states that ex-combatants with disabilities in societies in transition have faced with inevitable psychosocial challenges as they struggle with trauma of their violent past. These challenges include anger; coping with the symptoms of Post-Traumatic Stress Disorder (PTSD), such as nightmares and flashbacks, relationship difficulties, difficulties with adjusting to family life, stress and depression. As far as women veterans with disabilities is concerned, studies indicate that women are twice vulnerable as likely as men to develop PTSD. Women are also experiencing increasing traumatic brain injuries as a result of exposure to combat conditions. Depression is a major problem for women veterans with disabilities, and substance abuse is common among women being treated for depression or PTSD (Lisa K. Foster, 2009).

2.6.1 Self- esteem

Shiv Khera (1994) and Saylor & Denham (1993) define self-esteem as one's general feelings of self-worth. Similarly Amit (2005) reflect on self-esteem as the individual's positive or negative evaluation of his or her worth or value or whether one accepts oneself, respects oneself, and considers oneself a



person of worth. Amit (2005) further states that self esteem influences the psychological development and well-being of individuals including their mental health, adjustment and academic attainment.

PWDs may suffer from lowered self-esteem as they perceived negatively by the society; they tend to focus their attention on negative thoughts, which thereby increases self-dissatisfaction. In Julie Smart book (2001) people with various types of disability have described poor response to disability as including social isolation due to shame about the disability, feelings of helplessness, and negative body image and self-esteem. Sandra Ballantyne (1999) also says that wars and armed conflicts produce a number of new social categories whose identity and status are not easily determined. People with low self-esteem have more problems in their interpersonal relationships, they perceive more threat and display greater sensitivity to criticism, and they behave in a reward-seeking manner (Rosenberg, 1979).

2.6.2 Depression

Other common reaction to disability observed is depression. According to Jayatunge Ruwan (n.d.), depression is an affective disorder leading to persistent feelings of worthlessness, hopelessness, guilt, agitation and indecisiveness. But Counsel, Abraham and Gilbert (1997) review depression as a normal response to traumatic disability. If depression does not occur, this does not mean that the reality of the loss has not been recognized. It is assumed that depression is normal response to life events that are painful, life threatening or disabling.

Davis (1976) as cited in Jayatunge Ruwan found a higher incidence of depression in veterans who had been in combat and had lost a friend. According to the author, all found a higher rate of mild to severe depression and anxiety in Vietnam veterans from five years after discharge. He further pointed out that overall view of the battle field might look depressive to most of the

veterans. Scattered dead bodies, damaged houses and vehicles, destroyed vegetation always give a gloomy look. These all indicated that depression can occur in veterans with disabilities and it may impair their ability to function in their day to day activities.

2.6.3 Social Isolation

Scholars define social isolation both objectively, or in ways that can be determined by onlookers, such as living alone or lacking social contacts, and subjectively, in ways that only the older adult can report from his or her internal experience such as feeling lonely or isolated (Cattan, 2005). Objectively, social isolation is the lack of contact and interaction with other people. Subjectively, it is the feeling of loneliness or lack of companionship or close and genuine communication with others.

Somers (2001) found that social isolation of people following disability in intensive care unit results in disturbances of thoughts and cognition and even perceptual changes. It is further stated that the period of social isolation not only interrupts the rehabilitation progress but it also hampers the persons' with disabilities level of adjustment to the disability. Nora Ellen Groce (1999) also stated that people with disabilities find themselves frequently barred from participating in formal cultural and religious ceremonies that help define an individual's changing status in the eyes of the community. Regarding WWDs, O'Reilly (2007) states that:

WWDs are more likely than their male counterparts to be poor or destitute, illiterate or without vocational skills and most of them are unemployed. They have less access to rehabilitation services, they are more likely to be without family or community support and they often suffer greater social isolation due to their disability(p:48).

The above scenario clearly confirms that acquired disability has psychosocial problems for the person. Regarding its determinants, Gwinyayi Dzinesa (2008) states that ex-combatants' with disabilities mental health problems are exacerbated by the social and psychological stressors associated with reintegration in post-war contexts; such as, the attitude of the society towards the ex-fighters with disabilities, the individual's mental preparation to reintegrate to the community, and the like. Therefore, in order to ease the transfer of ex-combatants with disabilities or war affected veterans from the life in the armed forces during armed conflict to a happy civilian life, it is important to develop adequate attitude, approaches, processes and techniques for the demobilization and social reintegration of war veterans (Maja Garb, 2002). For severely traumatized persons, the availability of psycho-social counseling services is crucial. Especially the most vulnerable groups—female ex-combatants with disabilities—need special attention in the reintegration process.

2.7 Intervention Models towards Disabilities

There are different models that could be adopted when dealing with people with disabilities. Each of these models have their own advantages and disadvantages and distinguish themselves by the relative emphasis they place on the person, the environment, and the relationship between them. Each of these will be briefly discussed next.

2.7.1 Medical Model

In this model, the person with disability is treated as a passive recipient of treatment. Maki and Riggat (1997) state that adjustment of the person to his/her impairment is the result of a give and take relationship between the person with disabilities and the medical staff or Psychiatrist.

According to Bromley (1999), the medical model is only relevant in the earliest acute care of someone who has sustained injury. At this stage the individual is not in a position to internalized knowledge and skills with respect to his/her disability, nor is he/she in a position to make informed choices concerning his/her treatment.

However, Bromley (1999) concerns that when it comes to the rehabilitation process, this model is not successful. He further explains that coping with injury or impairment implies that the individual may have to make major adjustments in his/her life, must learn to be responsible for his/her own health status, learn new skills, and learn to solve problems creatively. At this stage the person cannot afford to be the passive recipient of treatment and comply with the goals as set by other people. The medical model is therefore said to be unsuited to the management of a disability.

2.7.2 The Environmental Model

In contrast to the medical model stands environmental model to rehabilitation. According to Julie Smart (2001), the environmental model persists that the individual's environment-both social and physical- can cause, define, or exaggerate disability. Bromley (1999) further states that rehabilitation is seen as a process of teaching the person to live with the disability in his/her own environment. Prejudice, discrimination, and stigma are not an inherent part of disability, but rather are part of the environment (Balcazaz Bradford, &Fawcett, 1988 cited in Julie Smart, 2001). The discrimination they face is socially created phenomena and has little to do with their impairments. This model calls for immediate removal of barriers to equal participation and the elimination of discrimination based on disability.

According to this model the person is the active participant in his/her own environment. The rehabilitation programme is designed by staff in consultation with the patient to meet his/her individual needs and goals. The individual in this model seeks explanations, asks questions, state his/her preferences and expects his/her opinions to be heard. As a result of this active participation, the person with disabilities is more satisfied with his/her treatment. In other words, this approach emphasizes the active involvement of persons with disabilities in learning as much information as possible about their disability. A person who is knowledgeable about his/her disability is more likely to work hard to bring change to his /her situation.

2.7.3 Ecological Model

According to Belciug (2001), adjustment to disability is based upon the equilibrium between the individual and the environment. This model view human development and functioning, including health and disability, as the outcome of a continuous exchange between the individual, the social environment and the physical environment, and the cultural setting. When the exchange between the person and the environment goes well a state of adjustment exist. This will include the individual's rights, needs, goals, and the capabilities and qualities of the environment to meet these needs. In line of this Belciug (2001) says the following:

According to this model people use an almost limitless variety of physiological, cognitive, emotional, social, and cultural processes to adjust towards disability. Adjustment may include active changes in the self to meet environmental demands such as those imposed by the disability (p: 158).

This view is supported by Hepworth and Larson (1993), who see disability as not focusing exclusively on impairments. According to these authors, disability also relates to society. What is

significant can be revealed only by the understanding of ecological framework in which the person with disability exists, by the interactions through which society engages disability, by the attitudes others hold and by the architecture, means of transportation and social organization as constructed by people. According to them the extent of the disability is reciprocally determined by the transactions between people and their environments rather than residing exclusively within the individual.

The researcher concentrates mainly on the ecological theory as the study focuses on the influence of all factors in the environment on WWDs psychosocial development. Furthermore, the researcher has used the ecological model to demonstrate how one can intervene in facilitating adjustment to disability. The reason is that this model places emphasis on adjustment that should take place both within the individuals, the environment, society, and cultural factors. In addition to that community-based reintegration is best approach of women veterans with disabilities in order to reintegrate psychosocially. Srivastava, 1994 (as cited in Kimberly M. Clark, 1996) points out that separate programs for ex-combatants with disabilities are not needed. Instead, counseling and guidance services can link veterans with disabilities with physical, psychological and professional rehabilitation, training opportunities, access to credit, and distribution of tools and other materials. Therefore, understanding of the interactions of these systems will enable the researcher to influence change in both the individuals and the various systems to adjustment to disability and to alleviate the psychosocial problems of women veterans with disabilities face.

CHAPTER THREE

3. METHODOLOGY

3.1 Research Design

The research has been conducted using descriptive survey research method. The study has employed both quantitative and qualitative research methods in order to analyze and interpret the data. This research method has been selected because the researcher is interested in surveying the current psychosocial conditions of VWWD. Another reason is that the researcher is rather interested in describing the current psychosocial conditions of the people. VWWD and representative from the service provider organization of Women's Association of Tigray (WAT), which is offering them care and support currently, have participated in the course of the study.

3.2 Sources of Data

The source of data of this study has encompassed primary sources of information, that is, veteran women with disabilities. And to supplement their data, available relevant sources from Women's Association of Tigray has been reviewed to enrich the study.

3.3 Study Area

Because most of VWWD are living in Mekelle, the study was conducted in Tigray region with a particular reference to the capital city of the region. The service provider organization (Women's Association of Tigray) which is involved in the study is also found there.

3.4 Population and Sampling Technique

The target population of the study was VWWD who live in Mekelle and they are members of TDVA. To determine the sample size of the participants of the study, the list of all VWWD beneficiaries of the organization in Mekele has been taken as a sample frame. According to the statistics the total population of VWWD is 371. Out of this sampling frame, a total of 75 VWWD has secured as participants of this study which accounts for 20% of the total population. The technique employed is simple random sampling technique.

The service provider organization which is working closely with VWWD is included in the study. The sample organization is Women's Association of Tigray (WAT) that is selected purposely based on its focus and experiences of work on VWWD care and support. One key informant of this organization is selected as a key informant to collect data on the situation of VWWD.

3.5 Instruments

To obtain reliable and objective information, data has been collected through different data collection methods. For this purpose questionnaire, interview, and focus group discussion guidelines have been developed.

3.5.1 Questionnaire

The questionnaire is a self report instrument that was used to reveal their psychosocial conditions. It contains close and open-ended questions and three scales employed in this instrument. It has been developed by adopting the already existing instruments of various scales like self-esteem scale.

depression inventory, and the social adjustment scale. And the instrument has been translated to the local language (Tigrigna). Items are scored on a 5- point Likert type scale with choices ranging from strongly agree answered on five point scale- to strongly disagree on one scale. It consisted of positively and negatively worded items to avoid response bias. To produce total scores, first the negatively worded items were recoded by reversing the scores. To ensure easy understandable nature of the instrument and to make corrections of misleading and unclear questions, if any, a pilot study has been done a few days before the actual data collection in a similar setting. The pilot study enabled the researcher to modify questions and drop irrelevant questions. In addition to the adapted scales a demographic questionnaire has been developed and employed for data collection.

3.5.1.1 Demographics Questionnaire

In the demographic questionnaire, participants report about several variables including their age composition, their access to education, economic status, marital status, and household's family size.

3.5.1.2 Self-esteem Scale

In this research Rosenberg's self esteem scale has been adapted. The Rosenberg Self Esteem Scale is a 10 items self report scale measuring one's global self esteem. The scores range from 10 to 50, with higher scores indicating more positive or highest self esteem.

3.5.1.3 Depression Scale

Beck depression inventory (BDI) has been adapted to measure level of depression. The depression inventory centers on feelings of sadness, self dislike, pessimism, dissatisfaction and self accusation

and the like. It has 15 items that are scored on 5 point Likert-type scale. The highest score for this scale would be 75 and the lowest 15. Higher score indicates severely depressed.

3.5.1.4 Social Adjustment scale

Combinations of two subscale items, Social Avoidance and Distress scale (9 items) developed by Check and Buss and Loneliness Scale (6 items) which was developed by De Jong Gierveld and colleagues have been adapted to measure their level of social adjustment. In other words, a total of 15 items have been selected to measure status of the subjects' social adjustment. These items were statements to which subjects responded to each item on a 5 point Likert scale. The lowest score for this scale would be 15 and the highest 75. Higher scores of the variables reflect greater levels of social adjustment.

3.5.2 Interview

In-depth interview as a method of data collection with representative of WAT has been used to elicit information about the psychosocial conditions of VWWD. It was relevant to this study because it enabled the researcher to obtain in-depth information about the problems VWWD encounter after they have been reintegrated with the society; and to triangulate the data obtained from the VWWD.

3.5.3 Focus Group Discussion

Focus group discussion has been conducted with 8 VWWD. This also enabled the researcher to find out about their psychosocial conditions, to look into the factors that develop or trigger their psychosocial conditions, and to triangulate their responses in the questionnaire. Before conducting the discussion the following points were explained:

- About the purpose of the study,
- About the confidentiality of the study, and
- The voluntary nature of their participation during the focus group discussion.

3.6 Pilot Study

Before distributing the instrument for the main study, a pilot study has been conducted in the same setting. It has been conducted on 20 VWWD. This enabled the researcher to improve the feasibility and clarity of the questionnaire, hence, its purpose was to find out ambiguities, omissions or misunderstanding in the instruments. Having administered the instrument, some participants were asked for feedback and hence unclear items have been modified accordingly to minimize item ambiguity. The general comment from the pilot study was that some items were not clear enough and easily understandable by VWWD about their psychosocial characteristics. In general, according to these all comments, the instruments have been reassessed and modified. Moreover, an effort was also made to present items in very clear ways to the respondents of the main study.

3.7 Methods Data Analysis

The data has been analyzed and interpreted in line with the objective of the research. In this process quantitative and qualitative analytic procedures have been employed. Each data is organized and processed separately in such a way that would be appropriate for analysis.

Data gathered from VWWD using a questionnaire has been analyzed quantitatively. In the quantitative part of the analysis, the data is tabulated, analyzed and discussed by applying

descriptive statistics: Percentage or frequency, mean score, and standard deviation is computed to analyze response for each item.

Data obtained from the representative of the WAT using interview instrument and from VWWD using FGD instrument are analyzed qualitatively. In the qualitative analysis, the overall psychosocial profiles of the sampled VWWD are treated.

3. 8 Ethical Considerations

The researcher understands ethics as guiding researchers when conducting research to remember that they are dealing with people and not objects. Researchers should respect and protect subjects from any harm that might arise as a result of exposure to the study. In this study, the researcher observed the following ethical guidelines.

- A) *Informed Consent* - Informed consent to participate in this study was obtained from respondents through giving them information about the aim of the study before they gave consent to participate or not to participate. The respondents were requested their consent verbally by the researcher.

- B) *Voluntary Participation* - Respondents were made aware that participation is voluntary and hence they were free to choose to participate or not to participate. Those who were interested in participating were made aware that they should feel free to withdraw from the study at any stage of the discussion.

C) *Confidentiality, Violation of Privacy and Anonymity* – In this study these aspects were achieved through assuring respondents that the information obtained from them is going to be treated confidentially. They were also assured that the data obtained from them would only be used for the stated purpose of the research. The researcher also reassured them not to be afraid to reveal important information, as their identifying particulars were altogether omitted from the study. As a result, the confidentiality of information supplied by research participants and the anonymity of respondents has been respected.

CHAPTER FOUR

4. FINDINGS AND DISCUSSIONS OF THE STUDY

Results of the study

The results of this survey have been mainly presented by using tables, percentages, mean scores, and standard deviation that refer to all variables collected by the questionnaire. An attempt was made to know background profile, to examine their self-esteem, depression, and finally their social adjustment. Questions consisting of seven items have been used to gather the information of their background profile. Questions consisting of ten items of a five scale have been used to investigate their self-esteem, fifteen items to examine their level of depression, and fifteen items to look at their social adjustment. These have been administered to a total of 75 respondents in Mekelle. Furthermore, FGD with eight VWWD and in depth interview with the representative of the service provider organization have been also implemented to enrich the quantitative of the study. Data obtained from FGD and interview has been analyzed qualitatively.

4.1 Demographic Characteristic of Sample Respondents

This section highlights the demographic characteristic of the sample respondents under study. Issues which have got relevance to the topic such as age composition, access to education, perceived economic situation, marital status, and family size are discussed in the following section.

Table 1: Respondents type of impairment

Type of Impairment or Disability	No	%
Physical disability	54	72
Visual impairment	4	5.3
Head injury	2	2.7
Physical disability and Head injury	15	20
Total	75	100

It is obtained from the survey that most of the participants are women with physical disabilities who constitutes 72%, while some 5.3% and 2.7% of the respondents are women with visually impaired and head injured respectively. And the rest 20% of the respondents under study have been observed to be women with both physical disability and head injury.

Table 2: Age of Respondents

Respondents Age	No	%
35-39	33	44.0
40-44	32	42.7
>45	10	13.3
Total	75	100

With respect to age category, the study reveals that average age of respondents is 42 years with an age ranging from 35 up to 49 indicating that VWWD under similar productive age groups included in the sample. Specifically, around 44 per cent are between 35 and 39 years of age.

followed by 42.7% who are in an age category of between 40-44 years and the remaining 13.3% are 45 years of age and above.

Table 3: Respondents Marital Status

Respondents Marital Status		
Marital Status	No	%
Married	15	20.0
Never Married	21	28.0
Divorced	25	33.3
Widowed	14	18.7
Total	75	100.0
Respondents Average family size		3

As can be seen from table 3 above, the study has revealed that the majority of the sample respondents constituting 33.3% are divorced followed by single (unmarried) ones 28%. In a similar fashion, some 20% and 18.7% of the respondents have been found out to be married and widowed groups respectively. And the average family size of the total sample is three.

The discussants of the FGD explain that many marriages did not endure as a result of their impairment. In other words, many VWWD are separated or divorced following demobilization and reintegration. They could not cope with the disability due to the separation from their husbands. These discussants depend on the support provided by their families. They further

expressed that they would never marry males who have no disabilities. As a result, they are experiencing grief reactions.

Table 4: Respondents Level of Education

Respondents level of Education		
Level of Education	No	%
No Formal Education	6	8.0
Primary Education (1-8 grade)	46	61.3
Secondary Education (9-12)	14	18.7
Some Higher Education (TVET)	2	2.7
Diploma and above	7	9.3
Total	75	100

The above table shows that the educational levels of majority of the sample respondents have been found to be at elementary school educational level (grades 1-8) which constitute of 61.3%, followed by 18.7% who have been found to be at secondary education level (grades 9-12), while some 9.3%, and 8% of the respondents have been found to be diploma and above and do not have any formal education respectively. The remaining 2.7% visited higher education or TVET.

Table 5: Respondents Main Source of Income

Respondent Main Source of Income		
Source of Income	No	%
Self Employed	26	34.7
Government Employee	19	25.3
Private Employee	7	9.3
Pension	23	30.7
Total	75	100

As the above table reveals many of the respondents (34.7%) are self employed, followed by 30.7% who have got their main source of income from pension. The remaining 25.3% and 9.3% are government and private employed respectively.

It is also observed from the FGD that they have difficulty in getting employment due to discrimination from employers. The discussants reported that many employers think that VWWD will not be able to perform well at a particular job and do not even give them a chance to prove themselves. Several discussants said the following:

“Getting jobs is very difficult; when we go for application they discover we are physically disabled, and they conclude that we cannot do the job well. That is why we prefer to be self-employed”.

Those who are employed also experience work-related problems such as the employers were not prepared to re-schedule and place them in positions that suite their physical status. Instead of helping or supporting them, they expect them to work irrespective of their condition. They

further mentioned that they can work or perform according to their ability, but there is no opportunity to participate in any activity within the community because of their impairment and public stigmatization

Table 6: Respondents Perceived Economic Situation

Respondent's Perceived Economic Situation		
Perceived Economic Situation	No	%
Poor	60	80
Middle	11	14.7
Rich	4	5.3
Total	75	100

In terms of respondents perceived economic situation: as the above table indicates that most of the respondents 80% have perceived themselves as poor. The rest 14.7% and 5.7% have perceived themselves as middle and rich respectively.

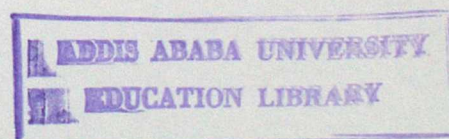
It is also observed from the FGD that VWWD lack the necessary skills and educational status to secure jobs. Thus, they have no source of income, no accommodations, and no guarantee of securing basic necessities such as food and school fee for their children. Furthermore, many of them were youths when they joined the struggle, and thus had no skills or education. Shortages of money for medical and educational issues were mentioned by the majority of the discussants. In addition to this, communities often see them as social and economic burdens because they lack skills and educational status.

Table 7: Frequencies of Respondents Perceived Economic Situation Based on Family Size

Respondents Perceived Economic Situation	Family Size				Total
	1-4		5-8		
	No	%	No	%	
Poor	51	68	9	12	60
Middle	7	9	4	5	11
Rich	2	3	2	3	4
Total	60	80	15	20	75

The data shows that the majority of respondents who have four and below family sizes have been found to be in poor economic situation. To be specific, VWWD who have four and below family sizes and their economic status have been found poor, middle and rich are 68%, 9%, and 3% respectively. And those who have above four family size and they perceive their economic status as poor, middle, and rich are 12%, 5%, and 3% respectively. This may imply that their poor economic status is the cause to have little family size. And this may have its impact on their psychosocial conditions.

4.2 Psychosocial Characteristics of the Respondents



To examine the social interactions or conditions of VWWD in the community and find out the major psychological experiences that VWWD are facing, data has been collected from the respondents (VWWD). The results of the findings are presented as follows.

Table 8: Levels of Self esteem, Depression, and Social Adjustment of the Respondents

Variables	No	%
Low Self-esteem	57	76
High Self-esteem	18	24
Mild-Moderate depression	15	20
Moderate-Severe Depression	14	18.7
Severe Depression	46	61.3
Bad Social Adjustment	50	66.7
Good Social Adjustment	25	33.3

Most of the respondents have psychological and social problems. Specifically, out of the entire sample as measured by Rosenberg Self-esteem Scale, 76% of the respondents have low self-esteem. And their level of depression as measured by Beck Depression Inventories; the majority of the respondents are severely depressed which constitute of 61.3%. While some 20% and 18.7% of the respondents are mild-moderate and moderate-severe depressed respectively. In terms of their social adjustment as measured by loneliness and social avoidance scale; out of the entire sample, majority of the respondents (66.7%) have social adjustment problems. However, it is encouraging to note that some VWWD on good psychosocial conditions. Specifically, around 24% and 33.3% of VWWD have high self-esteem and good social adjustment respectively.

It is also observed from the FGD that the community perceives veteran women with disabilities as potentially weak, unproductive, dependants on others, and burden for their relatives or society. Consequently, VWWD are isolated, and dissocialized and are not being invited to take part in

various social activities. For instance, it is observed from the discussion that VWWD face a transport problem both as a physical process and attitudinal barriers. They reported that they are using public transport to go for medical appointments, market, and other related things. Many VWWD live slightly outside of the main road where they cannot readily take a taxi. Consequently, they have to walk up to more than hundred meters along unpaved roads where they can get a taxi. And once they get a place where they can take a taxi, they have longer waiting time for a taxi than others; because taxi drivers are eager to make extra money. Instead of wasting time to pick up a person with her wheel chair, which consumes space, they prefer to pick as many people as possible in order to collect extra money. These are some of their responses:

"When taxi drivers see us on the street, they just pass as if we do not exist".

"They are always running after people without disabilities to collect more money".

VWWD felt discriminated against as most taxi drivers pass by them without giving them a ride. They felt they are being discriminated against because of being in a wheel chair. As described above, taking a taxi is a difficult physical process for many VWWD; however, attitudinal barriers exist as well. Informants reported that most taxi drivers drive away once they can see that a woman with wheel chair.

On the contrary, the key informant of the organization stated that initially, in communities, there were many hostilities towards VWWD. They were considered as aggressive and looked down upon by the community. Their return was sometimes seen as an additional burden for their families, and was not always welcomed. But nowadays, the attitude of the society is being

changed. They are being called heroines or brave women by the society. They live together with able-bodied people and participate in any public activities equally with others.

Table 9: Means and Standard Deviations for Self esteem, Depression, and Social Adjustment of the entire sample (N=75)

Variables	Minimum	Maximum	Mean	Std. Deviation
Self esteem	15	37	26.04	4.92
Depression	25	57	42.40	6.74
Social adjustment	24	57	40.25	7.29

As indicated on the table above, the entire sample scores on self esteem ranges from 15 to 37 with a mean of 26.04 and standard deviation 4.92. This means that the majority of the respondents have been found to have lower self esteem. With regard to the respondents' level of depression, the whole sample score ranges from 25 to 57 with a mean of 42.40 (SD=6.47). This indicates that majority of the respondents are depressed. The scores on social adjustment scale, for the entire sample scores ranges from 24 to 57 with a mean of 40.25 (SD=7.29). This also reveals that many of the respondents have social adjustment problems.

When discussants were asked about their feelings for that they are VWWD, they experience their new condition as difficult and frustrating. Respondents have reported that their life styles have been changed since they reintegrated with the society. They have reported that their independence and the quality of life they used to enjoy, such as spending time with neighbors,

going to church, community activities such as weddings and funerals are all lost and this is emphasized by the following statements:

"We are not allowed to attend wedding ceremonies because people feel we will embarrass them with our wheel chair".

"Our presence and our wheel chair make people not to feel at ease. That is why we prefer staying at home".

Forming social ties and having meaningful relationships are among the most important elements for WWD. The discussants, however, find it challenging to develop relationships with the community. They described that many people are ashamed of being seen with them.

They also felt that calling someone to have him/her to help them on their daily activities such as washing or going some where is boring and tiresome request and forced them to be at the mercy of their families.

Table 10: Frequency of Self-esteem scale, Depression scale, and Social adjustment scale based on Age group

Psychosocial Scales		Age of Respondents			Total
		35-39	40-44	>45	Total
Self-esteem	Low Self-esteem	21	29	7	57
	High Self-esteem	12	3	3	18
	Total	33	32	10	75
Depression	Mild-Moderate Depression	6	6	3	69
	Moderate-Severe Depression	8	2	4	14
	Severe Depression	19	23	4	46
	Total	33	32	10	75
Social Adjustment	Bad Social Adjustment	19	23	8	50
	Good Social Adjustment	14	9	2	25
	Total	33	32	10	75

The above table reveals the frequencies of the three major variables of psychosocial conditions based on age groups. The corresponding number of VWWD who have low self-esteem for the age group of 35-39 years old are 21, the remaining 29 and 7 are for the age group of 40-44 and older than 45 years old respectively. This shows that VWWD who are found at the age category of 40-44 and old age are more susceptible to lower self-esteem. In other words, out of 46 VWWD who are older than 40 years, 36 have been found at lower self-esteem.

The corresponding number of mild-moderate, moderate-severe, and severe depression scale based on age group: Number of VWWD who are mild-moderate depressed are 6 for the age group of 35-39 years old, for the age group of 40-44 and greater than 45 years old are 6 and 3 respectively: Number of VWWD who are moderate-severe depressed are 8 for the age groups of 35-39 years old, and for the age group of 40-44 and greater than 45 years old are 2 and 4 respectively: Number of VWWD who are severely depressed are 19 for the age group of 35-39 years old, and for the remaining age groups i.e., 40-44 and greater than 45 years old are 23 and 4 respectively. This may show that level of depression increases as the age of the respondents increases.

The corresponding number of VWWD who have bad social adjustment scales based on age group are 19 for the age group of 35-39, the rest 23 and 8 are for the age category of 40-44 and greater than 45 years respectively. This also reveals that those who are in old age have bad social adjustments.

The discussants in the FGD also expressed that they are double marginalized, isolated and neglected from different societal activities. They are labeled and stigmatized as being cripples and in need of care. Respondents expressed their feelings as follows:

"They called us cripples"

"Our residence area is called cripples' district"

. Because of this stigmatization of society the discussants stated that they have great sorrow feelings and other psychosocial problems within the society. The overall impression deduced is that the community in general is not supportive towards VWWD.

Table 11: Frequency of Self-esteem scale, Depression scale, and Social adjustment scale based on Perceived Economic Status

Psychosocial Scales		Respondents Perceived Economic Situation			Total
		Poor	Middle	Rich	Total
Self-Esteem	Low Self-esteem	46	9	2	57
	High Self-esteem	14	2	2	19
	Total	60	11	4	75
Depression	Mild-Moderate Depression	11	4	0	15
	Moderate-Severe Depression	12	0	2	14
	Severe Depression	37	7	2	46
	Total	60	11	4	75
Social Adjustment	Bad Social Adjustment	43	7	0	50
	Good Social Adjustment	17	4	4	25
	Total	60	11	4	75

The above table also shows the frequencies of the three major variables of psychosocial conditions based on perceived economic situations. The corresponding number of VWWD who have low self-esteem and perceive their economic situations as poor are 46, and number of VWWD who have low self-esteem and perceive their economic status as middle and rich are 9 and 2 respectively. This may show that veteran women with disabilities who have been found in poor economic situations are more susceptible to lower self esteem.

The corresponding number of mild-moderate, moderate-severe, and severe depression scale based on perceived economic situation: 11 respondents who perceive their economic situation as poor and 4 who perceive as middle are found at mild-moderate depressed scale. Number of respondents who are found at moderate-severe depressed scale are 12 those who perceive as poor and 2 those who perceive as rich respectively. And number of severely depressed respondents who perceive their economic statuses as poor are 37. The remaining 7 respondents who perceive their economic status as middle and 2 respondents who perceive as rich are found at severe depression scale. This may show that VWWD who perceive their economic status as poor are more vulnerable to depression.

Finally, an attempt was made to show the corresponding number of bad social adjustment scale based on perceived economic situation. Forty three respondents who perceive their economic situation as poor and 7 who perceive as middle have bad social adjustments. This also implies that those who perceive as a poor have bad social adjustments.

In a similar fashion, the key informant of the organization also mentioned that economic problem is their major problem. They have shortage of money for medication and school fees for their children. Moreover, since they are war affected individuals, they have also psychological trauma. He further reported that they are found among the poorer of the poor. Thus, they can't utilize effectively the financial support they received. As a result, they become depressed and socially isolated.

The service provider organization was asked to report on the types of care and support that it was implementing in support of VWWD. From the analysis of responses provided by the key informant, different types of interventions are identified. Such interventions as reported by the key informant include: skill development training, financial support from different sources (such as from microfinance), and legal counseling in collaboration with Bureau of Social and Labor

Affairs is given. However, regarding the psychosocial support, the key informant reported that the organization doesn't have independent counseling center and trained professionals to provide the psychosocial support. But the organization in collaboration with Bureau of Social and Labor Affairs give them training in relation to HIV/AIDS and life skill training.

Regarding the question whether they receive psychosocial support for the well being of VWWD, almost all of the discussants reported that they didn't receive psychosocial support. However, with regard to the nature of support that was reportedly received by them, the most commonly cited was various trainings from WAT and TDVA such as training related to HIV/AIDS and life skill training.

Most of the discussants also reported that they cannot cope with their disabilities in the society as they have been facing variety of problems in the community. The discussants with little or no community support at all have troubles in adjusting their disability with the society, as they are facing problems of rejection in different kinds. Respondents from this category felt that life after reintegration is impossible. Their experiences are reported as follows:

"Sometimes I feel I am irritating because people turn away whenever I call them for help".

"The society doesn't want anything to do with us for example; they can't form local associations with us in order to lend money from different sources".

On the other hand, some people are sympathetic and even felt sorry for them. For some community members, they are seen as liberators who freed the country. Some discussant noted that their neighbors, who are familiar with their difficult life situations, wash their clothes and clean their house.

In addition to identifying gaps, the researcher asked questions like what kind of measures do you suggest to alleviate the psychosocial problems? Participants generate their own ideas and solutions for how their needs could best be met. The discussants feel that communities within which they live need to undergo a paradigm shift. According to them education and training of the public is vital to the successfully reintegration of VWWD.

The discussants most frequently recognized that positive changes that have been made in their lives have originated from their own efforts and ability to pursue their goals. They further stated that they need to prove themselves and attempt to do things that perceived difficult by VWWD, to change the stereotypes that have been attached to them. They are trying to be more assertive within their own employers and the society to be respected and included in decision making.

VWWD are also finding ways to better their lives. For example, several discussants are leading the way in building partnerships with the community (such as, *equb* and *idir*) to raise public awareness and change misconceptions of them. They have also their own radio programs to highlight the issues of VWWD to the public.

From the analysis of responses provided by the key informant of the organization, solution is also suggested. According to him, first and for most their economic problems should be solved. He further stated that if their economic problems are solved, they can easily adjust themselves to cope up with the society. As a result, their psychosocial problems will be solved.

Discussions

The study has attempted to explore the psychosocial conditions of VWWD. In this part of the study, the major findings obtained using different data collection tools from participants are discussed in relation to different research questions.

The sample respondents are a heterogeneous group. The group of VWWD includes women in different age categories. Each of these groups are further divided into women: with physical disabilities, visual impairment, head injury, and women with both physical disabilities and head injury. This may indicate that post-conflict society has to be aware of the fact that the population of ex-combatants is not a homogenous one.

In relation to the marital status of VWWD, the findings of the study indicate that since they became disabled, things have changed drastically in their marriage. The data reveals that the incidences of separation or divorce are high (33.3%), following demobilization and reintegration. This is supported by Gill (1999:10) who states that "when people marry they commit themselves to each other, but as soon as the one partner becomes disabled this commitment is often challenged". The healthy spouse becomes frustrated and considers his/her own needs. This stressful event may lead to divorce. The implication of the high percentage of women who are divorced (33.3%) and widowed (18.7%) is that they have to raise their children alone. In other words, many female-headed families are increasing. And the data also shows that average family size of the total sample is 3 lower than the average family size of the region which is four.

Regarding the educational status of VWWD, the finding reveals that majority (61.3%) of the respondents are found at lower level of education although there is no clear evidence that their

impairment is the cause for their lower educational status. However, being found in the lower educational status may very well be risk factors for unemployment. In other words, they are more likely to be employed in low-status, low-paying jobs with poorer working conditions. Maja Garb (2002) points out that for many people the job or work means not only a means of survival but also a means of self-respect, self-confidence, optimism and the like. Thus, the fact that VWWD can work, is important also for the psychosocial and not only economic reintegration.

As stated above employment is of prime importance to everyone as a basis for independence and self-sufficiency. It is a key factor in the empowerment and inclusion of people with disabilities. However, WWD are more likely than their male counterparts to be poor or destitute, illiterate or without vocational skills and most of them are unemployed (O'Reilly, 2007). Persons with disabilities have unique differences and abilities. They require the same education, vocational training, employment, and business opportunities as others. Some may require specialized support services, assistive devices or job modifications, but these are all small investments compared to lifetimes of productivity and contribution (Edmonds, 2005).

However, the findings of the study indicates that VWWD face on returning to their own society's lack of skills, education and resources required engaging in an income-generating activity. The findings reveal that VWWD experience difficulty in getting employment due to discrimination of employers. Many employers assume that VWWD will not be able to perform well at a particular job and do not even give them a chance to prove themselves. Thus, they face further marginalization which may result in increased tensions within the community. The findings of this study agree with the study conducted by Marcia E. Greenberg and Elaine Zuckerman (2009), indicated that "girls with disabilities suffer discrimination based on both gender and disability.

Even compared to boys with disabilities, they are less likely to receive an education or job training". Moreover, (Haregeweini and Emebet, 2002; Lakech, 2006) point out that in Ethiopia education, training and employment opportunities; accessibility of social services; and implementation of laws and policies that ensure equal opportunities and needs of WWD are the last in the list of priorities.

The study has shown that another problem facing VWWD is their lack of appropriate work situations as a result of the differential access to education, training, and negative attitudes of employers. It reveals that employers are not prepared to re-schedule and place them in positions that will suite their physical status. Instead of helping or supporting them, they expect them to work irrespective of their condition. Moreover, discussants reported that most taxi drivers drive away once they can see that a woman with wheel chair. VWWD felt discriminated against as most taxi drivers who pass by them without giving them a ride. But employers do not take this all into consideration. Implying that these people are among those who experience the greatest difficulties in their daily life both economically and psychosocially. In light of this, the United Nations Centre for Human Settlements (1993: 1) reports that "many human settlements are not designed or managed to meet the special needs of people with disabilities. They are often excluded from the labor pool, the market place and the social networks of the city because of their inability to traverse the city". Furthermore, Lakech Hailemariam (2006) points out that WWD are among the most vulnerable groups. They are the poorest of the poor in the Ethiopian community. According to Maja Garb (2002), the question of economic reintegration of ex-combatants, i.e. to become independent in economic aspect, has a great importance for the whole society and particularly for individual veteran. The financial independency or self-sufficiency of

ex-combatant means a great step in his/her reintegration into the society, but unfortunately it is often very difficult to be achieved in this study.

One of the evidences of successful reintegration of ex-combatants with disabilities is their feeling of being accepted by the community. However, it has been observed from the findings that their independence and the quality of life they used to enjoy, such as spending time with neighbors, going to church, community activities such as weddings and funerals are all lost. They further found it challenging to develop relationships with the community. They described that many people are ashamed of being seen with them. They are also labeled and stigmatized as being cripples and in need of care. Regarding the societal attitudes toward disability, it has been suggested that societal attitudes toward people with disabilities are among the key barriers hindering their full participation in the societies in which they live, and their equality as citizens with rights (Barton, 1996; Lepofsky & Bickenbach, 1985; Thomson, 1997; Tirrusew, 2005). The experience of Uganda was found to be similar. Communities were unwilling to accept the return of ex-combatants that had terrorized their lives for so many years. In some cases, this led to hostilities and alienation in the early phase of reintegration (Colletta et al 1996).

Therefore, Jeannie Annan (2009) reported that social reintegration of ex-combatants into their families and communities are a crucial process for the long term peace, stability and development of war-affected communities. According to the author this process requires a multilayered approach that addresses the needs of individual ex-combatants while also considering the needs of the communities that are receiving them. Failing to balance both of these perspectives may add to the VWWDs' stigma and decrease the likelihood of successful reintegration.

In relation to the psychosocial status of VWWD, the findings of the study indicate that the majority of the respondents have psychosocial problems. There is ample evidence that the majority of VWWD experience major psychosocial problems that remain largely neglected including depression, stress, lowered self-esteem, and social readjustment problems. To be specific, around 76%, and 66.7% of VWWD in this study have low self-esteem and social adjustment problems respectively. And almost all of the respondents are found to be from mild to severely depressed. The findings of this study agree with the study conducted by Yewubmar (2001). According to her unlike men veterans, women war veterans of Tigray both disabled and none disabled have faced physical, economical, psychological and social problems.

Studies also indicate that women are twice vulnerable as likely as men to develop PTSD. Women are also experiencing increasing traumatic brain injuries as a result of exposure to combat conditions. Depression is a major problem for women disabled veterans, and substance abuse is common among women being treated for depression or PTSD (Foster, 2009). In a similar fashion, Pietz Tobias (2004) stated that ex-combatants in societies in transition have faced with inevitable psychosocial challenges as they struggle with trauma of their violent past.

As far as determinants of the psychosocial problems, the study shows that a number of psychological, social, and economic factors may contribute to the overall stress load experienced by the women ex-combatants with disabilities. In other words, the finding shows that VWWD, who are above 40 years old, and those who perceive their economic status as poor, and those who are perceived negatively by the community are more vulnerable group both psychologically and socially. This may imply that the age of respondents, their economic status, and societal attitudes have impacts on their psychosocial conditions. It is also supported by different

literatures, for instance, according to Gwinyayi Dzinesa (2008), ex-combatants' with disabilities mental health problems are exacerbated by the social and psychological stressors associated with reintegration in post-war contexts; such as, the attitude of the society towards the ex-fighters with disabilities, the individual's mental preparation to reintegrate to the community, and the like. Furthermore, the negative attitudes toward WWDs and the expectation of their roles in society in many cases significantly limit their lifestyle choices, including family, motherhood, education, employment, and health care; and influence the way women with disabilities perceive themselves and are perceived by others (Edmonds, 2005).

In relation to the psychosocial support they receive and who provide them the services, the discussants suggested that they do not receive any counseling or psychosocial support. In a similar fashion, the informant reported that the organization doesn't have independent counseling center and trained professionals to provide the support. Therefore, these people are not being given any professional support such as counseling to cope positively with such problems as emotional disturbances. This may imply that the psychosocial support for VWWD is the most neglected and is given low attention by the service provider organization. However, Colletta et al (1996) report that successful long-term reintegration can positively impact conflict resolution processes and the rebuilding of social capital. On the other hand, failure to conduct well planned and funded reintegration programmes can lead to further deterioration in social capital, poor economic conditions, and possibly violence (Jonah Leff, 2008).

VWWD repeatedly stressed wanting to challenge public perceptions and prove that they are in fact 'able'. The findings show that they need to prove themselves and attempt to do things that perceived difficult by VWWD, to change the stereotypes that have been attached to them. And some of them are leading the way in building partnerships with the community in *equub* and *idir*

to raise public awareness and change the prevailing misconceptions. Therefore, this study revealed that, contrary to popular belief VWWD are not primarily '*disabled*' by their physical limitations; the larger disabling factor restricting their opportunities is negative attitudes from the society. And this may imply that stigma and discrimination these people are facing means that many are at increased risk of psychosocial abuse.

CHAPTER FIVE

5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Summary

The purpose of this study is to explore the psychosocial conditions of VWWD after reintegrated to civilian life. These objectives have been met by means of a thorough literature study on the subject and an empirical study. The objectives of the study are to:

- Explore the level of their self esteem,
- Identify their level of depression,
- Look at their social adjustment,
- Look into the factors that build up their psychosocial wellbeing,
- Look into the factors that triggered their psychosocial problems, and
- Propose ways of alleviating the psychosocial problems faced by these people.

In order to achieve the above objectives, the study is delimited to be done in VWWD in Mekelle city. The respondents are 75 VWWD who have different types of disabilities. The representative of WAT has been also engaged in the study. The instruments that have been used for this study are questionnaire that consists of demographic questions, self esteem scale, depression scale, and social adjustment scale. Interview with the representative of the organization and FGD with eight VWWD were done during the data collection.

Data obtained from these sources have been analyzed using both qualitative and quantitative methods of analysis. Data obtained from the questionnaire have been analyzed quantitatively by using percentages, and simple descriptions to outline the psychosocial conditions of the respondents. Data obtained from the interview and FGD have been analyzed qualitatively.

The findings of the study reveal that VWWD are facing massive psychosocial problems once they are demobilized and reintegrated with the society. Specifically, out of the entire sample 76% of the respondents have low self esteem. And 61.3% and 66.7% of the respondents are severely depressed and poor social adjustments respectively. The study also shows that a number of psychological, social, and economic factors that contribute to the overall psychosocial problems experienced by the women ex-combatants with disabilities.

Since these people are not being given any professional support such as counseling, they could not cope with the society as they experience multiple problems, such as community rejection and neglect in their marital relationship and participation in different public activities and poverty due to financial and employment problems.

5.2 Conclusions

The main focus of this research is to investigate the psychosocial conditions of VWWD in Mekele city and to suggest ways of alleviating the problems. Accordingly, among others, the following conclusions have been drawn from the above findings.

As the findings show that there are relatively higher levels of marriage breakdown among VWWD. In other words, the incidence of divorce (33.3%) and widowed (18.7%) are high, following demobilization and reintegration. Therefore, the researcher has concluded that many VWWD have been left as household heads, without the personal skills to take on responsibilities. And so has a significant impact on psychosocial and economic reintegration.

The findings of the study also reveals that majority (61.3%) of the respondents are found at lower level of education. And another problem facing VWWD is their lack of skills and resources required to engage in income-generating activities. As a result, many of them have low incomes and, as a consequence, a low quality of life. And these all factors lead them to live in acute poverty, as a consequence, with psychosocial problems.

VWWD are seen differently by different people. Some people express their sympathetic feelings in different social occasions and many other people segregate them or not allowed them to take part in various public activities. And their psychosocial conditions are influenced by the social context in which they are immersed. This in turn, seems to give rise wrong social identity that could generate problems of self esteem and depression. In summary, the community in which VWWD live influence their psychosocial well-being.

As per the findings of the study, the demobilized women ex-fighters with disabilities do not receive any counseling or psychosocial assistance prior to, during, or following the demobilization. Reintegration has therefore been unsuccessful, at least as far as their psychosocial situation is concerned. Reintegration is a process through which ex-combatants adjust attitudes and expectations and/or deal with their war related mental trauma (Gwinyayi Dzinesa, 2008). In other words, it is more than return, resettlement, and employment. Therefore, VWWD in this study are vulnerable to different psychosocial problems unless they get counseling and social supports.

In general, despite the many years after they have been disabled and reintegrated to the civilian life, they still are in a variety of psychosocial problems. Such as:

- Negative marital relationships and desertion by the healthy spouses.
- Lower self esteem, depression, and social adjustment problems.
- Poor quality of life.
- Stigmatization and isolation by the community and the general public.

5.3 Recommendations

On the basis of the conclusions drawn from the findings, the researcher would like to offer the following recommendations.

- Many of the VWWD are living in acute poverty. Without educational and employment opportunities, women will continue to be reliant on social welfare assistance and will continue to face situations of economic dependence, either on relatives or on state structures. Therefore, the government, nongovernmental organizations, social services, medical services, and families should recognize these special needs, find the way to help and organize support adequately. Especially, work is the best and the most effective aspect of rehabilitation of VWWD.
- VWWD have sacrificed several years of their life in the struggle and become disabled to liberate the country and to improve the national development. But currently they experience their new condition as difficult and frustrating. In other words, they are found at low level of education, unemployed, and at acute poverty. Therefore, financial support from the government could be justified as a type of compensation to become independent in economic aspect, thus, has a great importance for their psychosocial well being.
- This study has found out that the communities have negative attitudes towards VWWD. The communities need to know how to accept veterans with disabilities, and veterans with disabilities need to know how to adapt to the civilian life. Therefore, the community and the public at large need to be aware about disability as a condition so that they will be

able to understand the VWWD and provide the necessary support. As a result, stigmatization and discrimination will be alleviated. Practically this can be provided by various activities. Such as, to educate the community leaders not to view veterans as negative elements in society, but to help veterans by advising them how to reintegrate themselves productively into civilian life. A second tool for a so called, community sensitization is a radio program, to inform and educate both the community and the veterans.

- VWWD need to be provided with guidance and counseling regarding their condition to improve their knowledge and facilitate participation in their daily care. Had these people been provided with appropriate professional guidance and counseling services as to how they could possibly react positively with the community, this could have been an advantage to them to participate in different social occasions. This could be done by professionals which is prepared to engage the VWWD, their families, and the community at large in the rehabilitation process.
- Understanding the different environmental factors affecting the psychosocial conditions of the VWWD, professionals in the area should design intervention strategies so that the VWWD could have better psychosocial well-beings. In general, their problems trigger by psychological, social, educational, and financial problems, therefore the intervention of special need educators, psychologists, social workers, and the like could ensure that their problems are explored and attended to. The involvement and intervention of these professionals are important, as it would help the multidisciplinary team to understand the psychosocial problems encountered by VWWD. Therefore, provision of a holistic

approach through the use of the ecological approach discussed in chapter two emphasizes the complementary roles of the persons and their environment and the tasks of the multidisciplinary team is the best method to improve the psychosocial well-being of VWWD.

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Appendices

Appendix I

Addis Ababa University
School of Graduate Studies
Department of Special Needs Education

Questionnaire

This questionnaire is designed to be administered to veteran women with disabilities. The main objective of this questionnaire is to investigate the psychosocial conditions of these people. The responses you give will contribute a lot to the accomplishment of the study. Therefore, as far as possible, I frankly ask you to try to give clear and correct responses. Your response will be kept confidentially and in secrete. Do not write your name at any section of the questionnaire. The researcher is responsible for any concern of the findings in the study. Thank you in advance for your cooperation!

Part I: - Demographic Characteristics of the Respondent.

Read the following items and fill the appropriate words or encircle the letter of your choice.

1. Age _____
2. Type/Kind of Impairment/Disability _____
3. Perceived economic situation:
a. Poor b. Middle c. Rich
4. Main source of income
a. Self employed b. government employee c. private employee
d. pension e. remittance e. other
(specify) _____
5. Marital Status:
a. Married b. Never married c. Divorced
d. Widowed e. Separated
6. Educational Level:
a. No formal education b. primary education (1-8 grade) c. secondary education(9-12) d. some higher education (TVET) e. diploma and above
7. Family size (how many persons are usually living in your home?) _____

PART II: Self esteem

Please place a tick or encircle in the appropriate box to say whether you strongly agree, agree, neutral, disagree, or strongly disagree with the statements below.

	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	On the whole I am satisfied with myself	5	4	3	2	1
2.	At times I think I am no good at all	5	4	3	2	1
3.	I feel I have a number of good qualities	5	4	3	2	1
4.	I am able to do things as well as most other people	5	4	3	2	1
5.)	I feel I do not have much to be proud of	5	4	3	2	1
6.)	I certainly feel useless at times	5	4	3	2	1
7.	I feel that I am a person of worth at least on an equal plane with others	5	4	3	2	1
8.)	I wish I could have more respect for myself	5	4	3	2	1
9.)	All in all I am inclined to feel that I am a failure	5	4	3	2	1
10.	I take a positive attitude towards myself	5	4	3	2	1

Part III: Depression

Please read each statement and decide how much of the time the statement describes how you have been feeling.

	Make check mark (✓) in appropriate column	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	I am sad all the time	5	4	3	2	1
2	I feel my future is hopeless and will only get worse	5	4	3	2	1
3	As I look back, I see a lot of failures	5	4	3	2	1
4	I can't get any pleasure from the things I used to enjoy	5	4	3	2	1
5	I feel quite guilty most of the time	5	4	3	2	1
6	I feel I am being punished	5	4	3	2	1
7	I am disappointed in myself	5	4	3	2	1
8	I blame myself for everything bad that happens	5	4	3	2	1
9	I would like to kill myself	5	4	3	2	1
10	I am so restless or agitated that it's hard to stay still	5	4	3	2	1
11	I don't have enough energy to do very much	5	4	3	2	1
12	I am irritable all the time	5	4	3	2	1
13	I find I can't concentrate on anything	5	4	3	2	1
14	I am too tired or fatigued to do a lot of the things I use to do	5	4	3	2	1
15	I have lost interest in sex completely	5	4	3	2	1

Part IV: - Social adjustment measure

Read each statement carefully and encircle the number given to the following scale:

5. Strongly agree 4. Agree 3. Undecided
 2. Disagree 1. Strongly disagree

	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	There is always someone I can talk about my day to day problems	5	4	3	2	1
2)	I miss having a really close friend	5	4	3	2	1
3)	I experience a general sense of loneliness	5	4	3	2	1
4)	I find my circle of friends and acquaint once too limited.	5	4	3	2	1
5)	I often feel rejected	5	4	3	2	1
6	I can call on my friends whenever I need them	5	4	3	2	1
7	I welcome the opportunity to mix socially with people	5	4	3	2	1
8	My friends or neighbors come to me for emotional support.	5	4	3	2	1
9	I am socially some what awaked	5	4	3	2	1
10	I feel relaxed even in unfamiliar social situations	5	4	3	2	1
11	I do not find it hard to talk to strangers	5	4	3	2	1
12)	I am shy when meeting someone of the opposite sex	5	4	3	2	1
13)	I feel inhibited in social situations	5	4	3	2	1
14	I am good at working with other people	5	4	3	2	1
15	It is easy for me to make new friends	5	4	3	2	1

አዲስ አበባ ዩኒቨርሲቲ
ፕሮግራም ድህረ ምረቃ
ክፍለ ትምህርቲ ፍላጎት

ቃለ መሕትት

እዚ ቃለ መሕትት ዝተዳለወሉ ብፍሉይ ንጉዳይ ኩናት ደቁ ኣንስትዮ ጠሚቲ 'ዩ።ቀንዲ ዕላማ' ዚ ዕንዓት እተን ዝተጠቐሳ ክፋል ሕሰብ ዘለወን ማሕበረ ስነልቦናዊ ኩነታት ንምንዳይ 'ዩ።ስለዚ ነዚ ብምግንባብ ዝወሃብ ቅኑዕን ግዱስን ምላሽ ንዕውትነት እዚ ዕላማ ዓቢ ግደ ኣለዎ። ብምኻኑ'ውን ብዝተኸኸለ መጠን እቶም ምላሻት ግልፅን ዘየሻምውን ክኾኑ ይላቦ። ምስዚ ብምትሕሓዝ ምሽጥራውነት ዝርከቡ ሓበሬታታት ዝተሓለወ ምኻኑ እናረጋገፀኩ፤ ኣብቲ ወረቐት ቃለ መሕትት ሽም ምፅሓፍ ኣየድልን። ኣብ መወዳእታ እቲ መፅናዓይ ኣካል ንዝርከቡ ውፅኢታት ዕንዓት ሓላፍነት ዝወስድ ምኻነይ እናረጋገፀኩ፤ ንዝወሃበኒ ምላሽን ዝግበረለይ ምትሕብባርን ኣቐዲመ የመስግን።

ክፋል ሓደ : ሓፊሻዊ ሓበሬታ ልዕሊ ቕርጺ ተሓታታይ

ነዞም ዝስዕቡ ሕቶታት ብምንባብ፤ መልሲ'ዩ ንእትብልዩ ፀሓፊ ወይድማ ኣኸብቢ።

- 1) ዕድመ _____
- 2) ዓይነት ፀገም ጉድኣት ኣካል _____
- 3) ግንዘብ ኢኮኖሚያዊ ኩነታት፡-

ሀ) ትሑት መነባር	ለ) ማእኸላይ	ሐ) ዝሰዓለ መነባር
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- 4) ቀንዲ ፍልፍል ኣታዊ፡-

ሀ) ውልቃዊ ስራሕ	ለ) ቁፃር መንግስቲ	ሐ) ቁፃር ውልቀ ትካል	መ) ክፍሊት ማሕበራዊ ድሕነት(ጠረታ)	ረ) ካብ ወፃኢ ዝለኣኸ ግንዘብ	ሰ) ካልእ(ይጠቐስ) _____
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- 5) ኩነታት ሓዳር፡-

ሀ) ኣብ ሓዳር ዘላ	ለ) ሓዳር ኣይገበኩን	ሐ) ዝተፋተሐት	መ) እምንቲ(ዝሞታ)
ረ) ተፈልዖ ትነብር			
- 6) ኩነታት ትምህርቲ

ሀ) ስፍራ ትቲ ኣይተምሃርኩን	ለ) ቀዳማይ ብርኪ (ካብ 1 ^ሎ - 8 ^ሎ)	ሐ) ካልኣይ ብርኪ (ካብ 9 ^ሎ -12 ^ሎ)	መ) ላዕለዋይ ብርኪ(ሙያን ቱክኒክን)	ረ) ዲፕሎማን ልዕሊኡን
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- 7) በዝሒ ስድራ(ቁፅሪ ኣባላት ቤተሰብ ብጭቡጥ) _____

ክፋል ክልተ፡

ነዞም ዝተቐመጡ ሕቶታት ኣንፃር ንዝተብሃሉ ምላሻት ይገልፀኒ እዩ ትብልዮ ኣኽብቢ።

	ሕቶታት	ብጣዕሚ ይስማዕማዕ	ይስማ ዕማዕ	አይፈ. ልጦን	አይስማዕ ማዕን	ፈ.ጊ.መ አይስማዕማ
1.	ብጥቕሉል ብነፍሰይ (ብባዕለይ)ዕግብቲ እዩ።	5	4	3	2	1
2)	ሓልሓሊፊ ክሓስብ ክለኽ፣ ንባዕለይ ዕቡቕ የለኹን ይብል።	5	4	3	2	1
3.	ብዙሓት ተሃረፍቲ ባህርያት ኣለውኒ ኢለ ይግምት።	5	4	3	2	1
4.	ካልኣት ዝገብርዎ ኩሉ ናይ ምግባር ዓቕሚ ኣለኒ ።	5	4	3	2	1
5)	ብዙሕ ዘህርፍን ዘኹርዕን ኩነታት የብለይን ይብል።	5	4	3	2	1
6)	ብኣብዝሓ ንባዕለይ ክግምግም ክለኽ ዋጋ ዘለኒ ኣይመስለንን።	5	4	3	2	1
7.	ምስካልኣት ምሉእ ዘለዎን ደቂኣንስትዮ እንትነፃፀር ፤ብዘይኣፈላላይ ዝነፃፀር ዋጋ ኣለኒ ኢለ ይሓስብ።	5	4	3	2	1
8)	እንተዝካኣል ነይሩ፣ ካብቲ ሓዘ ዝወሃበኒ ክብሪ ንላዕሊ መድለየኒ።	5	4	3	2	1
9)	ብጥቕሉል እንትግበጥ፣ ክኾኖ ካብ ዝግበኦ ንታሕቲ ዝኾንኩ መሲሉ ይስመዐኒ።	5	4	3	2	1
10.	ንባዕለይ ዘለኒ ኣረኣእያ ኣወንታዊ እዩ።	5	4	3	2	1

ክፋል ሰለስተ፡

ነዞም ዝተቐመጡ ሕቶታት ኣንጻር ንዝተብሃሉ ምላሻት ይገልፁኒ እዩ ትብልዮ ኣኸብቢ።

	ሕቶታት	ብ ጣ ዕ ሚ ይስ ማ ዕ ማዕ	ይ ስ ማ ዕ ማ ዕ	ኣይፈልጦን	ኣይስማዕማዕን	ፈ.ጊ.መ ኣይስማዕማዕ
1	ዝበዝሕ እዋን ይሓዝን እዩ።	5	4	3	2	1
2	ቅድሚተይ እንትሓሰብ ተስፋብርሃን ኣይረኣዩንን።	5	4	3	2	1
3	ንሑሉፍ ኸግምግም ከለኹ፤ ክገብርም ዝግበአኒ ነገራት ዘይገበርኩዎም ኣለውኒ ይብል።	5	4	3	2	1
4	ሓጎስ ክህበኒ ኢሊ ዝገብርም ኩሎም ኣየሓጉስንን።	5	4	3	2	1
5	ዝበዝሕ ግዘ ስምዒት ፀፀት ኣለኒ።	5	4	3	2	1
6	ንዝገበርኩዎ ዋኒን ዓወት ዘይኮነስ፤ ዝተቐጻዕኹ ይመስለኒ።	5	4	3	2	1
7	ብባዕላይ ይናደድ እዩ።	5	4	3	2	1
8	ንዝኸነ ፀገማት ተሓታታይት ይሰመዐኒ።	5	4	3	2	1
9	ንባዕላይ ክጥፍእ ዝብል ድሌት ይውከሰኒ።	5	4	3	2	1
10	ክሳብ ሓዚ ብሂወት ምንባሪይ የዕለአኒ እዩ።	5	4	3	2	1
11	ብዙሕ ክገብር ዘኸእል፤ እኹል ዓኸሚ የብለይን ይብል።	5	4	3	2	1
12	ብቐሊሉ ዝናደደሉ ኩነታት ይበዝሕ።	5	4	3	2	1
13	ንነዊሕ ግዘ ኣቓልቦ ሂብካ ምስራሕ የፀግመለይ።	5	4	3	2	1
14	ጉዳያት ክፍፅም ክነቅል እንተለኹ፤ ስነ ልቦናውን ኣካላውን ድኻም ይሰመዐኒ።	5	4	3	2	1
15	ንጾታዊ ርክብ ዘለኒ ድሌት ጠቐሊሉ ዝጠፍኦ ይመስለኒ።	5	4	3	2	1

ክፋል አርባዕተ፡

ነዘም ዝተቐመጡ ሕቶታት ኣንፃር ንዝተብሃሉ ምላሻት ይገልፀኒ እዩ ትብልዮ ኣኸብቢ።

	ሕቶታት	ብ ማዕ ማዕ ይስ ማዕ ማዕ	ይስ ማዕ ማዕ	አይ ፈል ጦን	አይስ ማዕማዕ ን	ፈጊመ አይስማዕ ማዕን
1	ንስምዒተይ ዝካፈለኒን ዘዋገዖን መዓልታዊ ብፃይ/ጊት ኣለኒ/ኣላትኒ።	5	4	3	2	1
2)	ልባዊ ዓርኪ ዝረኽብኩ ኣይመስለኝን።	5	4	3	2	1
3)	ዝበዘሕ ግዘ ብሕታውነት ይስመዐኒ።	5	4	3	2	1
4)	አዕርኽቲ፣ ኣለዋኒ ግን ድማ ርክበይ ውሱን እዩ።	5	4	3	2	1
5)	ዝተገለልኩ መሰሉ ይስመዐኒ።	5	4	3	2	1
6	ኣብ ዝደለኸዎ እዋን ዝረኽባ/ቦ ናይ ቀረባ ብፃይ/ይ ኣለኒ ኢላ ይሓስብ።	5	4	3	2	1
7	ምስካልኣት ሰባት ኣብ ምትሕውዋስ ፀገም የብለይን።	5	4	3	2	1
8	መሓዙተይ ወይ ኅራቡተይ ብሕታውነት ከይስመዐኒ ኢሎም ናባይ ይመፁኒ።	5	4	3	2	1
9	ኣብ ማሕበራዊ ሂወተይ ንጥፍቲ እየ ይብል።	5	4	3	2	1
10	ኣብ ዘይለመድኩዎ ቦታታት ዝተፈለየ ስምዒት ኣይስመዐኝን ይብል።	5	4	3	2	1
11	ንኣጋይሽ ቀልጢፍካ ኣብ ምርድዳእ ፀገም የብለይን	5	4	3	2	1
12)	ንተቓራኒ ሶታ (ደቂ ተበዕትዮ) እንትራኽብ ስምዒት ሕፍረት ይስመዐኒ ይብል።	5	4	3	2	1
13)	ማሕበራዊ ሂወተይ ግዱብ እዩ ኢላ ይሓስብ።	5	4	3	2	1
14	ምስ ካልኣት ተሓባቢርካ ኣብ ምስራሕ ፀገም የብለይን።	5	4	3	2	1
15	ብቐሊሉን ብዘይሽግርን ሓደሽቲ መሓዙት ምፍራይ ንፃይ ቀሊል እዩ ኢላ ይሓስብ።	5	4	3	2	1

Appendix II

Addis Ababa University

School of Graduate Studies

Department of Special Needs Education

Interview questions for Women's Association of Tigray (WAT)

These interview questions are designed to be administered to WAT who give care and support to veteran women with disabilities currently. The main objective of this interview questions are to investigate the psychosocial conditions of veteran women with disabilities. Your response will be used only for the research purpose only and kept confidential and secret.

1. Name of the organization _____
2. Major objective of the organization _____
3. What kind of support your organization offered for VWWD?
4. How do you evaluate people's reaction towards VWWD?
5. How does the community perceive them? Are they isolated or live together with able-bodied people? Are they participating in any public activities/meetings equally with others?
6. What major problems do VWWD face (based on the observations you have in your organization?)
7. What are the factors that triggered their psychosocial problems?
8. What actions are you taking to alleviate or reduce these problems?
9. How often do they get counseling services? And who give them counseling services?
10. What solutions do you suggest to the government, non-government organizations or the society at large?
11. What challenges have you faced in the effort to support VWWD in their psychosocial problems?

Thank You for your cooperation!

Appendix III

Addis Ababa University

School of Graduate Studies

Department of Special Needs Education

Focus Group Discussion Guidelines for VWWD

This is a Focus Group Discussion guide to maintain a discussion with some group members of VWWD to collect information about their psychosocial situation. The information will be used only for the research purpose only and the finding will be kept in secret.

1. What do you feel for that you are being VWWD?
2. What are the psychosocial major difficulties you face for being VWWD?
3. What are the factors that triggered the psychosocial problems?
4. How do you evaluate people's reaction towards you?
5. Can you tell me the problems you faced because of your disability towards education, marriage, economy, work situation, social situation, social ceremonies & interaction in community affairs and others?
6. Do you get any counseling services? And who give you much psychological and social support?
7. What actions are you taking to reduce these problems?
8. What kind of measures do you suggest to alleviate the psychosocial problems?

Thank You for your cooperation!